

Early Years Strategy

2024-2034

Outcomes Framework

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# Acknowledgement of Country

The Australian Government acknowledges Aboriginal and Torres Strait Islander peoples throughout Australia and their continuing connection to land, water, culture and community.

We pay our respects to their Elders both past and present.

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# Executive Summary

*This Outcomes Framework (the Framework) has been developed to measure progress under the Early Years Strategy 2024 – 2034 (the Strategy). The Strategy sets out the Australian Government’s vision that all children thrive in their early years. It seeks to ensure that all children have the opportunity to reach their full potential, nurtured by empowered and connected families who are supported by strong communities.*

The Strategy provides an agreed framework to shape how the Government prioritises young children’s wellbeing and delivers the best possible outcomes for them. It provides a shared vision to drive and align policy efforts and investments in the early years, and promote a more coordinated, integrated approach across Government.

The Framework outlines how we will measure progress against the Strategy’s vision and priority focus areas. Designed to support measurement across the 10-year life of the Strategy, it will allow the Government to monitor and report on trends and changes in child and family wellbeing over time, and better understand how Australia’s young children and their families are faring across several interconnecting domains. This will support a shared understanding and enhance accountability for the development and wellbeing of young children, while also allowing for adjustments over time.

The Framework sets out how we will measure the eight outcomes in the Strategy. These include six child-centred outcomes, as well as one family and one community-centred outcome, reflecting the multidimensional, interconnected nature of child wellbeing and the critical influence of children’s relationships to family and community:

1. Children are nurtured and safe
2. Children are socially, emotionally, physically and mentally healthy
3. Children are learning
4. Children have strong identities and connections to culture
5. Children have opportunities to play and imagine
6. Basic needs are met
7. Families are empowered, connected and supported
8. Communities are strong, inclusive places for children and their parents or caregivers to live, grow, play and connect

These outcomes reflect what the Government heard during consultations about what matters most in the early years. They were also informed by the research and evidence about key factors that influence young children’s health, development and wellbeing.

The Framework includes several indicators for each outcome, each capturing a core component of that outcome. Where feasible, the indicators include data-based measures which will be used to track changes in that indicator over time. The development of the indicators and measures was informed by consultation with data and sector experts. A summary of the indicators and measures is at Table 1.

The measures chosen are population representative, available retrospectively and are expected to be updated regularly going forward. This approach will ensure the outcome indicators remain consistent over the life of the Strategy and that we can compare pre- to post-implementation trends.

Historically, in child and family data collections within Australia, there has been a focus on measuring risk factors and deficits rather than wellbeing outcomes. There are good policy reasons for this approach, but it does mean that strengths-based measures can be difficult to report against. Wherever possible, the Framework uses strengths-based measures in line with the Strategy’s focus on the protective factors and positive influences that contribute to child and family wellbeing. Where no appropriate strengths-based measures are available yet, some deficit-based measures have been included.

The Framework and indicators have been developed with an understanding of the limitations of existing data and measurement, and constructed to allow for the inclusion of better data as data limitations are addressed and improved measures become available. Overall, the Framework tries to capture the strength, knowledge and abilities of young children and their families, and the factors that help them thrive. The methodology used to develop the outcome indicators and measures is described in more detail in Appendix A.

Under some of the outcomes, we also include ‘supporting data’. These data collections fall into one or more of the following categories:

* cohort studies which have aged out of the 0–5 age range;
* state and territory government data collections that are not replicated across multiple jurisdictions;
* the data contribute to outcomes but are not suitable to be the outcome measure as a whole, largely because they measure smaller or age-specific components; and
* the data types are not suitable for tracking over time. For example, free text responses can’t be suitably tracked but qualitative data such as this can add important context to the outcome indicators and may more directly reflect the voices of young children and their families.

The lists of supporting data are not intended to be exhaustive, and reporting under the Framework may leverage additional data sources over time.

The Framework supports the Strategy’s role as a unifying framework by empowering all Government portfolios to consider the holistic and interconnected nature of early childhood outcomes. Where possible, the outcome indicators and measures were developed to align with outcomes under other relevant strategies and frameworks such as Australia’s Disability Strategy, the National Strategy to End Violence Against Women and Children, Working for Women, Measuring What Matters, the National Agreement on Closing the Gap and the National Aboriginal and Torres Strait Islander Early Childhood Strategy. Alignment is demonstrated in more detail at Appendix B.

This Framework is the first part of a two-stage approach to measuring progress under the Strategy. Following the release of the Framework and the First Action Plan 2024–2027 (the First Action Plan), a Monitoring and Evaluation Framework will be developed in 2025 to measure the impact of actions in the First Action Plan against the Strategy’s vision and outcomes.

Table 1: Summary of Outcomes, Outcome Indicators and Measures

|  |  |  |
| --- | --- | --- |
| Outcome | Outcome Indicator | Measure |
| 1. Children are nurtured and safe | 1.1 Children have secure relationships with their caregivers. | Proportion of caregivers of children aged 0-5 who are very satisfied with their relationship with their children. |
| - | 1.2 Children are physically, emotionally and psychologically safe. | Proportion of children aged 0-5 years in the general population who were not the subject of substantiated child maltreatment in the financial year (inverse measure). |
| - | 1.3 Children are culturally safe. | Proportion of people aged 15+ (in households where there are children aged 0-5 years) who did not experience discrimination based on their ethnic/ cultural background or appearance in the previous 12 months. |
| 2. Children are socially, emotionally, physically and mentally healthy | 2.1 Children are free from serious preventable disease, illness or injury. | Proportion of the first 0-4 years of life lived in full health. |
| - |  | Proportion of children aged 2-5 who have a long-term of chronic health condition. |
| - | 2.2 Children have good socioemotional wellbeing. | *No data currently available to measure this indicator*. |
| - | 2.3 Children have developed appropriate social, emotional, physical and cognitive skills by their first year of school. | Percentage of children in their first year of school rated “developmentally on track” on each of the 5 AEDC domains. |
| 3. Children are learning | 3.1 Children participate in learning activities at home. | Proportion of households with children aged 0-5 years where caregivers play, read, talk with, teach, help and reprimand children. |
| - | 3.2 Children participate in learning activities in formal early learning settings. | Proportion of children aged 4 and 5 years who attend at least 600 hours of preschool per year. |
| 4. Children have strong identities and connection to culture | 4.1 Children have a strong sense of identity and belonging. | Proportion of children aged 0-5 who have a positive view of themselves. |
|  |  | Proportion of children aged 0-5 who feel acceptance and belonging in their communities. |
| - | 4.2 Children have strong connection to their culture. | *No data currently available to measure this indicator*. |

|  |  |  |
| --- | --- | --- |
| Outcome | Outcome Indicator | Measure |
| 5. Children have opportunities to play and imagine | 5.1 Children participate in creative and recreational activities. | Proportion of children aged 5 years who participate in recreational and creative activities (outside of school hours). |
| - | 5.2 Children participate in play and physical activities. | Proportion of parents/guardians reporting their children aged 0-5 years participated in any organised sports or physical activities in the previous 12 months (outside school hours). |
| - | - | Proportion of children in their first year of school who attended playgroups in the years before starting school. |
| - | 5.3 Children participate in play and imaginative activities with caregivers. | Proportion of households with children aged 0-5 where at least one household member spent time every day playing with the child. |
| 6. Basic needs are met | 6.1 Children live in adequate and stable housing. | Proportion of households with children aged 0-5 where household members all rate their housing as at least adequate on all housing adequacy dimensions. |
| - | 6.2 Children have nutritious food. | Proportion of children aged 2-5 years meeting the minimum daily recommended consumption of fruit and vegetables. |
| - | 6.3 Families have essential goods and services. | Proportion of households with children aged 0-5 with all essential items. |
| 7. Families are empowered, connected and supported | 7.1 Caregivers are confident and have agency in their parenting. | Proportion of households with children aged 0-5 in which all caregivers are experiencing low levels of parenting stress. |
| - | 7.2 Families are socially connected and can access informal support when needed. | Proportion of people with children aged 0-5 who have positive, supportive relationships with family and friends outside the household. |
| - | 7.3 Families can access formal support and resources when needed. | Proportion of caregivers of children aged 0-5 who have no problems accessing service providers. |
|  | - | Proportion of caregivers of children aged 0-5 who experienced no barriers to accessing healthcare. |
| 8. Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect | 8.1 Communities are strong and cohesive. | Proportion of people who agree or strongly agree that their neighbourhood has a strong sense of community. |
| - | 8.2 People feel a sense of belonging in their community. | Proportion of people who report feeling that they belong in their neighbourhood. |
| - | 8.3 Families feel their voices are heard in their community. | Proportion of caregivers of children aged 0-5 that felt able to have a say within the general community on important issues. |

# 

# Introduction

## The Early Years Strategy

In the first few years of life, more than one million neural connections are formed in our brains each second – a pace that is never again repeated. The early years of a child’s life, from the antenatal period right through to 5 years of age, are a critical window of opportunity where we can positively influence children’s development and wellbeing.

The Strategy is a 10–year framework to shape how the Government prioritises young children’s wellbeing. The Strategy outlines how we want to improve the early years based on what we know about its importance and how to make a difference, as well as what the community told us through consultation. It sets an overarching vision and goals to ensure that young children, and their families, can grow, learn, and thrive.

Children’s funding, programs, and policy should not be siloed; integration and coordination is essential to give all Australian children the best possible start in life. The Strategy provides an agreed framework to shape how the Government prioritises young children’s wellbeing and delivers the best possible outcomes for them. There should be a unified understanding of how Australia is progressing towards the goals of the Strategy.

The Strategy was developed through broad and deep consultation to gain an understanding of multiple perspectives on the early years, how the early years system is working around Australia, and the Government’s role in this system. Consultation occurred over a 7–month period and included a National Early Years Summit, pulse surveys, public submissions, roundtables, and children’s consultations.

## The Outcomes

The Strategy sets out 8 outcomes we want to achieve for all children in their early years, their families and the communities that wrap around them. They are based on what children, families and communities told us during consultations about what would most help children to thrive. We also heard that the outcomes should together form a holistic view of children’s wellbeing, and include making sure families are supported and their communities are strong.

The 8 outcomes are:

1. Children are nurtured and safe
2. Children are socially, emotionally, physically and mentally healthy
3. Children are learning
4. Children have strong identities and connections to culture
5. Children have opportunities to play and imagine
6. Basic needs are met
7. Families are empowered, connected and supported
8. Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect

## The Outcomes Framework

#### What the Framework does

The Framework outlines how we will:

* track progress against the Strategy’s vision and outcomes,
* better understand how Australia’s young children and their families are faring across a range of domains, and
* monitor trends and changes in child and family wellbeing over the life of the Strategy.

It explains what is meant by each outcome, why they are important for children in their early years, and how we will conceptualise and measure them on a national scale. The outcome indicators and measures in the Framework provide a high-level view of whether the outcomes are improving.

This will enable policymakers to have a shared framework to guide how Australian children are faring in their early years; supporting agreement on what we are doing well and the areas that need greater support. All 8 of the outcomes are important and interconnected and the accomplishment of each outcome may depend on, or influence, the success of another.

#### What the Framework doesn’t do

The outcomes are affected by a wide range of other factors beyond the actions and policies taken under the Strategy. This Framework measures changes in the outcomes but it is not possible to identify the reasons for those changes.

A Monitoring and Evaluation Framework will be developed in 2025 and will provide a way to evaluate policies and actions, including actions in the First Action Plan. Since the Strategy covers such a broad range of areas and factors, it is important to take both a holistic and a detailed approach to measuring progress.

The Framework provides an overall view of how children are faring on a national scale. Changes in the outcomes may differ between children in different geographic locations (e.g. between or within states) or with different life circumstances (e.g. cultural and linguistic background, or disability). The Framework should be interpreted with this in mind, and breakout boxes have been included where significant differences are expected.

We respect and value all cultures and the diversity of all Australian families. We acknowledge that individuals and families may have different ideas and understandings of what success under the outcomes looks like. While the Framework aims to capture a holistic approach to measuring the wellbeing of young children and families, it does not seek to represent all possible avenues for measurement.

#### How to read the Outcomes Framework

The Framework is divided into chapters according to the Strategy’s 8 outcomes. Each chapter includes the following sections:

##### **What does this look like?** A description of what we mean by the outcome and what achieving it would look like for children, families and communities.

* **Why is it important?**  
  An outline of why the outcome matters and how positive changes will support children and families to thrive. Some of the positive impacts of changes in an outcome are strongly related to other outcomes in the Framework. For example, having opportunities to play (Outcome 5) supports children’s learning (Outcome 3) because children learn effectively through play.  
  We have pointed out these connections throughout the “Why is it important?” sections by referencing the relevant outcome in brackets, to highlight how the outcomes connect to each other.
* **How will we measure it?**  
  Sets out the Outcome Indicators and Measures which will be used to track the outcomes, and the data sources the measures are drawn from.
* **Why did we choose these indicators and measures?**  
  The rationale behind choosing these indicators as well as important notes for interpreting them and limitations with the available measures are described.

#### Outcome Indicators and Measures

The Framework includes 22 key indicators of the wellbeing of children, families, and communities. Each indicator corresponds to an outcome and, where possible, the indicators include data-based measures which will be used to track changes in that indicator over time. A detailed explanation of the reasoning behind the indicators is included in each outcome chapter.

#### How was the Framework developed?

The measures and indicators for outcomes under the Strategy cover a range of domains including education, health, and wellbeing, and will consequentially touch on the responsibilities of different Government portfolios. Given its cross-cutting nature, the Framework was developed through consultation with data and research experts to identify the best data and measures to capture the complexity of the outcomes. Consultation workshops were held with sector experts to identify the key elements of each outcome, and the appropriate avenues for measurement.

The Department of Social Services has drawn on relevant data expertise to inform development of the Framework, including collaborating with the Australian Institute of Family Studies (AIFS) who have provided research and technical assistance.

# Outcome 1 – Children are nurtured and safe

“We want them to have a strong sense of being loved, cared for, safe and in the embrace of family who can reinforce their sense of calm”

– PARENTS #4 ROUNDTABLE, VIRTUAL 4 APRIL 2023

#### What does this look like?

Children are nurtured through emotionally supportive and responsive relationships with caregivers and other important adults, and the positive environments created by these adults. Nurturing environments ensure children’s health and wellbeing, protect them from threats, and give them opportunities for early learning. Positive interactions and secure, affectionate relationships between caregivers and children are the foundation of nurturing environments, which are associated with health, learning and socioemotional wellbeing benefits that last into adulthood[[1]](#endnote-1).

Children who are safe are free from abuse and neglect, protected from harm and hazard[[2]](#endnote-2), and are recognized and accepted for what they need and who they are, including their cultural identity[[3]](#endnote-3). When children grow up in safe and secure environments free from maltreatment, they can develop to their full potential. In contrast, trauma in early childhood can hinder children’s development and have lasting impacts on their health and wellbeing. Children feel safe and secure when the network of family, kin, friends, neighbours and educators create positive environments and experiences to support their health and wellbeing.

#### Why is it important?

In early childhood, children’s relationships with their caregivers are the foundation of their wellbeing, growth and development. Nurturing and sensitive relationships build language and communication skills (Outcome 3) and are protective factors against stress and psychological problems (Outcome 2)[[4]](#endnote-4). Secure relationships build secure attachment, which supports a strong sense of self (Outcome 4) and healthy lifelong relationships[[5]](#endnote-5).

Keeping children safe and protected is critical to their development. Trauma such as abuse and neglect has a profound negative impact on children’s development in all outcomes, including brain and nervous system development (Outcome 2), learning and cognitive development (Outcome 3), self-concept and identity (Outcome 4), and play and imagination (Outcome 5) which requires a safe and enriching environment. These impacts can create strong barriers to accessing and benefiting from positive protective factors like help and support, secure relationships and safe environments.

Cultural safety empowers children and enables them to contribute and feel safe to be themselves. It is critical to many children’s felt sense of safety[[6]](#endnote-6) and impacts their participation in services (Outcomes 7 and 8), developmental outcomes (Outcomes 2 and 3), and relationships with families[[7]](#endnote-7). Culture is also a protective factor in keeping children safe and enabling their development of strong identities and cultural connection (Outcome 4).

#### Consultation findings

In consultations on the Strategy, love and nurture was identified as one of the four most important outcome areas for children by 4 in 10 parents, and safety by almost 3 in 10. People wanted children to be nurtured and loved in stable, warm and responsive relationships. They also wanted children to be safe from violence, abuse and neglect and free from discrimination and exclusion.

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 1: children are nurtured and safe | | |
| Outcome Indicator | Measure | Data Source |
| 1.1 Children have secure relationships with  their caregivers. | Proportion of caregivers of children aged 0–5 who are very satisfied with their relationship with their children. | Household, Income and Labour Dynamics in Australia (DSS) |
| 1.2 Children are physically, emotionally and psychologically safe. | Proportion of children aged 0–5 years in the general population who were not the subject of substantiated child maltreatment in the financial year (inverse measure). | Child Protection National Minimum Dataset (AIHW[[8]](#endnote-8)) |
| 1.3 Children are culturally safe. | Proportion of people aged 15+ (in households where there are children aged 0–5 years) who did not experience discrimination based on their ethnic/cultural background or appearance in the previous 12 months. | General Social Survey (ABS[[9]](#endnote-9)) |

#### Why were these indicators chosen?

Outcome Indicator 1.1 reflects children having strong and secure relationships with their parents and caregivers. There are no current data collections measuring secure attachment or the quality of caregiver-child interactions, and there is no data on attachment or nurture from the child’s point of view.

Outcome Indicator 1.1 is currently measured by proxy by asking caregivers of 0–5-year-olds how satisfied they are with their relationship to their children. This assumes that if caregivers perceive their interactions and the bond they have with their child as positive and meaningful this is likely to reflect secure attachment, however it is an imperfect measure. A robust understanding of whether children are nurtured may also require considering supporting measures (see below) on family cohesion, quality time with caregivers and later life parent-child relationships.

|  |
| --- |
| ***Caregivers outside the household***  The measures included focus on children living in the same household as their caregivers. However, many children in Australia live in ‘split-care’ arrangements, meaning they spend some of their time living with a caregiver in a different household. Many children also have important relationships and spend time with caregivers outside the household who they don’t spend time living with. This includes children who are currently in out of home care.  The data sources used in this Framework only assign a child to one household (the one where they spend more than 50% of their time), so won’t capture relationships between children and their caregivers living outside the household. Supporting measures are included which specifically capture these relationships. |

Outcome Indicator 1.2 reflects children’s safety across physical, emotional, and psychological domains. Though safety is broader than the absence of maltreatment, the impact of maltreatment is overwhelming and thus critical to measure. Trauma is a strong barrier to children’s feelings of safety, protection from and resilience to further maltreatment, and access and ability to make use of positive protective factors like help and support[[10]](#endnote-10).

The current measure of Outcome Indicator 1.2, child maltreatment substantiations, is likely to significantly underestimate the prevalence of maltreatment, which often goes unreported. For example, in 2022-23, 8 out of every 1,000 children aged 0-12 years were the subject of a child protection substantiation[[11]](#endnote-11). At the highest estimate, assuming no repeat substantiations, this equates to 12% of children over 16 years. The Australian Child Maltreatment Study estimated that 62.2% of the Australian population in 2021 experienced at least one type of maltreatment before the age of 16[[12]](#endnote-12). However, maltreatment substantiations are currently the only national collection that reflects child maltreatment in real time, rather than retrospectively.

Outcome Indicator 1.3 reflects children’s cultural safety. Cultural safety is ‘the positive recognition and celebration of cultures. It is more than just the absence of racism or discrimination and more than ‘cultural awareness’ and ‘cultural sensitivity’. The measure for Outcome Indicator 1.3 is an indirect measure which captures the experiences of discrimination in children’s immediate families. There exists no current, national measure which can accurately approximate cultural safety.

Given the limitations of data measuring these indicators, a list of supporting measures is included to provide important context. Note that these measures are limited in scope and/or relevance but can assist in gauging how children are faring in nurturing and safe relationships.

#### Supporting measures

* **Quality time with non-majority care parent:** Time children spend with their caregivers who aren’t living in the same household (Household, Income and Labour Dynamics in Australia Survey (DSS)).
* **Social support outside the household:** Whether children have persons outside the household who provide them emotional support, general advice, take them on holidays, drive them places, provide occasional accommodation (Household, Income and Labour Dynamics in Australia Survey (DSS)).
* **Caregiver mental health:** Proportion of caregivers of children aged 0–5 who are without mental health morbidities (General Social Survey (ABS)).
* **Household mental health:** Proportion of households with children aged 0–5 where all responding household members have good socioemotional wellbeing (Household, Income and Labour Dynamics in Australia Survey (DSS)).
* **Family cohesion:** Proportion of households with children aged 0–5 where children in the household get along well together (Household, Income and Labour Dynamics in Australia Survey (DSS)).
* **Healthy relationships:** Proportion of parents of 0–5-year-old children reporting they feel safe disagreeing with their partner (Relationship Indicators Survey (Relationships Australia)).
* **Retrospective Child Maltreatment**: Proportion of adults (aged 18+) who experienced abuse by an adult before the age of 15 (Personal Safety Survey (ABS)).

# Outcome 2 – Children are socially, emotionally, physically and mentally healthy

“If we can grow a generation of kids that are centred in their wellbeing, that sets a great foundation for their learning and shared sense of purpose. Particularly in relation to the social and emotional domain of wellbeing – laying the groundwork at that age. It sets them up to be a great contributor to their community.”

– PARENTS #1 ROUNDTABLE, VIRTUAL, 29 MAY 2023.

#### What does this look like?

A holistic, whole-of-child approach to health in the early years considers children’s social, emotional, physical and mental health as well as developmental needs[[13]](#endnote-13). These domains of health are interconnected and strongly influence each other. Being healthy also means children are developing their social, emotional, physical and mental skills and capabilities.

Children who are physically healthy are free from serious preventable disease, illness and injury, and developing their physical skills. Children who are mentally healthy are free from serious preventable mental health problems, receive treatment for mental illnesses if necessary, and develop their cognitive capabilities.

|  |
| --- |
| ***Promoting children’s health***  Children’s health and development relies on them having the resources and healthcare they need to maintain and develop their physical health and capabilities throughout their early years. This starts with prenatal and antenatal factors like tobacco and alcohol use by parents, and the quality and consistency of prenatal and antenatal care. It also includes daily requirements like nutritious food, clean water, physical activity and adequate sleep, and preventative healthcare.  These factors have enduring effects on child health and will be important to include in more detail in the Monitoring and Evaluation Framework. Healthy birthweight and being on track with immunisations are especially important to children’s early health and are indicators in Closing the Gap and the National Preventative Health Strategy. They are included here as supporting measures. |

Children who are socially healthy can communicate their needs and have positive social connections and trusted and respectful relationships. They have a strong sense of belonging and can participate in society and the community, supported by their developing social skills. Children who are emotionally healthy are generally happy, optimistic, satisfied with life and have few worries[[14]](#endnote-14). They are developing the skills to express and regulate their emotions, adapt and respond positively to change and adversity, and be resilient.

Social and emotional health are sometimes considered and measured together, called socioemotional wellbeing. Socioemotional wellbeing is closely connected to, and strongly influences, both mental and physical health. However, children can have physical and mental health challenges while still having good socioemotional wellbeing and vice versa.

First Nations people take a holistic view of health which recognises that connection to Country, culture, spirituality and social, historical and political factors also affect wellbeing. This is also true for some other people, including those from culturally and linguistically diverse backgrounds[[15]](#endnote-15). Promoting children’s health agency in their earliest years is also important to ensure children grow up with the knowledge and normal practice of focusing and prioritising their physical and emotional wellbeing[[16]](#endnote-16).

|  |
| --- |
| ***Traditional health practices for First Nations children***  Traditional health practices such as bush medicine and baby/child smoking ceremonies are important for many First Nations children and families. These practices are about holistic wellbeing and centre children and families in Country and culture.  Having opportunities to safely practice traditional medicinal and cultural health practices contributes to children’s physical and socioemotional health and wellbeing. It also supports their agency over their health, good health practices later in life and supports the strengthening and revitalisation of First Nations cultures. |

#### Why is this outcome important?

While every year of childhood is influential to development, the early years are when we have the best opportunity to set children up to achieve good health and wellbeing outcomes for their whole life. This period provides the critical building blocks for life-long physical and mental health, as well as social and cognitive wellbeing. Early childhood experiences and environments interact with children’s genetic predispositions to influence lifelong outcomes in learning, behaviour, physical and mental wellbeing[[17]](#endnote-17). In fact, children’s health in the early years influences their health up to five decades later[[18]](#endnote-18).

Health and physical wellbeing are the basis for all learning and development. Children’s early experiences shape the way they later care for themselves by building eating habits, attitudes towards exercise and self-care routines[[19]](#endnote-19). The skills they are developing become the foundations for their capabilities throughout their life, influencing their relationships, coping strategies and physical and mental health.

When children have good health in all domains, they feel connected and valued, happy and optimistic, energetic, and focused. Children who feel well and are free from illness, pain and distress are more motivated to learn (Outcome 3) and more likely to engage in self-directed play (Outcome 5), and their emerging competence supports them to develop a positive view of themselves and their capabilities (Outcome 4). Social and emotional skills support them to build and maintain positive, nurturing relationships with others (Outcome 1), overcome challenges and protect against stressful experiences[[20]](#endnote-20).

#### Consultation findings

Through the consultations on the Strategy, stakeholders identified being happy, healthy and resilient as key outcomes for children. Survey respondents also identified emotional and mental health as the most important outcome for young children in the early years, with over 60% of respondents listing this outcome as their primary concern, followed closely by learning and development (nominated by over 40% of respondents) [[21]](#endnote-21).

The consultations also highlighted the critical role of the early years workforce in supporting young children’s health outcomes – including maternal and child health nurses, allied health practitioners, general practitioners, inclusion specialists and family support workers[[22]](#endnote-22).

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 2: Children are socially, emotionally, physically and mentally healthy | | |
| Outcome Indicator | Measure | Data Source |
| 2.1 Children are free from serious preventable disease, illness or injury. | Proportion of the first 0–4 years of life lived in full health. | Australian Burden of Disease Database (AIHW) |
| - | Proportion of children aged 2–5 who have a long-term or chronic health condition[[23]](#endnote-23). | National Health Survey (ABS) |
| 2.2 Children have good socioemotional wellbeing. | *No data currently available to measure this indicator.* | - |
| 2.3 Children have developed appropriate social, emotional, physical and cognitive skills by their first year of school. | Percentage of children in their first year of school rated “developmentally on track” on each of the 5 AEDC domains. | Australian Early Development Census (AEDC) |

Why were these indicators chosen?

Outcome Indicator 2.1 reflects children’s physical and mental health in terms of their experiences of serious, preventable ill-health, and is measured in two ways. The first is the proportion of the first 0–4 years of life lived in full health (data is available in five-year age brackets). This measure reflects the proportion of ‘healthy life’ that Australian children have compared with a population of children who never experienced illness or disease. How different illnesses and injuries affect this measure depends on the severity of the illness/injury, how long it lasts and how many children have it[[24]](#endnote-24). It reflects the National Preventative Health Strategy’s target that “The proportion of the first 0–4 years of life lived in full health will increase by at least 3.5% by 2030”[[25]](#endnote-25).

The second measure reflects the proportion of children aged 2–5 who have a long-term or chronic health condition, where this condition negatively impacts children’s functioning. For these measures, health includes mental health, however looking at mental health conditions specifically may be helpful, so this is included as a supporting measure.

Outcome Indicator 2.2 reflects children’s socioemotional wellbeing. There is currently no nationally representative population-level data on the socioemotional wellbeing of children aged 0–5. We have not included a suggested measure for this indicator because there is no single agreed upon way to measure children’s socioemotional wellbeing[[26]](#endnote-26). Potential measures commonly capture a child’s happiness, optimism, resilience and satisfaction with life (emotional wellbeing), and their social connectedness including the health of their relationships (social wellbeing)[[27]](#endnote-27).

Some instruments also include connection to culture, but we are measuring this separately as it is a core concept in its own right. It is important to capture children’s own views of their wellbeing which is difficult to do for such young children[[28]](#endnote-28). Socioemotional wellbeing has still been included as an indicator because it is important to understanding children’s health, and to signal a data gap that could be addressed in future collections.

Outcome Indicator 2.3 reflects children’s social, emotional, physical and mental development at age 4 or 5 (the year they start preschool) using the Australian Early Development Census (AEDC). The AEDC provides an indication of how young children have developed across these domains by the time they start school.

#### Supporting measures

* **Child mental health conditions:** Proportion of children told by a doctor or nurse that they have a mental health condition (including depression or anxiety); Proportion of children who have a mental health condition (including depression and anxiety) (Census of Population and Housing (ABS)).
* **Healthy birthweight:** Proportion of children born with a healthy birthweight (National Preventative Health Strategy Reports (Department of Health)).
* **Immunisations:** Immunisation coverage rate of children at ages 1–2 and 5 years (National Preventative Health Strategy Reports (Department of Health)).
* **Preterm Birth:** Proportion of babies born at term (37 – 41 weeks’ gestation) (National Perinatal Data Collection (AIHW)).
* **Antenatal Care:** Proportion of women receiving antenatal care within the first 10 weeks of pregnancy; Proportion of women receiving regular antenatal care. (National Perinatal Data Collection (AIHW)).

# Outcome 3 – Children are learning

“Our nation should aim to be the best in the world for your children, which means that their education should be as well-rounded as possible and involve every sphere of learning.”

– EARLY YEARS STRATEGY LANGUAGE AND LITERACY ROUNDTABLE, VIRTUAL, 11 JULY 2023.

#### What does this look like?

Children are natural learners, and their education begins from the moment they enter the world. Children learn best when they engage in safe and stimulating learning environments at home, in formal early learning settings and in the community. This includes:

* through play when they explore and engage with the people and environment around them, and
* when engaged in positive and responsive relationships with their families
* and caregivers at home, and with educators and teachers in early childhood education and care (ECEC) settings.

For First Nations children and many children from diverse cultural backgrounds, cultural learning is an important aspect of learning. Cultural learning includes both learning cultural knowledge and practices including strengthening and revitalising First Languages and engaging in early learning activities in their First Language and culture (as well as in English).

Supporting indicators relating to language and spiritual and cultural indicators have been included. For many First Nations children, it is also important for early learning to be provided on Country or in their community, called place- based learning.

#### Why is this outcome important?

Building strong, healthy brains in the early years sets children up to be lifelong learners and supports positive outcomes later in life. Environments that promote and extend young children’s learning and development help them to better understand the world around them, foster their curiosity and solve problems. This foundational early learning helps children to build their confidence (Outcome 4) and develop communication, thinking and problem-solving skills that support their transition to school (Outcome 2). Engaging in cultural learning supports children’s wellbeing (Outcome 2), connection to culture and strong identities (Outcome 4).

Together with children’s parents and families, ECEC is an important way of providing inclusive and positive learning experiences for young children, especially for those experiencing vulnerability or disadvantage. Early childhood educators and teachers play a critical role in supporting high-quality, positive early learning opportunities for young children.

#### Consultation findings

When talking with parents, families, caregivers and early childhood experts, early learning and development was a key focus area. Stakeholders told us they wanted all children to grow, learn and develop in safe and secure environments, and develop the skills they need to set them up for success later in life[[29]](#endnote-29).

The children’s consultations also emphasised the importance of learning in children’s lives and highlighted that children learn through many different environments and activities, including at home, with their siblings, families and friends, in ECEC settings, through play, creative and imaginative activities, outdoors and through physical activities and games[[30]](#endnote-30).

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 3: Children are learning | | |
| Outcome Indicator | Measure | Data Source |
| 3.1 Children participate in learning activities at home. | Proportion of households with children aged 0–5 years where caregivers play, read, talk with, teach, help and reprimand children. | Time Use Survey (ABS) |
| 3.2 Children participate in learning activities in formal early learning settings. | Proportion of children aged 4 and 5 years who attend at least 600 hours of preschool per year. | National Preschool Attendance Collection (NPAC) |

#### Why were these indicators chosen?

These Outcome Indicators reflect the fact that learning in the early years happens in a wide range of settings, not just formal settings. The most important of these settings are the home and formal early learning (e.g. ECEC). For some children other key forms of learning such as language or religious classes, or learning their cultures, traditions and histories, are also important. Some supporting measures are included to support understanding of children’s total learning experiences.

Outcome Indicator 3.1 reflects children’s participation in learning activities in the home, which usually occurs through interactions with caregivers. The measure for this outcome reflects whether children are played with, read to, talked with, taught, helped and reprimanded by the caregivers living in their household. Note that this doesn’t capture parents and caregivers living outside of the household where the child spends the majority (>50%) of their time. There is also no data available to capture children’s self-directed learning or whether their home environment is enriching and supportive of learning.

Outcome Indicator 3.2 reflects children’s participation in formal early learning settings, which is strongly related to children’s developmental outcomes when they start school, especially for children from disadvantaged backgrounds. The measure for this Outcome Indicator is the proportion of children aged 4 to 5 years who attend at least 600 hours of preschool per year. This standard is based on the Preschool Reform Agreement, which supports the delivery of 15 hours per week of preschool (600 hours per year) for all children in the year before they start school.

#### Supporting measures

* **Children being read to:** Proportion of children in their first year of school who are regularly read to at home (Australian Early Development Census (AEDC)).
* **Preservation of language:** Proportion of First Nations children and children with a language background other than English who can speak their traditional or home language (Australian Early Development Census (AEDC)).
* **Speaking First Nations languages:** Whether reported using an Aboriginal and/or Torres Strait Islander language at home (Census of Population and Housing (ABS))
* **Linguistic diversity of children:** Proportion of children who used language other than English at home (Census of Population and Housing (ABS)).
* **Connection to language and religion:** Proportion of children in their first year of school who attended language or religious classes before starting school (Australian Early Development Census (AEDC)).

# Outcome 4 – Children have strong identities and connections to culture

“Children need a sense of belonging and strong personal identity. This includes a secure cultural identity, which is essential to children’s healthy sense of who they are and where they belong.”

– THE RESEARCH IN EFFECTIVE EDUCATION IN EARLY CHILDHOOD (REEACH) CENTRE, THE UNIVERSITY OF MELBOURNE[[31]](#endnote-31)

#### What does this look like?

A child’s identity is multidimensional and refers broadly to a sense of ‘who they are’ in the context of their families and communities. Children with strong identities understand, express, value and accept their identity, and feel valued and accepted by others. Children with strong identities can confidently and knowledgeably describe themselves, have a positive sense of their value, capacity and hope for the future[[32]](#endnote-32).

Through nurturing relationships with caregivers and other adults, children develop a positive sense of who they are in relation to others. Children with strong identities in this area feel that others understand them and will respond to them, and that caregivers are secure, safe and can be trusted.

As early as 3–6 months children develop a sense of self and others as members of social groups. By age 5, they can subjectively identify with specific social groups and assess their relative status[[33]](#endnote-33). Young children’s social experiences are critical to their feelings of acceptance and belonging, and their respect and empathy for others. Positive interactions at this age support children to develop a strong sense of connection to the groups they belong to and respond to diversity with respect.

The concept of culture is closely related to the development of identity. Culture refers to a set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs.

All children are born belonging to cultures with their own languages, beliefs, practices, heritages and histories. Having access to, expressing and feeling valued for their language and culture is key to children establishing meaningful connections to and pride in their cultural identity. Children develop strong identities and connection to culture when they are supported to develop strong foundations in all the cultures and languages of their families and broader communities while maintaining their cultural identities[[34]](#endnote-34).

#### Why is this outcome important?

Strong identities support young children’s development, enabling them to situate themselves within their families and broader communities. This allows them to develop their independence, ability to make choices and social competencies like empathy and respect.

This provides a foundation for children’s relationships (Outcome 1), wellbeing, mental health, cognitive, emotional, social and physical development (Outcome 2). Children who feel good about themselves and their capabilities are better able to overcome the challenges involved in learning (Outcome 3) and playing (Outcome 5).

Cultural identity, kinship structures and connection to culture are strongly recognised as protective factors for children’s safety, health, wellbeing and development. When connection to culture is strong, children develop a sense of belonging and experience a safe environment to develop language and a way of being (Outcome 1). For First Nations children and families, having a strong connection to culture is associated with better wellbeing outcomes (Outcome 2). Culture also provides children with a way to frame the world around them which is shared by and helps them to connect with their loved ones (Outcome 1), and which can be explored and experimented with through play (Outcome 5).

Children’s rights to identity and connection to culture are enshrined in the United Nations Convention on the Rights of the Child (UN CRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UN DRIP), both of which Australia has ratified. The UNCRC affirms children’s right to freedom of thought and expression, cultural identity, enjoyment of their own culture and use of their own language.

The UN DRIP affirms the rights of Indigenous peoples to freedom from discrimination (in particular based on their indigenous origins or identities), to freedom from actions which deprive them of their cultures and cultural identities, values and resources, to practice and revitalise their cultures and spiritual and religious traditions, to develop and pass on their histories, languages, traditions, literatures, writing systems, philosophies, and to determine their own identities.

#### Consultation findings

In consultations on the Strategy, stakeholders wanted to see a future where all children have opportunities to develop and express their identity, to enjoy their childhoods (to be happy, to play and learn), and are enabled to reach their potential.

They emphasised the importance of children being connected to their own identity and ‘self’, their parents, their peers, their community and their culture and valued as individuals, respected for who they are and celebrated for their difference.

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 4: Children have strong identities and connection to culture | | |
| Outcome Indicator | Measure | Data Source |
| 4.1 Children have a strong sense of identity and belonging. | Proportion of children aged 0–5 who have a positive view of themselves. | *No data currently available to capture this measure.* |
| - | Proportion of children aged 0–5 who feel acceptance and belonging in their communities. | *No data currently available to capture this measure.* |
| 4.2 Children have strong connection to their culture. | *No data currently available to measure this indicator.* | - |

#### Why were these indicators chosen?

Outcome Indicator 4.1 reflects strong identities; whether children have a positive sense of who they are and what they can do individually and their sense of belonging to social groups and communities. Two measures have been included which reflect the personal and social components of identity[[35]](#endnote-35). The choice of measurement instrument for these measures is up to future data collections; there are no collections of these indicators that are national, direct and current.

|  |
| --- |
| ***Measuring cultural connection and identity***  A wide range of cultures are represented amongst Australian children and there is consequently significant variation in how cultural identity and connection is understood. Measuring this on a national scale is likely to require a collaborative approach.  Future measures may include children feeling confident in and positively connected to their culture, feeling good about their cultural and self-identity, and having appropriate knowledge of culture and history. It may also include children and their families being engaged in cultural learning and wellbeing. These will be included in supporting measures as they become available. Careful consideration of limitations in scope and relevance will be needed when interpreting these measures. |

Outcome Indicator 4.2 reflects children’s connection to their own culture, language, beliefs and cultural identity. We have not included any suggested measures for Outcome Indicator 4.2 because of the complexity of measuring connection to culture and the lack of accepted existing measures. Diverse understandings of cultural identity and connection and difficulty capturing the experiences of very young children relating to complex concepts present critical challenges for measuring this on a national scale.

Despite these challenges, identity and cultural connection are critical components of children’s early development and the Framework will be updated as measures and data become available. Future data collections should align with First Nations data governance principles including partnering with First Nations communities, supporting them to have meaningful access to the data, building their data and research capabilities, and ensuring data collections reflect their priorities and aspirations[[36]](#endnote-36).

#### Supporting measures

* **Children experiencing severe discrimination:** Number of discrimination complaints to the Human Rights Commission on behalf of children 0–5 (Complaint Statistics (Human Rights Commission))

# Outcome 5 – Children have opportunities to play and imagine

“Creating opportunities for children to explore, experiment, question and discover new concepts about the world in playful ways is central to their learning, development and wellbeing.”

– ‘LEARNING THROUGH PLAY’, NSW DEPARTMENT OF EDUCATION[[37]](#endnote-37)

#### What does this look like?

Play is activity done for its own sake, where children use objects in new ways or combinations and try out new roles and skills. Children have a natural urge to play, and it is an important way for them to feel joy, learn and develop. Children have opportunities to play and imagine when they have free time where they are not expected to complete tasks, can choose what they do based on what they enjoy, spend time in enriching environments with lots of activities and objects to choose from and get playtime outside.

Play is best when it is:

* child-directed: children decide what and how they play,
* process-oriented: there is no end goal or correct response,
* unstructured exploration: children can select activities and objects from a range of options based on their own interest, and
* enjoyable: children find it interesting and fun.

Children will initiate play when their basic needs have been met and they do not feel insecurity or stress. Providing opportunities for play also means ensuring children have eaten, slept and have free time, and that they feel relaxed and safe[[38]](#endnote-38).

#### Why is this outcome important?

Providing opportunities to play and imagine supports children and their families to experience the joy of early childhood. Children need play in a similar way to how they need to sleep, spending extra time playing at the next opportunity if they are deprived of it, with children aged 1–5 needing three to four hours of play every day[[39]](#endnote-39). This shows that play is inherently important for children’s wellbeing.

Play also supports children’s learning (Outcome 3) and development (Outcome 2) across all domains. Active play (such as climbing, dancing and ball games) supports children’s health, growth and physical development. Playing with toys and objects supports children to develop cognitive skills like paying attention and problem solving, as well as concepts like shapes, colours and measurement. Artistic play teaches children writing, drawing and language skills which support their literacy and numeracy. Imaginative play (such as dressing up and role play) supports children to explore their identities, learn how stories work and develop social skills and creativity.

Play is especially important for children’s emotional wellbeing and development. Children who spend more time in unstructured play in their early years have better self-regulation skills in later childhood[[40]](#endnote-40). Children can regulate their emotions through play and act out feelings and events that may be worrying them. This is a precursor to using creative expression to work through problems, a valuable skill in adulthood. Through the creative ‘projects’ children make while playing, they practice concentration, persistence and resilience. They also build self-confidence (Outcome 4) through successes and challenges[[41]](#endnote-41).

Finally, when children play together, they learn crucial skills that support them to develop positive relationships. They learn to cooperate, communicate and resolve conflicts over what and how to play. They also learn to take turns, wait and share, as well as the effect of their actions on how other children feel which is important for their development of empathy. By playing with their children, caregivers can help teach them these skills and build strong attachment through co-regulation (Outcome 1).

#### Consultation findings

Consultation identified that imagination and creativity are central to children’s lives. Children spoke about how they enjoyed opportunities that allowed them to participate in creative play. More broadly, stakeholders wanted to see a future where children enjoy their childhoods and have the opportunity to play and learn.

In the Strategy pulse survey, a public survey which sought views on what the Strategy should focus on, families prioritised play much higher than non-families (e.g. community members or people from a government, non-government or for-profit organisation). ‘Play, rest and leisure’ was identified as one of the four most important domains for children by 35% of families compared with 24% of non-families[[42]](#endnote-42).

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 5: Children have opportunities to play and imagine | | |
| Outcome Indicator | Measure | Data Source |
| 5.1 Children participate in creative and recreational activities. | Proportion of children aged 5 who participate in recreational and creative activities (outside of school hours). | Participation in selected cultural activities (ABS) |
| 5.2 Children participate in play and physical activities. | Proportion of caregivers reporting their children aged 0–5 years participated in any organised sports or physical activities in the previous 12 months (outside school hours). | AusPlay survey (ASC[[43]](#endnote-43)) |
| - | Proportion of children in their first year of school who attended playgroups in the years before starting school. | Australian Early Development Census (AEDC) |
| 5.3 Children participate in play and imaginative activities with caregivers. | Proportion of households with children aged 0–5 where at least one household member spent time every day playing with the child. | Household, Income and Labour Dynamics in Australia (DSS) |

#### Why we chose these outcome indicators

Outcome Indicators 5.1 and 5.2 reflect whether children are given opportunities for creative play through recreational activities in the community. Community activities and playgroups provide the opportunity for children to meet and play together with lots of different children, meet children with similar interests and explore new enriching environments. They also support caregivers by providing space and regular set times for play, and support children to feel like they belong in the community.

Outcome Indicator 5.1 reflects creative, imaginative play while Outcome Indicator 5.2 reflects active, physical play. The data source for Outcome Indicator 5.2 is an Australian Bureau of Statistics collection called ‘Cultural and creative activities’. Though this title references ‘cultural activities’, it is not referring to activities that support children’s connection to their culture (i.e. Outcome 4). The activities covered include artistic and literary activities, such as performing arts, reading, arts and crafts, and attending libraries, concerts and museums.

Outcome Indicator 5.3 reflects children’s time spent playing with their caregivers. Play helps to establish trusting, secure relationships between caregivers and children. Sensitive and responsive caregivers can, through play, help children learn to regulate their emotions and recover quickly from stressful situations[[44]](#endnote-44). Enrichment of the home environment, the quality of play, and whether the caregiver-child interactions are positive, are important aspects of caregiver-child play which aren’t captured in available data.

#### Supporting measures

* None available at this time.

# Outcome 6 – Basic needs are met

“My biggest hope for children is that they can have their basic needs covered – housing, food, education, affordable access to the health system and a safe and loving home life.”

– ANGLICARE SOUTHERN QUEENSLAND[[45]](#endnote-45)

#### What does this look like?

For children to experience the developmental benefits of nurture, culture, play and learning, they first need to have their material basics met. Basic needs include adequate nutrition, clean water, sleep, clean air, housing and goods like clothing and appropriate technology.

#### Why is this outcome important?

Children whose basic needs are met have the material resources needed to reach their full potential. Adequate nutrition and sleep are important for children’s physical health and development (Outcome 2), and to give them the energy they need for play (Outcome 5) and learning (Outcome 3).

Food insecurity, including lack of access to nutritionally adequate food, is linked to ill health in children and can have lasting effects on their cognitive functioning and behaviour[[46]](#endnote-46). When children are tired or hungry, they are less able to concentrate, remember and experience positive emotions like motivation to learn and play.

Families and caregivers experiencing economic hardship can and do still provide nurturing, safe and loving environments for their children. In fact, children whose caregivers have good socioemotional wellbeing can experience minimal impacts of economic stress and are less vulnerable to disadvantage. Even so, our vision is for caregivers and families to have everything they need to be supported to nurture and teach their children (Outcome 1).

#### Consultation findings

Strategy consultation participants wanted to see a future where children have the material basics they need and are doing well across all domains of their wellbeing.

First Nations stakeholders in particular raised the importance of access to material basics like housing, food, clean drinking water and transport, to achieve the vision for the Strategy.

Consultation with early years sector experts reflected the importance of high quality supports and services for children and families.

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 6: Basic needs are met | | |
| Outcome Indicator | Measure | Data Source |
| 6.1 Children live in adequate and stable housing. | Proportion of households with children aged 0–5 where household members all rate their housing as at least adequate on all housing adequacy dimensions. | Household, Income and Labour Dynamics in Australia (DSS) |
| 6.2 Children have nutritious food. | Proportion of children aged 2–5 years meeting the minimum daily recommended consumption of fruit and vegetables. | National Health Survey (ABS) |
| 6.3 Families have essential goods and services. | Proportion of households with children aged 0–5 with all essential items. | Household, Income and Labour Dynamics in Australia (DSS) |

#### Why we chose these outcome indicators

Outcome Indicator 6.1 reflects whether children and their families live in adequate and stable housing. Adequate housing is accessible, affordable, well located, culturally appropriate and provides enough privacy, space, security, lighting and ventilation and basic infrastructure[[47]](#endnote-47)[[48]](#endnote-48).

Outcome Indicator 6.2 reflects whether children have adequate nutrition to support their growth and development. The minimum daily consumption in 2024 is 2.5 serves of vegetables and one serve of fruit for 2–3-year-olds, or 4.5 serves of vegetables and 1.5 serves of fruit for 4–5 year olds.

Outcome Indicator 6.3 reflects whether families have all “essential” goods and services, such as healthcare, clothing, internet and appliances like a washing machine. “Essential” means that these goods and services are widely considered necessary to participate fully in society. Since this depends on what most people consider necessary, the goods and services covered under this Outcome Indicator may change over time as society changes. For example, internet access might not have been considered essential in the past but today it is an important way families connect with schools, services and social networks.

#### Supporting measures

* **Sleep:** Proportion of children who have adequate sleep (no available data at this time).
* **Homelessness:** Proportion of children who have experienced periods of homelessness (Census (ABS)).
* **Dwelling size adequacy:** Proportion of children living in appropriately sized dwellings (Housing suitability (ABS)).
* **Housing mobility:** How frequently families move and their home occupancy type (owned, owned with mortgage, rented, social housing) (Housing suitability (ABS)).
* **Housing affordability:** Proportion of households with children aged 0–5 who spend at least 30% of their income on rent or mortgage payments (Rent/Mortgage Affordability Indicator (ABS)).
* **Financial stress:** Proportion of families with children aged 0–5 who experienced indicators of financial stress in a given year (Household, Income and Labour Dynamics in Australia (HILDA) Survey (DSS)).
* **Self-assessed prosperity**: Proportion of households with children aged 0–5 who rate their financial situation as “reasonably comfortable” or higher (Household, Income and Labour Dynamics in Australia (HILDA) Survey (DSS))

# Outcome 7 – Families are empowered, connected and supported

“Parents and communities should be supported and empoweredto provide safe, caring, and nurturing experiences and environments for ALL children.”

– AUSTRALIAN MULTIPLE BIRTH ASSOCIATION[[49]](#endnote-49)

#### What does this look like?

Families who are empowered, connected and supported have the skills, resources and capabilities to support their children to thrive. Families feel empowered when they have access to high-quality, evidence-based information about children’s development, health and wellbeing in the early years. This also means having or knowing how to obtain the skills, resources and capabilities to help their children develop and learn.

Empowered caregivers and families are confident in their ability to build positive relationships with their children, provide them a safe and stimulating home environment, and maintain their own good health and wellbeing. They also feel they have a say in the decisions that affect them, including how services and supports are designed and implemented.

Connected families have strong networks which could include links with extended family, friends, kin and the communities they are part of, including online communities. It is also important that families and caregivers feel accepted, valued and supported within these networks. Connection to culture and Country are important for First Nations families and caregivers. Cultural connectedness is also important to other families, including those from culturally and linguistically diverse backgrounds.

Supported families have access to the support and services they need, both for raising their children and for maintaining their own health, mental health and wellbeing. This includes informal support like connecting with other parents and the local community, and formal supports and services like early childhood education and healthcare. This also includes general family supports like financial literacy programs and family counselling, when it is needed.

Formal supports and services need to be responsive and inclusive to all children and their families. They need to be culturally safe, trauma-informed and accessible to children and families with disabilities.

#### Why is it important?

Empowered families have the information and resources they need to give their children the best possible start in life. Caregivers who feel empowered and capable are also warmer, more responsive and have better quality interactions with their children (Outcome 1). They are also able to protect against potential negative impacts on their children from health and mental health conditions and experiences of disadvantage. Children of empowered caregivers have better developmental outcomes, fewer health problems and are less likely to have behavioural problems (Outcome 2)[[50]](#endnote-50).

When families have strong social networks they can learn from the experiences of others, get help navigating challenges and feel a sense of solidarity. These networks also give children access to new enriching environments and social experiences (Outcome 5). Having a wide social network means children have access to a wide variety of diverse knowledge and perspectives which helps them to learn (Outcome 3) and explore their identities.

In their early years, children often learn about their cultures and histories through their caregivers and families. When First Nations families have strong cultural identities and connection to kin and Country, this promotes positive wellbeing and socioeconomic outcomes (Outcomes 2 and 6) and strong cultural identities (Outcome 4) in their children[[51]](#endnote-51).

Formal and informal supports can help families by assisting with material basics (Outcome 6), sharing responsibilities to allow caregivers to spend more quality time with their children (Outcome 1), and supporting caregivers with their own health and wellbeing. Caregivers who are supported during pregnancy are less likely to have negative mental health experiences such as maternal stress and post-natal depression and are less likely to engage in risky behaviours during and after pregnancy.

Social support promotes positive mental health and resilience for families, especially during challenging periods, and protects against the risk of child maltreatment. Mentally healthy and resilient families have more capacity to provide nurturing, safe environments for their children (Outcome 1) and can help their children build resilience and positive mental health as well (Outcome 2)[[52]](#endnote-52).

#### Consultation findings

We heard that parents and caregivers wanted to be recognised as the experts in their own children, have agency over their futures and understand the needs, developmental milestones, and opportunities that would allow their children to thrive. They also wanted connection to family, friends, neighbours, and communities, and to have strong informal social and support networks.

They also noted the challenges created by culturally entrenched gender roles, which place a higher burden of care and the primary parenting role on mothers. This minimises the role of fathers in children’s lives and limits our recognition and understanding of modern family structures. The importance of supporting all caregivers’ involvement in pregnancy, birth and childcare was strongly emphasised.

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 7: Families are empowered, connected and supported | | |
| Outcome Indicator | Measure | Data Source |
| 7.1 Caregivers are confident and have agency in their parenting. | Proportion of households with children aged 0–5 in which all caregivers are experiencing low levels of parenting stress. | Household, Income and Labour Dynamics in Australia (DSS) |
| 7.2 Families are socially connected and can access informal support when needed. | Proportion of people with children aged 0–5 who have positive, supportive relationships with family and friends outside the household. | General Social Survey (ABS) |
| 7.3 Families can access formal support and resources when needed. | Proportion of caregivers of children aged 0–5 who have no problems accessing service providers. | General Social Survey (ABS) |
| - | Proportion of caregivers of children aged 0–5 who experienced no barriers to accessing healthcare. | General Social Survey (ABS) |

#### Why we chose these outcome indicators

Outcome Indicator 7.1 reflects caregiver’s self-efficacy, meaning whether they feel confident and empowered in their parenting. Though there is no current national data available to measure caregiver self-efficacy explicitly, levels of parenting stress can approximate this concept. Stress occurs when the demands of a situation exceed a person’s perceived capabilities. Therefore, caregivers who experience low levels of parenting stress can be understood to believe they are capable enough to meet the demands of parenting.

Outcome Indicator 7.2 reflects whether families are connected to supportive informal social networks (e.g. extended family, kin, friends and the community). Social networks are important sources of information and advice, emotional support and informal help and caring. Spending time with family and friends, and being connected to their community, is also important for families’ mental health and wellbeing.

Outcome Indicator 7.3 reflects families’ access to formal supports including service providers and healthcare. Families may experience barriers to accessing these services such as location, cost or racism and discrimination.

#### Supporting measures

* **Families involved in community groups:** Proportion of people with children aged 0–5 who are actively involved in a community, social and/or civic or political group (General Social Survey & National Aboriginal and Torres Strait Islander Social Survey (ABS))   
  note: some of these items only include non-remote groups.
* **Families participate in the community:** Proportion of caregivers of children aged 0–5 who engaged in different types of community participation (Household, Income and Labour Dynamics in Australia (HILDA) Survey (DSS)).
* **Access to informal childcare:** Proportion of caregivers whose 0–5-year-old children were cared for by friends, neighbours or family members while they were working (Household, Income and Labour Dynamics in Australia (HILDA) Survey (DSS)).
* **Supportive relationships:** Proportion of caregivers of children aged 0–5 who are satisfied with the division of labour in their household (Household, Income and Labour Dynamics in Australia (HILDA) Survey (DSS)).

# Outcome 8 – Communities are strong and inclusive places for children and their parents and caregivers to live, grow, play and connect

“The ecological model clearly demonstrates that children do not grow or develop in isolation. Children belong within families, who live in communities. It is therefore not enough for the Strategy to just focus on the child, but the family and community need to be positive environments where children can grow.”

– THE HIVE, MT DRUITT (UNITED WAY AUSTRALIA)[[53]](#endnote-53)

#### What does this look like?

Communities are places or groups with shared interests in the wellbeing of the people within them and are varied and diverse. While they are often based on a geographical area, they may also be based on how people connect (e.g. through online networks) or due to shared circumstances, including the LGBTIQA+ community and the disability community. Community also encompasses the built and natural environment, including space for children to play and spend time in nature.

Strong, cohesive communities work towards the wellbeing of and offer opportunities to all their members, fighting exclusion and marginalisation[[54]](#endnote-54). Their members feel safe, a sense of belonging, and connected to people and nature. For First Nations people connection to Country is an important part of community. Strong communities listen and respond to their members’ needs, afford opportunities to participate and support members to make informed decisions on issues that impact their lives.

For communities to be strong they also need to be inclusive. This means that all members of the community are valued, respected, celebrated and supported to participate. Inclusive communities consider the diversity of their members, such as different learning styles, disability, gender, sexuality and social, cultural and linguistic diversity. They value and celebrate different ways of doing, being and knowing, and ensure services, environments and activities are culturally safe and accessible to everyone.

#### Why is this outcome important?

Children’s environments in early childhood shape their development and wellbeing (Outcome 2), and children’s communities are important determinants of their physical and social environments. Outside the home, communities can provide nurturing and enriching environments (Outcome 1), health and education services (Outcome 3), places to play (Outcome 5) and support for families (Outcome 7).

Strong and supportive social networks in cohesive communities have protective effects on physical and mental health for both children and families. Children who grow up in cohesive communities behave more positively and helpfully towards other adults and children, which helps them build positive relationships and social skills[[55]](#endnote-55) (Outcome 3).

Communities also shape children’s identities and understanding of the people around them (Outcome 4). Children who experience discrimination, or who don’t see their identities reflected in their communities, can experience low self-worth and lower feelings of belonging. Inclusive communities ensure every child is recognised as capable and valuable, supporting the development of positive self-worth and self-efficacy. An inclusive community also supports children to connect with their cultures (Outcome 4), which are especially important for First Nations children to grow up strong.

Caregivers and families are supported by strong communities to help children thrive. They are an important source of social support and formal services and information (Outcome 7). When families feel safe in their communities, they have a lower risk of mental health problems like depression and anxiety. Cohesion is especially important for communities with fewer services and resources, because it protects members from the poor mental health outcomes which can arise from disadvantage[[56]](#endnote-56).

#### Consultation Findings

Community was a recurring theme throughout consultations. Safe communities, that prioritise inclusion, should provide equal support and opportunities to all children and their families. Consultations strongly encouraged ‘scaffolding’ (initiating and providing basic infrastructure) for sharing information about community networks, and ensuring they are inclusive, safe spaces for all families.

Local decision making was reflected as a key priority for many stakeholders, including the importance of setting priorities at the community level.

Families expressed a desire for connection to family, friends, neighbours and communities. They noted the ability of communities to provide positive environments for raising children and wanted the Strategy to recognise their importance for children’s health, wellbeing, and development.

#### How will we measure this outcome?

|  |  |  |
| --- | --- | --- |
| Outcome 8: Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect | | |
| Outcome Indicator | Measure | Data Source |
| 8.1 Communities are strong and cohesive. | Proportion of people who agree or strongly agree that their neighbourhood has a strong sense of community. | Mapping Social Cohesion  (Scanlon Foundation) |
| 8.2 People feel a sense of belonging in their community. | Proportion of people who report feeling that they belong in their neighbourhood. | Mapping Social Cohesion  (Scanlon Foundation) |
| 8.3 Families feel their voices are heard in their community. | Proportion of caregivers of children aged 0–5 that felt able to have a say within general community on important issues. | General Social Survey (ABS) |

#### Why we chose these outcome indicators

Outcome Indicator 8.1 reflects whether communities are cohesive and is measured using members’ perceptions of a ‘strong sense of community’ in their neighbourhood. Outcome Indicator 8.2 reflects whether communities are inclusive and is measured according to the proportion of people who feel a sense of belonging in their neighbourhood.

Note that these measures only capture communities defined by geographical location, not online or identity-based communities. There is currently no settled standard of what is and isn’t a community, and many non-geographical communities are not covered by existing data or able to be measured in the same way. Some measures evaluating other types of community are included in supporting measures.

Outcome Indicator 8.3 reflects the degree to which families feel they have a say in the community on issues that affect them. This was identified as a key component of strong communities in consultation and aligns with the Strategy’s principle of valuing and centering the voices of children and families.

#### Supporting measures

* **Trust:** Proportion of people who report high levels of trust in others (Household, Income and Labour Dynamics in Australia (HILDA) Survey (DSS)).

# 

# Appendix A – Approach to outcome measurement and Early Years Strategy logic

The Outcomes Framework (the Framework) outlines how the outcomes stated in the Strategy are conceptualised and how the associated indicators were developed to support monitoring of progress over time.

This chapter describes:

* Outcomes
* Outcome indicators
* Approach to defining the outcomes
* Approach to developing outcome indicators
* Criteria for measurement
* Reporting considerations
* How the Framework underpins the Strategy.

## Glossary of terms

|  |  |
| --- | --- |
| Term | Definition |
| Outcome | The desired change for an individual, family or community. |
| Indicator | The concept(s) to be measured. |
| Outcome indicator | The concept(s) to be measured in relation to the outcome. |
| Measure | The computation rules for the indicator (how it will be operationally defined). |
| Data source | The data collection(s) from which data are sourced to report against a measure. |

Outcomes

The Strategy includes eight outcomes identified as key to achieving the vision that all children in Australia thrive in their early years and reach their full potential.

Although an outcome represents the desired end state, it can also influence, or be influenced by, another outcome. For example, children having opportunities to play and imagine is a desired outcome but is also a key enabler for the outcome that children are learning.

Outcome

Outcome

Further, an outcome can be influenced by other external factors. The longer the time frame for an outcome the greater the likelihood of outside factors having influence (for example, a natural disaster such as a flood may result in a significant disruption to a child, family and community). Therefore, context matters when reporting on outcomes.

External Factors

Outcome

External Factors

#### Outcome indicators

An outcome indicator when reported against provides information on the status of the intended change (at the individual, family or community level).

Due to the interconnected nature of the outcomes in the Strategy (noted above), an indicator for one outcome may be relevant to another outcome. That is, one indicator may define a desired change that is relevant to multiple outcomes.

Outcome

Outcome

Outcome Indicator

Further, a single outcome may be made up of multiple concepts and therefore require multiple outcome indicators.

Outcome

Outcome Indicator

Outcome Indicator

For the purposes of presentation in the Framework, where an indicator is relevant to more than one outcome it is listed under the outcome for which it is most relevant and cross-referenced.

#### Approach to defining the outcomes

Developing a shared understanding of the outcomes is the first step in developing an Outcomes Framework. Without a common understanding of the concepts underpinning the outcomes there is a greater risk that the changes that end up being measured are not those envisaged by stakeholders.

Across the eight outcomes in the Strategy, 19 concepts were identified that needed defining. For example, for Outcome 1 ‘Children are nurtured and safe’ the concepts ‘nurtured’ and ‘safe’ needed to be defined as they have different meanings in different contexts.

A stepped approach was taken to develop definitions for each of the 19 concepts, commencing with a desktop review of a selection of published material. Australian Government policy documents were reviewed first with the aim of alignment with existing Government approaches. This was followed by a review of state and territory policy documents, then international frameworks, and literature from non-government organisations. Literature published from 2019 onwards was prioritised.

The Department of Social Services and the Department of Education convened a workshop on 27 June 2024 at which the draft definitions for the concepts were presented and discussed. Following this workshop, the concepts and definitions were further refined.

The final set of concepts and definitions formed the basis for development of the measures for the indicators. The measures state how the indicators are to be calculated (also referred to as the computation) and where the data will come from to report against the measure (referred to as the data source).

A glossary of terms has also been developed to facilitate a shared understanding of the key terms referred to in the Framework (see [pg.](#_bookmark34)38).

#### Approach to developing the outcome indicators

The outcome indicators should clearly identify the type of change that will be measured and the ability to track progress over time. The following criteria informed the selection of the outcome indicators, measures and data sources.

The selection criteria that informed the choice of outcome indicators were:

* The outcome indicator is measurable (that is, it lends itself to being quantified)
* The outcome indicator matches the recommended definition(s) of the outcome (see above) or is a close proxy for the outcome
* The outcome indicator is comprehensive and concise (that is, the minimum number of indicators to get comprehensive coverage of the outcome)
* The outcome indicator is strengths-based
* Where appropriate, the outcome indicator matches indicators used in other Australian Government strategies and frameworks.

The selection criteria that informed the choice of measures were:

* Where appropriate, the measure includes children between 0–5 years where possible for outcomes that refer to children (or a close proxy for this)
* Where appropriate, data at the parent/caregiver or family level can be disaggregated by the presence of children aged 0–5 years

National data (with the aim of the data being nationally representative for children 0–5 years)

* Ongoing data collection (e.g. not a one-off or ceased data collection)
* Closest match to indicator
* For psychometric /measurement tools, the tool: i) has been used before, ii) has been used recently, iii) does not have significant criticisms and there is not an equivalent version of the tool which is more highly regarded in respect of the outcome being measured

#### Reporting considerations

The current measures and data sources aim to strike a balance between the desired reporting and what is currently able to be reported in relation to the outcomes. The following should be taken into account when reporting against the outcome indicators in this Framework.

Suitability of reporting: where data are not available for the preferred indicator and/or measure, a proxy indicator/measure may be reported (and indicated as such in the outcome chapters). If no suitable proxy is identified, a data gap is reported against the indicator and/or measure. Identified data gaps are the priority areas where data are required for reporting in the Framework.

Frequency of reporting: where data are available, they may not always be collected as frequently as desired for reporting purposes (bearing in mind that for an indicator where change may be expected to take longer to occur, more frequent data for reporting against that indicator may not be informative).

Reporting on enablers of change: by their nature, outcomes refer to a desired change and outcome indicators reflect this. They do not reflect the enablers or facilitators to achieve an outcome. For example, an increase in immunisation rates (in the short term) can contribute to a reduction in potentially preventable diseases (long term). It is intended that further work will occur as part of a Monitoring and Evaluation Framework to consider additional indicators required to track progress under the outcome indicators.

## 

## The Early Years Strategy logic

This section describes how the Framework underpins the Strategy and outlines how the Strategy’s vision will be achieved:

*“That all children in Australia thrive in their early years. They have the opportunity to reach their full potential when nurtured by empowered and connected families who are supported by strong communities.”*

It provides a shared vision and direction for change that will inform actions and new policies under the Strategy.

For change to occur with the Strategy, this will require all levels of government to work together to support children, their families and their communities. This is a key assumption underpinning the Strategy. Other assumptions, including those related to family and community factors, will also be taken into consideration.

The principles will guide how the government will deliver the Strategy’s vision and outcomes through the priority focus areas, action plans and outcomes framework (including development, implementation and monitoring of actions and intermediate outcomes):

* Child and family-centred
* Strengths-based
* Respect for families and communities
* Equitable, inclusive and respectful of diversity
* Evidence-informed

Four priority focus areas have been identified for Government action to facilitate change across the eight outcomes in the Strategy. If these actions are implemented effectively, and all governments are working together, we would envisage that progress against the outcomes will be made.

The key elements of the four priority focus areas are summarised below:

* Value the early years
  + raise awareness about why early childhood matters
  + embed the voices of children and families in policies, programs and services
* Empower parents, caregivers and families
  + Empowering parents, caregivers and families with skills, resources and capabilities
  + Supporting parents to connect with other parents and their local community
  + Making supports and services responsive and inclusive to children and their parents, caregivers and families
  + Moving towards universal access to early childhood education and care
* Support and work with communities
  + Supporting local solutions to local problems
  + fostering shared decision-making
* Strengthen accountability and coordination
  + Better integration, collaboration and co-ordination of policy, programs and services
  + Stronger data, research and evaluation

The priority focus areas guide the actions to be taken by the Government to achieve the outcomes. The details of these actions are contained in the associated action plans that are published separately.

The intermediate outcomes are the interim changes that are expected as a result of the Strategy’s actions being implemented. These changes provide the desired building blocks to achieve the outcomes. They provide tangible evidence of progress to allow for intermediate assessment of progress.

The Strategy’s outcomes are the goals to achieve the Strategy’s vision. They will be used to measure how children and their families are faring and how well children are growing and developing. Progress in achieving the intermediate outcomes is a key component to achieving the outcomes. However, by their nature, the outcomes (which are long-term) will more likely be affected by other factors including those not within the direct control of Government (including individual, society, community and cultural factors).

Regular monitoring and evaluation of the actions and intermediate outcomes will support an assessment of whether they are contributing to improving the outcomes as intended. This will enable adjustments to be made to the priority focus areas, action plans and intermediate outcomes if needed. Further, understanding the broader context within which the outcomes sit is critical to understanding other factors that may be impacting progress to achieving the outcomes.

## Early Years Strategy logic

|  |  |
| --- | --- |
| Vision | *That all children in Australia thrive in their early years. They have the opportunity to reach their full* *potential when nurtured by empowered and connected families who are supported by strong communities* |

|  |  |  |
| --- | --- | --- |
| Priority Focus Areas | Actions | Intermediate Outcomes |
| 1. Value the early years | Raise awareness about the importance of early childhood | Raised awareness about why early childhood matters |
|  | Highlight the importance of brain development in the early years |  |
|  | Consult with children and families about what they need | Voices of children and their families are embedded |
|  | Include the views of children and families in policies and programs |  |
| 2. Empower parents, caregivers and families | Support parents and caregivers to seek help and access resources | Parents, caregivers and families have skills, resources and capabilities |
|  | Ensure supports are culturally responsive for First Nations families |  |
|  | Help families connect with other families and learn from each other | Parents can connect with other parents and their local community |
|  | Make communities safe and inclusive spaces for all families |  |
|  | Continue work with states and territories on Foundational Supports | Supports and services are responsive  and inclusive to children and their parents |
|  | Advance work under the National Agreement on Closing the Gap |  |
|  | Take steps to build a universal ECEC system | There is universal ECEC which is simple, affordable and accessible for every family |
| 3. Support and work with communities | Support increased pay and conditions for the ECEC workforce | Local solutions to local problems are supported |
|  | Use and share data and evidence about localised initiatives |  |
|  | Explore flexible funding models, including funding by outcomes |  |
|  | Support shared decision making with children at the centre | Shared decision making with communities is fostered |
|  | Foster shared decision making with the Australian Government |  |
| 4. Strengthen accountability and coordination | Align monitoring on early years investments across Government | Policy, programs and services are better integrated and coordinated |
|  | Coordinate and integrate early years policies and programs |  |
|  | Enhance early years data collection nationally and locally | Data, research and evaluation is strengthened |
|  | Build the evidence base about what works in the early years |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcomes** | 8 line drawings representing each of the 8 outcomes | 8 line drawings representing each of the 8 outcomes | 8 line drawings representing each of the 8 outcomes | 8 line drawings representing each of the 8 outcomes | 8 line drawings representing each of the 8 outcomes |
|  | 1. Children are nurtured and safe | 2. Children are healthy | 3. Children are learning | 4. Children have strong identities and connections to culture | 5. Children play and imagine |
|  | 8 line drawings representing each of the 8 outcomes | 8 line drawings representing each of the 8 outcomes | 8 line drawings representing each of the 8 outcomes |  |  |
|  | 6. Basic needs are met | 7. Families are empowered | 8. Communities are strong and inclusive |  |  |
| **Principles** |  |  |  |  |  |
|  | 1. Child and family-centred | 2. Strengths-based | 3. Respect for families and communities | 4. Equitable, inclusive and respectful of diversity | 5. Evidence informed |

# Appendix B – Alignment with other strategies and frameworks

## National Agreement on Closing the Gap

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Goal | Target | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system. | By 2031, reduce the rate of over- representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent. | 1.1 |
| - | Aboriginal and Torres Strait Islander families and households are safe. | By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero. | 1.2 |
| 2: Children are socially, emotionally, physically and mentally healthy | Aboriginal and Torres Strait Islander people enjoy long and healthy lives. | Close the gap in estimated life expectancy for Aboriginal and Torres Strait Islander children and non- Indigenous children at birth by 2031. | 2.1 |
| - | Aboriginal and Torres Strait Islander children are born healthy and strong. | By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%. | 2.1 |
| - | Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing. | Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero. | 2.2 |
| - | Aboriginal and Torres Strait Islander children thrive in their early years. | By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent. | 2.3 |
| 3: Children are learning | Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years. | By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent. | 3.2 |
| 4: Children have strong identities and connection to culture | Aboriginal and Torres Strait Islander people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters. | 15a: By 2030, a 15 per cent increase in Australia’s landmass subject to Aboriginal and Torres Strait Islander people’s legal rights or interests.  15b: By 2030, a 15 per cent increase in areas covered by Aboriginal and Torres Strait Islander people’s legal rights or interests in the sea. | 4.2 |

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Goal | Target | Outcomes Framework Indicator |
| - | Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing. | By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken. | 4.2 |
| 6: Basic needs are met | Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities. | By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62 per cent. | 6.3 |
| - | Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need. | 9a: By 2031, increase the proportion of Aboriginal and Torres Strait Islander  people living in appropriately sized (not overcrowded) housing to 88 per cent. 9b: By 2031, all Aboriginal and Torres Strait Islander households:  \*within discrete Aboriginal and Torres Strait Islander communities receive essential services that meet or exceed the relevant jurisdictional standard  \*in or near to a town receive essential services that meet or exceed the same standard as applies generally within the town (including if the household might be classified for other purposes as a part of a discrete settlement such as a “town camp” or “town based reserve”). | 6.1 |
| - | Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed  decision-making regarding their own lives. | Target 17: By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion. | 6.3 |

## National Aboriginal and Torres Strait Islander Early Childhood Strategy

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Goal | Outcome | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | Goal 4: Aboriginal and Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities. | Aboriginal and Torres Strait Islander children are cared for and supported by strong families who do not experience family violence. | 1.1; 1.2 |
| - | Goal 5: Aboriginal and Torres Strait Islander children, families and communities are active partners in building a better service system | Government agencies and mainstream organisations involved in the early years sectors work towards eliminating systemic racism by identifying and combatting racial bias in their policies, workforce and practices. | 1.3 |
| 2: Children are socially, emotionally, physically and mentally healthy | Goal 1: Aboriginal and Torres Strait Islander children are born healthy and remain strong. | Mothers of Aboriginal and Torres Strait Islander children have their health and wellbeing needs met before, during and after pregnancy, and risk factors such as maternal smoking, alcohol consumption and management of pre-existing conditions are reduced. | 2.1 |
| - | - | Aboriginal and Torres Strait Islander mothers, fathers, kin and carers have ongoing access to holistic, integrated and culturally safe family support services before and after birth of their children. | 2.1 |
| - | - | Aboriginal and Torres Strait Islander children have ongoing access to high-quality, culturally safe primary and allied health care services, including high-quality health and developmental assessments. | 2.1 |
| - | - | Aboriginal and Torres Strait Islander children meet their physical, cultural, emotional and cognitive developmental milestones. | 2.3 |
| - | Goal 2: Aboriginal and Torres Strait Islander children are supported to thrive in their early years. | Aboriginal and Torres Strait Islander children achieve success in early learning, meet learning and developmental milestones, are strong in their  cultural identity, and are ready to succeed in school. | 2.1 |
| 3: Children are learning | Goal 5: Aboriginal and Torres Strait Islander children, families and communities are active partners in building a better service system. | A high-quality early childhood, care and development workforce, including a dedicated and identified Aboriginal and Torres Strait Islander cohort, access to professional development and capability to  deliver services with high-level cultural and trauma competency awareness. | 3.2 |
| 4: Children have strong identities and connection to culture | Goal 3: Aboriginal and Torres Strait Islander children are supported to establish and maintain strong connections to culture, country, and language. | Aboriginal and Torres Strait Islander children develop strong, resilient and proud cultural identities in their early years. | 4.1; 4.2 |

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Goal | Outcome | Outcomes Framework Indicator |
| - | - | Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing, and embedded within early years services. | 4.2 |
| - | - | Aboriginal and Torres Strait Islander children, including children in out-of-home care, are supported to maintain meaningful connections to their family, community and culture. | 4.2 |
| 6: Basic needs are met | Goal 2: Aboriginal and Torres Strait Islander children are supported to thrive in their early years. | Aboriginal and Torres Strait Islander children and families have access to appropriate digital tools and resources, as well as digital literacy. | 6.1 |
| 7: Families are empowered, connected and supported | Goal 1: Aboriginal and  Torres Strait Islander children are born healthy and remain strong. | Aboriginal and Torres Strait Islander mothers, fathers, kin and carers have ongoing access to holistic, integrated and culturally safe family support services before and after birth of their children. | 7.3 |
| - | - | Aboriginal and Torres Strait Islander children have ongoing access to high-quality, culturally- safe primary and allied health care services, including high-quality health and developmental assessments. | 7.3 |
| - | Goal 2: Aboriginal and  Torres Strait Islander children are supported to thrive in their early years. | Aboriginal and Torres Strait Islander families are empowered and supported to lead their children’s early learning and development including through training and professional development pathways. | 7.1 |
| - | Goal 4: Aboriginal and  Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities. | Aboriginal and Torres Strait Islander children and families have immediate access to high quality crisis support services when they need it, including access to culturally-responsive and trauma-informed support services, including healing programs. | 7.3 |
| 8: Communities are strong  and inclusive places for children and their parents or caregivers to live, grow, play and connect | Goal 4: Aboriginal and  Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities. | Aboriginal and Torres Strait Islander children and families live within vibrant communities that enable high-quality life outcomes. | 9.1 |
| - | Goal 5: Aboriginal and Torres Strait Islander children, families and communities are active partners in building a better service system. | Through formal partnership and shared decision- making, Aboriginal and Torres Strait Islander communities are directly involved in the design of improved early childhood policies, more accessible and responsive early childhood service systems, and enhanced monitoring and evaluation, including through shared access to data at the local and regional level. | 8.2 |

## Measuring What Matters

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Domain | Indicator | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | Secure | Proportion of people who have experienced physical or sexual abuse before the age of 15 years | 1.2 |
| - | - | Proportion of people who experienced physical violence in the last 12 months | 1.2 |
| - | - | Proportion of people who experienced violence by an intimate partner in the last 12 months | 1.2 |
| 2: Children are socially, emotionally, physically and mentally healthy | Healthy | Life expectancy at birth | 2.1 |
| - | - | Proportion of people with one or more selected chronic health conditions\* | 2.1 |
| - | - | Health adjusted life expectancy (HALE) | 2.1 |
| - | - | Proportion of adults who experienced high or very high levels of psychological distress. Measured by the Kessler 10 (K10) Psychological Distress Scale for the general population and the Kessler 5 (K5)  Psychological Distress Scale for First Nations people | 2.2 |
| - | Childhood development | Proportion of children who are developmentally on track in all five domains of the Australian Early Development Census (AEDC) | 2.3 |
| 3: Children are learning | First Nations languages spoken | Number of First Nations people who speak a First Nations language at home | 3.1 |
| 4: Children have strong identities and connection to culture | Sense of Belonging | Proportion of First Nations people who recognise an area as their homelands or traditional country | 4.2 |
| - | Experience of discrimination | Proportion of Australians who experienced some form of discrimination in the previous 12 months | 4.1; 4.2 |
| 5: Children have opportunities to play and imagine | Cohesive | Average time spent on recreation and leisure, and on social and community interaction | 5.1; 5.2 |
| 6: Basic needs are met | Homelessness | Rate of people who are experiencing homelessness | 6.1 |
| - | Housing Serviceability | Proportion of housing costs to household gross income, by tenure | 6.1 |
| - | Making ends meet | Proportion of households who experienced a cash flow problem in last 12 months | 6.3 |
| - | - | Proportion of households unable to raise $2,000 when needed | 6.3 |

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Domain | Indicator | Outcomes Framework Indicator |
| - | Digital preparedness | An aggregate score of digital inclusion based on access, affordability and digital ability | 6.3 |
| - | Household Income and Wealth | Median equivalised weekly disposable household income | 6.3 |
| - | - | Net worth per household | 6.3 |
| - | National income per capita | Real net national disposable income (RNNDI) per capita | 6.3 |
| - | Wages | Growth in the wage price index adjusted for inflation, as measured by the consumer price index | 6.3 |
| - | Access to care and support services | Unmet needs: proportion of people (aged 0–64 years) living in households who receive disability support who felt their needs were not being met | 6.3 |
| 7: Families are empowered, connected and supported | Access to health services | Wait times: proportion of people waiting longer than they felt acceptable for an appointment with a GP | 7.3 |
| - | - | Wait times: proportion of people waiting longer than they felt acceptable for an appointment with a medical specialist | 7.3 |
| - | Social Connections | Proportion of people who agreed with the statement ‘I often feel very lonely’ | 7.2 |
| - | - | Proportion of people who undertake voluntary work | 7.2 |
| - | Time for recreation and social interaction | Average time spent on recreation and leisure, and on social and community interaction | 7.2 |
| - | Trust in key institutions | Proportion of people who report having trust in healthcare system | 7.3 |

## Australia’s Disability Strategy 2021-2031

|  |  |  |  |
| --- | --- | --- | --- |
| Early Years Strategy Outcome | Indicator | Measure | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | Reduction in gap between safety for people with disability and without disability | % of people with disability 15 years and above who have experienced violence compared to people without disability (PSS) | 1.2 |
| - | Decrease in neglect and abuse of children with disability | Rate of children with disability aged 0–17 years who were the subject of a child protection resubstantiation in a given year (future version) | 1.2 |
| - | Decrease in violence against women and children with disability | % of females with disability 15 years and above who have experienced family or domestic violence compared with women without disability (PSS) | 1.2 |
| 2: Children are socially, emotionally, physically and  mentally healthy | Increase in people with disability experiencing good health | % of adults with disability who reported excellent, very good or good health compared with people without disability (NHS) | 2.1 |
| - | Increase in people with disability experiencing good mental health | % of adults with disability with high or very high levels of psychological distress (NHS) | 2.2 |
| - | - | % of NDIS participants who report feeling satisfied about their life in general now and in the future (NDIA) | 2.2 |
| - | Increase in children with disability ready to start school in the first year of school | % of children with disability who meet school readiness indicators in first year of school (AEDC) (future version) | 2.3 |
| 3: Children are learning | The preschool system supports children with disability to achieve their full potential | % of children with disability enrolled in a preschool program the year before fulltime schooling vs representation in community (RoGS) | 3.2 |
| - | Increase in people with disability learning in informal settings | % of people with disability who report having participated in an informal learning activity in the last 12 months (future version) | 3.1 |
| 4: Children have strong identities and connection to culture | Decrease in discrimination against people with disability | % of people with disability who have not experienced discrimination due to disability in the last 12 months (SDAC) | 4.1 |
| - | - | % of NDIS participants who feel able to advocate (stand up) for themselves (NDIA) | 4.1 |
| - | Value and respect for people with disability (Policy Priority 4): Full inclusion in community and social life is available to people with disability | % of people with disability who report feeling valued and respected in their community | 4.1 |

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| Early Years Strategy Outcome | Indicator | Measure | Outcomes Framework Indicator |
| 6: Basic needs are met | Increase in people with disability experiencing economic independence | Gap in median gross income for a person with disability aged 15–64 years compared to people without disability (SDAC) | 6.3 |
| - | A reduction in people with disability in housing stress | % of households with at least one person with disability in lowest 40% income whose housing costs exceed 30% of household income (SIH) | 6.1 |
| - | Increase in people with disability who live in a suitable and accessible home | % of NDIS participants who are happy with current home (NDIA) | 6.1 |
| - | - | % of people with disability whose home is suitable and accessible (future version) | 6.1 |
| - | Increase in people with disability being able to access locations | % of people with disability who had no difficulty accessing buildings or facilities in the last 12 months (SDAC) | 6.3 |
| - | More people with disability can access transport in their community | % of people with disability who can use all forms of public transport with no difficulty (SDAC) | 6.3 |
| - | - | % of people with disability who can access public or private transport when needed (future version) | 6.3 |
| - | Increase in people with disability being able to access communication and information networks | % difference in digital inclusion between people with disability and the Australian population (ADII) | 6.3 |
| - | Increase in the accessibility of assistive technology for people with disability | % of people with disability who do not need additional aids (SDAC) | 6.3 |
| - | - | 22 % of people with disability who can access the assistive technology they need | 6.3 |
| 7: Families are empowered, connected and supported | Increase in people with disability accessing trauma- informed services | % of people with disability who experienced assault and sought advice or support after the most recent incident (PSS) | 7.3 |
| - | Increase in carers able to access suitable carer support | % of informal carers of people with disability who report that alternative care arrangements are available and affordable (SDAC) | 7.3 |
| - | Increase in access to justice for people with disability | % of people with disability who reported having equal access to justice compared to people without disability | 7.3 |
| - | Increase in NDIS participants being effectively supported | % of NDIS participants who report systems accessed through their individual support package were effective (NDIA) (future version) | 7.3 |
| - | Increase in people with disability accessing the services they need | % of people with disability who had their needs fully met (SDAC) | 7.3 |

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| Early Years Strategy Outcome | Indicator | Measure | Outcomes Framework Indicator |
| - | Increase in long term wellbeing for people with disability | % of people with disability with difficulty accessing medical facilities (GP, dentist, hospital) (SDAC) | 7.3 |
| - | - | % of people with disability who accessed prevention and early intervention services in the last 12 months without difficulty compared to people without disability | 7.3 |
| 8: Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect | Increased social inclusion and participation for people with disability % of people with disability actively involved  in community, cultural, or religious groups in the past 12 months or have taken part in an activity they organised (SDAC) | % of people with disability actively involved in community, cultural, or religious groups in the past 12 months or have taken part in an activity they organised (SDAC) | 8.3 |
| - | The capabilities of people with disability are recognised, leading to increased employment | % of employers who value the contribution and benefits of employing people with disability | 8.1 |
| - | Attitudinal barriers toward people with disability within key workforces are removed | Key professionals are disability confident and respond positively to people with disability  (% of educators; % of health professionals; % of personal and community support workers; % of justice/legal sector workers) | 8.1 |
| - | Full inclusion in community and social life is available to people with disability | % of people with disability who report feeling valued and respected in their community | 8.3 |

## National Plan to End Violence against Women and Children 2022–2032

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| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | 3. Community attitudes and beliefs embrace gender equality and condemn all forms of gendered violence without exception. | 3.3 People have equal, healthy, and respectful relationships. | 1.1 |
| - | 5. Children and young people are safe in all settings and are effectively supported by systems and services. | 5.5 Children and young people have equal, healthy, and respectful relationships. | 1.1 |
| - | - | 5.1 Services and systems recognise children and young people as victims in their own right, centre them in decision-making,  and support them to grow up safe and supported including at home, school, in their community, and online. | 1.2 |
| 6: Basic needs are met | 6. Women are safe and respected in all settings, and experience economic, social, political and cultural equality. | 6.4 Women have economic security and their social, cultural and economic needs are met, including being supported to access  affordable, accessible and safe housing, from crisis accommodation to transitional and long-term housing. | 6.1; 6.3 |
| 7: Families are empowered, connected and supported | 1. Systems and institutions effectively support and protect people impacted by gender- based violence. | 1.3 Systems and institutions are culturally safe, accessible, inclusive, trauma-informed and centre lived experience. | 7.3 |
| - | - | 1.4 Within and across systems and institutions, integrated support is embedded to provide people impacted by violence with coordinated care and ongoing support to facilitate recovery and healing. | 7.3 |
| - | 2. Services and prevention programs are effective, culturally responsive, intersectional and accessible. | 2.1 Services and prevention programs are evidence-informed, inclusive, culturally safe and appropriate, accessible, and trauma and healing informed. | 7.3 |
| - | - | 2.2 Workforces access training and information to enable the effective delivery of timely, evidence-based, culturally safe and trauma-informed services. | 7.3 |
| - | - | 2.5 Services work together to provide integrated and tailored responses for all people impacted by violence, including people who choose to use violence. | 7.3 |

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| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| - | - | 2.6 Sector and community capacity is developed to identify and support all people impacted by violence or at risk of violence. | 7.3 |
| - | 5. Children and young people are safe in all settings and are effectively supported by systems and services | 5.6 Primary carer-givers have access to supports for their own well-being, in turn supporting them to nurture the child. | 7.3 |
| - | 6. Women are safe and respected in all settings, and experience economic, social, political and cultural equality. | 6.1 People impacted by violence and abuse have access to timely and ongoing supports, services, resources, and opportunities  to support their long-term recovery and healing. | 7.3 |
| - | - | 6.2 People impacted by violence have positive experiences with and outcomes through the services and systems that respond to gender-based violence, particularly the justice system and family law. | 7.3 |
| - | - | 6.5 Alternative approaches to justice are victim-led, culturally appropriate and prioritise the safety of survivors first. | 7.3 |
| 8: Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect | 1. Systems and institutions effectively support and protect people impacted by gender- based violence. | 1.5 Workplaces are safe from all forms of gender-based violence and are actively preventing sexual harassment and discrimination. | 8.1 |
| - | - | 1.6 Workforce capability across systems and institutions is developed to recognise the drivers and signs of gender-based violence and to respond and refer appropriately. | 8.1 |
| - | 3. Community attitudes and beliefs embrace gender equality and condemn all forms of gendered violence without exception. | 3.1 People recognise the behaviours that constitute gender-based violence and understand the long-term consequences. | 8.1; 8.2 |
| - | - | 3.2 People know how to safely respond or seek support when they witness or experience gender-based violence. | 8.1; 8.2 |
| - | - | 3.4 People actively challenge incorrect and damaging misconceptions about gender- based violence, such as victim-blaming and a lack of understanding of the meaning of consent | 8.1; 8.3 |
| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| - | - | 3.5 Gender equality, positive relationships, and positive masculinities are promoted across the community including in faith- based, sporting, entertainment, educational institutions, digital spaces, the arts, and media organisations. | 8.1; 8.3 |
| - | - | 3.6 People actively challenge attitudes and behaviours that enable violence  including gendered stereotypes and norms, cisgenderism and heteronormativity. | 8.1; 8.2 |
| - | 6. Women are safe and respected in all settings, and experience economic, social, political and cultural equality. | 6.3 Women enjoy full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life. | 8.3 |

## Working for Women: A Strategy for Gender Equality

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| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | 2.4 The gender gap in use of and access to paid parental leave narrows | 2.4 The gender gap in use of and access to paid parental leave narrows | 1.1 |
| - | - | 2.1.2 Average number of hours of unpaid childcare done each week for women and men | 1.1 |
| - | - | 2.4.1 Women and men accessing the Australian Government’s Paid Parental Leave Scheme | 1.1 |
| - | - | 2.4.4 Organisations that report offering gender neutral parental leave policies (without using primary or secondary carer definitions) | 1.1 |
| - | 1.1 All people live free from violence and are safe at home, at school, at work, in the community and online | 1.1.1 A reduction in female victims of intimate partner homicide | 1.2 |
| - | - | 1.1.3 A reduction in the rate of family violence and abuse against Aboriginal and Torres Strait Islander women and children | 1.2 |
| - | - | 1.1.4 Percentage of people who have experienced sexual violence | 1.2 |
| - | - | 1.1.5 Percentage of people who have experienced sexual harassment | 1.2 |
| - | - | 1.1.6 Percentage of people who have experienced physical violence | 1.2 |
| - | - | 1.1.7 Percentage of people who have experienced stalking | 1.2 |
| - | - | 1.1.8 Percentage of people who have experienced technology-facilitated abuse | 1.2 |
| - | - | 1.1.9 Percentage of people who are safe in their homes (physical and/or sexual partner violence) | 1.2 |
| - | - | 1.1.10 Percentage of people who are safe in their homes (partner emotional abuse) | 1.2 |
| - | - | 1.1.11 Percentage of people who are safe in their homes (partner economic abuse) | 1.2 |
| - | 4.3 The mental health of women, men and gender diverse people improves | 4.3.6 Women’s and children’s mental health impacts from family and domestic violence | 1.2 |

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| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| 2: Children are socially, emotionally, physically and mentally healthy | 4.1 The health care system recognises and is responsive to gendered health issues and provides women and men with increased access to information, diagnosis, treatment and services | 4.1.1 Empower and support all men and boys to optimise their own and each other’s health and wellbeing across all stages of their lives | 2.1; 2.2; 2.3 |
| - | - | 4.1.2 Aboriginal and Torres Strait Islander people enjoy long and healthy lives | 2.1 |
| - | - | 4.1.3 Aboriginal and Torres Strait Islander children are born healthy and strong | 2.1 |
| - | - | 4.1.4 Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing | 2.2 |
| - | 4.3 The mental health of women, men and gender diverse people improves | 4.3.1 People’s own assessment of their mental wellbeing | 2.2 |
| 3: Children are learning | 2.2 Parents and carers have access to affordable and high-quality early childhood education and care services | 2.2.1 Parent and carer access to early childhood education and care | 3.2 |
| - | - | 2.2.2 Early childhood education and care is affordable and high quality | 3.2 |
| 4: Children have strong identities and connection to culture | 5. Children and young people are safe in all settings and are effectively supported by systems and services. | 5.1 Services and systems recognise children and young people as victims in their own right, centre them in decision-making, and support them to grow up safe and supported including at home, school, in their community, and online | 4.1 |
| 5: Children have opportunities to play and imagine | 5.3 Women’s participation in sport increases across all levels, including in positions of leadership | 5.3.1 Women and girls participating in sport | 5.2 |
| 6: Basic needs are met | 3.5 Women have access to homelessness services and secure long-term housing | 3.5.1 Women and men’s access to homelessness services | 6.1 |
| - | - | 3.5.2 Access to social housing | 6.1 |
| - | - | 3.5.1 Women and men’s access to homelessness services | 6.1 |
| - | - | 3.5.3 Proportion of women and men living in housing owned outright, owned with a mortgage, rented, or under other tenure arrangements | 6.1 |
| - | - | 3.5.4 Affordability of housing for women and men | 6.1 |
| - | - | 3.5.5 Women’s and men’s satisfaction with social housing services | 6.1 |

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| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| - | - | 3.5.6 Women’s and men’s experiences of homelessness and other marginal housing | 6.1 |
| 7: Families are empowered, connected and supported | 4.1 The health care system recognises and is responsive to gendered health issues and provides women and men with increased access to information, diagnosis, treatment and services | 4.1.5 Women and men who delayed or did not use health services when needed due to cost | 7.3 |
|  | 4.2 Women have choice and access to safe and affordable maternal, sexual and reproductive health care | 4.2.5 Women’s access to antenatal care | 7.3 |
|  | 4.3 The mental health of women, men and gender diverse people improves | 4.3.2 Access to consultations with health professionals for mental health | 7.3 |
| 8: Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect | Community attitudes and beliefs in Australia reject gender inequality | Increased community attitudes that reject gender inequality | 8.2 |
| - | - | Young people rejecting gender inequality | 8.2 |
| - | People are not limited by gender roles | Agreement with statements supportive of shared care and paid work | 8.2 |
| - | - | Agreement with statements enforcing traditional gender roles | 8.2 |
| - | 1.1 All people live free from violence and are safe at home, at school, at work, in the community and online | 1.1.2 An increase in community attitudes that reject violence against women | 8.2 |
| - | - | 1.1.12 Percentage of people who are safe at work (physical violence) | 8.1 |
| - | - | 1.1.13 Percentage of people who are safe at work (sexual harassment) | 8.1 |
| - | - | 1.1.14 Percentage of workplaces with policies, strategies and actions in place to support employees experiencing family and domestic violence | 8.1 |
| - | - | 1.1.16 Percentage of people who are safe in the community (sexual harassment) | 8.1 |
| - | - | 1.1.17 Percentage of people who are safe in the community (physical violence) | 8.1 |

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| Early Years Strategy Outcome | Goal | Indicator | Outcomes Framework Indicator |
| - | - | 1.1.18 Percentage of people who are safe online | 8.1 |
| - | 3.3 Employers support an end to gender discrimination, and sexual harassment and violence in the workplace | 3.3.1 Percentage of organisations with policies, training and processes in place on discrimination and sexual harassment | 8.1 |
| - | - | 3.3.2 Percentage of organisations with policies to support gender equality in employment processes | 8.2 |
| - | 5.5 More women influence and are represented in media | 5.5.1 Quoted women experts and sources in media | 8.3 |
| - | - | 5.5.2 Women’s by-lines in media | 8.3 |
| - | - | 5.5.3 Women represented on boards for publicly owned broadcasters | 8.3 |
| - | - | 5.5.4 Public interest in male and female representation in sports coverage | 8.2 |

## National Preventative Health Strategy 2021–2030

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| Early Years Strategy Outcome | Goal | Target | Outcomes Framework Indicator |
| 2: Children are socially, emotionally, physically and  mentally healthy | All Australians have the best start in life | The proportion of the first 25 years lived in full health will increase by at least 2% by 2030 | 2.1 |
| - | - | The proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030 | 2.1 |
| - | - | The proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031 | 2.1 |
| - | Improving access to and the consumption of a healthy diet | Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 55% by 2030 | 2.1 |
| - | Improving immunisation coverage | Increase immunisation coverage rates to at least 95% of children aged 1 and 2 years by 2030, and maintain a coverage rate of at least 95% for children aged 5 years | 2.1 |
| - | - | Increase immunisation coverage rates to at least 95% of Aboriginal and Torres Strait Islander children aged 1 and 2 years by 2030, and maintain a coverage rate of at least 95% for Aboriginal and Torres Strait Islander children aged 5 years | 2.1 |
| - | Reducing alcohol and other drug harm | Less than 10% of pregnant women aged 14 to 49 are consuming alcohol whilst pregnant by 2030 | 2.1 |
| - | Increasing physical activity | Reduce the prevalence of physical inactivity amongst children, adolescents and adults by at least 15% by 2030 | 2.3 |
| 6: Basic needs are met | Focus Area: Improving access to and the consumption of a healthy diet | Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030 | 6.2 |

## OECD Child Well-being Dashboard

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| Early Years Strategy Outcome | Domain | Subdomain | Outcomes Framework Indicator |
| 1: Children are nurtured and safe | Social and emotional outcomes | Children who report feeling high support from their family | 1.1 |
| - | Home and family life | Children who report that their parents encourage them to be confident | 1.1 |
| - | Life online | Children who report having been a victim of cyber-bullying | 1.2 |
|  | Social life and life in the community | Children in households that report crime and violence in their local area | 1.2 |
| 2: Children are socially, emotionally, physically and  mentally healthy | Physical health outcomes | Infant mortality rates | 2.1 |
| - | - | Children who are overweight or obese | 4.3 |
| - | - | Children who report doing the WHO- recommended daily exercise | 2.1 |
| - | - | Children who rate their own health as ‘fair’ or ‘poor’ | 2.1 |
| - | - | Children living with limitations in activities due to health problems | 2.1 |
| - | Social and emotional outcomes | Children who report multiple subjective health complaints | 2.1 |
| - | - | Children who report high satisfaction with their life as a whole | 2.2 |
|  |  | Children who believe their life has meaning and purpose | 4.1 |
| - | Social life and life in the community | Children who feel that they have enough friends | 1 |
| - | - | Children who feel supported by their friends | 1 |
| 3: Children are learning | Home and family life | Children who often participated in early learning activities with parents when young | 3.1 |
| - | Life at school and in early childhood education and care | Children participating in early childhood education and care | 3.2 |
| - | - | Children in schools with high staff shortages | 3.2 |
| - | - | Children who report a poor relative disciplinary climate in their classroom | 3.2 |
| - | - | Children who report experiencing bullying at school | 3.2 |
| - | Education and ECEC policies | Child-to-staff ratios in pre-primary education services | 3.2 |

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| Early Years Strategy Outcome | Domain | Subdomain | Outcomes Framework Indicator |
| 4: Children have strong identities and connection to culture | Social and emotional outcomes | Children who express self-efficacy | 4.1 |
| - | - | Children who express a growth mindset | 4.1 |
| - | Life at school and in early childhood education and care | Children who feel like they belong at school | 4.2 |
| 5: Children have opportunities to play and imagine | Social life and life in the community | Children who believe there are enough places to play in their area | 5.1;5.2 |
| 6: Basic needs are met | Material outcomes | Children experiencing food deprivation | 6.1 |
| - | - | Children in households experiencing severe housing deprivation | 6.1 |
| - | - | Children experiencing child-specific material deprivation | 6.3 |
| - | - | Children who report not having an internet connection at home | 6.3 |
| - | Home and family life | Children living in relative income poverty | 6.3 |
| - | - | Financial vulnerability rates in households with children | 6.3 |
| 7: Families are empowered, connected and supported | Education and ECEC policies | Typical net child care costs for parents using centre-based child care | 7.3 |

## Endnotes

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