

Productivity Commission Inquiry into Mental Health: Draft Report

Response from Early Childhood Australia

December 2019

About us

Early Childhood Australia (ECA) is a not-for-profit organisation that has been a voice for children since 1938. We have a federated structure with branches in every state and territory in Australia and our membership includes individual professionals, early childhood services and schools, as well as public, private and not-for-profit organisations that share a commitment to young children.

Our vision is that every young child is thriving and learning. To achieve this, we champion the rights of young children to thrive and learn at home, in the community, within early learning settings and through the early years of school.

Our work builds the capacity of our society and the early childhood sector to realise the potential of every child during the critical early years from birth to the age of eight. ECA specifically acknowledges the rights of Aboriginal and Torres Strait Islander children and their families, and the past and current injustices and realities for them around Australia.

Find out more at: www.earlychildhoodaustralia.org.au

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1. Overview

Early Childhood Australia (ECA) is pleased to respond to the Draft Report of the Productivity Commission's Inquiry into Mental Health.

This submission expands on the testimony provided to the Commission by the CEO of ECA, Ms Samantha Page, at an inquiry hearing in Canberra on 15 November 2019.

As ECA noted in its original submission to the Commission, the presence of 'protective factors' decreases the likelihood that children will experience mental health difficulties, from birth through the middle years of childhood and into adolescence, even when children are exposed to risk factors.¹

Early learning and care services have the potential to provide protective factors, in conjunction with other support services for children and families. While early childhood educators will often have limited capacity to change the presence of risk factors in children's lives, they are in a position to provide protective factors that mitigate against harm to children's social and emotional wellbeing.

The key to unlocking this potential is providing early childhood educators with the knowledge and skills to support children's mental health and to recognise problems early. While the early learning and care sector is willing to take on this role, finding the time and resources for staff training can be very difficult. For this reason, ECA has publicly welcomed the Commission's draft recommendation for better funding to support educators to receive evidence-based training in social and emotional development and identifying young children at risk (see ECA media release at Attachment A).

ECA also supports better provision of integrated services to families and children. This will require a very different approach to planning, funding and reporting for integrated services, which often struggle with ad hoc, insecure and uncoordinated funding regimes.

2. Responses to draft recommendations

Draft recommendation 17.2: SOCIAL AND EMOTIONAL DEVELOPMENT IN PRESCHOOL CHILDREN

Services for preschool children and their families should have the capacity to support and enhance social and emotional development.

In next 2 years:

Draft recommendation: State and Territory Governments should use existing guidelines to expand early childhood health checks, such that they assess children's social and emotional development before they enter preschool.

¹ Early Childhood Australia. (2019). *Productivity Commission Mental Health Submission*. Accessed at https://www.pc.gov.au/data/assets/pdf_file/0003/240492/sub221-mental-health.pdf.



ECA response: Supported.

ECA supports this draft recommendation, but notes that parents will require clear information about the purpose of assessing their child's social and emotional development, and what their child's results mean.

In seeking to increase the detection of social and emotional problems in young children, this recommendation should also be accompanied by a focus on smoother pathways to support. Parents and early childhood educators often know when a child is struggling with social and emotional wellbeing - the real gap lies in the responses that are available to them.

At the moment, responses to children with poor social and emotional wellbeing tend to cluster around either 'prevention' or 'crisis response'; instead, we need more options in the middle, enabling families and educators to access specialists and receive advice and support. Current funding mechanisms rely heavily on the child going 'out' to see a specialist (out of the context of their everyday life), rather than the family or educator being able to invite a specialist 'in' and then implement interventions in context.

Building support into a child's daily life can be highly effective. For example, speech therapy is often integrated into early learning and care settings, rather than being delivered to a child through a series of offsite, individual interventions.

Draft recommendation: State and Territory departments of education should ensure that all early childhood education and care services have ready access to support and advice from qualified mental health professionals.

ECA response: Supported, with questions about the timeframe.

Australia needs better models of transdisciplinary collaboration, to provide early childhood educators with access to mental health professionals and help them respond to young children experiencing difficulties.

While ECA supports this recommendation, we also draw attention to issues of availability and scarcity. Successful implementation of this recommendation relies on a sufficient number of paediatric mental health professionals, with enough time to engage in professional conversations with early childhood educators. It may take more than two years to develop a sufficiently large network.

Draft recommendation: The Australian Children's Education and Care Quality Authority should review the pre service training programs for early childhood educators and teachers to ensure qualifications include specific learning on children's social and emotional development.

ECA response: Supported.



Children's social and emotional development should be at the core of the curriculum for all initial teacher education (ITE) degrees in early childhood and for early childhood qualifications at the Diploma and Certificate III levels. This reflects the heavy emphasis on children's social and emotional learning and development in the national curriculum documents, the *Early Years Learning Framework* and the *Framework for School Age Care*.

In the medium term (over 2 – 5 years):

Draft recommendation: State and Territory departments of education, as the regulators responsible for early childhood education and care, should review the quality improvement plans of all services to ensure they include professional learning for staff on child social and emotional development.

ECA response: Supported, on the proviso that the professional learning is high quality.

Equipping educators to support children's social and emotional development is central to delivering quality education and care. Professional learning is therefore an essential part of quality improvement plans.

However, as the draft report acknowledges, there is limited monitoring of the quality of professional development courses for early childhood educators. The early learning and care sector would benefit from guidance on what type of professional development in social and emotional wellbeing works, and how it can be delivered. Scaling up existing high-quality, evidence-based programs, such as Be You, is likely to be the best option for meeting the Commission's goal and timeframe in this area.

Draft recommendation: Where this is not already occurring, funding for backfilling should be made available to enable early childhood education and care staff to attend accredited professional development, to support their knowledge of child social and emotional development and mental health.

ECA response: Supported.

As ECA stated in its initial submission to this inquiry, 'it is integral that there is adequate time for early childhood educators to participate in quality, accessible evidence-based professional development and reflective practice'.

Cost is currently a significant barrier to professional development for educators. For many early learning and care services, the cost of replacing (backfilling) staff who are undertaking professional development is prohibitive. This is particularly the case for small, stand-alone early learning and care services, which cannot benefit from the larger staffing pools and training budgets available to large, multi-site operators.

This is a longstanding problem, but one that was addressed successfully earlier this decade, through the Australian Government's Long Day Care Professional Development Programme (LDCPDP), which ran from 2013 to 2017. The LDCPDP was designed to ensure that early learning services and their



staff could understand and implement the new National Quality Framework and the Early Years Learning Framework.²

The LDCPDP allocated around \$200 million over a three-year period, delivered via lump-sum payments to early learning and care services and then acquitted via formal reporting to the government. Eligible activities under the LDCPDP included:

- formal education and training courses (including undergraduate and graduate)
- informal training, such as courses (online and face-to-face), coaching, mentoring and conferences
- resources and travel to support learning
- backfilling positions when staff were absent for eligible training.³

The cost of supporting professional learning in children's social and emotional wellbeing must be weighed against the cost of not acting, and particularly the urgency of reducing mental health problems and suicide rates among young people (including adolescents and children). Government funding that equips early childhood services to support the youngest Australians is a smart investment, and would doubtless generate a high return (in both social and economic terms).

The Commission could also consider options to more intentionally acknowledge and mandate professional development in this area, through legislative instruments such as the National Quality Standard and Employment Awards for early learning services.

Draft recommendation: State and Territory Governments should expand the provision of parent education programs through child and family health centres.

ECA response: Supported.

ECA strongly supports efforts to increase parents' understanding of early childhood development, including factors that promote mental health, increase resilience and reduce risk over the long term. Educators and early learning services have a role to play in this area: many already work within a context of complexity, with a strong emphasis on wellbeing, relationships and collaboration with

families. Early learning and care services are therefore well placed to support parents' learning about their children's social and emotional wellbeing, as part of larger transdisciplinary teams.

² Department of Education (Australia). (2014) *Long Day Care Professional Development Programme Funding Guidelines*. Accessed at https://docs.education.gov.au/system/files/doc/other/ldcpdp_funding_guidelines_2_0.pdf.

³ Department of Education (Australia). (2014). *Long Day Care Professional Development Programme Funding Agreement*. Accessed at https://www.dss.gov.au/sites/default/files/documents/06_2015/ldcpdp_funding_agreement_-_september_2014_0.pdf.



3. Issues raised in the 15 November 2019 hearing

Targeted assistance for vulnerable families

A current Australian program is demonstrating the value of delivering intensive interventions to the most vulnerable and disadvantaged children and their families.

The Early Years Education Program (EYEP) trial is a centre-based, early learning and care program involving children exposed to significant family stress and social disadvantage. Initiated by Kids First, a not-for-profit welfare organisation, EYEP is delivered in the north-east of Melbourne and is being evaluated by the Melbourne Institute of Applied Economic and Social Research (University of Melbourne) in a randomised controlled trial.

EYEP is a targeted, intensive support model, with children enrolled for three years (50 weeks per year, five hours per day). EYEP is also multi-disciplinary, and includes an infant mental health consultant as a member of staff.

Based on an evaluation of its first 24 months of operation, EYEP has already delivered 'large positive impacts' for children's development, 'primarily IQ, protective factors related to resilience and social-emotional development'.⁴ This includes a decrease of 30 percentage points in the proportion of children in the clinical range for social-emotional development.

The EYEP model is intensive and therefore expensive – but it is entirely appropriate for children at very high risk of poor social and emotional development. An analogy might be providing chemotherapy to a child with cancer: only a small cohort of the population is affected, but the threat warrants the best interventions we have available.

Role of outside school hours care services

Outside school hours care (OSHC) services are well-placed to support the social and emotional wellbeing of children. OSHC services are required to operate in accordance with *My Time, Our Place - Framework for School Age Care in Australia* (FSAC).⁵ This framework requires OSHC services to support and build children's social and emotional wellbeing:

OUTCOME 3: CHILDREN HAVE A STRONG SENSE OF WELLBEING

- *Children become strong in their social and emotional wellbeing*

⁴ Tseng, Y.P., et al. (2019) *Changing the Life Trajectories of Australia's Most Vulnerable Children. Report No. 4: 24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers*. p. 3. Melbourne: University of Melbourne. Accessed at https://fbe.unimelb.edu.au/data/assets/pdf_file/0003/3085770/EYERP-Report-4-web.pdf

⁵ Department of Education and Training. (2011). *My Time, Our Place – Framework for School Age Care in Australia*. Canberra: DET. Accessed at <https://docs.education.gov.au/node/3388>



- *Children take increasing responsibility for their own health and physical wellbeing.*⁶

In addition to participating in Be You, OSHC services could host sessions that deliver specific programs to targeted groups of children, such as Cool Kids, a program for children suffering anxiety disorders.⁷

Integration of services

Providing families with easy access to advice and support for their children's mental health is critically important, but cannot be delivered via a single model. Rather, we need to develop flexible approaches that allow communities to organise supports in the most appropriate ways: in some locations the local school will be the best hub for integrated services, in other locations it may be the preschool or an Aboriginal health service. Prominent examples of integrated services include the Logan Together initiative and the work of Our Place in school sites like Doveton College.⁸

In 2016, the GAP Taskforce on Early Childhood Education identified an urgent need to improve the way services for young children are designed and delivered. The Taskforce recommendations included:

- Adopt a strengths-based approach
- Engage communities in service design
- Improve service integration.⁹

This requires significant work. Integrated service models can be highly effective, but they are generally more expensive than 'siloe'd' service models, and the process of assembling and managing multiple funding sources can be exhausting and highly inefficient. The GAP Taskforce suggested new structures to overcome these difficulties:

- 'Alliance contracting': a single contract between the government and an alliance of providers who are jointly responsible in delivering the integrated service.
- A pooled funding approach: funding bodies contribute to a single fund to 'buy outcomes'.¹⁰

⁶ Department of Education and Training. (2011). Op. cit. p. 31

⁷ Macquarie University. (2019). Cool Kids Anxiety Program. Accessed at <https://www.mq.edu.au/about/campus-services-and-facilities/hospital-and-clinics/centre-for-emotional-health-clinic/programs-for-children-and-teenagers/expandable-information/cool-kids-program>

⁸ Logan Together. (2019). 'About Logan Together'. Accessed at <https://logantogogether.org.au/about-us/>. Our Place. (2019). 'Our approach'. Accessed at <https://ourplace.org.au/our-work/>.

⁹ GAP Taskforce on Early Childhood Education. (2016). *Final report*. Sydney: Global Access Partners, p. 4. Accessed at https://www.globalaccesspartners.org/ECE_Taskforce_Report_GAP_Oct2016.pdf.

¹⁰ GAP Taskforce on Early Childhood Education. (2016). Op. cit. p. 35.



The language of mental health in early childhood

ECA generally uses the language of ‘social and emotional wellbeing’ rather than ‘mental health’ in relation to young children. This draws directly on the terminology in the FSAC (outlined above) and the Early Years Learning Framework (EYLF), the national curriculum document for early learning and care:

OUTCOME 3: CHILDREN HAVE A STRONG SENSE OF WELLBEING

- *Children become strong in their social and emotional wellbeing*
- *Children take increasing responsibility for their own health and physical wellbeing.*¹¹

Both the FSAC and EYLF place children’s wellbeing – both psychological and physical – at the centre of their experiences in early learning and school age care settings. The frameworks ask educators to take a holistic, comprehensive approach to children’s wellbeing:

*To support children’s learning, it is essential that educators attend to children’s wellbeing by providing warm, trusting relationships, predictable and safe environments, affirmation and respect for all aspects of their physical, emotional, social, cognitive, linguistic, creative and spiritual being.*¹²

However, ECA notes that the Be You program uses both ‘social and emotional wellbeing’ and ‘mental health’, in specific contexts to communicate particular messages. There is no reason to avoid the language of ‘mental health/illness’, but it should be used very deliberately, and may not always be the most appropriate term.

¹¹ Department of Education and Training (Australia). (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. Canberra: DET, p. 34. Accessed at https://docs.education.gov.au/system/files/doc/other/belonging_being_and_becoming_the_early_years_learning_framework_for_australia_0.pdf

¹² Department of Education and Training (Australia). (2009). Op. cit., p. 33.



MEDIA RELEASE

Thursday 31 October 2019

Productivity Commission highlights urgent need for early mental health support

Early Childhood Australia (ECA) has today welcomed the call for better funding to support early childhood educators to have evidence-based training in social and emotional development and identifying young children at risk.

The call by the Productivity Commission Inquiry into Mental Health is among many recommendations for early childhood in the Draft Report released today. ECA CEO Samantha Page said the integration of social and emotional wellbeing checks of children aged up to three years was worthwhile, but more support for early childhood professionals to have capacity to undertake training was crucial.

‘Integrating mental health related support across the early childhood curriculum, programming and practice is effective in ensuring young children have adequate access to mental health support. However, it is essential there is adequate time for early childhood educators to participate in quality, evidence-based professional development,’ Ms Page said.

ECA is pleased the inquiry accepted its recommendation and has proposed for better funding for backfilling to be made available to enable educators to attend professional development opportunities.

‘We know developmental vulnerability and disruptions in developmental processes can negatively influence a child’s capacity for learning and relating to others, which has lifelong implications,’ Ms Page said.

‘Early childhood services can provide crucial support. Unfortunately, when children do not have access to affordable, high-quality early learning, they may miss out on both educational opportunities and the protective factors that can decrease the impact of mental ill-health.’

Building off the great work of KidsMatter Early Childhood, the Be You initiative, which provides educators with the knowledge to support children’s mental health, has been successful in implementing mental health support and programs across Australia. However, it requires further investment from the Federal Government to increase its impact.

-ENDS-

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