

Commonwealth Early Years Strategy – Draft Consultation Discussion Questions for Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) Submission, April 2023

<p>Question 1: Do you have any comments on the proposed structure of the Strategy?</p>	<ul style="list-style-type: none"> • Include a section where a shared common language about 0 - 5 years infants and the early years could be developed across sectors, for stakeholders, to inform the strategy and encourage all to be on the same page and increase understanding about what the strategy will deliver. Also include a glossary of terms that clearly defines infant mental health, social and emotional wellbeing, infant and young children’s development, family centred and systemic practice within a family unit for the infant or young child’s benefit. • Including a section on communication and how the government will work with all stakeholders to inform them of progress, changes, outcomes etc. • Potentially including a portal where stakeholder can access the evidence used to inform the strategy to support the strategy in their own individual capacity. • Wording that includes the concept of a health “Continuum of Care” for the early years – from primary care through to tertiary and quaternary (specialist inpatient) care. The strategy includes the different levels of care, but could these be tied together under this concept?
<p>Question 2: What vision should our nation have for Australia’s youngest children?</p>	<ul style="list-style-type: none"> • “That all infants, young children, and their families be supported to thrive and live long, and healthy lives characterised by robust/excellent mental and physical health, resilience, and a capacity to contribute to their community in a meaningful way.”
<p>Question 3: What mix of outcomes are most important to include in the Strategy?</p>	<ul style="list-style-type: none"> • Healthy adults with positive health, maternity and mental health outcomes to ensure emotional availability and optimum care for infants and young children. • Best start for all expectant and new parents, infants, and young children with positive health, social, wellbeing, developmental and mental health outcomes, including good birth weights, up to date immunisations and met developmental milestones. • Reduction in expectant and new parents, infants, and young children’s exposure to violence in all its forms including community, domestic and family. • Reduction in infants and young children’s exposure to adult mental health and substance use. • Increase expectant and new parents, infants and young children’s experience of secure and stable housing, adequate nutrition, connection to culture, family, and community, and stimulating environments. • Infants and young children’s vulnerabilities are identified early, and supports are introduced. • Affordable and timely access to interpreters for non-English speaking families. • Early intervention and treatment for those populations in the targeted and indicated groups. Service providers for these populations work in an integrated and collaborative manner recognising the needs of expectant and new parents, infants, young children, and their families.

	<ul style="list-style-type: none"> • Parents with mental illness have their infant and young children’s needs considered in recovery planning and supports involved to maximise attachment and secure relationship outcomes. • Services to address the impact of parental mental illness in the early years. • Families with significant vulnerabilities can access to specialist infant multidisciplinary mental health services who can intervene early in a child’s life to maximise their potential and reduce the impact of Adverse Childhood Experiences. •
<p>Question 4: What specific areas/policy priorities should be included in the Strategy and why?</p>	<ul style="list-style-type: none"> • Enhanced integration, collaboration and decision-making systems that enable high level information sharing, collaboration and collective decision making. • Increasing health literacy, knowledge and understanding at a whole of population level, about the importance of the antenatal period, infancy, and the early years, focusing on, social and emotional wellbeing, development and emotional regulation and the elements that help to achieve this. Many parents have limited knowledge of typical social and emotional development and how to support this. Use the Frameworks Institute study on Australian views about parenting and the research that informs “framing” of health literacy of parenting to create common practices about “positive parenting”. • Design and implementation of Digital Communication systems for families, communities, services, and professionals to access accurate, timely, and evidence-informed information. • Focus on enhancing the foster care system to support young children’s needs and access to health and other supports in the right place and at the right time. • Education and support for first responders to understand pathways to care for infants and young children living with complex psychosocial risks, and to identify increased vulnerability. • Inclusion of culture, diversity, disability, the need for lived experience co-design at all levels of policy development and implementation. • Include funding/opportunities to enhance research into the prevalence of mental health and social and emotional wellbeing in the under 4-year-olds in Australia, to provide a more comprehensive picture of the needs of this age group. • Including developing National Mental Health Outcome Collections for those children under 48 Months. • Robust evaluation and accountability processes. • Flexible funding models that meet differing community and strategic needs. Longer term focus is necessary to adequately evaluate outcomes and see progress. • Review of paid parental leave and childcare entitlements for all parents to increase parents’ ability to spend time with their babies and share care – balance work priorities during early parenthood.
<p>Question 5: What could the Commonwealth do to improve outcomes for children - particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?</p>	<ul style="list-style-type: none"> • Universal health promotion- education at the population level, about the critical importance of the antenatal and postnatal periods and how they are different, infant’s needs, encompassing mental, physical, and developmental health and needs in the context of secure trusting and predictable relationships with their parents or caregivers. (Infant mental health and the importance of

secure attachment relationship is still not well understood in the community).

- Integrated Care Pathways across the First 2000 Days
- Investment to create consistently available place-based Family Hubs designed to offer integrated, co-located collaborative cross-agency services to families as “wrap-around” access to universal, targeted and indicated levels of family-centred care nationally.
- Entry to the Family Hub service would commence with antenatal/ midwifery care soon after conception and transition through until the child enters formal education (Prep) – the first 2000 days.
- Cross-agency services might lend themselves to collaborative co-location could include:
 - Primary Health Services – GP; Maternity; Child Health
 - Mental Health and Social Emotional Wellbeing Services - targeted and indicated levels of care
 - Allied Health Services
 - Family Support and Parenting Education
 - Early Childhood Services – Education and Care
 - Social Services – Housing; Financial Security; Safety
 - Cultural Care Providers and Community Connections
- A family hub creates an opportunity for families to access holistic continuity of care and carers, smooth transitions in care across sectors and as needs change. Families can access more targeted and intensive care at times of higher need without the need to move to another service and building. When the level of need decreases, families return to the universal care pathway.
- The integrated care system removes siloed and fragmented services to improve individual, family, and system outcomes. The continuity of care and carer model enables connection and relationships of trust and collaboration to build between the families and the services they access focussed on supporting infants, young children, and their families to thrive and grow.
- The family hub becomes a place-based service within the community, building social, cultural and community connectedness. It creates a safe place that families can access the supports and resources that they need to navigate the first 2000 days of their child’s life. Stigma associated with accessing targeted and indicated levels of care is decreased, improving engagement and participation.

Other Important Strategies:

- Strategies to reduce violence in communities and infants – young children’s exposure to Adverse Childhood Experiences and their impact.
- Increase housing security.
- Increase food security.
- As above and promotion of co-located services that support families to access multiple services in the one visit. E.g., G.P. and Child Health, infant mental health supports, and services embedded in Early Childhood Education Care Centres.
- Overhaul the child protection system to focus on the rights and needs of infants and children. This would ensure that children and families are supported earlier rather than at the point where there is legally evident abuse. A key right of children is to have safe and

responsive caregivers. The child protection system should be set up to support parents and caregivers to provide this and to offer alternate care arrangements for children when their parents are unable to.

- Developing an education system to appropriately screen, train and support Foster Carers and workers providing support to infants and young children in the Child Protection system.
- Legalising adoption, generally and within the Child Protection system. Canada has a great example of this. Adds security, certainty, commitment, and predictability to a child's life.
- Educate the law, judicial system, court appointed child legal advocates, and those conducting Child Protection and Family Court assessments about the importance of the early years, infant mental health, and wellbeing to:
 - enable appropriate and evidence informed representation
 - advocacy
 - information gathering
 - and decision-making regarding infants and young children involved in these systems.
- Educate the law, judicial system, court appointed child legal advocates, and those conducting Child Protection and Family Court assessments about the importance of understanding First Nations Culture and their ways of knowing, being and doing in relation to child-rearing practices, community-focussed collective parenting, and family mapping.
- Increase family planning initiatives and focus on supporting parents with a mental illness to reduce the impact of this on their children.
- Support vulnerable infants and young children to access high quality childcare, that also hosts allied health services who can provide assessment and therapeutic services to those targeted and indicated populations needing intensive support.
- Advocate and fund supportive home-visiting services for vulnerable families in the first two years of life.
- Increase access to supports for parents who have experienced stillbirth, birth trauma and loss of an infant or young child under the age of 5 years.
- Further develop the health and mental health workforce regarding developmental and mental health outcomes or risks for infants and young children with:
 - severe and complex medical issues or congenital difficulties requiring long stays in hospital
 - premature infants birthed
 - multiple births
 - parent's experiences of medically compromised infants and young children needing longer hospital stays and or time in Neonatal Intensive Care Units.
- Increased early parenting supports for families who have multiple births.

Question 6: What areas do you think the Commonwealth could focus on to improve coordination and collaboration in

- Addressing systemic and cross sector / organisational barriers that inhibit infants and young children's needs being met in the most positive way. E.g., The Legal system and decisions made regarding safe environments and carers for infants and young children are not compatible and often don't support the child's best interests.
- Promoting education, training, and workforce flow through of workforces involved in preparation for parenthood, infancy, and

<p>developing policies for children and families?</p>	<p>early childhood, including University and other role qualifications. E.g., Incorporating foundational education for all sectors / industries who may be involved, to understand the importance of Infancy and the Early Years and their role in identifying, and intervening in infants and young children’s wellbeing from conception to age 5years.</p> <ul style="list-style-type: none"> • Working with sectors, industries and peak bodies, to develop workforce strategies that enable, an appropriate flow through of workforce staff, regarding career entry, progression, and development pathways, senior staff retention, succession planning, making higher education and knowledge acquisition more accessible to those wanting to progress in fields working directly with expectant and new parents, infants, young children and families (early childhood education and care sector, paediatric, allied health and early child development services, child health, maternity, mental health, early primary education, NDIS providers, private providers. • Sustainability regarding rural and remote workforce initiatives. • Promoting place-based, cross sector implementation initiatives that address specific community’s needs. E.g., rural, and remote service provision and workforce issues. • Promoting further integrated models of accessible care for families, infants, and young children where they don’t need to duplicate information already shared, that promote collaborative care and information provision to families and where they can meet multiple needs. E.g., perinatal, and infant mental health day programs where mothers/ caregivers can access early intervention services through adult and infant mental health and child health services. • Access to affordable and appropriate translations of information and interpreters. • Funding research that demonstrates efficacy and effectiveness of models of care for expectant and new parents, infants, young children, and families over the longer term. • Enhanced national social, wellbeing, developmental and mental health data collection for infants and young children under 48 months, including as part of Australian Mental Health Outcomes and Classification Network (AMHOCN) National Outcomes and Case-mix Collection (NOCC). Currently individuals under 48 months are excluded from NOCC and no national data is collected for this age group.
<p>Question 7: What principles should be included in the Strategy?</p>	<ul style="list-style-type: none"> • Systemic focus regarding supporting all families, infants, and young children, in a developmentally attuned manner understanding that needs of families across age and stages within the “early years” time frame. Family-centred. • Cultural, spiritual, and emotional safety is paramount. • Cross sector framework development and implementation. • Culturally informed strategies that meet diverse individual’s needs. • Co-design, production and evaluation of strategy implementation initiatives informed by all families, and targeted and indicated groups requiring other supports. This needs to occur across the continuum of care from primary through to tertiary service and organisation initiatives. • Universal health and mental health promotion and prevention education for all families.

	<ul style="list-style-type: none"> • Placed-based strategies • Evidence informed • Promotion of ongoing research and evaluation • Equity, accessibility, transparency, accountability • Consumer-led • Collaboration, partnerships, co-location • Strengths based • Promotion, prevention, early intervention across the continuum of care for infants and young children • Supported by research • Evaluation • Accountability • Responsive and Integrated.
<p>Question 8: Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?</p>	<ul style="list-style-type: none"> • Scientific evidence indicates that early childhood (particularly the first 1000 days) is a critical period when the benefits of early interventions are amplified, and the negative effects of risk can be reduced. It is important that children are supported through nurturing care, which is characterised by a stable environment that promotes children’s health and nutrition, protects children from threats, and gives them opportunities for early learning, through affectionate interactions and relationships. Though a wide range of scientific evidence exists there appears to be little recognition of the evidence base at a policy level and translating this into practice regarding infant and young children’s development and mental health and wellbeing. • Nobel Prize-winning economist James Joseph Heckman has demonstrated that returns on investment for early intervention programs for perinatal and infant mental health, measured in terms of reducing costs to the health, education, child safety and criminal justice systems over the life of the child from birth to early adulthood, can be as high as \$17 per dollar invested (Heckman 2006). Heckman proposes greater economic advantages where this intervention commences in the antenatal period. Remediation programs in adolescence may achieve similar outcomes to early years programs but have lower success rates and cost 35-50% more (Heckman 2008). Home Page - The Heckman Equation • The Scale of Resilience - Early-Learnings-about-the-Resilience-Scale-Metaphor-in-Practice2.pdf (albertafamilywellness.org) • The impact of Adverse Childhood Experiences – ACES research and the lifelong outcomes (What Are ACEs? And How Do They Relate to Toxic Stress? (harvard.edu)) Nadine Burke Harris: How childhood trauma affects health across a lifetime TED Talk • Stan Sonu: The Science of Adversity and the Case for Systemic Empathy TED Talk • Related to ACE’s research - “Thus, as noted in the report of the World Health Organisation’s Commission on Social Determinants of Health (2008), many challenges in adult society have their roots in the early years of life, including major public health problems such as obesity, heart disease, and mental health problems. Experiences in early childhood are also related to criminality, problems in literacy and numeracy, and economic participation.” Ref: Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre

for Community Child Health, Murdoch Children's Research Institute.

- **A definition of Infant and Young Children's Mental Health and Wellbeing:** and an acknowledgment that positive mental health and wellbeing from conception to the age of 5 years, provides the foundation of an individual's health, wellbeing, and optimal development over a lifetime.

Definition: "Infant mental health describes the emotional wellbeing of infants and young children from conception to age five. Infant mental health refers to the infant's ability to:

- experience, express and manage emotions
 - form close and secure relationships with parents and caregivers
 - explore their environment and learn about the world"
- Infants have unique nonverbal ways of expressing themselves and their capacities to feel, to form close and secure relationships, and to explore the environment and learn – all of which require appropriate nurturing since they are fundamental for building a lifetime of mental and physical health. It is important that the infant is acknowledged as being their own person with their own agency even prior to speaking words.
 - Caregiving relationships that are sensitive and responsive to infant needs are critical to human development. Therefore, the relationship between the infant and their parent or primary caregiver is central to the infant's emotional wellbeing, physical health and development and their life-long outcomes.
 - Infants do not exist by themselves, there is always an infant and "someone" it is the quality of the relationship that is central to optimal mental and physical wellbeing and development over time. Systems, family, community, organisational, cultural, societal, and political, and the environment, interact with the infant and parent to support this relationship and enable or enhance an infant or young child's wellbeing. As a family unit, addressing the social determinants in conjunction with supporting the mental health and wellbeing serves to maximise outcomes for both mental health and health equity.
 - **Economic Cost of Late Intervention:**

The cost to government of late intervention in Australia is \$15.2bn each year. This equates to \$607 for every Australian, or \$1,912 per child and young person. Late intervention costs include cost of specialist mental health services; out of home care, homelessness; youth unemployment, police, court and health costs of youth crime.

Ref: William Teager, Stacey Fox and Neil Stafford, *How Australia can invest early and return more: A new look at the \$15b cost and opportunity*. Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute, Australia, 2019.