

RESTACKING THE ODDS

Submission to the Early Years Strategy

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Restacking the Odds

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https://www.rch.org.au/ccch/Restacking_the_Odds/



Introduction

This submission is made on behalf of the Restacking the Odds initiative. Restacking the Odds is a collaboration between the Centre for Community Child Health (CCCH) at Murdoch Children's Research Institute (MCRI), Social Ventures Australia (SVA) and Bain & Company.

Restacking the Odds aims to redress the effects of inequities and disadvantage in the early years that can span generations. It is a program that uses data and evidence-based lead indicators to focus on how to work differently within existing service infrastructure to improve outcomes for children and families.

The Australian Early Development Census (AEDC) shows us that each year, one in five children start school developmentally vulnerable. Children living in the most socio-economically disadvantaged communities are twice as likely to be vulnerable on one or more AEDC domains and three times as likely to be vulnerable on two or more domains compared to children living in communities with high levels of socio-economic advantage. These inequities have not shifted in over a decade.

We cannot hope that Australia's early years systems will reliably improve until those involved in designing and delivering the fundamental early years services have and are equipped to act on the leading indicator data to measure three simple things at a local level:

- (1) Are the key early years services available in sufficient **quantity**?
- (2) Are they being delivered at a standard that the evidence says is required (**quality**)?
- (3) Are the relevant children and families receiving the services (**participation**)?

Today, these indicators are rarely available and so cannot be used to guide learning and continuous improvement in policy-setting, service design, or service delivery. Restacking the Odds has identified a set of priority actions to address this situation, which we outline in our submission.

Background to Restacking the Odds

Restacking the Odds (*Restacking*) aims to drive more equitable outcomes in the early years by ensuring that children and families can and do access a combination of high-quality, evidence-informed services where and when they need them. *Restacking* focuses on five early years service types or strategies available in most communities: antenatal care; sustained nurse home visiting; early childhood education and care; parenting programs; and the early years of school. These strategies are known to boost children's health development and wellbeing. Combining or 'stacking' these strategies across the early years (0-8 years) by implementing them concurrently and continuously in place is anticipated to amplify the impact of a single service and sustain the benefit.

Phase one of *Restacking* (2016-2021) completed research in seven communities across Victoria, New South Wales and Queensland to develop and apply evidence-based lead indicators for the effective delivery of each of the five fundamental strategies. These indicators define how the strategies should be delivered across the dimensions of quality, quantity and participation.¹ This work was co-funded by the Paul Ramsay Foundation, with Eureka Benevolent Foundation and the Department of Social Services.

Having completed proof of concept, *Restacking* was awarded funding by the Paul Ramsay Foundation in 2021 to build toward large scale adoption of the *Restacking* framework. This second phase of the project aims to co-design a series of prototypes for service providers and communities to routinely collect and act

¹ Centre for Community Child Health (CCCH) at Murdoch Children's Research Institute (MCRI), Social Ventures Australia (SVA) and Bain & Company, [The Restacking the Odds Indicator Guide: Quality, quantity and participation indicators across early years services and why they're important](#) [PDF], Royal Children's Hospital Melbourne, January 2023. Accessed 26 April 2023.

on their *Restacking* data – as self-sufficiently as possible – and to test how this helps them better understand and act on priorities and improve performance.

This submission draws on our research and prototyping work in Australian communities, focusing on those issues where we have the most relevant insights. We have commented on the Discussion Paper questions regarding the vision and structure for the strategy, specific policy actions and evidence and research.

Recommendations

Recommendation	Detail
<p>An early years ‘guarantee’ should include provision of a combination of high quality, evidence-informed early years services. Services must be accessible for children and families experiencing disadvantage.</p>	<p>Restacking the Odds is supportive of the establishment and delivery of an Early Years Guarantee – a commitment to ensure that every child in Australia has access to the conditions that enable them to thrive.</p> <p>To improve equitable outcomes for children, the guarantee should include the following five early years strategies:</p> <ul style="list-style-type: none"> • antenatal care, with improved models of care; • sustained nurse home visiting for children and parents with additional needs, comprising at least 25 visits up to 2 years of age; • 15 hours a week or more of quality early childhood education and care for all children for two years before starting formal schooling and three years for those from priority populations; • parenting programs (targeted at parents of children with behavioural issues); and • the early years of school (defined as Foundation Year to Year 3). <p>Three of these are universal services and two are targeted interventions. They are strongly evidence-based and already available in most communities across Australia.</p>
<p>Embed a common framework (quantity, quality, participation) to define and measure progress against the ‘guarantee’, using lead indicators to ensure that services are delivered equitably.</p>	<p>To give effect to an Early Years Guarantee – and ensure that fundamental early years’ services are delivered equitably – we recommend embedding a common framework to track progress. This framework should use quantitative, evidence-based lead indicators to measure three simple things at a local level:</p> <ol style="list-style-type: none"> 1) Are the key early years services available in sufficient quantity? 2) Are they being delivered at a standard that the evidence says is required (quality)? 3) Are the relevant children and families receiving the services (participation)? <p>Currently these indicators are rarely used. There is limited visibility on the quality of service received and whether those who will most benefit are participating.</p> <p>While outcome data is the ultimate arbiter of success, lead indicators about what families and children are actually experiencing allow practitioners and service providers to make timely adjustments and accumulate learning regularly.</p>

<p>Invest in data and learning systems to improve equitable service delivery, as part of the 'glue' that enables coordination and integration of support for children and families.</p>	<p>Empowering practitioners and communities with data to improve service delivery requires capability to interpret and act on insights from data, as well as that data being readily available.</p> <p>Alongside a framework to define and measure progress, Restacking the Odds recommends the Government invest in critical data and learning systems to collect, track and act on lead indicator data. This is needed at a service level, community level (including in place-based initiatives) and a systems level to embed a culture of continuous improvement. This is a crucial part of the 'glue' that enables coordination and collaboration between services, families and communities.</p>
<p>Address gaps in services that have been identified by Restacking the Odds</p>	<p>Restacking the Odds' research and work in communities has already generated insights on potential improvements in early years services. Emerging opportunities for system-wide reform include:</p> <ul style="list-style-type: none"> • Adjusting policy settings to improve participation in ECEC; • Making a national commitment to expand evidence-based sustained nurse home visiting programs; • Deploying a national, evidence-based strategy and quality framework for parenting programs to help reach families who would most benefit; • Expanding national reporting for antenatal care; • Using lead indicators to improve quality in the early years of school.

Vision and structure

Do you have any comments on the proposed structure of the Strategy? [Q1]

What vision should our nation have for Australia's youngest children? [Q2]

The Early Years Strategy should have a vision of **establishing the conditions that young children need to thrive**.

Currently too many children experience disadvantage and are at risk of unfair and unjust differences in their health, wellbeing and opportunities. Inequities emerging in early childhood often continue into adulthood, contributing to unequal rates of low educational attainment, poor mental and physical health and low income. In some cases, this experience is part of a persistent cycle of intergenerational disadvantage.

The rapid development in a child's earliest years (0-8) provides the foundation for lifelong health development and wellbeing. Supporting children and families during this period provides the greatest immediate and lasting benefits.

These benefits are recognised in the wider community. Alongside our research and prototype development we have been exploring community attitudes to investment in early childhood development. We identified broad based support for doing more to help children, parents and families. These findings are outlined further in response to Question 8.

Given strong public support and significant commitments from state governments, we encourage the Australian Government to be ambitious in its vision and actions for a future early childhood development system.

This ambition should be matched with practical steps to track the progress of the strategy. In addition to tracking outcomes and indicators tied to policy priorities, we encourage the Government to embed measurement of leading indicators at the service provider, community and system level. This is discussed further in our proposed policy priorities.

Policy Priorities

What specific areas/policy priorities should be included in the Strategy and why? [Q4]

What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances? [Q5]

What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families? [Q6]

1. Guarantee a combination of high-quality, evidence-based services for every child

Restacking is supportive of the establishment and delivery of an Early Years Guarantee – a commitment to ensure that every child in Australia has access to the conditions that enable them to thrive.

This must include **guaranteeing access to a combination of high quality, evidence-informed early years services** so that all children and families, including those experiencing vulnerability or disadvantage, are able to benefit.

Our work has identified that combining or ‘**stacking**’ multiple effective evidence-based strategies across the early years (0-8 years) can boost health development and wellbeing and redress inequity. Our approach is informed by the evidence-based research of economist James J. Heckman who has suggested that greater investments in early childhood development bring greater returns through better health outcomes and increased productivity. He also identified that applying multiple, complementary services across the early years will amplify the effect of a single strategy/service.²

We recommend this guarantee include the following five early years strategies [Figure 1]:

- antenatal care, with improved models of care;
- sustained nurse home visiting for children and parents with additional needs, comprising at least 25 visits up to 2 years of age;
- 15 hours a week or more of quality early childhood education and care for all children for two years before starting formal schooling, and three years for those from priority populations;

² C Molloy, T Moore, M O'Connor, K Villanueva, S West, and S Goldfeld, [A Novel 3-Part Approach to Tackle the Problem of Health Inequities in Early Childhood](#), *Academic Pediatrics*, 21(2), 236–243, 2021

- parenting programs (targeted at parents of children with behavioural issues); and
- the early years of school (defined as Foundation Year to Year 3).

Figure 1: Five Fundamental Strategies

FIVE FUNDAMENTAL STRATEGIES			
Antenatal	Early childhood		School years
	Birth to 2 years	2-5 years	
<p>1 Antenatal support</p> <ul style="list-style-type: none"> • Targeted at parents • Centre-based • <i>Outcomes:</i> healthy birth weight, good brain health, appropriate care, “adequate parenting” 	<p>3 Early childhood education and care</p> <ul style="list-style-type: none"> • Targeted at all children (in groups) • High quality for all children • Delivered out of home in a “pseudo-home-learning environment” • <i>Outcomes:</i> children on optimal developmental pathway (cognitive and social-emotional), school readiness 		<p>5 Early years of school</p> <ul style="list-style-type: none"> • Targeted at all children • School-based • <i>Outcomes:</i> children on optimal learning pathway by Year 3
<p>2 Sustained nurse home visiting</p> <ul style="list-style-type: none"> • Targeted at disadvantaged parents • Health and development support • Home-based • <i>Outcomes:</i> parents develop parenting skills 		<p>4 Parenting programs</p> <ul style="list-style-type: none"> • Targeted at parents whose children have behavioural issues (higher prevalence in disadvantaged families) • Centre-based, delivered in groups or 1:1 • <i>Outcomes:</i> remedy of specific emerging behavioural issues 	

These five strategies are a subset of the possible interventions. *Restacking* has chosen to focus on them because:

- they can be implemented concurrently and continuously during the early years;
- the research demonstrates that they improve early childhood outcomes;
- they are collectively longitudinal (i.e. they operate across early childhood), ecological (i.e. they focus on both children and parents), based on peer-reviewed evidence, and can be targeted at those who need them most;
- these services are typically already available and delivered in most communities across Australia.

Our analysis of data from the Longitudinal Study of Australian Children found that ‘stacking’ these five fundamental strategies (i.e., ensuring they are all applied for a given individual) has a cumulative, positive effect on child development outcomes, measured through reading scores at ages 8-9.³

An accountability mechanism should be built into the Early Years Guarantee so that it unites government departments and jurisdictions to improve child outcomes and address inequity. This could include legislation, an agreed baseline percentage of Government expenditure, national agreements between the Commonwealth and states, and reporting obligations. It can build from the European Commission’s European Child Guarantee and the Australian Centre for Policy Development’s proposal.⁴

³ C Molloy, M O’Connor, S Guo, C Lin, C Harrop, N Perini, and S Goldfeld, [Potential of ‘stacking’ early childhood interventions to reduce inequities in learning outcomes](#), J Epidemiol Community Health, October 2019, accessed 20 April 2023.

⁴ Centre for Policy Development (CPD), [Starting better: A guarantee for young children and families](#), CPD, November 2021, accessed 20 April 2023. <https://cpd.org.au/2021/11/starting-better-centre-for-policy-development/>

2. Embed a common framework to track progress against the Guarantee and achieve equitable service delivery

Currently, the children and families who would most benefit from early years services are least likely to attend and are more likely to experience a poor-quality service. For an Early Years Guarantee to drive meaningful change across early years systems and tackle inequity, it needs to be supported by a measurement framework that defines and measures how services are actually being delivered. **We recommend embedding a common three-part framework to define and measure progress against the Guarantee and achieve equitable service delivery.** This framework should use quantitative, evidence-based lead indicators to measure three simple things at a local level:

- that the key early years services are available locally in sufficient **quantity**;
- that the services are being delivered at a standard that the evidence says is required (quality); and
- that the children and families who would benefit are receiving the services (participation).

Lead indicators allow service providers and other stakeholders to regularly assess performance and progress, and course-correct when required. While outcome data is the ultimate arbiter of success, lead indicators about what families and children are actually experiencing allow practitioners and service providers to make timely adjustments and accumulate learning regularly, rather than waiting years to see outcomes.

The very long gap between actions and outcome measures makes it almost impossible to discover what is effective and to apply continuous improvement, and literally impossible to assess what leads to better end-outcomes, because regardless of the outcomes achieved, we don't know what services the children or families received (Did the parents attend a high-quality parenting program? Did they complete the full set of sessions?). By contrast, lead indicators are directly useful to support practical, measurable system change.

Table 1: Examples of lead indicators

SERVICE	LEAD INDICATOR	POTENTIAL ACTION	OUTCOME INDICATOR
Antenatal care	% Of pregnant women who smoke who are referred to an evidence-based stop smoking service	✓ Implement a systematic process to ensure all pregnant women who smoke are referred to an evidence-based stop smoking service	% of pregnant women who smoke
Sustained nurse home visiting	% of antenatal and early post-partum visits where education /support on breastfeeding is offered	✓ Ensure program guidelines require nurses to provide early education and support, ideally before birth	% of women who breastfeed
Early childhood education and care	% of all children attending ECEC for 15 hours or more per week for the two years before starting formal school	✓ Overcome barriers to low participation rates e.g. reach out to CALD populations	Proportion of children at school entry who are developmentally on track in health, learning and psychosocial wellbeing
Parenting programs	Number of places available in supported parenting programs led by qualified facilitators, relative to the target population	✓ Provide adequate training to facilitators of parenting programs	% of children with behavioural issues
Early years of school	% of P-3 classroom teachers that provide parents with strategies to use when reading with children at home	✓ Ensure teachers are provided with appropriate reading and learning packs to use at home	% of children at expected level in reading (NAPLAN)

Restacking has identified practical, evidence-based lead indicators for the five key strategies, using the common three-part framework covering quantity, quality and participation. The evidence-based lead indicators are available in our Indicator Guide.⁵

Through development and testing of the indicators, we identified that the data required is typically difficult to access and is rarely used to improve service delivery. Equipping services and communities with this data provides tailored, quantitative and timely guidance on important gaps in early childhood services. It can be used to measure progress over time and provides actionable knowledge for continuous improvement, which is welcomed by service providers and community representatives. One community representative commented: *'...we had very poor AEDC results. So, I was looking for data where we could show improvement. I was able to go through the Restacking the Odds data and find where we could make some easy wins'*. An ECEC service provider noted value in examining participation data, including to compare participation rates at different centres and against benchmarks, and to consider opportunities to improve participation of specific population groups.

3. Invest in data and learning systems to monitor and improve equitable service delivery

Collection and analysis of lead indicator data can empower practitioners, services providers and communities. However, there is need for capability to interpret and identify actionable insights from the data in order to improve services and outcomes for families and children. Currently resources for both collection and interpretation of data are typically limited.

To drive sustainable change, our research has identified that a new **learning system** is needed. The learning system has three core components (illustrated in figure 2):

1. **Technology platform** – to collect, measure, interpret and visualise the data.
2. **Improvement support program** – to build data literacy and embed a model for continuous improvement in services and communities to respond, innovate and act on data.
3. **Community of practice** – to share learnings, experiences, knowledge and resources across participating organisations and the sector more broadly.

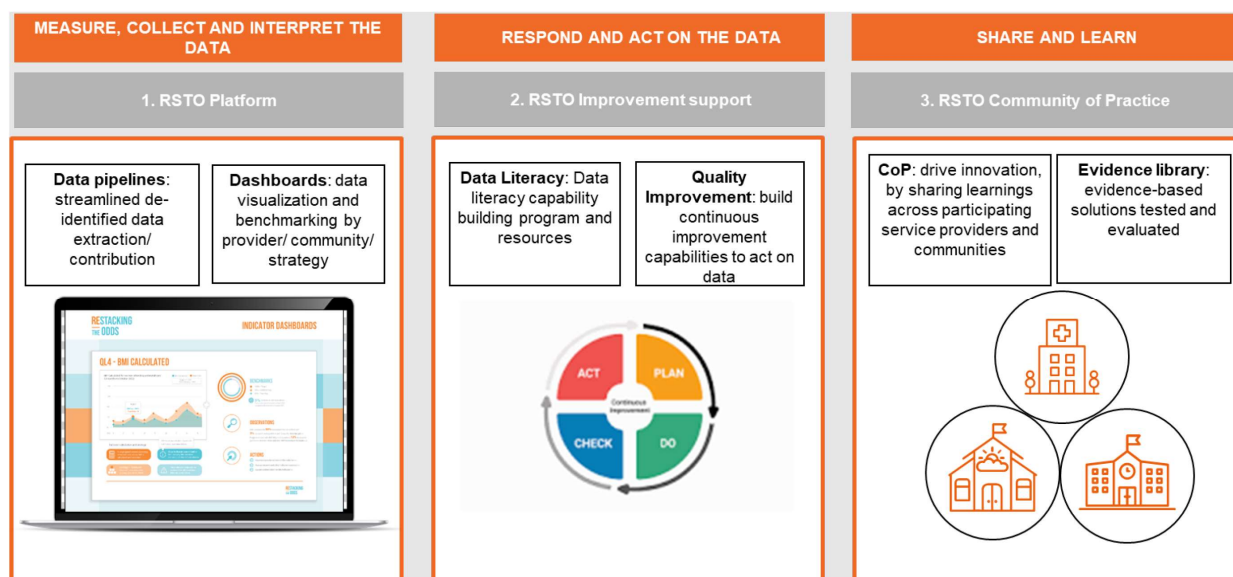
Restacking is currently co-designing this system with a small number of communities and service providers across Australia. Practical, scalable solutions are being developed that address the key barriers and promote enablers to collecting, reporting, and using lead indicator data, informed by research that explores these barriers and enablers in the five *Restacking* early years' service settings. The research is described in more detail in our response to Q8 on research and evidence.

The proposed learning system forms a component of the **'glue'** that is critical for effective coordination, collaboration and integration of support for families. The **'glue'** refers to the underlying leadership, administration, capabilities and processes for coordination and continuous improvement. Currently direct investment in these functions can be very limited.

Place-based initiatives, including Stronger Places, Stronger People and Connected Beginnings, have strong community engagement and backbone infrastructure that provides an ideal environment for building these capabilities and using data effectively to drive systems change. We have observed while working with several of these communities that understanding of community need is strong, yet the backbone teams lack service-level lead indicators to track progress and have limited resources to interpret data.

⁵ CCCH at MCRI, SVA and Bain & Company, [The Restacking the Odds Indicator Guide: Quality, quantity and participation indicators across early years services and why they're important](#) [PDF], Royal Children's Hospital Melbourne, January 2023.

Figure 2: Restacking the Odds Learning System



Alongside implementation of a framework to define and measure progress, *Restacking* recommends the **Government invest in critical data and learning systems to collect, track and act on lead indicator data.** This is needed at a service level, community level (including in place-based initiatives) and a systems level to embed a culture of continuous improvement.

4. Address service gaps highlighted by Restacking the Odds

Our research and work with communities has already generated insights on potential system-wide improvements in early years' services. Addressing the gaps highlighted below would achieve more equitable service delivery and over time improve outcomes for children and families.

- a) **Adjust policy settings to improve participation in ECEC:** Almost half of enrolled Australian children are missing out on 15+ hours of early childhood education and care. Children from disadvantaged cohorts are less likely to attend.

Restacking's analysis of data of over 10,000 children at 688 ECEC centres across Australia, sourced via a collaboration with Xplor (one of Australia's leading ECEC software platforms) showed an average of just 56 per cent of children enrolled in ECEC received the recommended dose of at least 15 hours or more care per week for 90+% of weeks over a nine month period (1 March to 30 November 2019).⁶

Other studies have shown that enrolment in preschool is lower among children from families with: a single-parent; non-English speaking background; lower levels of education; both parents unemployed; Aboriginal or Torres Strait Islander (ATSI) descent; residency in rural or remote areas or socioeconomically

⁶ C Molloy, S Goldfeld, C Harrop, and N Perini, [Early childhood education: A study of the barriers, facilitators, & strategies to improve participation](https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/RSTO-CommBrief-ECEC-Barriers-Faciliators-Strategies-Jan2022(2).pdf) [PDF], Royal Children's Hospital Melbourne, January 2022, accessed 20 April 2023. [https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/RSTO-CommBrief-ECEC-Barriers-Faciliators-Strategies-Jan2022\(2\).pdf](https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/RSTO-CommBrief-ECEC-Barriers-Faciliators-Strategies-Jan2022(2).pdf)

disadvantaged communities. Even when children from disadvantaged groups enrol in preschool programs, they typically attend for fewer hours than their non-disadvantaged counterparts.⁷

The use of lead indicators to track participation and understand who is actually attending regularly is a critical step as that data can then inform strategies to improve attendance, including by children from disadvantaged backgrounds.

Improved participation can also be enhanced by policy and funding settings. For example, our study of barriers and facilitators of participation in ECEC⁸ indicated the need to:

- reduce both direct and indirect service costs for families;
- increase flexibility in program formatting so participation can be coordinated with the demands of work and other family responsibilities;
- more effectively promote the benefits of play-based learning in formal ECEC settings; and
- change attitudes about maternal roles and child readiness to participate in ECEC.

b) National commitment to expand evidence-based sustained nurse home visiting programs:

evidence-based sustained nurse home visiting programs are known to work very well but are not deployed widely in Australia.

Nurse home visiting programs have many benefits, spanning child health and development outcomes, improved parenting, and maternal life course. Programs with positive outcomes tend to have a greater number of visits and be delivered over a longer duration, hence *Restacking* has focused on *sustained* Nurse Home Visiting programs.⁹ However, while many states offer at least one home visit from a Maternal Child Health nurse in the early weeks of life, few locations in Australia currently offer an evidence-based sustained nurse home visiting program.¹⁰

Restacking proposes the Government partner with states and territories to commit to offering an evidence-based sustained nurse home visiting program to all parents of children experiencing disadvantage.

c) Deploy a national evidence-based strategy and quality framework for parenting programs: fewer than 1% of parents who would benefit from evidence-based parenting programs are receiving them.

Our work in communities identified wide-ranging gaps in the delivery of parenting programs,¹¹ including that:

- Few programs align to the evidence-base;
- Availability is patchy and inadequate and limited data is available on quantity and participation;

⁷ Further discussion on the evidence for ECEC participation is outlined in: R Beatson, C Molloy, Z Fehlberg, N Perini, C Harrop, and S Goldfeld, [Early Childhood Education Participation: A Mixed-Methods Study of Parent and Provider Perceived Barriers and Facilitators](#), Journal of child and family studies, March 2022, accessed 21 April 2023.

⁸ R Beatson et al., [Early Childhood Education Participation: A Mixed-Methods Study of Parent and Provider Perceived Barriers and Facilitators](#), Journal of child and family studies, March 2022, accessed 21 April 2023.

⁹ C Malloy, R Beatson, S Goldfeld, N Perini, C Harrop, [Sustained Nurse Home Visiting: An evidence-based review of indicators to assess quality, quantity, and participation](#) [PDF], Royal Children's Hospital Melbourne, 2020, accessed 20 April 2023. https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/2212_SNHV-technical-report%20.pdf

¹⁰ R Dundas, and L Depers, [Children at the centre – Insights for development of a national Early Years Strategy](#) [PDF], ARACY, February 2023, accessed 20 April 2023. https://www.aracy.org.au/publications-resources/command/download_file/id/495/filename/Children_at_the_Centre_ECEC_Report.pdf

¹¹ C Malloy, S Goldfeld, C Harrop, and N Perini, [Parenting programs: A study of barriers, facilitators, & strategies to improve participation](#) [PDF], Royal Children's Hospital Melbourne, January 2022, accessed 20 April 2023. <https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/RSTO-CommBrief-PP-Barriers-Facilitators-Strategies-Jan2022.pdf>

- Few of the families who need support attend – although around 8% of Australian families enrol in a parenting program, we estimate that fewer than 1% of families with a child at risk of behavioural or social-emotional issues received a high-quality parenting program.

The Early Years Strategy is an opportunity for a fundamental rethink to align parenting programs to evidence and better reach the families who would benefit. This should include development and implementation of a national strategy, design and quality framework for parenting programs.

- d) **Expand national reporting for antenatal care:** there is a rich set of evidence-based lead indicators but few are routinely collected and used.

Antenatal care services follow a unique recipe of local, state and national reporting requirements. This reporting does not cover the full set of required standards identified in the evidence (a high number of clinically relevant topics are entirely absent), and practice on the ground does not always reflect intentions.¹² These issues compromise understanding of performance levels and improvement priorities that can enhance the models of care.

- e) **Use lead indicators to improve quality in the early years of school:** there is no national framework for quality in schools as there is for ECEC.

Currently, there is no national quality framework for schools. Each state and territory has its own framework for improving school quality and performance. Each of the frameworks identifies a range of domains thought to reflect school quality and within each of the domains, may suggest improvement strategies. However, the evaluation tools utilised in existing frameworks have significant limitations. These include overly complex structures, reliance on subjective ratings from school leaders and ambiguity of quality indicators compromising the extent to which they are measurable and modifiable. By contrast, the ECEC sector has a National Quality Standard. This sets a national benchmark for quality across the sector and supports continuous quality improvement.

As a starting point, embedding lead indicators of quality within schools could elicit an array of benefits including:

- At the school/classroom level for continuous improvement, including early intervention;
- At the state or system level to inform decisions on resourcing and support for schools, and at the regional level to create learning collaboratives to drive systemic change in response to local contexts; and
- Over time, to track how school processes are impacting student outcomes, and inform policy responses at the population level.

¹² C Malloy, C Macmillan, S Goldfeld, C Harrop, and N Perini, [Antenatal care: An evidence based review of indicators to assess quality, quantity and participation](https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/Restacking%20The%20Odds_Antenatal%20Care_Technical%20Report.pdf) [PDF], version 2.0, Royal Children's Hospital Melbourne, accessed 20 April 2023.

https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/Restacking%20The%20Odds_Antenatal%20Care_Technical%20Report.pdf

Research and Evidence

Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy? [Q8]

Further details of the research and evidence developed by Restacking the Odds is available on our website: https://www.rch.org.au/ccch/Restacking_the_Odds/

This includes:

- Research spotlight papers examining participation in ECEC and parenting programs;
- Academic papers reporting findings associated with *Restacking*;
- Technical papers on the development of indicators for each of the five fundamental strategies; and
- Communication summaries.

Current research is examining the barriers and enablers to collecting, interpreting and using *Restacking* indicators amongst communities and service providers. This research involves a two-pronged approach:

- Mixed-methods studies with early years service providers and policy-makers across the five *Restacking* service strategies (i.e., surveys and interviews to understand workforce experience working with data, and perspectives on potential solutions); and
- A systematic review of the academic literature describing evaluations of data literacy and data-based decision-making interventions in relevant service settings.

Both prongs are informed by the Capability, Opportunity, Motivation, Behaviour (COM-B) model of behaviour change, which identifies three essential conditions for behaviour: Capability, Opportunity, and Motivation. Capability factors relate to an individual's physical and psychological abilities that enable behaviour. Opportunity encompasses factors that are external to the individual and that enable or constrain behaviour. Motivation refers to the automatic and reflective processes that energise and drive behaviour.

Our preliminary findings suggest potential solutions to address barriers, for example in ECEC settings:

- Capability: develop data literacy and quality improvement programs - providing education and training to address low data literacy and data interpretation skills;
- Opportunity: develop a tailored IT platform for *Restacking* lead indicators to make it easy to collect and visualize data where current data systems, processes and software platforms present barriers; and
- Motivation: additional resourcing for 'glue', including for data-related tasks which can be seen as a lower priority than engaging with families and children.

Survey of community attitudes:

SVA recently surveyed a representative sample of the Australian people to ask their views on early childhood education and programs that can help children thrive. Survey participants were presented with pairs of opposing statements and asked to choose the one they agreed with more. Headline findings are summarised in the table 2 below.

Table 2: statements with support and opposing statements for early childhood education and programs

A - Statements with high levels of support	B - Opposing statements
<p>7 out of 10 people chose these statements over the opposing statements in column B:</p> <ul style="list-style-type: none"> • Every child should be able to receive quality early childhood education from 3 years old at their local school [68%] • Even though childcare is an essential service Government funding has failed to keep pace, leaving families with huge costs and many unable to find childcare at all. To give every child the best start in life we should move from an ad hoc childcare system to proper early learning for 3 and 4 year olds [68%] • The longer women are out of the workforce the more likely it is they lose the skills, networks and relationships they need to succeed. To help women return to work and to give every child the best start in life government must make childcare affordable / free for every family. [67] 	<ul style="list-style-type: none"> • Government should not be spending more on childcare, it would cost too much and lead to increased taxes • It should be the responsibility of parents to cover the costs of childcare not taxpayers • It should be the responsibility of parents to cover the costs of childcare not government • Government should not be spending more on childcare, there are more important priorities • The best care a child can receive in the first years of their life is from their mum and dad. Parents should be encouraged to stay home and care for their children • People should be free to choose whether or not they go back to work, not incentivised one way or the other with childcare subsidies • A parent should not miss out on government support because they choose to stay home with their child
<p>7 in 10 supported this statement over the statement in column B:</p> <ul style="list-style-type: none"> • Good early education helps put a child on the path to success in school and beyond. All children should be able to go to preschool even if their parents aren't working so they can begin their learning [70%] 	<ul style="list-style-type: none"> • The Government should not be paying for children to go to preschool if their parents are not working or studying and can look after them themselves
<p>7 in 10 supported this over the opposing statement in column B:</p> <ul style="list-style-type: none"> • To make sure every child is happy and healthy and off to a great start in life every child should receive regular check ups from a nurse in the first years of their life. [72%] <p>And 6 in 10 supported this statement over the opposing statement in column B:</p> <ul style="list-style-type: none"> • Every child needs parents who have the support they need to be great parents. Government should offer classes where parents learn practical parenting skills, like dealing with difficult behaviour or how to best support a child's learning [63%] 	<ul style="list-style-type: none"> • Government should not waste more money on new programs and leave parents alone unless they ask for help • It's not government's role to tell parents how they should be raising their children