

Queensland University of Technology response to the Australian Government's discussion paper on The Early Years Strategy

## INTRODUCTION

Queensland University of Technology (QUT) commends the Australian Government on the commitment to develop a long-term **National Early Years Strategy** targeting children from conception to 5 years, and is pleased to submit this response to the Discussion Paper. Recognising the holistic and interconnected nature of children's health, learning, development and wellbeing in the early years, the submission has been developed by colleagues with diverse disciplinary and professional backgrounds from the Faculty of Creative Industries, Education and Social Justice and Faculty of Health (See Attachment 1 for contributing QUT researchers).

#### Early childhood education

QUT has a rich history in early childhood education, with more than 110 years preparing specialist Early Childhood Teachers and leading applied research to inform early childhood policy and practice.

Today, QUT Education provides a suite of Early Childhood Initial Teacher Education (ITE) programs, at both Bachelor and Master levels, preparing teachers to work with young children birth to 8 years in prior-to-school early childhood education and care (ECEC) settings and the early years of school (Prep to Year 3). We also offer postgraduate courses that address priority areas in education, including Graduate Certificate and Master of Education programs that specialise in early childhood, educational leadership, inclusive education, First Nations educational practices and trauma-aware education, and postgraduate research.

## ARC Centre of Excellence for the Digital Child

The Australian Research Council Centre of Excellence for the Digital Child based at QUT is the world's first research centre dedicated to creating positive digital childhoods for all Australian children. Children are growing, learning and connecting with digital technology that's rapidly evolving and changing. Australians are asking: How can technology help my child learn? How do I know good digital engagement from bad? How much technology is safe for my child? How do I keep my child safe online? Our vision is to ensure young children grow up healthy, connected, and educated in a rapidly changing digital world. Our program of research will help answer these questions for all Australians who look out for the health, education and happiness of young children, including parents and caregivers; teachers and educators; government and policy makers; and community and business organisations. The Centre of Excellence has an important contribution to make to the success of the *Early Years Strategy*. About the Centre of Excellence for the Digital Child - Australian Research Council Centre of Excellence for the Digital Child

## Centre for Child and Family Studies

The Centre for Child and Family Studies at QUT brings together a group of 35 researchers and higher degree research (HDR) students with interdisciplinary expertise in childhood and parenting research, and the childhood workforce (educators, health professionals, community and other professionals). Members' research focuses on real-world issues that intersect health, education, and community considerations, to positively transform the lives of children and families across diverse social, cultural and economic contexts. Collaborating and co-designing research with key end-users including government, non-government, and service provider organisations, the Centre is contributing to strengthened knowledge and understanding of the early years, and developing enhanced services and supports for young children and their families. <u>Home - Centre for Child and Family Studies (qut.edu.au)</u>

## Child health

The Faculty of Health has more than 12,000 students enrolled in undergraduate, postgraduate coursework, and research higher degree programs across seven academic schools, which include Public Health and Social Work, Psychology and Counselling, Optometry and Vision Science, Nursing, Exercise and Nutrition Sciences, Clinical Sciences (medical radiation, pharmacy and podiatry) and Biomedical Sciences.

The Centre for Child Health and Well-being (CCHW) brings together 65 researchers and HDR students from across these disciplines who are committed to improving physical, cognitive, mental and social health outcomes for children, with particular attention to those living with disadvantage. Research occurs across an integrated continuum from basic discovery through clinical translation, public health intervention, and health services research to enable children and their families to navigate a range of difficult circumstances including disadvantage and material deprivation; life changing injuries and chronic conditions (prevention, detection, monitoring and treatment); obesogenic environments; adverse experiences (including racism and violence); and climate change and its impact on health.

## **QUESTION 1.**

## Do you have any comments on the proposed structure of the Strategy?

- We commend the intent to establish a shared roadmap to inform policy decision-making across the early years and support the proposed structure of the Strategy. However, we question the scope which at present is limited to Commonwealth Government policy, programs and investment. The pressing policy need is for a comprehensive and integrated system of early years services and supports, responsive to diverse and changing needs, available and accessible to <u>all</u> children and families regardless of where they live. To be effective and efficient, it is vital that we establish a *National Early Years Strategy* that informs a systems approach across all levels of government in all States and Territories, leveraging partnerships with key organisations and professionals working toward strong childhoods and families.
- There would be merit in expanding the scope of the Strategy to include transition to school (Prep/Foundation Year), leveraging the Australian Early Development Census (AEDC) (Commonwealth of Australia, 2022) as a source of data to inform and evaluate implementation of the Strategy at the local and national level, with a focus on children's health, learning, development and wellbeing, which are key to supporting successful transition to school.
- Critical to success will be how the Strategy is operationalised and funded across the nation, leveraging and ensuring synergy with other strategies and investments in the early years across all levels of government. For example, we are aware of multiple interrelated strategies that focus on the early years including but not limited to the *National Obesity Strategy 2022-2023, National Preventive Health Strategy 2021-2030, National Children's Mental Health and Wellbeing Strategy, Australian National*

Breastfeeding Strategy: 2019 and beyond, Woman-centres care: Strategic directions for Australian maternity services, and The Universal Access National Partnership, including three-year-old preschool education in some states, and related quality improvement strategies such as *Queensland's Kindy Uplift program* (Queensland Department of Education, 2023).

- Strengthening outcomes across the early years is dependent on attracting, nurturing and retaining qualified and experienced professionals across a range of disciplines. There needs to be a strong connection to workforce development strategies in key areas such as early childhood education (e.g., *National Children's Education and Care Workforce Strategy*), child health (e.g., *National Action Plan for the Health of Children and Young People: 2020-2030*), disability services, supported by professional recognition and investment in the work of these colleagues.
- There is also need for a collaborative action plan, developed in consultation with all key stakeholders, which includes guidance and funding to support systemic change.
- It is not clear how many outcomes and policy priorities will be included or how these will be decided. We see the need for a high-level Stakeholder Reference Group to work in partnership with governments to inform and mobilise the action plan, building a sense of shared responsibility and accountability. Priorities need to be informed by evidence, and we advocate for a 'tight but loose fit' policy approach when defining indicators and outcomes, with a preference for contemporary performance standards that are clear in policy intent but can be achieved in different and locally meaningful ways (i.e., reflective of the National Quality Standard for ECEC and OSHC ACECQA, 2023). This is necessary to enable flexibility, autonomy and initiative, and to move towards a more comprehensive and integrated service system at the local level, while maintaining agreed design principles and a shared vision for improved services and support for all young children and their families.

## **QUESTION 2.**

#### What vision should our nation have for Australia's youngest children?

- The national vision should be aspirational, presenting an image of children as competent and capable citizens who have rights, agency and voice, and prioritise their health, learning, development, safety and wellbeing.
- We support the intent of the proposed vision that "all children, wherever they live, enjoy the same opportunities to learn, develop and thrive". However, the current wording's focus on equality does not promote equity, recognising that some children will need more opportunities to learn and grow in order to thrive and reach their full potential to the same degree as more advantaged peers. The vision should acknowledge the impact of child and family circumstances in the vision, recognising these are dynamic and can change over time through alternative wording such as: "all children, irrespective of where they live and the circumstances in which they live, enjoy equitable opportunities to learn, grow, develop and thrive in order to reach their full potential."
- Drawing on the recently updated *Early Years Learning Framework* (2.0) (Australian Government, Department of Education, 2022), and national vision for children's learning, we strongly advocate for the vision to advance reconciliation, and to recognise that building knowledge and understanding of Aboriginal and Torres Strait Islander histories, cultures and knowledges is important for all Australian children.

A Vision for Children's Learning: 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 (Australian Government Department of Education, 2022, p. 6). • The vision for young children could be complemented by a vision for our future comprehensive and integrated system of early years services and supports.

## **QUESTION 3.**

#### What mix of outcomes are the most important to include in the Strategy?

- We support a holistic focus on children's health, learning, development and wellbeing in the early years, and agree there are many interconnected factors that contribute to positive outcomes. This said, we believe the Strategy needs to identify a limited set of high-level outcomes, which may be met in many different ways. Drawing on the World Health Organization's *Nurturing Care for Early Childhood Development framework* (World Health Organization, 2018) we advocate the following broad outcome areas:
  - Good physical health and development
  - o Optimal mental health in infancy, childhood and adolescence
  - Adequate nutrition
  - Responsive and capable caregiving
  - Security and safety
  - o Opportunities for high-quality early learning
  - Access to two years' funded early education (regardless of where children live).
- There may be benefit in prioritising some outcomes by age (e.g., first year of life, second year of life), adopting a strengths-based framework and recognising the limitations of a tight developmental focus in contemporary and diverse Australia (Wood, 2020). Acknowledging that the outcomes for the birth mother are key and intrinsic to the outcomes for the child, we advocate for specific outcomes related to women's antenatal and postnatal health.

## **QUESTION 4.**

#### What specific areas/policy priorities should be included in the Strategy and why?

- We strongly support movement towards a more coordinated and 'joined up' system of services and supports for young children and their families, which cannot be achieved by one area of government working alone. An Australian Early Years Strategy must provide a shared framework that will be used by all stakeholders (e.g., governments, professional organisations, service providers, practitioners) to inform, prioritise and mobilise planning, investment and resources to strengthen our early years system.
- All children have the right to access services and supports that enhance their lives, now and into the future. This begins with a strong foundation of high quality universal services and supports, that offer clear pathways towards targeted and intensive services and supports for children and families as needed (United Nations Children's Fund (UNICEF), World Health Organization, 2022).
- We highlight previous approaches and service models that have proven successful, and the opportunity to leverage these examples to advance a comprehensive and integrated early years system. These include:
  - Place-based initiatives such as the *Stronger families and communities* initiative that required the establishment of local partnerships and engaged community stakeholders in policy and program decision-making.
  - Early Years Centres/ Early Years Places in Queensland which are located in targeted communities (i.e., low income with higher proportion of children with

developmental vulnerability based on the AEDC) offering universal access to a range of early years services and supports for children from birth to 8 years and their families. This includes playgroups, maternal and child health and ECEC services with links and referral pathways to more targeted services and supports for children and families as needed. The model generally operates as a universal and non-stigmatising 'one-stop-shop', sometimes as a hub-and-spoke model with multiple meeting points across a region, and deep reciprocal partnerships with the local Indigenous community, other communities, early years services and supports. <u>Early Years Places (earlychildhood.qld.gov.au)</u>

- Acknowledging current policy, programs and investment, our preliminary environmental scan suggests the following priorities for attention over the short- to medium-term:
  - The outcomes for birthing mothers are key and intrinsic to the outcomes for the child. All pregnant women and their children have a right to safe, adequate and affordable housing.
  - Pregnant women and their children need access to affordable, healthy food to ensure optimal growth and physical, cognitive and social development. This includes a particular focus on children and families experiencing trauma and disadvantage.
  - There is a need for increased access to family-friendly early intervention services spanning health, education, parenting support and financial relief, with a particular focus on culturally responsive services and supports for Indigenous families and families with Culturally and Linguistically Diverse backgrounds.
  - Australian needs to invest in a national universal system that provides two years of universal high quality preschool education prior to entry to school, led by a degree qualified Early Childhood Teacher, regardless of where children live. There is clear evidence to support the efficacy of this investment in enhancing outcomes for young children, especially those experiencing disadvantage and/or developmental vulnerability (Fox & Geddes, 2016; Howells et al. 2022; Melhuish et al. 2015).
  - There is a need for increased attention to infants and toddlers in early years policies (Black et al., 2017). This includes prioritising food security and responsive caregiving for infant and toddlers, and high-quality professional learning and resources for educators working with our youngest children in ECEC.
  - For the Strategy to be effective, it must address challenging structural issues including adequate social protection, housing, freedom from domestic and family violence and access to timely place-based health services (Australian Institute of Health and Welfare, 2020).

## **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?

• The starting point and fundamental priority is to establish a comprehensive and integrated system of services and supports that are available and accessible to <u>all</u> young children and their families. This is the key to improving outcomes for all children, including those with additional needs, developmental vulnerability and/or experiencing disadvantage. Complementing this foundation, we advocate investment in additional place-based, evidence-informed and locally relevant services and supports that offer more targeted and intensive support for diverse children, families and communities (e.g., Early Head Start, USA; Sure Start) (Richter et al., 2017).

- In both universal and targeted contexts, we recognise the importance of recruiting, supporting and retaining professionals and para-professionals who reflect the local community. We see this as critical to ensuring the provision of high-quality, inclusive and culturally responsive services able to build trusting relationships and engage harder-to-reach families and communities.
- There is an immediate opportunity to invest in evidence-informed professional learning programs to build the professional knowledge and capability of leaders, teachers and educators in ECEC and Outside School Hours Care services to implement the update Approved Learning Frameworks.
- We again advocate the efficacy of providing access to two years of high-quality early education, prior to entry to school, for all children, with particular benefits to children experiencing disadvantage (Fox & Geddes, 2016; Howells et al. 2022; Melhuish et al. 2015). We commend the work and directions emerging in this context through the Royal Commission into ECEC in South Australia (Government of South Australia, April, 2023).
- A significant gap in the Strategy at present is attention to children who have contact with the child protection system. While child protection itself is a state responsibility, recognition and accommodation of its effect on children's opportunities to learn, develop and thrive are critical to the success of a truly national approach to strengthening and supporting positive outcomes for all young Australian children.
- Hearing tests at 2 years and 4 years (prior to school entry) optimise early detection and treatment of hearing impairment. Undiagnosed hearing impairment due to chronic otitis media (middle-ear infection) is a primary reason for developmental and speech delay, contributing to poor social skills and behaviour in young children and a difficult transition to school (Yiengprugsawan, et al., 2013). Impairment is not always detected in ordinary settings even by close carer givers. In some Indigenous communities up to 70% of children under 5 years have a degree of hearing impairment due to chronic otitis media.

## **QUESTION 6.**

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

- The shift towards a more coordinated and joined-up early years system will require an informed approach to change management (e.g., theory of change), requiring and enabling services and practitioners to work in different ways. This requires time, investment and practical support, including but not limited to: attention to language and terminology to enable dialogue between disciplines; mapping of local service systems; snapshots of integrated practice, including challenges and enablers; and professional development opportunities targeted at leadership and practitioners.
- The coordination of data and data linkage across jurisdictions is essential to informing priorities, and monitoring and evaluating national progress towards the agreed outcomes. Currently, health and family services departments collect data using different platforms and software across different states and territories and the Commonwealth. National data sharing, with the capacity to aggregate at the local level, is an essential first step in ensuring alignment between national and local priorities, and equitable distribution of child and family support services and supports.
- While advocating the importance and impact of the early years on children, now and in the future, there is a need to reshape some myths and misunderstandings. In particular, there is a need to challenge the perception that if we don't get it right in the early years children are doomed (e.g., the biomedical model). For example, in

section 2 of the Discussion Paper, we are told that the first 1000 days of life are particularly important and the most effective for shaping outcomes and that 'gaps' in a child's early life are likely to persist if not closed by age 5, especially for the vulnerable and disadvantaged. Later we are told that early intervention will alleviate 'problems'. Couched this way, these statements bear an unwarranted inference of criticality, with an accompanying sense of hopelessness should all not be well at the entry to middle childhood. We perceive that deficit terminology, and generalised statements such as these are problematic as they open the door for assumptions which can be racist, classist and sexist.

## **QUESTION 7.**

## What principles should be included in the Strategy?

- We advocate a rights-based policy approach to the Early Years Strategy, guided by the identified UN Conventions, in particular, the UN Convention on the Rights of the Child, the UN Declaration on the Rights of Indigenous Peoples and the UN Convention on the Rights of Persons with Disabilities. This framing must be explicit, and strongly reject any 'needs-based' strategies.
- Reflective of a rights-based approach, we put forward the following principles for consideration:
  - **Advancing child rights**: The rights and best interests of the child is paramount.
  - Facilitating child voice: Young children are recognised as citizens with voice and agency, and have a right to participate in decision-making that impact their lives (e.g., to be consulted and included in the development of this Strategy).
  - **Being child-, family- and community-centred:** Children grow and thrive within the context of their families and communities.
  - **Equitable:** Some children and families will need access to more services and greater supports to pursue the same opportunities.
  - **Strengths-based:** Recognition and respect for child and family capabilities and strengths, as the foundation for learning and growth.
  - **Inclusive:** Embracing diversity, facilitating participation and addressing barriers to inclusion.
  - **Trauma-informed:** Responsive practice made possible by awareness of the impact of trauma on children's health, learning, development and wellbeing.
  - Evidence-based: Policies, programs, services and practices are informed by research evidence, prioritising Australian research, co-designed research and research by practitioners from or close to subject communities; the Strategy includes a funded Evaluation and generates new evidence.

## **QUESTION 8.**

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

Recognising the critical importance of quality data in this context, and drawing on our individual and collective expertise, we note the following gaps in research and other frameworks:

- Research is often based on children with heteronormative, nuclear families. There is a need for greater consideration of the diversity of families in terms of their make-up, strengths and needs.
- The burden of caregiving of children remains largely gendered, falling predominantly to women and girls in Australia; policies and strategies that recognise, foster, and normalise the caregiving of men (fathers, brothers, grandfathers, etc) are needed (Doyle, et al., 2022).
- We need to ensure that an Aboriginal and Torres Strait Islander definition of health is embraced.

Data is urgently needed to inform the development of the strategy but also monitor the effectiveness of implementation. Current population health surveys do not adequately capture the experience and wellbeing of children under 5 years. This makes it difficult to move beyond generic interpretation to inform policies and practices for children and particular target groups such as culturally and linguistically diverse families. Data should include:

- Monitoring access to a broad range of child and family services and supports, including but not limited to access to safe housing, transportation and social support.
- Routine population-based surveys of dietary intake amongst young children, including infant feeding, and child growth, particularly birth to 5 years of age.
- Routine monitoring of food affordability and food environments, i.e., quality of food provision in ECEC services.
- Ensuring food security is monitored in a robust and routine manner. The ABS will start using the short form version of the US Department of Agriculture (USDA) Household Food Security Survey Module (HFSSM) (Bickel, et al., 2000) for the next national nutrition survey (with current data now over 10 years old). However, this will not capture the experience for children.
- Measurement of (and trends in) adverse child experiences and associations with physical and psychological health outcomes in children and later life (Petruccelli et al. 2019).

QUT thanks the Government for the opportunity to contribute to this important initiative and stand ready to provide further expert advice as the Strategy is developed.

QUT consents to making this submission publicly available. The contact officer for this submission is:



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## List of key contributors