

SUBMISSION TO THE EARLY YEARS STRATEGY

TELETHON KIDS INSTITUTE

30 April 2023

About the Telethon Kids Institute

The Institute was founded 32 years ago [REDACTED] Under the leadership of the current Executive Director, [REDACTED] the Institute is Western Australia's largest medical research institute with a dedicated and diverse team of more than 1200 staff and students.

With a vision of "happy, healthy kids", the Institute has its head office in Perth WA, and offices in Joondalup, Cockburn, the State's North-West and in South Australia. The Institute prides itself on the translation of research into impact to improve the lives and wellbeing of children and young people in WA, Australia and around the world.

Responses to questions in the Early Years Strategy Discussion Paper

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

- The Strategy should set out a clear vision for all our Nation's children that is readily understood and should include objective, measurable strategies for its achievement.
- The Strategy should seek to progress the achievement of outcomes outlined in Closing the Gap and align with the National Aboriginal and Torres Strait Islander Early Childhood Strategy, which has as its goal to ensure that all Aboriginal and Torres Strait Islander children have the best possible start in life and are given every opportunity to reach their full potential.
- Implementation and evaluation are critical – the Strategy should not only be a high level aspirational document, it needs to show the pathway to delivery of better health, educational and wellbeing outcomes for children, and a process for measuring whether it is having the impact intended.
- It would be helpful to see how the proposed Early Years Strategy structure figure aligns/works with the proposed Implementation Action Plan structure figure.

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

- The Telethon Kids Institute prides itself on its own simple but critically important vision – 'happy, healthy kids'.
- The Strategy should aspire to deliver a vision that is equally simple and compelling, and in order to be Nation building, equitable and inclusive it should be clear that it is for *all children*.
- The vision could be: "All Australian children are given the very best start to life".

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

- To support the health and developmental needs of children 0-5 years and their families, appropriately targeted to different cultural, health and developmental contexts.
- To ensure all children are given the best start to life and that no child is left behind.
- To provide early childhood education and care (ECEC) that is culturally safe, inclusive and respectful.
- To build workforce capability to support quality ECEC in the early years.
- To provide children with universal access to learning and play opportunities (via community playgroups).
- To recognise the importance of child and infant mental health.
- To ensure all children are supported to establish healthy behaviours early in life (eg. healthy eating, physical activity, sleep)
- To encourage resilience and a positive sense of identity and self in all children.
- To better coordinate and integrate services to children and families in the critical period before children start school.

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

- Play based learning is critical.
- Children need to feel safe - a sense of safety is facilitated by strong attachment to caregivers in the learning environment and for Aboriginal children must be culturally safe and responsive and informed by knowledge of community.
- For First Nations children, the strategy needs to acknowledge and address the ongoing impact of colonisation and child removal by being trauma-informed.
- A key priority should be to reduce physical and mental health disparities that are rooted in early life. Scalable interventions are needed to support young children establish healthy behaviours early in life – preventing the onset of chronic disease later in life. The Institute's work on Play Active is an example of what can be achieved in this space.
- The 'How children are faring' section of the discussion paper almost exclusively focuses on the AEDC. There is considerable merit in considering other important aspects of child development not measured by the AEDC such as the establishment of positive physical and mental health behaviours in children.
- While the overarching policy priority is to break down silos across (horizontally) Commonwealth Government departments and provide a whole of government strategy, the whole of government approach should also be applied vertically (i.e., across different levels of government – local, state and Commonwealth). It is also critically important to consider how the initiatives and new approaches arising from the Strategy will be implemented at the State and local level as it is in implementation and delivery where outcomes fail to be achieved..
- The development of the Strategy should draw on learnings from:

- In communities with disproportionate levels of social, economic and health disparities, early education should be delivered in a setting that includes a mix of early education and care and family support services that, together, holistically improve development and wellbeing. At the State level (eg in WA and SA) efforts have been made in this regard through child and parent centre models involving multi-disciplinary teams who are best placed to meet the needs of diverse communities, especially those facing adversities.
- There are a number of innovative programs at the State level (eg. the Hearing Impairment Support Program in SA for preschool Aboriginal children addresses language development gaps related to intermittent or low-grade hearing loss that goes undetected with typical screening. Such programs have a sound theoretical basis but demonstrating impact requires investment of staff, particularly speech pathologists, resource development and commitment to robust data collection and evaluation.
- Some programs, such as in Gowrie SA and Goodstart Early Learning at the National level, have invested in the development of programs and resources to support the inclusion in ECEC of children with attachment disorders. These programs support both children and their caregivers to form attachments in the early years and have led to the development of high quality attachment-based ECEC programs.
- Children with developmental differences need support to experience the same learning opportunities as their typically developing peers, in inside environments and outdoors. This includes consideration of their needs in relation to their routines, methods of communication, their mobility and abilities to regulate behaviours. Providing supports for children with developmental differences may involve parent or family caregivers or support workers. Age-appropriate buddy systems between children can build social skills and promote friendships, in both children with developmental differences and their typically developing peers.
- There are systemic challenges that prevent children with disability who require extensive adjustments to have supports in place that facilitate their inclusion from the moment they start preschool. The Strategy must consider how children with disability (many of whom will not yet have a diagnosis and education support plan) will be best supported.
- The Telethon Kids Institute has pioneered pre-emptive therapies for autism – that is, providing therapy at 12 months of age, prior to receiving a diagnosis of autism (typically, at age 4 or 5 years of age). Through a series of clinical trials, ██████████ his team have found that providing a specific type of therapy – called, Inklings – to 12-month-old babies showing early behavioural signs of autism can reduce the likelihood that they meet diagnostic criteria for autism in later childhood. Health economic analysis has found Inklings to be an extremely worthwhile societal investment. This finding has

attracted worldwide attention, and Inklings intervention is currently being rolled out across WA and is a model that should be used in SA to support children's development very early in life.

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 Strategy needs to be responsive to the diverse needs of children and families, particularly for those who are most impacted by economic, social or health adversities, to ensure those with lower starting capital are equally able to benefit from its implementation. This can only be achieved by putting community, parents, and families at the centre of the Strategy's design, implementation and evaluation.
- For children who are vulnerable and disadvantaged, it is critical that the Strategy seek to understand the factors influencing barriers to engagement with services and support, and to recognise that families from diverse backgrounds are often further restricted by choice due to the limitation of services to safely meet their cultural needs.
- In Australia, Aboriginal children are twice as likely to experience developmental vulnerability on entry to school than non-indigenous children, and Aboriginal families face significant challenges in accessing early education and care.
- Many families cannot afford childcare and need financial assistance, hence accessibility remains a critical issue across Australia – with 30% of children living in “childcare deserts”.
- Lack of access to services is particularly acute in regional and remote Australia and it differentially effects families with lower incomes and fewer resources, which in turn serves to widen inequities and inequalities.
- Providing more paid childcare in areas of disadvantage will not address all the issues, regardless of the whether an area is a “childcare desert”, as the concept of "childcare deserts" is more about the geographic availability of childcare in the local area than affordability. Childcare centres are clustered around inner-city and higher income areas and are more sparsely distributed elsewhere. The issues of geographic distribution and affordability are separate and need to be addressed by the Strategy as important factors in their own right.
- The Strategy should draw attention to those children who will never have the opportunity to attend enriched ECEC prior to school commencement due to at least one parent being “not in the labour force” (“NILF” in economics – a different status to unemployed) and therefore being able to care for their children fulltime without needing paid childcare, regardless of whether they can afford it. These children, including those living in advantaged environments (eg where enrichment may be provided through other sources) miss out on the development opportunities provided by high quality ECEC. The Strategy should consider providing incentives for families to engage in ECEC even where one parent or caregiver is not working and may not be motivated to send a child to child care.

- The Strategy should require the co-design of learning environments that are safe and provide opportunities for communication, social, emotional and physical development. Co-design must happen at the community level on an ongoing basis to involve parents/carers and children so that delivery of educational experiences is contextually relevant and builds on children's prior learning and development.
- An integrated setting provides the opportunity to connect families with services and supports earlier, but it is also best placed to ensure delivery of a rich early learning program that is contextually responsive and enriched by the expertise of a multi-disciplinary team, thus well placed to support the inclusion of children with additional support needs.
- ECEC workforce pressures will be a major impediment to implementing the Strategy - while greater funding and resourcing is almost always needed, it is not the only solution.
 - There is an overwhelming need for more clinical and non-clinical ECEC – not only more nurses, paediatricians, and allied health professionals, but also community based Aboriginal health workers who can provide culturally safe and appropriate services to remote and regional communities.
 - A sound workforce management plan focused on training, recruiting and retaining high quality early education and care staff will be critical to the successful implementation of the Strategy.
 - Involving Aboriginal families to help identify potential workforce pathways and options is important, particularly to help ensure the workforce is available in remote and regional locations.
 - Staff training should extend to prioritising the training and employment of Aboriginal staff and encouraging the involvement of Aboriginal parents to assist in ensuring cultural safety and inclusion, including being open to incorporating Aboriginal ways of teaching.

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

- Improve the use of existing data and research to identify where policies are needed and to inform best practice implementation and evaluation strategies.
- Ensure the input of all parts of the Commonwealth government, as well as input from State and Local government. For the strategy to have the intended impact it will need to be implemented at all levels of government horizontally and vertically.
- Ensure the Strategy includes the voices of NFP and other relevant service providers, as well as parents/carers and children themselves.
- Ensure any new policies and initiatives align closely with the EYS and undergo regular monitoring and review.
- Utilise existing touchpoints where children and families connect to the primary health care sector to provide ways to identify when developmental needs arise – childcare centres, GPs, hospital and ED presentations, pharmacists, allied health professionals, dentists and optometry services.

- Introduce better functional assessment at those existing points of contact as opposed to waiting for children to be given a “diagnosis” at an older age.
- Build understanding and improve connections between physical health and mental health in infants and children.
- The early years encompass the stages of a child’s life when children and families will come into contact with Government services and systems in the childcare sector, schools, child health, and child protection and family support – there must be better connection and alignment between the Commonwealth and State Government and the numerous departments and agencies with responsibilities in ECEC.
- Ensure greater coordination across Government agencies to make it easier for parents and families to access services.
- Better information and guidance to families is needed setting out how services can be accessed and what Government agencies have responsibility for what support – a “one stop shop” or “one point of entry” would be ideal.

7. What principles should be included in the Strategy?

- Every child has the right to grow and develop
- Access to services is a right of all children and families
- Universal access does not mean equal access – children have different needs and circumstances differ
- Children should be at the center of all decisions and services
- Communities must inform the design and delivery of services
- Services need to be inclusive of diversity and difference
- Play based learning and building attachment are critical
- Support provided must be informed by evidence
- Evidence based prevention and early intervention is the priority

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

- Evidence of the importance of the early years in a child’s life is compelling and uncontested.
- While there are rich data sources available to decision makers, such as the Australian Early Development Census pioneered by the Telethon Kids Institute as a Nationwide data collection at the time children start their first year of full-time school, these data sources are not being used enough to inform decision making.
- More must be done to gather data that will track the health and developmental progress of all children, and for that data to be used to inform the development, implementation and evaluation of services to support children and families.
- Alignment with other Commonwealth strategies – where relevant to young children (e.g., National Preventive Health Strategy, National Obesity Prevention Strategy)

Thank you for the opportunity to present this submission.

For further information or clarification, please contact the Institute's Head of Government Relations [REDACTED]

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