Towards the development of a national agenda for early childhood

Submission to the Commonwealth Task Force on Child Development, Health and Wellbeing

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Introduction

Early childhood is a crucial period in human development, during which the foundations for future wellbeing are established.

In its mission of working for an Australia free of poverty, the Brotherhood of St Laurence acknowledges the importance of providing comprehensive services and supports to children and their parents during these critical early years, not just for their immediate benefits, but also to prevent the development of future difficulties.

At present, early childhood services across Australia are characterised by a lack of integration and coordination (OECD 2001). Three levels of government, operating through a number of program areas (e.g. health, community services, education) are involved in policy, funding and regulation and a range of providers are responsible for services. This has led to a service system that is fragmented and hard to navigate.

In addition, not everyone finds equal value in the use of existing antenatal and early childhood services. Often those who could most benefit from these services, to help moderate the effects of the stressful or disadvantaged environments in which they live, have less access, or experience a service response that is insensitive, or fails to meet their needs (Ochiltree 1999). Specific efforts are required to create antenatal and early childhood services, which better address the needs of ALL children and parents, particularly those who are more vulnerable. It is also vital that these services are better linked to each other and to other service systems.

In our role as a provider of innovative early childhood services and as a research organisation with a strong focus on children and disadvantage, the Brotherhood of St Laurence welcomes the consultation paper and strongly endorses the development of a National Agenda for Early Childhood. This national framework is urgently required in order to demonstrate Australia’s commitment to our children and to provide a clear ‘road-map’ for promoting better outcomes for Australia’s children and their families.

We welcome this opportunity to contribute to the discussion.
Comments

Background and context
The consultation paper begins with a good general overview of the major issues in the field of early childhood. Important amongst these is the acknowledgment that ‘what happens during the first months and years of life absolutely does matter, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or a fragile base for what follows’ (Shonkoff & Phillips 2000 cited in Ochiltree & Moore 2001, p.12).

Negative environmental influences such as poverty, understimulation, family discord, abuse or neglect during the early years of life can delay or disrupt learning and social and emotional development, often with long term adverse consequences (Ochiltree & Moore 2001). It is vital that children are protected against such risk factors in these critical early years and instead experience environments that promote their wellbeing. Such efforts need to begin as early as possible, particularly for children growing up in disadvantaged environments, as they are significantly more likely to experience health, learning, emotional and behavioural problems than other children.

Given the broad range of risk factors that can impact on child development, it is clear that improving outcomes for children will require effort on a number of fronts simultaneously.

Indeed, the life chances of vulnerable children will not be improved unless their parents have greater access to ongoing, adequately paid employment, or fairer levels of income support, and more stable and affordable housing is made available. Improved outcomes will also be less likely unless there is better access to specialist services for children with additional needs as well as for parents with a mental illness (not just serious mental illness), problematic substance use, or a physical, sensory or intellectual disability. Good outcomes will also be less likely in the absence of tolerance, acceptance and a sense of connectedness within the community. Clearly change in one system is not enough.

However, that said, it is also without question that a well developed antenatal and early childhood service system is a key resource for promoting healthy development and minimising negative outcomes. While these services are required for every child, it is especially important that they are able to meet the needs of vulnerable children and their parents.
Aims, principles, goals and outcomes

In general the Brotherhood of St Laurence (BSL) endorses the proposed aims, principles and goals and outcomes for the national agenda. The BSL particularly endorses the focus on:

- a strengths based, holistic and inclusive approach to policy development
- improving coordination between Commonwealth, state/territory and local governments
- developing a strong Australian evidence base
- reducing the disparity in outcomes between groups of Australian children.

In relation to this last point, the BSL strongly endorses the emphasis on improving outcomes for Indigenous children and their families. Other key groups who may require attention include:

- families on low incomes
- sole parent families
- families with young parents (under 20 years)
- families from culturally and linguistically diverse (CALD) backgrounds (including refugees)
- families that are homeless or at risk of homelessness
- families in which a parent or child has a physical, sensory and/or intellectual disability
- families in which a parent has a mental illness, or substance abuse disorder
- families who have had contact with child protection services, or the justice system
- families who have experienced domestic violence.

The one characteristic that most vulnerable families have in common is that they are living in poverty. The consultation paper makes a number of references to the negative impacts of poverty on children, a finding our work over many years has demonstrated. We believe that it is important to highlight this issue more prominently within the National Agenda. In this respect additional outcomes should include:

- reduced numbers of children living in poverty
- increased adequacy of Family Tax Benefit for disadvantaged families
- increased affordability of early childhood services.

The more services cost, the greater the risk that some users (however small a number) will not use the service, or will underutilise it, or discontinue using the service. Currently cost pressures affect: antenatal care (e.g. shared care where a GP does not bulk bill and the cost of methadone for pregnant women with problematic substance use); health care (prescription medicines and consultations if GPs and specialists do not bulk bill); child-care; preschool; and primary school (excursions, camps, uniforms, books and voluntary contributions). Urgent action is required to address these cost barriers.

In addition to being affordable, the BSL would also argue that antenatal and early childhood services also need: to be well publicised; provide prompt assistance; be geographically accessible; provide outreach or support with transport; provide a family-friendly and culturally inclusive environment; employ skilled and responsive staff working from a family-centred, culturally sensitive perspective; promote social connectedness through informal supports; and seek to establish strong reciprocal links with other relevant services (universal and specialist).

Other key principles that should underpin the development of a National Agenda are:

- a commitment to children’s rights as citizens with rights independent of their caregivers
- a commitment to community involvement in service development and service delivery
- a commitment to full access and inclusion
- a commitment to adequate resourcing

Finally it is unclear why the National Agenda is only focused on children 0-5 years, which in many states would lead to a failure to include primary schooling as an area of interest. It is therefore
suggested that the focus should be extended to age 6, or even up to age 8, to encompass the period of transition to primary school.

**Key action areas**

In general the Brotherhood of St Laurence (BSL) endorses the proposed focus on:

- early child and maternal health
- early learning and care
- supporting child-friendly communities

However, in saying this, it is argued that insufficient attention has been given to the role of fathers. A comprehensive early childhood National Agenda needs to adopt a whole-of-family focus. The lack of emphasis on the health, wellbeing and involvement of fathers and the lack of attention to promoting positive parental and whole-of-family relationships are serious omissions.

Furthermore, while early learning and care is an important action area, it is important to emphasise that learning begins from birth. Confining the focus of attention to ‘the year before formal school entry’ or ‘transition to school’ may be too little, too late for some children. Greater attention is required to providing children with experiences that promote positive physical, cognitive, emotional and social development as early as possible. Some children living in highly disadvantaged environments may need additional opportunities well before preschool.

It is suggested that another key action area should be promoting service reform with a view to:

- linking and enhancing universal early childhood services to provide a ‘seamless’ system from pregnancy to transition to school
- improving links between universal and specialist services (child and adult)

While attention needs to be given to improving access to the current suite of universal services, urgent attention is also required to improve access to a more ‘specialist’ level of assistance for children and parent’s with additional needs. Many vulnerable families need assistance that is beyond the time and/or skills of a generalist system. At present, however, a number of difficulties occur in linking children and parents into specialist services from the universal service platform. In Victoria, specialist services such as family support services, early intervention services and child and adolescent mental health have waiting lists and/or restrictive eligibility criteria. Improvements could be achieved through an enhancement of the universal base, or through improved access to specialist children’s and adult services.

It is also important that all services begin to regard themselves as part of the broader system and as such, better links between children’s services and adults’ services such as mental health, drug and alcohol services and housing support are also required. These later services also need to be given the mandate to consider the adult’s children as clients in their own right, given that children in these circumstances are at higher risk of adverse outcomes and may need particular assistance or at minimum, preventive support.

Finally, it is worth noting that as an outcome of the United Nations General Assembly Special Session on Children, Australia has been called upon to produce a National Plan of Action to promote and protect the human rights of children (to be completed by the end of 2003). As this is being undertaken by the Department of Family and Community Services it would seem useful to see how the Plan and the Agenda can relate.
Support for the action areas

The Brotherhood of St Laurence (BSL) strongly endorses the proposals to:

- identify current expenditure in relation to early childhood and critically audit existing programs
- define research priorities in order to strengthen the existing evidence base and ensure that more locally relevant research is undertaken
- promote innovation and information sharing
- define appropriate indicators and institute suitable monitoring and review processes

In relation to this, the National Mental Health Strategy could be used as a 'blueprint' for a framework that deals with an area of national importance.

Through successive National Mental Health Plans the Commonwealth, state and territory governments have been able to establish key action areas, promote uniform national standards in service delivery, improve coordination and information sharing between governments and services, guide research, raise community awareness, involve consumers and carers and establish and map progress towards agreed outcomes.

A similar approach is required in the early childhood arena.
References

Ochiltree, G 1999, *The first three years: An opinion on the need for and direction of early childhood interventions to improve the life chances of children in disadvantaged families*, Brotherhood of St Laurence, Melbourne.


Contact information

For further information regarding this submission please contact:
Stephen Carbone, Research and Policy Project Manager
Phone: (03) 9483-1385
E-mail: scarbone@bsl.org.au