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**RACP submission on the draft Thrive by
Five Early Childhood Guarantee Bill 2024**

August 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand

The Royal Australasian College of Physicians (RACP) warmly welcomes the opportunity to provide feedback on the draft Thrive by Five Early Childhood Guarantee Bill 2024. It appreciates the input from members of the RACP Paediatrics and Child Health Division, the RACP Chapter of Community Child Health, the Australian Paediatric Society and the Australasian Society of Developmental Paediatricians into this submission.

There is substantial evidence that investment in the early years of children's health, development and wellbeing is the most cost-effective means of tackling long-term health conditions and health inequity. Investing in the early years of a child's life offers the opportunity to shift the trajectory of their health and wellbeing over the course of their life and disrupt intergenerational cycles of disadvantage.¹

The RACP highlights the importance of investing in prevention and early intervention programs that are delivered in a coordinated, family-centred manner that reflects a life-course approach to strengthening health and wellbeing outcomes.

The RACP Paediatrics and Child Health Division has developed several relevant and important position statements that we encourage review of:

- [Early Childhood: The Importance of the Early Years](#)
- [Inequities in Child Health](#)
- [Indigenous Child Health in Australia and Aotearoa New Zealand](#).

Comments on the draft Thrive by Five Early Childhood Guarantee Bill 2024

The RACP supports the principles and intent of the draft Thrive by Five Early Childhood Guarantee Bill 2024 and its aim to create a universally accessible early childhood development system for all Australian children. An early childhood development system that encapsulates high-quality essential services, such as antenatal care, targeted nurse home visiting and parenting programmes, as well as early childhood education and care (ECEC), is critical to improving the health and wellbeing of all children and their families.

Thrive by Five Principles

The provisions of the draft Bill (Schedule 1) highlights three key early childhood services and family benefits to be made available to all Australian children and families.

1. Access to 52 weeks of shared parental leave

Our RACP members support extending paid parental leave (PPL) policy to facilitate caregiver–infant attachment and continued breastfeeding in working mothers.¹ The Australasian Society of Developmental Paediatricians suggests that supporting parents to be at home with children is an optimal arrangement. There is a growing body of evidence, in Australia and internationally, which affirms the benefits of extended PPL for women, children, families and workplaces. Several studies have found positive associations between PPL and better maternal and child health, with outcomes including higher rates of breastfeeding and use of preventative health care,² and lower rates of maternal depression,³ infant mortality⁴ and low birth-weight babies.⁵

Extended shared PPL allows for more equal division of carer responsibilities that traditionally have fallen more heavily on mothers. A 2023 study⁶ focused on the parents' experience with Australia's PPL scheme indicated that fathers wanted greater opportunity to support to their partners and have a greater role in caring for their child in their first year of life. While extended shared PPL would support

¹ [RACP Early Childhood: The Importance of the Early Years position statement](#)

² Berger L, Hill J, Waldfogel J (2005). Maternity leave, early maternal employment and child health and development in the US. *Econ. J.* 115:F29–F47.

³ Chatterji P, Markowitz S (2005). Does the length of maternity leave affect maternal health? *Southern Economic Journal* 72:16–41

⁴ Ruhm CJ (2000). Parental Leave and Child Health. *Journal of Health Economics* 19(6):931–960

⁵ Tanaka S (2005). Parental leave and child health across OECD countries. *The Economic Journal* 115(501):F7–F28.

⁶ [Paid parental leave for future families: The voices of Australian parents \(pmc.gov.au\)](#)

fathers to achieve this, further action is required to address the barriers that can deter uptake, such as income, organisational stigma and traditional gender norms.⁷

2. Access to quality ECEC

As outlined in our [Kids Catch Up Campaign](#), the RACP supports a flexible, high-quality, accessible and affordable ECEC system, that suit families and workplaces, and are available across all of Australia. ECEC is a major determinant of a child's future wellbeing and success. Participation in quality services affords them with developmental, social and educational benefits that form the foundation of long and fulfilling lives.⁸ Lack of access precludes too many families from adequate ECEC, which often perpetuates social disadvantage.⁸

Affordability is a significant barrier to ECEC access that disproportionately impacts Australia's most vulnerable children. The mixed market model of the ECEC sector is dominated by private for-profit services (52%).⁹ While the child care subsidy is intended to reduce the cost of ECEC for families, the activity test restricts access to subsidised hours for families that face existing disadvantages.⁹ Implementing a fixed-fee of \$10 a day for all children, as specified in the draft Bill, could ensure that all children are given the opportunity to reach their full potential.

The National Quality Standard (NQS) sets the benchmark for ECEC services. Research indicates that children attending ECEC services assessed as exceeding all NQS areas,¹⁰ are consistently less likely to be developmentally vulnerable. With only 18.4% of all Australian ECEC services currently meeting this high benchmark,¹¹ the benefits of attending these high-quality ECEC services is out of reach for Australia's most vulnerable children.¹²

The current mixed market model of ECEC combined with the availability of quality ECEC perpetuates the cycle of disadvantage experienced by many children and their families. In 2021, 22% of all Australian children were assessed as developmentally vulnerable in their first year of school, including:¹³

- 42.3% of all First Nations children compared to 20.6% of all non-Indigenous children.
- 33% of all children from the lowest socioeconomic areas, compared to 15% of all children from the highest.

With government investment for ECEC in Australia approaching \$15 billion annually,¹⁴ it is essential that policies consider the immediate benefits of accessible ECEC, such as workforce participation and gender equity,¹⁵ in balance with the long-term benefits that high-quality, accessible and affordable ECEC has on a child's life trajectory.

3. Access to a minimum of maternal and child health checks

The RACP supports access to maternal and child health checks.¹⁶ Our RACP members believe early intervention is one of the most effective ways to improve long-term health and development outcomes for all children and recognise the role of child health and development checks in achieving this.¹⁶

Infant mental health has a critical dependency on parental mental health and emotional wellbeing.¹⁶ Mental health conditions during the perinatal period are common, affecting an estimated 1 in 5 new mothers and 1 in 10 new fathers.¹⁷ It is essential that families have access to healthcare services that offer opportunities to identify families at risk and offer timely support. The implications of failure to

⁷ [Insight paper designing and supporting gender equitable parental leave.pdf \(wgea.gov.au\)](#)

⁸ [RACP submission to the Productivity Commission: Early Childhood Education and Care Inquiry](#)

⁹ [Draft report - A path to universal early childhood education and care \(pc.gov.au\)](#)

¹⁰ [National Quality Standard | ACECQA](#)

¹¹ [AERO Research summary – Linking quality and child development in early childhood education and care \(edresearch.edu.au\)](#)

¹² Tang et al. (2024). Access to high-quality early care and education: Analysis of Australia's national integrated data. *Early Childhood Research Quarterly*. 67: 352-362. <https://doi.org/10.1016/j.ecresq.2024.02.001>

¹³ [2021 Australian Early Development Census National Report](#)

¹⁴ [3 Early childhood education and care - Report on Government Services 2024 - Productivity Commission \(pc.gov.au\)](#)

¹⁵ OECD. (2018). How does access to early childhood services affect the participation of women in the labour market? [232211ca-en.pdf \(oecd-ilibrary.org\)](#)

¹⁶ [RACP submission: NSW Inquiry into improving access to early childhood health and development checks](#)

¹⁷ [The cost of perinatal depression and anxiety in Australia - Perinatal Wellbeing Centre - Mental Health \(pc.gov.au\)](#)

prevent, identify and treat parental mental health problems are felt not only in the current family but are also intergenerational.¹

Ensuring access to health and development checks is a fundamental step in preventive health care. Our RACP members recognise the challenges of healthcare service delivery in rural and remote areas. It is important to address and prioritise the importance of access to health care in regional areas to promote true health equity. The RACP also recognises the importance of culturally appropriate healthcare services to address barriers that contribute to the continuing gap in health and wellbeing outcomes between the Aboriginal and Torres Strait Islander populations and non-Indigenous population groups.¹⁸

Establishment of national commission for early childhood development

The RACP supports the establishment of an Australian Early Childhood Development Commission to coordinate a nationally consistent approach to early childhood development. Our RACP members have described the challenges of navigating various initiatives aimed at supporting the early years that act in silo.¹⁶ There is a need to improve coordination and collaboration in the development of child-related policies, complemented by a robust system that facilitates access to support and services for children and families who need it, when they need it, where they need it.

As outlined in the [Kids Catch Up campaign](#), the RACP calls for the [appointment of a National Chief Paediatrician](#) to work with children, young people, families and carers to provide strong clinical leadership and advocacy for their health and wellbeing. While the composition of the proposed national commission membership (Part 4) includes State and Territory representation and a member to represent the interest of persons with disability, it is essential that there is a representative, such as a National Chief Paediatrician, to be an important clinical voice for the health and wellbeing of children.

Closing remarks

As outlined in our [Early Childhood position statement](#), the RACP believes that a comprehensive, coordinated and long-term strategic approach to identifying and addressing disadvantage and vulnerability in children should be considered by all tiers of government to ensure that every child receives the best possible start in life.

We look forward to the introduction of the draft Bill to the Federal Parliament in due course. Should you require further information on the contents of this submission, please contact the RACP Policy and Advocacy Team via policy@racp.edu.au.

¹⁸ [RACP Aboriginal and Torres Strait Islander Health position statement](#)