

Submission relating to a child's first 1000 days and workforce May 2023

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We have a combined total of 59 years experience working specifically in early childhood across disability, health and education sectors. This experience encompasses community health universal service delivery, as well as targeted and intensive focused interventions whilst employed by SA Health; intensive, specialised services in the disability sector; and now universal and targeted services within children's centres. We currently oversee the statewide Children's centres occupational therapy and speech pathology program and are in a position to provide information relevant to children's centres as a collective.

Background and current challenges

There is a wealth of evidence about the critical importance of parent child relationships to the first 1000 days of life, as well as the accumulative effect of adverse childhood experiences (ACEs) which shape children's lives into adulthood.¹

If we are serious about changing the trajectory of children's lives, services being offered in the first 1000 days need to be framed by these two critically important factors. There appears to be a lack of coordinated community based early childhood services focused on the first 1000 days of life. Barker, Brazier and White noted in their submission to the Royal Commission that the first 1000 days of a child's life have already passed by the time children enter preschool hence the most timely opportunities to prevent or ameliorate developmental difficulties and family functioning issues have passed².

We noted in the Royal Commission's Interim report (Interim report) a significant focus on investing in screening processes to identify developmental difficulties, but limited mention of the investment required in the first 1000 days to prevent or minimise the presence of childhood developmental delays and subsequent impacts on children's wellbeing and learning trajectories.

Unless we facilitate the richness of learning in a child's first 1000 days (ie, when they're primarily in their family's care) alongside offering ECEC opportunities we're missing a key influencing factor in a

¹ Moore, T 2017 <https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>

² 'Aiming to expand preschool to include all 3 year olds will be a major benefit for many children. However this is a small win given the first 1000 days have already passed by then and we know the level of disadvantage that many children and their families are experiencing in the first 1000 days right now is even greater than in previous years as their numbers and the extent of the disadvantage have increased.' (Barker Brazier and White submission to the Royal Commission into Early Childhood Education and Care).

child's life. Learning is a constant in children's lives and happens in all settings (Social Ventures Australia, 2021). ECEC sites are not the sole environments in which learning occurs. Learning is underpinned by providing responsive nurturing relationships across all children's environments.

The Interim report states that 'the home environment, and in particular, the nature of parent interactions with a child are the primary determinant of a child's development in the early years. The developmental richness of the home environment and the quality of parent/caregiver interactions can be improved with assistance' (page 12).

There are currently 47 Children's Centres across SA which provide a range of supportive early childhood programs. Inequitable availability of programs and services across children's centres is a significant issue in providing wraparound services for families. In 2005 when children's centres were first established following Fraser Mustard's term as Thinker in Residence, children's centres teams comprised early childhood educators, community development coordinators, social workers, occupational therapists, speech pathologists, as well as access to nursing and midwifery services. Since 2019 when machinery of government changes occurred, the inconsistency of available programs and services has increased significantly and lessened the ability to provide wraparound services to families most in need.

To date children's centres leaders can only be employed under the Education Act, limiting the extent of potential candidates and depth of experience in managing integrated, community focussed services. In recent years centre leaders have been recruited who acknowledge their limited or absent knowledge of sectors outside of education, and experience working with and leading interdisciplinary teams delivering community services. All centre leaders are line managed by education directors who have large portfolios and often a limited understanding of integrated site principles and frameworks underpinning children's centres.

Alongside the machinery of government changes, the corporate children's centres team was abolished. Functions previously performed by this team included development of policies and processes, managing consistent induction and professional development for centre teams, and providing professional support to centre leaders ceased. There are currently minimal opportunities for centre teams to network, and to provide each other with peer mentoring and learning.

Current Department for Education requirements for early childhood education and care programs dominate planning, reporting and evaluating and impact education leaders' ability to give equal focus to community services. As per Professor Goldfeld's work in *Restacking the Odds*, community services in children's centres are where platforms critical to children's health development and wellbeing including antenatal and parenting programs occur (see page 17 of the Interim report). Community services within integrated sites such as children's centres are universally accessible to all families, regardless of whether or not they access education and care services, enabling earlier connections and supports. The current arrangements of having to report through preschools has resulted in a paucity of data capturing outcomes for children and families engaging with children's centres in their first 1000 days.

One of the current Children's Centres programs is the Children's centres occupational therapy and speech pathology program. This program provides a range of discipline-informed group and individual services for children, families and colleagues that promote children's healthy development and support parenting through both universal and targeted service provision according to the

principle of progressive universalism. The Children's Centres occupational therapy and speech pathology program is limited to 33 out of the 47 children's centres creating inequity in service provision across communities experiencing significant disadvantage.

Early childhood educators' opportunities to participate in professional development and reflective practice are hampered by current inadequate funding arrangements. One of the benefits of professional development and reflective practice is strengthening of educators' responsive caregiving and capabilities in having developmentally focussed conversations with parents, enabling children to access supports as early as possible. Opportunities to link families with early supports are currently being missed. Social Ventures Australia (2021) highlights that one of the core features of integrated sites is the provision of reflective practice opportunities for all staff. This lack of funding is obstructive to educators participating in responsive caregiving professional development provided by the Children's centres occupational therapy and speech pathology program.

Suggestions

Children's centres community programs deliver programs that encompass the first 1000 days of life working alongside parents, carers and ECEC staff with the intention of strengthening the responsive caregiving children receive in all their environments and thus enabling greater outcomes for their health, learning and development. For children's centres to truly function as wraparound service hubs, the community programs need to be viewed as integral to the centre, and of equal importance to ECEC programs. From a statewide perspective children's centres need to have a clear collective identity and not be viewed as preschools with some additional services.

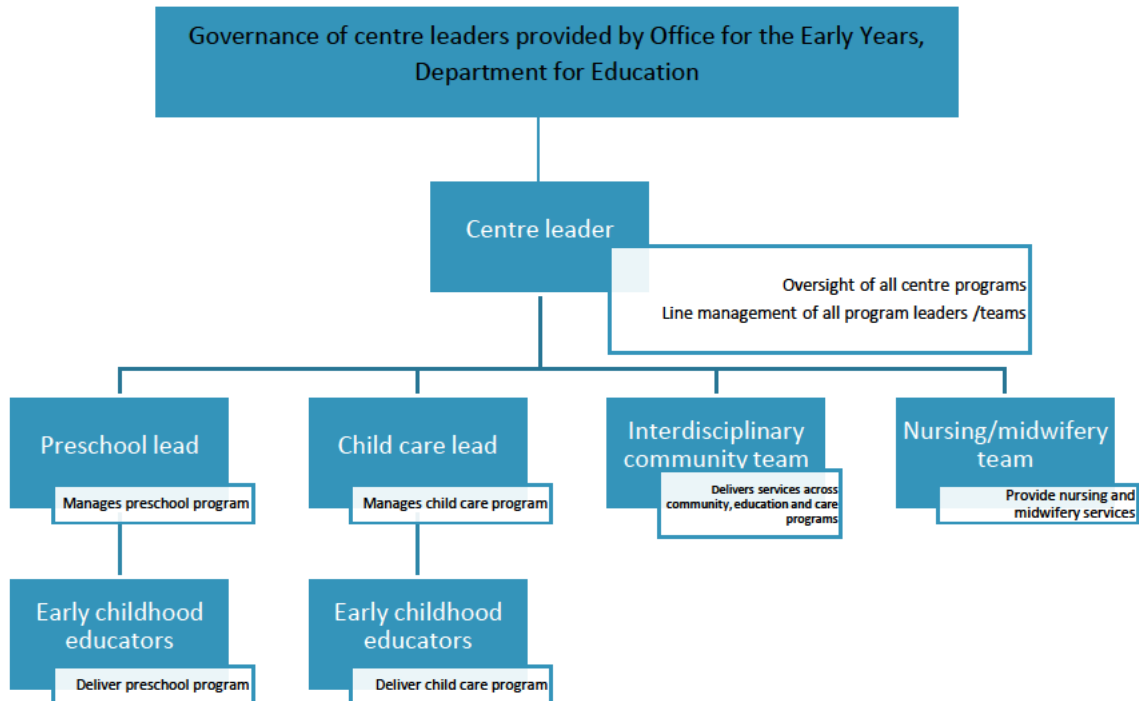
To re-establish a clear collective identity for children's centres there needs to be consistent induction and professional development for centre teams, opportunities for centre teams and leaders to network, and to provide each other with peer mentoring and learning. In order to provide universal and targeted integrated services a diverse staff mix is required inclusive of community development coordinators, educators, midwives, nurses, occupational therapists, speech pathologists, and social workers. The principle of integration requires an [interdisciplinary](#) team to ensure collaborative service delivery not siloed/parallel service delivery as occurs in multidisciplinary teams.

Another factor that would strengthen children's centres clear collective identity is the employment of experienced early childhood service practitioners as centre leaders. As noted by Barker, Brazier and White:

'There is a need for leadership by experienced early childhood service practitioners who are familiar with and committed to services aimed at birth to 3 years olds and their families rather than senior education staff or career managers from unrelated sectors. This is essential if we are serious about changing the focus beyond the existing traditional service models to services focused on supporting families to provide the development opportunities their young children need to feel safe, to grow and learn.'

These leader positions need to be multiclassified to enable recruitment of candidates with an understanding of early childhood across health, education, disability and social sectors, and proven

experience in leading and supporting staff from a diverse range of professions. Tasmanian and Western Australian integrated hubs centre leadership positions are multiclassified, and the centres sit under the relevant state government’s education department. The diagram below is an example of potential children’s centre governance structure.



The structure we have proposed aligns with recommendations made in the Unlocking the potential of early years supports webinar on 2/5/23 regarding the importance of leaders forming relationships with hub families and service providers across all programs. Furthermore, at the webinar it was acknowledged that a key enabler for integrated hubs is the appointment of excellent leaders with the ability to lead and coordinate team members from a variety of disciplines and areas such as education, health, and social services

We note in the Interim report ‘The call for universally available layered supports in early childhood education and care, with access to allied health professionals, specialist educators and targeted additional resourcing for children requiring extra support, is supported by an emerging literature’ (p 68). In line with Bronfenbrenner’s ecological systems theory which advocates for consideration of all the systems within which a person exists, we posit that to achieve the greatest outcomes in children’s lives, there must be investment in services supporting their families, and the communities in which they live. Provision of this support is the brief of community programs in children’s centres.

We note on page 68 of the interim report reference is made to the lack of evidence in the literature regarding the provision of direct intervention with a small group of children being more effective than a model of coaching primary educators on a daily basis and vice versa. However, logic would indicate that when investment is made in strengthening skills of the key adults in children’s lives (educators and parents), rather than prioritising direct intervention provided by therapists who have minimal ongoing presence in children’s lives, the outcomes for children’s health and development will be much greater and longer lasting. Furthermore, a capability strengthening approach also

benefits all children in educators' care, rather than being restricted to children requiring extra support.

We acknowledge that the Interim report recognises the importance of establishing integrated child and family hubs. We note the growing evidence for these to function as both service and social hubs as mentioned in Social Ventures Australia's 2021 report³

'ICFCs should be understood as having a dual function. They can act as social hub, providing a local place where families can go to build social networks; and they can act as a service hub for the delivery of a wide range of integrated child and family services.'

Currently children's centres facilitate service provision but infrastructure and overarching philosophies inhibit informal, spontaneous social connections for families in most centres. The benefits of being social hubs was highlighted when one of us visited Chigwell Child and Family Learning Centre (CFLC) in Hobart where it was clear that the centre design facilitated parents coming to the centre at any time during opening hours and use the facilities to connect with other families, and/or spend time with their children in a safe space.

Our participation in an Integrated services community of practice (facilitated by Centre for Community Child Health) has enabled us to hear from Tasmanian CFLC staff about the importance of having an MOU established with all partner agencies working in the site to ensure everyone is working within the same set of principles. Currently in children's centres the lack of MOUs has led to fractured service provision.

We note that the Interim report calls for increased professional development for early childhood educators. We acknowledge the value of all team members having access to shared learnings. Recent experiences in several children's centres of delivering our Responsive Relationships program has highlighted the importance of all team members engaging in collective reflective practice to facilitate a whole of centre philosophy and culture.

At the Unlocking the potential of early years supports webinar the value of having allied health staff as on-site members of integrated hub teams was reinforced. The essential consideration is that these allied health staff are able to work in universal settings using a relational approach available to all families who engage with the hubs achieving outcomes for a greater number of families, as opposed to visiting allied health professionals providing services to specific children. As acknowledged earlier in this submission the current Children's centres occupational therapy (OT) and speech pathology (SP) program exists in children's centres but is not equitably available across the state. The Reimagining of the children's centres OT and SP program report (2022) puts forward recommendations for improving equity of access.

³ Moore, T.G. (2021). Developing holistic integrated early learning services for young children and families experiencing socio-economic vulnerability. Prepared for Social Ventures Australia. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital. <https://doi.org/10.25374/MCRI.14593890>