

To what extent does early childhood education policy in Australia recognise and propose action on the social determinants of health and health equity?

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Abstract

Early childhood education (ECE) and development is internationally recognised as important to child health and wellbeing and to enabling children to become healthy productive adults. This paper analyses Australian ECE policy current in 2019. It uses the institutional framework of ideas, actors and institutions to determine the extent to which ECE policy recognises and acts on social determinants of health and health equity. We found that the policies supported integrated approaches, intersectoral collaboration and partnerships with parents and families. Evidence was important in formulating the ideas underpinning ECE policy. ECE was widely recognised as a social determinant of health, and the impacts of other social determinants of health and health equity were acknowledged. The ECE policies tended to be future-focused and not respond to social determinants that influence children and their families in the present time. The policies lacked strategies to address social determinants, or to engage with other sectors for this purpose. While some policies focused on breaking the cycle of disadvantage, they did not explore potential policy responses to pathways from intergenerational disadvantage to reduce poverty. Despite this, Australian ECE policy has achieved significant coherence, with shared understandings of the purpose and benefits of ECE.

Keywords: Early childhood education policy; social determinants of health; health equity; healthy public policy

Introduction

Early childhood education (ECE) and development is recognised internationally as critical to enabling children to grow into healthy and competent adults who can positively contribute to society (CSDH 2008, Daly 2020). Educational attainment starts with ECE and is linked to improved health outcomes, in part

through its influence on attaining higher education levels, and consequently adult income, employment and living conditions (Moore et al., 2015). Investment in ECE and development is widely accepted to be a 'powerful equalizer' (Cunha et al., 2006, Morabito et al., 2013).

Definitions of early childhood differ. In this paper, the age range used is birth to commencement of formal compulsory primary schooling in Australia, aged 5 or 6 years (varying between states/territories). This does not negate the importance of the pre-natal period for child development when the focus of services is on maternal and pre-natal care and development, nor the period from school commencement to 8 years, but reflects the age range within Australian ECE policy. ECE is defined broadly in this paper and includes the ECE and care services and programs provided to children from birth to school age.

Infant mental health has emerged as a field of research, clinical practice and public policy with contributions from disciplines such as neuroscience, obstetrics, paediatrics, psychology, psychiatry and sociology (Shonkoff and Phillips, 2000, Lawless et al., 2014). Neuroscience evidence has shown that brain development is sensitive to external influences in early childhood and before birth, with lifelong effects (Twardosz 2012, Frith 2013). Critical events, early experiences and the environment in which children live have been found to directly impact on children's lives, development and future opportunities (Moore et al., 2015; Morsy and Rothstein, 2019).

Infant mental health research has also shown the importance of parents, families and other meaningful relationships for healthy child development (Blair and Raver, 2016, Fane et al., 2016). Quality ECE programs are important in supporting child development, health, and life opportunities, and reducing inequities (Keating and Hertzman, 1999, Molla and Nolan, 2019a). Children living in the most disadvantaged circumstances receive the greatest benefit from, but are less likely to have access to, quality ECE services (Cloney et al., 2016, Bakken et al., 2017). To achieve sustained positive outcomes, high quality ECE needs to be universal, supported by engagement with families and communities, and followed by quality early schooling (Shonkoff and Phillips, 2000).

Internationally, ECE policy has focused on quality, affordable ECE, staff professionalisation, children's rights, early childhood pedagogy, school readiness, and encouraging participation of children from disadvantaged backgrounds (OECD 2001, Lu et al., 2020, West et al., 2020). From the early 2000s Australian government policies have aligned with this focus (Press and Hayes, 2000; Logan, 2017).

The social determinants of health and health equity have been shown to be vital in shaping early childhood experiences (CSDH, 2008). They are the political, economic, social and cultural factors that determine the distribution of health and illness for individuals and populations. They determine the everyday

circumstances in which people are born, live and age and include the wider forces and systems that shape the conditions of daily life (CSDH 2008). Health inequities are the systemic differences in health between different socio-economic groups within a society that are socially constructed and avoidable, and thus unjust (Whitehead 2007). The causes of health inequities relate to the distributive effects of the social determinants and the social processes that determine that distribution, including power and resources (Graham 2004). As a social determinant, early childhood development has a determining influence on subsequent life and health, and on addressing societal inequities (Segal et al., 2011). Other social determinants of health, such as poverty, parental education and employment, and housing/homelessness, are likely to affect children's access to or capacity to benefit from ECE by affecting children directly or shaping the circumstances and health status of their families and communities (Hertzman 2002).

Australian context

Australia is a federated nation with a federal government and eight state/territory governments. This paper considers the extent to which Australian federal and state/territory government ECE policies recognise and propose action on the social determinants of health in ways that are likely to improve health and/or reduce health inequities.

The Australian ECE sector is complex with varied service types and providers across states and a demarcation between childcare and preschool services (Tayler 2016). Childcare centres provide long day care services typically for children aged six weeks to five years. They are provided by private for-profit, not-for-profit, school-managed and government-managed services with means-tested government subsidies provided to families to ensure affordability (Hunkin 2018).

Preschool services generally provide short hours, play-based learning programs and are delivered by state education departments or non-profit organisations. They are provided as a free or subsidised universal non-mandatory service in the year before school (usually for 4 year olds), with some states also offering subsidised preschool programs for 3 year olds. All approved ECE services attract government funding and are subject to government regulation (Tayler 2016).

Since 2008 Australian federal and state governments have committed to increasing children's participation in quality ECE programs under national agreements on universal access to ECE with the goal of providing 600 hours of affordable quality ECE to all children in the year before school, regardless of location, personal circumstances or delivery model (Molla and Nolan, 2019b). Childcare centres are increasingly offering ECE teacher-led programs.

State funded integrated ECE services have also emerged, providing maternal, child health, and family support services as well as ECE (SCRGSP 2020).

From the 2000s, Australia's ECE model has been supported by a national reform agenda based on formal policy recognition of ECE's dual contribution to child development and parent workforce participation (Logan et al., 2012; Keating and Hertzman, 1999; Molla and Nolan, 2019b). The workforce participation rationale reflects recognition of the role of access to childcare for parental employment and providing a pathway out of poverty for families. The child development rationale recognises the importance of ECE for child wellbeing, success in future schooling and future life opportunities (Adamson and Brennan, 2014). In the last decade, reforms have favoured a focus on ECE for child development over a focus on childcare to enable mothers to return to work (Molla and Nolan, 2019b). Addressing inequality in access to ECE continues to be a challenge. State and federal governments recognise that particularly for children from families with lower incomes, Aboriginal and Torres Strait Islander children (hereafter 'Aboriginal'), those living in remote areas, and those with disabilities, the gap in ECE outcomes remains (Molla and Nolan, 2019a).

ECE has now shifted from being seen as a cost to being viewed as an investment (Raban and Kilderry, 2017), with a stronger focus on workforce professionalisation and service quality (Logan et al., 2012, Cook et al., 2017). However, during the COVID-19 pandemic, Australian government ECE discourse reverted to focusing on parental workforce participation and supporting economic recovery, with a lesser focus on benefits for children (Grudnoff and Denniss, 2020).

In 2009, Australia's national reform agenda resulted in all jurisdictions, through the Council of Australian Governments (COAG), adopting a single overarching early years learning framework - 'Belonging, Being and Becoming: The Early Years Learning Framework for Australia' which forms the curricular foundation for ensuring children in all ECE settings experience quality teaching and learning (DEEWR 2009). (COAG comprised the Prime Minister, state government First Ministers and the Australian Local Government Association President. In March 2020 COAG was replaced by a National Cabinet, formed to coordinate the national COVID-19 pandemic response, with membership of the Prime Minister and state government First Ministers.) The Early Years Learning Framework incorporates the principles of the UN Convention on the Rights of the Child (UN 1989) and provides a national quality education and care guide (Sumsion et al., 2009). This was followed in 2012 by endorsement of the COAG National Quality Framework for ECE to drive continuous improvement, quality and consistency across ECE settings (Pascoe and Brennan, 2017). The National Quality Framework includes regulating legislation, Early Learning Reform Principles (COAG Education Council 2018), the Early Years Learning Framework (DEEWR 2009), the

National Quality Standard (ACECQA 2018), a process for ECE and care service assessment against the Standard, a state-based regulatory authority (usually the education department), and the Australian Children's Education and Care Quality Authority as national oversight body. Despite national policy consolidation, different funding arrangements have meant a division persists between childcare and preschool services (Molla and Nolan, 2019b).

The Australian Institute of Health and Welfare (2020) reported that on 30 June 2018, there were 4.7m children in Australia (0-14 years). 5.9% of the total child population comprised Aboriginal children, representing 34% of the Aboriginal population. This is a much younger age profile than the non-Indigenous population (18.7% of the total Australian population are children). 8.9% of Australian children were born overseas and 34% of these were from non-English speaking countries. In 2017-18, 7.4% of children were reported as having some level of disability, with 4% having a severe or profound level of disability (AIHW 2020).

In 2016, 70% of Australian children lived in cities. While 83% of Aboriginal children lived in cities or regional areas, they made up 42% of all children living in remote and very remote areas, despite accounting for 6% of the total child population (AIHW 2020). In 2018, 59% of 0-4 year olds regularly attended some form of childcare and 91% of 4 year olds were enrolled in a preschool program (SCRGSP 2020). 86.1% of Aboriginal children were enrolled in a preschool program in the year before school in 2018, on track to meet the COAG Closing the Gap (CTG) target to have 95% of Aboriginal children enrolled in ECE in the year before school by 2025 (Commonwealth of Australia 2020). Since 2008, through the CTG strategy Australian governments have worked to close the health, education and employment outcomes gap between Aboriginal and non-Indigenous people. In 2020 five of the seven targets to close the gap in child mortality, literacy, numeracy and writing skills, school attendance and Aboriginal employment rates, had not been met or the gap was widening (Commonwealth of Australia 2020). The federal government released a new CTG national agreement in 2020 including new targets, and continued the existing ECE enrolment target.

Method

This study investigated the extent to which Australian ECE policy current in 2019 recognised and acted on the social determinants of health. It follows previous research which investigated the extent to which Australian health policy (Fisher et al., 2016), Australian child and youth health policy (Phillips et al., 2016), and Australian justice, urban planning, environment and industry sector policies (Baum et al., 2018) address the social determinants of health.

Because the study methods build on our previous policy research, we adapted the coding framework developed for the previous studies for our analysis, adding specific ECE-related codes. The coding framework included codes for analysing policy framing (such as identifying the policy problem and the response deemed appropriate) and the policy intent, the policy goals, objectives and strategies, identification of evidence to support claims, and references to social determinants of health and equity. The key social determinants of health considered in our analysis included:

- Recognition of structural constraints, e.g. economic factors, welfare system, poverty
- Gender
- Connection to cultural traditions, identity, language
- Stigma/discrimination
- Social exclusion/inclusion
- Adequate stable housing, homelessness
- Natural environment, open space, connectedness to land
- Built environment
- Social relationships
- Employment/unemployment
- Education
- Safety, safe environments
- Digital technologies, digital literacy
- Good nutrition, healthy food, healthy lifestyle.

We analysed references to equity, including identifying targeted and universal foci. We added codes for private sector involvement, educator, parental and community responsibility, partnership between educators and parents, families and communities, and parents' roles and support for parenting. Information about the development of the original coding framework is published elsewhere (Baum et al., 2018).

Policy selection process

Strategic policies were initially identified through a government website search in 2019. Strategic policies were defined as policy documents (or plans, strategies, frameworks) that incorporated guiding principles, goals and strategies for ECE action. Documents were excluded if they were assessed as operational, or were:

- Describing subsidiary policies, procedures or guidelines for specific activities or services (such as human resource policies)
- Fact sheets or handbooks to inform parents or staff about specific areas of departmental responsibility

- Technical descriptions of processes
- Primarily reporting on outcomes of departmental activities, or departmental/ external research, or on community consultation findings
- Discussion papers
- Primarily intended to provide practical public information about use of facilities and services
- Presenting advisory reports and/or recommendations on departmental activity (unless specifically endorsed for implementation by government)
- Outlining regulations for management of education-related issues.

Documents were also excluded if superseded by a strategic policy addressing the same topic and/or if positioned in the archive section of a government website. Only policies with an end date of 2019 or beyond were selected. If no end date was provided, policies were considered current if still available for download on departmental websites.

Federal and state government education departments were contacted to confirm the policies were current, and to identify other policies meeting the selection criteria. 45 policy documents were selected for analysis (see Table 1).

WA was the only state government without an explicit ECE policy. WA advised they did not have education department-specific early years policies, apart from an early child development target within WA's whole-of-government policy, 'Our priorities: 2019' (Government of Western Australia 2019).

Document coding and analysis

Qualitative document analysis provides a systematic process for policy analysis. It requires data to be examined to elicit meaning and develop understanding about what is present and silent in the data, and to what effect (Corbin and Strauss, 2008, Bowen 2009).

Policy document analysis is useful for identifying how evidence on social determinants of health is recognised in policy and translated into strategies (Phillips et al., 2016). Our document analysis approach involved an iterative process of coding and thematic analysis. We double coded ten policy documents to ensure coding consistency and to check our interpretations and discussed our analysis at team meetings. During coding, the framing of each policy was examined, and the goals, objectives, strategies, and values were assessed to determine the extent to which the policy recognised and acted on social determinants of health. We undertook collaborative thematic analysis and discussed emerging themes at meetings. We used research memos to formally record insights during coding and analysis. We met bi-monthly throughout the 12-month project to discuss analysis and emerging findings.

TABLE 1. Australian early childhood education policies (2019)

Responsible authority	Policy title
Council of Australian Governments (COAG) and COAG Education Council (COAG membership included in Table 2)	Belonging, Being & Becoming: The Early Years Learning Framework for Australia (<i>Component of National Quality Framework (NQF)</i>) Early learning reform principles (<i>Component of NQF</i>)
Australian Government	Alice Springs (Mparntwe) Education Declaration December 2019 National Aboriginal and Torres Strait Islander Education Strategy 2015 National Partnership on Universal Access to Early Childhood Education 2018-2020 National Quality Standard (<i>Component of NQF</i>)
Australian Capital Territory (ACT)	Corporate Plan 2019-2020: Opportunity through learning A leading learning organisation: Strategic plan 2018-2021 The future of education – An education strategy for the next 10 years The future of education – An ACT education strategy for the next 10 years – First phase implementation
New South Wales (NSW)	Department of Education strategic plan 2018-2022 Regional and remote early childhood education strategy: Ensuring every child in regional and remote NSW gets the best start in life – 2017-2022 Early childhood education workforce strategy 2018-2022
Northern Territory (NT)	The best opportunities for life: Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028 (<i>Whole-of-government policy</i>) Starting early for a better future – Early childhood development in the Northern Territory 2018-2028 (<i>Whole-of-government policy</i>) Starting early for a better future implementation plan 2018-2022 (<i>Whole-of-government policy</i>)

TABLE 1. Continued

Responsible authority	Policy title
Queensland	Education NT Strategic Framework 2018-2022
	Education NT Strategic Action Plan 2018-2022
	A share in the future – Indigenous Education Strategy 2015-2024
	Our future state – Advancing Queensland’s priorities
	<i>(Whole-of-government policy)</i>
	Our way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037
	<i>(Whole-of-government policy)</i>
	Changing tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2017-2019
	<i>(Whole-of-government policy)</i>
	Supporting families changing futures 2019-2023
	<i>(Whole-of-government policy)</i>
	Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018-2023
	<i>(Whole-of-government policy)</i>
South Australia (SA)	Advancing education: an action plan for education in Queensland
	Inclusive education policy
	Department of Education Strategic Plan: 2019-2023
	Every Queenslanders succeeding – Disability service plan
	Strategic Plan: Towards world-class education
	Attendance matters in South Australian preschools and schools
	Wellbeing for learning and life
Aboriginal education strategy	
Reconciliation action plan 2018-2021	
SA Children’s Centres outcomes framework	

TABLE 1. Continued

Responsible authority	Policy title
Tasmania	2018-2021 Department of Education Strategic Plan – Learners first: Every learner, every day Children thriving in strong, connected communities: Pregnancy to eight years 2018-2021 Tasmania’s Child and Family Centres: Four years improvement plan 2018-2021
Victoria	2018-2021 Child and student wellbeing strategy: Safe, well and positive learners Victorian early years learning and development framework <i>(State-specific NQF policy)</i> Early years management framework Marrung: Aboriginal education plan 2016-2026 Department of Education and Training 2018-2022 Strategic Plan Supporting children and families in the early years – A compact between DET, DHHS and Local Government – 2017-2027
Western Australia (WA)	Early childhood reform plan: Ready for kinder ready for school ready for life Our priorities 2019: Sharing prosperity <i>(Whole-of-government policy)</i>

Framing the analysis using institutional theory

Our policy analysis is underpinned by institutional theory which provides a framework for understanding what has shaped Australian ECE policy (Cairney 2011, Scott 2013). Institutional theory explains social behaviour using the framework of institutional forces (including structures, rules and mandates), ideas (such as world views and ideology) and actors (individuals, organisations and networks) (Cairney 2011). Institutional forces that shape government ECE policy and action can be regulative (legal, rule-setting), normative (guiding values and norms about what ought to happen), and cultural-cognitive (pre-existing frames for how things are done) (Scott 2013). Institutional forces shape or constrain political behaviour and influence action through shaping the interpretation of problems and constraining choice of possible solutions.

Findings

Focus and scope of policies

We found consistency in language, concepts and approaches in all the policies. 36 policies were from education departments/sectors with ECE responsibility. Nine were whole-of-government policies focused on ECE. Whole-of-government policies included a broad focus on child health, development, well-being and safety within multiple departments' responsibilities. Some education department policies were specific to preschools and others incorporated preschool and school education. None of the state government policies, apart from the Victorian Early Years Learning and Development Framework (State of Victoria 2016b), related to childcare services, possibly reflecting constitutional divisions about areas of responsibility.

The policies included consistent recurring themes, suggesting policy coherence and a common understanding of the benefits of ECE (May et al., 2006). These themes are listed in Box 1 and described below.

BOX 1. Themes from analysis of ECE policies

- Best start in life and lifelong benefits for the child
- Longer term social and economic benefits for society
- Intersectoral collaboration, service integration and partnerships with families and communities
- Workforce and service quality

Best start in life and lifelong benefits for the child

30 policies across all jurisdictions stated they aimed to provide children with the ‘best start in life’. COAG’s overarching national policy framework stated:

The Council of Australian Governments has developed this Framework to assist educators to provide young children with opportunities to maximise their potential and develop a foundation for future success in learning. In this way, the Early Years Learning Framework (the Framework) will contribute to realising the COAG vision that:

“All children have the best start in life to create a better future for themselves and for the nation.”

(DEEWR 2009)

The policies identified current benefits of ECE, including for children’s health and wellbeing and successful transition to school. They also focused on longer-term benefits. For example:

By providing the opportunity for every child to engage in quality early learning experiences, we are laying the foundations for them to achieve better learning, health, social and employment outcomes throughout their entire lives (State of Queensland 2019a).

Few policies addressed inequities affecting children’s current life circumstances (such as families living in poverty). Those that did were whole-of-government or Aboriginal-specific policies.

Longer term social and economic benefits for society

As well as a focus on benefits for children, the policies identified longer term social and economic benefits for society. For example:

All jurisdictions acknowledge that reform and investment in early learning [...] have the potential to deliver significant economic and social benefits to Australia, including improved school readiness; better opportunities; long-term productivity increases; improved workforce participation, income, financial security and health outcomes; and reductions in crime and welfare expenditure (COAG Education Council 2018).

While these policies suggested benefits for disadvantaged groups, they did not specifically address reducing inequities.

16 policies used economic language of investment in the early years for future savings to justify ECE prioritisation.

Intersectoral collaboration, service integration and partnerships with families and communities

32 policies across all jurisdictions identified the importance of service and sector collaboration to support families and children. There was also a focus on collaboration between levels of government, and public and private sectors.

All jurisdictions (20 policies) proposed an integrated approach, where child and family health and wellbeing services were provided through an integrated service:

Integrated services draw together a range of programs such as health, family support and early childhood education. A truly integrated approach encompasses universal, targeted and intensive services. It enables families to access multiple services for their children and themselves without navigating several different service systems (NT Government 2018b).

Similarly, they all agreed (through 28 policies) that working in partnership with parents, families and communities is important. Community partnership was prominent in Aboriginal-specific ECE policies, reflecting the importance of cultural respect and shared responsibility.

Workforce and service quality

Following COAG's endorsement of the National Quality Framework, Australian ECE policy has focused on workforce capability and service quality, reflected in the shift in terminology from 'care' and 'carers', to 'education' and 'educators', in a push for workforce professionalisation (Cook et al., 2017). 29 policies referred to workforce development. For example:

The important link between educators and quality early childhood education experiences is recognised through the National Quality Framework, including through professional qualification requirements and educator to child ratios. Increasing the capability of the early childhood education workforce remains a priority to build quality (COAG Education Council 2019).

Acknowledgement of social determinants of health and equity in ECE policies

Seven states and the federal jurisdiction recognised education as a social determinant of health (through 28 policies) although sometimes we inferred this from their acknowledgement of education's role in children's wellbeing and future life opportunities. For example:

Access to high-quality education provides significant short-term and lifelong benefits, not just in terms of academic outcomes, but also in terms of resilience, creativity, health and wellbeing, and economic participation. Education is the cornerstone of economic development and self-determination. Education increases a person's opportunity and choice in life, equipping them with personal and practical skills to get the jobs they want and live healthier and more prosperous lives (State of Victoria 2016a).

16 policies across six states identified one or more non-education social determinant as impacting on children's wellbeing or capacity to access or benefit from ECE, such as poverty, housing/homelessness, food, child protection and/or family violence, culture and diversity, and racism/stigma/discrimination.

These social determinants were most often recognised in whole-of-government policies. For example:

The intergenerational effects of poverty, disadvantage and trauma are linked to lower rates of school readiness, lower rates of kindergarten proficiency, lower test scores and higher rates of mental health problems for children. Addressing the consequences associated with childhood poverty is critical to ensuring the best start for all children (Queensland Mental Health Commission 2018).

We found that equity was defined as access to services and/or prioritisation of 'vulnerable' or 'disadvantaged' children or families. In relation to equitable access to services, the focus was on affordability, inclusiveness and universal access. For example:

Inclusion: involves taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. The intent is to ensure that all children's experiences are recognised and valued. The intent is also to ensure that all children have equitable access to resources and participation, and opportunities to demonstrate their learning and to value difference (DEEWR 2009)

Children and groups described as vulnerable or disadvantaged were often targeted in relation to equity of opportunity. The 'vulnerable' groups were mostly only specifically identified when referring to Aboriginal children and families, and regional and remote communities. Otherwise, vulnerability remained a general and undefined term:

Children, young people, parents and families experiencing vulnerability face immense challenges and can be caught in a cycle of disadvantage that affects their health and limits their education and employment opportunities (State of Queensland 2019b).

Policies emphasised Aboriginal children's access:

With a disproportionate number of Aboriginal children growing up in disadvantaged regional and remote areas, improving access to quality early childhood education in partnership with Aboriginal communities is also key to the department's efforts to overcome Aboriginal disadvantage in education (NSW Department of Education 2017).

There was explicit reference to 'closing the gap' in 14 policies across six jurisdictions, sometimes this referred to the educational gap between Aboriginal and non-Indigenous children and sometimes to the health and life expectancy gap. For example:

The Northern Territory Government will, through Starting Early for a Better Future, improve the outcomes for all Northern Territory children, and eliminate the gap between Aboriginal and non-Aboriginal children. Resources will be allocated to

support specific services or programs in sites, and develop the integration of services to support better early childhood outcomes (NT Government 2018a).

Most references to the social determinants of health were in sections of the policies that presented evidence, described the policy problem, and made the case for change. In education department policies, ECE was identified as the main solution to policy problems because the policy focus was on education department core business. In whole-of-government policies, policy solutions were broader, including acknowledging remoteness, housing and homelessness, mental health and family violence, because these policies had an intersectoral mandate. While Aboriginal children and families were prioritised in all policies, Aboriginality was often identified as a policy problem, rather than one of the underlying causes of disadvantage (including poverty and systemic racism) (Fogarty et al., 2018). The exception was in the six Aboriginal-specific policies which were distinguished by Aboriginal artwork and stories, references to consultation with Aboriginal elders and community groups, and community participation.

Most policies lacked specific strategies for implementation, or for acting on identified social determinants of health. An example of a specific resourced strategy was:

An additional \$10 million will fund the development of early childhood facilities co-located at government primary schools (State of Victoria 2017).

While our desktop analysis cannot assess implementation or outcomes, the lack of specifically identified implementation strategies, resources and agencies may reduce effectiveness. The National Quality Framework provides the mechanism to regulate the ECE sector, but its focus is on service quality.

Discussion

Our analysis of Australian ECE policy elucidates how it has responded to the social determinants of health. Institutional theory provides the analytical framework for discussing our findings (see Table 2).

Institutional forces shaping the ECE policy environment

COAG's National Quality Framework and the 'National Partnership on Universal Access to Early Childhood Education' (Commonwealth of Australia 2018), provided regulatory oversight and created vertical policy coherence within the education sector (May et al., 2006, Logan et al., 2012). The focus of the National Quality Framework on the future economic benefits from quality ECE raised ECE to a central position in federal and state governments' broader economic reform agenda (Hunkin 2018). The hierarchy of policies beneath the

TABLE 2. Institutional framework for analysing Australian early childhood education policy

Component of institutional theory	Key elements related to Australian early childhood education policy
Institutions	<ul style="list-style-type: none"> - Regulatory environment: - National Partnership on Universal Access to Early Childhood Education - COAG policy framework – National Quality Standard and Early Years Learning Framework - Federal and state ECE policies
Ideas	<ul style="list-style-type: none"> - Early years are a crucial time for child development (health, brain development, wellbeing, social development, education) - The environment in which a child lives impacts on their future life and opportunities - Scientific and economic evidence on importance of early years long term for individuals and society, and benefits of investment in early years - Government and societal obligation to protect and care for children – focus on children being and becoming – present and future - Acceptance of women as part of productive workforce - Shift from childcare being for working parents/mothers to ECE for children, and from ‘carers’ to ‘educators’, workforce professionalisation and development
Actors	<ul style="list-style-type: none"> - Neoliberalism – privatisation and regulation of ECE system. Valuing workforce productivity, creating future productive citizens - COAG (Council of Australian Governments, comprising Australian Prime Minister, state First Ministers and President of Local Government Association of Australia) and its Standing Education Council, consisting of federal and state government and New Zealand Ministers responsible for school education, early childhood development and/or youth affairs - Australian Children’s Education & Care Quality Authority - Federal and state governments, and their education departments - Early childhood advocacy and professional bodies such as Early Childhood Australia and SNAICC (Secretariat of National Aboriginal and Islander Child Care) - Established ECE providers, childcare centres/early learning centres/integrated children’s centres/preschools (public/non-for profit/private for profit) - International and Australian-based researchers - Educators - Children - Parents/families/communities

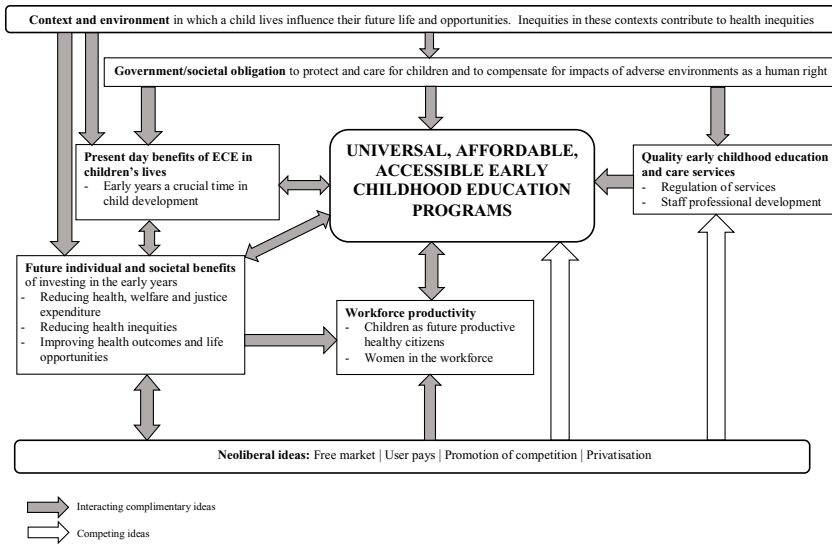


FIGURE 1. How ideas interact to influence Australian early childhood education policy

National Quality Framework provided institutional support for regulating each jurisdiction's ECE services and programs.

Ideas

Early childhood education as a policy idea

Multiple interacting ideas influenced Australian ECE policy (see Figure 1). All jurisdictions recognised the importance of quality education for children's development and future life opportunities. Although policies recognised the benefits of ECE for children in the present, the idea of education making a difference was mainly future-focused. Current circumstances, such as intergenerational poverty, are a form of structural disadvantage today, and so a policy focus on improving current daily living conditions is important. While most whole-of-government policies acknowledged how disadvantage (poverty, housing, unemployment, etc.) threw up barriers to child development with lifelong effects, this was often presented as a *fait accompli*, without policy solutions. ECE was positioned as a response, assuming education prevents future socioeconomic disadvantage. There was less recognition that current socioeconomic inequalities and entrenched forms of intergenerational disadvantage require redress, and therefore less recognition of the need to address structural inequities such as power and resources. There was also less evidence of horizontal policy coherence with other sectors' policies that adversely affect parents and families, such as income support, employment, housing and incarceration. Again, the exception was in Aboriginal-specific and whole-of-government

policies. While these issues are not education sector core business, ECE policy should point to them given their recognised impact on child wellbeing.

Dominance of neoliberalism

Howlett et al (2009) explain that neoliberal policy orientations constitute a meta-institution, constraining actors' policy ideas and prioritising economic over social policy. Neoliberal ideas of the free market, the transformation of the state from a public goods provider to a promoter of competitive markets, and individuals as consumers framed by entrepreneurial values, are embedded in modern society. ECE reflects neoliberalism through the 'mixed market' nature of the Australian model, with preschool programs increasingly being run within childcare centres and private school-based early learning centres as COAG has sought to create a more integrated quality ECE sector (Logan 2017, Molla and Nolan, 2019b).

The focus on future workforce productivity and economic benefit are elements of neoliberal framing of ECE policy, positioning children as investments for future productivity (Logan 2017, Sims 2017). These ideas are partly tempered by the policy focus on ECE's current benefits for children (Fane et al., 2016). The acknowledged community obligation to care for children within health and well-being-promoting environments also tempers the neoliberal agenda.

The idea of ECE's importance appears to have cut through Australia's congested policy space, resulting in vertical policy coherence within the education sector. The consistent messages across the policies have been maintained despite changes of government, suggesting bi-partisan recognition of the importance of ECE investment (Baker et al., 2018). This bipartisan support may be a result of balancing social and economic agendas to successfully appeal to neoliberal and social democratic perspectives. ECE policy has become an undisputed policy priority, with all states pursuing increased intersectoral collaboration and seven states establishing integrated children's centre models to address ECE within the family and community context, suggesting some horizontal policy coherence.

The role of evidence

Evidence had an important role in the formulation of ideas underpinning Australian ECE policy (Lawless et al., 2014). It was explicitly cited or implied in most policy rationales. Cited neurological research evidence highlighted the interrelationship between the child's brain development and biology, and their early experiences and environments (McCain et al., 2007). Population health and psychological development research evidence included that children's early life experiences influence their brain and social development, their genes and their ability to thrive. It emphasised the role of early childhood as a determinant of health, and of a whole-of-community approach to early child development

(Bronfenbrenner 1979, Hertzman 2002). Economic evidence supported investing in the early years for lifelong benefits as well as long term economic benefits for society, and emphasised prioritising investment in those living in the most disadvantaged circumstances (Heckman 2000).

Our analysis showed how evidence influenced ECE policy. Even without formal references, this evidence was identifiable and uncontested (evident, for example, in the ubiquitous statements about ECE being crucial for the best start in life).

Actors

Actors included the groups listed in Table 2 with roles as policymakers, implementers, and subjects of ECE policy. Because of the role of evidence in informing ECE policy, international and Australian-based researchers were also identified as actors.

The consistency of language and intent in the policies reflects a common understanding across groups of actors of ECE's benefit. The role of federal and state governments collaborating in the institutionalised structure of COAG to achieve a shared national ECE agenda is significant.

The federal and state government policymakers' use of common ideas reflected acceptance of the evidence from leading international researchers. In promoting the benefits of ECE, policies explicitly cited or referred to the ideas of medical practitioner/neurological researcher Fraser Mustard (McCain et al., 2007), population health researcher Clyde Hertzman (2002), economist James Heckman (2000) and developmental psychologist Uri Bronfenbrenner (1979), among others. Mustard (2007) and Hertzman (2002) provided advice directly to Australian policymakers.

In Australia, departments of education and health have a long history of collaboration (Tooher et al., 2016). Chan (2013) notes their aligned interests and policy agendas mean they can be viewed as 'sister sectors'. All the policies identified child health and wellbeing as prerequisites for and outcomes of ECE. Within the education department policies, this coherence was mainly vertical (*intra*-sectoral) rather than horizontal (*inter*-sectoral). In contrast, the whole-of-government policies mostly sought to create a more integrated intersectoral response.

Children were viewed as future adults, to be cared for and nurtured. Even under neoliberalism, children cannot easily be deemed responsible for their circumstances, so victim blaming was not an element of these policies. The policies were also uniformly supportive of parents living in disadvantaged circumstances, and the policy responses supported partnerships with parents and families in their parenting roles.

Policy silences

The policy coherence within Australian ECE policy is positive, as is the acknowledgement of education as a social determinant of health and of the impacts of other social determinants. However, the policies lacked strategies to address social determinants, or to engage with other sectors for this purpose. Education is a powerful equalizer, but this power is lost if children return to families experiencing stress, poverty, and inadequate housing. To harness ECE policies' power and increase coherence, all sectors that impact on parents' and families' lives need to address the social determinants of health and health equity, highlighting the importance of intersectoral advocacy and policy dialogue.

Although the public/private divide is a critical element of the ECE system, there was silence in all policies apart from the National Quality Framework on the increasing dominance of the private sector (Adamson and Brennan, 2014). 35% of children in Australia now attend private schools (ABS 2019) which are increasingly establishing early learning centres in competition with preschools and childcare centres. This contributes to increasing socioeconomic inequalities through the social stratification of Australia's school education system (Hetherington 2018).

Responding to these silences creates opportunities for improving policy focus. The nationally consistent approach to ECE arising from COAG suggests potential for shifts from path dependency (Howlett 2009). Similarly, whole-of-government policies that prioritise ECE can change path dependency by creating greater horizontal policy coherence and a stronger authorising environment to support ECE policy action on the social determinants of health.

Conclusion

While Australian ECE policy appears vertically coherent, education department policies focused on the core business of public education sectors and did not generally address the non-education social determinants of health or the structural causes of inequity. The non-education social determinants were often identified in early years-focused whole-of-government policies, possibly because of their broader mandate, and hence greater potential capacity for change. While some ECE policies focused on breaking the cycle of disadvantage, they did not explore potential policy responses to pathways from intergenerational disadvantage to reduce poverty. Policies tended to be future-focused and not respond to the social determinants of health that influence children and their families in the present time. Despite this, Australian ECE policy has achieved a high degree of policy coherence, supported by shared policy ideas and research evidence.

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Competing interests

The authors declare none.

References

- Adamson, E. and Brennan, D. (2014), 'Social investment or private profit? Diverging notions of 'investment' in early childhood education and care', *International Journal of Early Childhood*, 46: 47–61.
- Australian Bureau of Statistics (ABS) (2019), 'Schools, Australia 2019 (cat no 4221.0)', <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4221.0> [accessed 9.09.2020].
- Australian Children's Education and Care Quality Authority (ACECQA) (2018), 'National Quality Standard', <https://www.acecqa.gov.au/nqf/national-quality-standard> [accessed 16.02.2021].
- Australian Institute of Health and Welfare (AIHW) (2020), 'Australia's children, Cat. no. CWS 69', Canberra: AIHW,
- Baker, P., Friel, S., Kay, A., Baum, F., Strazdins, L. and Mackean, T. (2018), 'What enables and constrains the inclusion of the social determinants of health inequities in government policy agendas? A narrative review', *International Journal of Health Policy and Management*, 7: 101–111.
- Bakken, L., Brown, N. and Downing, B. (2017), 'Early childhood education: the long-term benefits', *Journal of Research in Childhood Education*, 31: 255–269.
- Baum, F., Delany-Crowe, T., Fisher, M., MacDougall, C., Harris, P., McDermott, D. and Marinova, D. (2018), 'Qualitative protocol for understanding the contribution of Australian policy in the urban planning, justice, energy and environment sectors to promoting health and health equity', *BMJ Open*, 8: e025358.
- Blair, C. and Raver, C. C. (2016), 'Poverty, stress, and brain development: new directions for prevention and intervention', *Academic Pediatrics*, 16: S30–S36.
- Bowen, G. (2009), 'Document analysis as a qualitative research method', *Qualitative Research Journal*, 9: 27–40.
- Bronfenbrenner, U. (1979), *The ecology of human development: experiments by nature and design*. Cambridge MA, Harvard University Press.
- Cairney, P. (2011), *Understanding public policy: theories and issues*. Basingstoke, Palgrave Macmillan.
- Chan, M. (2013), 'Opening address at the 8th Global Conference on Health Promotion', https://www.who.int/dg/speeches/2013/health_promotion_20130610/en/.
- Cloney, D., Cleveland, G., Hattie, J. and Tayler, C. (2016), 'Variations in the availability and quality of early childhood education and care by socioeconomic status of neighborhoods', *Early Education and Development*, 27: 384–401.
- COAG Education Council (2018), 'Early learning reform principles', <https://www.coag.gov.au/sites/default/files/communique/early-learning-reform-principles.docx> [accessed 16.02.2021].
- COAG Education Council (2019), 'Alice Springs (Mparntwe) Education Declaration', [http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Alice%20Springs%20\(Mparntwe\)%20Education%20Declaration.pdf](http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Alice%20Springs%20(Mparntwe)%20Education%20Declaration.pdf) [accessed 16.02.2021].
- Commission on the Social Determinants of Health (CSDH) (2008), 'Closing the gap in a generation: health equity through action on the social determinants of health - Final report of the Commission on the Social Determinants of Health', Geneva: World Health

- Organization, https://www.who.int/social_determinants/thecommission/finalreport/en/ [accessed 30.06.2020].
- Commonwealth of Australia (2018), 'National partnership on universal access to early childhood education 2018-2020', https://www.federalfinancialrelations.gov.au/content/npa/education/national-partnership/2020_UANP_FINAL_updated.pdf [accessed 16.02.2021].
- Commonwealth of Australia (2020), 'Closing the Gap Report 2020', <https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf> [accessed 01.07.2020].
- Cook, K., Corr, L. and Breitzkreuz, R. (2017), 'The framing of Australian childcare policy problems and their solutions', *Critical Social Policy*, 37: 42–63.
- Corbin, J. and Strauss, A. (2008), *Basics of qualitative research: techniques and procedures for developing grounded theory*. California, Sage Publications.
- Cunha, F., Heckman, J. J., Lochner, L. and Masterov, D. V. (2006), 'Interpreting the evidence on life cycle skill formation'. In Hanushek, E. and Welch, F. (eds), *Handbook of the Economics of Education*: Elsevier. 1: 697–812.
- Daly, M. (2020), 'Children and their rights and entitlements in EU welfare states', *Journal of Social Policy*, 49: 343–360.
- Department of Education Employment and Workplace Relations (DEEWR) (2009), 'Belonging, Being & Becoming: The Early Years Learning Framework for Australia', Canberra: Commonwealth of Australia, https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf [accessed 16.02.2021].
- Fane, J., MacDougall, C., Redmond, G., Jovanovic, J. and Ward, P. (2016), 'Young children's health and wellbeing across the transition to school: A critical interpretive synthesis', *Children Australia*, 41: 126–140.
- Fisher, M., Baum, F. E., MacDougall, C., Newman, L. and McDermott, D. (2016), 'To what extent do Australian health policy documents address social determinants of health and health equity?', *Journal of Social Policy*, 45: 545–564.
- Fogarty, W., Bulloch, H., McDonnell, S. and Davis, M. (2018), 'Deficit discourse and Indigenous health: how narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy', Melbourne: The Lowitja Institute, <https://www.lowitja.org.au/content/Document/Lowitja-Publishing/deficit-discourse.pdf> [accessed 22.07.2020].
- Frith, U. (2013), 'Neuroscience: Implications for education and lifelong learning', *Integrating Science and Practice*, 3: 6–10.
- Government of Western Australia (2019), 'Our priorities: sharing prosperity', https://www.wa.gov.au/sites/default/files/2019-02/Our%20Priorities_brochure_o.pdf
- Graham, H. (2004), 'Tackling inequalities in health in England: remedying health disadvantages, narrowing health gaps or reducing health gradients?', *Journal of Social Policy*, 33: 115–131.
- Grudnoff, M. and Denniss, R. (2020), 'Participating in growth: free childcare and increased participation', Canberra: The Australia Institute, <https://www.tai.org.au/sites/default/files/Female%20participation%20with%20free%20childcare%20%5BWEB%5D.pdf> [accessed 22.07.2020].
- Heckman, J. J. (2000), 'Policies to foster human capital', *Research in Economics*, 54: 3–56.
- Hertzman, C. (2002), 'An early child development strategy for Australia? Lessons from Canada', Brisbane: Queensland Government Commission for Children and Young People.
- Hetherington, D. (2018), 'What price the gap? Education and inequality in Australia', Darlinghurst: Public Education Foundation, https://publiceducationfoundation.org.au/wp-content/uploads/2018/04/Issues-Paper_What-Price-The-Gap.pdf [accessed 19.08.2020].
- Howlett, M. (2009), 'Process sequencing policy dynamics: beyond homeostasis and path dependency', *Journal of Public Policy*, 29: 241–262.
- Howlett, M., Ramesh, M. and Pearl, A. (2009), *Studying public policy: policy cycles and policy subsystems*. Oxford, Oxford University Press.

- Hunkin, E. (2018), 'Whose quality? The (mis)uses of quality reform in early childhood and education policy', *Journal of Education Policy*, 33: 443–456.
- Keating, D. and Hertzman, C. (eds) (1999), *Developmental health and the wealth of nations: social, biological, and educational dynamics*, New York: The Guilford Press.
- Lawless, A., Coveney, J. and MacDougall, C. (2014), 'Infant mental health promotion and the discourse of risk', *Sociology of Health & Illness*, 36: 416–431.
- Logan, H. (2017), 'Tensions in constructions of quality in Australian early childhood education and care policy history', *European Early Childhood Education Research Journal*, 25: 506–518.
- Logan, H., Press, F. and Sumsion, J. (2012), 'The quality imperative: tracing the rise of 'quality' in Australian early childhood education and care policy', *Australasian Journal of Early Childhood*, 37: 4–13.
- Lu, C., Cuartas, J., Fink, G., McCoy, D., Liu, K., Li, Z., Daelmans, B. and Richter, L. (2020), 'Inequalities in early childhood care and development in low/middle-income countries: 2010–2018', *BMJ Global Health*, 5: e002314.
- May, P. J., Sapotichne, J. and Workman, S. (2006), 'Policy coherence and policy domains', *Policy Studies Journal*, 34: 381–403.
- McCain, M. N., Mustard, J. F. and Shanker, S. (2007), 'Early Years Study 2: putting science into action', Ontario: Council for Early Child Development, http://earlylearning.ubc.ca/media/publications/early_years_study_2.pdf [accessed 24.06.2020].
- Molla, T. and Nolan, A. (2019a), 'The problem of inequality in Australia's early childhood education and care sector: a policy frame analysis', *Australian Journal of Education*, 63: 322–339.
- Molla, T. and Nolan, A. (2019b), 'The 'Universal access to early childhood education' agenda in Australia: rationales and instruments', *Educational Research for Policy and Practice*, 18: 1–16.
- Moore, T. G., McDonald, M., Carlon, L. and O'Rourke, K. (2015), 'Early childhood development and the social determinants of health inequities', *Health Promotion International*, 30: ii102–ii115.
- Morabito, C., Vandenbroeck, M. and Roose, R. (2013), "'The Greatest of equalisers': a critical review of international organisations' views on early childhood care and education", *Journal of Social Policy*, 42: 451–467.
- Morsy, L. and Rothstein, R. (2019), 'Toxic stress and children's outcomes: African American children growing up poor are at greater risk of disrupted physiological functioning and depressed academic achievement', Washington, DC: Economic Policy Institute, <https://files.epi.org/pdf/164823.pdf> [accessed 07.07.2020].
- Mustard, J. F. (2007), 'Investing in the early years: closing the gap between what we know and what we do', Adelaide: Adelaide Thinkers in Residence Program, South Australian Government, https://dunstan.org.au/wp-content/uploads/2018/12/TIR_Reports_2007_Mustard.pdf [accessed 19.08.2020].
- NSW Department of Education (2017), 'Regional and remote early childhood education strategy: ensuring every child in regional and remote NSW gets the best start in life 2017–2022', <https://education.nsw.gov.au/content/dam/main-education/early-childhood-education/operating-an-early-childhood-education-service/media/documents/Regional-and-Remote-ECE-Strategy.pdf> [accessed 16.02.2021].
- NT Government (2018a), 'Starting early for a better future - early childhood development in the Northern Territory 2018–2028', https://cmc.nt.gov.au/__data/assets/pdf_file/0004/815386/starting-early-for-a-better-future.pdf [accessed 16.02.2021].
- NT Government (2018b), 'Starting early for a better future: implementation plan 2018–22', https://cmc.nt.gov.au/__data/assets/pdf_file/0005/815387/Starting_Early_for_a_Better_Future_Implementation_Plan.pdf [accessed 16.02.2021].
- OECD (2001), 'Starting strong: early childhood education and care', Paris: OECD, <https://www.oecd-ilibrary.org/docserver/9789264192829-en.pdf?expires=1613447543&id=id&>

- acname=ocid177318a&checksum=6B26A60B373E87DA34DA4E0BECCE7582 [accessed 16.02.2021].
- Pascoe, S. and Brennan, D. (2017), *Lifting our game: Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions*, Melbourne: Victorian Government, <https://nla.gov.au/nla.obj-612290923/view> [accessed 01.07.2020].
- Phillips, C., Fisher, M., Baum, F., MacDougall, C., Newman, L. and McDermott, D. (2016), 'To what extent do Australian child and youth health policies address the social determinants of health and health equity?: a document analysis study', *BMC Public Health*, 16: 512.
- Press, F. and Hayes, A. (2000), 'OECD thematic review of early childhood education and care policy: Australian background report', Canberra: Commonwealth Government of Australia, <https://www.oecd.org/australia/1900259.pdf> [accessed 16.02.2021].
- Queensland Mental Health Commission (2018), 'Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018-2023', https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf
- Raban, B. and Kilderry, A. (2017), 'Early Childhood Education Policies in Australia'. In H. Li, E. Park and J. J. Chen (eds), *Early childhood education policies in Asia Pacific: advances in theory and practice*, Singapore: Springer Singapore: 1–30.
- Scott, W. R. (2013), *Institutions and organizations: ideas, interests, and identities*. Los Angeles, SAGE Publications.
- Segal, L., Doidge, J. and Amos, J. (2011), 'Determining the determinants: is child abuse and neglect the underlying cause of the socio-economic gradient in health?'. In M. Lavery, M and L. Callaghan (eds), *Determining the future: a fair go and health for all*, Ballan, Vic: Connor Court Publishing: 159–176.
- Shonkoff, J. and Phillips, D. (eds) (2000), *From neurons to neighborhoods: the science of early childhood development*, Washington DC: National Academies Press.
- Sims, M. (2017), 'Neoliberalism and early childhood', *Cogent Education*, 4: 1365411.
- State of Queensland (2019a), 'Strategic plan 2019-2023', <https://qed.qld.gov.au/our-publications/strategiesandplans/Documents/strategic-plan-2019-2023-booklet.PDF> [accessed 16.02.2021].
- State of Queensland (2019b), 'Supporting families changing futures 2019-2023', <https://www.cyjma.qld.gov.au/resources/campaign/supporting-families/supporting-families-changing-futures-2019-2023.pdf> [accessed 16.02.2021].
- State of Victoria (2016a), 'Marrung - Aboriginal education plan 2016-2026', https://www.education.vic.gov.au/Documents/about/programs/aboriginal/Marrung_Aboriginal_Education_Plan_2016-2026.pdf [accessed 16.02.2021].
- State of Victoria (2016b), 'Victorian early years learning and development framework - for all children from birth to eight years', https://greatstartelc.com.au/static/veyldf-framework-guide-booklet_08-2018-7c2432d77577c6ed5f1a7dd906465be2.pdf [accessed 16.02.2021].
- State of Victoria (2017), 'Early childhood reform plan: ready for kinder ready for school ready for life', <https://www.education.vic.gov.au/Documents/about/educationstate/ec-reform-plan.pdf> [accessed 16.02.2021].
- Steering Committee for the Review of Government Service Provision (SCRGSP) (2020), 'Report on Government Services 2020', Canberra: Productivity Commission, <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/child-care-education-and-training/early-childhood-education-and-care> [accessed 01.07.2020].
- Sumson, J., Barnes, S., Cheeseman, S., Harrison, L., Kennedy, A. and Stonehouse, A. (2009), 'Insider perspectives on developing Belonging, Being & Becoming: the Early Years Learning Framework for Australia', *Australasian Journal of Early Childhood*, 34: 4–13.
- Taylor, C. (2016), 'Reforming Australian early childhood education and care provision (2009–2015)', *Australasian Journal of Early Childhood*, 41: 27–31.
- Toohar, R., Collins, J., Braunack-Mayer, A., Burgess, T., Skinner, S. R., O'Keefe, M., Watson, M. and Marshall, H. S. (2016), 'Intersectoral collaboration to implement school-based health programmes: Australian perspectives', *Health Promotion International*, 32: 312–321.

- Twardosz, S. (2012), 'Effects of experience on the brain: the role of neuroscience in early development and education', *Early Education and Development*, 23: 96–119.
- United Nations (UN) (1989), 'Convention on the Rights of the Child ', *Treaty Series* 1577 (November): 3.
- West, A., Blome, A. and Lewis, J. (2020), 'What characteristics of funding, provision and regulation are associated with effective social investment in ECEC in England, France and Germany?', *Journal of Social Policy*, 49: 681–704.
- Whitehead, M. (2007), 'A typology of actions to tackle social inequalities in health', *Journal of Epidemiology and Community Health*, 61: 473–478.