



Response to the Early Years Strategy

SUBMITTED BY MEMBERS OF THE

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Thank you for the opportunity to respond to the Early Years Strategy. We appreciate the extensive consideration and focus on developing a national early years strategy to shape the Australian Government's vision for the future of Australia's children and their families. We welcome the language used in the Early Years Strategy, the emphasis on integrated delivery, and greater collaboration between state, territory and federal governments. There is clear alignment with the recommendations of the OECD that "ECEC policies need to be fully integrated with other policies that support economic growth and social inclusion." (OECD, 2019, p.4).

[The Centre for Research in Early Childhood Education](#) (CRECE) brings together a critical mass of early childhood education researchers from Macquarie University who work together with the early childhood community to co-design and conduct innovative, impactful research. CRECE is part of Macquarie School of Education which is ranked 93rd in the world for Education, according to Times Higher Education rankings, and ranked as Australia's leading Early Childhood Education institution by The Australian in 2022.

We have undertaken extensive internal consultation with CRECE members, and in the spirit of taking an integrated approach and breaking down silos, have consulted with colleagues in the Health and Wellbeing Research Unit (Macquarie Business School) and in the Australian Institute of Health Innovation, to derive reflective responses to the Discussion Paper. These are provided below, and we welcome questions and further discussion about any of the points raised.

Structure:

The proposed structure of the Early Years Strategy is well conceptualised and comprehensive in its coverage. A clear and aspirational vision will guide the development of appropriate outcomes and priorities. The inclusion of evidence, principles and indicators will establish the mechanisms by which the effectiveness of the strategy can be monitored, evaluated and initiatives can be adapted and modified over time.

The success of the Early Years Strategy structure, however, will be contingent on how well this Strategy is developed to align and integrate the advice and recommendations that are forthcoming from the multitude of other current inquiries, reviews and policy initiatives. Examples include:

- The Productivity Commission Inquiry into Early Childhood Education and Care
- The Australian Competition and Consumer Commission Childcare Inquiry
- The Independent Review of NDIS

- The National Workforce Strategy and associated consultation and research reports
- The Inclusion Support Program (ISP) Review
- State/Territory inquiries/reviews (e.g., The South Australian Royal Commission, Western Australian Child Development Services Review, Child Protection South Australia review of child protection legislation, New South Wales development of Early Childhood Development Checks).

These initiatives are being conducted at the same time as the development of the Early Years Strategy and will generate an expanse of recommendations that will be directly relevant to the Strategy. It will be critical for those developing the Early Years Strategy to be informed by and incorporate these various recommendations to develop a truly integrated and streamlined Early Years Strategy for Australia. Further detail on how this integration will take place is needed.

Vision

As articulated in the Early Years Learning Framework, Version 2 (AGDE, 2022) the updated vision is:

All children engage in learning that promotes confident and creative individuals and successful lifelong learners. All children are active and informed members of their communities with knowledge of Aboriginal and Torres Strait Islander perspectives.

The vision for the Early Years Strategy could adopt similar wording to align it with the National Framework as we believe this vision encompasses aspirations for children across all aspects of their lives. Wording could include:

All children are provided with opportunities to thrive in ways that promote confident and creative individuals and successful lifelong learners. All children are active and informed members of their communities with knowledge of Aboriginal and Torres Strait Islander perspectives.

Supporting all children with a sustainable, respected workforce

Whilst investment in early education is considered a way of contributing to the economic prosperity of a nation, it also has an important role to play in promoting equity and ameliorating disadvantage, contributing to social justice and human rights objectives, as well as a way of contributing to global sustainable development goals (SDGs) (Kulic et al, 2019). The United Nations Convention on the Rights of the Child: Article 28 states, for example, that all children have a right to education. Further, General Comment 7 specifically urges State Parties to provide comprehensive policies for early childhood – including education (United Nations Committee on the Rights of the Child, 2006). Similarly, the United Nations’ SDG 4.2 target is that by 2030 “all girls and boys have access to quality early childhood development, care and pre-primary education” (United Nations, 2015). These opportunities should be afforded to all children, but especially those experiencing vulnerability and disadvantage – which includes children from refugee background.

Process quality, defined as the quality of interaction and activities directly experienced by each child, is key to supporting this vision for children’s learning, wellbeing and development (OECD, 2022). The quality of the early childhood workforce is central to ensuring high process quality. In particular, initial and ongoing preparation and professional learning, and working conditions are priorities for national attention (OECD, 2022).

In relation to preparatory and ongoing learning, OECD recommendations include:

- Focusing initial teacher education content on process quality, and supporting implementation of process quality skills through work-based learning.

- Building existing educators' knowledge and skills through ongoing professional learning that aligns with the needs of staff (including leaders).
- Ensuring policy attends to professional progression e.g., through uniform accreditation of particular levels of achievement or progress and uniform access to professional recognition and rewards for staff with the same role in different parts of the early childhood education (ECE) sector.

In relation to working conditions, OECD recommendations include:

- Providing differentiated salaries, benefits and job security according to roles but with consideration of the cost of living in each national context.
- Allocating time for preparation and planning not only of pedagogical but of aspects supporting process quality, such as adequate time for intra-staff communication as well as with parents and other professionals, and ongoing professional learning of different types.
- Diminishing differences between working conditions for those working in schools and ECE sector, as well as between those with the same roles in different parts of the ECE sector.

Activities such as those outlined above support not only Sustainable Development Goal (SDG) 4 – Quality Education, but also SDG 8 – Decent Work and Economic Growth, and SDG 3 – Good Health and Well-being - of educators, children and families.

Outcomes

Measuring progress towards outcomes and utilising existing data sources

Identifying the right mix of outcomes for the Strategy should be accompanied by suitable indicators to measure progress against each outcome. Outcome measures should be SMART (i.e., Specific, Measurable, Achievable, Relevant, and Time-based) and include a mix of 'dials', 'tin-openers' and 'alarm bell' indicators to monitor progress against the outcomes in the short-, medium- and long-term (Carter et al 1992). Dial indicators provide information that can be read off like a dial, such as number of early learning educators trained, number of toy libraries opened and can provide succinct information on the process of strategy implementation. Tin-opener indicators will identify where further investigation is warranted, such as the time taken to access NDIS services for a child aged ≤5 years with developmental delay. Alarm bell indicators are events that should not occur, such as number of children aged ≤5 years whose families are experiencing homelessness.

By establishing ongoing record linkage of Australia's population-wide datasets, the long-term health and social outcomes of Australia's children's will be able to be monitored against the Strategy over time. Population-wide monitoring of the impact of adverse childhood experiences (ACEs) on children's health and social outcomes is being conducted in many countries, with the aim of implementing ACE prevention strategies and, ultimately, creating conditions where children are able to achieve lifelong health and well-being. Australia should also be utilising and linking its data assets, with consistent standard and classifications, to monitor the effects of ACEs on Australian children's long-term health and social outcomes.

In addition to the data sources identified in the Early Years discussion paper, the National Disability Data Asset (NDDA) should also be considered as a resource to enable measurement of outcomes of young children living with a disability as part of the Strategy.

The Australian Early Development Census (AEDC) has been conducted every three years since 2009. There is now a rich source of data that could be used for integrated planning by professionals. The AEDC can be used as a starting point to determine service allocation in Local Government Areas

(LGAs) by providing a focus on developmental areas in which children in the LGA are at-risk. It is also an important tool for measuring success of integrated services.

Integrated services can benefit from increasing the range of professionals who regularly use the Child Health Home-Based Records (CHHBR, such as the Baby Blue Book). Research from NSW indicates the use is mainly with nurses, general practitioners and paediatricians. Use by other professionals was less than 8%. The CHHBRs are widely used by parents in Australia (Chutiya et al., 2019). The CHHBRs are an ideal resource for information sharing between professionals using a record held by parents. Wider use of the CHHBRs is likely to promote understanding of the integrated approach to child health by parents and professionals.

Greater acknowledgement of multilingualism

Broader concepts such as cultural belonging and inclusion demonstrate efforts to acknowledge Australia's multiculturalism, yet place insufficient emphasis on, and sometimes obscure, the central role of multilingualism and languages in enabling Australian children and families to develop, and early childhood services to promote, a sense of belonging. With 26.8% of children from birth to six years of age using a language other than English at home (Australian Early Development Census, 2021) and over 350 different languages spoken in Australian homes (Australian Bureau of Statistics, 2021), Australia's early childhood sector is highly linguistically and culturally diverse. However, Australian multilingual young children might not receive adequate tailored support in early childhood settings (Zheng et al., 2023). Further obscuring the potential of this opportunity is that little is known about the cultural and linguistic diversity of the workforce (Gide et al., 2021).

To both overcome the challenges this diversity presents and harness the economic, social and cultural benefits of multilingualism, government policies and strategies need to promote a shift away from a monolingual, English-only mindset. This involves not only embracing the full range of linguistic resources and related funds of knowledge shared among children and their families, educators and others providing early childhood services (in formal ECE, health and community settings) but actively fostering multilingualism (Jones Diaz et al., 2022). Outcomes for the Early Years Strategy aligned with this goal would include:

- Gathering data needed to fully understand and develop principles that mobilise the linguistic and cultural diversity of the workforce and of children and their families.
- Providing opportunities, in initial early childhood teacher education and professional development, to empower educators and others working with children and families:
 - to employ community languages in ways that foster inclusion and a positive sense of identity for children and families.
 - to promote children's wellbeing and learning of English alongside their home and other languages.

Continuing to acknowledge the high status of English and its implications for children's developmental vulnerability, and conversely for their wellbeing and achievement at school entry and beyond is important but insufficient for fostering multilingualism. Also needed is funding for research into Australian children's multilingual development (Verdon et al., 2014), the diversity of the workforce (Gide et al., 2021) and practices such as plurilingual pedagogies (Cohrssen et al., 2021; Zheng et al., 2021) and assessment of early development that considers children's home language maintenance and skills in languages other than English.

Multilingual families should have choices to access ECE in multiple languages to support their child wellbeing and development, and foster a sense of becoming (Escudero et al., 2020). Policies need to acknowledge individual variabilities in linguistic, cultural, and societal circumstances amongst multilingual children and avoid culture stereotypes in ECE settings (Fibla et al., 2022; Larson et al., 2020). Parents and educators of multilingual children need to access learning materials (e.g.,

storybooks, toys etc.) in different languages and work together to provide high-quality interactions in different activity contexts such as shared book reading. Funding on developing online resources that support multilingual children's sense of belonging and inclusion is needed. For example, Storybooks Canada is a free online resource which has culture-diverse stories with text and audio in more than 30 languages (Stranger-Johannessen et al., 2018).

Educators and clinicians need support to screen and identify speech and language difficulties in children who do not have English as their first language (Keary & Kirkby, 2017). Resources and training are limited in this area. Children with English as a second language may miss opportunities for valuable early speech and language intervention due to inadequate access to assessment.

In summary, we emphasise the need for linked (standardised and classified) data across education, health, social services, and service use (amongst others). Careful consideration needs to be given to the measurement tools against which outcomes are assessed and these should be agreed upon by culturally and linguistically diverse communities. In addition, it is also prudent to ensure that full utilisation is made of currently collected data sources. There needs to be clear guidance on how data can be accessed to allow independent evaluation of the implemented strategies, and what the data can and should be used for (e.g., to advocate for services, quality improvement plans, etc). Finally, the collection, integration, and analysis of such 'big data' will require training of inter-agency professionals in complex data management, data mining, and data analysis.

Policy Priorities

We welcome the breaking down of silos and a focus on working collaboratively, but careful consideration needs to be given to how this will work in practice. Specifically, we raise the following issues:

Facilitation of interprofessional ways of working

Early years service planning, development and delivery requires interprofessional collaboration and teamwork (Wong & Sumsion, 2015; Wong & Press, 2012; Wong et al., 2012). As Salik and Paige (2022, n.p.) state: "*Inter-professional teamwork is now a worldwide-recognized core inter-professional competency*". Interprofessional practice is especially required when children and / or their families are experiencing the complexities associated with disadvantage, vulnerability and/or marginalisation – such as disability, drug and alcohol addiction, mental health challenges or experience of trauma (Fukkink & Verseveld, 2019). Extant research evidences the benefits of interprofessional collaboration, but also significant barriers to such collaboration (Briker et al., 2022; Fukkink & Lalihatu, 2020; Gerherich et al., 2018; Lang & Fukkink, 2023; Wong & Press, 2017). However, strategies exist to facilitate and foster interprofessional working. An effective Early Years Strategy will promote inter-professional teamwork and collaboration, foster mechanisms that support this collaboration and provide an oversight mechanism that ensures this integration. This requires careful analysis and clear strategies to foster implementation of best practice in interprofessional practice.

In particular, facilitation for interprofessional ways of working commences at the pre-service level and continues through professional development. The past decade has seen greater attention to interprofessional education or learning (IPE/L), which is now included in many professional development programs across health, allied health, education and social work. IPE/L provides opportunities for pre- and post-graduate professionals to gain knowledge about 'other' professions and to engage in interprofessional practice experiences. Evaluations of IPE programs and activities across disciplines and international contexts have consistently demonstrated: increased disciplinary knowledge; increased feelings of professional self-efficacy, agency and identity (including for Early Childhood Teachers); improved understandings of diverse professional roles and responsibilities, improved collaboration, communication and team work; and a more holistic child-oriented approach

to practice (e.g. Attrill et al., 2017; Kent et al., 2019; Kirkby et al., 2018; Melasalmi, et al., 2023; Salik & Paige, 2022; Strunk, et al., 2019; West et al., 2021; Woodside-Jiron et al., 2019). IPL/E strategies found to be beneficial, both within the academy and in practice, include: the use of fictitious case scenarios or case-based teaching (Jevne, et al., 2021); debriefing (Salik & Paige, 2022); empathy-based stories (Äikäs et al., 2022); interprofessional placements (Farrand et al., 2019); communities of practice (Kirby et al., 2018); joint clinical supervision (Copenhaver & Crandell-Williams, 2020); and 'boundary work' (Melasalmi, et al, 2023).

Inter-agency workforce planning and communication

There is a significant gap in workforce planning processes at the national, state and local levels to support the sustainable health and education workforce needed to ensure delivery of high-quality, accessible services. To make real-world change and to support children and families to thrive in the early years it is important to move away from the current siloed ways of working where the Department of Health and Aged Care, the Department of Social Services and the Department of Education essentially work separately to each other. To achieve better co-ordinated, integrated, and accessible early years services the following strategies to build workforce capacity should be considered:

1. Ensure robust, evidence-based and data-informed processes are adopted for workforce planning in the health, education and social care sectors that specifically focus on workforces that work with children in the early years. The current health workforce planning processes simply centre on training doctors (Australian Government Department of Health), an approach that is contrary to the OECD recommended strategies for health workforce planning (Ono et al., 2013). There is also an opportunity to align health workforce planning for the early years with the National Children's Education and Care Workforce Strategy (Education Services Australia, 2021).
2. Non-traditional roles that span the boundaries between health, education and social care and disability services should be co-designed, co-funded and implemented to support service coordination and integration. For example, care coordinators or navigators are needed to link children and families with services in multiple sectors and to ensure coordinated, integrated care and education tailored to individual needs and contexts (Altman et al., 2018; Breen et al., 2018) Our work on health communication during the COVID-19 pandemic supports the development of closer integration between the health and early childhood education sectors to improve reach and uptake of health information and advice (Degotardi et al., 2022; Wong et al., 2023).
3. Build workforce capacity through interdisciplinary training (health, education, social care, disability) at undergraduate and postgraduate levels, as well as developing interdisciplinary continuous professional development programs. Initial Teacher Education courses are required to address rigorous accreditation requirements which means that often the focus is on curriculum areas. However, consideration is needed to emphasise integration and holistic child-centred care right from the start; but in an already full curriculum, this does need rethinking. There is potential for creating a new professional in this space, for example a multi-disciplinary trained professional that equips practitioners with broad-based knowledge and skills across healthcare, child development and education, and social welfare. Potentially this would help reduce workload for ECE professionals who report on the difficulties of supporting children and families within their current roles as it requires a huge time commitment in not only getting allied support professionals, but also then working with them to support the child and family. Creating this professional role could subsequently impact retention in ECE.
4. Ensure that especially the most vulnerable children, including those in out-of-home care, receive the healthcare and ECE they need by expanding the out-of-home care workforce and developing tailored training and support systems for foster carers and kinship carers who are currently under-supported and over-burdened (Ryder et al., 2022).

Professional and occupational scopes of practice

Responding to current and predicted service gaps requires careful consideration of professional and occupational scopes of practice. Many occupations currently practice a restricted range of activities and extending the traditional scopes of practice, particularly for healthcare professions, has been demonstrated as capable of addressing health service gaps. This is particularly valuable in areas, such as rural and remote locations, in which undersupply of medical, nursing, allied health professionals and educators (Wong et al., 2023) remains an ongoing challenge. Extended scopes of practice provide the potential for more comprehensive service provision. Pursuing extended scope of practice initiatives in Australia is a particular priority for early years services which requires the Early Years Strategy to outline clear strategies to foster implementation of best practice in extending practice scopes.

Supporting the most vulnerable children through integrated service provision and data integration

In considering models of integrated service provision, it would be prudent to learn from international examples of such models. Examples include KidSTART, Growing Together, and Circle of Care, all of which have been implemented in Singapore in the last decade.

Circle of Care (CoC) recognises the interconnectedness of problems affecting a child and their family and the silo-ed manner of support services, which raises additional barriers for families as they have to navigate across different systems. CoC embraces a more comprehensive strategy braiding together health, social services, schools and community to meet disadvantaged families where they are with wraparound care for the child.

KidSTART works with early childhood consultants, health and social service professionals to ensure holistic support for KidSTART families and practitioners (<https://kidstart.sg/our-programmes/>). Working with partners across different disciplines helps to enhance capabilities and unifies agencies as they work towards the common goal of uplifting a KidSTART child in the context of his or her family. To support the continued expansion of KidSTART, a new Multidisciplinary Training Program for Enhancing Child Development was initiated in collaboration with health and early childhood training institutes.

We highlight below some specific examples of vulnerable groups in Australia that would benefit from integrated service provision and data integration.

Chronically ill or injured children

Over 235,000 children aged 5 years and below are hospitalised with an injury each year in Australia (Mitchell et al., 2018). Many more young children are living with a chronic disease (AIHW 2022). An injury or a chronic disease experienced early in life, if not adequately controlled, can have a life-long impact on a child's health and well-being (Crump et al., 2013). A young child's ability to learn can be interrupted, which can have a cumulative effect, resulting in them not performing well in school, not completing high school or undertaking tertiary education and, subsequently, affecting later employment opportunities (Maslow et al., 2011).

Comparing the academic performance of young people who had been hospitalised with an injury or one of four chronic diseases (i.e. asthma, epilepsy, type 1 diabetes, mental illness) to matched peers not hospitalised for the condition, has shown that young people who sustained an injury, who had epilepsy or a mental illness, or young males with asthma had a higher risk of not achieving the national minimum standard on NAPLAN's numeracy and literacy assessments compared to their peers (Mitchell et al., 2021, 2022; Lystad et al., 2022).

In addition, compared to peers without the condition, young people who were hospitalised for an injury or chronic disease, had twice the risk of being rehospitalised following an injury (Cameron et al., 2022), nine times the risk of further hospitalisation with a mental illness (Mitchell et al., 2022),

four times the risk with asthma, eight times the risk with type 1 diabetes and 10 times the risk with epilepsy, with children living with epilepsy aged ≤ 4 years experiencing 12 times the risk of further hospital admission (Mitchell et al., 2022). Frequent contact with hospital services, due to ill health or injury, can result in missed access to early childhood education, and limit opportunities to socialize with peers.

The impact of injury or ill health on young children, and their later learning potential, cannot be overlooked. For a young child who is living with a chronic illness or with the effects of an injury, assessment of learning needs and monitoring their progress at school will help to identify their ongoing learning support needs. Supporting and engaging with programs, such as *Aiming for Asthma Improvement in Children*, Epilepsy Action Australia's *Stronger Foundations* program or the Ronald McDonald *Learning Program* could be beneficial.

Children in out-of-home-care

Children receiving out-of-home-care (OOHC) should be given the best possible environment for their socio-emotional development by being placed with carers able to meet their needs (Cole et al., 2007). Carers of children in OOHC can experience challenges that extend beyond the usual demands and responsibilities of parenting. For some carers, the stress of work-life conflict can negatively affect their ability to parent in a warm and consistent manner and some carers of children in OOHC may need additional support at critical times, as when a child in their care starts school. Carers with multiple children in their care appear to be at greatest risk of experiencing decreased well-being and caregiving capacity. Kinship carers who experience stressful life events, such as a death in the family or chronic illness, are often less able to cope with the everyday demands of caregiving and offering short-term respite for carers to deal with life events should be considered (Ryder et al., 2022).

The UN Convention on the Rights of the Child states that every child has a right to grow within their own cultural traditions (UN, 1989). Yet many children from culturally and linguistically diverse family backgrounds in Australia's OOHC system lose connections to community and cultural identity. In an audit of the *National Framework for Protecting Australia's Children*, McDonald and colleagues (2011) pointed to the lack of Australian research on the safeguarding of children's cultural identities in child protection services. It is well documented within the research literature that children with an OOHC experience are at high risk of poor long-term life outcomes on almost every measure of wellbeing, including physical and mental health, education and employment, housing stability and social inclusion. We also know that a critical moderator for these outcomes is the extent to which children experience stability with their carers and feel loved and nurtured within their care settings. Support for cultural connection and identity is not only a right, but also essential to creating nurturing environments and counteracting the impact of traumatic childhood experiences that can have such devastating consequences across a life-time. It is important to scale-up high-quality practices that honour the right to cultural connection for children who have been removed from their families of origin.

Principles

We support the principles that guide policy and implementation under the Strategy that include gathering children and young people's perspectives on the policies and programs that will be implemented for them. The UNCROC (1989) highlights the rights of children to 'be heard' and the 'freedom of expression'. Blaisdell et al (2021, p. 1) argues democratic participatory approaches offer children 'a fuller range of participation', enabling children's authorship of their ideas and experiences (Blaisdell et al., 2021, p.1). The 2021 Approved Learning Frameworks update is a concrete example of successful strategies implemented with children and young people in engaging with, seeking their views, and feeding back the decisions made during this policy review (see Barblett et al., 2022).

An important principle for the Early Years Strategy needs to emphasise engaging and collaborating with local communities in relation to the types of support they may require. Local communities should be included at all stages of the process – policy making, delivery, and evaluation. For instance, a study conducted by Harrison et al., (2023) that focussed on supporting low SES families’ attendance at early childhood education found that local solutions, whereby ECE educators worked at the community level to identify what was needed, was most impactful. Identified barriers (other than fees) experienced in the research literature included:

- parents’ lack of awareness of the potential benefits of ECE
- difficulties with access
- financial costs related to attending ECE including: provision of food, clothing, school bags, and excursions
- comfort, trust, and cultural fit
- family beliefs and priorities including beliefs in the importance of home-based care and not valuing daily attendance, but also prioritising ‘other’ family matters over their child’s attendance at ECE (see Whiteman et al., 2018).

Similarly, a study investigating participation in quality early childhood education in regional and remote areas found that to be successful interventions to support children’s participation need to be localised (Wong, et al., 2023).

The research is clear - complex barriers require diverse solutions that are context specific for the community to ensure programs that are developed are respectful of diversity and impactful for the children and families in that community. Alongside that is a key principle of transparency whereby engagement with stakeholders supports informed feedback and decision-making of policies and programs.

A key principle for the Early Years Strategy is the need for clear linkage and continuation with the strategies and frameworks affecting children beyond the birth – five focus. It is important that children and families are supported as they transition into formal schooling and other caring arrangements, and that any benefits afforded by the EYS are not lost by virtue of a child reaching the age of 5 years; continuity of appropriate support is critical to ensure the long-term positive outcomes for all children. Another key principle is to ensure a coordinated approach for children, families and the professionals as they move across different jurisdictions. A coordinated approach that transcends jurisdictions is required to ensure consistency of approaches for the children and families, and that the professionals are skilled, use consistent terminology and systems, but are also adequately screened for child protection matters.

Identified Gaps

We welcome the breadth of current strategies and frameworks that will feed into the Early Years Strategy, but we highlight some additional issues which we believe require consideration and appropriate engagement with relevant agencies:

Settings and environment. There are currently many examples of early childhood education settings in unsuitable environments – for the children, the early childhood workforce, and families. With a vision of expanding access to early childhood education in multiple jurisdictions, and with a view towards integrated care for children and families, special consideration needs to be given to use of spaces that are fit for purpose, support easy physical access to integrated support services, that consider the adult in the early childhood setting (Cumming et al, 2019) and which align with contemporary understandings of sustainability which include social, environmental, and economic policies.

Expanding use of existing public resources: Consideration should also be given to how we can better utilise environments where families and children spend their time, e.g., libraries and museums. For example, public libraries have been acknowledged, due to “their commitment to information provision and access”, as “crucial to the realization of the United Nations 2030 Agenda for Sustainable Development” (Kosciejew, 2020, p. 328). Public libraries across Australia have a long tradition of offering free resources and programs to support early language and literacy development, which include resources in community languages and bilingual story time sessions. Yet, many of the library staff involved in these programs do not have qualifications in early childhood in general or language and literacy development (Djonov et al., 2017). There is also very limited understanding of the extent to which international practices and research-based principles for promoting early language and literacy that may have been successful in formal early childhood education and primary school contexts could be adapted and would be effective in these less formal, community-based settings (Campbell-Hicks, 2016; Djonov et al., 2018).

Similarly, museums, traditionally considered sites of learning for adults and older children, are increasingly acknowledged as community resources that can stimulate very young children’s learning and development. Families with prior to school aged children are strongly represented in museum visitor profiles (Anderson et al., 2002; Kelly, 2011), yet, when compared to school aged children, young children’s learning and engagement in museums has attracted little attention. A body of research now recognises that museums can proactively encourage families of very young children to visit by providing family-oriented facilities and exhibits which appeal to and engage both young children and adults (Degotardi et al., 2019). While museums often do provide specialised exhibits for very young children, further emphasis needs to be placed on how innovative, child-focussed, and interaction-stimulating design can effectively include prior-to-school-aged children in all museum spaces.

Final Comments

Investing in the early years is incredibly important for our future as a country. We hope that our response contributes to informing the Early Years Strategy. If you have any questions or comments about this document or would like to discuss any aspects of Early Years in Australia, please do not hesitate to contact us.

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