

22 January 2020

Dear Commissioner

Re: Proposed Social and Emotional Wellbeing Checks for Children aged 0 – 3 years

I am writing in response to the proposal to screen children between the ages of 0 and 3 years for “social and emotional wellbeing checks.”

Generally social and emotional wellbeing (per the Queensland Government Your Mental Wellbeing website (<https://mentalwellbeing.initiatives.qld.gov.au/buildingblocks>) is built from the following steps:

“Get Healthy” “Keep Learning” “Show Kindness” “Connect more” “Take notice” “Embrace Nature”

Children aged 0 – 3 do not have these activity alternatives. They have parents, perhaps siblings, and perhaps other relatives or friends of their nuclear family.

This suggests strongly that they reflect to a large degree, what is happening around them rather than the child's innate abilities, weaknesses, or strengths.

For instance, in a study dated April 4 2019 from the Ohio State University

(Ohio State University. (2019, April 4). A 'million word gap' for children who aren't read to at home: That's how many fewer words some may hear by kindergarten. *ScienceDaily*. Retrieved January 21, 2020 from www.sciencedaily.com/releases/2019/04/190404074947.htm) :

“Young children whose parents read them five books a day enter kindergarten having heard about 1.4 million more words than kids who were never read to, a new study found. This 'million word gap' could be one key in explaining differences in vocabulary and reading development. “

Both low vocabulary and low reading development impact how the child relates to the world around him/her, potentially effecting the child's observable behaviour. In fact, the “commonplace” childhood traits ranging from difficulty sleeping, shyness, and irregular feeding patterns etc reflect more of their homelife than the child's innate view of the world. Many of these “issues” can disappear when children are able to observe and join bigger social groups (like school or daycare for example).

I do not agree that children should be screened to determine their mental wellbeing. I believe that the screening process itself could easily produce false diagnoses as children try to win the approval of the screener (as a parent substitute). In addition the screening will be someone's opinion and not be subject to scientific or rigorous scrutiny. Plus I think that view that the screener will get is more likely to be a judgement on the parental process rather than the social or wellbeingness of the child.

Thank you for taking the time to read this.

I urge you to reject this process.

Regards

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