



**National Investment for the Early Years
NIFTeY NSW**

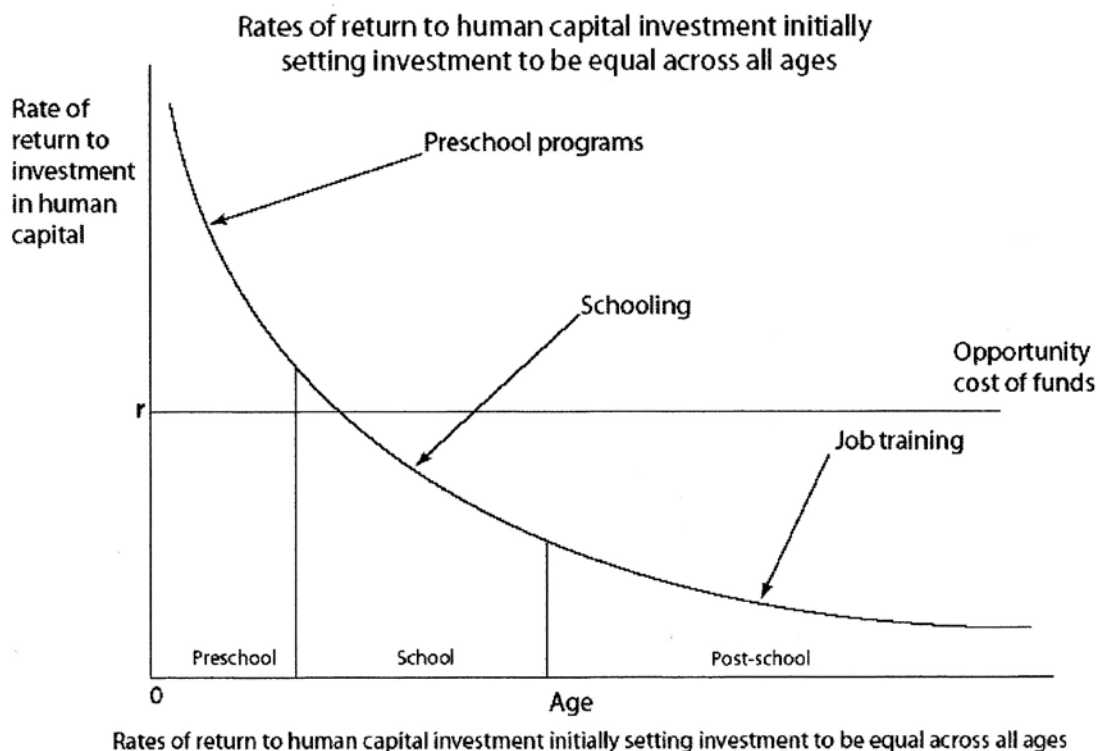
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**Comments to
Productivity Commission
on
Draft Research Report
Schools Workforce**

Summary of our position

The Fundamental Policy Issue: Orientation

Heckman (joint winner of the Nobel Prize for Economics in 2000) makes a much wider point than he is noted for in the Draft Report (namely, education reduces criminal activity). His work demonstrates that, even on economic grounds alone, the return on investment in young children is greater the earlier it is made in a child's life. We could say: *Prevention is better than cure* OR *Pay now – or pay much more later.*



The horizontal 'Opportunity cost of funds' line indicates that investments with returns above this line should receive priority societal funding in the national interest. **These priority investments all fall in the early years.**

There is a compelling reason for this. By the time most children reach pre-school, let alone school, much of their development is already well-established, including their fundamental orientation to, and attitude to, attentiveness, exploration, language, learning and self-discipline. *The years before 2 are the time when environmental stimulation may have the greatest impact on cortical development* (Hart and Risely, 2002). And since they last a life-time of constructive rather than destructive living, it is these that have by far the greatest returns on investment. Heckman estimates that ***by far the most profitable societal interventions on behalf of children are those that occur earliest in their lives.***

An important conclusion follows: ***Because of the dynamics of human skill formation, the abilities and motivations that children bring to school play a far greater role in promoting performance in school than do the traditional inputs [remediation, reduced class sizes, etc.] that receive so much attention in public policy debates.*** (Heckman 2006)

A further important conclusion then follows: **Since most disadvantage of relevance for schooling has its roots in children's experience of deprivation, disability or trauma before they attend school, preventive intervention in the early years is most crucial to overcoming disadvantage in schooling.**

The next most important intervention is **to assess residual disadvantage on entering school and then intervene preventively in the first years of schooling.**

Regrettably, **the present Commission report does not address any of these concerns.** It is too easy to be limited by existing institutional boundaries; however it is one of the great strengths of the Commission that it can decide what scope is appropriate for each inquiry.

An example is already in action: the new Doveton College in Victoria, funded by the Commonwealth and State governments and the Coleman Foundation. See http://www.rch.org.au/emplibrary/isd/Opening_the_gates.pdf

NIFTeY NSW therefore urges the Productivity Commission team to actively take into account the crucial importance of the early years to children's success in school, in particular to overcoming the disadvantage experienced by a significant number of children.

Interventions begun once children enter school are like trying to cure a disease after it has become entrenched and the patient debilitated. The Commission needs to consider carefully the wealth of evidence that the foundations of lifelong health and learning are laid in early childhood. We can enhance the development of all children and prevent children being at risk if we invest heavily in early child development and **in supporting parents raising their children from the pre-natal to school-age period.**

The concern of the Productivity Commission to overcome disadvantage will be best served by large and sustained preventive/early intervention support in early childhood.

Recommendations for Positive Action

NIFTeY NSW urges that:

1. The Commission give thought to how our Commonwealth can best support **parents** in their very important job of raising their children well so that all children have the best start for their life trajectory. We can best prevent in this way many of the problems that can occur for children – emotional, social, behavioural as well as cognitive. Those we cannot prevent we can best intervene in early to ameliorate. There is no universal panacea: disability, family dysfunction and trauma will still occur. But with intelligent parenting support and specialized interventions we can reduce their severity and incidence.
2. The Productivity Commission make full use of the Australian Early Development Index to pursue its goals. It is surprising that no reference to the AEDI was made in the Draft Research Report. The AEDI (2011) is a population measure of young children’s development, completed by teachers for children in their first year of school. The data yielded by the AEDI can be correlated with later NAPLAN data, and will tend, unfortunately, to reveal the persistence of AEDI results at a population level, over time. AEDI results can be used to help guide teachers in their planning for teaching and learning activities – its ‘curative’ use. But they can also, and more effectively, be used to help understand what needs to be improved or developed to better support children and their families **before** they enter school – its preventive use. The Commission is urged to consider ways to enhance the ability of communities to understand the AEDI data, and to develop Early Years Centres/Early Learning and Family Centres that support parents in raising their children, pre-natally to school age and beyond. Sent with this submission is a paper developed by NIFTeY NSW on how Early Learning and Family Centres could operate.
3. The Commission consider design features that attract and engage parent participation in their children’s education – and so indirectly in their own education. We might pay parents on low incomes to train and attend regularly as Teacher’s Aides; we might employ a parent volunteer coordinator whose role is to link teachers and volunteers, and design tasks that benefit both the children and the volunteer parent, such as training parents to deliver social skills programs, and in ways to resolve conflict.

Discussion

We provide in support of these points:

- An anecdotal account [Part A] of two experiences of young children at risk because of hearing loss, to make vivid the relevance of early childhood diagnosis and intervention.
- A Table [Part B - 1] outlining the benefits to education of supporting parenting and evidence [Part B – 2] that the foundation of the life course is built in early childhood.
- Core components [Part C] of an adequate parent support system

A. Illustrating the impact of early diagnosis and intervention

The writer of this submission knows two children with significant hearing loss.

The first, in NSW, with delayed speech development, had his partial but significant hearing loss diagnosed only in pre-school, aged four. He would startle at loud noises, and enjoyed the rhythm and vibration of his father's guitar-playing, so his hearing loss was not readily noticed, but his language was delayed. While obviously intelligent, explorative and so on, nevertheless he spent four years with verbal interaction that was far more limited than the adults around him realised, and thus entered pre-school with delay that his teacher could easily recognise. He is now delighted with his hearing aids, and delighted to be able to hear the car engine. His mother had been concerned about his hearing for a year or more before the preschool teacher reinforced her concern. (By contrast, other community workers had suggested her son's development was within normal limits and his language would probably develop in good time.) Speech pathology was recommended, and his mother appreciated the clinic she was referred to, especially contact with parents of children in a similar situation.

That effective parenting support can be made available is illustrated in the story of the second child, a girl, in South Australia. She had question mark about her hearing flagged by the neonatal hearing test, and this was actively investigated. Her very knowledgeable, professional parents noted that because she has a startle response to loud noise they would not have suspected a hearing problem for some time. At three months, she is being fitted with hearing aids; her parents will be trained on a weekly basis on how to interact with her to maximize her acquisition of speech; mother and child visit a playgroup for children with similar challenges; the services of a psychologist are available to her family; her home was surveyed to maximise her awareness of salient sound (eg no radio or TV on as background); when she is older and going to early education and care or preschool, the hearing professionals will alternate weekly visits between home, to keep extending the parents' skill with developing her language and hearing awareness, but will on the other week provide the same service to the institutional care, and will provide modifications if needed to that environment. When this little girl goes to school, the hearing support team will similarly work with the school on modifications to the classroom environment, and will support the teacher with

skill training and an FM-relay system that will help her and, incidentally, likely at least one other student in that class with undiagnosed hearing loss.

The implications for the future of these two children are significant. Many children are not diagnosed with a hearing problem as early as four years, so the little boy is in many ways quite fortunate, but his good fortune is eclipsed by the little baby girl's, whose developing brain is going to have neural pathways in sound and language immensely more developed in her first three years by the richness of the inputs that will be provided during the most crucial period for language development. The early diagnosis; the early, supportive, thoughtful and multi-faceted intervention; the extension of that support to other people working with her and the removal from the parents of the burden of negotiating with the institutions for the little girl, all mean she is likely to develop close to normal expressive and receptive language, together with language pragmatics. Hers is a good exemplar of how early intervention should work. It should be available throughout our land, to families of advantage, like these two children, and to all families of disadvantage.

Language is the basis of all school learning: it is crucial that we realize the contribution made by the period from before birth (in this example, keeping pregnant women free from rubella and other viruses that can impact on hearing makes the importance of the fetal stage stark) to entering school, especially in giving parents and other caregivers the skills and physical supports necessary to maximize her exposure to language during its early acquisition phase.

Had her hearing loss remained undiagnosed, or had the hearing development supports not been in place, she would have entered schooling seriously disadvantaged and such a good outcome would be far more costly, and far less likely to be fully achieved, and her future capacity to contribute constructively to society would likely have been far more limited.

The same kinds of disadvantage (in different degrees) are faced by those children who, though medically normal, are deprived of linguistic interaction and exploratory stimulation in their home environment (Section 3).

B. Primacy of parenting

1. Benefits to educational attainment of supporting parenting

Domain	When parenting is supported	When parenting is not supported	Consequences for school age experience
Physical health	<p>Parents can access both information and direct personal support at the time of need through other parents and through qualified early childhood education, nursing and other professionals.</p> <p>Parents needing additional support can access it quickly so that problems are prevented or remediated through early intervention.</p>	<p>There may be restricted access to:</p> <ul style="list-style-type: none"> ▪ Breastfeeding support ▪ Nutrition information ▪ Immunisation information ▪ Child safety information ▪ Physical spaces free from fear and toxins ▪ Understanding the need to be watchful parents 	<p>Children who are not well-nourished or who have suffered physical trauma or physical abuse have much greater risk of difficulties in learning.</p>
Emotional development	<p>Paid parental leave benefits above all the baby who needs close attachment with the mother or most significant caregiver.</p> <p>Supportive networks, both peer and professional, model and encourage close attachment with the baby/child.</p> <p>Both parents and children can receive timely support where there are maternal mental health issues.</p>	<p>Parents may not have sufficient leave from employment to develop the bond with the baby and child that are essential for the child's emotional security and further development.</p> <p>Left alone, parents suffer from lack of reassurance and guidance about attachment issues.</p> <p>Children of parents with mental health issues are at risk themselves of developing mental health problems.</p>	<p>Children who have not bonded well with the main caregiver are at risk of not developing adaptive capacities that promote well-regulated stress systems. From a basis of security children can reach out to explore the world, and develop cognitively and socially within a positive orientation.</p> <p>The consequences of poor attachment can affect mental health, behaviour, ability to form relationships, diminish resilience in all areas (study, work, relationships). Substance abuse, the potential for delinquency and crime rates are all raised.</p> <p>The costs of remediation are huge, increase with age, and the results never as good as prevention.</p>

<p>Social development</p>	<p>Parents interacting with a support system are able to learn from peers and professionals how best to guide their children. From this base parents can provide a positive framework for their children to interact with others. From a secure emotional and developing cognitive base, babies and children will learn responsiveness, sharing, taking turns, problem-solving, self-regulation of emotions, and resilience with other people.</p>	<p>Isolated parents may not be intuitively equipped to nurture social skills in their children; they do not have contact with other parents and professional early childhood education staff who model and explain ways of helping children in their interactions with others.</p>	<p>Anti-social behaviour in children can lead to ostracism, being bullied and bullying, anger, violent behaviour and increases risk of juvenile justice and crime. Intervention costs are very large, increase with age, and their effectiveness is never as complete as early prevention.</p>
<p>Cognitive development</p>	<p>Parents who attend a variety of activities (mothers groups, playgroups, supported playgroups, centres with integrated services) have many opportunities to observe, talk with others and learn about children's cognitive development. In centres staffed by early child development professionals, they have access to the information listed on the next column. The importance of parent talk is elaborated later in the text.</p>	<p>There may be limited knowledge, experience and exposure to:</p> <ul style="list-style-type: none"> ▪ the importance of the amount of talking and interacting with children ▪ the value of play, and play-based problem-solving ▪ reading to children and access to books ▪ materials rich in possibilities for play. ▪ environments where children can explore the world safely. 	<p>As James Heckman says, <i>Learning begets learning. The earlier the seed is planted and watered, the faster and larger it grows.</i> and <i>Environments that do not stimulate the young and fail to cultivate both cognitive and socio-emotional skills, place children at an early disadvantage.</i> (Heckman 2006)</p>

<p>Non-cognitive learning needs</p>	<p>Babies and infants need parents who recognize and respect their persistence, and parents can have this fact reinforced by supportive systems.</p> <p>It's astonishing how dedicated infants are to learning, if they have not been made fearful of it, dragooned, or suffered serious neglect. Once they feel the need to work on something they try repeatedly until it is mastered.</p> <p>Parents and care givers need to know the importance of patience and attention: to stay with young children as they acquire new skills and understand that the persistence shown by little children is essential to all learning and to overcoming temporary setbacks in all walks of life.</p>	<p>Without the imprimatur of social and professional support networks, it may be easy for parents to become annoyed by, rather than encouraging of, their children's persistence in exploring, and in trying to master a skill.</p> <p>Parents inclined to neglect children may, if they are connected to a supportive parenting system, have more positive behaviours modeled and explained, and their children may spend more time in high-quality early education and care.</p>	<p>Heckman (2006) emphasizes that socio-emotional skills are also important for success in life. Cognitive ability is important, but it needs to be under-written by qualities like persistence, ability to weather set-backs and continue to overcome difficulties.</p>
<p>Parenting style</p>	<p>Parents can explore, discuss and observe positive ways of interacting with children, and establishing principles of positive discipline.</p>	<p>Negative and inattentive parenting remains widespread and neglectful, harsh and abusive parenting still occurs. Other ways of interacting with children can be modeled, taught and practised in supported parenting settings.</p>	<p>Supportive parenting settings lead to parental preventive mental health.</p> <p>Children handled with firmness, love and respect are able to demonstrate these qualities themselves in school, easing teaching burdens and improving teaching effectiveness.</p> <p>Toxic stress (resulting from extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression and family violence) disrupts brain architecture and leads to stress management systems that have a lower threshold of activation. (Oberklaid)</p>

2. Evidence that the foundations of the lifelong trajectory are built in early childhood.

This is true of Language Development: how much parents talk to their little children matters hugely to educational outcomes

A study that dramatically demonstrates the importance to education of the experience of children before they even go to pre-school is the Hart and Risely study, *Meaningful Differences in the Every Day Experiences of Young American Children* (1995, 2002), which examines closely the experience of language in children as they acquire it, at 1 to 3 years of age. This work reveals that 32 million words separate the linguistically advantaged from the linguistically disadvantaged by the time they enter kindergarten, and explores its implications.

It is worth attending to what the authors say in summary (Hart and Risely, 2002).

We knew that the ways parents interact with their children affect how their children turn out; we did not know how strongly the language performance of children is tied to how much their parents have talked with them, and why just more talking make so much difference.

Our first discovery was the magnitude of the differences between ordinary American families in the amount of talking they customarily do. The data revealed that, in an average hour together, some parents spent more than 40 minutes interacting with their child, and other parents spent less than 15 minutes. Some parents responded more than 250 times an hour to their child, and others responded fewer than 50 times. Some parents expressed approval and encouragement of their child's actions more than 40 times an hour, and others less than 4 times. Some parents said more than 3,000 words to their child in an average hour together, and others said fewer than 50 words. The data showed that, for each family, the amount the parents talked to their children was so consistent over time that the differences in the children's language experience, mounting up month by month, were enormous by age 3.

Our second discovery was how tightly linked were the large differences in the amount of children's language experience and the large differences in child outcomes. With few exceptions, the more parents talked to their children, the faster the children's vocabularies were growing and the higher the children's IQ test scores at age 3 and later. Amount of parent talk accounted for all the correlation between socioeconomic status (and/or race) and the verbal intellectual accomplishments of these 42 young American children.

Our third discovery was of environmental links between amount of parent talk and differences in child performance. Similar across parents was the amount of talk related to the necessary business of caring for and socializing little children. All the parents used a similar number of imperatives ("Come here"), prohibitions ("Stop that"), and questions ("What are you doing?"). But the data showed that when parents engaged their children in more talk than was needed to take care of business, the content changed automatically. When

parents began to discuss feelings, plans, present activities, and past events, the vocabulary became more varied and the descriptions richer in nuances. Their talk also became more positive and responsive to their children's talk. The "style" of non-business talk was similar across parents. The difference was how often such 'extra' talk occurred.

By as early as 3 years of age, the children's own talk had come to match their parents' talk. As the children learned to talk, the amount that they talked increased steadily until it reached the amount of their parents' talk, and then it leveled off. The data showed that by age 3, the children were talking as much as – but only as much as – their parents talked. Furthermore, the children's talk was as varied – but only as varied – as their parents' talk. The amount the parents had talked when the children were first learning to talk had set up the amount the children talked, just as the range of non-business topics in the parents 'extra' talk had set up the range of what the children talked about at age 3.

..... The data revealed that the most important aspect of children's language experience is its amount. The implications are two. First, there is less need for programs to try to teach parents to talk differently to their children or to change parent styles of interacting and more need for programs to help parents learn to talk more to their children. Second, the most important aspect to evaluate in child care settings for very young children is the amount of talk actually going on, moment by moment, between children and caregivers. (pages xix – xxi).

The frequency and tone of the interaction in the welfare families limited the words and meanings the children heard. Because the welfare parents talked less often to their children, they talked in less varied contexts about less varied aspects of the children's experience. Because they spent less time interacting with their children, they had fewer opportunities to learn about their children's skill levels and the topics the children were interested in talking and hearing about. Perhaps as a result, proportionately more of their talk contained prohibitions and simple directives. When the parents did take time to talk to their children, they provided their children experience with language proportionally as rich in quality features as the language provided by working class parents. They just took the time less often. (p. 178)

That the foundations for life are built in early childhood is also starkly true of health

See for example, *The Foundations of Lifelong Health are Built in Early Childhood*. Center on the Developing Child at Harvard University
http://developingchild.harvard.edu/library/reports_and_working_papers/foundations-of-lifelong-health.

A vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Health in the earliest years—beginning with the future mother's well-being before she becomes pregnant—lays the groundwork for a lifetime of vitality. When developing biological systems are strengthened by positive early experiences, children are

more likely to thrive and grow up to be healthy adults. **Sound health also provides a foundation for the construction of sturdy brain architecture and the achievement of a broad range of skills and learning capacities.** (Bold inserted.)

That the foundations for life are built in early childhood is very much the case for brain development.

See for example, *Connecting Neurons, Concepts, and People: Brain Development and its Implications* Ross Thompson 2008 NIEER Policy Brief (Issue 17, December 2008). See <http://nieer.org/resources/policybriefs/17.pdf>

The most significant advances in brain architecture occur prenatally. Brain development is life-long, hierarchical, cumulative, and integrated. The brain incorporates experience into its architecture. The young mind is astonishingly active, capable and self-organising. Sensitive interactions with adults do more to promote brain development than any toy, CD, or DVD. Preschools should deliver services that enable adults to have rich interactions with children. Preschools should embrace educational approaches that encourage child-oriented discovery over adult-directed instruction.

What we know about brain development is very relevant to the environments young children experience

See, for example, *Brain Development and the Life Course – the importance of the early caretaking environment* Frank Oberklaid 2007 See http://www.baysidefamilydaycare.com/pcf_dec07.pdf, pages 8-11

Genes (nature) provide the base or foundation for the development of the brain, but after birth nurture is the critical force in how the brain develops. Optimal brain development is dependent upon positive environment, incorporating factors such as: good nutrition, good health and a nourishing and stimulating environment. Relationships in particular play a significant role in the development of the brain's social-emotional function. Child care settings should promote continuing, consistent, nurturing relationships between child care professionals and children, in which each child's needs are responded to sensitively. If this doesn't happen, stress hormones increase to high levels. **Child care needs to be reconceptualised as an early learning environment rather than primarily as a care environment, as a focal point from which families can be referred to other services. We need to review the training, pay, conditions and career structures available to child care professionals.** (Bold inserted.)

C. Building systematic support for parenting

Too often, government officials design programs for children as if they lived their lives in silos, as if each stage of a child's life were independent of the other, unconnected to what came before or what lies ahead. It's time for policymakers now to look beyond the silos, to begin recognizing that consistent, cost-effective investment in children and youths can pay for itself
Laureate James Heckman in Education Week (March 21, 2007;
www.edweek.org)

If we are truly serious about maximizing educational outcomes and addressing disadvantage we need as a society to build structures, institutions and cultures that help parents raise their children, and seek to optimize individual potential and prevent damage.

We need:

a social context where children are valued, where we do not allow children to be brought up in poverty, economic disadvantage is limited, where children are protected from neglect and abuse, and where there is social inclusion not exclusion.

to nurture social networks for parents for mutual support, for reassurance, for encouragement, for modeling and sharing of different ways of interacting with children, and because connections between people are undervalued for preventive parental mental health. Such relationships are beyond price and cannot be provided by paid workers, however skilful.

paid parental leave for at least 12 months because of emotional attachment needs of the baby, because there is so much for parents to learn about parenting, and because children benefit educationally, as well as in a myriad of other ways, from having well-informed parents.

paid paternity leave and increased education for fathers and the community about the important role of fathers in raising children.

pre-natal care and support, ensuring good maternal health and nutrition, avoiding toxic substances, and including 'baby college' for mums and dads-to-be; stronger roles for midwives, lactation consultants.

See *Whatever It Takes*, by Paul Tough 2008 for the work of Geoffrey Canada in Harlem NY, who developed the concept of Baby College, among other things.

nurse home-visiting for all new mothers, and extended for as long as needed in some families.

See <http://www.aifs.gov.au/nch/pubs/issues/issues24/issues24.html>
a study from the Australian Institute of Family Studies for an explanation of its effectiveness in helping prevent or ameliorate child abuse.

universal programs for parents and their little children, not only programs targeted at particular groups, but with aspects provided in more intensity and

for longer where there is need. Access to universally-accessible service models should be seen as a right, like public education, and one of equal or higher priority.

Vulnerable children are found at all socio-economic levels of society, making universal services more effective in their reach while avoiding stigmatising services to targeted populations. A universal approach includes strategies to engage with and retain the most vulnerable families, and ways of identifying and engaging them early, avoiding later responses that are more intensive, more costly and often less effective in narrowing the gap that has opened.

(The reasons and evidence for universal programs in a three-tiered structure are argued well by Tim Moore in http://www.rch.org.au/emplibrary/ccch/Rethinking_universal_target_services.pdf .)

Early Years Centres or Early Learning and Family Centres

Whatever name we give to these centres, their main goal is to encourage and support children's development, to assist all parents raise their children and to enhance community environments for all children. These also reduce risks for child development through providing preventive programs and making early identification and referral for children and families who may require more targeted or tertiary services. The focus is on the whole child and on all children, from the prenatal period to school age.

See paper attached from NIFTeY NSW for the development of this idea.

Early Years Centres have existed in Ontario for a decade: they are an investment in the future.

In summary

The title of the COAG paper *Investing in the Early Years – A National Early Childhood Development Strategy* (July 2009) acknowledges that 'Raising children is the prime responsibility of families, parents and carers who have the most powerful influence on their child's life and development' (COAG, p. 4). It captures the wide acceptance of the wisdom of investing money and energy to ensure that **all children have the best start in life to create a better future for themselves and for the nation** (COAG, p.4).

An adequate system of support for parenting and for little children will make it more possible to achieve the goal of **excellent educational outcomes for all Australian students**.

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National Investment for the Early Years

NIFTeY NSW

Beginnings

The NSW branch of NIFTeY began in 2006.

Aims

We pursue the aims of NIFTeY Australia. They are to:

- promote development, implementation and evaluation of strategies in the early years of life that advance the health, development and wellbeing of all children in Australia;
- advance community and professional knowledge and the education and support of parents and carers in relation to the particular importance of the pre-natal period and the first three years of a child's life so as to promote the social, cognitive, emotional and physical wellbeing of all children;
- encourage the provision of resources and services to communities, families and children where disadvantage is known to exist;
- promote and disseminate research relevant to the early years of life, including monitoring the status of young children; and
- value, recognise and advocate for the importance of the impact of early positive relationships and experiences in young children's lives.

Activities

We

- disseminate research information, conducting Forums (eg on Integrated Service Delivery in Early Childhood Education and Care)
- contribute submissions to NSW state matters (eg State Plan, Woods Inquiry, Keep Them Safe, Integrated Child and Family Centres)
- contribute to Federal matters (eg Paid Parental Leave; the ratio of childcare workers to children; national quality standards in child care etc)
- monitor the implementation of state policies such as in child protection, Integrated Child and Family Centres and contribute positively to their improvement
- monitor the implementation of COAG-agreed policies such as Investing in the Early Years, Early Years Learning Framework, National Quality Framework
- contribute to discussions around the provision of early childhood services like
 - the National *beyondblue* Perinatal Maternal Mental Health Program, addressing depression in women during pregnancy and in early parenthood.
 - the accreditation of teachers working in children's services
 - improving staff to child ratios in child care settings, especially for children aged under two.