

A Head Start for Australia:

An Early Years Framework

A Summary

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COMMISSIONERS' FOREWORD

Early child development has become an intense focus of attention across the globe. Emphasis on the early years of life is increasing for most developed countries. The United Nations has made substantial efforts to monitor the health and wellbeing of children in developing countries and to assist with aid targeting basic health, social and infrastructure determinants of longevity, health and wellbeing.

This document is a companion to *A Head Start for Australia: An Early Years Framework* commissioned by the New South Wales and Queensland Commissioners for Children and Young People in collaboration with the National Investment for the Early Years (NIFTeY). As an extract of the full framework, this document focuses on the nine priority outcome areas for Australian children and includes examples of actions to achieve these outcomes.

To develop this early years framework a review of evidence and an analysis of both national and international efforts were undertaken. They confirm the need for a framework that supports actions to achieve positive outcomes not only in health, welfare and education, but also in other areas often neglected in social and economic policy. For example, reducing inequalities in income and creating access to community infrastructure are critical if we are to address the holistic needs of children and effect lasting positive outcomes.

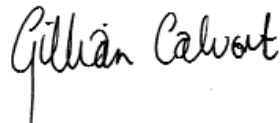
A Head Start for Australia: An Early Years Framework therefore goes beyond the usual siloed approach to policy and includes underpinning strategies that are essential to improve the wellbeing of Australia's children through sustainable effort.

This framework is designed as a tool for all levels of government, non-government stakeholders and community members to use when they consider how they can contribute to children's wellbeing.

This is a living document – one that will be refined by advances in knowledge and data collection systems and through further consultation with children and their carers, service providers and decision-makers at all levels of government.



Robin Sullivan
Commissioner for Children and
Young People (Qld)



Gillian Calvert
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and Young People

PRIORITY OUTCOME AREAS FOR AUSTRALIA

The goal: “Giving Australian children a head start in life”

OUTCOMES

1. Supporting the wellbeing of women of child-bearing age.
2. Promoting child wellbeing.
3. Supporting the choices of families in their parental and working roles.
4. Enriching, safe and supportive environments for children.
5. Improving economic security for families and reducing child poverty.
6. Achieving success in learning and social development.
7. Protecting the safety of children.
8. Promoting connections across generations, families, cultures and communities.
9. Increasing children's participation: policy action, awareness raising and advocacy.

UNDERPINNING STRATEGIES

To achieve these outcomes, there is a need for a number of broad underpinning strategies:

- A skilled and safe workforce.
- Evidence-based policy and program development and implementation.
- Redesigning systems and services to support coordinated action.
- A sustained and sustainable communication strategy to focus community and government attention and action.

LINKS WITH OTHER POLICIES

- The National Agenda for Early Childhood.
- State and Territory governments' policies and plans for promoting wellbeing in the early years.
- The National Mental Health Strategy.
- The National Youth Suicide Prevention Strategy.
- The National Drug Strategic Framework (NDSF) and its National Action Plan on Illicit Drugs, Alcohol Strategy, Tobacco Strategy, Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan, School Drug Education Strategy.
- The National Aboriginal Health Strategy.
- The National Crime Prevention Strategy.

OUTCOME AREA 1

Supporting the wellbeing of women of child-bearing age

RATIONALE FOR EFFORT

Women from all socio-economic backgrounds need to be supported to achieve and maintain optimum wellbeing. Healthy development of children in their early years begins before conception. Women who are malnourished, smoking or using alcohol or other drugs at hazardous, harmful or dependent levels, or who are exposed to psychological stressors such as poverty or violence face higher risks during pregnancy and childbirth. Young women who conceive are at higher risk across a range of domains including nutrition, substance use and poor social and support networks.

Incidence of some chronic and life-threatening diseases, such as spina bifida, has been linked to malnourishment (eg folate deficiency). Low birth weight babies are also at higher risk of poor health outcomes. Where a woman is exposed to violence and/or abuse, both the mother and developing baby are at higher risk during pregnancy. A woman suffering the stress and anxiety associated with violence is at greater risk of poor maternal attachment, may have greater difficulty lactating and the baby is at higher risk of abuse after it is born and as a small child. The incidence of violence in early childhood has been shown to lead to neurophysiological development that places the baby at higher risk of depression, anxiety and a range of other problems later in life.

Investment in the wellbeing of women of child-bearing age ensures that both the woman and her children experience a positive beginning. It lays the groundwork for healthy development throughout life and works to prevent risks that lead to significant adverse health and other outcomes. This groundwork is further enhanced when men are supported to adopt healthy and caring lifestyle habits – a development that enhances their own wellbeing and contribution as parents and helps create constructive home and family environments.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Adopt policies and programs that promote the status and wellbeing of women without devaluing, in either social or economic terms, the choice of women to become full time mothers.
- Promote social norms and workplace policies that recognise the role of fathers in child rearing and in the support of mothers and young children.
- Make high quality antenatal care universally available.
- Develop programs to reduce the incidence of teenage pregnancy.
- Expand programs that prepare mothers for breastfeeding and provide them with knowledge about infant nutrition.
- Develop programs to support both young women and young men in learning skills for parenting.
- Achieve and maintain high coverage rates of young women before pregnancy for vaccine preventable illnesses that can cause disability in their children.
- Screen to identify domestic violence during pregnancy.
- Implement public health nutrition strategies – for example, awareness raising campaigns and the addition of folate to breads, milk and breakfast cereals.
- Ensure that affordable fresh fruit and vegetables are available in remote and isolated communities.
- Mount public education campaigns that inform the community about the risks of tobacco, alcohol and other drugs to women's health and the health of the developing foetus and support women in their healthy choices during pregnancy.
- Provide accessible detoxification and support services for drug and alcohol dependent women during pregnancy.
- Provide accessible treatment and support services for pregnant women with a mental illness and continued services post partum.
- Institute programs to support pregnant women and their young children in prisons.
- Develop strategies to improve maternal literacy and health literacy.

OUTCOME AREA 2

Promoting child wellbeing

RATIONALE FOR EFFORT

Evidence supports a focus on the early years as a key time for laying the foundations for positive emotional, social, cognitive and physical wellbeing. It is a period characterised by rapid sensorimotor and cognitive brain development and the growth of neurophysiological responses to danger or violence. Efforts to minimise the negative impact of early disadvantage are best targeted in the early years, before children develop entrenched behavioural patterns based on negative experiences. Interventions targeted at this period also maximise the likelihood of positive experiences during key transitions – moving into child care, beginning kindergarten or preschool and starting school. Similarly, many chronic illnesses and disabilities can be prevented or have their impact minimised through intervention during pregnancy, at birth, and in the early years. The aim of a focus on 0-8 year olds is to improve the health and wellbeing of children by giving them the best start, promoting healthy development in safe, supportive environments and supporting the nurturing role of families.

Childhood obesity is an area in need of urgent attention. An increase in physical activity levels at school or pre-school, in after school environments and at home should be fostered. There is also evidence that involvement in sport and other active recreational pursuits improve confidence, character and connections to other people and supportive institutions.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Provide universal long-term (antenatal to six years) child health services within local geographical regions to provide support and information to families.
- Help families develop and maintain social and support networks – for example, community drop-in 'leisure time' centres, mothers' groups, playgroups and child care options.
- Encourage the uptake of free, universally available age-appropriate immunisation.
- Link families to programs and services that promote infant health, reduce the risk of SIDS and enhance partner relationships and maternal-infant attachment:
 - Evaluated parenting education programs.
 - Nurse home visiting programs to parents with newborns, parents with poor support networks and families with financial stress, domestic violence or an elevated risk of health problems.
 - Early intervention and support services for children of people with a mental illness.
- Conduct evidence-based programs to reduce the prevalence of childhood obesity, including strategies to ensure those in rural and remote settings have access to fresh fruit and vegetables.
- Pursue multi-tiered population health programs (community awareness campaigns, health professional training, legislative reform) that focus on reducing infant mortality, respiratory diseases, poisoning, injury and drowning deaths.
- Adopt strategies to increase the likelihood that children experience key transitions positively by involving parents as partners in education.
- Promote development of health services, child care services, preschools and schools as multi-purpose hubs for delivery of prevention, early intervention and assessment and treatment services.
- Develop culturally sensitive interventions, programs and resource materials for Aboriginal and Torres Strait Islander communities and for the children of immigrants and refugees.
- Develop integrated approaches to accessing families who are at risk through poverty and disadvantage including home visitation; early intervention outreach services; volunteers supporting families; young parents' programs; fathers' groups; specialist family workers; supported playgroups; child care; parents as teachers programs.
- Promote healthy physical activities in the home, preschool, school, after school care and community settings.

OUTCOME AREA 3

Supporting the choices of families in their parental and working roles

RATIONALE FOR EFFORT

Parents' roles in the workplace have the potential to conflict with their roles as parents. Children depend on their parents to care for them and meet their emotional, social, physical, intellectual and cultural needs so that they can reach their full potential. There are many reasons why both parents may need or want to be employed. The contemporary labour market no longer provides tenure. Similarly, fluctuations in availability of full and part time work mean that both parents may need to be employed at the same or different times, particularly in low socio-economic or disadvantaged areas. Further, with an increasingly aging population, individuals are being called upon by governments to develop wealth generation strategies to contribute to their own support in their older years. Many families manage this demand by having both partners engaged in paid employment.

The costs associated with working, such as child care expenses and long hours spent in travel, does not make continued participation in the workforce a viable option for some part-time or low income workers. Such individuals and their children would still benefit from the social support, socialisation and stimulation available to those who can afford high quality child care outside the home.

Support can be targeted at three levels: supporting parents in their roles as parents; supporting workforce development and industrial awards that foster flexible work practices; and increasing the availability of high quality child care, preschool and after school care. Flexible workforce policies that allow carers of children to contribute their best to the workforce without diminishing their contribution to their children's lives benefit enterprise by retaining skilled workers and the economy by strengthening families and communities and preventing a range of adverse outcomes.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Support women in their aspirations as mothers and in their careers by providing maternity and parental benefits that allow women to be at home with their new child without fear of severe financial disadvantage or job loss and support early maternal attachment.
- Support men in their choice to be at home with their young children.
- Make available subsidised or affordable high quality child care.
- Offer flexible work practices, including flexible hours, part-time jobs, and job sharing, telecommuting and working from home, providing quality child care at the workplace or as part of remuneration packages.
- Value employees who are also diligent parents by measuring commitment to and performance in jobs by product, not presence in the workplace and by continuing to reward the good work of parents in flexible working roles, with appropriate promotion or financial rewards.
- Provide affordable, reliable, frequent public transport to move easily and safely between home, child care, work, school, after school care and back to home.
- Provide accredited vacation care programs in community environments – programs that reinforce connections and security, provide full opportunity for child-centred and child driven projects and activities and provide windows of opportunity for parents to be involved as much as they can.
- Continue to support those families who choose to have one parent at home full time in the early years through income support payments and the availability of low cost/subsidised high quality child care outside the home.
- Provide assistance and support to families who are the primary carers of people with a disability or a frail aged person, especially those also managing the needs of young children.

OUTCOME AREA 4

Enriching, safe and supportive environments for children

RATIONALE FOR EFFORT

Investment in community infrastructure and social capital development prevents social, health and economic problems and reduces the risk that children will move along a negative trajectory towards self-harming or criminal behaviour as they grow up.

Children who lack safe spaces may feel alienated and may be less active, replacing activities such as exploring and socialising with more passive past-times such as watching television. The World Bank and international, national, state and local governments are placing greater emphasis on sustainable development, both in addressing the infrastructure of existing marginalised or disadvantaged communities and in considering the issues that need to be addressed in new property and urban developments. Agencies try to ensure the sustainability of positive environments by developing services and programs in a democratic design process that includes the community. Social conditions, built environments and economic conditions can either act as barriers to social cohesion or underpin development of social networks in communities where trust and reciprocity can grow.

Volunteering is more likely in a strong, cohesive, caring community. On a day-to-day basis, community members are more likely to notice one another's needs and offer help. Neighbourhood Watch, playgroups, babysitting clubs and volunteer home visitor programs are examples of some outcomes of investment in strengthening communities and building strong social networks.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Develop policies and programs that enhance children's sense of inclusion in their community by:
 - Recognising the right of children to express their views and strengthening their rights in legislation, policies and practices.
 - Emphasising that empowerment and support of families and communities is the most effective way of supporting children, for example, by promoting Neighbourhood Watch and neighbourhood centres.
 - Providing play, leisure and cultural opportunities through urban design, safe public spaces, supervised playgrounds and cultural centres.
 - Valuing diversity and working to reduce discrimination in children's lives.
 - Providing support for children with a disability and the children of people with a disability.
 - Creating opportunities to respond to and harness children's concern for the environment.
- Review urban design and planning regulations to facilitate community cohesion and provide safe environments where children can move freely and safely to school and have access to play space for interaction with friends, by:
 - Development of 'village squares', parks, walkways, skate ramps and other facilities that encourage children and their families in active play.
 - Design and use of existing building and facilities that have the potential for multi-function use, for example, school buildings as centres for children and families after hours.
 - Working with local cultural groups to incorporate cultural elements in public places.
 - Safe and energy-efficient houses that minimise use of toxic materials.
- Support cultural, healing, community development and capacity-building programs for Indigenous communities.
- Provide access to appropriate housing, safe water and sewerage in isolated communities.
- Adopt practices that minimise alcohol-related harm and violence through the control of supply.
- Review requirements for the physical environments of child care centres so that they are adequate spaces for children's development.

OUTCOME AREA 5

Improving economic security for families and reducing child poverty

RATIONALE FOR EFFORT

Children from backgrounds of poverty and disadvantage are at significantly higher risk of poor educational, health and social outcomes. Research exploring the social determinants of health and wellbeing, the factors which prevent crime and which give consideration to futures of nations, concludes that healthy human development and economic growth are fundamentally interdependent.

To break the cycle of poverty, children need to be nourished physically and intellectually and be positively and actively engaged in their communities. At its most basic, this means providing adequate housing and sanitation, transport and access to safe water. It also means ensuring that parents have the economic means to meet their children's needs for clothing, healthcare and good nutrition and that families and communities are free from violence. Investment in community infrastructure and employment will support best use of available and potential resources through networks that transcend traditional bureaucratic, professional, industry and government boundaries.

Access to reasonably remunerated employment would mean parents would be better able to meet their children's needs. Where those needs cannot be met by primary caregivers, investment in community infrastructure will foster social and community networks that enable children to access opportunities for learning and being involved with an affirming adult population.

Investment in reforms that increase equity in income distribution and work in order to reduce child poverty contribute to a reduced health welfare burden in the future and to building contributors to a strong economy as that generation of children reaches adulthood.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Monitor economic growth policies so that they do not have the unintended and undesirable effect of widening the gap between the rich and the poor.
- Index child tax benefits to the rate of inflation.
- Reduce net personal income taxes for families with children.
- Provide a disability tax credit for families caring for a disabled child at home.
- Consider an integrated child credit to bring together all income-related benefits and tax credit support for children into a single and reliable source of income.
- Provide children's services where they are most needed to offer families in disadvantaged areas early education, child care, health and family support and advice on employment opportunities.
- Offer incentives to businesses to invest financially in the communities where they are based. For example, they might support safe and sustainable infrastructure for community engagement (parks, gardens, community centres), offer child care and provide low cost buildings and free space for community organisations and services.

OUTCOME AREA 6

Achieving success in learning and social development

RATIONALE FOR EFFORT

Nurturing children's optimal development is both a human and ethical responsibility and also contributes to a nation's prosperity in the future. The rapid physical and cognitive development of young children, as well as the risk or protective factors that can develop from early experiences of socialisation, means that the early years of schooling are critical for children's social and educational development. It has been suggested that if children are not 'school-ready' when they start Year 1 they can remain behind throughout their formal schooling. School failure is known to be a risk factor for children when they need confidence to deal with the difficulties or adversities in their lives. A substantial number of young people in juvenile detention centres have been found to have previously undiagnosed learning difficulties that can lead to a cycle of disruptive behaviour.

There is a range of beliefs and policies about Early Childhood Education and Care (ECEC) and an emerging dialogue about the future direction of the ECEC sector. It is generally believed that good preschool education promotes the development of positive attitudes, skills and knowledge and enables children to take their place confidently as aware and active members of their family, school and community. The vulnerability children experience during transitional phases – beginning child care or entering school – is also now recognised. There is benefit to be gained from involving parents in child care and educational settings, both in teaching and in preparing them to support their children through change.

Educational and child care settings also provide an opportunity to build social skills and confidence through a range of cultural and community activities. These can range from drama, art and music programs to sporting and cultural programs such as language schools, traditional dance classes and programs with Elders. Indigenous communities and a range of other cultural groups have emphasised the important opportunity which exists to build positive cultural identity, strengthen family and cultural networks and build positive bridges across cultures while children are still young. A strong sense of identity and cultural pride can be significant protective factors later in life.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Use the opportunity provided by child care and early childhood education to engage families and link them to health and family support services and community, social, church, cultural and sporting groups through an integrated approach to program development.
- Promote an integrated approach to child care and early education that includes: outreach and home visiting; support for families and parents; support for good quality play, learning and child care experiences for children; primary and community health care, including advice about family health and child health and development; support for children and parents with special needs, including help getting access to specialised services; bringing in parents as partners to maximise a transfer of the skills that support ongoing learning at home and strengthening of family bonds.
- Promote the value of play for learning.
- Increase the number and quality of child care places.
 - Free part-time early education for three and four year olds;
 - Target curriculum development to the foundation stage, supporting the development of children aged three up to six;
 - New full or part-time child care places with start-up grants for childminders, crèches and after school activities;
 - Make child care quality better – standardising minimum registration requirements, inspections and approval of early education and child care;
 - Make child care more affordable through tax incentives;
 - Help parents find out what's available through local children's information services and a national information service for parents;

- Link employment advice to information on child care;
- Use needs-based planning for resource allocation;
- Integrate child care and early school services with other health, welfare and employment support services in areas of high need.
- Review early school programs to ensure that they are able to support the diversity of ability and 'school readiness' amongst children.
- Develop transition to school programs.
- Promote the adoption of optimal class and group sizes in the early school years.
- Identify learning difficulties or sensorimotor problems early and train staff to reduce the risk of the early obstacles (for example, bullying or isolation) that cause distress, create barriers to later learning and can set children on a negative trajectory.
- Promote cultural pride and bridging between traditional cultures of origin and contemporary Australian culture. In this way children feel their family's culture is valued and respected and children can be supported in negotiating their families' acceptance of their choices between traditional and contemporary Australian values.
- Support and celebrate cross-cultural and cross-generational connections through curriculum content and educational activities.

OUTCOME AREA 7

Protecting the safety of children

RATIONALE FOR EFFORT

Witnessing or experiencing violence can cause children significant distress. It can also cause a range of immediate health and behavioural problems, as well as mental health and behavioural problems later in life. A number of factors interact to determine the extent of the damage a child or young person may experience in the face of violence, abuse and neglect. These include the severity and duration; the age of onset; the presence of other risk factors; and the presence of protective factors to mitigate the impact or to provide coping mechanisms to deal with violence, abuse and neglect.

The brain develops in response to its environment. Clinical trials show anatomical, neuro-physiological and neurochemical changes are a common result of exposure to prolonged violence, abuse or neglect in childhood. When a child adopts hyper-vigilant or avoidance mechanisms to cope with an unsafe environment, this chronic reactivity creates neurochemical changes that can lead to anxiety, depression, problems with anger management, impulsive sexuality, self-harming and excessive risk-taking later in life. This places children who have been exposed to acute or longstanding distress, overwhelming anxiety, or trauma, at increased risk of mental health problems and self-harming behaviours, including suicide, substance use and unsafe sexual behaviours. Chronic mental health problems that can occur include post-traumatic stress disorder, dissociation, somatic disorders and suicidality.

In considering the impact of violence in the early years, it is important to emphasise that recovery from trauma is possible, given reduction of the risk factors, interventions to establish protective factors and links with appropriate therapies. A person's ability to recover from difficulties, or even become stronger as a result of adversity, is known as resilience. There is now a significant body of literature demonstrating that therapies that build strengths and interventions that reduce identifiable risk factors and build protective factors, support recovery and help develop resilience. The earlier the intervention occurs to protect the child from trauma and to support the development of protective factors in themselves, their family, at school or in the community, the greater the likelihood that negative mental health consequences can be reduced or overcome. Intervention and support for the parent also needs to occur to support them as a primary protective factor in a child's life and to prevent intergenerational transmission of trauma.

Worldwide, injury is a leading cause of death in childhood and a major cause of morbidity and long-term disability. Children under eight years have higher rates of injury. Childhood injuries can result in

significant impairments to physical functioning that can have long-term impacts on other outcomes for children, such as educational attainment and socialisation. Among other things, injury can also diminish the quality of childhood through decreased ability to engage in normal play activities.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Develop mechanisms and processes through which information moves rapidly back and forth among services. This will mean that those affected by violence – usually women and children – can be connected to services that can remove them from danger and link them to housing and income support, counselling and peer support.
- Review housing options so that refuges do not remove women from their families, friends and cultural groups, nor children from families, culture, schools and friendship networks, since these provide key protective factors that support recovery and help build resilience.
- Build partnerships with Elders of cultural groups to try other approaches. For example, Indigenous programs operate which remove the male perpetrator and place him in a 'men's house' where Elders take charge of behaviour change strategies based around strengthening connections with culture. Such programs build strengths and values that prohibit violence and provide coping mechanisms to reduce the risk of self-harming and harm.
- Invest in evaluated perpetrator programs and encourage the police to recommend them and the courts to order perpetrators to participate.
- Provide services that promote and support recovery and build resilience once women and children (and particularly children on their own) leave a violent or abusive home.
- Protect children from abuse in foster care and in institutions by, for example, conducting appropriate background checks in recruiting foster families and staff of institutions and their support services.
- Minimise the number of children going into care by providing support to parents, family strength initiatives, intensive family support, drug and alcohol services and Indigenous family support.
- Support the Aboriginal and Torres Strait Islander Principle in relation to foster care placement and adoption.
- Place unaccompanied refugee minors in the community where risk factors can be minimised and protective factors put in place and provide support to children and young people released out of detention into the community.
- Develop and implement processes for helping parents with mental health or alcohol or substance problems who may be at risk of having their children enter care.
- Support stability of child placements.
- Support pool and fence safety initiatives.
- Support programs and activities that promote safe sleeping practices for infants.

OUTCOME AREA 8

Promoting connections across generations, families, cultures and communities

RATIONALE FOR EFFORT

Research in a range of disciplines demonstrates the benefits of multi-generational connections in families and communities. It also emphasises the role strong cultural identity and cultural pride can play as protective factors for individuals and communities. At the same time, there is evidence of the stress created in families as the generations face the challenge of wanting to retain traditional cultures and norms while seeking to find belonging among peers in a mainstream society that is often quite different. In some of Australia's capital cities, up to 25% of the residents are born overseas or are the children of non-English speaking parents. Indigenous Australians have grappled with saving their culture while building constructive links with European Australians. As family and community cohesiveness are major protective factors in adversity there is an imperative to promote and to protect connections across generations, cultures and communities.

Governments now consider social capital building when new developments are proposed. A number of countries have adopted strategies that target disadvantaged areas with community development projects to foster actively engaged, caring communities where residents feel safe and where children are safe. Some of these strategies work by engaging the community in volunteer home visiting and family support, which help to break down the isolation experienced by some young mothers and build new friendship and support networks. Internationally, a growing community of interest is promoting and researching intergenerational programs where schools adopt nursing homes, where older citizens mentor and support children from low literacy backgrounds, pensioner groups adopt schools and so on.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Provide opportunities to strengthen children's links with their parents' or grandparents' cultures, such as a multicultural, bilingual curriculum to generate a sense of belonging and the value of the culture of origin.
- Support connections across families, generations and cultures through a targeted approach, using:
 - action research to learn the views of people from different cultures, to understand their strengths and to learn their childrearing practices;
 - sensitivity and respect in order to understand and build on common ground in childrearing and family life;
 - community strengthening projects, partnership building processes, shared achievements to build the relationships which underpin protective factors for children.
- Involve children in projects, festivals and day to day activities to build bridges across cultures and generations, creating connectedness and an appreciation of diversity.
- Teach children social engagement and responsibility by involving young children in community projects, such as land care groups, which provide opportunities to form stable attachments with nurturing adults and strong, supportive relationships with role models and mentors inside and outside their families.
- Create opportunities for older people to provide mentoring and support to isolated young families.
- Link primary schools and aged care facilities through entertainment and visitation projects.
- Link older people to primary schools to support literacy and numeracy initiatives.
- Support intergenerational programming and planning practices that build links between the generations at the local level.
- Build mental health promoting schools that strengthen life skills and resilience, foster a supportive school environment and develop partnerships between school, home and community.

OUTCOME AREA 9**Increasing children's participation: policy action, awareness raising and advocacy****RATIONALE FOR EFFORT**

In both New South Wales and Queensland, strong policy and program commitments have been made to increasing children's participation in information gathering and decision-making. They recognise the contribution children have to make and advocate to agencies that the needs of the whole child be considered in policy and program development. Children have valuable knowledge to contribute to developing and evaluating the policies and services that affect them and consideration needs to be given to how children can be involved in making decisions about issues that affect them. Consultations to date produce the following key themes:

- The need to develop a more rounded view of children's needs as a basis for more effective policy development and service delivery.
- Recognition that children are citizens and their rights need to be strengthened in legislation, policies and practices and that they have a right to express their views.
- An emphasis on the empowerment and support of families and communities as the most effective way of supporting children.
- The main areas of children's concerns and needs which must be addressed are health and wellbeing; learning and education; play, leisure and cultural opportunities; children in crisis; child poverty and youth homelessness; discrimination in children's lives; supporting children with disabilities; responding to and harnessing children's concern for the environment.
- The need for mechanisms that engage children in giving feedback for the evaluation of programs and services they receive.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Establish a position of Commissioner for Children and Young People in jurisdictions that do not have one, including an Australian Commissioner for Children and Young People.
- Establish annual forums where children and the carers of very young children can raise and debate issues of concern to them.
- Strengthen and further develop processes so that the voices of children and the carers of very young children are heard on all issues that have the potential to affect their wellbeing.
- Develop public education to generate community-wide respect for all children, responsiveness to their needs and recognition that children have valuable knowledge to contribute to developing and evaluating the policies and services that affect them.
- Give children support and opportunity to prepare for consultations on issues that affect them.
- Require that all major government and organisational initiatives consider the implications of policy and action for children.
- Advocate for the improvement and enhancement of programs and services in response to feedback from children.
- Support national and local level consultations with injections of funds for initiatives including continued funding for organisations that connect with children at risk of violence, abuse, neglect, or homelessness and local bodies, including sports and youth clubs and child care services, to encourage children's involvement in their structures.
- Invite research bodies to submit specific proposals for projects that will develop and validate ways to obtain children's feedback on the services and supports offered to them.
- Develop action research and participative evaluation methods for use by groups and organisations working with and for children.
- Develop guidelines for good practice in how to involve children in decision-making on issues that affect them.
- Commission national reports on the implementation of the Convention on the Rights of the Child.

UNDERPINNING STRATEGIES FOR ACHIEVING OUTCOMES

- Developing a skilled and safe workforce.
- Evidence based policy and program development and implementation.
- Redesigning systems and services to support coordinated action.
- A sustained and sustainable communication strategy to focus community and government attention and action.

A skilled and safe workforce

RATIONALE FOR EFFORT

A number of recent Australian analyses point to the need for priority effort in building a skilled, safe and sustainable workforce for the early years. Education and training remain the lynchpin of all workforce development strategies for providing innovative, responsive, high quality programs and services. Workplace reform also needs to include comprehensive workforce development strategies that foster proportionally representative employment of the cultural groups living in an area, both to maximise responsiveness on sensitive issues and to signal optimism for children from diverse communities who have no role models of possible futures.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- **Build an appropriate workforce:**
 - Training and education at school, undergraduate, postgraduate, professional development and on-the-job mentoring and support.
 - Provide continuing professional development for early childhood health care workers on risk and protective factors for child wellbeing.
 - Interdisciplinary training opportunities.
 - Regulation of the workforce that works towards diminishing inter professional turf wars, recognises those with informal/life experience based skills and the role of traditional healers in Indigenous communities and other cultures where appropriate.
 - Strategies to address the special workforce needs of rural and remote and underserved outer urban areas.
 - Strategies to attract teachers, nurses and child care workers who have left because of burnout or inappropriate and/or culturally insensitive organisational practice back into the workforce.
 - Integrated whole of government workforce strategies across the full range of human services.
- **Retain skilled workers:**
 - Attention to reimbursement and career structures across the full range of settings to maximise attraction and retention of staff and minimise unproductive competition for the existing workforce.
 - Organisational policies and practices to support the workforce once employed.
 - Appropriate industrial relations processes and management practices.
 - Recruitment and retention initiatives that resource organisations to act on gender issues, to use elders and appropriate community members as support people for indigenous staff and staff from culturally and linguistically diverse backgrounds.
 - The provision of scholarships and incentives for further education and continuing professional development.
 - Promoting early childhood education and teaching as desirable and attractive professional options for young people choosing a career and ensure that workplace policies and practices, remuneration and conditions support those choices.
 - Reduction and eventual elimination of the artificial split between child care and early education.

Evidence based policy and program development and implementation

RATIONALE FOR EFFORT

The rich findings of interdisciplinary research on the impact of various factors in children's early years need to be synthesised to identify the variables of greatest concern and to design evaluation strategies that build on interventions in the settings through which children and their carers move. It is crucial to find ways to involve children in evaluating interventions and services for them. Ways for carers to make input and identifying who the primary carers may be across cultures, also need to be explored. Grappling with this complexity will produce meaningful and useful research and evaluation that can say what works and what does not, in what setting and for whom.

Australian action can be informed by the results of research and evaluation elsewhere, but Australian evaluation research and monitoring of impacts and outcomes will be necessary to ensure there are no unintended negative consequences of actions in our setting and that innovations in this country are credibly documented so that the world community can benefit from advances in knowledge here.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Establish data networks and coordinate collection of standardised or at least comparable indicators of health and wellbeing at national, state and territory and local government levels.
- Collect data on the key determinants of health and wellbeing.
- Support the best use of data by informing people about what data are available and where and linking datasets to enable analyses.
- Establish a data development agenda for Australia, to improve the quality, timeliness and validity of currently available data.
- Build funding for evaluation into the funding for interventions and plan collection of process and implementation data from the outset of any intervention.
- Establish effective strategies for dissemination of research and evaluation findings, with a focus on Australian evaluations that are not readily accessible.
- Support targeted research initiatives, including longitudinal studies for understanding:
 - children's development and wellbeing from birth to early adulthood and what influences a child's physical, behavioural and learning development;
 - the diversity of factors affecting children's health and wellbeing;
 - risk and protective factors – individual, family, friends, schools and communities;
 - how this information can form the basis of a directed policy-oriented research program.
- Provide long-term support for the Longitudinal Study of Australian Children (LSAC), enhanced by smaller but matching studies of high-risk populations underrepresented in the main study, including parallel studies of early interventions where LSAC can provide the control.
- Encourage action research initiatives at community level that focus on children under the age of six, and involve teachers, parents, guardians and community agencies. Direct the results of this research to helping communities understand how their children are doing and how best to respond to their needs, and local networks of agencies and communities who can set specific action plans to help their children both before and after they enter school.
- Support studies of children's time use to produce information about what children do, who they do it with and where they are, as the basis for evidence-based social policy planning, health promotion and family interventions.
- Develop and resource a multi-disciplinary priority research agenda for Australia.

Redesigning systems and services to support coordinated action

RATIONALE FOR EFFORT

Significant barriers impede development of coordinated, collaborative responses needed to comprehensively address the developmental needs of children and support their parents and other carers. They include structural barriers generated by funding silos or demarcation of departmental boundaries, barriers created by the nature of working relationships, one-dimensional approaches to issues and resource constraints affecting the capacity of organisations to establish working partnerships to achieve common goals.

Sometimes funding processes have not been updated to encourage the partnerships and innovations in service delivery needed to improve access and equity. The split of responsibilities across government departments can result in poor information sharing and reduced collaboration, within a single department's programs, between departments and between departments and the non-government sector. Differences among departments in jurisdictional or geographic demarcation are often a problem for community-based agencies trying to work in partnership with government. Community agencies are often required to work with several offices of the same department because geographic boundaries do not match the region covered by the agency. Geographic boundaries of regions or districts are not consistent between levels of government or between departments at State level. This also means that multiple representatives from one department sit on local interagency forums.

If governments want to generate efficient and effective collaboration in achieving outcomes for children, their families and significant others, they must begin by removing the barriers that impede collaboration and result in replication and waste.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Predicate system and service redesign on a commitment to involve stakeholders as partners and to foster an integrated approach to policy and program development through:
 - better coordination between government departments at national level and locally between statutory and voluntary agencies;
 - ongoing consultation and communication during the implementation of any strategy to make the continued engagement of both children and adults more likely.
- Undertake provider development to increase the number of well-managed organisations whose structures and workforce are appropriate to implementing new ways of working with children and their families.
- Improve the relationship and partnership between government as purchaser and the not-for-profit and private sectors as providers.
- Develop innovative models of service funding and delivery in rural, remote and under-served outer urban areas that allow best use of funds from multiple sources avoiding unnecessary program boundaries that reduce access.
- Promote integrated, coordinated program and service development.
- Funding formulas need to be flexible to allow for pooling of resources – for example, to support collaborative program development and to minimise replication and waste.
- Engage diverse cultural groups in needs analysis and program development, using a community development approach.
- Develop new models of care that respond to research on the risk factors intrinsic to institutionalisation of children and on the positive long-term benefits of building children's strengths through family and community connectedness.
- Government and non-government organisations and communities work together to ensure the safety of children through a coordinated, collaborative approach to prevention, early intervention, intervention and support, recovery and building resilience.
- Engage children and parents through a range of access points for prevention and early intervention,

including maternal child health programs, child care settings, playgroups, kindergartens, preschools, schools, child and community health, police 'fax-back' programs, General Practitioners (GPs).

- Establish integrated intervention response teams, including police, domestic violence services, housing, courts, corrections and local welfare and support agencies, to maximise the possibility of keeping children safe from danger in a sensitive and constructive manner.
- Adopt integrated approaches between domestic violence services, welfare and support services, schools and children and their carers to promote recovery and build resilience.

A sustained and sustainable communication strategy to focus community and government attention and action

RATIONALE FOR EFFORT

Without a high level of community awareness of the importance of the early years to the wellbeing of individuals and the community, sustained efforts are unlikely to eventuate. Effective communication and social marketing campaigns must be built on a foundation of sound research and there is no current Australian baseline to track the effect of prevention efforts, or to provide a starting point for future evaluation.

EXAMPLES OF ACTIONS TO ACHIEVE THIS OUTCOME

- Commissioning research to inform the development of persuasive communication efforts that aims to identify current knowledge, attitudes and beliefs about the importance of the early years and the need for investment in the early years.
- Developing a multi pronged social marketing campaign that includes well-researched and targeted materials and channels of communication and that engage people and organisations of high credibility to market segments to deliver or endorse messages and promote interpersonal communication.
- Broadening, strengthening and supporting the development of regional and local level networks and coalitions by injecting funds and providing other resources, including communications tools, establishment of participatory mechanisms and by sharing information.
- Developing effective knowledge transfer strategies so that innovation and good practice are disseminated to all those in a position to act on them.
- Identifying political, structural or financial barriers to the buy in and uptake of evidence based practice and policy and promoting awareness and discussion of how to reduce or eliminate them.

National indicators to track child wellbeing

Indicators of child wellbeing are needed to act as a warning system for child wellbeing and to help monitor the effects of policy changes and new programs. Such indicators provide population-level data that will improve our understanding of the wellbeing of the whole population and also identify those who are most vulnerable and allow interventions to be targeted more sensitively.

Performance indicators should ideally meet as many of the criteria outlined below as possible (which are not mutually exclusive). Performance indicators should:

- Provide useful information for evaluation and further planning.
- Reflect the efforts of the intervention rather than multiple other possible factors (ie. be specific).
- Detect the size and range of intervention achievements (ie. be sensitive).
- Be clearly related to the goals, objectives and strategies of the intervention.
- Reflect the priorities of stakeholders.
- Be specific: for example to a specific behaviour among a particular group within a defined geographic space and time.
- Be measurable: in that it is feasible to measure them and the data are reliable and valid.
- Be attainable: some change should be expected from the planned strategies within the timeframe of the intervention.
- Be affordable or available: for example already being collected and likely to continue to be collected or able to be collected with minimal modifications of existing data collections.

The table opposite presents a set of possible domains for indicators of child wellbeing, based on work that has been conducted in Victoria, Queensland and NSW. These are restricted to short-term indicators for monitoring children aged 0-8 years and do not include longer-term outcomes such as high school retention, youth employment, criminality and drug use.

Suggested domains for indicators of child wellbeing

<p>HEALTH</p> <p>Parental health</p> <ul style="list-style-type: none"> - Maternal age/adolescent births - Reported wellbeing - Received antenatal care <p>Exposure to smoke</p> <ul style="list-style-type: none"> - Smoking through pregnancy - Parental smoking in home <p>Child nutrition</p> <ul style="list-style-type: none"> - Breastfeeding - Child's diet - Parent's diet - Child's Body Mass Index - Food security <p>Child emotional wellbeing</p>	<p>Child mortality</p> <ul style="list-style-type: none"> - Death rates - Youth suicide <p>Child welfare – abuse & neglect</p> <p>Notification rates</p> <p>Child morbidity</p> <ul style="list-style-type: none"> - Birth weight - Top causes of morbidity - Parental rating of child health - Hospitalisation due to injury <p>Child disabilities</p>
<p>FAMILY</p> <p>Family functioning</p> <p>Parental style</p>	<p>Parental education</p> <ul style="list-style-type: none"> - Parental literacy - Parental education <p>Parental employment</p> <ul style="list-style-type: none"> - Parental employment - Family income
<p>EDUCATION</p> <p>Child Education – preschool (3-5)</p> <ul style="list-style-type: none"> - Attendance <p>Child Education – school</p> <ul style="list-style-type: none"> - Enrolment - Absenteeism - Class sizes 	<p>Child literacy</p> <ul style="list-style-type: none"> - Parental time reading to child - Benchmark for reading - Literacy <p>Child numeracy</p>
<p>CHILD ENVIRONMENT</p> <p>Safety</p> <ul style="list-style-type: none"> - Domestic violence reports - Parents feeling safe in community - Victims of crime - Child protection notifications - Perceptions of safety <p>Social environment – social connections</p> <ul style="list-style-type: none"> - Formal supports for parents - Social relationships & supports - School relationships 	<p>Housing status</p> <ul style="list-style-type: none"> - Home tenure - Persons per room in public housing - Young clients of SAAP <p>Transport accessibility</p> <ul style="list-style-type: none"> - Air quality
<p>SERVICE DELIVERY</p> <p>Childcare</p> <ul style="list-style-type: none"> - Attendance by type - Quality - Affordability <p>Play & physical activity</p> <ul style="list-style-type: none"> - Participation - Parks and programs 	<p>Early detection & intervention</p> <ul style="list-style-type: none"> - Immunisation - Referral to services for speech, language, developmental, behavioural problems - Dental treatment