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## POLICY BRIEF

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### **Action on the social determinants of health and health equity in Australian early childhood education policies**

This 12-month research project involved a desktop analysis of Australian federal and state/territory early childhood education (ECE) policies current in 2019 to understand the extent to which they recognized and proposed action on the social determinants of health and health equity. This policy brief identifies strengths and weaknesses, and opportunities for improvement in Australian ECE policy.

#### ***Evidence supports the importance of early childhood education and development***

ECE and development is recognised internationally as important for enabling children to grow into healthy and productive citizens who can contribute positively to society. Research evidence on ECE has shown that early childhood experiences and the environment in which children live directly affect their life course, development, and future opportunities. A healthy childhood is linked to improved health outcomes over the life course. It also contributes to attainment of higher education levels, and consequently to adult income, employment and living conditions. Evidence has shown that investing in the early years has lasting benefits throughout life, and long-term economic benefits for society; and that prioritising investment in those living in the most disadvantaged circumstances yields the greatest benefit. ECE is recognised in research evidence as a social determinant of health with an important role in child development and in reducing health inequities. To achieve sustained positive outcomes, quality ECE must be supported by engagement with families and communities and be followed by quality early schooling.

#### **Recommendations for policymakers**

Australian ECE policy has achieved a high degree of coherence, supported by shared policy ideas and research evidence. The following recommendations for policy improvement address issues identified in this study:

1. There is strong vertical (*intra*-sectoral) policy coherence within Australian ECE policy which supports a nationally consistent understanding and approach to ECE. Education sector policy actors should advocate for policy change in other sectors to address the non-education social determinants of health that directly affect families, and children's current and future lives, including: intergenerational disadvantage, income support, employment, housing, incarceration and child protection. This would support greater horizontal (*inter*sectoral) policy coherence and directly benefit child development and wellbeing.
2. Whole-of-government policies that prioritise ECE can increase horizontal coherence by building a shared policy agenda across sectors and a mandate for intersectoral action. Whole-of-government ECE policy approaches should be supported.
3. Integrated models of early childhood services are important to provide inclusive, comprehensive and coherent support responsive to the needs of children and families.

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Integrated children's service models should continue to be supported in ECE policy and extended to enable greater accessibility and impact.

4. ECE policies should identify strategies for action on the social determinants of health that affect families and children. The policies should also identify the resources and agencies responsible to support effective intersectoral policy implementation.

## **Main findings from the research**

### ***Early childhood education policy coherence***

- Australian ECE policy has achieved a high degree of vertical (intra-sectoral) policy coherence with consistency in language, concepts and approaches, and a shared understanding of the purpose and benefits of ECE. This consistency of messages despite changes in federal and state governments suggests bipartisan recognition of the value of prioritising and investing in ECE.
- Australia's National Quality Framework provides a single overarching policy and regulatory framework for assessing and regulating the ECE system. Federal and state policies are consistent with this framework, which supports their shared approach and focus on quality improvement.
- ECE policies analysed in this study were developed by education departments or were whole-of-government policies that prioritised ECE and had an intersectoral focus and mandate. The whole-of-government policies addressed child health, development, wellbeing and safety within multiple departments' portfolio responsibilities. Policy solutions were broader in whole-of-government policies than in those of education departments. For example, they acknowledged the impact of issues such as remoteness, housing and homelessness, mental health, and family violence, on child development.
- Intersectoral collaboration between services and sectors was recognised as important in the policies, as was a focus on collaboration between levels of government and the public and private sectors. Most policies also proposed an integrated approach, in which child and family health and wellbeing services were provided through an integrated family and children's service, suggesting some horizontal (intersectoral) policy coherence between health and education sectors.

### ***Responding to the social determinants of health and equity***

- Most policies recognised ECE and development as a social determinant of health. Other social determinants, such as poverty, housing/homelessness, safety, culture and diversity, were most often recognised in whole-of-government policies as likely to impact on child development with lifelong effects. Education was positioned as a response to and a pathway out of future socioeconomic disadvantage. There was less recognition that current socioeconomic inequalities and entrenched forms of intergenerational disadvantage require redress now, as the powerful equalizing effects of ECE are undermined by the adverse impacts of chronic socioeconomic disadvantage on parents' mental health, which then can impact negatively on their children.
- Equity was related to equitable access to services (focused on affordability and universal access), and/or the prioritisation of 'vulnerable' or 'disadvantaged' children or families (most often specifically defined when referring to Aboriginal children and families, and regional and remote communities).

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- Aboriginal children and families were prioritised in all policies. However, Aboriginality was usually identified as a policy problem, rather than identifying the underlying causes of disadvantage, including poverty and systemic racism. In contrast, Aboriginal-specific ECE policies adopted a strengths-based approach. These policy documents were distinctive in their use of Aboriginal artwork and stories and their reference to consultation with Aboriginal elders and community groups. They focused on culture, shared responsibility and community partnership and participation.

### **Policy silences**

- Most ECE policies lacked specific strategies for implementation, or for engaging with other sectors to act on the social determinants of health and health equity. The lack of specifically identified strategies, resources and responsible agencies may have implications for effective policy implementation. The National Quality Framework provides a mechanism for monitoring and regulating the ECE system, but is focused on service quality rather than whether the social determinants of health and equity have been addressed.
- The National Quality Framework provides the regulatory framework for public and private ECE and care services. Policies were silent on the increasing dominance of the private sector in the ECE system and potential implications for equity of access to high quality, affordable ECE.
- Policies were also silent on the national educational achievement decline. ECE policy is an important means to improve national educational performance.

## **The research project**

Federal and state/territory strategic ECE policy documents were identified in a search of government websites. The currency and completeness of the policies identified was then confirmed with education department policy units. Through this process, 45 policy documents were selected for analysis. These included 36 education department/sector policies that were specific to preschools or incorporated preschool and school education in a single policy document. Nine policies were whole-of-government policy documents that prioritised ECE and had a broad focus on child health, development, wellbeing and safety across multiple departments' portfolio responsibilities. Policy documents were excluded if they were assessed as operational. Only policies with an end date of 2019 or beyond were included.

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Also see: van Eyk H, Baum F, Fisher M, MacDougall C, Lawless A. (2021). To what extent does early childhood education policy in Australia recognise and propose action on the social determinants of health and health equity? *Journal of Social Policy*, 10.1017/S0047279421000726

For further information visit [Stretton Health Equity](https://www.strettonhealth.edu.au) at the University of Adelaide, or email: [strettonhealth@adelaide.edu.au](mailto:strettonhealth@adelaide.edu.au).