



Addressee Email: [earlyyearsengagement@dss.gov.au](mailto:earlyyearsengagement@dss.gov.au)

To Whom it May Concern

**RE: The Early Years Strategy – Opportunity for Consultation**

Thank you for the opportunity to provide feedback on the Australian Government's "The Early Years Strategy" Discussion Paper - February 2023.

Children's Healthcare Australasia (CHA) is a not-for-profit charity with membership comprising of 95 paediatric services, including specialist children's hospitals and general hospitals providing care to children and families in metropolitan, regional and rural communities. CHA's sister organisation, Women's Healthcare Australasia (WHA), represents 160 maternity services across Australia including tertiary maternity hospitals and a large number of regional and rural units.

Both women's and children's healthcare services recognise the vital importance of the early years of a child's life, beginning in pregnancy and through to their entry to school. WHA and CHA applaud the Commonwealth Government for recognising that there is value in developing a national Early Years Strategy, to help improve the integration of Commonwealth policies and programs affecting young children, and to support every child to thrive.

Both WHA and CHA recognise that there are multiple domains that impact on the wellbeing or not of young children including family, housing, safety (especially freedom from violence or neglect), social connection, access to learning and play. Health is but one of these important domains. Given the area of our work, our submission relates primarily to the provision of women's and children's healthcare services and the potential to better meet the health and developmental needs of young children and their families. This in no way suggests the other domains are less important.

We have consulted our members in both organisations on the "The Early Years Strategy" Discussion Paper and summarised the feedback provided below.

Our members universally encourage the Commonwealth to acknowledge in this new strategy that all children, and especially babies and young children, exist as a part of a parent/child unit that is based on attachment theory. Healthy child – parent/carer attachment is foundational to wellbeing through childhood and into adulthood. For this strategy to have any effect, there is therefore an overarching need to look at supporting families to provide a loving, safe, healthy, and supportive environment for young children to grow, learn and develop.

**QUESTION**

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

WHA and CHA are in support of the proposed structure for the Strategy. We strongly endorse the intention to specify both outcomes related to the vision, and indicators by which we will be able to assess our collective success or otherwise in achieving those outcomes over time.

Too many national strategies relevant to child health contain broad statements of intent, principles, and domains, without giving any specifics about how those intentions will be achieved or how progress will be measured. Many national strategies, like a number of those listed in Attachment A to the discussion paper, stipulate that state and territory governments will develop action plans. This approach too often results in no clear commitment to measurable actions, especially for the less well-resourced jurisdictions, and there is risk of greater inequity for children and families. So, we welcome the proposed structure with its inclusion of both outcomes and indicators for progress, alongside the vision and priorities.

Our members support the proposal to have implementation action plans for each priority of the national strategy, with clear direction and support to bridge the current silos between state (e.g., secondary and tertiary health and education) and federal (e.g., primary health and NDIS) services, and to support the scale up of demonstrably effective models and approaches to making a difference to the wellbeing of young children.

#### QUESTION

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

Our members strongly agree with a collective vision that encapsulates the concept that all children, wherever they live, and regardless of the socio-economic status of their family, enjoy equitable opportunities to learn, develop and thrive.

If we are serious in our view as a society that our children are our most valued resource, the aim should be to ensure that each child has what they need to fulfil their potential, that is **every child has what they need to thrive** in their first 5 years.

CHA members also strongly endorse the statement in the Early Years Strategy Discussion Paper

*"Children with disability or with developmental concerns deserve the same positive experiences and opportunities to thrive as all children"*

and consider this an essential aspiration to uphold.

#### QUESTION

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

WHA and CHA members support the intention to identify and commit to short-, medium- and long-term outcomes to support children in the early years. There are a number of health-related outcomes that our members propose be considered for inclusion in the strategy:

##### Short term outcomes:

- **Reduce the percentage of pregnancies ending prior to 39 weeks gestation**

There is a current Commonwealth funded program working with 63 maternity hospitals to reduce rates of early birth by 20% by March 2024<sup>1</sup>. This program is in recognition of research showing a strong increased risk of death or lifelong disability to babies born prior to 37 weeks and for babies born after 37 weeks but before 39 weeks of having 2 or more vulnerabilities on the Australian Early Development Index, increased risk of hospitalisation

<sup>1</sup> Women's Healthcare Australasia, Every Week Counts National Preterm Birth Prevention Collaborative Available via <https://women.wcha.asn.au/collaborate/breakthrough-collaboratives/the-national-preterm-birth-prevention-collaborative/> Accessed 27 April 2023

between the ages of 0-5, and increased risk of behavioural and learning difficulties once at school<sup>2,3</sup>

- **Improve postnatal support** - the first six weeks following childbirth is a critically important time for women and their families, especially for first time mothers. Access to professional support from midwives, child health nurses and GPs during this time is very variable across Australia, with support outside of major metropolitan areas virtually non-existent. Even within metropolitan areas, many women have no access to support once they leave hospital, and only brief contact with a GP for a well-baby check and vaccinations at 6 weeks. Breastfeeding is well established as a highly beneficial practice for infant nutrition, as well as for maternal-infant bonding, yet Australia continues to have high rates of abandonment of breastfeeding<sup>4</sup>. The Early Years Strategy should aim to increase the uptake and continuation of breastfeeding; improving maternal bonding, immunological protection, and nutrition of the infant. Ideally, this would be achieved through a clear implementation plan to improve continuity of care by midwives during the first 6 weeks following childbirth and to improve handover between antenatal and postnatal child and family primary care services.

#### Medium term outcomes:

- **Increased access to culturally safe trauma informed midwifery-led continuity of care for all First Nations women.** Pregnancy is a key opportunity to intervene and address cycles of intergenerational trauma that prevent Aboriginal women and families from accessing and participating in maternity care in a meaningful way. The effectiveness of Aboriginal-led continuity of care models, in improving participation in antenatal care and birth outcomes has been well established. Aboriginal-lead continuity of care models are a cost effective strategy, shown to improve birth outcomes, yet they remain few in number and oversubscribed.<sup>5,6</sup>
- **Reduction in % of children from disadvantaged communities identified as having two or more vulnerabilities on the AEDC at school entry**  
The numbers of children entering school with additional health and development needs (AHDN), has been increasing in Australia over the past 15 years.<sup>7</sup> The Australian Early Development Census is a national assessment tool designed to identify children at the start of school with AHDNs, including physical, developmental behavioural or emotional difficulties that require more support than their peers<sup>8</sup> The Census has revealed a 14.7%

<sup>2</sup> Morris, J. M., Algert, C. S., Falster, M. O., Ford, J. B., Kinnear, A., Nicholl, M. C., & Roberts, C. L. (2012). Trends in planned early birth: a population-based study. *American journal of obstetrics and gynecology*, 207(3), 186-e1.

<sup>3</sup> Newnham JP et al. The health and educational costs of preterm birth to 18 years of age in Australia. *Aust NZ J Obstet Gynaecol*. 2021; 1-7.

<sup>4</sup> COAG Health Council 2019 (2019) Australian National Breastfeeding Strategy: 2019 and beyond, Available via <https://www.health.gov.au/resources/publications/australian-national-breastfeeding-strategy-2019-and-beyond?language=en>, Accessed April 2023

<sup>5</sup> McLachlan, H. L., Newton, M., McLardie-Hore, F. E., McCalman, P., Jackomos, M., Bundle, G., ... & Forster, D. A. (2022). Translating evidence into practice: Implementing culturally safe continuity of midwifery care for First Nations women in three maternity services in Victoria, Australia. *EClinicalMedicine*, 47, 101415.

<sup>6</sup> Gao, Y., Roe, Y., Hickey, S., Chadha, A., Kruske, S., Nelson, C., ... & Kildea, S. (2023). Birthing on country service compared to standard care for First Nations Australians: a cost-effectiveness analysis from a health system perspective. *The Lancet Regional Health–Western Pacific*.

<sup>7</sup> Australian Early Development Census, Trends in the number of children starting school with additional health and developmental needs from 2009 to 2015 see <https://www.aedc.gov.au/resources/detail/research-snapshot-trends-in-the-number-of-children-starting-school-with-additional-health-and-developmental-needs-from-2009-to-2015> accessed on 24 April 2024

<sup>8</sup> Australian Early Development Census see <https://www.education.gov.au/child-care-package/early-childhood-data-and-reports/australian-early-development-census-aedc> accessed 24 April 2023

increase in children with speech impairment, a 7% increase in emotional problems, and 5.3% increase in learning disability. These gaps will widen across a child's school trajectory. There are also ongoing significant gaps between children from the most disadvantaged communities compared with the most advantaged. The Early Years Strategy should aim to reverse these trends, and to reduce the gap for children from disadvantaged families and communities in a partnership that promotes the strengths of families and communities and positive childhood experiences. In part this will require a rethink of how we provide improved access to children and their families to timely paediatric and allied health services (see next dot point).

- **Optimise school readiness through timely assessment and intervention** – assessment of each individual child to ensure that they have the required additional supports in place to maximize their opportunity to thrive within the schooling system<sup>9</sup>. While pre-school attendance is one important strategy in this space, so too is timely access to early intervention for children identified as having one or more types of developmental delay<sup>10</sup>. The current child development system is completely overwhelmed in all jurisdictions. Children and families referred by a GP are commonly having to wait for between 6 and 24 months for a specialist paediatric assessment<sup>11</sup>. This delay can jeopardise the benefits of early assessment and interventions to support the child to return to a normal developmental pathway or to have the right supports to optimise their experience of school.
- **Increased access to mental health support for parents of young children**  
Australia has a long-standing gap in providing appropriate mental health support to parents during the perinatal, postnatal and early childhood periods. Studies have strongly suggested that untreated paternal or maternal mental health can have significant impacts on the emotional and behavioural health of the child support during the perinatal and postnatal period. As many as 14% of mothers are diagnosed with perinatal mental health issues each year<sup>12</sup>. The Early Years Strategy should ensure that parents with mental illness have their infant and young children's needs considered in recovery planning, and supports are in place to maximise attachment and secure relationship outcomes.

#### Long term outcomes:

- **Eliminate child poverty** – In 2022, there were 761,000 children (16.6% or one in 6 children) living below the poverty line of 50% of median income<sup>13</sup>. Children living in sole parent families are more than three times as likely to live in poverty (44%). These data cover all children not just young children, but this is still a significant impact on the health and wellbeing of young children. Poverty can have significant impacts on the physical and mental

---

<sup>9</sup> Australian Research Alliance for Children and Youth <https://www.aracy.org.au/publications-resources/area?command=record&id=96> Accessed on 26 April 2023

<sup>10</sup> The Royal Australian College of Physicians [https://www.racp.edu.au/docs/default-source/advocacy-library/early-intervention-for-children-with-developmental-disabilities.pdf?sfvrsn=f6a32f1a\\_12](https://www.racp.edu.au/docs/default-source/advocacy-library/early-intervention-for-children-with-developmental-disabilities.pdf?sfvrsn=f6a32f1a_12) Accessed on 27 April 2023

<sup>11</sup> The University of Western Australia <https://www.uwa.edu.au/news/Article/2023/April/Autism-and-ADHD-assessment-waits-are-up-to-2-years-long-What-can-families-do-in-the-meantime> Accessed 27 April 2023

<sup>12</sup> Austin M-P, Hight N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence.

<sup>13</sup> Australian Council of Social Services, 2022, Poverty in Australia Snapshot see <https://povertyandinequality.acoss.org.au/poverty/#:~:text=Our%202022%20Poverty%20in%20Australia,a%20couple%20with%20%20children.> Accessed on 24 April 2023

health of young children and their capacity to grow, develop and participate in the same way as peers not living in poverty<sup>14</sup>.

#### QUESTIONS

4. What specific areas/policy priorities should be included in the Strategy and why?
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?
6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

#### **Q4 What specific areas/policies should be included in the Strategy and why?**

##### **Bridging Silos**

CHA members have emphasized that addressing and breaking down silos is imperative for a more functional system to improve health and wellbeing for young children. The members agreed

*“the current structure tends to create silos that discourage collaboration across organisations and may hamper the Commonwealth’s efforts to deliver the best outcomes for children and families”.*

and that the current siloed approach

*“risks duplicating functions, unnecessary competing for resources and missing opportunities to work collaboratively to improve outcomes. For more effective collaboration and well-coordinated government and non-government activities at the federal, state and local level to help to create an effective early childhood system,”*

Priority should be given to improving state and federal communication, information sharing, and establishing national databases that can track outcomes and responses to interventions, with notable improvements on definitions around access and eligibility across health, education, disability and social services. While there are strong positive examples of collaboration among service providers, such as in the community hub model where families can access health, social services and other supports in a school or childcare centre, such models are difficult to establish because of the unnecessary barriers caused by state and commonwealth funding streams and policies.

##### **Prevention Strategies**

The CHA Child Development Services stressed that when considering the specific areas to be included in the Strategy, emphasis should be placed on the “prevention” piece, such as: the Australian Government’s National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028; The Australian National Breastfeeding Strategy: 2019 and beyond; and the National Mental Health and Suicide Prevention Agreement.

WHA members stressed the need for ongoing support for the Every Week Counts National Preterm Birth Prevention Collaborative, an improvement project to nationally reduce rates of preterm and early term birth prior to 39 completed weeks of pregnancy. This is proven to be an effective way to

<sup>14</sup> Child Fund Australia <https://www.childfund.org.au/stories/how-does-poverty-impact-child-development/#:~:text=Mental%20and%20emotional%20health,a%20safe%20and%20carefree%20environment.%20%20%20> Accessed on 24 April 2023

reduce developmental disorders and improve outcomes for families which is based on evidence from around Australia on successful strategies for reducing preterm birth.<sup>15, 16</sup> This program of work needs to be supported by the Commonwealth to continue beyond mid 2024, to ensure the evidence-based practices being implemented are widely and sustainably embedded in all Australian maternity care settings and providers, public and private.

**Consistency of assessment for developmental delays and consistency in eligibility criteria** to access support across and within all states, territories, and care systems (i.e., health, education, social services, disability services etc). Currently the availability and accessibility of developmental clinical appointments are highly variable across the country as are the methodologies being used to identify vulnerable children.

**Parent/carer competence and stress** - assessment of parent/carer for capability and welfare. To ensure where identified, that the parent/carer receives the education and provision to best support their child. A supported parent who has the skills to manage their stress, has a greater capacity to care for their child and optimise their child's development.

**Early Childhood teachers and allied health providers educated in identifying neurodiversity indicators** in young children, based on the research that early referrals for diagnoses and interventions provide better outcomes for children. This strategy

#### **Q5 What could the Commonwealth do to improve outcomes for children – particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?**

WCHA members made several points regarding the Commonwealth improving outcomes for children, in particular those born or raised in more vulnerable and/or disadvantaged circumstances.

##### **First 1000 Days**

Within the CHA Child Development Services members there was strong agreement with the Strategy statement

*"The first 1000 days (from conception, throughout pregnancy and to the end of the second year) is particularly important to health and development. This is the time when there is most capacity to shape outcomes<sup>vi</sup>... Intervening as early as possible in a child's development enhances the preventative effect and improves the impact of the intervention."*

Members stated that many factors influence the primary bond between mother (primary carer) and child. If the focus is on ensuring the first 1000 days are optimal, the factors that interfere with this pivotal relationship require addressing. One of these obstacles is the transient nature of family support services, with the suggestion of implementing government funds to support therapies for the imminent mother and young child to honour this primary relationship between parent and child. Some vulnerable families require family support workers until the child is 5 (or beyond) for many reasons, such as parental disability or child emerging disability. Concerns that NDIS is causing a more siloed approach to child development is substantiated, as is the concern that privatisation of services leads to those who can best advocate will achieve and obtain more services for their child, leaving vulnerable families less well able to advocate for their child unable to access the supports they require or experiencing delays that impact on outcomes for their child.

<sup>15</sup> Newnham JP, White SW, Meharry S, Lee HS, Pedretti MK, Arrese CA, Keelan JA, Kemp MW, Dickinson JE, Doherty DA. Reducing preterm birth by a statewide multifaceted program: an implementation study. *Am J Obstet Gynecol.* 2017 May;216(5):434-442. doi: 10.1016/j.ajog.2016.11.1037. Epub 2016 Nov 25. PMID: 27890647.

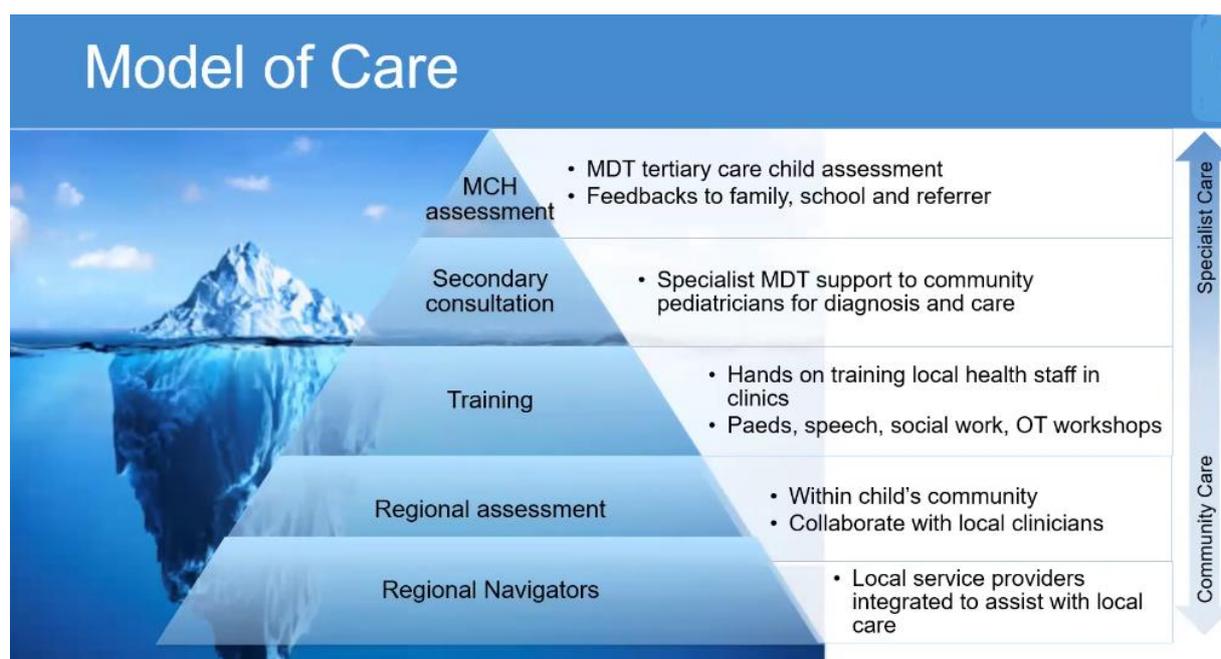
<sup>16</sup> Orefice, R., Smythe, J., Doherty, D. A., & Lim, B. (2021). Preventing early births in a regional tertiary maternity unit: Evaluating preterm and early term birth rates before and after implementation of the Preterm Birth Prevention Initiative in the Australian Capital Territory. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 61(5), 693-699.

## Access to Child Development Services

The CHA Child Development Services members firmly endorsed the Strategy statement:

*“Some children are not getting the best start in life and are falling behind...nearly 45 per cent were developmentally at risk or developmentally vulnerable on one or more domain; and 22 per cent were assessed as developmentally vulnerable in at least one domain<sup>xvi</sup>, meaning they were not where we would expect a healthy, thriving child to be at that age.”*

The current extensive waitlists for children and family access to paediatric services, is an issue that requires urgent addressing. A “Place-Based Approach” to service provision and interventions was strongly advocated for by the CHA members, where a de-centralised model of care is suggested. Incorporating developmental paediatricians into community service provision to enable holistic diagnosis and intervention was suggested, enabling improved equity and access to paediatric services nationally, in particular regional, rural and remote areas. Discussions around this included better use of the current paediatric healthcare workforce and reviewing current workforce development strategies. It should be noted that for this to occur a significant uplift to clinician workforce capacity is required. Advocating for more of the same model of care is both unachievable and unsustainable. Suggestions were made for alternative models of care, such as utilising alternative clinical professionals to provide child development assessment services at the community level, with tertiary care paediatricians and teams operating in and out of Primary Care services as indicated in the below model of care diagram.



Once families have successfully accessed child development services and interventions are in place, there are identified requirements for additional family support, in the areas of finance, transport and navigation of the NDIS application process which is unduly complicated at present.

Ensuring that access to services is not further complicated by literacy, technology or distance barriers is also key. More efficient and effective technology was suggested to improve the reach of the healthcare system, in particular to vulnerable populations, including First Nations, refugee and migrant families, regional, rural, and remote families. Digital navigators and case coordinators were suggested for use with the most vulnerable families to better support and facilitate their healthcare experience and subsequent outcomes.

### **The Rights and Needs of the Child**

It was noted that most vulnerable children are those without a capable and attentive parent to advocate for them. These are often children involved with the child protection system. Decisions are more frequently made based on the parents' rights, yet the rights of the child is also a factor, the right to be safe and loved being the primary foundation for wellbeing. It was noted that there needs to be a solid understanding of child development when considering the child's right to safety and consistency of care giving. The focus should be on ensuring children are safe. This can be achieved by educating those in the judicial and child protection system on child development theory and to focus on the child's needs. Children are dying or having their attachment and development forever damaged through placement in an unsuitable environment. Removal of children from home needs to be carefully considered given the lack of evidence that removal of children results in improved outcomes.<sup>17</sup> A review of the child protection system is urgently required, if not for all children, then especially for First Nations children.

### **Q6 What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?**

#### **NDIS Review**

WCHA members strongly requested the reported findings of the current NDIS early childhood review due October 2023, to be incorporated into the Early Years Strategy. Members requested revision of the current inclusion and exclusion criteria of the NDIS, improved communication to stakeholders and a more effective communication system relaying information back to the primary and secondary care providers. Simplification of the current NDIS system was requested, as in practice, the more complex the system is, the more support families require to access and navigate it, and the more delays to timely interventions for young children.

The CHA Child Development Services members stated that they were nationally experiencing an overwhelming drive for Autism Spectrum Disorder diagnoses from families, enabling NDIS access and subsequent support. They propose that children should be assessed for access to NDIS support services based on their functional capability rather than a development diagnosis, with the responsibility of the assessment and interventions being directed into the Primary Care sector.

#### **QUESTION**

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

WHA and CHA members support the proposed principles of co-design, incorporating the voice of the child and family and ensuring population diversity.

While providing an overarching commitment to all young children, the Strategy should include an explicit commitment to prioritising young children living with the greatest vulnerability or need, particularly young children from First Nations families and communities. The focus must be on prevention and early intervention in partnership with families. Initiatives should be child-centred, focused on a strengths-based approach, and on co-designing supports for families to provide the best possible start for their young child(ren).

<sup>17</sup> Jakob L & Anderson C (2022) Comparing outcomes for maltreated children: Out-of-home care versus remaining at home –A literature summary, Family and Community Services, Insights Analysis and Research (FACSIAR) NSW Department of Communities and Justice Available via [https://www.facs.nsw.gov.au/\\_data/assets/pdf\\_file/0003/832566/Comparing-Outcomes-for-Maltreated-Children-Brief.pdf](https://www.facs.nsw.gov.au/_data/assets/pdf_file/0003/832566/Comparing-Outcomes-for-Maltreated-Children-Brief.pdf) Accessed 27 April 2023

The Strategy should also ensure the “ease of movement across service systems” as siloing of services is a well-recognised obstacle for families trying to navigate the current systems.

The use of the Maslow's Hierarchy of Needs<sup>18</sup> was suggested as a principle to underpin the Strategy, using people's needs as their motivators. As needs at the bottom of the pyramid are satisfactorily met, their higher needs start to emerge.



CHA did wish to acknowledge of behalf of the Child Development Services members how challenging it is to be a paediatrician striving for optimal outcomes for children, when there are so many factors impacting the child's outcome that lie beyond the influence of the healthcare sector. There are many factors outside of the health service underpinning the Early Years Strategy of healthy children foster healthy adults. The inclusion of paediatricians in developing strategies, such as The Early Years Strategy, is essential to ensure adequate representation of the paediatric healthcare sector and its functional complexities.

#### QUESTION

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

WCHA members identified several pertinent reference documents not already flagged in the Discussion paper relevant to considering the wellbeing of the young child. These include:

- The Australian National Breastfeeding Strategy<sup>19</sup>
- Trauma-informed care in child/family welfare services<sup>20</sup>
- The National Carer Recognition Act<sup>21</sup>
- The National Carer Strategy
- The National Safety and Quality Health Service Standards

There was also consideration that at present there is no current National Sibling Strategy, to address and acknowledge the impact of adverse childhood experiences on the siblings of children with disabilities. Siblings Australia have submitted a paper relating to this, addressing the need for support of siblings of children with disabilities or “children of parent carers”<sup>22</sup>.

<sup>18</sup> See <https://www.thoughtco.com/maslows-hierarchy-of-needs-4582571> accessed 27 April 2023

<sup>19</sup> COAG Health Council 2019 (2019) Australian National Breastfeeding Strategy: 2019 and beyond, Available via <https://www.health.gov.au/resources/publications/australian-national-breastfeeding-strategy-2019-and-beyond?language=en>, Accessed 27 April 2023

<sup>20</sup> Wall, L, Higgins, D and Hunter, C (2016) Australian Institute of Family Studies, Melbourne CFCA PAPER NO. 37 2016 Available via [https://aifs.gov.au/sites/default/files/publication-documents/cfca37-trauma-informed-practice\\_0.pdf](https://aifs.gov.au/sites/default/files/publication-documents/cfca37-trauma-informed-practice_0.pdf)

<sup>21</sup> Carers Recognition Act 2021, A2021-34, Republication No 1, Effective: 10 June 2022, Available via <https://www.legislation.act.gov.au/a/2021-34>

<sup>22</sup> Siblings Australia <https://siblingsaustralia.org.au/wp-content/uploads/2021/10/51.-submission-to-the-Draft-Service-Delivery-Model-Dec16.pdf> Accessed on 27 April 2023

CHA members advised that the Ecological Systems Theory devised by Urie Bronfenbrenner which shows a child's development is influenced by their surrounding environment, resonates strongly with the children's healthcare community. They strongly suggest including an overlay to recognise, measure, and address inequities in access to child development services for children that need it using this theory.

Women's and Children's Healthcare Australasia would like to sincerely thank you for the opportunity to represent our members services in this submission to the Early Years Strategy consultation. We look forward to seeing the draft strategy once it is developed.

Please do not hesitate to contact us should you require any clarifications or have any questions.

Your sincerely,

