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**RACP Submission to The Early Years  
Strategy Discussion Paper**

April 2023

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.



*We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*

## Executive Summary

The Royal Australasian College of Physicians (RACP) warmly welcomes the opportunity to provide feedback on the Early Years Strategy.

There is substantial evidence that investment in the early years of children's health, development and wellbeing is the most cost-effective means of tackling long-term health conditions and health inequity. Investing in the early years offers the possibility of shifting the trajectory of a person's health over the course of their life and disrupting intergenerational cycles of disadvantage. The antenatal period is included because of the unequivocal evidence for the influence of fetal wellbeing on this life course.<sup>1</sup>

The RACP Paediatric and Child Health Division has developed several relevant and important position statements in the last 5 years that we encourage review of:

- [Early Childhood: The Importance of the Early Years](#),
- [Inequities in Child Health](#)
- [Indigenous Child Health in Australia and Aotearoa New Zealand](#).

The RACP acknowledges Secretariat of National Aboriginal and Islander Child Care ([SNAICC](#)) as the national non-governmental peak body for First Nations children. We insist appropriate consultation and engagement with SNAICC to ensure First Nations perspectives and input is fundamental to the Early Years Strategy. We also note the Strategy intends to listen and include the voices of children to capture their ideas and intention and commend this approach.

The Strategy must be viewed in the context of previous work in the early child health sector in Australia. The Australian Government [Stronger Families and Communities Strategy](#) (2000) represented a major shift in Australia from more traditional social policy to an emphasis on prevention and early intervention strategies in family policy. [The National Early Childhood Development Strategy, Investing in the Early Years](#) (2009), a collaborative effort between the Commonwealth and the State and Territory governments, outlined the vision that “*by 2020 all children have the best start in life to create a better future for themselves and for the nation*”. The [National Action Plan for the Health of Children and Young People](#) (2020) includes a series of policies, interventions and approaches that aim to support the early years of development and the challenges for parents, caregivers and families, particularly in the first 2000 days of a child's life. Our RACP members would like to see strong implementation of the National Action Plan.

These documents recognise the importance of both child health and family health. The documents also acknowledge the importance of providing greater support to programs for improving the mental health and parenting support for families and carers. As a nation, significant progress has been made in reducing infant mortality, and we are seeing our children and young people benefitting from programs such as the National Immunisation Program Schedule with increased levels of immunisation.<sup>2</sup>

However, despite the roll out of strategies, frameworks and action plans, inequities in child health remain starkly evident, and are increasing.<sup>3</sup> If Australia is to continue to improve and progress the early childhood agenda, the Strategy must be much more ambitious, and open to new ways of working, learning and investing. Implementation of the Strategy should include deliberate plans for evaluation and reflection – with the goal of

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<sup>1</sup> RACP position statement [Importance of early years](#)

<sup>2</sup> [Australia's children: in brief, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

<sup>3</sup> RACP position statement [Inequities in child health](#)

creating a system that prioritises ongoing learning and adaptation to ensure that progress is sustained and consistent.

## **Recommendations**

### **Structure, Vision and Outcomes**

1. The Department must be flexible with the proposed structure as the Strategy develops and evolves, to ensure it is truly informed by those that it affects.
2. The Strategy should be underpinned by existing initiatives that interact and intersect. This is especially relevant to First Nations specific initiatives and the National Agreement on Closing the Gap.
3. The vision and outcomes should seek to create equity and improvement to the health and wellbeing of children in the early years. In particular the vision and outcomes should focus on alleviating disadvantage during the early years of life which is essential for improving outcomes throughout the life course.

### **Policy Priorities**

4. Develop more streamlined and structured support for families within the National Disability Insurance Scheme (NDIS) and strengthen early intervention programs.
5. Include a range of initiatives to better support parents in the early years.
6. The Strategy should support long-term, sustainable funding for universal access to two years of quality early childhood education (ECE) (from the age of 3 years old) and consider how to scale up integrated models of ECE.
7. Support a phase in of paid parental leave for up to twelve months.
8. Outline ways to promote, refine and invest in preventive health strategies and interventions addressing nutrition, physical activity, and overweight and obesity.
9. Develop more effective processes and protocols for the management, storage, and exchange of health records between multiple health service providers and across health and child protection services.

### **Coordination and collaboration in developing policies**

10. Appoint a National Chief Paediatrician to provide clinical leadership and advocacy on child health matters.
11. The Strategy must have a strong governance structure and robust mechanisms for performance monitoring and accountability.
12. Ensure that children, young people and families have a strong voice in shaping the development of policy and services.

### **Principles**

13. Our RACP members suggests the following principles should be included in the Strategy:
  - Optimise access and inclusion
  - Focus on outcomes
  - Evidence-based informed and reflective practice
  - Continuous quality improvement framework
  - Support of the National Agreement on Closing the Gap and the four Priority Reforms.
  - Cultural competence and safety
  - Parent and child-centred approach
  - Partnerships with families and communities
  - Genuine co-design with First Nations families.

## Gaps in existing frameworks

14. Systems in the early years sector should allow for data collection to achieve a 'tell once, use multiple times' approach.
15. Develop national indicators to measure how children transition through major development stages, or how children interact with services and move through different systems to improve evaluation of services.

## Consultation Questions

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

The Strategy should be underpinned by the existing initiatives that interact and intersect with it and should not contradict positive work that has already been undertaken. This is especially relevant regarding First Nations specific initiatives and the National Agreement on Closing the Gap.<sup>4</sup>

All Governments have committed to:

- Strengthening structures to empower shared – and equal – decision making with First Nations peoples.
- Building the community-controlled sector to meet the needs of First Nations people and deliver services how and where they need.
- Improving mainstream services to be culturally safe and responsive to the needs of First Nations peoples.
- Shared agreement, transparency and access to data and information that supports First Nations initiatives.

The Strategy cannot solely rely on the First Nations specific initiatives to address the inequities for First Nations children and families. In alignment with Closing the Gap, all Governments and mainstream services have a responsibility to close the gap in child health matters for First Nations people. The Department must be flexible with the proposed structure as the Strategy develops and evolves, to ensure it is truly informed by those that it affects.

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

Our RACP members agree that a clear vision is essential for creating shared ownership and understanding of the Strategy's purpose. This must be appropriately informed and include First Nations voices and perspectives as well.

Our RACP members suggest that the vision encompass the below:

- All children, no matter where they live or who they are, have the same opportunity to fulfil their potential.
- A commitment to equity for children who experience vulnerability and disadvantage through addressing the social determinants of health.
- A strong system of diverse child health and education services support the health, development and wellbeing of children, regardless of their family circumstances, socioeconomic status, ethnicity, geography, developmental vulnerabilities or other social determinants.
- First Nations children enjoy the same high standard of health as other children in Australia.

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<sup>4</sup> [National Agreement on Closing the Gap | Closing the Gap](#)

- Drawing on the strengths of First Nations culture in family function and raising children.

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

Outcomes should seek to create equity and improvement to the health and wellbeing of children in the early years, with a focus on alleviating disadvantage for the most vulnerable groups of children during the early years of life.

Our RACP members suggest the following outcomes should be included in the Strategy:

- All children have access to quality, developmentally appropriate, culturally safe health, disability support, education and social services that consider the individual needs of all children, including additional disability needs.
- Children's environments are nurturing, culturally appropriate and safe.
- Parents are supported to give their children the best start in life.
- All children have access to ECE services.
- The Australian Government and State/Territory Governments take a comprehensive, coordinated and long-term strategic approach to preventing, identifying and addressing disadvantage and vulnerability in children and infants, including parents and families.

Also refer to more specific recommendations in the RACP statements:

- [Early Childhood: The Importance of the Early Years](#),
- [Inequities in Child Health](#)
- [Indigenous Child Health in Australia and Aotearoa New Zealand](#).

### 4. and 5. What specific areas/policy priorities should be included in the Strategy and why? What could the Commonwealth do to improve outcomes for children - particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances? *(Note combined response)*

It is vital that the Strategy gain an understanding of the circumstances and environment for children born or raised in more vulnerable settings. Children's health, development and wellbeing can be compromised by a number of direct adverse experiences during the prenatal and postnatal periods including: inequity of access to and choice of health, education and social service providers; sustained poverty; recurrent abuse and neglect; parental alcohol or drug abuse; homelessness, and family violence.<sup>5</sup>

Further to this, the lack of culturally safe services and intergenerational trauma has far-reaching implications in the lives of First Nations families and communities.<sup>6</sup> Peak First Nations organisations such as [SNAICC](#), the [Healing Foundation](#), and National Aboriginal Community Controlled Health Organisation ([NACCHO](#)) can contribute to improving the understanding of these issues and inform the Strategy's outcomes. As outlined in our answer to question 1, the Strategy should also align with the priorities and targets in the Closing the Gap reforms. An opportunity to address this is to grow and empower the First Nations workforce across education, health and social services. The innate cultural safety and their lived experience can help to improve outcomes for First Nations children.

<sup>5</sup> Moore TG, McDonald M, Carlon L, O'Rourke K. Early childhood development and the social determinants of health inequities. Health Promotion International. 2015;30

<sup>6</sup> RACP Position Statement [Indigenous child health in Australia and Aotearoa New Zealand](#)

Many of the drivers of inequities in child health fall within areas of joint Commonwealth and State/Territory Government responsibility, such as housing and homelessness, domestic and family violence, education and mental health. The Strategy must therefore include a focus on these areas of joint responsibility. We have provided more detail on how the Strategy could strengthen whole-of-government planning and accountability to improve child health outcomes in our answer to Question 6.

### **Early Intervention**

Our RACP members believe early intervention is one of the most effective ways to improve outcomes for children. This should be a focus of the Strategy.

Early intervention programs are best delivered in a coordinated, planned, family-centred manner that reflects a life-course approach to strengthening health and wellbeing outcomes. Integrated and cross-sector programs should include entry points to early childhood early intervention programs and supports.

Timely review by an experienced paediatrician or other medical specialist is critical in identifying potentially treatable, reversible or life-threatening conditions that may be present in children with developmental delay. Intervention provided as early as possible will improve outcomes for children with developmental delay, or who are at risk of delay because of another condition. Supporting families is a crucial component of early intervention programs, as the family has a key role in fostering their child's developmental potential and may experience additional stresses as they meet the needs of their child.<sup>7</sup>

### **Access to supports**

Access to quality services and supports has the potential to maintain or increase inequities during the early years, because those families most in need of services are typically least able to access them.

Our paediatrician members report that families and carers often have difficulty navigating the NDIS, including case management and care coordination. Our RACP members support the implementation of more streamlined and structured support for families within the NDIS, so they do not need to approach multiple services for different aspects of care and support. More effort needs to be made in supporting families to choose services during the early stages as they may not be well informed or have an understanding of the needs of their child. Referral and coordination pathways between NDIS services, health, early childhood education and community services should be made clearer and strengthened so that there is no 'wrong door' for families.

One solution increasingly recognised is to build connections between existing services to meet the diverse needs of families, as well as ensuring appropriate screening and referrals are available and implemented. The Strategy should learn from models of care that aim to integrate variations of health, education, social care (including legal and financial), and social support within co-located child and family-focused hubs. An example of this is [Aboriginal community controlled health organisations \(ACCHOs\)](#) which address not only access to health, but to provide holistic, culturally safe care to the First Nations communities. The [KEYS project](#) in Western Sydney is a good example of multi-sector family-centred care model designed to deliver cohesive, coordinated services to vulnerable children aged five and under.

### **Parenting support**

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<sup>7</sup> RACP Position Statement [Early Intervention for Children with Developmental Disabilities](#)



Parents play a key role in influencing early years development, yet often lack support to give children the best start in life. Significant work is required to build a more effective system of parental support. Our RACP members support a strengths-based approach to supports and programs for children and parents.

The Strategy should look at how to scale up the roll-out of proven home-based initiatives supporting parents in the antenatal and perinatal stage, especially among priority populations and First Nations communities, such as:

- [Right@home program](#)
- [Australian Nurse Family Partnership Program](#)
- [Connected Beginnings](#)

All existing initiatives should be evaluated to ensure continuous quality improvement, and consider modifications where outcomes are not being achieved.

Our RACP members would like to see the Strategy support a phase in of paid parental leave for up to twelve months. The evidence shows that exclusive parental care fosters improved maternal and child health with improved developmental outcomes for the child.<sup>8</sup>

### **Early Childhood Education (ECE)**

As outlined in the RACP's [Kids Catch Up campaign](#) and our endorsement of the work of [Thrive By Five](#), our RACP members support a strong system of universal ECE services to ensure children can receive the best start they need in life. Quality ECE plays an important role in mitigating the social gradient in education for vulnerable and disadvantaged children.<sup>9</sup> Our RACP members recommend the Strategy supports long-term, sustainable funding for universal access to two years ECE (from the age of 3 years old). Our RACP members would also like to see the range of ECE service offerings broadened to better cater to the diverse needs of children and families, with particular focus on First Nations, multicultural, and vulnerable and disadvantaged communities.

The Strategy must also consider how to scale up integrated models of ECE. Integrated ECE services provide a range of child and family supports, including early learning, maternal and infant health, and parenting support from one location. Integrated ECE models reduce stigma and provide a soft entry point to other needed services. They are particularly appropriate and effective for children experiencing disadvantage. To support the ECE sector, the Strategy must recognise the important role of Early Child Educators play in the early years of a child's life, and ensure they are supported appropriately.

### **Healthy nutrition and physical activity**

Nutrition and lifestyle factors throughout pre-conception, pregnancy, infancy and early childhood have a profound influence on a child's development and long-term health. The Strategy should outline ways to promote, refine and invest in preventive health strategies and interventions addressing nutrition, physical activity, and overweight and obesity. This should include new initiatives to advise and support pregnant women to abstain from alcohol, tobacco and illicit drug use during pregnancy and breastfeeding to prevent fetal and infant harm. Our RACP members believe development and implementation of national programs promoting the importance of healthy nutrition and activity programs in the early years, including evidence-informed advice would also be of benefit.

Our RACP members strongly support the introduction of mandatory regulations to restrict the marketing of unhealthy diets to children and young people. Although data on the effect

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<sup>8</sup> [Physicians partner with Thrive by Five for early learning reform \(racp.edu.au\)](#)

<sup>9</sup> M O'Connell et al., Quality Early Education for All: Fostering, entrepreneurial, resilient and capable leaders, Mitchell Institute, Melbourne, 2016, p. 7.



of various types of unhealthy food marketing on children predominantly focuses on over the age of 5, research has found that as early as age 4, children believe a product tastes better if it has a cartoon character on the pack.<sup>10</sup>

### **Children in care and protection services**

There is often a high level of mobility and transience for children in the care and protection system and they are vulnerable to falling between the cracks. There needs to be a robust state-wide service, with electronic health records, where information and services can be easily transferred, or maintained, so children can receive the health care they need, even if they move location. For example, mental health service boundaries can mean children have to change service if they move, which is extremely disruptive to their continuity of care, and if they move between jurisdictions, it is difficult to transfer between services. Services must meet a state-wide standard with national oversight to ensure consistent and seamless service delivery.

Our RACP members are finalising a position statement with recommendations to improve the health care for children in contact with care and protection services in Australia. The RACP would be happy to provide the Strategy with a copy of the position statement once launched in June 2023.

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

Our RACP pediatricians provided feedback that many initiatives or programs aimed at supporting the early years act in silo, and there is a strong need to improve coordination and collaboration in the development of policies.

Our RACP members are concerned that the discussion paper states the Strategy 'will not focus on State and Territory policies and programs but may note their points of intersection with Commonwealth activities.' Our RACP members are concerned exclusion of critical systems, such as child protection and education, and mainstream health systems, all operated and guided by State and Territory Governments, will continue to be disconnected. Successful collaboration, integration, coordination and the breaking down of siloes is not possible if State/Territory Governments and systems are excluded from the development and endorsement of the Strategy.

There is an opportunity to position the Strategy as a key driver for a more united approach to the early years and enable services across sectors to work more collaboratively. Bringing together government, non-government organisations and First Nations community-controlled sectors to identify and agree on more integrated approaches will require significant effort and investment.

As outlined in our RACP [Kids Catch Up Campaign](#), our RACP members strongly support the funding and appointment of a National Chief Paediatrician to provide clinical leadership and advocacy on child health and wellbeing issues across Australia. Such a role will ensure child health knowledge and expertise is embedded into planning, policy and programs at every level. Specific roles that the National Chief Paediatrician may complete include:

- Provide clinical leadership and high-level policy advice to the Ministers, Executive and staff within the Department of Health and Aged Care to ensure the needs of children and young people are embedded in health policies and programs.
- Work with stakeholders to promote child health, development and wellbeing to identify areas of unmet need for children and young people.

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<sup>10</sup> Impact of unhealthy food marketing on children | Obesity Evidence Hub  
<https://www.obesityevidencehub.org.au/collections/prevention/the-impact-of-food-marketing-on-children>

- Work with Commonwealth, State and Territory colleagues to ensure a strong focus on child health and wellbeing and represent a strong 'in-government' approach.
- Advocate for children and young people to be considered in developing policies and programs.
- Engage with all Commonwealth and State/Territory policies and programs that have a potential impact on children and young people across all sectors.
- Work with the National Children's Commissioner to promote a whole of government approach to child health, wellbeing and welfare.

Our RACP members recommend further ways to strengthen whole-of-government planning and accountability for developing child health policies by:

- Ensuring a strong governance structure and robust mechanisms for performance monitoring and accountability. These are essential to ensure effective implementation and drive the system level changes.
- Making director/secretaries and chief executives of all relevant Government departments accountable for the achievement of key performance indicators that align with the Strategy.
- Strengthening the role of non-government organisations in governance arrangements.
- Ensuring that children, young people and families have a strong voice in shaping the development of policy and services.
- Supporting the review of well-designed randomised control trials to test the efficacy of the strategy and the support measures provided by Government.
- Ensure a focus on child developmental considerations in development of policies.

## **7. What principles should be included in the Strategy?**

Our RACP members suggest the following principles should be included in the Strategy:

- Optimise access and inclusion
- Focus on outcomes
- Evidence-based informed and reflective practice
- Continuous quality improvement framework
- Support of the National Agreement on Closing the Gap and the four Priority Reforms.
- Cultural competence and safety
- Parent and child-centred approach
- Partnerships with families and communities
- Genuine co-design with First Nations families.

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

Systems in the early years sector should allow for data collection to achieve a 'tell once, use multiple times' approach. A weakness of current early childhood health systems is that data is not consistently shared across systems and services. This also means that data is not used consistently for health service information and improvement. To compliment this the Strategy should consider data sovereignty and reciprocity. There should be a shared understanding of how data is being used to drive outcomes.

There are currently no national indicators to measure how children transition through major development stages, or how children interact with services and move through different systems. While data may be available for specific services or stages of a child's life; for example, data from hospitals, education or early childhood assessments, there is

limited ability to track children through different data sources to assess their outcomes. This makes it difficult to effectively evaluate services.

Measures of children's subjective wellbeing, including their cultural and racial identity, are very limited among national data sources that support population-level monitoring over time.

Our RACP members share important initiatives/organisations which would be excellent groups to learn from and inform the Strategy. These include:

- [Waminda](#) provides women's focussed strengths-based care to families offer services like birthing on Country and culturally safe playgroups for children.
- The team at the University of Melbourne leading the [Replanting the Birthing Trees](#) project looks at trauma-integrated, culturally safe and skilful continuity-of-care for parents.
- The Molly Wardaguga Research Centre, [Birthing in Our Community](#) a birthing service and model of care established by three South East Queensland health organisations has reduced preterm birth rates for Aboriginal and Torres Strait Islander babies by 38% and demonstrated significant cost savings to the health system.<sup>11</sup>

The RACP and our members would welcome the opportunity to discuss the development of the Strategy further with the Department of Social Services and believe that engagement with our experts, such as our paediatrician members, would be of significant benefit.

The RACP and our members would appreciate the opportunity to provide feedback on the draft Strategy once it is ready for consultation. Please contact Policy and Advocacy via [policy@racp.edu.au](mailto:policy@racp.edu.au) for further engagement.

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<sup>11</sup> Doran C.M. et al Scope and quality of economic evaluations of Aboriginal and Torres Strait Islander health programs: a systematic review. *Aust N Z J Public Health*. 2022; 46: 361-369 [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(23\)00040-8/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(23)00040-8/fulltext)