



28 February 2023

The Hon Julia Gillard AC
Royal Commissioner
Royal Commission into Early Childhood Education and Care
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Dear Commissioner Gillard

I am pleased to provide the attached submission to the Royal Commission into Early Childhood Education and Care.

The Institute welcomes the Commission's important work and would be pleased to provide any additional support or assistance if considered helpful to do so.

Should you require any clarification or further information to assist the Royal Commission, please contact Fiona Roche, Head of Government Relations, at the Institute on

[REDACTED]

Yours sincerely

[REDACTED]

Professor Jonathan Carapetis AM
Executive Director



SUBMISSION TO THE ROYAL COMMISSION INTO EARLY CHILDHOOD EDUCATION AND CARE

TELETHON KIDS INSTITUTE

28 February 2023

The Institute acknowledges the important work of the Royal Commission and that in meeting its terms of reference it will position South Australia to take a National, and even International, lead in arriving at recommendations that will have a positive impact on development, education, health and workforce that will serve South Australia for decades to come.

About Telethon Kids Institute

The Institute was founded 32 years ago by Professor Fiona Stanley. Under the leadership of the current Executive Director, Professor Jonathan Carapetis, the Institute is WA's largest medical research institute with a dedicated and diverse team of more than 1200 staff and students.

With its head office in Perth Western Australia, and a thriving and growing office in South Australia, the Institute has more than 1200 staff and students. This team has a proud history of innovative research and translation of research into impact to improve the lives and wellbeing of children and young people in Australia and around the world.

This submission draws on the relevant research and evaluations conducted across a number of our research teams, including:

- Early Years Systems Evidence team headed by Associate Professor Yasmin Harman-Smith, who has over 10 year's experience evaluating services and programs in South Australia
- A range of researchers and research teams based in Western Australia, including:
 - o Professor Helen Milroy AM, Consultant Psychiatrist working in child and adolescent psychiatry, specifically in research on trauma, and expert in Aboriginal mental health
 - o Associate Professor Francis Mitrou, Program Head of Population Health; ARC Centre of Excellence for Children and Families over the Life Course (Life Course Centre)
 - o Professor Andrew Whitehouse, Angela Wright Bennett Professor of Autism Research at the Institute and Professor of Autism Research at UWA; Director of CliniKids; Research Strategy Director of the CRC for Living with Autism (Autism CRC); Adjunct Professor at Curtin University and Edith Cowan University; President of the Australasian Society for Autism Research
 - o Associate Professor Jenny Downs, Program Head of Development and Disability and Head of Child Disability
 - o Associate Professor Hayley Christian, Head, Child Physical Activity, Health and Development; ARC Centre of Excellence for Children and Families over the Life Course (Life Course Centre)

3-year-old Preschool Guiding Questions

The Institute acknowledges that the current call for submissions is focused on the development of universal 3-year-old preschool, and is seeking to answer the question: "**How do we deliver a**

universal 3-year-old preschool program for SA that provides a high quality and equitable service for all families?”

With this in mind, the Institute has structured this submission to respond to the “**3-year-old preschool guiding questions**” in terms of:

1. **What we know** – what does our research tells us needs to happen to achieve an equitable universal 3-year-old preschool program in South Australia?
2. **What we should/could do** - in South Australia to develop the evidence base to inform delivery?

The Institute’s responses are informed by Australian and international evidence on the importance and value in providing young children with access to high-quality early childhood education and care (ECEC) prior to commencing full-time schooling. Our responses below reflect uncontested evidence that children who are developing differently will benefit from early assessment and intervention, and the earlier the better. Investment in ECEC reduces developmental vulnerability and improves school readiness, driving success in school and in life more generally.

Purpose and aims

- **What should every 3-year-old child in South Australia be entitled to in terms of early learning?**
- **What should be the central aim of 3-year-old preschool? What are important but secondary aims?**

What we know

- High quality ECEC benefits children and their families: Every child in SA should have the opportunity to access high quality ECEC. ECEC provision enables families with young children to access work, study, or respite and affords children rich experiences that support their early learning and development.
- Relationships matter: For children at 3 years of age continuity of care and learning are vitally important. Children at this age seek out relationships and form attachments with those who make them feel safe and supported. Thus, high quality ECEC for 3-year-olds needs to be attachment based, extending the relationships developed with family and primary caregivers to new relationships outside of the home. This requires ECEC staff to be skilled in the provision of attachment-based care giving.
- Staffing matters: Additionally, staff must be well placed to connect with children culturally and linguistically to enhance children’s sense of familiarity and safety while away from their primary attachments at home. Continuity of care and learning requires continuity of staffing for attachments to form and to deliver the known benefit to child development. High staff turnover is problematic for attachment-based care.
- The environment matters: High quality ECEC needs to be play based and explorative as highlighted in the EYLF v2. Thus, ECEC centres need to be resourced appropriately to facilitate rich age-appropriate developmental experiences that promote holistic development (e.g., appropriate spaces for indoor and outdoor play, shade, play equipment etc).

What we should do

- The central aim is to support the developmental needs of 3-year-old children and their families, appropriately targeted to different cultural, health and developmental contexts.

- A secondary aim is to gather data that will track the developmental progress of all 3-year-olds, and for that data to be used to inform the development, implementation and evaluation of services to support children and families.
- Provide ECEC work environments that are conducive to stable ongoing employment and happy, motivated staff. Without a trained high quality workforce, high quality 3 year old pre-school will not reach all children.
- Utilise existing touchpoints where children and families connect to the primary health care sector to provide ways to identify when developmental needs arise – childcare centres, GPs, hospital and ED presentations, pharmacists, allied health professionals, dentists and optometry services.
- Introduce better functional assessment at those existing points of contact is critical as opposed to waiting for children to be given a “diagnosis” at an older age.
- Ensure greater coordination across Government agencies is needed to make it easier for parents and families to access services.

Defining key terms

- **What does universal preschool look like to you / your organisation? Does a universal program mean the same program design and service is offered to everyone? How would you define universal?**
- **(How) should 3-year-old preschool differ to 4-year-old preschool?**
- **(How) should 3-year-old preschool differ to ECEC currently provided to 3-year-olds (e.g. in centre-based day care and family day care?)**

What we know

- “Universal” does not mean “uniform” nor does it mean that “universal benefit” will automatically accrue to all children. This is because children enter education and care settings with different levels of starting capital due to a mix of their social and environmental circumstances and inherited genetic potential,^{1,2,3} which means their ability to benefit equally from the same dose of ECEC exposure is variable.⁴ In this context, a definition of universal is “providing 3-year-old preschool to all South Australian children” but how pre-school is provided must be responsive to the diverse needs of children and families, particularly for those who are most impacted by economic, social or health adversities, to ensure those with lower starting capital are equally able to benefit from the ECEC model. This can only be achieved by putting community, parents, and families at the centre of ECEC design and implementation and evaluation. Without evaluation it is impossible to know whether high quality ECEC is being implemented a little, a lot or not at all.

¹ Plomin, R., Fulker, D. W., Corley, R., & DeFries, J. C. (1997). Nature, Nurture, and Cognitive Development from 1 to 16 Years: A Parent-Offspring Adoption Study. *Psychological Science*, 8(6), 442–447. <https://doi.org/10.1111/j.1467-9280.1997.tb00458.x>

² Shonkoff, J. P. (2003). From neurons to neighborhoods: old and new challenges for developmental and behavioral pediatrics. *J Dev Behav Pediatr*, 24(1), 70-76.

³ Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-246. <https://doi.org/10.1542/peds.2011-2663>

⁴ Attanasio, O., Cattan, S., & Meghir, C. (2022). Early Childhood Development, Human Capital, and Poverty. *Annual Review of Economics*, 14(1), <https://doi.org/10.1146/annurev-economics-092821-053234>

- 3-year-old preschool must be different to 4-year-old preschool to reflect developmental differences. Compared to 4-year-olds, 3-year-olds require more communication, social and emotional support to cope with and thrive in group learning environments. This means delivering a quality 3-year-old preschool program places more demands on educators/caregivers and requires a lower ratio of staff to children.
- 3-year-old pre-school provides a platform for earlier identification of health, development and wellbeing issues, thus delivery of a universal program should capitalise on this opportunity to identify and address children’s needs earlier⁵. This could contribute to more equitable delivery of early intervention services available in SA (e.g., access to the targeted Inclusive Preschool Program for children with disability requiring extensive adjustment).
- Workforce skills, capacity and retention are key issues impacting the quality of ECEC program delivery. The introduction of universal 3-year-old pre-school will put further demands on the system⁶ requiring a workforce strategy that ensures equitable recruitment, training and retention of staff across all communities in SA.
- Currently three priority groups of children in SA are eligible to access 15 hours of preschool from 3 years of age – Aboriginal children, children who have been in care, and those living with disability.⁷ For these priority groups we need to understand the level of uptake and factors influencing it (i.e., are children in priority groups receiving an increased preschool dose? If not, what are the barriers to enrolment and/or attendance? How would these be mitigated or exacerbated by the introduction of a universal 3-year-old program offering?).
- Families from diverse backgrounds are often further restricted by choice due to the limitation of services to safely meet their cultural needs.^{8,9}
- In Australia, Aboriginal children are twice as likely to experience developmental vulnerability on entry to school than non-indigenous children,¹⁰ and Aboriginal families face significant challenges in accessing ECEC.¹¹
- Many families cannot afford ECEC and need financial assistance. Accessibility remains a critical issue across Australia – with 30% of children living in “childcare deserts”.¹²
- This is acute in regional and remote Australia and it differentially effects families with lower incomes and fewer resources, which in turn serves to widen inequities and inequalities.¹³

⁵ Finlay-Jones, A., Varcin, K. J., Leonard, H., Bosco, A., Alvares, G., & Downs, J. (2019). Very early identification and intervention for infants at risk of neurodevelopmental disorders: A transdiagnostic approach. *Child Development Perspectives*, 13(2), 97-103. <https://doi.org/10.1111/cdep.12319>

⁶ Australian Children’s Education and Care Quality Authority (ACECQA). (2019). *Progressing a national approach to the children’s education and care workforce* (acecqa.gov.au)

⁷ Department for Education South Australia. (2023). *When your child can start preschool* (education.sa.gov.au)

⁸ Ethnic Community Services Co-operative (accessed Feb 2022). Feedback on the new Early Childhood Approach. ECSC-Feedback-on-the-new-Early-Childhood-approach.pdf

⁹ Gregory, A., Harvey, E., & Harman-Smith, Y. (2021). *Review of the Inclusive Preschool Program*. Child Health, Development, and Education Team, Telethon Kids Institute. Adelaide, South Australia.

¹⁰ Australian Government Department of Education. (2022). *Australian Early Development Census National Report 2021*

¹¹ Williamson, A., Gibberd, A., Hanly, M. J., Banks, E., Eades, S., Clapham, K., & Falster, K. (2019). Social and emotional developmental vulnerability at age five in Aboriginal and non-Aboriginal children in New South Wales: a population data linkage study. *Int J Equity Health*, 18(1), 120. <https://doi.org/10.1186/s12939-019-1019-x>

¹² Hurley, P., Matthews, H., & Pennicuik, S. (2022). *Deserts & oases: How accessible is childcare in Australia?*. Mitchell Institute, Victoria University.

¹³ Harvey, E., Moller, H., Button, E., Gregory, A., Brinkman, S. & Harman-Smith, Y. (2021). *South Australian Early Years system review: Aligning what we know to what we do*. Wellbeing SA and the Department for Education, South Australia.

What we should do

- We need to talk with parents and families to better understand why they do or do not use ECEC services or existing targeted 3-year-old preschool and what programs and services they would access and why.
- We need to co-design learning environments that are safe and provide opportunities for communication, social, emotional and physical development. Co-design must happen at the community level on an ongoing basis to involve parents so that delivery of educational experiences is contextually relevant and builds on children's prior learning and development.
- In the evaluation of the Inclusive Preschool Program,⁹ parents in South Australia with children with disability told us they valued early education programs that are fit for purpose, so that their children are meaningfully included and their development supported. Any 3-year-old program must build on these learnings and work with parents and disability experts to co-design a responsive program for children with neurodevelopmental differences.
- Development of a better understanding of current uptake and barriers for these priority groups is paramount to ensuring that any introduction of universal 3-year-old preschool improves access for all and does not further widen equity gaps., particularly Aboriginal children, children who have been in care and low-income families.

Quality and innovation

- **What does high-quality 3-year-old early learning look like? What are the markers of optimal program delivery?**
- **(How) does quality differ for different cohorts of children?**
- **Where is innovation happening in programming and service delivery? What does that look like?**

What we know

- High quality 3-year-old early learning is play based, explorative richest when children feel safe (sense of safety is facilitated by strong attachment to caregivers in the learning environment). The National Quality Standards Framework and Early Years Learning Framework Version 2 provide useful information and guidance for ECEC providers, however implementation can be variable and needs to be adequately assessed and monitored.
- For Aboriginal children, pre-school should be culturally safe and responsive and be informed by knowledge of community.
- Additionally, acknowledging the ongoing impact of colonisation and child removal, programs should be trauma-informed to enable children and families to feel and be safe in their interactions with institutionally delivered early learning programs. Equally, early education programs provide a platform for contributing to reducing health disparities that are rooted in early life. In SA, the Hearing Impairment Preschool Program is an innovative program that exemplifies innovation in preschool provision that can contribute to better health and development outcomes for Aboriginal children.¹⁴

¹⁴ Harvey, E., Gregory, A., & Harman-Smith, Y. (2021). *Review of the aboriginal children with hearing impairment support program*. Published by the Fraser Mustard Centre. South Australian Department for Education and the Telethon Kids Institute: Adelaide.

- In SA, Children’s Centres provide integrated early support services that facilitate access to family support and responsive high quality ECEC for families living with adversities. Per capita, there are more integrated early childhood centres in SA than anywhere else in Australia. This provides an opportunity to extend the benefit of universal 3-year-old preschool, beyond what has been possible through preschool provision alone.
- An integrated setting provides the opportunity to connect families with services and supports earlier, but it is also best placed to ensure delivery of a rich early learning program that is contextually responsive and enriched by the expertise of a multi-disciplinary team, thus well placed to support the inclusion of children with additional support needs.
- Not all children are well placed to benefit from group learning environments. While all children come to ECEC settings with strengths, many struggle to feel safe, engage or connect with learning programs. If not addressed early, this can prevent children from participating in and benefiting from the experiences education settings (including ECEC) afford. To create conditions for learning, programs and services beyond education must work with ECEC or schools to facilitate children’s engagement. Thus, collaboration is needed between the school sector, health and mental health services.
- Universal 3-year-old preschool provides an opportunity for the physical and mental health needs of each child to be identified and supports put in place so that all children have equitable opportunity for engagement with education, first in early learning environments and later in school.
- One in four children in SA is reported to child protection before the age of 10.¹⁵ The latest evidence shows that at the age of 3 it is possible to “reset” brain development in children who have experienced trauma.¹⁶
- For too long the focus has been on health only, rather than health and mental health. In SA, investment in implementing trauma informed practices in education have begun to develop an evidence base for how children impacted by trauma can be supported to engage in learning environments.¹⁷
- Trauma-informed practice in education is a leap forward, but the evidence base is not yet well developed. Early learnings from implementation in SA should be built upon and extended through continued investment and commitment to measurement of what is working and what else is needed to address development and learning gaps of children impacted by trauma.

What we should do

- SA has developed a rich tapestry of innovation in service provision to meet the needs of children and families. Any universal 3-year-old preschool program should draw on the

¹⁵ Pilkington R, Grant J, Chittleborough C, Gialamas A, Montgomerie A, Lynch J. (2017). *Child Protection in South Australia*. BetterStart Child Health and Development Research Group, School of Public Health, The University of Adelaide.

¹⁶ Finlay-Jones, A., Varcin, K. J., Leonard, H., Bosco, A., Alvares, G., & Downs, J. (2019). Very early identification and intervention for infants at risk of neurodevelopmental disorders: A transdiagnostic approach. *Child Development Perspectives*, 13(2), 97-103. <https://doi.org/10.1111/cdep.12319>

¹⁷ Button, E., & Harman-Smith, Y. (2021). *Evaluation of Trauma-Informed Practice in Education Approach*. Child Health, Development, and Education Team, Telethon Kids Institute. Adelaide, South Australia.

learnings from the breadth of programs and services already in operation. Specifically, programs should consider how they can draw on learnings from:

- In communities with disproportionate levels of social, economic and health disparities, 3-year-old preschool should be delivered in a setting that includes a mix of early education and care and family support services that, together, holistically improve development and wellbeing. In SA, Children’s Centres, with multi-disciplinary teams, are best placed to meet the needs of diverse communities, especially those facing adversities.
- In South Australia, the Hearing Impairment Support Program in preschool for Aboriginal children is an innovative approach to addressing language development gaps related to intermittent or low-grade hearing loss that goes undetected with typical screening. The program has a sound theoretical basis but demonstrating its impact requires investment of staff, particularly speech pathologists, resource development and commitment to robust data collection and evaluation.
- Gowrie SA has invested in the development of programs and resources to support the inclusion in ECEC of children with attachment disorders. The program supported both children and their caregivers to form attachments in the early years. Gowrie SA has led the development of high quality attachment-based ECEC programs and supported other centres to critically reflect on how their programs meet the attachment needs of young children.
- Children with developmental differences need support to experience the same learning opportunities as their typically developing peers, in inside environments and outdoors. This includes consideration of their needs in relation to their routines, methods of communication, their mobility and abilities to regulate behaviours. Providing supports for children with developmental differences may involve parent or family caregivers or support workers. Age-appropriate buddy systems between children can build social skills and promote friendships, in both children with developmental differences and their typically developing peers.¹⁸
- In undertaking an evaluation of the Inclusive Preschool Program in South Australia, we heard about systemic challenges that prevent children with disability who require extensive adjustments to have supports in place that facilitate their inclusion from the moment they start preschool. Any universal program must consider how children with disability (many of whom will not yet have a diagnosis and education support plan) will be supported to benefit from universal access to a 3-year-old preschool program.
- The Institute has pioneered pre-emptive therapies for autism – that is, providing therapy at 12 months of age, prior to receiving a diagnosis of autism (typically, at age 4 or 5 years of age). Through a series of clinical trials, Professor Andrew Whitehouse and his team have found that providing a specific type of therapy – called, Inklings – to 12-month-old babies showing early behavioural signs of autism can reduce the likelihood that they meet diagnostic criteria for autism in later childhood. Health

¹⁸ UNICEF. (2013). *Additional Guidance on Including Children with Disabilities - Early Childhood Development Education* (unicef.org)

economic analysis has found Inklings to be an extremely worthwhile societal investment. This finding has attracted worldwide attention, and Inklings intervention is currently being rolled out across WA and is a model that should be used in SA to support children's development very early in life.

Workforce

In the context of the Shaping Our Future national ECEC workforce strategy and other recent announcements by Commonwealth and state governments:

- **What are the most important competencies for workers delivering 3-year-old preschool?**
- **What else should South Australia do in addition to workforce supply initiatives already underway?**
- **Are there innovative approaches to building workforce supply that the Commission should consider?**

What we know

- Workforce pressures are a major impediment to accessing services.
- While greater funding and resourcing is almost always needed, it is not the only solution.
- There is an overwhelming need for more clinical and non-clinical staff in ECEC – not only more nurses, paediatricians, and allied health professionals, but also community based Aboriginal health workers who can provide culturally safe and appropriate services to remote and regional communities.
- Universal access to high quality 3 year old preschool will require similar efforts to stimulate an increase in the supply of trained ECEC workforce. This is a significant challenge given the ECEC workforce is already overworked, underpaid and undervalued.¹⁹ A sound workforce management plan focused on training, recruiting and retaining high quality ECEC staff is critical to the successful implementation of a strategy aimed at providing universal access to high quality 3 year old preschool.

What we should do

- Involving Aboriginal families to help identify potential workforce pathways and options is important, particularly to help ensure the workforce is available in remote and regional locations.
- Staff training should extend to include care of children with developmental differences as well as children with typical development.
- Prioritise the training and employment of Aboriginal ECEC staff and encourage the involvement of Aboriginal parents in ECEC. This will assist in ensuring cultural safety and inclusion, especially if it is open to incorporating Aboriginal ways of teaching.
- When new systems and structures are introduced, staff should be supported and trained to deliver on the new vision and objectives. Without this training and support implementation is poor as the reality on the ground fails to match the intended outcomes and the quality of services required. Across evaluations of services and programs in SA, we have often identified 'implementation champions' who exemplify the vision of the service or program. Rarely are these leaders and staff drawn on to share their extensive implementation

¹⁹ United Workers Union (UWU). (2021). *Exhausted, undervalued and leaving: The crisis in early education* (bigsteps.org.au).

expertise more broadly. There is greater opportunity in SA to learn from implementation wisdom and elevate and facilitate the sharing of great practice.

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Appendix 1

Telethon Kids Institute - Examples of key research projects and areas of focus

- With our main office in Perth Western Australia at the Perth Children’s Hospital, the Institute collaborates with the WA Department of Health’s Child and Adolescent Health Service (CAHS) to translate research outcomes into clinical practice to improve services and treatments for and their families.
- We have a strong commitment to engaging consumers in all aspects of research so that lived experience guides the research process and community members and health consumers to contribute to our research. We partnered with The University of Western Australia’s School of Population and Global Health in 2004 to establish the first consumer and community involvement program in Australia, and in 2016 expanded involvement across the WA Health Translation Network to establish the Consumer and Community Health Research Network. Currently over 400 community members are involved in decision-making activities about research priorities, policy and practice across a range of research programs.
- The Institute led the roll-out across Australia of the AEDC - the Australian Early Development Census. Recognised as the world’s first ongoing proven and reliable measure of early childhood development, the AEDC collects data in the five domains of: Physical health and wellbeing; Social Competence; Emotional Maturity; Language and Cognitive Development; and Communications Skills and General Knowledge. AEDC data underpins most major early years initiatives in Australia and continues to steer policy direction in education and health, future research and the decisions of local governments, schools and community groups. In 2020, we were proud to work in partnership with Aboriginal and Torres Strait Islander leaders and their communities to adapt the AEDC to measure targets under the Closing the Gap.
- The Institute was instrumental in establishing the Early Years Initiative (EYI). With over \$25m in funding from Minderoo, matched by the WA State Government, the Department of Communities is leading the coordination of EYI (Co-Lab) across Government to ensure we have a system that enables healthy, happy and thriving children who enter the schooling system with the highest potential.
- The Institute led work in the 2000s on the *Western Australian Aboriginal Child Health Survey (WAACHS)*, which remains the largest and most comprehensive population representative survey ever undertaken into the health, wellbeing and development of Aboriginal and Torres Strait Islander children in Australia.
- We developed the “Bright Tomorrows” App to assist parents of children aged 0-5 years for parents to support their child’s development. With over 1000 “tips” for activities that parents can do with their child to help them learn and develop in five core categories, the App helps parents to identify what to expect in their child’s development and, when they think there might be an issue, provides information on trusted services for parents to access.
- Together with UWA, the Institute leads the WA Node of the Australian Research Council Centre of Excellence for Children and Families of the Life Course (the Life Course Centre) investigating the critical factors underlying persistent disadvantage in children to provide life-changing solutions for policy and service delivery.
- With the Autism CRC, the Institute led the development of national guidelines around the assessment and diagnosis of autism, and more recently, how to provide best practice

support to autistic children. These landmark guidelines are now used across Australia and the world.

- CliniKids is the Institute's first clinical service for children, integrating research with a clinical service for children with developmental delay and/or an autism diagnosis, and their families. Putting research into practice, CliniKids is a registered NDIS provider and offers early support services including speech pathology, occupational therapy and clinical psychology for children under the age of 9 years. It also runs workshops for parents and caregivers and professional training in specific therapies for clinicians and autism professionals.
- The Child Disability team runs a world leading research program on quality of life in disability, ensuring translation of findings across health, education and disability sectors to achieve the reality that the child's quality of life is everybody's business.
- The Institute has been part of a global collaboration working with early childhood education and care (ECEC) services to develop, implement and evaluate the evidence-based Play Active Physical Activity Policy to provide guidance on the amount of physical activity and sedentary time (including screen time) for children, and - in a first for the industry - evidence-based face-to-face and online training to support educators to provide children with the recommended daily physical activity while at ECEC.

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