



Public Health Association
AUSTRALIA

Submission on the Department of Social Services *Early Years Strategy*

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



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Introduction

PHAA welcomes the opportunity to provide input to the Department of Social Services to help inform the focus of the national Early Years Strategy (the Strategy). We applaud the Government for spearheading Australia’s first Commonwealth strategy, responding to the compelling evidence of the pivotal role a child’s early years play in shaping their future, and the future of our nation.

PHAA appreciates the intent of the Strategy and the selection of an expert Advisory panel with a breadth of relevant experience and knowledge, while also seeking consultation from the wider community. We fully support the Government’s focus on health in all policies, rights-based, strengths-based, child and family centred, Aboriginal and Torres Strait Islander, inclusive and data-driven approaches as presented in the discussion paper.

This submission is structured according to the consultation questions as provided by the Department of Social Services. Figure 1 depicts our proposed Strategy structure and key recommendations.



Figure 1: PHAA proposed structure for the Early Years (from conception to the end of the first year of full time school) Strategy 2024-2034

Responses to The Early Years Strategy Inquiry Terms of Reference

Question 1: Do you have any comments on the proposed structure of the Strategy?

PHAA broadly agrees with the proposed structure of the Strategy. However, to ensure the vision ‘Enabling every child to have the best possible start to life’ is realised, we make the following suggestions.

Define the ‘Early Years’

The discussion paper outlines the focus of the Strategy as ‘the first five years, including the antenatal period.’ We propose an alternative definition for the early years: ‘conception to the end of the first school year’. This definition provides a clear start and end point, which is imperative for measuring and tracking progress. Using ‘conception’ (instead of ‘antenatal period’) simplifies the language to avoid confusion and make the definition easier to harness to guide policy changes. Linking the endpoint to the commencement/completion of the first year of school is beneficial for several reasons.

Most children and their families will continue to require and utilise services such as childcare until school commencement, which does not always happen at exactly 5 years of age. Given such services are key to the Strategy’s implementation, it is practical to switch to a milestone, rather than using an age-based endpoint. This definition also improves the utility of school readiness/on-entry assessments at school (e.g., Australian Early Development Census; AEDC) results as a standardised indicator for the Strategy’s progress. Using the end of the first school year as an endpoint also enables targeted assessments, referrals and interventions for children who need additional support or ‘fell through the cracks’ of community initiatives prior to starting school.

Recommendation

- **Define the early years as ‘conception to the end of the first school year’**

Include a strategy timeframe

The discussion paper does not specify a timeframe for the Strategy. We recommend the Strategy initially target a minimum timeframe of 10 years (ie. 2024-2034) to allow adequate time to deliver and assess outcomes, following which the Strategy can be updated based on a formal review of the reform measures and any additional evidence. This would also allow the 2024 AEDC (a triennial data collection) to be used as a baseline, with 2027, 2030 and 2033 results used to evaluate outcomes and inform the next iteration of the Strategy.

Recommendation

- **Specify a minimum timeframe for the Strategy of 10 years (2024-2034).**

Develop policy priority specific indicators

Clear and strong indicators and targets are essential to the success of the Strategy. Appendix B depicts the proposed structure of the Strategy in Figure 2. Though we acknowledge that indicators will be devised once policy priorities are finalised, we urge the panel to develop indicators directly related to each policy priority as we have depicted in Figure 3, rather than for the Strategy as a whole, given the diversity of outcomes in the early years. Strong indicators and targets would enable measurement of progress for each outcome area. Broad indicators alone are not adequate and will not capture all relevant factors that contribute to the objectives of the Strategy.

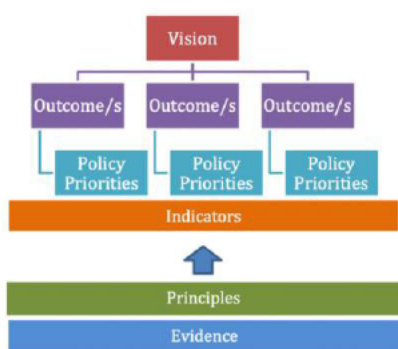


Figure 2: Proposed structure of the Strategy as per discussion paper

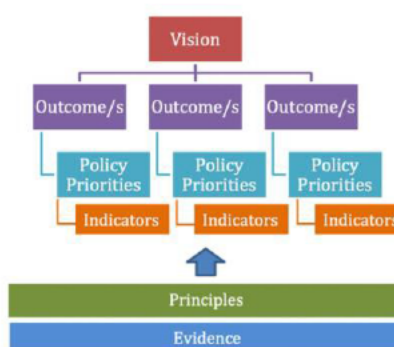


Figure 3: Recommended structure of the Strategy

Recommendation

- **Develop clear, strong, and specific indicators for each policy priority to enable evaluation of progress.**

Ensure implementation

Government strategy documents risk ‘gathering dust’; the key is strong implementation. The discussion paper states “Implementation Action Plans will be developed after the Strategy is finalised and will set out what will be done to respond to the priority reforms. An Outcomes and Evaluation Framework will also be developed to monitor performance.”

A stronger commitment is needed to ensure the Strategy can be fully implemented and evaluated.

Recommendations

- **Establish a national governance committee** to oversee implementation of the Strategy, with representation from the Commonwealth, each State and Territory government and, Aboriginal and Torres Strait Islander representatives and consumers (e.g., children or families).
- **Develop a national implementation plan**, in consultation with key stakeholder groups, within six months of the Strategy’s release, including:
 - agreed evidence-based actions for each priority area, with responsibility for each action assigned to federal, state and territory stakeholders, as appropriate.
 - a timeline for implementation and reporting.
 - a funding plan that identifies committed, ongoing and adequate funding from the government for each outcome, priority area, and for monitoring and evaluation.
 - A monitoring and evaluation framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.

- **Ensure a process free from conflicts of interest.** We recommend the World Health Organization principles of safeguarding actual, perceived, and potential conflicts of interests should be used across all aspects of the Strategy. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC *Guidelines for Guidelines*¹ that provide steps to both declare and manage conflicts of interest in health policymaking in Australia.

Question 2: What vision should our nation have for Australia's youngest children?

Children are our nation's future. Australia's vision should be to 'Enable every child to have the best possible start to life'.

As a signatory to the *United Nations Convention on the Rights of the Child*, the Australian Government has a responsibility to uphold children's rights, promote wellbeing and safety, and mitigate the risks of poverty, inequality, and discrimination, so all children can live safe, respected, happy, and fulfilled lives.² Prioritising the best interests of Australia's youngest children, including optimising the social determinants of health³ to support families and communities, will ensure the next generation of children are supported to build the resilience required to tackle future climate, financial and/or public health crises.⁴

Multisectoral action is required to implement prevention and early intervention strategies underpinned by the principles of equity, child rights, social inclusion, trauma-informed care, and addressing the social determinants of health to ensure that no child is left behind.⁵

Recommendation

- The Strategy's vision should be '**Enable every child to have the best possible start to life**'.

Question 3: What mix of outcomes are the most important to include in the Strategy?

PHAA have identified the three most important broad outcome areas to ensure all Australian children have the best start in life. Each of these outcomes should be developed and measured with an equity lens, informed by community voices, and align with the *United Nations Convention on Child Rights of the Child* (see Q7: principles). Specific policy priorities addressing each outcome area are discussed in the response to Q4.

1. Ensure children's basic needs are met

The primary Strategy outcome should be that every child's basic needs are met. There is strong evidence demonstrating the importance of a children's material needs (adequate nutrition, clothing, personal care and hygiene), living environments (housing, community, broader built, natural and commercial environments) and safety (from abuse, neglect, violence, harmful substances, and injury) for their health and wellbeing throughout life.⁶ The Strategy is an opportunity to ensure Australia's most vulnerable children have access to the building blocks of optimal health and wellbeing.

No Australian child should be denied the basic material necessities of adequate nutrition, clothing, and personal care. Yet over 21% of Australian households have experienced severe food insecurity in the last year.⁷ Children are also increasingly exposed to and consuming unhealthy food and drinks.⁸ Without access to healthy foods, children suffer long-term impacts on their physical, cognitive, and emotional development, limiting their ability to flourish in early education and reach their full potential.^{6,7}

Climate- and situation-appropriate clothing and footwear is another basic necessity for children. Adequate clothing can be protective against environment related physical health conditions (e.g., sun safety) and is important to enable children to engage in essential activities (e.g. school or sport).^{6,9}

Similarly, personal care products such as nappies, soap, and oral care products are necessary to maintain adequate hygiene for health and social reasons.^{6,10} A lack of these necessities in childhood can have lasting impacts on their community participation, having been linked to lower educational attainment and income, as well as their physical and mental health, increasing healthcare expenditure and demand.⁶

Children also have the right to live in an environment that is conducive to optimal health and wellbeing. It is unacceptable that up to 10,993 Australian children aged 0-5 are homeless.¹¹ Secure, stable, and quality housing- free from overcrowding, extreme temperatures and with access to basic amenities- is imperative to protect children from disease and build a stable support network. Insecure housing has been shown to negatively impact children's physical health, behaviour, social inclusion, psychological wellbeing, and school readiness, with homelessness and housing evictions having a particularly significant impact.⁶

These factors can lead to marginalisation, which is associated with poorer health status in young people.^{5, 6} Marginalisation of children who are Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse (including refugees and asylum seekers), have a disability, identify as LGBTIQ+, live in rural or remote communities, or have contact with child protection and/or the criminal justice systems, is also prevalent.⁵ The Government has a responsibility to ensure children from these marginalised communities are supported to attain the same level of health and wellbeing.

Built environments are becoming increasingly obesogenic, which with the rise in marketing of harmful brands and products, including alcohol, e-cigarette and unhealthy food and drinks, is nudging children away from healthy activities.¹²

Children also represent a vulnerable group that is likely to disproportionately suffer the direct and indirect health impacts caused by climate disruption.^{4, 5}

Safety is a basic human right, and yet children continue to experience abuse, injury, and exposure to dangerous substances in Australia. The greatest risks faced by children are at home in the form of abuse or neglect by parents and carers, with children in out-of-home care particularly vulnerable.⁵

Adverse experiences in early childhood including physical, sexual, or emotional abuse, physical or emotional neglect, exposure to domestic and family violence, household substance abuse, household mental health issues, parental separation or divorce, a household member who is incarcerated, increases the probability of poor health and wellbeing later in life.¹³

Additionally, Australian children have some of the highest rates of injury among OECD countries, with almost 1.4% of Australian children aged 0-4 years hospitalised for injury each year.^{14, 15} Again, children from lower socioeconomic and marginalised communities are disproportionately impacted, signalling a need for more stringent measures to protect Australia's most vulnerable children.

2. Support children's holistic health, development, and wellbeing

A holistic approach to children's health and development is crucial to achieving the vision of the Strategy.

The AEDC embeds a holistic approach nationally by measuring aspects of children's physical health and wellbeing; social competencies; emotional maturity; language and cognitive skills; and communication skills and general knowledge in the first year of full-time school.¹⁶ Beyond these five domains, other aspects that should be prioritised include mental health concerns; cultural knowledge and connectedness; and disease prevention.

Already 1% of Australian children aged 0-4 years are receiving professional mental health support.¹⁸ However, this figure likely only represents half of the children aged 0-4 with mental health issues.¹⁹ Australia's priority populations are impacted the most. Rural and remote communities particularly vulnerable.

Children are more likely to have continued trauma-related symptoms after a natural disaster or extreme weather events.⁵ Australia is already seeing a rise in the frequency of such events and with the ongoing impacts of climate change, it is likely there will be an ever increasing demand for mental health services.⁵ With 50% of children with mental illness continuing to struggle into adulthood,¹⁹ the Government must reduce the cycle of inequity and intervene during the critical early years to (1) prevent children from developing mental health issues and (2) provide early support for existing mental health issues.

Connectedness with community and culture from the early years is central to a child's holistic wellbeing. Building a positive identity, sense of belonging, strong relationships, social and emotional skills, can have lasting impacts on life satisfaction, physical and mental health.⁶ Connectedness is especially important for Aboriginal and Torres Strait Islander children who continue to be impacted by the intergenerational trauma of colonisation, dispossession, and exclusion, and whose health is intertwined with the social, emotional, and cultural wellbeing of the whole community.^{20,21}

Culturally and linguistically diverse communities, including refugees and asylum seekers, benefit from protective factors such as kinship, supportive networks, and freedom from discrimination.⁶ Furthermore, children and families, especially those from socially or culturally marginalised communities, experience challenges accessing health services and navigating health systems.⁵ It is vital that the Government work to empower communities, build health literacy and foster true engagement to further the health of children and communities.

No child should succumb to a preventable disease. Australia has a comprehensive National Immunisation Program to prevent sickness from serious childhood infections. However, over 7% of Australian children have not received all age-appropriate vaccinations by age two, with vaccination rates even lower for Aboriginal and Torres Strait Islander children and children from lower socioeconomic backgrounds.¹⁵ A similar social gradient is evident in the prevalence of preventable conditions such as dental caries and hearing loss, as well as for conditions with modifiable risk factors, such as poor growth and obesity.^{14, 17} These conditions have long-term impacts on children's health and wellbeing, which are perpetuated by inequitable access to quality primary, secondary and tertiary healthcare.¹⁴ The Strategy must aim to ensure every child benefits from Australia's quality integrated healthcare, and disease prevention initiatives.

The early years are a critical time for a child's cognitive development. Readiness to learn is multifactorial and relies heavily on external factors. Early assessment and intervention for developmental delay is critical to improving long term functioning and health.²² However, long wait times and out-of-pocket costs for children and families to access assessment, intervention, and support present barriers to access for the children and families who need them most.¹⁴

Early childhood education (ECE) has been shown to provide long-term benefits to children, especially those from disadvantaged backgrounds.^{14, 20} Research demonstrates that ECE is the most effective and cost-effective way to improve children's readiness to learn and therefore improve their health, employability, income, and financial security, as well as reduce the probability of crime and incarceration.¹⁴

3. Enable families to have a safe and healthy journey through pregnancy and beyond

Children are inextricably linked to their familial context. Children's physical health, mental health, cognitive development, behaviour, attachment, social skills, resilience, and future engagement with education, employment, and even crime is heavily influenced by their family.^{6,23} The social determinants of health in which a child is raised, are particularly important in the early years.²⁴

The health of the child starts with a healthy pregnancy. Optimising physical health, including sexual health and nutrition prior to conception, lead to better outcomes, especially as women may not always know they are pregnant straight away.²³ This highlights the importance of the National Preventative Health Strategy in

contributing to the health of Australia's youngest children. Commencing routine antenatal care before 14 weeks gestational age contributes to better maternal health in pregnancy, fewer interventions in late pregnancy, and positive child health outcomes.²⁵ Yet there remain many women who do not engage in antenatal care until much later in pregnancy, if at all, and these rates remain highest in already vulnerable populations.²⁵

Women's health, behaviours, and psychosocial stressors whilst pregnant can have devastating impacts on the developing foetus.²³ This also extends after birth and to other family members. Vulnerable communities are disproportionately impacted by the negative long-term effects of poor health behaviours such as smoking and alcohol during pregnancy.²⁵ One in 10 Australian women experience depression whilst pregnant, and 1 in 7 experience post-natal depression. The rates in fathers are 1 in 20 and 1 in 10, respectively.²⁶ Children exposed, even in utero, to familial depression and other mental health conditions, as well as substance abuse, relationship stress or familial violence, unemployment, homelessness or financial stress, and health conditions of mothers and parents, can have lasting impacts on their own mental and physical wellbeing, perpetuating long-term inequities in all the social determinants of health.^{23,24} With the cost of childcare rising a higher rate than the cost of electricity and housing, reform of Early Learning and childcare is also imperative.²⁷ There is evidence that the accessibility of childcare and parental leave are major barriers for parents, especially women, to return to the workforce quicker- this needs to change.

Recommendation

- That the following three key outcomes are embedded in the Strategy:
 - 1. Ensure children's basic needs are met**
 - 2. Support children's holistic health, development, and wellbeing**
 - 3. Enable families to have a safe and healthy journey throughout pregnancy and beyond**

Question 4: What specific areas/ policy priorities should be included in the Strategy and why?

There is a clear need to better support families and communities to support their children. The outcomes described in Q3 are strongly interrelated and linked to a child's broader context and the social determinants of health. Multisectoral collaboration to improve community engagement and empowerment, and focused efforts on specialised programs for priority populations (Aboriginal and Torres Strait Islander; CALD; refugee and migrant; and rural and remote communities, as well as children with disability, identifying as LGBTQIA+, and in out-of-home care) are common policy priorities.

We also highlight the need for all services to be physically and culturally accessible for all children and families, regardless of their location, cultural background, socioeconomic status, or disability. There are also opportunities to harness technology to provide support and specialist advice via telehealth, which should be integrated with standard face-to-face care to improve access for all families, including those geographically or socially isolated.

Specific policy priorities and actions related to each of our proposed key outcomes are displayed in Table 1 on the following page.

Recommendation

- That the following three key outcomes, with their key priority areas, be embedded in the Strategy:
 - 1. Ensure children's basic needs are met**
 - a. Basic material necessities (nutrition, clothing, and personal care)
 - b. Living environments conducive to wellbeing (stable and quality housing, community, built and commercial environment)
 - c. Safety (from abuse, neglect, injury, and harmful substances)
 - 2. Support children's holistic health, development, and wellbeing**
 - a. Physical health
 - b. Mental health and wellbeing
 - c. Readiness to learn
 - d. Connectedness (to Culture and Community)
 - 3. Enable families to have a safe and healthy journey throughout pregnancy and beyond**
 - a. Healthy pregnancy (antenatal care and optimising modifiable risk factors)
 - b. Overall wellbeing of parents in the perinatal period (perinatal mental illness and enabling parents to return to work)

Table 1: PHAA’s recommended three key outcomes and associated priority areas for inclusion in the Strategy

Vision: Enable every child to have the best possible start to life			
<ul style="list-style-type: none"> ● Address the social determinants of health to reduce inequities by engaging in multisector collaboration to facilitate structural changes ● Ensure adequate resourcing of, and equitable access to, key services, especially for priority populations, including primary healthcare, mental health support, allied health, quality childcare, child protection, family support, domestic violence, and welfare services. ● Consider a child wellbeing and rights-based perspective as being a paramount factor in all policy and legislative decisions ● Utilise the child wellbeing hub model (see Q8) to enable community engagement, streamlined early assessment and referral pathways, and linkages to relevant support services (e.g., food security, crisis accommodation and legal services) 			
1. Ensure children’s basic needs are met ^{5,6,14,23,24,26}			
Basic material necessities	Living environments conducive to wellbeing	Safety	
<ul style="list-style-type: none"> ● Broader actions as outlined in PHAA’s submission on Strengthening and Safeguarding Food Security in Australia²⁸ 	<ul style="list-style-type: none"> ● Modify built environments to include safe greenspaces, footpaths and play equipment ● Mandatory regulations to restrict the marketing of alcohol, e-cigarette and unhealthy food and drink to children ● Implement UNICEF’s Child Friendly Cities and Communities Handbook Recommendations 	<ul style="list-style-type: none"> ● Prohibit physical punishment in all settings, including home, alternative care settings, ECEC, schools and prisons. ● End detention of children of asylum seekers ● Strengthen provision of trauma-informed care to all children and families, with more comprehensive supports for those at heightened risk or where exposure to family violence, child abuse and neglect, and other traumatic experiences in childhood has already occurred ● Health promotion and parenting programs focused on safety concerns 	
2. Support children’s holistic health, development, and wellbeing ^{5,6,14,17,20,26}			
Physical health	Mental health and wellbeing	Readiness to learn	Connectedness and community enrichment
<ul style="list-style-type: none"> ● Free, regular health checks during the early years, including dental, hearing (birth, 6months, 3 years and in the first year of school) and developmental milestones (1-4 weeks, 6 weeks, 6-9 months, 18-24 months, at 3 years, and prior to school commencement) ● Localised strategies to promote uptake of these checks and childhood immunisation, including ‘catch-up’ programs in the first year of school. 			<ul style="list-style-type: none"> ● Ensure early child health and ECEC services are friendly, respectful, non-judgemental and with an understanding of culture to ensure young children feel connected to their community
<i>Physical Health</i>	<i>Mental health and wellbeing</i>	<i>Readiness to learn</i>	<i>Connectedness and community enrichment</i>

<ul style="list-style-type: none"> ● Investment in locally acceptable preventative health and health promotion programs (eg. culturally tailored nutritional advice and accessible exercise initiatives) ● Ensure children’s health and education services provide nutritious meals 	<ul style="list-style-type: none"> ● Provide greater investment in preventing poor mental health via early intervention ● Build the capacity of mental health services to meet current demand as well as potential future surges (e.g., following natural disasters) 	<ul style="list-style-type: none"> ● Continued commitment to the AEDC triennial collection, with strategies to ensure high completion rates across jurisdictions. ● Streamlined early assessment and referral pathways, including through child wellbeing hubs. ● Additional free support services (e.g., speech, occupational, psychology) for children with developmental vulnerabilities and disabilities to ensure they are ready to learn by school entry. ● Commit to long-term, sustainable funding to ensure all children can access 600 hrs of free, quality ECEC prior to commencing school 	<ul style="list-style-type: none"> ● Adjust children’s health and education systems so they are easier to navigate and participate in for priority populations, including resources suitable for families with low literacy levels and adapted into languages other than English to promote health literacy regardless of education background or cultural background. ● Ensure diversity among the early childhood workforce, with specific measures to support and promote recruitment.
3. Enable families to have a safe and healthy journey through pregnancy and beyond^{6,14,20,26}			
Healthy pregnancy		Overall wellbeing of parents in the perinatal period	
<ul style="list-style-type: none"> ● Implement strategies to engage and retain women in antenatal care ● Provide ongoing health promotion advice regarding alcohol, smoking, foods, micronutrients, and physical activities ● Possible strategies include group antenatal care and sustained home visiting 		<ul style="list-style-type: none"> ● Regular screening of both parents during the ante- and post-natal periods for depression and other psychosocial risk factors, with streamlined referral pathways to enable early engagement with support and treatment services ● Implement a sustained Australia-wide postnatal home visiting programme, providing support to all parents for the first 10 days after birth, with the possibility to extend to the infant health check at 6 weeks for families in need. ● Promote the importance of breastfeeding, however when not possible, non-breastfeeding mothers receive professional, non-judgemental support and education from health professionals about safe bottle feeding ● Ensure sustained delivery of paid parental leave policy to provide up to 6 months of paid parental leave (taken by either parent) ● Introduce the right for working parents and caregivers to access up to 5 additional sick leave days per year to facilitate return to work after parental leave ● Ensure availability of flexible, high-quality, accessible, and affordable childcare services, with further funding of the childcare support system to prevent further disadvantaging lower income families 	

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?

Growing socio-economic inequality in Australia has increased the challenges faced by the most vulnerable groups in our society with children, particularly those from disadvantaged circumstances such as Aboriginal and Torres Strait Islander children and children with a disability, suffering the consequences of this. By the age of two years, children from disadvantaged backgrounds are already six months behind their peers in processing skills critical to language development.²⁹ Supporting development from an early age, such as the interventions shown below, can improve outcomes for children throughout their lifespan.

Provide free high quality Early Childhood Education and Care

Almost 35% of the population live in classified 'Childcare Deserts' where there are approximately 3.3 children aged four years and younger, for every one place in ECE.³⁰ The majority of these areas are considered of lower socioeconomic status, such as remote and regional areas where two thirds of the Aboriginal and Torres Strait Islander population reside. While the environment in which each individual child is brought up is highly varied, the relationship between the developing brain and the environment in which they learn directly impacts developmental outcomes. Increasing the capacity of and access to inclusive and culturally safe ECE systems allows for effective and timely interventions that improve the development and learning outcomes of all children, particularly those from disadvantaged backgrounds. Education is a human right; the onus is on the Government to ensure every child in Australia has access to early education.

Improve access to early childhood checks

To support early childhood physical and mental development, a coordinated approach between the Commonwealth and State and Territory Governments is required to implement a universal postnatal home visiting program that provides support to new parents during the first two weeks post birth, with possibility of extension to the six week infant health check for families in disadvantaged circumstances. Improved access to early childhood checks would enable the early identification and referral to specialist health services where there are concerns about infant and parental physical and mental health. Removing barriers to access these services such as waitlists and travel, especially for those located in regional and remote areas, is important for early assessment and intervention.

Engage with service providers

Disadvantaged families face a disproportionate and wide range of difficulties that are far more broad than economic poverty alone. They face complex, multilayered problems including social exclusion and deprivation that hinders full societal participation and limits life opportunities. This leads to a lack of access to key services and engagement with service providers. Involvement in early childhood and parenting support programs can reduce some of the negative impacts of disadvantage on families and children, therefore the Government needs to work with service providers to identify priority areas of early development and create work plans to support these children and their families.

Priorities related to Aboriginal and Torres Strait Islander children should align with the existing National Aboriginal and Torres Strait Islander Early Years Strategy and be informed by the authority, leadership, and decision-making rights of Aboriginal and Torres Strait Islander peoples.

Question 6: What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

Sustained government commitment to multi-sectoral action is imperative to address the complex mix of individual, community and environmental factors that detract from a child reaching their full potential. The Government has the power to facilitate structural changes to improve housing, financial and social supports for families; help parents attain their own education and employment goals; and reduce the barriers to accessing healthcare. Removing even a single stressor has been shown to improve the wellbeing of families, communities, and by extension, their children.²⁶ Examining current and future policies with a child wellbeing lens will avoid unintended harm to children, reduce barriers to seeking healthy choices and regulate commercial interests. For example, increasing the accessibility of organised sport activities is important, as is regulation of the promotion or sponsorship by fast-food and other unhealthy industries at community sporting events.

PHAA recommends the Government build connections between local government entities including libraries and community services; emergency services; educational facilities; child and family centres; food banks; welfare providers; cultural networks including Aboriginal and Torres Strait Islander Elders; local shopping centre managers; data providers; and relevant other non-government organisations, to establish giving children the best start in life as a common goal.

Empowering families and communities through integrated centres or 'child wellbeing hubs' have been trialled in many jurisdictions. With true community engagement and codesign, sustained resourcing and trained staff, these hubs can act as a 'one-stop shop' to actively connect families and children with each other, and to any additional support they may need. Linked services can vary depending on local need, but may include streamlined health and developmental screening, assessment, and referral pathways; health promotion and parenting programmes; playgroups; cultural programs and language services; physical activity programs; financial and legal services; child protection and domestic violence supports; food security services; and assistance navigating the health system or other complex bureaucratic processes. Implementing integrated centres and allied services would be a step in the right direction to strengthening the holistic wellbeing of communities and the children within them.

Finally, the Strategy's vision will not be attained unless *every* child has the opportunity for the best start in life. Whilst there is an important role for universal programs and services, the Government should prioritise initiatives to reduce the equity gap in outcomes across the social gradient. More granular measurement and reporting of key indicators could highlight these gradients and guide equitable resource allocation to communities with the highest need. The reach and coverage of initiatives should also be evaluated, with additional strategies employed as necessary to capture parts of the community which may have fallen through the cracks.

Question 7: What principles should be included in the Strategy?

Each of the outcomes and priority areas described in the previous sections of this submission should be informed by three key principles:

1. **Equity-informed** with a focus on priority populations. One mechanism to ensure service provision is equity-informed is the proportionate universalism approach whereby the resourcing and delivering of universal services are provided at a scale and intensity proportionate to the degree of need by the family or community.³¹ In this approach, service provision is universally available to all families but can respond at the level of presenting need.
2. **Consumer voices** should be central to the delivery of services, policy, and solutions that affect their community. Where possible, this should include both the child and family voice, with engagement by the community sought as early as possible to inform not just the outcomes, but the co-creation of solutions.
3. **The Rights of the Child** is a critical underlying principle that needs to be considered throughout all phases of the Strategy. Australia is a signatory on the UN Convention on the Rights of the Child which is an international legal framework which requires the Australian Government to protect and fulfil the rights of children so they can live safe, respected, happy, and fulfilled lives⁵.

Recommendation

- The Strategy should be informed by the principles of **equity, consumer voices and engagement, and the rights of the child.**

Question 8: Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

PHAA appreciates the comprehensive list of frameworks already being considered in the Strategy's development. To ensure children remain at the forefront of policy development, we wish to reiterate that all elements of the Strategy must be guided by the *UN Convention on the Rights of the Child*. We also suggest consulting the *UNICEF Innocenti Framework on Food Systems for Child and Adolescents*³² to inform strategies related to food security under Outcome 1: Ensure children's basic needs are met.

Recommendations

- **All elements** of the Strategy must be guided by the **UN Convention on the Rights of the Child**.
- The **UNICEF Innocenti Framework on Food Systems for Child and Adolescents** should inform strategies related to food security.

Conclusion

PHAA strongly supports the broad directions of the Early Years Strategy. However, we are keen to ensure the commendable intentions of the Strategy translate into a comprehensive and well-crafted strategic document in line with this submission. We are particularly keen that the following points are highlighted:

- The strategy should focus on enabling every child to have the best possible start in life, with a strong focus on equity and aligned with the requirements of the UN Convention on the Rights of the Child.
- A clear governance, implementation, and evaluation plan needs to be developed alongside the Strategy to ensure its vision is realised.
- The key outcomes of the Strategy should focus on (1) ensuring children's basic needs are met, (2) supporting children's holistic health, development, and wellbeing, and (3) enabling families to have a safe and healthy journey throughout pregnancy and beyond
- Multisectoral collaboration between government, NGOs, consumer voices, and priority populations is embedded into the Strategy.
- To improve outcomes for disadvantaged or vulnerable families, the strategy should consider providing free high-quality childcare, increase uptake of child developmental checks, and engage with service providers who work directly with these families.

The PHAA appreciates the opportunity to make this submission and contribute to shaping the future of the youngest Australians. We look forward to providing further consultation on future drafts of the Strategy.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

28th April 2023

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