



Government of **Western Australia**
Child and Adolescent Health Service



A Child and Adolescent Health Service submission for *The Early Years Strategy* *Discussion Paper*

A Commonwealth Early Years Strategy to create a new, integrated approach to the early years and prioritise the wellbeing, education and development of Australia's children

April 2023

The Australian Government [Early Years Strategy](#) will create an enduring vision for Australian children and their families. It will guide the early years' policies and programs over the next 10 years and will be a framework for action and reform. The intention of the Strategy to create an integrated approach including reducing program and funding silos to increase accountability for the wellbeing, education, health (including mental health), safety and development of children aligns with strategic intent of the Child and Adolescent Health Service.

The Child and Adolescent Health Service (CAHS) is Western Australia's only dedicated health service provider for children and young people. It is unique in that it offers a range of services that support children from birth, including:

- community based preventative and early identification and intervention services (e.g. child health, school health and child development services)
- inpatient, ambulatory and outpatient services, and is WA only paediatric trauma (through Perth Children's Hospital)
- mental health services through inpatients, community-based and specialised services
- neonatal services to meet the needs of newborns babies who need specialised treatment in the first few months of life.

The feedback below is to help shape the Commonwealth Government's understanding of what is important for CAHS in a national approach for Australian children and what should be prioritised to ensure the best outcomes for infants and children.

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

CAHS supports the proposed structure of the Strategy and the accompanied Implementation Plan with outcome measures and an evaluation framework. CAHS believes that the child and their family need to be at the centre of the strategy, as there are many agencies - government and non-government - offering services in the child health and development space.

The Strategy offers the opportunity for the multiple sectors, services and organisations involved in the early years to share a vision for improving child health, development, wellbeing and life trajectories.

CAHS has the following recommendations for the structure of the Strategy:

- the Strategy is sectioned into two parts: first 1000 days (conception to 2 years) and then 3-5 years, as priority areas can be aligned using a life course approach.
- to achieve the intent of the Strategy, CAHS proposes that wellbeing, education, development, health, mental health and safety are all considered equally, with each of these priority areas given a weighting for strategies and outcomes.

The discussion paper makes reference to other Commonwealth Government strategies; however it is unclear how the proposed actions from those initiatives will be considered and included (appendix A) e.g. [The National Action Plan for the Health of Children and Young People 2020 - 2030](#).

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

CAHS believes every Australian child should have the chance to become happy, safe, healthy and strong individuals who reach their potential, no matter where they live, their cultural background or socioeconomic circumstances.

In order to realise this vision, the Strategy should focus on families and communities, providing support to parents and caregivers to raise their children and access timely and affordable high-quality health, education, family support, mental health, child health and development services which are well coordinated and close to home.

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

CAHS believes appropriate outcome measures are essential to measure the success of the Strategy. The outcomes should be based on several factors including education, health, parenting, development, play and a safe family environment including stable housing. The services need to be inclusive of all cultures including Aboriginal and Torres Strait Islander Australians and align to the *National Action Plan for the Health of Children and Young People 2020-2030*.

Outcomes measures should encompass child health, wellbeing, development and educational domains, and include outcomes that reflect the social determinants of health and parental mental health. Examples include but are not limited to:

Infant and maternal health

- Accessing antenatal care during pregnancy
- Babies born with low birthweight
- Maternal age
- Gestational diabetes
- Alcohol consumption during pregnancy
- Full breastfeeding on hospital discharge
- Smoking during pregnancy

Maternal & paternal mental health

- Maternal depression in pregnancy and 12 months after birth
- Fathers experiencing depression in their partners pregnancy and after birth

Harm to mothers, babies and children

- Children involved in any components of the child protection system
- Children in out of home care

Safety

- Children without stable housing
- Children living in households of unemployment

Early childhood development / education

- Children accessing child development assessments and/or needing additional support
- Children starting school developmentally vulnerable
- Social and emotional wellbeing & school connectedness

Child health

- Children exclusively breastfed to around six months of age
- Children considered overweight or obese
- Children who are immunised

CAHS suggests linking the vision to adulthood and long-term outcomes. Putting prevention and early intervention at the heart of the Strategy means that investments will have a significant long-term social return on investment. Statements linking this investment in the early years of life to long term health and productivity gains would reinforce the evidence that this is the most cost-effective means of tackling long-term health conditions and health inequity as well as creating more equitable societies.

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

CAHS believes the Strategy needs to include the following six priority areas:

1. Address the social determinants of health alongside existing services.

Why?

It is important for governments to address the social determinants of health because these factors significantly impact the health outcomes of individuals and communities. Factors such as income, education, housing, employment, access to health food and social support networks can all have significant impact on a child's health outcomes. Without addressing these, the success of additional services will have limited impact.

Addressing the social determinants of health is not only important for improving the health outcomes of individuals, but also for reducing health disparities and promoting broader societal health equity.

2. Promote the importance of the first 1000 days.

Why?

The first 1000 days of life, from conception to a child's second birthday, are critical for healthy physical and cognitive development. During this time, the brain is rapidly developing and forming connects that will last a lifetime. Adequate nutrition, proper care and stimulation during this period can greatly impact a child's future health and wellbeing. Conversely, poor nutrition and lack of proper care can lead to long-term development delays and chronic health problems.

Additionally, interventions to support families during the first 1000 days can have a positive impact on maternal mental health and child development outcomes leading to the prevention of later complex mental health issues, physical health issues and academic struggles.

3. Develop early identification and intervention services through progressive universalism

Why?

Simply providing universal access to child health and education services is not enough to address health and education inequalities. By applying progressive universalism to the Strategy, it will ensure that all mothers, infants and children have access to universal antenatal, child health and development services. For mothers or children considered 'rising risk', appropriate short-term interventions can be accessed, with more intensive support offered to the most vulnerable 'at risk' mothers, infants or children.

Failing to address health, development, emotional wellbeing in a timely way contributes to deteriorating health and development, and ultimately poorer outcomes. In addition, early intervention provides significant economic benefits in the prevention of later more complex and costly interventions (educational, physical and mental health and wellbeing).

4. Ensure maternal health and wellbeing are incorporated

Why?

Maternal health and wellbeing play a crucial role in child-development. Poor maternal health during pregnancy can lead to complications such as low birth weight, premature birth and birth defects which can all affect the child's development. Postnatally, maternal mental health and well-being influences parenting quality, which can affect the child's social, emotional and cognitive development in the early years.

5. Enable improved inter-sectoral collaboration to empower government and non-government bodies to work together for the vision of all Australian children.

Why?

To achieve outcomes, we need a coordinated approach to providing services to children and families. Improving inter-sectoral collaboration can help address complex and multifaceted issues that require expertise and resources from different sectors. Effective collaboration can also lead to improved service delivery and better outcomes for children and families. It reduces duplication of services and increases efficiencies. To achieve this, effective leadership and decision-making process are needed to overcome departmental silos and should be a goal of the Strategy.

6. Ensure the Strategy addresses all service areas provided to children in the early years.

Why?

Addressing all service areas to children and families provides a holistic approach to child health and wellbeing and is best achieved through integrating services and improved information sharing. including health, child development, early childhood, parenting programs, education, playgroups etc. across government and non-government providers.

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?

To improve the outcomes for children, particularly those who are born or raised in disadvantaged circumstances CAHS proposes the Commonwealth could:

Address poverty and inequality: Poverty and inequity are major risk factors for vulnerable children. The Commonwealth could work to address the social determinants of health, reduce poverty and promote social equality.

Break the cycle of intergenerational disadvantage: Investing in strategies that address intergenerational disadvantage and trauma to break the cycle. E.g., Children in Care.

Foster collaboration and information sharing: The Commonwealth could foster collaboration and information sharing among government agencies involved in supporting vulnerable children and their families. This could help identify gaps in services and ensure that children receive the support they need.

Increase funding for support services: The Commonwealth could increase funding for support services that are targeted towards vulnerable children and their families. For example, for families experiencing difficulties, this could be in the form of access to a ‘family support worker’ through the early years to champion the needs of the family and help them engage and navigate the complex array of services for themselves and their children.

Alternatives to Early Childhood Education and Care: The Commonwealth could look at alternatives to investing in early childhood education by considering the powerful influence that parents and broader families have on a child’s development, particularly in the first 1000 days. Consideration should be given to family-centred strategies that support and empower families to foster improved health and development, beyond a reliance on the Early Childhood Education and Care (ECEC) settings. An example could be the expansion of sustained home visiting, support and education programs offered by Community Child Health Nursing services and other appropriately trained staff.

Improve access to services: The Commonwealth could provide appropriate funding to support service provision that addresses the complex challenge of servicing the most vulnerable children to ensure they receive the care and developmental support they need to

stay healthy and developmentally on track. Children with developmental concerns that do not result in a disability diagnosis also need to be considered in this space.

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

To improve coordination and collaboration in developing policies for children and families, the Commonwealth could focus on:

Communication and information sharing: There needs to be better communication and information sharing among all agencies delivering early childhood services. The Commonwealth could develop policies and guidelines to enable improved communication and information sharing between service providers in government and non-government agencies.

Data collection and sharing: To ensure that policies are evidenced based and effective, it is important to collect and share data on child and family outcomes. The Commonwealth could develop a national data collection and sharing system that includes standardised indicators and measures. Reporting against indicators could contribute to enhancing transparency and accountability, performance management and benchmarking for improvements. These indicators could also assist in identifying and predicting mothers, infants, or children who may be 'rising risk' or 'at risk' and need additional support and services.

Funding and resource allocation: The Commonwealth could explore innovative and flexible funding models that encompass prevention and early intervention and enable integrated services delivery across agencies. This would assist in breaking down silos and barriers to managing needs that extend within and across government departments.

Consumer focused: The Commonwealth to work with consumers and communities to develop policies that meet their needs, especially diverse or vulnerable groups. Co-design and collaboration with the community and service providers should be guiding principles for all policy development.

7. What principles should be included in the Strategy?

The guiding principles to be considered for inclusion in the Strategy include:

Holistic approach: The Strategy should focus on the whole child and their overall well-being including, physical, mental, emotional, social and development.

Equity & inclusivity: The Strategy should prioritise equitable access to health, education and social services regardless of their background, culture, location or socioeconomic status. Inclusive of diverse children and their families, including children with disabilities.

Prevention and early intervention: The Strategy should prioritise prevention and early intervention to identify and address issues before they become more serious and impact a child's development.

Family and community engagement: The Strategy should be child and family centred and co-designed with consumers, disability advocates and with CALD and Aboriginal cultural competency and considerations.

Collaborative and integrated approach: The Strategy should promote collaboration and integration across government and non-government agencies to ensure a comprehensive approach to the early years.

Evidence based: The Strategy should be based on the best available evidence, research and data.

Culturally safe and secure: The Strategy should be culturally secure and safe for Aboriginal people and other cultures.

Accountability: The Strategy should ensure ongoing monitoring and evaluation to ensure the Strategy is meeting the needs of Australian children and families and achieving the desired outcomes.

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

The Strategy is a welcome, well-considered and comprehensive approach to improving health and wellbeing in the early years and is filling an important gap. In addition to those identified referenced in the discussion paper, consideration should be given to the following strategies and current system reforms to ensure a coordinated and considered Strategy for the early years:

- *The National Children's Mental Health and Wellbeing Strategy:* The overlap between the two Strategies, particularly in the infant mental health space reinforces the need to address caregiver-child relationships, poor social and emotional skills, increased vulnerability in developmental readiness for school, exposure to psychosocial stressors and relationally poor environments, and poverty.
- *The National Primary Health Care 10-Year Plan:* The Plan recommends a review of maternal & child health programs in primary health care settings to bring renewed focus to the first 2000 days as a critical period for preventive interventions.
- *Final Report - Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in WA:* The report urges WA and Commonwealth Governments to strengthen their focus and investment on prevention & early intervention as a priority area for supporting the mental health and wellbeing of WA children.

- *Final report of the Sustainable Health Review (SHR)*: Recommendation 8 of the SHR is that WA Health actively partners in a whole-of-government approach to supporting children and families in getting the best start in life to become physically and mentally healthy adults.

Other gaps CAHS has recognised include:

- The link to maternal health and antenatal strategies, which encompasses a significant proportion of the first 1000 days and is often considered in isolation. Ensuring the connection between these strategies to ensure the critical link between brain development, primary care and maternal and infant health are addressed.