

**WHOLE OF GOVERNMENT
POLICY FRAMEWORK
FOR THE EARLY YEARS**

**Prepared for:
The Interagency Policy Coordination Committee**

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Abbreviations

ABS	Australian Bureau of Statistics
ACCAP	Australian Council for Children and Parents
ACOSS	Australian Council of Social Services
ACT	Australian Capital Territory
ADHD	Attention deficit hyperactivity disorder
AEDI	Australian Early Development Index
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and youth
CAMHS	Child and Adolescent Mental Health Services
CHIP	Child and Youth Health Intergovernmental Partnership
CSL	Community Support Levy
DHHS	Department of Health and Human Services
DoE	Department of Education
DPAC	Department of Premier and Cabinet
DPPS	Department of Police and Public Safety
EDI	Early Development Index
FACS	Family and Community Services
GDP	Gross Domestic Product
GP	General Practitioner
HAS	Hospital and Ambulance Service
NGO	Non-government Organisation
NIFTeY	National Investment for the Early Years
OECD	Organisation of Economic Cooperation and Development
UNICEF	United Nations Children's Fund

WHOLE OF GOVERNMENT POLICY FRAMEWORK FOR THE EARLY YEARS

1. Introduction and purpose

The Interagency Policy Co-ordination Committee recognises that the early years are a crucially important stage of human development, and in late 2004 endorsed the development of a policy framework for the early years through the Whole of Government Early Years Policy Framework Project. A Steering Committee was established in November 2004, chaired by the Deputy Secretary of the Department of Premier and Cabinet, and a Project Consultant was appointed shortly thereafter.

The objective of the project is to develop a whole-of-government early years strategic policy framework and high-level recommendations for future action.

The first stage of the project, completed in early February 2005, was to conduct a literature review, to include the rationale for investment in the early years, the evidence on effective interventions, and identify the target age range. The literature review considered a wide range of material but focused on identifying the best evidence based models from interstate and overseas. In addition it describes the relevant programs, projects and initiatives currently operating in Tasmania that relate to early childhood, and summarises the early years strategies and programs from other states of Australia.

In relation to the timing of early child development interventions, it is proposed that the intervention period for the Early Years Framework be from 0-five years. The rationale for this is that maximal brain growth occurs in the first 2-3 years of a child's life, with research now clearly showing that the greatest benefit is to be gained from interventions in the first two to three years (Shore 1997, McCain and Mustard 1999), and that the trajectory set in the pre-school years is difficult to change once children enter the school system. Clearly this does not mean that there should be no interventions after the age of five, but it does highlight the fact that the maximum gain will be from interventions in the pre-school years.

2. Background

Across the world there is increasing recognition of the importance of early child development, as this sets the foundation for learning, behaviour and health through the school years and into adult life. In his work for the World Bank, Dutch economist Jacque van der Gaag emphasises that investment in early child development helps to build social capital and equality, which are crucial for prosperity and reducing poverty both in the developed and developing world (van der Gaag, 2002).

Recent work in this field has been largely in response to concerns articulated since the 1970s that alongside increasing material wealth of industrialised nations, there has been a troubling rise in the rate of societal breakdown. The effect on children and young people has been rising rates of alienation, rebellion, delinquency, mental health problems and violence. At the same time there have been major break throughs in our

understanding of child health and development, the precursors of illness, alienation and wellbeing, and how lives are affected by the families, communities and societies in which we live.

Important new knowledge on early brain development and factors affecting the 'wiring' of the infant brain was brought to public attention in the late nineties, with work from the USA and Canada, in particular the reports '*Rethinking the Brain*' (Shore, 1997), the '*Early Years Study*' (McCain and Mustard, 1999) and '*From Neurons to Neighbourhoods*' (Shonkoff and Phillips, 2000), having considerable influence. Around the same time several studies presented evidence on risk and protective factors affecting later child health and wellbeing; these included longitudinal studies from the UK and New Zealand as well as the important Australian study on approaches to crime prevention, '*Pathways to Prevention*' (National Crime Prevention, 1999).

There have been significant international initiatives in early childhood development since then, particularly in Canada, the USA, and the UK (*Sure Start*) as well as through international agencies such as World Bank and UNICEF. The program focus in both the UK and Canada has been the establishment of children's centres (UK) or early childhood development and parenting centres (Canada) together with nurse home visiting. These centres provide a range of activities and programs for children and parents, and act as a hub from which other services are accessed.

In Australia the Federal Government has demonstrated its commitment to investing in early childhood through the Stronger Families and Communities Strategy (Australian Government, 2000). More recently the publication of the draft National Plan of Action for Children and Young People within the National Agenda for Early Childhood (2004) sets out future directions with four broad action areas: Healthy young families; Early learning and care; Supporting parents and families; and Child friendly communities.

Other significant national initiatives include the establishment of the Australian Council for Children and Parenting (ACCAP), the Australian Research Alliance for Children and Youth (ARACY), and the Child and Youth Health Intergovernmental Partnership (CHIP) set up within the National Public Health Partnership.

At State Government level, early childhood strategies and programs for prevention and early intervention are in place in Victoria (*Best Start*, 2001 and *Putting Children First*, 2004), New South Wales (*Families First*, 1998), Queensland (*Putting Families First*, 2001), ACT (included in *The ACT Children's Plan*, 2004), and are currently being developed in South Australia (*Every Chance for Every Child*, 2003) and the Northern Territory, while Western Australia has amalgamated existing programs for children into the *Children First* Strategy, which includes their early years framework. Three years ago, Tasmania began to bring a more strategic and coordinated approach to the early years with development of the *Our Kids Strategic Policy Framework*, and subsequently the *Our Kids Action Plan 2004 – 2007* (Department of Health and Human Services, 2003).

3. Rationale: why the need for focus on the early years?

There are many reasons for a focus on the early years. Research from a variety of disciplines has highlighted the issues facing children and families in the twenty-first century and clarified the risk and protective factors affecting vulnerability and resilience in children and young people. Emerging from the research evidence are five main reasons why investment in the early years is important. These are explained more fully below but can be summarised as:

- New knowledge of early child development, particularly the importance of brain development in the first three years, indicates that most childhood vulnerability is preventable;
- Changes in families and family circumstances are placing increasing numbers of young children in vulnerable situations;
- Child health indicators are showing worsening outcomes for young people in many aspects of their health and development;
- Services are failing to meet the changing and more complex needs of children and families; and
- Interventions through early childhood development programs have been proven to be cost-effective, benefiting not only the child but also bringing broader social and economic benefits.

3.1 Factors affecting child development and wellbeing

Children's health and development is influenced by a complex interplay of genetic, family, community and environmental risk or protective factors, with research demonstrating that the more indicators of family adversity a child has, the more the risks of poor outcome are multiplied. The social environment is also crucially important, since some social environments (local communities and neighbourhoods) can be particularly damaging for children, while there are other communities that are well endowed with social capital and supportive of families and children.

In the perinatal period, adverse factors include poor nutrition and the use of alcohol, drugs and smoking in pregnancy, which are known to be detrimental to the growing foetus. Low birth weight is a major cause of infant mortality and carries significant risks for later health and development; it is also highly correlated with socio-economic status.

Poverty still remains the biggest threat to child and adult health even in wealthy countries - outcome indicators of child health and development show strong correlations with socio-economic status. Low income families are particularly susceptible to the negative impacts of inequality such as poor parenting, mental health issues, substance misuse, and limited educational opportunity with lifelong and sometimes inter-generational effects on a range of associated outcomes. Research demonstrates that the most effective interventions for promoting child health are those public policies that decrease poverty and increase social equality, alongside ensuring universal access to quality early childhood development programs, as demonstrated in Sweden, Finland and other Nordic countries.

However recent research on early brain development has brought to light a whole new area of knowledge about the development of the sophisticated wiring of the brain in the first weeks and months of life. This research has opened up new possibilities for interventions early in life to overcome some of the disadvantages that many babies face on coming into the world.

Negative experiences in the early years have long-lasting effects on brain development that can be difficult to overcome later, and have major social and economic impacts on society. Children with negative early experiences are more likely to have later behaviour and learning problems, substance abuse, involvement in crime, low earning capacity, poor physical health and subsequent poor parenting.

At the same time research demonstrates that adequate nutrition and positive nurturing, stimulating experiences in the early weeks and months will enhance a child's physical, emotional, social and intellectual wellbeing for the rest of their lives. Scientific evidence now confirms what most practitioners and parents have always known intuitively – that loving responsive care in the first few months of life is crucial to early brain development and hence to later development.

'A father comforts a crying newborn. A mother plays peekaboo with her ten-month old. A child care provider reads to a toddler. And in a matter of seconds, thousands of cells in these children's growing brains respond. Some brain cells are 'turned on', triggered by this particular experience, and many existing connections among brain cells are strengthened'.
(Rethinking the Brain, Shore 1997)

'The new evidence is a celebration of what good "mothering" has done for centuries. Parents have always known that babies and children need good nutrition, stimulation, love and responsive care.'
(The Early Years Study, McCain and Mustard 1999)

Early brain development has been shown to affect bodily functions such as behaviour, health, emotional and social responses and coping skills, through complex pathways including the endocrine and immune systems.

'The effects of early experience, particularly during the first three years, on the wiring and sculpting of the brain's millions of neurons, last a lifetime'
(The Early Years Study, McCain and Mustard 1999)

3.2 Changing family circumstances

Family life is much less secure these days, due to the great changes that have occurred in the social and demographic structures of communities. A high number of children are being raised in single parent households (25 per cent in Tasmania in 2003, Australian Bureau of Statistics, 2004), one in three marriages end in divorce (over half involve children under 15), and de-facto relationships, blended or step-families are common.

Balancing work and family life has become one of the biggest issues in Australian social policy today. As women increasingly participate in the workforce it is now common for both parents to be working during their child's early years, presenting challenges to couples as well as single parents in finding appropriate childcare. The fertility rate has fallen, with the average age of women having their first child rising (31 years in Tasmania in 2003, Australian Bureau of Statistics, 2005) and one in five births nationally now to mothers aged 35 and over. However, at the same time, Tasmania has the second highest teenage birth rate in Australia after the Northern Territory and, at 28.3, is significantly higher than the national average of 17.1 births per 1000 women aged 15-19 years (Australian Bureau of Statistics 2002).

Despite unemployment being at a record low, many jobs are low-paid and less secure, and nationally the percentage of children living below the poverty line has doubled in the past 25 years, with 17 per cent of children in Australia living in poverty in 2000 (ACOSS, 2003). In Tasmania 40 per cent of adults have either health care cards or pensioner concession cards, and 20 per cent of children aged under fifteen live in families where no parent is employed – higher than in any other state (Australian Bureau of Statistics, 2004).

With increasing mobility the extended family networks that previously existed are mostly not available to young parents, and grandparents do not play the role they might have done 20-30 years ago. Ties between families and communities are also less strong. Hence there is widespread concern that informal support networks for families are declining, particularly for those marginalised by poverty, while barriers to formal support such as child care include the increasing cost of such services.

3.3 *Worsening outcomes in aspects of health and development*

Some health indicators for children and young people in Australia and other Western countries have shown great improvement, for example falling perinatal and infant mortality rates and reduction in deaths from causes such as leukaemia and road trauma. But Australia's infant mortality remains high compared to other developed countries and is particularly high in indigenous communities (Australian Institute of Health and Welfare, 2002).

At the same time many indicators of child health and wellbeing in Australia and other developed countries are deteriorating. These indicators include:

- High rates of attention deficit hyperactivity disorder (ADHD), other mental disorders and dysfunction and disruptive behaviour among Australian children and young people (Sawyer et al., 2000, Zubrick et al., 2000);
- Rising rates of crime and violence among young people, with an increasing proportion of young female offenders (National Crime Prevention, 1999);
- Increased reporting of child abuse and neglect: notifications more than doubled between 1999 and 2004 (Australian Institute of Health and Welfare, 2005) and are steadily climbing in Tasmania;
- High rates of youth suicide (rates for young men have trebled nationally since 1960);
- Increased addiction to gambling and abuse of drugs and alcohol (Stanley, 2003a);

- Increased rates of maternal depression, both post-natal and in the early years (13 per cent at six weeks post-natal in Tasmania in 2001, Bennet 2001);
- Rates of chronic disease rising, particularly obesity and diabetes (Stanley, 2003a); and
- A decline in literacy in some populations, linked to socio-economic status, with increasing disparity in literacy levels between socio-economic groups.

Concern over such deteriorating indicators has been a major catalyst in Australia and elsewhere to re-thinking the way services are delivered to children and families. In order to achieve improvements in health and wellbeing outcomes for children the emphasis needs to shift significantly, from the late treatment of disorders to their prevention through early intervention strategies as early in life as possible.

Particularly vulnerable groups

The research shows that for families in some particular circumstances outcomes are especially poor, often with an intergenerational cycle of disadvantage. Particular attention needs to be paid to developing sensitive interventions with such groups in a manner that is culturally appropriate. These groups include:

- Indigenous children and young people;
- Families living in poverty;
- Children of parents with mental illness or substance abuse;
- Children in out of home care;
- Abused children;
- Children of cultural and linguistic minorities;
- Children in situations of domestic violence;
- Children with disabilities; and
- Children in families who are homeless or at risk of homelessness.

3.4 Services failing to meet needs

In Tasmania, as elsewhere, services have had difficulty adapting to the changing needs of families and children, and have had limited resources to do this. This reflects the increasing demand on services and increasing complexity of family needs. Some services remain stuck in historical modes of service delivery and are failing to adopt population based models of service delivery. Service providers may fail to take into account the broad social and environmental factors that influence a child's health, development and wellbeing, perhaps due to limited training in this area, pressures of work, or lack of knowledge of locally available support services.

In respect to cross-agency working, despite goodwill and collaboration at senior levels, opportunities for coordinated and collaborative working at service delivery level are frequently missed due to demands on service providers and the need to focus on 'core business'. In addition, management and funding structures are currently not set up to encourage collaborative working around children and families in need. These issues are discussed more fully in section 7.

3.5 *Cost-effectiveness of investing in early childhood interventions*

There is now broad consensus around the world from economists and experts of all political persuasions that investment in primary prevention and early childhood development programs has substantial pay-offs. Investment in such programs easily pays for itself over time by generating very high rates of return both for participants and their families, the public, and government (Lynch, 2004) - see section 3.6 below.

Evidence is available from four long-term follow-up studies of participants in quality early childhood development programs in the United States, with economic analysis demonstrating benefit-cost ratios ranging from 3.78:1 in the Abecedarian Early Childhood Intervention Program to 12.90:1 in the Perry Preschool Project (Lynch 2004, Schweinhart, 2004). Analysis of this evidence has convinced a number of influential economists to conclude that investment in this area is crucial to human development and should be high priority for governments:

'In the future any proposed economic development list should have early childhood development at the top'

Rolnick and Grunewald, Federal Reserve Bank of Minneapolis, 2003

'Early childhood investments of high quality have lasting effects... We cannot afford to postpone investing in children until they become adults, nor can we wait until they reach school age- a time when it may be too late to intervene'

James Heckman, Nobel Prize winning economist, University of Chicago, 1999

'Society pays in many ways for failing to take full advantage of the learning potential of its children, from lost economic productivity and tax revenues to higher crime rates and diminished participation in the civic and cultural life of the nation...The evidence has grown even stronger that investment in early education can have long term benefits for both children and society'

Committee for Economic Development, New York, 2002

While most of the evidence cited to date is from the USA, there is also good evidence of the effectiveness of a number of programs from Australia and the UK, but rigorous cost-benefit analysis using control groups and long-term studies has not yet been completed for most of these programs. This is however planned as part of the UK *Sure Start* evaluation, and for a number of Australian programs.

In considering the cost-benefit of early intervention programs, it is useful to look at the costs incurred when governments and societies fail to support their children appropriately. Major expenditures will be incurred in a number of areas, the most costly of which is crime, with estimates of the total economic cost of crime in Australia put at over 40 per cent of GDP (Walker 1997, cited in *Pathways to Prevention*, 1999). At the last analysis Australia expends less than 0.1 per cent of GDP on pre-primary education. This is a very low ranking (26th out of 28) on OECD comparative tables (OECD 2001).

The current annual costs in Tasmania* for some secondary and tertiary services in service delivery areas where there are preventable models available are as follows:

- Child protection services: \$23,170,000 (excluding adoption and domestic violence)
- Community Youth Justice: \$2,262,000
- Custodial Youth Justice: \$7,000,000

It should however be noted that investment in early intervention and prevention inevitably requires an investment of resource for 'pump-priming', as it is usually not appropriate or desirable to withdraw resources from acute and crisis services. The benefits (and savings) from early intervention will generally not be demonstrated in the short term; although improvements in some outcome measures may be apparent within one to three years, many will only be evident after a decade or more. More detail on the benefits of early years interventions is provided below.

3.6 Who will benefit from investing in the early years?

The benefits summarised below are all based on evidence from the research literature that has investigated the effects of high quality early childhood development programs on later health, educational and social outcomes for children and families. Benefits are particularly likely to be seen among the more disadvantaged groups in society.

To have the maximal effect, early childhood interventions need to start in the pre-natal period, and be continued up to school entry through a range of programs dependent on individual need. Interventions will be offered by a number of different service providers and agencies, including non-government organisations, highlighting the need for collaborative working within a whole-of-government framework. Some programs will have immediate benefits for children and families: good antenatal care and health promotion programs to reduce smoking in pregnancy would be expected to show early benefits for both mother and child, including higher birth weight babies. Programs to provide additional input and support for 'at risk' children can reduce child protection notifications. Parent education programs show early results, improving the confidence and competence of parents in bringing up their children. Early literacy programs, and high quality pre-school child care and education programs will improve children's readiness for school within a short time frame.

It is important to note that research shows that many of the other anticipated outcomes, such as reduction in crime rates, will not be evident for several years, and that the benefits are likely to accrue in areas other than that where the original investment was targeted. For example, investing in nurse home visiting and appropriate support services may later significantly reduce costs in the police and justice sectors, through reduced crime rates, rather than in the health sector. Again this underlines the need for a whole-of government approach, rather than individual agencies developing their own programs for early childhood in isolation. While some benefits may be expected to accrue to the Australian Government (such as reduced

* 2003-04 Data from Division of Children and Families, Department of Health and Human Services.

welfare dependency in the longer term), the major beneficiary will be the Tasmanian Government.

The table below summarises the main benefits that can be expected from a comprehensive whole-of-government strategic policy framework for the early years.

Who benefits?	How do they benefit?
All young children	<ul style="list-style-type: none"> • Improved health and wellbeing, from pre-birth onwards • Higher birthweight • Better chance of being breast fed longer and fully immunised • Safer at home, with reduced risk of accidental and non-accidental injury • Less risk of teenage pregnancy • Reduced risk of substance abuse • Better prepared for school entry • Improved cognitive development • Improved literacy and numeracy • Improved behaviour and social skills • Better learning outcomes, especially for those at risk • Staying at school longer, hence improved life chances
Families	<ul style="list-style-type: none"> • More confident and competent in their parenting role • Better able to access the services they need • Feel more supported in the local community • Reduced stress in balancing work and family life • Less maternal depression • Better functioning families
Tasmanian Community	<ul style="list-style-type: none"> • Stronger more cohesive communities with increased social capital • Improved levels of community safety, with less crime and less domestic violence • Services more responsive to local need • Improved range of facilities for children and families • More highly skilled workforce
Tasmanian Government	<ul style="list-style-type: none"> • Less chance of dysfunctional communities • Services more integrated, hence more effective and efficient • Better linkages between levels of government • Improved interagency collaboration with reduction of duplication and waste • Positive public perception of services for children and families • Lower government expenditure across several agencies in the medium to long term (see below) • Maximum benefit for the taxpayer's dollar • Potential savings in the longer term for re-investment in government priorities

Health and Human Services	<ul style="list-style-type: none"> • Earlier identification and support for children and families with additional needs • Reduction in child protection substantiations and numbers of children in out-of-home care • Reduction in number of young offenders • Improved prevention and early intervention services, with reduced spending on tertiary services (e.g.child protection) in the longer term • Better health and mental health outcomes
Education	<ul style="list-style-type: none"> • Earlier identification of children at risk and earlier intervention (more cost-effective) • Reduced classroom aggression and bullying • Reduced demands on school support services • Reduced need for remedial and second chance learning programs • Improved performance against literacy and numeracy benchmarks
Police and Public Safety	<ul style="list-style-type: none"> • Reduction in youth and young adult crime rates • Improved community safety
Justice	<ul style="list-style-type: none"> • Reduced number of offenders • Reduced prison population • Reduction in domestic violence
Economic Development	<ul style="list-style-type: none"> • Expansion of early childhood education and care programs allows more parents to participate in the workforce, employs more local people, and significantly contributes to the economy • Higher levels of employment and earnings
Australian Government	<ul style="list-style-type: none"> • Less welfare dependency • Better qualified and skilled workforce

3.7 What are the risks of not investing in the early years?

Clearly, Government could choose the option of not proceeding with an early years framework. This would, however, fly in the face of the compelling evidence about the importance of the early years and the cost-effectiveness of investment in this area. While it is not the panacea for everything, it is one area of service investment where there is convincing evidence of positive outcomes. Implementation of an early years strategy provides a tremendous opportunity for Government to address some of the pressing social issues through an early years strategy. To not proceed with this would be a lost opportunity to benefit children, families and the Tasmanian Community, not to mention the longer term cost benefits for the Government.

A decision not to proceed would also ignore the fact that early childhood has become a key priority for governments and non-government organisations across Australia. Summarised below are some of the risks associated with a decision not to invest in the early years:

- Rising rates of youth crime and children in out-of-home care;
- Continuing escalation of spending at the tertiary ‘sharp’ end of services, such as child protection, youth justice, school support services, with no likelihood of reduction;
- Increasing numbers of children, young people and families who feel alienated from society;
- Increasing inequities in opportunities for children and young people;
- Increasingly poor health, educational and social outcomes for a significant proportion of the population, together with widening gaps between the most and least advantaged groups;
- Poor educational outcomes, resulting in reduced capacity to meet ongoing skills shortages, despite remedial programs;
- Limited human capacity for continued economic growth;
- Tasmania falling behind other States in early childhood investment, resulting in increasingly poor comparisons in service benchmarks, outputs and outcomes.

4. What are we doing now and what are we doing well?

Over the past five years the Tasmanian Government has gradually been moving away from a model of service provision focussed on the priorities of single Agencies or departments, towards a whole-of-government approach informed by the needs of communities and individuals. The process has been assisted by the need for Agencies to work together to achieve Tasmania *Together* targets, but has also been informed by the drive in other countries such as the UK to achieve ‘joined-up’ government. Policy and strategies are pulled together through formal structures such as the Interagency Policy Coordination Committee, the Cabinet Sub-committee on Social Policy, and the Tasmania *Together* cluster groups.

Partnership agreements between State and Local government are useful tools for coordinating levels of government, with the recent Brighton Partnership providing a good model that includes early childhood as a priority area (DPAC, 2004).

In relation to children’s services, the key Agencies are increasingly working together to meet the needs of children and families, although inevitably there are competing priorities, and tensions between Agencies still exist. Those initiatives in Tasmania that focus particularly on the early years are described in the literature review conducted as part of this project.

Of particular note is the strategic focus on the early years in both the Department of Health and Human Services and the Department of Education through the Our Kids

Bureau (DHHS) and the Early Years section within the School Education Division (DoE). A positive development since 1998 has been the shifting of responsibility for licensing and monitoring of childcare into the DoE Early Years section, bringing a closer alignment of policy and standards between childcare and education.

Increasingly there is close collaboration between DHHS and DoE in a number of strategic areas and programs, with short-term early childhood development initiatives recently implemented in several localities. These include the Early Years initiatives in Brighton and Burnie, led by Our Kids Bureau, and the Strong Start project in West Tamar and Derwent Valley, led by the Early Years section. There have also been joint training initiatives between DHHS, DoE and DPPS, focused on working in partnership with parents.

As well, the Commonwealth Family and Community Services are now funding a number of significant programs in parts of Tasmania, being delivered through non-government organisations, again on a short-term basis, and there are many other good local initiatives. Above all, the staff in both the public and non-government sector in Tasmania are working with a high level of commitment to improve the quality of life for children and families in need.

5. Why do we need a new approach?

Despite the many positive initiatives in Tasmania around early child development, up to this point there has been a lack of overall whole-of-government strategic direction articulating overarching policy goals and developing a shared vision and priorities for the early years. Responsibilities for resourcing, coordinating and delivering services for children are spread across agencies, with diffuse leadership and hence no single central point.

Some of the issues that need to be addressed include the following:

- Management structures and funding arrangements mitigate against interagency and inter-program coordination and collaboration; services and information are fragmented and patchy, with limited inter-sectoral working at ground level. Some families fall through the gaps while others receive duplicate services. Services are also struggling to move from historical modes of service delivery to more locally responsive and evidence-based services that can meet the changing needs and demands of families.
- There is currently an inappropriate balance between primary, secondary and tertiary prevention. Supportive environments that protect and promote the health of children and families and reduce reliance on the service system need to be created. At present, there is very little investment in prevention and early intervention with the limited resources for children and families predominantly allocated to the ‘sharp’ end of services (such as child protection), where demand continues to escalate.
- For prevention and early intervention strategies to succeed, new investment is needed, as resources cannot be taken from the tertiary end. This will ultimately

reduce the escalating demand at the ‘sharp’ end, however this takes time and will not occur for several years.

- Limited understanding by service providers of the philosophy and benefits of a community development approach and the need to encourage and foster family friendly communities that actively support parents. Also the short-term nature of most funding initiatives (2 to 4 years) is insufficient to develop sustainability of community capacity building programs - it takes time to build trust.
- Access and equity issues are a big challenge, particularly for low income people, Aboriginal Australians, people from other cultures and people living in more remote rural communities. Many children and families are not accessing the services they need, due to scarcity of services, inappropriateness of services, lack of transport, lack of knowledge or long waiting lists.
- Data collection and management is weak; there is a scarcity of population-based data; outcome data from most services is poorly developed or non-existent; and there is a particular lack of longitudinal data for children and young people;
- Privacy and information sharing issues create barriers to sharing information on vulnerable children and families;
- New ways of working are challenging and demanding - professional development is needed for most government managers and frontline workers in family-centred practice, collaborative ways of working, management of change and culturally appropriate service delivery.

6. The Framework

6.1 Principles for investment in the early years

Within the whole-of-government early years policy framework for Tasmania, six principles are suggested, as a basis for future policy development and budget priority setting. Some of these have been adapted from similar principles recently adopted by the Victorian Government in relation to investment in children (Government of Victoria, 2004).

1. Positive child health, development and wellbeing should be promoted through a universal system of support that every child in Tasmania can access.
2. Targeted services and additional resources should be firmly embedded within a universal service system, and should be directed to those families or communities where risk factors for poor outcomes are high.
3. The capacity of families to support their children in reaching their potential is affected by their immediate physical and social environment as well as by broader factors in society. An approach, which seeks to systematically address

these influences by reducing disadvantage, preventing illness and promoting the health and wellbeing of children through population-level primary prevention measures, is required.¹

4. Integration of services across agencies and organisations should take place to create holistic environments for young children and their families, with strong local coordination and co-location of services wherever appropriate to meet local need.
5. Services provided should be evidence based and of high quality, with mechanisms in place for continual review and improvement within an outcome oriented framework.
6. The approach to planning services and activities should be responsive to local needs and resources, and should promote active community collaboration at all stages of defining needs, planning, developing and delivering services.

6.2 Vision, goals and strategic objectives

The vision and goals, together with priorities for strategic objectives as outlined below, were developed and agreed through a workshop with the Early Years Steering Committee in early March 2005.

Vision

All children living in Tasmania have the best possible start in life.

Goals of an Early Years Policy Framework

Ensure all young children have equal opportunity for optimal development to become creative, competent, caring and resilient young people and adults through:

- Fostering a society in which all children are valued and all citizens feel responsible for their welfare;
- Supporting parents to promote and nurture their young children so they can develop to their full potential;
- Building on the existing strengths and creativity of local communities to better value children and support the role of parents;
- Improving access to coordinated, supportive and responsive health, early education and family support services; and
- Strengthening agencies working together to make sure families get the services they need.

¹ Adapted from 'A Public Health Approach to Child Health' in *Healthy Children – Strengthening Promotion and Prevention Across Australia: Developing a National Public Health Action Plan for Children 2005-2008*. Draft Consultation Paper (unpublished).

Strategic Objectives

- To improve children's early developmental, health and wellbeing outcomes;
- To promote broader policies and strategies that reduce poverty and disadvantage;
- To ensure targeted services for vulnerable groups are firmly embedded within universal service delivery systems, and that all services delivered to children and families are efficient, effective and evidence based;
- To assist parents to gain the skills and confidence they need to be capable parents;
- To support community decision making and strengthen communities to become better environments (socially, economically and physically) in which to raise children;
- To improve communication, coordination and collaboration between agencies and services in support of families with young children;
- To ensure all staff are equipped with the knowledge skills and attitudes to work flexibly with families and children, using family-centred approaches; and
- To develop locally owned and locally responsive services for families with young children that are creative, flexible, culturally sensitive and sustainable and are aligned with the Early Years State Strategic Framework.

6.3 Strategic priorities and possible strategies

A wealth of experience now exists from around the world as to the best and most appropriate interventions to influence child health, development and wellbeing. Drawing on this experience, the following evidence-based interventions to improve early childhood outcomes are proposed for Tasmania. In each of these, an underpinning principal will be to address the determinants of child health, development and wellbeing by reducing risk factors and enhancing protective factors. They can be broadly grouped into six main strategic areas:

- Building communities that support families;
- Improving multi-agency working and making agencies family-friendly;
- Supporting adolescents to make good decisions about pregnancy and parenting;
- Supporting parents who are expecting a new baby;
- Supporting parents who are caring for a new baby or young children;

- Enhancing opportunities for early literacy, quality day care, and education.

Under each of these main strategic priorities, several specific strategies are proposed as initial priorities.

Priority 1. Building communities that support families

Effective parenting is influenced by the health of the neighbourhood and community as well as the capacity of the individual. A sense of belonging to a community, and trust in community members is associated with positive health and wellbeing outcomes such as a lower risk of child abuse and neglect. Focussing promotion and prevention activity around settings such as children’s centres can also be an effective means of reaching those who do not access existing services and building community capacity. Suggested initial strategies are as follows:

- Investment in sustainable community development in areas of greatest need – not short-term funding.
- Investment in infrastructure (such as early childhood development centres linked to schools; playgrounds; neighbourhood houses etc) and local networks around early childhood services.
- Partnerships with Local Councils: introduce Early Years plans into all partnership agreements on a gradual basis (as per Brighton), alongside appropriate staff development and training.
- Review lessons from current community building initiatives in Tasmania and recommend best strategies.

Priority 2. Improving multi-agency working and making agencies family-friendly

There is evidence that early intervention services have the most impact when they are provided as part of a coordinated network. This allows services to work more closely with communities in planning and developing more responsive and coordinated services. Suggested initial strategies are as follows:

- Establish formal structures for regional and locality networks of service providers, bringing government and non-government services together.
- Reform management and funding structures to support cross-agency working and pooled funding, particularly at locality level.
- Co-locate services at different sites appropriate to locality to improve families’ access to services.
- Develop a workforce strategy and resources to address staff professional development, particularly in the areas of family-centred practice, collaborative working, multi-cultural working, communication skills, and working effectively with parents and families.

Priority 3. Supporting adolescent decision making about pregnancy and parenting

Tasmania's birth rate among teenagers is one of the highest in Australia. Adolescent pregnancy and parenthood is associated with greater than normal health and social risks for both parents and children; to a large extent the outcomes are related to whether the pregnancy is the result of a positive choice or not. Suggested initial priorities are:

- Improve provision of evidence based sexual health and relationship counselling in schools.
- Provide ready access to free family planning services and contraception.
- Provide access to adolescent-appropriate parenting information and programs.
- Expand adolescent-friendly 'health' services; involve GPs.
- Implement the 'Making Choices' Strategy and Action Group.

Priority 4. Supporting parents who are expecting a new baby

Good care and nutrition in pregnancy are critical to pregnancy outcomes, while stress and anxiety in pregnancy, such as that associated with domestic violence, can also influence the health and development of the baby. Appropriate support and care in pregnancy lays the groundwork for a healthy start in life, while preparation for parenthood programs can improve confidence and attachment. Suggested initial strategies are:

- Improve access to locally based antenatal care.
- Introduce comprehensive antenatal psycho-social assessment.
- Establish closer linkages between maternal and child health services and clear referral pathways to universal and indicated services.
- Establish preparation for parenthood programs.
- Expand evidence-based programs to reduce smoking and improve nutrition, in order to reduce the prevalence of low birth weight.

Priority 5. Supporting parents who are caring for a new baby or young children

Most new parents need information and some support with parenting. Early intervention through home visiting by trained nurses, linked to other health and support services, has been shown to have lasting benefits, while increasing the social support for new parents reduces isolation and depression and improves confidence. Recent research on early brain development demonstrates that the quality of early care and nurturing in the home profoundly affects a baby's development and has a lasting impact. Suggested initial strategies are:

- Provide universal nurse home visiting.
- Introduce sustained home visiting for vulnerable groups.
- Establish new parents groups in all localities.
- Provide accessible parenting information.
- Establish parenting programs, including those to engage fathers, in a variety of settings.
- Establish early literacy programs.
- Ensure family support programs tailored to need.
- Develop culturally sensitive strategies and programs for specific vulnerable groups.

Priority 6. Opportunities for early literacy, quality day care and education

Opportunities for learning through play and stimulation are critical for optimal development. Parents are a child’s first teachers, and most welcome support in this role. High quality care and education in preschool settings have been shown to have lasting effects on a child’s social, emotional and intellectual development. Such settings can also provide effective support and opportunities for parents. Suggested initial strategies are:

- Provide parenting information, education and support through all pre-kinder and school settings.
- Establish early literacy programs.
- Promote quality in all pre-kinder settings through introduction of the Essential Connections Framework.
- Strengthen linkages between all service delivery agencies.
- Co-locate services wherever possible.
- Establish schools as community centres, with specific sustained funding for this role.
- Collaborate with child care services and schools to ensure healthy policies and environments in relation to nutrition and physical activity
- Advocate for universal access to free high quality day care.

6.4 Principles for service delivery

There is a considerable body of literature on the components of effective intervention programs, from which Moore, Ochiltree and Cann (2002) have summarised the main principles. The following set of principles governing effective early child development programs is adapted from their work.

Effective programs should:

- Be based on a sound theoretical framework, using evidence based practice and seeing the child within the context of the family and society;
- Be staffed by people who have the appropriate qualifications and skills, and are supported to provide high quality services;
- Adopt a family-centred approach that starts where families are at developmentally, builds on existing family strengths and competencies, and enhances families' ability to resolve problems for themselves;
- Be individualised and responsive to family needs and circumstances;
- Encourage practitioner-family relationships that are characterised by partnerships and build strong relationships based on mutual trust and respect;
- Provide information enabling families to make informed choices;
- Be sensitive and responsive to family cultural, ethnic and socio-economic diversity; and
- Be community based, utilising community resources, and with sustainable ongoing coordination with other programs and services.

The important message is that **how** services are delivered is as important as **what** is delivered, and that a family centred approach should underpin all service delivery. This has significant implications for staff development and training.

7. Linkages

Once agreement to the framework is achieved, further development and strategic planning will need to take account of, and forge linkages with, the many other initiatives that impact directly or indirectly on early childhood. These include:

- *Our Kids* Action Plan
- *Tasmania Together* – cluster groups addressing poverty, community safety, health and wellbeing, education
- Maternity Services Strategic Plan
- DHHS Review of Family Support Services
- DPPS Community Support Panels

- Bridging the Gap – strategic plan for adult and child mental health services
- Kids in Mind Tasmania -Strategy and programs
- Disability Framework for Action 2005-2008
- Tasmanian Food and Nutrition Policy
- Aboriginal Health and Wellbeing Strategic Plan
- Aboriginal health and welfare: COAG strategic framework ‘Overcoming Indigenous Disadvantage’
- Safe at Home - domestic violence strategy and programs.

Currently Tasmania *Together* has no focus on early childhood, with no goals or benchmarks specific to this. However the first five-year review of Tasmania *Together* is about to be undertaken, so there is an opportunity for good linkages to be forged, and for content and measurement in relation to the early years to be included.

Linkages could also usefully be made with national organisations such as: The Australian Research Alliance for Children and Youth (ARACY), National Investment for the Early Years (NIFTeY), Early Childhood Australia and the Australian Childhood Foundation and with national initiatives including: the National Injury Prevention Action Plan, ‘Be Active Australia’ physical activity guidelines for children, and the National Public Health Action Plan for Children 2005-2008.

8. Development of outcome indicators

An essential element of any new strategy for the Early Years will be the development of an Outcomes Framework and a robust set of outcome indicators for each of the strategic areas and services. This will need to be developed collaboratively by all key agencies, and is likely to require some investment in adequate systems for data collection and management.

There are difficulties associated with measuring broad outcomes due to the complexity of influences on the health and wellbeing of individuals, and to the time scale associated with long term outcomes – possibly five to ten years before changes are evident on many population measures of positive healthy development. Hence for most areas, indicators are more appropriate than outcome measures (Waters et al., 2002). Measures of client satisfaction through regular sample surveys may be useful as interim indicators.

As discussed earlier in this paper, the determinants of health go well beyond service systems, and it will be important to monitor data on the social and environmental determinants that influence child health, alongside the other selected outcome measures. Wider social and environmental determinants are likely to include housing status, family income and employment, community cohesion and safety, health of the environment and access to services.

It is proposed that the outcome indicators for the early years be considered under the categories of children, families and communities. The final selection of outcome indicators of child health and wellbeing and family health will be decided during development of a Strategic Plan for the Early Years. Indicators will then be linked to

each element of the plan. They are likely to include some of the following key measures:

Parent/Family wellbeing

- Income
- Employment
- Housing status
- Mental health distress scores
- Smoking
- Drug & alcohol use/misuse
- Domestic/family violence

Maternal health

- Percentage of births to adolescent mothers
- Proportion of women smoking in pregnancy
- Rates of drug and alcohol dependency during pregnancy
- Antenatal care attendance: proportion of first visits by duration of pregnancy
- Maternal depression/ other mental health problems in the antenatal and postnatal period

Child health and wellbeing:

- Prevalence of low birth weight and pre-term birth
- Perinatal, infant and child mortality rates
- Rates of exclusive breastfeeding at 3 months and predominant breastfeeding at 6 months
- Percentage of children who are fully immunised at 12 months and 2 yrs
- Proportion of homes with young children where adults smoke inside
- Rates of childhood injuries: accidental and non-accidental
- Measures of social and emotional development

Mental health and behaviour:

- Proportion of children at key ages with behavioural or mental health problems and disorders

Early learning and school readiness

- Proportion of children who are read to by a parent or carer on a regular basis
- Proportion of children aged 3 and 4 years enrolled in quality day care or pre-school programs
- Percentage of children in years 3, 5 and 7 meeting national literacy and numeracy benchmarks
(Possible use of AEDI)

Child protection

- Rates of child abuse substantiations
- Rates of re-notifications to child protection
- Hospitalisation for non-accidental injuries
- Numbers in out-of-home care
- Exposure to domestic/family violence

Juvenile justice

- Rates of children in juvenile detention
- Number of young people involved in youth crime

Parenting programs and information

- Availability of parenting information and information on local services
- Proportion of new parents who access parenting programs

Parenting and family relations

- Family functioning and degree of stress
- Proportion of parents who feel confident in their role

Social support networks

- Proportion of new parents with access to new parent support groups
- Proportion of parents with young children who feel supported in their local community

Community Measures

- Community outcome measures will need to be developed, and could include some of the goals and indicators used in *Tasmania Together*. It will be important to monitor a number of areas including relevant public policy, community cohesion, networks and programs, safety and transport.

For some of the above areas data is already collected routinely in Tasmania, and available through ABS as well as local sources, while for others data collection systems will need to be established, or regular surveys undertaken.

At a national level, the Australian Institute of Health and Welfare has developed a set of key indicators of children's health and wellbeing (AIHW 2004) and will be presenting the first report of these in 2005 ('A Picture of Australian Children 2005') as part of a national program of data collection and regular reporting. This report will include reporting on the wider social, community and economic contexts in which children and young people in Australia are growing up, and the way these influences affect outcomes. It is not yet clear whether and how data from individual states will be collected and presented. The Centre for Community Child Health, Melbourne, is also working on developing national indicators for child health and wellbeing for the Commonwealth.

There are existing models that could be adapted for Tasmania: in NSW the Families First Project has developed an outcomes framework incorporating outcomes for children, families and communities (University of New South Wales, 2002); while the Commissions for Children and Young People in both Queensland and New South Wales have also developed indicators for monitoring the wellbeing of children (A Head Start for Australia: an Early Years Framework, 2004).

One useful measure, which could be adopted in the future in Tasmania, is the Australian Early Development Index (AEDI; Sayers et al., 2004). This instrument, adapted in Western Australia from the original Canadian model, is currently implemented in first year primary schools in WA, and is now being implemented and evaluated in communities around Australia by the Australian Early Development Index Partnership. It provides a community-level measure of how children are developing by the time they reach school age, based on a teacher-completed check-list covering five developmental domains. In Canada and in Perth WA, it has been positively received by teachers and found to be a useful tool for community mobilisation around early childhood.

The use of the Early Development Index (EDI) together with geographical mapping of other indicators of child health and wellbeing, such as income, employment, community assets, crime rates, child abuse notifications, is used in Canada as an

extremely useful tool in highlighting vulnerable communities and mobilising resources (Human Early Learning Partnership, 2003).

9. Governance and accountability

Key governance challenges for any early years strategy include building a common vision and purpose, and fostering collaboration across government departments, within service delivery networks, and between levels of government. It is also critical to build a shared culture between the government and its communities. A further challenge is to engage voluntary organisations so they are able to maintain their advocacy role while at the same time working within a shared strategic vision.

This will require courageous and visionary leadership at both political and bureaucratic levels, that can drive policy, set priorities and ensure necessary structures of accountability are in place. Whatever model of governance is adopted in Tasmania, it is recommended that the following important features be included:

- Political leadership at the highest level, with a designated lead Minister, who will champion and drive the strategy, together with champions external to Government;
- Shared goals and objectives, agreed at the highest level by all players;
- High-level multi-agency group of senior executives to drive the strategy collaboratively across portfolios;
- Effective linkages to both the Budget Committee and the Cabinet Subcommittee on Social Policy;
- Access to an independent Early Childhood Advisory Group advising the Lead Minister, with relevant academic and service expertise;
- Strong linkages to Tasmania *Together* and to other related initiatives (see section 10);
- Close working relationships with local government;
- Strong local planning mechanisms formally feeding in to Early Years central planning; and
- Mechanisms for ensuring the voices of children and families are heard in planning and delivering services.

10. Next steps

The first major steps in progressing the Early Years Policy Framework will be to agree a process and resources for development of a whole-of-government Strategic Plan for the Early Years, and as part of this to agree the preferred governance model (see related paper *Policy Framework for the Early Years: Options for Governance and Accountability*). Consultation with the community and other key stakeholders should inform development of the plan, while agreement on draft outcome measures would also be linked to development of the Strategic Plan.

At an appropriate point in time, it will be important to develop a communications strategy to inform the public and all other stakeholders of the Government's intentions

in relation to the Early Years. This has the potential to be a really positive news story for Government..

References

- Australian Bureau of Statistics (2002) Cat.No. 3301.0 – Births Australia.
- Australian Bureau of Statistics (2004) Cat.No. 4102.0 –Australian Social Trends.
- Australian Bureau of Statistics (2005) 3311.6.55.001 Demography, Tasmania
- Australian Council of Social Service (2003). The Bare Necessities: Poverty and Deprivation in Australia Today. Submission to the Senate Inquiry into Poverty and Financial Hardship. Sydney: ACOSS.
- Australian Government (2000). Stronger Families and Communities Strategy. www.facs.gov.au/internet/facsinternet.nsf/
- Australian Institute of Health and Welfare (2004): Key national indicators of children's health and wellbeing. Bulletin no.20. AIHW cat. No.AUS53. Canberra: AIHW
- Australian Institute of Health and Welfare (2005). Child Protection Australia 2003-04. AIHW cat. no. CWS 24. Canberra: AIHW (Child Welfare Series no. 36).
- Bennet, E. (2001) A universal screening program for Postnatal Depression in Tasmania. Presented at the 1st Congress on Women's Mental Health, Berlin, March 2001.
- Committee for Economic Development (2002). Preschool for All: Investing in a Productive and Just Society. New York: CED.
- Combes, J. and Hinton, T. (2005). Making Choices: Young People and Pregnancy in Tasmania. Tasmanian Government: Department of Health and Community Services
- Department of Family and Community Services (FACS) (2004). National Agenda for Early Childhood. www.facs.gov.au/internet/facsinternet.nsf/family/earlychildhood.htm
- Department of Health and Human Services (2003). Our Kids Action Plan 2004 – 2007.
- Department of Premier and Cabinet (2004). Brighton Partnership Agreement 2004. www.dpac.tas.gov.au/divisions/lgo/partnerships/agreement/Brighton.pdf
- Government of Victoria (2004). Putting Children First...the next steps. www.dpc.vic.gov.au
- Heckman, J. (1999) Policies to Foster Human Development. Working Paper 7288. Cambridge, Mass: National Bureau of Economic Research.
- Human Early Learning Partnership (2003). Helping Children Thrive: Early Child Development Mapping Project. www.earlylearning.ubc.ca
- Lynch, R. (2004) Exceptional Returns: Economic, Fiscal and Social Benefits of Investment in early Child Development. Washington: Economic Policy Institute.
- Moore, T., Ochiltree, G. and Cann, W. (2002) Best Start Effective Intervention Programs: examples of effective interventions, programs and service models. Government of Victoria, Department of Human Services.

- McCain, M. & Mustard, J. (co-chairs) (1999) Reversing the real brain drain: Early Years Study final report. Canada: Government of Ontario Children's Secretariat.
<http://www.earlychilddevelopment.ca/ey/home.nsf/info/eyreport!opendocument>
- McCain, M. & Mustard, J. (2002) The Early Years Study Three Years Later. From Early Child Development to Human Development: Enabling Communities. Toronto: The Founders Network.
- National Crime Prevention (1999), Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia. National Crime Prevention, Attorney General's Department, Canberra.
http://www.ag.gov.au/nep/Publications/80917_pathways_report/index.htm
- NSW Commission for Children and Young People & Commission for Children and Young People (Qld). (2004) A Head Start for Australia: An Early Years Framework.
- OECD (2001). Starting Strong: Early Childhood Education and Care. Paris: Organisation for Economic Co-operation and Development.
- Rolnick, A. and Grunewald, R. (2003) Early Childhood Development: Economic Development with a High Public Return. *Fedgazette*, Federal Reserve Bank of Minneapolis, March.
- Sawyer et al, (2000) The Mental Health of Young People in Australia, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra
- Sayers, M., Goldfeld, S., Coutts, M., Silburn, S. (2004). The Australian Early Development Index: building better communities for children. Paper delivered at 9th Australian Institute of Family Studies Conference 2004.
www.australianedi.org.au
- Schweinhart, L.J. (2004) The High/Scope Perry Preschool Study Through Age 40. Summary, conclusions and frequently asked questions.
<http://www.highscope.org/Research/PerryProject/PerryAge40SumWeb.pdf>
- Shonkoff, J.P. & Phillips, D.A. (Eds) (2000) From Neurons to Neighbourhoods: The Science of Early Childhood Development. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington DC: National Academy Press.
- Shore, R. (1997) Rethinking the Brain: New Insights into Early Development. Families and Work Institute, New York.
- Stanley, F. (2003a) Before the Bough Breaks: Doing More for our Children in the 21st Century. Cunningham Lecture 2002, Occasional Paper Series 1/2003. Academy of the Social Sciences in Australia: Canberra.
- University of New South Wales Research Consortium (2002). Families First Outcomes Evaluation Framework, for the Cabinet Office of New South Wales.
http://www.familiesfirst.nsw.gov.au/public/s26_homepage/default.aspx
- van der Gaag, J. (2002). From Child Development to Human Development. In: M.E.Young (ed). From Early Child Development to Human Development. Washington: World Bank
- Waters E, Goldfield S and Hopkins S (2002), Indicators for child health, development and wellbeing – a systematic review of the literature and recommendations for population monitoring. Melbourne: Centre for Community Child Health and Royal Children's Hospital.
- Zubrick, S. R, Silburn, S. R, Burton, P & Blair, E. (2000) Mental Health Disorders in Children: Scope, Cause and Prevention, *Journal of the RANZCP*, 34: 570-78

Appendix A. Service Mapping- Early Years Provision in Tasmania

The following table summarises the main services and initiatives in Tasmania that support children under five and their families. Broad cost estimates are given wherever possible, but in many cases (particularly in DHHS) services cover a range of ages and it is not possible to disaggregate the under fives component. Tertiary service costs (eg child protection, hospital paediatric services) have not been included. Within DHHS population health and oral health there are a variety of programs, such as nutrition, women's health, dental health promotion etc that have an under fives component, but again these have not been included as they cannot be disaggregated with any accuracy. All data refers to 2003-2004. Information as at 21.4.05.

Agency/ Organisation	Service	Data/Comment	Source of funding	Govt. Funding estimates
DoE	Early Years provision: Kindergartens – all schools. Pre-kinder programs in many schools: play groups, parenting, early literacy, parent-child, parent rooms, community development etc	Audit of pre- kinder activities recently completed. Evaluation of Derwent & Tamar programs complete. Sustainability issues	Kinder: DoE Pre-kinder programs: from within school budgets.	<u>Kinder:</u> \$21.34 million + Minor works: \$177,000
DoE	StrongStart early years initiative in W. Tamar and Derwent valley	Evaluation in progress. Ends June 2005	Funded by DoE \$200,000 over 3 yrs.	Non-recurrent \$200,000
DoE	Child care	Unmet need especially in south	Commonwealth (approx. \$30 million); Parents State Govt.	<u>General:</u> \$1.57 million + <u>ESIF Funding:</u> \$3.599m ESIF \$250,000 DoE \$250,000 Lady Gowrie
DoE	Early learning centres (4)	Special education	DoE	\$2.434 million
Independent schools	Some long day care/other pre-school provision		Parents/ federal grants	\$259,705
Catholic schools	Kindergartens (at all 31 primary schools) Pre and post school care (12 schools) Vacation care (8 schools) Play groups (7 schools)		Parents/federal grants	\$547,556 Kinder only.
DoE/Libraries	Baby book loan programme 'Babies who read succeed'	No State level linkages yet to hospitals or	DoE	\$25,306

		FCYHS		
DHHS	FCYHS: under 5's services	Re-design of service proposed.	DHHS (Children and Families) core funding	Approx. \$6,000,000
DHHS	CAMHS	Draft review (2004) noted resource limitations	DHHS (MHS) core funding. 'Bridging the Gap' will double the resources to CAMHS over next 2 yrs.	Minimal funding for services to under 5's
DHHS	Maternity/antenatal Services	Developing Maternity Services Strategic Plan	DHHS (HAS) core funding	Cannot be disaggregated
DHHS	Family support programs	Review current	DHHS grants to NGOs: approx \$2,140,000 in total	Approx. \$631,650 for under 5's family support
DHHS	Brighton and Burnie Early Years Initiatives	Time-limited to June 2006. Sustainability issues	CSL funding: \$200,000 each over 3 yrs	\$400,000
DHHS	Neighbourhood houses: play groups, parenting programs etc	Activities limited by part-time coordinators	DHHS Children and Families: State/Commonwealth agreement.	Total cost of neighbourhood houses: \$1,226,963. Early years programs cannot be disaggregated
DHHS	Other CSL funded programs: injury prevention, mental health promotion, Making Choices: young people and pregnancy; small NGO programs	Time-limited, sustainability issues	Child home injury prevention: \$120,000 over 3 yrs. Making Choices: \$80,000 over 3 yrs.	\$200,000
DPAC	Kids in Mind Tasmania: some programs target early years	Community development post in N, Parent Assist, Family Sensitive Services etc. Evaluation planned 2005/06	Project funded from Cabinet until end June 2006 (\$500,000 per year for 3 years)	

DPPS	Programs mainly focused on older children/young people. Some PCYCs offer childcare	Commitment to Early Intervention focus	Core funding	
Justice	Reconnect program for offenders. Family Violence Act highlights risk to young children		Core funding	
GPs	Antenatal shared care, some child health surveillance, immunisation	Data on GP involvement not available		
Commonwealth FACS, Stronger Families and Communities Strategy	'Communities for Children' funded in Launceston and Burnie. Local Answers funded in Devonport, Ulverstone; REACH parenting program in Burnie; Child Care Links in L'ceston	Collaborative projects delivered through NGOs. 2-4 yrs funding	\$5 million over 3 years for Communities for Children	
Play Groups Association	Play groups in many localities state-wide		Commonwealth funding (approx. \$200,000); philanthropic trusts	
Tasmanian Community Fund	3 Early Intervention programs funded: NEWPIN (L'ceston); Northern Midlands Council – 'Be OK' (Campbelltown); Tottenham	Short term funding, maximum 3 yrs.	NEWPIN \$469,300 over 3 yrs; 'Be OK' \$98,900 over 2 yrs; Tottenham \$100,000 over 2 yrs.	
Non-Government Organisations (NGOs)	Good Beginnings, ESP, Salvation Army, Anglicare, Centacare, Colony 47, Lady Gowrie , other family support organisations	Several collaborative programs with DHHS/DOE	Mostly project funding, various sources including Commonwealth .Some on rolling grants from DHHS.	
Local Government	Some (eg Brighton) involved in joint initiatives, 9 have community development officers.	Info from LG Directory; Partnership agreements: Brighton is good example	Local govt/ratepayers,	

EARLY YEARS POLICY FRAMEWORK: Summary Table

VISION

All children living in Tasmania have the best possible start in life.

GOALS

Ensure all young children have equal opportunity for optimal development to become creative, competent, caring and resilient young people and adults through:

1. Fostering a society in which all children are valued and all citizens feel responsible for their welfare;
2. Supporting parents to promote and nurture their young children so they can develop to their full potential;
3. Building on the existing strengths and creativity of local communities to better value children and support the role of parents;
4. Improving access to coordinated, supportive and responsive health, early education and family support services; and
5. Strengthening agencies working together to make sure families get the services they need.

OBJECTIVES

1. To improve children's early developmental, health and wellbeing outcomes;
2. To promote broader policies and strategies that reduce poverty and disadvantage;
3. To ensure targeted services for vulnerable groups are firmly embedded within universal service delivery systems, and that all services delivered to children and families are efficient, effective and evidence based;
4. To assist parents to gain the skills and confidence they need to be capable parents;
5. To support community decision making and strengthen communities to become better environments (socially, economically and physically) in which to raise children;
6. To improve communication, coordination and collaboration between agencies and services in support of families with young children;
7. To ensure all staff are equipped with the knowledge skills and attitudes to work flexibly with families and children, using family-centred approaches; and
8. To develop locally owned and locally responsive services for families with young children that are creative, flexible, culturally sensitive and sustainable and are aligned with the Early Years State Strategic Framework.

PRINCIPLES FOR INVESTMENT

1. Positive child health, development and wellbeing should be promoted through a universal system of support that every child in Tasmania can access.
2. Targeted services and additional resources should be firmly embedded within a universal service system, and should be directed to those families or communities where risk factors for poor outcomes are high.
3. Integration of services across agencies and organisations should take place to create holistic environments for young children and their families, with strong local coordination and co-location of services wherever appropriate to meet local need.
4. Services provided should be evidence based and of high quality, with mechanisms in place for continual review and improvement within an outcome oriented framework.
5. The approach to planning services and activities should be responsive to local needs and resources, and should promote active community collaboration at all stages of defining needs, planning, developing and delivering services.

STRATEGIC PRIORITIES

PRINCIPLES FOR SERVICE DELIVERY

Effective programs should:

- Be based on a sound theoretical framework, using evidence based practice and seeing the child within the context of the family and society;
- Be staffed by people who have the appropriate qualifications and skills, and are supported to provide high quality services;
- Adopt a family-centred approach that starts where families are at developmentally, builds on existing family strengths and competencies, and enhances families' ability to resolve problems for themselves;
- Be individualised and responsive to family needs and circumstances;
- Encourage practitioner-family relationships that are characterised by partnerships and build strong relationships based on mutual trust and respect;
- Provide information enabling families to make informed choices;
- Be sensitive and responsive to family cultural, ethnic and socio-economic diversity; and
- Be community based, utilising community resources, and with sustainable ongoing coordination with other programs and services.

SUGGESTED INITIAL STRATEGIES

Priority 1: Building communities that support families.

Effective parenting is influenced by the health of the neighbourhood and community as well as the capacity of the individual. A sense of belonging to a community, and trust in community members is associated with a lower risk of child abuse and neglect. Children's centres can be a focus for building community capacity.

- Investment in sustainable community development in areas of greatest need – not short-term funding.
- Investment in infrastructure (such as early childhood development centres linked to schools; playgrounds; neighbourhood houses etc) and local networks around early childhood services.
- Partnerships with Local Councils: introduce Early Years plans into all partnership agreements on a gradual basis (as per Brighton), alongside appropriate staff development and training.
- Review lessons from current community building initiatives in Tasmania and recommend best strategies.

Priority 2: Improving multi-agency working and making agencies family-friendly.

There is evidence that early intervention services have the most impact when they are provided as part of a coordinated network. This allows services to work more closely with communities in planning and developing more responsive and coordinated services

- Establish formal structures for regional and locality networks of service providers, bringing government and non-government services together.
- Reform management and funding structures to support cross-agency working and pooled funding, particularly at locality level.
- Co-locate services at different sites appropriate to locality to improve families' access to services.
- Develop a workforce strategy and resources to address staff professional development, particularly in the areas of family-centred practice, collaborative working, multi-cultural working, communication skills, and working effectively with parents and families.

Priority 3: Supporting adolescents to make good decisions about pregnancy and parenting.

- Improve provision of evidence based sexual health and relationship counselling in schools.
- Provide ready access to free family planning services

<p><i>Tasmania's birth rate among teenagers is one of the highest in Australia. Adolescent pregnancy and parenthood is associated with greater than normal health and social risks for both parents and children; to a large extent the outcomes are related to whether the pregnancy is the result of a positive choice or not.</i></p>	<p>and contraception.</p> <ul style="list-style-type: none"> • Provide access to adolescent-appropriate parenting information and programs. • Expand adolescent-friendly 'health' services; involve GPs. • Implement the 'Making Choices' Strategy and Action Group.
<p><i>Priority 4: Supporting parents who are expecting a new baby.</i></p> <p><i>Good care and nutrition in pregnancy are critical to pregnancy outcomes, while stress and anxiety in pregnancy, such as that associated with domestic violence, can also influence the health and development of the baby. Appropriate support and care in pregnancy lays the groundwork for a healthy start in life, while preparation for parenthood programs can improve confidence and attachment.</i></p>	<ul style="list-style-type: none"> • Improve access to locally based antenatal care. • Introduce comprehensive antenatal psycho-social assessment. • Establish closer linkages between maternal and child health services and clear referral pathways to universal and indicated services. • Establish preparation for parenthood programs. • Expand evidence-based programs to reduce smoking and improve nutrition, in order to reduce the prevalence of low birth weight.
<p><i>Priority 5: Supporting parents who are caring for a new baby or young children.</i></p> <p><i>Most new parents need information and some support with parenting. Early intervention through home visiting by trained nurses,</i></p>	<ul style="list-style-type: none"> • Provide universal nurse home visiting. • Introduce sustained home visiting for vulnerable groups. • Establish new parents groups in all localities.

linked to other health and support services, has been shown to have lasting benefits, while increasing the social support for new parents reduces isolation and depression and improves confidence. Recent research on early brain development demonstrates that the quality of early care and nurturing in the home profoundly affects a baby's development and has a lasting impact.

- Provide accessible parenting information.
- Establish parenting programs, including those to engage fathers, in a variety of settings.
- Establish early literacy programs.
- Ensure family support programs tailored to need.
- Develop culturally sensitive strategies and programs for specific vulnerable groups.

Priority 6: Enhancing opportunities for early literacy, quality day care, and education.

Opportunities for learning through play and stimulation are critical for optimal development. Parents are a child's first teachers, and most welcome support in this role. High quality care and education in preschool settings have been shown to have lasting effects on a child's social, emotional and intellectual development. Such settings can also provide effective support and opportunities for parents

- Provide parenting information, education and support through all pre-kinder and school settings.
- Establish early literacy programs.
- Promote quality in all pre-kinder settings through introduction of the Essential Connections Framework.
- Strengthen linkages between all service delivery agencies.
- Co-locate services wherever possible.
- Establish schools as community centres, with specific sustained funding for this role.
- Advocate for universal access to free, quality day care.