

Joint Submission to the Productivity Commission Inquiry into Mental Health:

Detection & early intervention of
family violence via engagement
with early learning services



#BestStartInLife

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Contents

Foreword	3
The ongoing problem of family violence	4
ISSUE	4
SOLUTION	6
WHY INVOLVE EARLY CHILDHOOD EDUCATION	6
WHY OUR PARTNERSHIP IS NEEDED URGENTLY	7
WHAT THE PARTNERSHIP WILL DO	9
WHO WE ARE	9
CONCLUSION	10



Foreword

This submission to the Productivity Commission's inquiry into mental health has been produced as a collaborative effort between four organisations, which have come together to address the need for break the cycle of family violence in Australia.

For the first time, a not-for-profit organisation advocating for the future of Australia's children, the Australian Childcare Alliance (ACA), and the Australian Health Research Alliance (AHRA), via two of Australia's NHMRC accredited Translation Research Centres, Monash Partners and Maridulu Budyari Gumal - the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) have come together in a world first collaboration to build capacity in early childhood educators to identify the risk factors of family violence and intervene early.

These three organisations are working closely with SNAICC - National Voice for our Children, the peak the national peak body for Aboriginal and Torres Strait Islander children, to ensure this proposal is developed in line with the organisation's strong goals, values and strategic plan; and that it is inclusive, respectful and supports the cultural healing of the Aboriginal Community.

The critical issues and recommendations identified in the following report have also been presented to Federal Treasury in the context of the priorities for the **2020-21 budget**.

Our collaborative vision is to:

- co-design evidence-based training and resources and purposeful curriculum/pedagogical systems, for early childhood educators, that allow educators to identify the risks of family violence, to intervene early, and
- to create the supportive environments needed to foster healthy child development and powerful learning opportunities to shape the minds of the next generation, especially for kindergarten/preschool children who are already experiencing, or at-risk of experiencing, family violence.

We have a unique opportunity to change the course of a child's life to prevent them from becoming either a victim or a perpetrator of family violence.

At the same time, by providing tailored training to this incredibly trusted and respected cohort of early learning educators, we can also more rapidly identify and support those children and their families who are struggling, often in silence, with family violence.

Together we can give the most vulnerable of our children the **best start in life**.

This ground-breaking, evidence-based initiative complements the Government's efforts in combatting domestic violence. We commit this submission for your consideration and support.

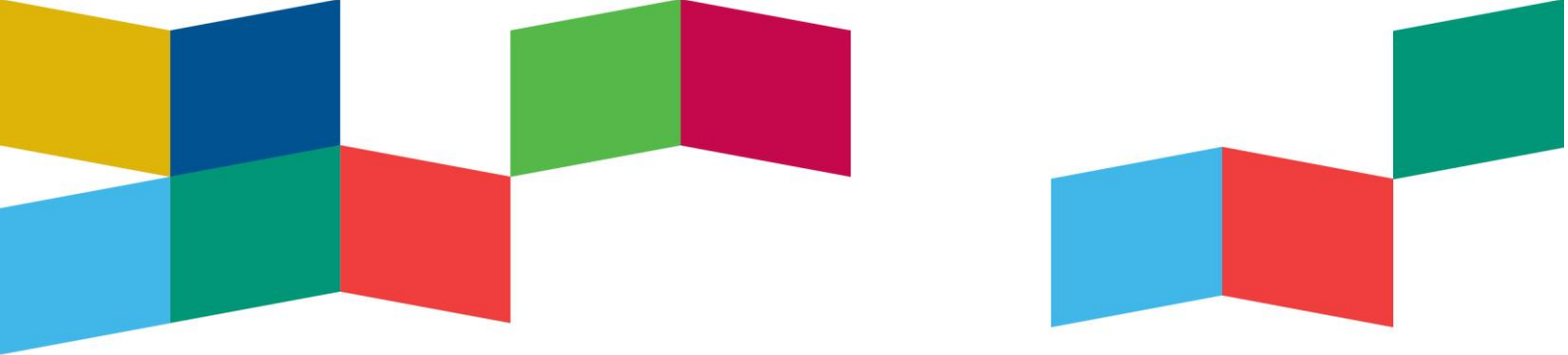
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The ongoing problem of family violence

ISSUE

Domestic violence is a **serious problem** affecting Australian society. Whilst it occurs across all ages, socioeconomic and demographic groups, it predominantly affects women and children.

The statistics are alarming, with an average of **one woman a week** being murdered by their current or former partner¹. Almost **1 in 4** (23%) women and **1 in 6** (16%) men have experienced emotional abuse from a current or previous partner since the age of 15².

Children exposed to domestic violence are more likely to have behavioural and emotional problems.

Studies indicate that children who experience adversity in early life are at high risk of a range of mental disorders during adulthood^{3 4 5}. Children known to child protection services face an **increased risk** of mental health difficulties (including anxiety, depression, aggression, and stress)^{6 7}.

A recent study⁸ in NSW which explored associations between children who were the subject of child protection reports in early childhood (birth to 6 years of age) and diagnoses of mental disorders during middle childhood (6-14 years), found that childhood-onset mental disorders are more frequently diagnosed in children who come to the attention of child protection services **during early childhood**.

The study disturbingly reports that there had been child protection service reports for almost **one in five children** by the time they started school. The implications of this level of potential maltreatment cannot be overstated.

¹ Bryant, W. & Bricknall, S. (2017). *Homicide in Australia 2012-2014: National Homicide Monitoring Program report*. Canberra: Australian Institute of Criminology. Retrieved from <https://aic.gov.au/publications/sr/sr002>

² Australian Bureau of Statistics. (2017). Personal Safety Survey 2016. ABS cat. no. 4906.0. Canberra: ABS. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>

³ Kessler RC, McLaughlin KA, Green JG, et al. Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *Br J Psychiatry* 2010; 197: 378–385.

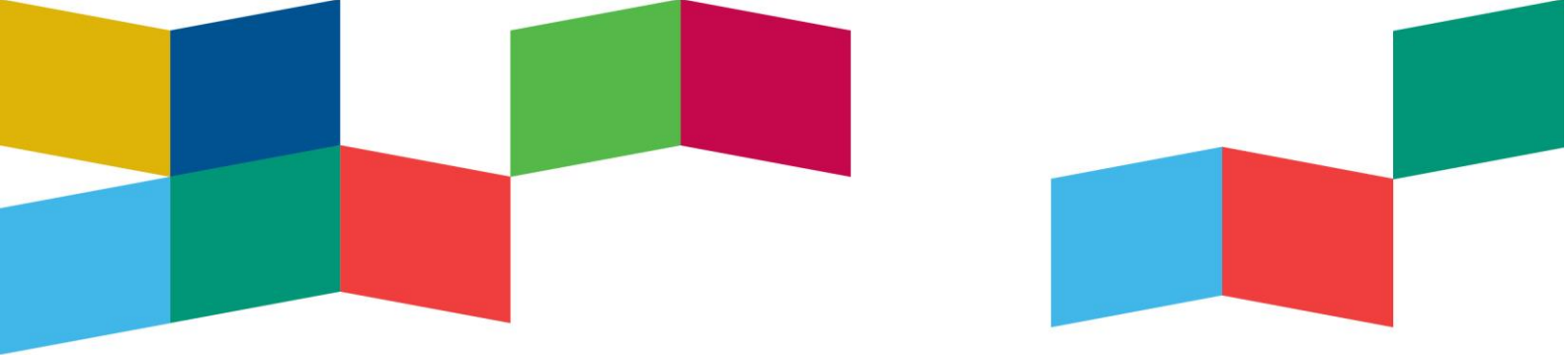
⁴ McGrath JJ, Saha S, Lim CCW, et al; WHO World Mental Health Survey Collaborators. Trauma and psychotic experiences: transnational data from the World Mental Health Survey. *Br J Psychiatry* 2017; 211: 373–380.

⁵ van Nierop M, Viechtbauer W, Gunther N, et al; Genetic Risk and Outcome of Psychosis investigators. Childhood trauma is associated with a specific admixture of affective, anxiety, and psychosis symptoms cutting across traditional diagnostic boundaries. *Psychol Med* 2015; 45: 1277–1288

⁶ Pinto RJ, Maia ÂC. Psychopathology, physical complaints and health risk behaviors among youths who were victims of childhood maltreatment: a comparison between home and institutional interventions. *Child Youth Serv Rev* 2013; 35: 603–610

⁷ Kugler KC, Guastaferro K, Shenk CE, et al. The effect of substantiated and unsubstantiated investigations of child maltreatment and subsequent adolescent health. *Child Abuse Negl* 2019; 87: 112–119.

⁸ Mental disorders in children known to child protection services during early childhood, Melissa J. Green, Gabrielle Hindmarsh, Maina Kariuki, Kristin R. Laurens, Amanda L Neil, Ilan Katz, Marilyn Chilvers, Felicity Harris and Vaughan J Carr, *Med J Aust* || doi: 10.5694/mja2.50392 <https://www.mja.com.au/journal/2020/212/1/mental-disorders-children-known-child-protection-services-during-early-childhood>



"Of particular concern is that the subsequent rate of diagnosis with mental health problems was three times as high for these children as for other children, a finding that indicates the urgency of the problem."

Children of victims are also at risk of continuing the violence with their own children and partners and at heightened risk of alcohol and drug abuse and delinquency in later life⁹.

- Domestic violence can have far-reaching financial, social, health and psychological consequences.
- The indirect costs include the costs to the community of bringing perpetrators to justice or the costs of medical treatment for injured victims.
- In terms of economic costs, staff absenteeism and replacement costs alone were estimated to cost employers over \$30 million per annum while the total cost (including direct and indirect costs) to the corporate/business sector was estimated to be around \$1 billion per annum.¹⁰

Whilst the government has dedicated millions in funding to address this problem, most recently with Prime Minister Scott Morrison pledging \$328M in March¹¹ towards more domestic violence prevention, response and recovery initiatives, the prevalence of domestic violence in Australia **continues to grow**.

Australia needs a long-term solution and the cultural change needs to start in early childhood.

Education, health, and social care face overlapping problems, yet the sectors operate largely in silos. Integration of these three disciplines is needed to improve outcomes for our most vulnerable and disadvantaged Australians.

Our goal, therefore, is to bring all key stakeholders together, including key national advocacy bodies, to develop the systems approach needed to implement evidence-based training and resources for educators and the curriculum and pedagogical practices that will reduce the prevalence of family violence and reduce the development of engrained child behaviours and beliefs that lead to family violence in later life, especially when intergeneration effects are at play.

We aim to create the curriculum and pedagogical practices that will address and effectively reduce the prevalence of family violence and reduce the development of engrained child behaviours and beliefs that lead to family violence in later life, especially when intergeneration effects are at play.

Our impact will be national and vast.

Here we combine practice-based evidence and expertise across ACA's 2,500 centres with ground-breaking research, clinical, and improvement and implementation science expertise across Monash Partners, SPHERE and AHRA at large, to deliver a nationally coordinated approach to Australia's most significant child and family welfare and protection issue.

⁹https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/archive/Domviolence

¹⁰ Report - Impacts and Costs of Domestic Violence on the Australian Business/Corporate Sector 2000 - <https://trove.nla.gov.au/work/32848794?q&versionId=40131884>

¹¹ <https://www.pm.gov.au/media/record-funding-reduce-domestic-violence>



SOLUTION

- We are seeking government funding of approximately \$5M to launch this innovative project, to allow for the training component, stakeholder engagement and a pilot program to take place.
- Should this funding go ahead, SPHERE would act as the lead agency to enter the funding agreement and administer the roll out of the program collaboratively with ACA, Monash Partners and SNAICC.
- The result would be an early learning sector that is equipped with the training, skills, resources and support to respond immediately and appropriately, providing the best and safest outcomes for children and families. This is an outcome that is needed urgently.

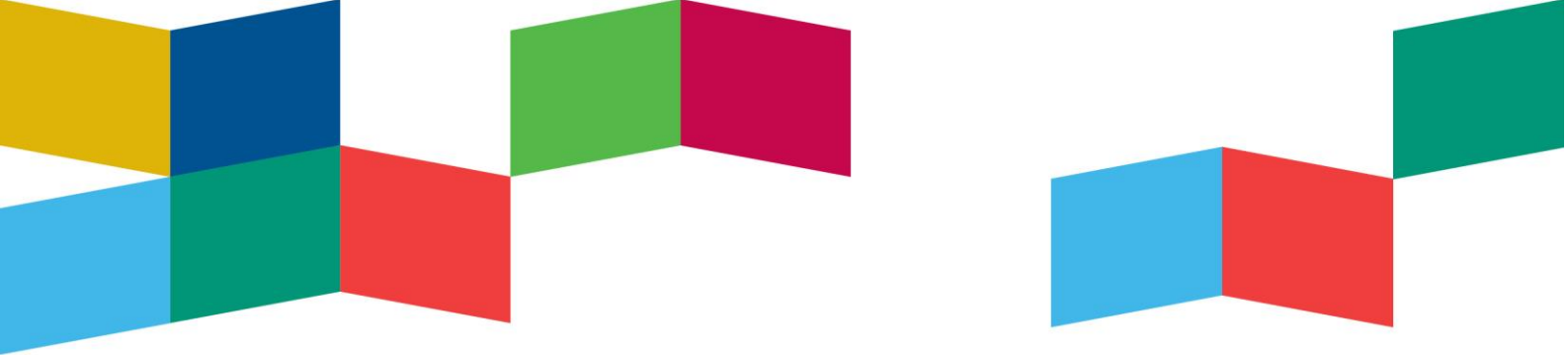
WHY INVOLVE EARLY CHILDHOOD EDUCATION

One of the primary goals of the Royal Commission's Family Violence report released in 2015, is the prevention of family violence through early identification and intervention. Devastatingly, most children exposed to family violence, witness this from their first year of life.

Many of these children are in childcare and/or early childhood education settings. As a key service for families and children, long day early learning centres are, therefore, ideally placed to contribute to the early detection of family violence. Indeed, everyday 360,000 families walk through the doors of ACA centres and the children from 0-5 years spend up to 11 hours within the embrace of the nurturing educators.

These educators come to know the children like their own. They talk to the parents almost every day. They observe the children closely - how they play, how they interact with each other. They provide them with their early learning stepping stones.

These educators also have the rare opportunity to intervene early by identifying and reaching out to help the children and their families who may be in the grip of family violence.



WHY OUR PARTNERSHIP IS NEEDED URGENTLY

Despite ideal positioning, for the policy mandate of early identification and intervention, the early childhood education and care sector is poorly equipped with the training, skills, resources and support to respond. The right evidence-based tools and skills to do this in a way that provides the best and safest outcomes for children and families are needed urgently.

There are many family violence resource materials and programs in existence such as the *Start Early* online modules of Early Childhood Australia, the *Small Steps* face-to-face workshop, exploring 'difficult conversations' for staff in early childhood settings and *Respectful Relationships Education*. However, many challenges remain in embedding these initiatives for sustainable changes in practice, policy and child and family outcomes.

For example, *Respectful Relationships Education* is included in the Australian Curriculum but not all State and Territory Governments have been proactive in making it mandatory. Translating this education and other online professional development and resources into sustained, scaled interventions requires a nationally coordinated, systems level effort across all stakeholders, rising above siloed individual, organizational, or state by state approaches.

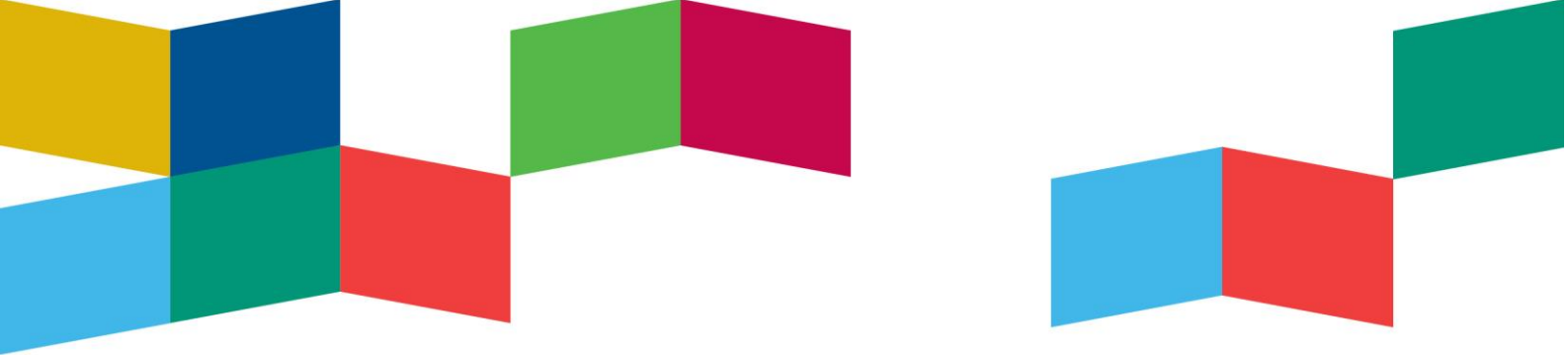
1800 Respect and the Domestic and Family Violence Response Training (DV-alert) are also valuable resources but once again are not integrated nationally into routine practice.

The integration of such resources across early childhood education and care settings, on a national scale, requires a formal implementation blueprint and toolkit with goals, strategies, scope of change in relation to training, timeframes, intervention resources, accountability and reporting, financial resources/budget and evaluation.

ACA and AHRA will deliver on this nationally coordinated approach, given their extensive reach across Australia, including early childhood education and care, health researchers, health and community/social care services and links to Federal and State Governments and peak advocacy groups.

WHAT THE PARTNERSHIP WILL DO

Our large-scale partnership with ACA and multidisciplinary health and social care professionals and leading experts from two Australian Translation Research Centres (Monash Partners and SPHERE) will:



- 1) Engage key stakeholders, consumers, set priorities and develop a shared vision and a practice and curriculum framework;
- 2) Raise awareness among the ACA community of the role early childhood educators in this space;
- 3) Mobilise the ACA community to focus on risk factors of family violence;
- 4) Co-develop a sustainable, system level, early child education and care (ECEC) setting family violence intervention model, akin to the Sustainable Primary Care Family Violence Model.
This model will be informed by extensive needs analysis, evidence synthesis and logic models to determine what needs to be changed and/or strengthened and for whom.

This will include developmental surveillance and the provision of wrap around services that ACA offers for initial assessments and engagement with families, and then a "warm" handover to other health professionals as needed or referral to services including GP, parenting programs and so on (akin to the Watch Me Grow model).

In addition, co-designed curriculum development and pedagogical practice will be embedded in this intervention model given that our focus is not only on the educators but on the children themselves to change their behaviours, beliefs and knowledge during the most critical formative years of their lives;

- 5) Using intervention mapping, develop intervention objectives and measures of success, co-design interventions and resources, create a vital digital platform and benchmarking system to measure and feedback success across the ACA community (without measurement impact and improvement cannot be ascertained), implement the interventions, and evaluate and iteratively improve - this work will also leverage existing ECEC interventions focused on fostering the parent-child relationship by this team; and
- 6) Create a cost-effective national telephone support service for educators to support the implementation of interventions and resources.



WHO WE ARE

The Australian Childcare Alliance (ACA)

The ACA is a not-for-profit, member-funded organisation advocating for the future of Australia's children.

We work on behalf of early learning service providers to ensure families and their children have an opportunity to access affordable, high quality early learning services throughout Australia.

The ACA has existed in various forms for more than 30 years. Our experience means that we understand the critical role a quality early learning program plays in the life of families and the importance of a viable long day care sector in preparing children for the best start in life and learning.

The ACA has extensive experience in the fields of early learning, training and management. We work with Federal and State Governments, regulatory authorities and other stakeholders to ensure that families are supported into the future with a sustainable, affordable and viable sector.

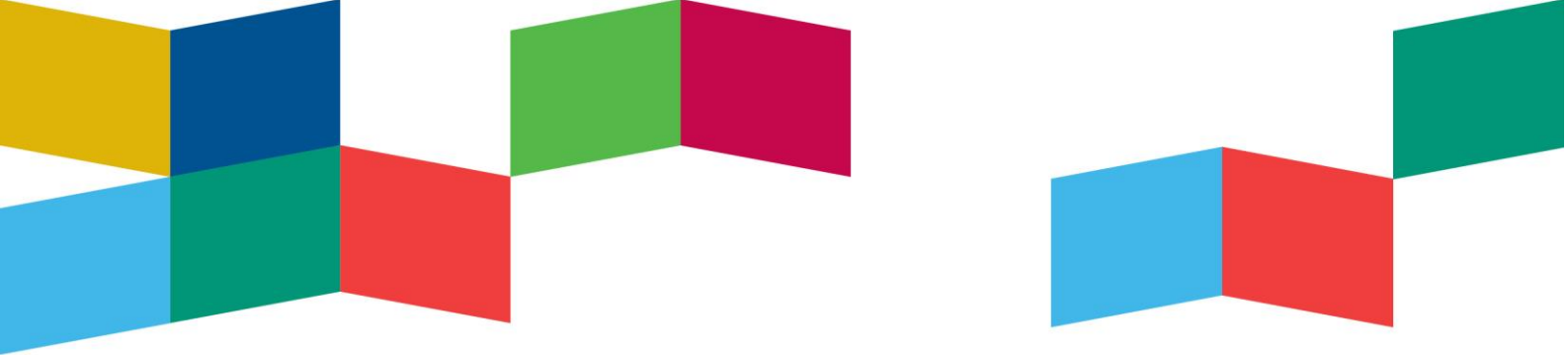
Monash Partners and SPHERE (Maridulu Budyari Gumal)

Monash Partners and SPHERE (Maridulu Budyari Gumal) are NHMRC accredited Translation Research Centres as partnerships across health care, research and education. They are charged with "Better Health through Research" and together cover health care services reaching around 4.5 Million Australians including vulnerable Indigenous, refugee and low SES communities in urban and regional settings. They are also linked to a national network across 95% of health researchers and 80% of health services through the AHRA.

SNAICC - National Voice for our Children

SNAICC - National Voice for our Children exists to see all Aboriginal and Torres Strait Islander children thrive - growing up in nurturing environments, with loving and supporting families, adequate food and housing, and rich with our culture - to live their dreams. We are deeply distressed by the realities that our children experience today across Australia and believe that we need a new approach to tackle the impacts of entrenched and pervasive discrimination and trauma.

Together, the Team are ground-breaking leaders including ACA Vice President Nesha Hutchinson, a developmental psychologist with vast expertise across health and social care improvement and early childhood education and care,



Professor Helen Skouteris (Monash Partners head of the health services research theme), infant and child psychiatrist Professor Valsamma Eapen (SPHERE head of the early life determinants theme). Sue-Anne Hunter (Sector Development Manager, SNAICC) is a strong Wurundjeri woman who works to support cultural healing of the Aboriginal Community.

This team has driven the integration of early childhood education and care, health, and social care and come together here to co-develop and jointly deliver a national solution.

CONCLUSION

In collaboration with the Australian Government, we have a unique opportunity to change the course of a child's life to prevent them from becoming either a victim or a perpetrator of family violence.

At the same time, by providing tailored training to this incredibly trusted and respected cohort of early learning educators, we can also, more rapidly, identify and support those children and their families who are struggling, often in silence, with family violence.

Together we can give the most vulnerable of our children the **best start in life**.

This ground-breaking, evidence-based initiative complements the Australian Government's efforts in combatting domestic violence.

We submit this initiative for the consideration and support of the Productivity Commission.

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