



Early Childhood Australia
A voice for young children

**OUR
VISION:
EVERY
YOUNG
CHILD IS
THRIVING
AND
LEARNING**

*National Children's Commissioner's inquiry into
Intentional self-harm and suicidal behaviour in
children 2014*

Submission from Early Childhood Australia

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Contact

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About us

Early Childhood Australia (ECA) is the national peak early childhood advocacy organisation, acting in the interests of young children, their families and those in the early childhood field. ECA advocates for quality in education and care as well as social justice and equity for children from birth to eight years. We have a federated structure with Branches in each State and Territory. In 2013, ECA celebrated 75 years of continuous service to the Australian community since 1938.

About this Submission

ECA has undertaken consultation with our members and stakeholders to develop this submission. We are particularly grateful to the KidsMatter Early Childhood team including Sarah Riches and Kerry Bidwell for providing expertise on social and emotional wellbeing in early childhood. Thanks also to Bonnie Montgomery and Chris Steel for authoring the content and coordinating the input of stakeholders.

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Introduction

Children's mental health and wellbeing develops early – rich learning experiences and relationship with caring adults are particularly important in improving outcomes for children lasting into adult life.

Due to the rapid growth in brain development during the first five years, strategies to promote mental health and prevent mental illness during early childhood have greater outcomes than those that are delayed until later in life.

Some groups of children are at particular risk of developing mental health problems. In particular, those children living in families where parental mental health is an issue or where relationships with primary caregivers are affected. If children are exposed to lasting stress this can affect the architecture of the child's brain, with lasting impacts on the social and emotional wellbeing of the child.

However, access to quality early childhood education and care (ECEC) amplifies all children's development by building social and emotional skills that children need, such as resilience. Programs targeted at mental health can act as preventative measures against intentional self-harm and suicide and lay down protective factors for groups of children at risk.

These interventions are critical to address the long term mental health and wellbeing of all children and young people. Many children participate in early childhood education and care and we believe that early childhood should therefore be an important area of focus in reducing intentional self-harm and suicidal behaviours into the future.

Early Childhood Australia (ECA) welcomes the opportunity to make a submission to the Human Rights Commission's Inquiry into intention self-harm and suicidal behavior in children. Our submission seeks to address the key issues identified by our members and the broader sector and provide options for consideration.

Early Childhood Australia is a key organisation in the Australian child mental health landscape. We draw on our experiences as a partner with the Department of Health, Beyondblue, the Australian Psychological Society and the Principals Institute of Australia in the KidsMatter initiative—a mental health and wellbeing framework for primary schools and early childhood education and care services. KidsMatter Early Childhood focuses on social and emotional wellbeing and building resilience in children. The project uses a risk and protective factor framework to focus on four components that ECEC services can use to strengthen the protective factors and minimise risk factors for children's mental health and wellbeing.

1 Young children: Who is at risk?

While the focus on self-harm and suicide has traditionally been on young people, statistics indicate that younger children in Australia, for example, those aged 10-14 years, are also at risk of suicide and self harm (De Leo, AISRAP: 2012) and that contributing factors can begin much earlier. For example, mental illness (particularly depression) is correlated with suicide and self harm and factors associated with the development of mental illness are often present in early childhood (birth to eight years of age).

Developing children's social and emotional skills during early childhood is important for positive mental health and wellbeing later in life. Early childhood mental health and wellbeing is seen in the capacity of a young child — within the context of their development, family, environment and culture to:

- participate in the physical and social environment
- form healthy and secure relationships
- experience, regulate, understand and express emotions
- understand and regulate their behaviour
- interact appropriately with others, including peers, and
- develop a secure sense of self.

Early childhood mental health and wellbeing is related to healthy physical, cognitive, social and emotional development. Early childhood development and life experiences contribute strongly to a person's mental health and wellbeing during childhood and later in life (HIMH & CSHIC, 2013, p.13).

The relationship between the child and a primary care giver, usually the mother, is particularly critical to a child's long term mental health and wellbeing which 'lays the foundation for optimal behavioural, social and emotional development, including a greater capacity for emotion regulation, positive social interactions and better coping skills (Murray and Andrews, 2001; Jordan and Sketchley, 2009).

Family and parental factors, such as history of parental or family suicide, depression, anxiety, substance abuse, violence, sexual abuse, trauma, harsh parenting style, disruption in development of relationships and secure attachment, divorce or separation place children at risk of poor mental health.

Children at high risk include children of parents with a mental illness, children in detention, those from Aboriginal and Torres Strait Islander communities and children who are sexually or physically abused.

For children at risk, early interventions which put in place protective factors, in particular by building children's resilience and by providing stable relationships is critical to addressing their long term mental health.

1.1 Factors affecting children's development

There is now a breadth of evidence demonstrating that the care and education of young children (birth to eight years) greatly impacts on their health, wellbeing and resilience throughout their lives. The early years are a time of rapid brain development; when the child's environment actually helps program the development of neural circuits in the brain. A child's learning and development is a critical foundation for success in schooling and later life (Oberklaid, 2007).

This means that the positive and responsive interactions between the child and their care giver is critical— whether this be through a parent, carer, grandparent or an early childhood educator (Britto et al, 2013). This interaction enables the child to be exposed to language, exploration and learning.

If these positive interactions between the child and their primary care giver are not enabled, the consequences can be profound.

Respected Australian paediatrician Professor Frank Oberklaid and academic Tim Moore's research shows that if children are exposed to certain situations such as in the context of extreme poverty, physical or emotional abuse, chronic neglect, severe and prolonged maternal depression, substance abuse and family violence, stress hormones are released that impair cell growth, interferes with the formation of healthy neural circuits and disrupts brain architecture.

'In these situations, the early development of a child's brain is compromised, establishing pathways early in life which put the child at major risk of problems throughout the life cycle.' (Oberklaid and Moore, 2007)

The detrimental effects of stress on children can be long term, and difficult to reverse (Gordon, 2003); (NSCDC, 2012) these effects include learning difficulties, problem behaviors and physical and mental health issues.

KidsMatter – Australian Early Childhood Mental Health Initiative – Working with parents and carers

Literature Review

Parenting is the most important influence on children’s development...

Parents are usually the primary caregivers of a child, supporting their physical, social and emotional development through their daily interactions (Centre for Community Child Health, 2007). The parent-child relationship and parenting practices are critically important for children’s development. The presence of consistent caring, responsive, warm and secure parent-child relationships have been well documented as supporting children’s mental health and wellbeing (Commonwealth Department of Health and Aged Care, 2000); (Kay-Lambkin, et al., 2007); (Maselko, et al., 2010); (Raphael, 2000).

The attachment relationship between the child and parent is a fundamental aspect of social and emotional development and impacts all of their future relationships (Gordon, 2003). Nurturing and responsive caregiving is the gateway to secure attachment, and through promoting and modelling this relationship parents and caregivers can establish a positive and secure relationship with their children (Early Childhood Australia, 2007).

Surrounding children with positive relationships can act as a buffer against the detrimental effects of stress. Research has identified a number of family-related risk and protective factors that influence children’s mental health and wellbeing. Family-related risk factors for mental health difficulties in children include negative parenting styles and a lack of warmth and affection in the parent-child relationship (Vermeer, 2008); (Côté, 2009) (Commonwealth Department of Health and Aged Care, 2000); (Kay-Lambkin, et al., 2007); (Maselko, et al., 2010).

In contrast, family-related protective factors include parental caring, affection, secure attachment, warmth, security and consistency, and experiencing positive relationships (Field, 2010); (Vermeer 2008); (Côté, 2009); (Maselko, et al., 2010) (Kay-Lambkin, et al., 2007); (Commonwealth Department of Health and Aged Care, 2000). Providing children with a warm and secure environment surrounded by people that care and show affection assists them in developing good mental health.

Negative parenting practices can create stress for the entire family and impact on children’s mental health. Excessive stress in early childhood can have detrimental effects on brain development, and place the child at risk of physical and psychological health problems later in life (Shonkoff and Boyce, 2009)

The detrimental effects of stress on children can be long term, and difficult to reverse (Gordon, 2005). The frequent activation of the brain’s stress response systems can increase a child’s vulnerability to a range of mental health difficulties (e.g. depression, anxiety and behavioural disorders) and can therefore affect children’s overall brain development (NSCDC, 2012); (Perry, et al., 1995).

1.2 Children of parents with mental illness

Not all children of parents with mental illness will themselves have issues (Fudge, 2004), though these children may be described as at risk. Where parents have a mental illness, children may be affected and exhibit behavioral issues requiring intervention and therapy.¹

Family matters: infants, toddlers and preschoolers of parents affected by mental illness (Kowalenko, et al., 2012)

Children of parents with depression

Although there are adverse effects of maternal depression on child attachment (Paulson, 2010), mitigating factors have also been identified (McMahon, 2006). Children of mothers who have been depressed shortly after birth show more behaviour problems in early childhood (particularly if the depression persists), lower IQ scores in late childhood, (Hay et al., 2001) and elevated rates of affective disorders in adolescence when maternal depression recurs (Halligan, 2007). Paternal depression during the postnatal period is independently associated with an increased risk of behaviour and socio-emotional problems in Australian preschoolers (Fletcher, 2011).

Psychopathology in fathers is a risk factor for toddlers' externalising behaviour problems when mothers have been previously depressed and for toddlers' internalising problems when mothers have either a history of, or current, depressive symptoms (Dietz et al., 2009).

Interventions, including regular meetings² and home visiting (Kowalenko, et al., 2012) may assist in developing protective factors and by providing individual support around the parent/s and child. Building resilience in children also acts as a protective factor against transmission of mental illness between the parent and the child (Beardslee, 2012).

Recommendation 1: Build awareness of the importance of developing social and emotional wellbeing in children and the lifelong consequences for the child.

1.3 Children coping with suicide and self-harm of a close friend or relative

While the focus of this Inquiry is on intentional self-harm and suicide behavior in children, children may also be affected by the self-harm or suicide of a close relation, or other child.

'Infants and very young children are likely to be more affected by major losses than are older children because they don't yet have the words or understanding to make sense of what is

¹ <http://www.copmi.net.au/images/pdf/Research/gems-edition-7-december-2009.pdf>

² <http://www.copmi.net.au/images/pdf/Research/gems-edition-3-december-2008.pdf>

happening to them,' (Linke, 2008). Even for older children, it can be very difficult for a child to understand what has occurred in the event of suicide.

State and Territory departments do have information and support available for children and families coping with a loss, though the focus of bereavement resources is often not specific to helping the child understand and cope with a loss from suicide.

ECA believes it is timely to review the support and resources available for children and families, affected by suicide, including suicide postvention resources.

The focus of this review should include:

1. The availability and ease of access to resources for children following the loss of a close friend or relative through suicide.
2. The availability of support services and counselling for children following the loss of a close friend or relative through suicide.
3. The availability of support services to parents and care givers of children to understand what explanations and support are age appropriate for children.

Recommendation 2: Review the availability and ease of access to support services and resources for children and their caregivers, following the loss of a close friend or relative through suicide.

1.4 Child refugees and children in detention

Prolonged detention of children affects children's physical and mental health. This will have a significant impact on the child's social and emotional wellbeing and the ability to function in a learning environment.

There is a breadth of literature on the negative effects on children in detention, which is exacerbated by pre-existing trauma (see Bull et al., 2012; Dudley, 2003; Dudley et al., 2012; Mares and Jureidini, 2004; Silove et al., 2007; Steel et al., 2004) and the length of stay in detention settings (Bull et al., 2012; Green and Eagar, 2010; Mares and Jureidini, 2004; Procter, De Leo and Newman, 2012; Steel et al., 2004).

While in detention, children and their families are not in a secure environment and live in fear of being deported.

Psychosocial wellbeing can be defined as reflecting the intimate relationship between psychological and social factors. Therefore it is essential to ensure those factors that enhance a child's wellbeing are promoted. Special assistance should be provided to ensure full recovery for those children who have been traumatised, harmed or have additional needs.

Children are greatly influenced by the protection and care afforded to them by their families. The existence of attachment through a stable relationship between the parent and child is particularly

important (Bowlby 1969; 1973; 1980). When adults suffer depression and other mental disorders in a detention centre, this affects attachment with the child and may cause the child to experience anxiety and other issues (Mares, Newman, Dudley and Gale, 2002). Parental distress can also result in family disintegration. ECA is very concerned about the high levels of mental health issues in immigration detention amongst adults, affecting children.

Children and young people detained in facilities are a particularly vulnerable group. They may have witnessed the torture or death of a parent, been forced to leave their country of origin with few possessions, endured a hazardous voyage, been subjected to extremely unsanitary conditions on their voyage and witnessed their parents being humiliated by guards in the detention facility. Some children may not themselves experience signs of post-traumatic stress, but may be subjected to the effects of this on other members of their family.

KidsMatter – Australian Primary Schools Mental Health Initiative - Helping children with mental health difficulties

Summary of the literature

The psychosocial wellbeing of refugees was considered in a literature review prepared by the Australian Psychological Society (Murray, Davidson and Schweitzer, 2008).

The authors note that the refugee experience can be varied and raise particular concerns in relation to the psychological vulnerabilities of children held in immigration detention. An extensive review of local and international research into the mental health status of children and adolescents who were refugees, or were detained in the course of claiming refugee status, concluded that symptoms of post-traumatic stress were common (Thomas and Lau, 2002). Symptoms in school aged children included: flashbacks, exaggerated startle responses, poor concentration, sleep disturbance, complaints of physical discomfort, and conduct problems. Children who were separated from parents or other caregivers were more likely to exhibit symptoms of depression.

Due to the stress and trauma already experienced by a large percentage of refugee children prior to their arrival in Australia, special services and treatments should be available to them in the detention centres. Provision of these services should be in a culturally and linguistically appropriate setting.

Children have not only been potentially traumatised by their experiences in their home country, on their journey to Australia and by the conditions within the detention centre but also by witnessing their parents and families distressed and powerlessness to improve their conditions.

A child's physical, intellectual, psychological, cultural and social development can be harmed during the time of uprooting, disruption and insecurity that is inherent in relocation situations.

Unaccompanied children are particularly vulnerable to these factors.

Parents suffering depression (including maternal depression) are of particular focus, given the impact on infant and child mental health and disruption to the development of secure attachment relationships with parents.

To reduce these risks, children and their families should be removed from detention.

If children remain in detention, these institutions should be operated in a manner that reduces stress for children and their families and provides a safe environment for children with appropriate health and quality education services and support for children and their families.

ECA understands that there is no, or very inadequate, access to play and education for children in detention centres. There is also no, or very limited, access to support services in relation to physical and mental health.

ECA recommends that multidisciplinary teams—who have experience and training in working with traumatised people—should be deployed in immigration detention centres to work with early childhood professionals including educators and teachers.

Recommendation 3: Children and their families should be removed from immigration detention because of the negative impact on children’s social and emotional wellbeing.

Recommendation 4: If children remain in detention, centres should be operated in a manner that reduces stress, provides a quality environment for children with appropriate health and quality education services for children and their families with multi- disciplinary teams to work with at-risk or traumatised children and families and early childhood professionals including educators and teachers.

2 Role of early childhood education and care

Mental health is vital for children's lifelong learning and wellbeing. Strategies to address these issues are best implemented in pre-and post-natal periods and in home and community settings.

Child and family attendance rates and engagement within early childhood services is significant. This makes these settings an important place for delivering programs which support positive mental health and wellbeing. Therefore early childhood services provide key settings for mental health promotion, prevention and early intervention.

The early childhood education and care sector provides a universal platform which can support more targeted strategies for children in high risk population groups. The Council of Australian Governments (COAG) commitment to universal access to 15 hours of high quality preschool for all children in the year before schooling is an important part of this platform allowing children with additional needs or development vulnerabilities to be more readily identified before starting school. However, in younger children, participation in early childhood education and care amongst at risk groups may not be as high because of the affordability and availability barriers. Children who are not participating are often from disadvantaged communities and have the potential to benefit significantly from increased access to quality early childhood education and care (Borge, Rutter, Cote and Tremblay, 2004; Cote, Borge, Rutter and Tremblay, 2008; Geoffrey et al, 2007).

2.1 Quality early childhood education and care

High quality early childhood education amplifies children's social and emotional development. Early childhood settings can mediate vulnerability in children, enhance protective factors and reduce risk factors through consistent, positive learning environments and secure relationships with primary care givers. The evidence shows that the stability of relationships in ECEC is particularly important for social and emotional development in early childhood (AAP/APHA, 2002). However, children in multiple care arrangements show lower than average language, social competence, and behavioural control (Morrissety, 2008; Morrissety, 2009; Tran and Weinraub, 2006).

Optimal staff to child ratios and improved qualifications of staff are critical factors that underpin high quality early childhood programs. These factors contribute to improved learning, developmental and health outcomes for children. The OECD (2006) suggests that analysis of access to early childhood services should take into account the basic quality indicators—child-staff ratios; group size; the qualifications levels and certification of the educators and the quality of materials and environments. Without these structural elements, children can be worse off in terms of their social and emotional and behavioural outcomes.

Qualified educators assist in the development of children's positive mental health. Children begin to develop resilience at an early age and this assists them to overcome adversities and supports their mental health and wellbeing now and into the future. Risk factors which signal poor coping or resilience can also be identified in early childhood and addressed, reducing the risk that they have significant problems later in life.

Early childhood educators have an important role in the development of child and family social and emotional wellbeing that includes:

- 1) creating responsive, welcoming and inclusive early childhood communities
- 2) working with young children to develop their social and emotional skills
- 3) working collaboratively with parents and carers, assisting families to develop support networks and supporting them to develop positive parenting skills
- 4) identifying children at risk, enhancing referral pathways and supporting children and families to access mental health and community services.

Recommendation 5: Promote the importance of early childhood settings in the delivery of promotion, prevention and early intervention services.

Recommendation 6: Access to quality early childhood education amplifies children's social and emotional development. Governments should improve access to these services for children of all ages.

Recommendation 7: All Governments should continue to implement the National Quality Agenda for Early Childhood Education and Care to improve the quality of early childhood education and care. Mental health outcomes, including positive relationships with children and working collaboratively with families are an important aspect of this agenda.

2.2 The role of parents

The OECD suggests that the continuity of children's experience across environments is greatly enhanced when parents and staff-members exchange regularly and adopt consistent approaches to socialization, daily routines, child development and learning (OECD, 2007).

Children's mental health is enhanced when parents:

- are actively engaged in their child's education and care
- feel included and have a sense of belonging
- have a voice in decision making
- work collaboratively with educators to achieve common developmental goals for children
- are connected socially
- have access to support networks, and
- receive assistance with parenting skills.

ECA supports further development of *Engaging Families in the Early Childhood Development Story* to extend its reach to all families with small children. For a relatively small cost this project has the potential to deliver improvements to developmental outcomes of children by building awareness among parents of the importance of the early years for a child's development. This will also help parents to understand the role of early childhood education and care so that they are more willing to engage with learning in ECEC services and continue this learning in the home.

Figure 1: Engaging Families in the Early Childhood Development Story

Engaging Families in the ECD Story is a national project managed by the South Australia Department of Education and Early Development under the auspices of the National Early Childhood Development Strategy and the Standing Council on School Education and Early Childhood (SCSEEC). South Australia is the lead state for the project.

Engaging Families aims to better engage parents, carers and the community to increase their understanding of evidence-based information from the neurosciences about early childhood development and thereby influence their interactions with children to maximise early childhood outcomes. It also aims to support public understanding of the scientific rationale for early childhood development initiatives and raise awareness of available services and programs. By promoting positive early development many aspects of disadvantage, including later learning problems and developmental delays, can be reduced. The project has been designed so that the nature of the key messages and the methods of communicating them take into account the needs and interests of the following groups:

- remote and regional communities
- families with culturally and linguistically diverse (CALD) backgrounds
- refugees and new immigrants
- Indigenous communities
- 'hard to reach' families/parents/carers.

Sources: Report on Stage 1: www.mceecdya.edu.au/verve/resources/ecd_story-final_project_report_of_stage_1.pdf; ARACY summary: www.aracy.org.au/documents/item/118.

Recommendation 8: Engage families in the early childhood development story including the importance of social and emotional development of children and the role of early childhood education and care.

3 Early Childhood intervention

3.1 The suicide prevention landscape in Australia

Early Childhood Australia is a key organisation in the Australian child mental health landscape through our partnership with the Department of Health, Beyondblue, the Australian Psychological Society and the Principals Institute of Australia in the KidsMatter initiative—a mental health and wellbeing framework for primary schools and early childhood education and care services.

Since the establishment of the National Suicide Prevention Strategy (NSPS) and the National Suicide Prevention Program there has been a growing body of evidence and awareness of the risks of suicide developing across the whole-of-life span and the need for universal, selective and indicated interventions in suicide prevention.

Promotion, prevention and early intervention mental health strategies are important within the early childhood sector.

Risk and protective factors for mental health can be positively influenced by implementing universal or population health interventions that impact on families and children. Early childhood is a particularly important time as many of these risk factors are already present and the opportunity is greatest to develop protective factors during this period of the child's development.

There is a 'Continuum of Need' (CoN) across families and individuals, as some families have greater capacity and support than others, which in turn places children at different levels of vulnerability (COPMI, 2014). This requires greater collaboration between adult and child services to address the whole of family needs, including a focus on prevention and resilience.

There also needs to be greater links and collaboration between early childhood services and community mental health services to support families.

3.2 KidsMatter as an early childhood intervention

KidsMatter Early Childhood is a population health intervention, which aims to

- a) improve the mental health and wellbeing of children birth to school age
- b) reduce mental health difficulties among children
- c) achieve greater support for children experiencing mental health difficulties and their families.

The KidsMatter Early Childhood Framework offers a comprehensive, systematic approach to:

- strengthen the protective factors that early childhood education and care services can effectively influence
- reduce the impact of risk factors.

Selected protective factors have been grouped into four (4) KidsMatter Early Childhood Components within the Framework. The Framework:

- considers all aspects of care and education including relationships, the environment, policies, practises, events and children's development and learning
- involves all members of the early education and care community including children, educators, directors, families and external community services

The Framework also assists early childhood educators to support children in developing important life skills such as:

- having a go at solving their problems
- talking to someone when they are bothered
- managing their feelings when they are challenged or upset (or learning to)
- starting to work out how others are feeling and predicting how they might react
- asking for help when they need it
- asking for the resources they need
- finding things they enjoy doing and following their interests (Linke and Radich, 2010, p. 20).

This Framework aligns with the National Quality Framework (NQF) and Early Years Learning Framework (EYLF) which all ECEC services operate within.

Continuity in programs and interventions across the age spectrum is important and Kidsmatter is also delivered within primary and secondary schools through *KidsMatter Primary* and *MindMatters*.

Early childhood education and care services participating in KidsMatter Early Childhood are provided with a range of implementation resources and support including State/Territory Facilitator support; website resources; newsletters; leadership tools; social media (facebook) interaction; blog; and professional development opportunities (face to face and E-Learning). Educators are supported to develop goals and strategies that will actively enhance the mental health and wellbeing of children, families and staff within their services.

Examples

_____ was almost four when his father died after a long illness. He became very aggressive and hurt anyone who came close. His mother was coping with her own grief and that of other siblings and she really needed _____ to remain in the service. The ECEC service dedicated an educator to _____ who

would make close physical contact with him when he arrived. This usually meant sitting on her knee for about 20 minutes while they enjoyed a story or two together. The educator then supported [redacted] to plan what he might do next, this included who he may like to play with and what experiences he wanted to have. The educator returned to [redacted] regularly throughout the day to see if he was okay. This didn't stop all of his aggressive behaviours, but over time with the additional support from family support counselors [redacted] was able to make sense of what had happened and become a constructive member of the group.

[redacted] (four-years-old) would start worrying about his childcare day as soon as he woke. His mum had to work so had no options but to persevere with the enrolment. The educators worked with [redacted] and his mum to create a strong relationship, including making a book of photographs of [redacted] preferred playthings at the centre, his preferred friends and his educators. The educators also created a visual routine so [redacted] knew exactly what time his mum would return. They also made sure that [redacted] knew he could access the 'quiet area' inside whenever he needed time alone. [redacted] mum negotiated with her work so [redacted] could phone her if he needed to. These strategies worked well for [redacted] and after three months, he no longer needed the additional supports.

[redacted] (three-years-old) displayed her social anxiety by refusing to speak at her ECEC service. This puzzled her family as she chatted a lot with family and friends. The ECEC service developed a strategy where her parent would spend some time in the service during arrival and departure time engaging with [redacted] in playful experiences. After a while, an educator would join in with the experience or involve another child. Over many months of providing a supportive environment, [redacted] began to speak, initially with one educator and a select group of children.

Kidsmatter began as a pilot program. The program has since expanded and is now delivered to 255 services across Australia.

Beyondblue contracted Flinders University (South Australia) to undertake an evaluation of the KMEC Pilot Phase, which found that KMEC was effective as an intervention addressing children's mental health and wellbeing.

Evaluation results have indicated that the best implementation outcomes for services are achieved when services have face to face engagement and professional development with KidsMatter Early Childhood facilitators (Sile, Murray-Harvey, Dix, Skrypiec, Askeil-Williams, Lawson and Krieg, 2012).

KidsMatter Early Childhood Evaluation Report (Sile, Murray-Harvey, Dix, Skrypiec, Askeil-Williams, Lawson and Krieg, 2012)

Overall, the outcomes of the KidsMatter Early Childhood trial are consistent with an emerging body of national and international research pointing to the positive effects of social and emotional programs on children's mental health and wellbeing. A key element in the delivery of the KMEC pilot is the professional learning which acknowledges and confirms existing good practices, provides opportunities for raising staff awareness, building knowledge of children's mental health strengths

and difficulties, reduces stigma, and provides staff with a common language to promote communication about mental health and wellbeing. Of particular note is the acclaim given to the Facilitators in the delivery of the professional learning by service staff. It is noted that further work is needed to better understand the long-term impact of professional learning on staff knowledge, attitudes and behaviour.

Taking account of the evaluation findings and subject to the recommendations below, the main recommendation is that the broad framework, processes, material and human resources associated with the KMEC trial be maintained as the basis for a sustainable national roll-out of the KMEC initiative.

This recommendation is based on the view that the findings of the evaluation indicate that the KMEC initiative can provide positive support for services as they work to assist young children who may be at risk of or experiencing mental health difficulties and to support their families.

This further highlights the overall significance of this developmental period in young children's lives, and the need to continue the KMEC initiative, which recognises, understands, and intervenes to assist young children who may be at risk of or experiencing mental health difficulties and to support their families.

While KidsMatter is a significant national initiative it is currently only reaching a small proportion of early childhood services. KidsMatter Early Childhood warrants significant additional investment to scale up and reach a higher proportion of services.

Recommendation 9: KidsMatter Early Childhood should be continued and expanded to more early childhood sites to improve the mental health and wellbeing of children birth to school age.

4 Summary of Recommendations

Recommendation 1: Build awareness of the importance of developing social and emotional wellbeing in children and the lifelong consequences for the child.

Recommendation 2: Review the availability and ease of access to support services and resources for children and their caregivers, following the loss of a close friend or relative through suicide.

Recommendation 3: Children and their families should be removed from immigration detention because of the negative impact on children's social and emotional wellbeing.

Recommendation 4: If children remain in detention, centres should be operated in a manner that reduces stress, provides a quality environment for children, with appropriate health and quality education services for children and their families with multi-disciplinary teams to work with at-risk or traumatised children and families and early childhood professionals including educators and teachers.

Recommendation 5: Promote the importance of early childhood settings in the delivery of promotion, prevention and early intervention services.

Recommendation 6: Access to quality early childhood education amplifies children's social and emotional development. Governments should improve access to these services for children of all ages.

Recommendation 7: All Governments should continue to implement the National Quality Agenda for Early Childhood Education and Care to improve the quality of early childhood education and care. Mental health outcomes, including positive relationships with children and working collaboratively with families are an important aspect of this agenda.

Recommendation 8: Engage families in the early childhood development story including the importance of social and emotional development of children and the role of early childhood education and care.

Recommendation 9: KidsMatter Early Childhood should be continued and expanded to more early childhood sites to improve the mental health and wellbeing of children birth to school age.

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