Foreword

The Caring Futures Institute at Flinders University is Australia's first dedicated research entity for the study of self-care and caring solutions across the life course (https://www.flinders.edu.au/caring-futures-institute). With over 200 members, we develop, evaluate, and translate impactful solutions addressing the wicked problems facing the health, care, community, and social systems that support the health, development, social and economic wellbeing our communities.

The Flinders Caring Futures Institute "Healthy Start to Life" area of focus is generating and embedding evidence-informed policy and practice to ensure children and their families can thrive. That is, from the periconceptual period onwards, caregivers and their children can be healthy, have access to good food, a stimulating environment, and be nurtured and cared for through children's formative years. We commend the South Australian Government for inquiring into the extent to which South Australian families are supported in the first 1000 days of a child's life as this pertains to our focus and expertise.

First 1000 days of life

Purpose and Aims

- **What is the core purpose of early childhood education and care for 0-3 year old children?**

Recommendation: Early childhood education and care (ECEC) needs to take a broader focus on the health, development, wellbeing, and social needs of children to ensure ECEC is good for children, good for parents, and good for families. We need a focus on better outcomes for children, as well as better outcomes for parents, to ensure they can participate meaningfully in the social and economic growth of the state (1).

The multiple and complex factors that lead to some children not receiving the best start to life are best understood and addressed through the social determinants of health (2). Within the Flinders Caring Futures Institute, we advocate for approaching this issue with a universal prevention and early intervention lens. While targeted treatment and/or acute intervention are important, to support ***all*** South Australian children in their first years of life, we need a universally accessible Early Years System. Parents and caregivers are central to this, as detailed in South Australia's Early Learning Strategy (3). Our research shows that the current Early Years System overlooks the needs of parents and caregivers (1, 4). Making space for parents and caregivers to access the support they need for their own health and wellbeing must be a core purpose within ECEC. There needs to be meaningful partnership between ECEC and parents and caregivers, to support their own health and wellbeing, to ultimately support the growth, health, and development of all South Australian children.

- **What are the secondary, but still important, purposes of ECEC for 0-3 year old children?**

Recommendation: ECEC needs to consider health as foundational to growth and development. ECEC should be supported by the government to provide a range of health and social services and touchpoints, acting as a 'one stop shop' for children and their families. This can include innovative models of community care such as health and development checks (5) and interprofessional student-led paediatric clinics (6).

While early education is an important part of childhood development, it is not the only important component. There is a plethora of data on the importance of the first 1000 days for child health and wellbeing and the disconnection from, and between, health, education, and social services for families most at risk (1). Therefore, there is an important

opportunity for ECEC to function as the hub of an Early Child Health and Development System, as outlined in the Royal Commission Interim Report (7). ECEC can, and should, partner with health and social services to monitor and support health (e.g., vision, speech, hearing, hygiene), wellbeing, and health related behaviours, to support all South Australian children to thrive. Furthermore, we know that children often miss essential points of early intervention which may impede opportunities to assist children and parents in meeting children's health and developmental outcomes prior to entering school. Identifying health and developmental vulnerabilities early in a child's life is critical for early intervention to achieve better short-, medium- and long-term outcomes (3, 8, 9).

- **What is, or should be, the role of ECEC be in redressing disadvantage (if any)?**

Recommendation: ECEC should provide universal access to high quality early education and care from birth as an equitable strategy to enhance school-readiness of all South Australian children (10, 11).

To achieve a universal and equitable Early Years System, services and supports should be delivered where people are in the community. ECEC is a suitable setting to provide this universal support as it has the most reach within the Early Years System prior to primary school entry. Universal access is important because South Australian children across the board are not faring well. As noted in the Royal Commission Interim Report (7), the Australian Early Development Census reported improved equity regarding developmental vulnerability across South Australia, but as a result of increasing developmental vulnerability for children from higher socio-economic areas, not due to decreasing rates of vulnerability across the state (12).

Further, many of the characteristics we commonly associate with those living in vulnerable, disadvantaged, or minority circumstances, represent more than a fifth of South Australian or Australian families (4, 11). As outlined in the National Early Years Strategy Summit (13), we need an Early Years System that includes universal services and support structures that are responsive and bespoke to local contexts. Current universal services, designed to meet the needs of the 'average' family, are unlikely to provide the support required by a large proportion of the population, who do not fit this profile or definition (4). Therefore, it is crucial that South Australia redefines universal services and supports to be accessible to everyone in a way that reflects the diversity of the population. As identified in the Interim Report, universal not uniform (7).

Aboriginal and/or Torres Strait Islander families in Australia experience significant disadvantage in health outcomes compared to their non-Indigenous counterparts. Research within the Flinders University Caring Futures Institute has highlighted a lack of continuity of care for Aboriginal families accessing mainstream health services in the antenatal period and throughout an infant's first 1000 days (14, 15). Therefore, ECEC needs to seriously consider cultural safety and build on the strengths of Aboriginal peoples, and their cultures, to improve and support the health of our Aboriginal and/or Torres Strait Islander children as well as culturally responsive pedagogy to support their development. We would also expect ECEC to align with the National Aboriginal and Torres Strait Islander Early Childhood Strategy (41) and the Aboriginal Education Strategy (16).

- **What supports do parents and caregivers need from ECEC service providers in the first 1000 days of a child's life (including during pregnancy)?**

Recommendation: ECEC should provide sources of credible information, and referral pathways to help centralise, coordinate, and connect families with the outward facing services they need. These could be student-led as demonstrated at Flinders University (6). They should also work to provide services to parents and caregivers onsite, reflecting the health and wellbeing needs of caregivers and families, as well as children. For example, an innovative prevention program focussed on parent and caregiver wellbeing currently in development by Flinders University Caring Futures Institute, Wellbeing SA and Child and Family Health Services, could be provided through ECEC settings.

In South Australia, Early Years services are currently siloed, and caregivers and service providers face difficulties navigating the system (1). This disconnection has resulted in inefficient referral pathways and system-produced barriers, presenting at times insurmountable gaps for families and children at greatest risk (1, 11, 17, 18). ECEC settings have been described as 'the glue' that link parents and caregivers with other services, but we understand this is not

currently supported or funded as core business (1, 7). We need coordination and clear pathways that support parents and caregivers to access and engage with the services they need when they need it, and ECEC presents a great opportunity to provide this formalised, centralised service. In addition, ECEC could be a site in which education and support on health literacy and the broader Early Years System could be provided.

- **What services could be co-located or integrated for families of children 0-3 years of age within ECEC settings (including during pregnancy)?**

Recommendation: ECEC settings should be a centralised hub offering innovative models of health, development, and social services, additional to supporting parents' and caregivers' health and digital literacy and wellbeing. Innovative programs that support parent capacity, such as the 'Healthy Conversations @ Playgroups' program, could be delivered within an ECEC setting (19).

ECEC settings offer a great opportunity for a centralised hub for health, growth, and development in the Early Years. Given ECEC sites already offer on average between 1-4 additional services, inclusive of speech pathology, health and parenting support, and playgroups (7), there is innovative opportunity to serve as sites for interprofessional, student-led services, such as the Flinders University Health2Go clinics (6). Services could be extended to include vision, hearing and other neurosensory assessment to ensure that children are school-ready. We know that such models have proven benefits for children and therefore should extend to include early education, nursing, and allied health services. This will improve access to comprehensive early education and health care, provide workforce opportunity and reduce the siloing that currently exists in the Early Years System.

Furthermore, ECEC could be a site for universal health and development screening beyond current weight and height tracking, to include key health behaviours, such as diet, physical activity, sleep, and sedentary behaviours. This would allow for early intervention and advice to support the development of life-long positive health behaviours in the years when children are primed to learn, and before growth trajectories are negatively impacted. Early universal screening also provides the opportunity to build caregiver-provider rapport and reduce stigma around discussing and changing child health behaviours. We have developed short screening tools (20) to measure such behaviours and are currently researching the feasibility and acceptability of health behaviour screening in Primary Health Care settings (21).

- **(How) should government incentivise ECEC services to provide more than simply education and care for children 0-3 years of age?**

Recommendation: The government should consider subsidies, financial incentives, or other benefits that encourage ECEC sites to host health professionals or other services beyond ECEC. They could expand the recent announcement of tri-university student placements to the ECEC sector and strengthen the monitoring and accountability of national standards in ECEC settings (22). Services could run student-led clinics, including mobile vans that can service the state in private and public ECEC services to ensure equitable access. Families could be incentivised to access primary care services via ECEC settings.

Quality

- **What does high-quality ECEC service provision for children 0-3 years deliver? What are the markers of optimal program delivery?**

Recommendation: Deliver health, development and social improvements for children and their families to ensure optimal health, development, and school readiness. Optimal markers include family-centred, culturally safe, interprofessional, sustainable, and evidence-informed programs that are supported via public-private partnerships.

High-quality ECEC service provision should align with comprehensive quality standards. Food provision in ECEC services provides a useful case study for how we can ensure high-quality ECEC service provision. The Australian Children's Education and Care Quality Authority National Quality Standards states that ECEC service provision should include nutritious, high-quality food-provision (Element 2.1.3 Healthy Eating and Physical Activity are promoted and

appropriate for each child) (22). However, our research shows that ECEC are not fulfilling children's rights to healthy food according to the UN Convention Rights of the Child (23, 24). High-quality ECEC service provision ***should*** provide high-quality, subsidised food, prepared on-site. There are evidence-informed initiatives in South Australia that can support ECEC settings in achieving these National Quality Standards, such as Start Right-Eat Right, a state-wide nutrition award scheme (25) and VegKIT programs and initiatives (26, 27). Our evaluation of the Start Right-Eat Right (SRER) program in South Australia demonstrated that staff mealtime practices were more consistent with guidelines when centres were engaged in the SRER nutrition award scheme (25). Our more recent program of research (VegKIT) (26) supports this, demonstrating that staff mealtime environment training has a positive effect on educator's knowledge and is therefore an important strategy for improving children's nutrition whilst in care (study under peer-review). Training of ECEC staff is crucial for improving children's food environments in ECEC and should be a nationally funded strategy to support healthy eating to a high quality within ECEC. High quality food provision should also prioritise parent-involvement. Policy is needed at a national level to ensure consistent high-quality nutrition standards across ECEC that facilitate the provision of nutritious food, delivery of nutrition-focused curriculums and positive mealtime environments for all children in care (25).

- **(How) does quality differ for different cohorts of children?**

Recommendation: A South Australian birth cohort should be established (modelled on Longitudinal Study of Australian Children (28) and GenV (29)) to understand how we can predict, prevent, and treat the health and wellbeing of children and their families and tailor solutions through ECEC settings with an equity lens.

Children living with disadvantage are at risk of not receiving adequate services (11). Services provided to CALD populations and Aboriginal and/or Torres Strait Islander populations need to be culturally safe and delivered in an appropriate manner to ensure their needs are being adequately and suitably met (17). The social determinants of health culminate to directly impact on the quality of services provided for different cohorts of children (30). We need higher quality programs to bridge the structural and social determinants of health deficits in areas where children and families experience high, or multiple levels of disadvantage (31), but require population-level, cohort data to do this effectively and efficiently.

- **Where is innovation happening in programming and service delivery? What does that look like?**

Recommendation: A centralised Early Years Data System should be established to track the health and development of individual children in South Australia. Additionally, evidence-informed, effective, and sustainable new models of care should be scaled up through ECEC services in South Australia. Examples from Flinders University includes ECEC child health and development checks (5), Healthy Conversations @ Playgroups (19), student-led interprofessional clinics (6), and a decision aid for policy and practice to prevent child obesity and other childhood illnesses (32).

Providing a single point of leadership and governance is an existing successful innovation for service delivery, providing coordination and collaboration across the Early Years System. However, as outlined in the Australia's Children report (33) there are currently no national indicators for how children and families are interacting with and moving through health and care systems. Without this understanding, we do not know how children are tracking developmentally, how families are accessing, engaging, and moving through the system, or where the issues are (such as referral processes, waitlists for services, follow-up processes). Therefore, South Australia needs an innovative Early Years Data System where data related to the health and development of individual children and families is centralised under Government guardianship, incorporating a core outcome set developed in partnership with key stakeholders (43), as supported in the interim report (7).

The implementation of child development screening tools from the Flinders Caring Futures Institute is another successful innovation. To achieve the Early Learning Strategy goal of expanding the reach of screening to 80% of South Australian children, the South Australian Government is piloting two new programs using these tools to expand free child development checks (3). By bringing child health and development screening to where families are and utilising the workforce at childcare and playgroups, these pilots will help reach children in households of lower-socioeconomic

status that are less likely to present for screening (34) and reach the 80% goal. This commitment to universal screening for prevention and early intervention should be a key priority of the Strategy.

An additional innovation in this space is the fast-tracking of evidence synthesis and adoption to support use in policy and practice settings, through the TOPCHILD Collaboration and the Centre for Research Excellence EPOCH-Translate (35, 36, 37). This work aims to assist in the implementation of programs or interventions that are responsive and flexible to the changing needs of Australian families, and will be tailored to caregiver, practitioner and decision maker needs (35, 36, 37). Our living evidence base of parent-focussed program elements brings together 50 trials and over 38,000 parent-infant pairs. This evidence base platform can drive more effective, scalable, sustainable and integrated supports into the Early Years System, including ECEC settings, and can support tailoring to different priority populations (19, 27, 38, 39, 40).

- **How can ECEC service providers include parents and caregivers in education and information to support wellbeing and attachment in early years?**

Recommendation: Work in partnership with parents and caregivers to provide consistency and collaboration across ECEC settings and the home. ECEC should engage with parents and caregivers to innovate, redesign, and codesign models of care to improve opportunities for families and children, particularly those experiencing disadvantage. This is an achievable and sustainable approach as demonstrated through the work at the Flinders University Caring Futures Institute (41).

As outlined in the Royal Commission Interim Report, the home environment and parent-child interactions are a primary determinant of children's development in the early years, and they can both be improved with assistance. ECEC service providers play a vital role in supporting parents as children's first teachers and need to work in partnership with parents and caregivers to ensure that healthy behaviours promoted and encouraged in ECEC settings are being continued and maintained at home. This includes reading, motor skills, child development awareness, nutrition, movement, and psychological development. Our research demonstrates that parental engagement is integral to any initiative aiming to improve childhood health outcomes.

Participation

- **What are the current barriers for families in accessing early education and care support in the first 1000 days of a child's life?**

Recommendation: A whole of system lens is needed to drive innovation and structural reform of the flow of information between services, workforce ability to assess, support and refer, and caregiver navigation across the Early Years System. Models that are based on a hub and spoke approach are useful to reach families where they live, work, learn, eat, and play (1).

There are many challenges to engaging with and accessing early education and care support. Our research into the South Australian Early Years System identified experiences of navigating the Early Years System as difficult, confusing, overwhelming, and disconnected as a barrier to accessing and engaging with services (1). In addition, there was a significant experience of lack of consistency and continuity across services and service providers (1). Therefore, having ECEC services set up as a centralised hub to support families with accessing and engaging with the breadth of services within the Early Years System can support in overcoming these barriers. A centralised Early Years Data System is another avenue for reducing the inconsistencies across the Early Years System.

Additionally, our research reported a key challenge to accessing the Early Years System related to parents and caregivers' feelings of shame and stigma around accessing services and supports (1). We need to commit to reducing stigma and shame around caregiver help-seeking in the Early Years System (9, 10, 17, 30). ECEC services can support normalising help-seeking behaviours of caregivers related to their own and their child's health and wellbeing needs through promoting and linking families into other services. High quality ECEC services will be of no use if parents feel too vulnerable or stigmatised to engage with it.

Out of School Hours Care (OSHC)

What is the core purpose of out of school hours care?

Recommendation: High-quality OSCH should support parent and caregiver participation in the paid workforce.

With increasing numbers of Australian children accessing OSHC, it is important that children have the opportunity to have their basic needs met in terms of nutrition and opportunities for physical activity. The time periods before and after school are critical windows for children's healthy lifestyle behaviours. The OSHC setting offers an ideal opportunity to ensure children are receiving adequate nutrition before and after school, and opportunities to participate in physical activities toward the recommended 60 minutes per day for primary school-aged children.

Fully funded and regulated childcare provided outside of standard ECEC hours would help parents and caregivers return to work. There are gaps for parents and caregivers as children enter the school system which is a juggle and places unnecessary stress on parents and grandparents who are working. There is an opportunity to extend ECEC settings to offer out of school hours care for children. This could be considered as part of a much-needed larger reform into ways of supporting parental and caregiver participation in the workforce, for example, the New South Wales Government are trialling an extension of the traditional school day to support working parents (42)

In addition to supporting parental and caregiver participation in the workforce, we believe the core purpose of OSHC is to ensure there is meaningful partnership with parents and caregivers, to support their own, and their family's, health and wellbeing, to ultimately support the growth, health, and development of all South Australian children.

Workforce

- **What are the most important competencies for people who are delivering high quality early childhood education and care?**

Recommendation: Upskill the current workforce with a focus on interprofessional collaboration, trauma informed and culturally safe practices, and supporting children and families beyond education to incorporate broader health behaviours.

Provision of high quality ECEC requires effective interprofessional collaboration from health, social care and education professionals to promote comprehensive care and optimal child health and development (43). The workforce needs to be upskilled and expanded, through providing a consistent national pathway for those with 3-year Early Education Degrees, into the 4-year degree preferred by South Australian regulations. We need pathways into training and education to upskill those in the industry from TAFE qualifications to Early Education degrees, and organisations need to be supported to allow for the release of staff to obtain these qualifications. Supports, training and resources are required to build up current workforce capability and capacity. Flexibility in delivery of these courses, such as online, would also assist with upskilling and expanding the current workforce so they are delivering high quality care to children and families.

Additionally, effective interprofessional collaboration is especially important for children and families impacted by trauma, such as child abuse and neglect (>60% of the Australian population) (44). Children and families impacted by trauma require trauma-informed approaches to meet their additional and complex needs (45). Although ECEC professionals are not trauma specialists, it is imperative they have skills and knowledge to respond to trauma in sensitive, culturally safe ways to reduce re-traumatisation and maintain engagement with these children and families (45). Interprofessional and trauma-informed education is needed both during initial preservice education for our future workforce, and by investing in continuing professional development for the current workforce (43, 46). It is also essential to equip our current and future ECEC workforce to work in interprofessional and trauma-informed ways appropriate to their context of practice (47).

Other areas of inquiry

- **What opportunities are there to innovate, redesign and codesign ECEC service models with communities to improve opportunities for families and children experiencing disadvantage?**

Recommendation: Partner with the Flinders University Caring Futures Institute who are leading experts in developing and delivering innovative, sustainable models of care at scale, codesigning programs with stakeholders and consumers, and evaluating existing and new models of care (41).

When looking to innovate the ECEC service model to improve opportunities for families and children, we should look to co-design with caregivers, including parents, grandparents and broader family networks, along with service providers in the ECEC setting. Revisiting the Children's Centre Model (48) with communities to see if it needs reform is a place to start. Children's voices should be prioritised when redesigning and codesigning ECEC service models, as they are an overlooked and underutilised population group in this space. To ensure ECEC services are accessible, equitable, sustainable, and effective, we need to make sure that we include a diverse range of people to include their lived experience as evidence in informing these services.

Additionally, all models of care need to be interdisciplinary. This means including health services directly into ECEC, OHSC and schools. This will bridge the gaps between health, welfare, and education. Active policy and funding structures will be required to bridge the current gaps.

- **How should the Royal Commission conceptualise costs and benefits in relation to its recommendations?**

Recommendation: Take a social return on investment and co-benefit approach to evaluation of costs and benefits (49).

Like many 'whole -of- population' prevention reforms, it is difficult to capture the breadth of benefits in the short term. We recommend that the Royal Commission consider the long-term benefits and savings of investing in the Early Years. By supporting babies, children, and their families now we will create healthier, happier future generations.

Further, when considering the costs and benefits of implementing any recommendations from the Royal Commission, there needs to be a holistic evaluation of benefits. Rather than simply considering the cost of creating new or modifying existing services against the benefits to child health and development, there needs to be consideration of the multitude of co-benefits that may occur. For example, an increase in out of hours ECEC will result in increased workforce participation which contributes significantly to parent and caregiver health and wellbeing that may not be captured in traditional evaluation of services. It is therefore important to consider the social return on investment, not just economic cost/benefit analyses.

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