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While the resources are available freely for these purposes, to realise the full potential of KidsMatter Early Childhood, it is recommended that the resources be used with the appropriate training and support under the KidsMatter Initiative.
The importance of children’s mental health and wellbeing

Being mentally healthy is vital for learning and for leading a happy and rewarding life. As with physical health, mental health changes over time and impacts significantly on quality of life. Mental health and wellbeing is as integral to development as physical health. Early childhood mental health is about young children’s social, emotional and behavioural wellbeing. This includes children’s developing capacity to experience, regulate and express emotion; to form close, secure, satisfying relationships; and to explore and discover the environment and the world around them. Young children learn the skills for sustaining mental health through positive and responsive interactions with significant people.

Research has demonstrated that mental health problems exist and can be identified in early childhood. Certain risk factors, present before six months of age, have been found to predict increasing levels of depressive and anxious symptoms in children in the first five years of life. In a recent Australian study, it was reported that between 4 and 14 per cent of children aged from one-and-a-half to three years had externalising problems such as aggression and other acting out behaviours, or internalising problems such as anxiety and being withdrawn or depressed. Similar rates have been reported worldwide for infants and preschoolers. The prevalence of mental health difficulties in early childhood is similar to that reported for later childhood. Further, children’s mental health difficulties are generally associated with a range of poor immediate and future outcomes, including lower school performance.

Evidence suggests that half of all mental health problems begin during childhood.
before the age of 14 years\textsuperscript{9} and that many of these presentations are relatively stable and resistant to change in the long term. Given the reported statistics for mental health problems in young children and the rapid rate of brain development in the first five years of life, it is crucial to act early to enable healthy development and intervene before behaviours become entrenched. Investing in early childhood programs can have a lasting impact for children, families and the broader community, resulting in potential long-term economic and social benefits for society as a whole.

However, research indicates that only one-third to one-half of children who require professional assistance for mental health difficulties actually access the mental health system and get the help they need\textsuperscript{10}. It has been suggested that the existing lack of general knowledge regarding early childhood mental health difficulties, coupled with the belief that difficulties will improve without professional assistance, may explain the low rate of families needing but not seeking help. This highlights the need for a broad-based public education program to promote early childhood mental health. Providing information about early childhood mental health, including how to access available help, to relevant key adults can increase the early identification of children’s difficulties and ensure assistance and support is provided for children and families when needed.

The diversity of risk factors and the nature of early childhood settings require multi-tiered strategies for improving children’s mental health. This includes universal promotion and prevention programs used to promote wellbeing prior to difficulties or when few problem behaviours are observable, in conjunction with intervention programs for those who already have symptoms of mental health difficulties. These strategies have demonstrated short- and long-term effectiveness in early childhood\textsuperscript{11}.

**Australia’s National Mental Health Plan\textsuperscript{12}** promotes a population health framework that seeks to address a range of biological, social, psychological, environmental and economic determinants of mental health. It emphasises the need for cross-sectoral linkages that can support a holistic response to mental health difficulties and identifies prevention and early intervention as one of its five priority areas.

A call for action to address children’s mental health issues has been growing in Australia (and internationally) in response to population trends that indicate troubling rates of children’s susceptibility to mental health difficulties. Given these figures and a low level of access to mental health treatments and interventions, there is a need for population-based early childhood mental health models. KidsMatter Early Childhood aims to provide an effective platform for supporting children, families and early education and care (ECEC) services in strengthening children’s mental health and wellbeing.

### Mental Health and Learning

The early childhood period is characterised by the development of the social, emotional and cognitive capacities that lay the foundations for mental health and wellbeing. Social, emotional and cognitive skills play an important role in children’s ability to make successful life transitions, learn and make progress at school. Children starting school without key social and emotional skills can encounter difficulties that go beyond the immediate or more obvious consequences. These include a disproportionate use of teacher time being dedicated to managing children’s behaviour, less positive feedback from the teacher, peer rejection, disengagement with school and learning, and associated poorer long-term outcomes\textsuperscript{13}. The development of fundamental cognitive skills in this early childhood period also plays a critical role in children’s academic progress and positive adjustment to school. The demands of formal schooling may exacerbate mental health difficulties, resulting in poorer academic outcomes. Mental health difficulties are less likely to escalate if there is intervention prior to the commencement of formal schooling, such as in an ECEC setting. Early intervention also reduces the potential for later labelling and stigmatisation\textsuperscript{8}.

ECEC services are well placed to promote the development of children’s mental health. Evidence indicates that ECEC services providing high-quality care characterised by warm, responsive interactions between educators and children\textsuperscript{14} impact positively on
overall development. Moreover, the impact of high-quality care is long-term, with early primary school children who received high-quality care in early childhood being identified as more independent and having less anti-social and anxious behaviour. Research also indicates positive effects in areas such as self-esteem and motivation, as well as future goals and aspirations. Thus, improved mental health has associated positive benefits for children’s overall development, including improved learning outcomes.

The role of early childhood education and care services in improving children’s mental health and wellbeing

Education settings, such as ECEC services and schools, in collaboration with families and the community, are currently one of the best places to comprehensively support children’s mental health and wellbeing for the following reasons:

- Australian children are attending formal care in increasing proportions, for longer periods of time; these ECEC services are well placed to implement an early childhood mental health initiative.

- Through positive experiences in primary relationships with responsive, warm and trusted adults, children develop their sense of self, confidence and worth; they learn how to experience and express a range of emotions; they develop a sense of empathy; and learn to cope with challenges and develop their social skills.

- Positive relationships with others are also essential for the optimal development of brain structures and functions that support children’s social and emotional skills and assist the development of children’s intrinsic motivation, sense of self, social and emotional skills.

- Early childhood is an important developmental period during which young children learn social and emotional skills. These skills support virtually every other aspect of a child’s development, including learning, school readiness, and cognitive and language development.

- Early childhood services can assist young children and their families to access support services in a timely manner. Early recognition and intervention for children showing signs of mental health difficulties during this critical period can help to prevent difficulties worsening or interfering with children’s developmental progress, as well as to address stress and distress that is already present.

*In 2011 it was reported that 26.1% of all Australian children aged between birth and 12 years attended some form of formal care in the quarter up to and including June of that year. Of those children attending formal care, 60.7% attended long-day care, 29.9% attended outside-school-hours care, 11.7% attended family day care and in-home care, and 0.8% attended occasional care. It was also reported that Australian children spent an average of 22.0 hours per week attending formal care. Other reports specifically relating to the early childhood period have indicated that 45% of all Australian three- and four-year-olds attend some type of formal care and 87% of four-year-olds attend preschool.*
KidsMatter Early Childhood is a national mental health promotion, prevention and early intervention initiative specifically developed for early childhood education and care (ECEC) services. It has been developed through collaboration with the Australian Government Department of Health and Ageing, beyondblue, the Australian Psychological Society and Early Childhood Australia.

It involves the people who have significant influence in making a positive difference for young children’s mental health during this important developmental period—parents, carers, families and early childhood professionals—along with a range of community and health professionals.

The KidsMatter journey began in 2006 when the initiative for primary schools, now called KidsMatter Primary, was piloted throughout Australia. The evaluation of KidsMatter Primary demonstrated a positive impact on students, schools, staff, and parents and carers. In particular, KidsMatter Primary was associated with improved mental health and wellbeing and reduced mental health difficulties for students.

Due to the positive results from the original trial, a similar initiative for the early childhood education and care sector was planned leading to the KidsMatter Early Childhood pilot in 2010 and 2011.

KidsMatter Early Childhood builds on the success of KidsMatter Primary, which continues to support children’s mental health and wellbeing throughout primary school and emphasises a shared responsibility between families, schools and broader community networks for children’s wellbeing. Like KidsMatter Early Childhood, KidsMatter Primary provides a flexible, whole-school approach to support children’s mental health and wellbeing. (Further information about KidsMatter Primary can be found at www.kidsmatter.edu.au).
The KidsMatter Early Childhood initiative provides a continuous improvement framework to enable early childhood education and care services to plan and implement evidence-based mental health promotion, prevention and early intervention strategies that aim to:

- improve the mental health and wellbeing of children from birth to school age
- reduce mental health difficulties among children
- achieve greater support for children experiencing mental health difficulties and their families.

KidsMatter Early Childhood acknowledges the critical role that ECEC services have in enhancing factors that promote children’s mental health and wellbeing. It seeks to further develop ECEC services’ capacity to foster children’s mental health and wellbeing and to recognise and respond effectively to early signs of children’s mental health difficulties. The initiative also emphasises shared community responsibility for children’s wellbeing and aims to promote partnerships with families, early childhood professionals, and a range of community services and agencies to improve children’s mental health.

KidsMatter Early Childhood is based on a positive psychology philosophy, which moves away from the traditional deficit model of mental health to a framework that emphasises strengths and prevention of problems. It uses a ‘risk and protective factor’ model to focus on areas where ECEC services can strengthen protective factors for improving children’s mental health and minimise the effects of any risk factors.

Effective implementation of KidsMatter Early Childhood requires a shared vision and coordinated approach by service directors, management, educators, staff and families. A key element to success is a designated Leadership Team, consisting of people within the service committed to driving the initiative. The Leadership Team are responsible for leading the KidsMatter Early Childhood approach, reflective practice and collaboration with all stakeholders (e.g., directors, educators, staff and families) to develop and implement KidsMatter Early Childhood goals and strategies. There are a range of resources available to support the Leadership Teams in achieving their KidsMatter Early Childhood goals for their service.

ECEC services implementing the KidsMatter Early Childhood initiative are provided with:

- a guiding Framework
- supporting resources providing detailed information on each Component of the initiative and information on a range of mental health topics for families and early childhood educators
- a range of resources to support the Leadership Team through the implementation process
- professional learning for early childhood educators.

The implementation tools and resources provided support services in assessing their strengths and focusing on areas for development in each of the four Components of KidsMatter Early Childhood. This enables services to develop their capacity for promoting the mental health and wellbeing of children accessing the service and to respond effectively to the mental health needs of children in their care.
In 2009 the Council of Australian Governments (COAG) endorsed Australia’s first national strategy for early childhood development. The vision is that by 2020 all children will have ‘... the best start in life to create a better future for themselves and for the nation’ (COAG Early Childhood Development Steering Committee, 2009, p. 2).

The National Quality Framework (NQF) was endorsed as the key mechanism to achieve this vision. It includes the National Quality Standard (NQS) which is supported by the Early Years Learning Framework (EYLF).

The National Quality Standard is divided into seven Quality Areas that ECEC services are assessed against by their state or territory Regulatory Authority. The National Quality Standard is linked to the Early Years Learning Framework, which identifies five Learning Outcomes to guide educators when planning for and with children. The KidsMatter Early Childhood Framework and its four Components supports ECEC services to meet the requirements of the National Quality Standard. Concepts, processes and learning from KidsMatter Early Childhood can directly assist educators to meet the National Quality Standard while enhancing the mental health and wellbeing of children. As further KidsMatter Early Childhood resources are developed, references and links to the National Quality Standard will be incorporated to support documentation for services implementing KidsMatter Early Childhood.
How KidsMatter seeks to improve children’s mental health

Risk and protective factors

Positive psychology emphasises factors that enable individuals to achieve good mental health and flourish as they move through life. The concepts of positive psychology are evident in KidsMatter Early Childhood’s focus on enhancing factors that strengthen children’s resilience, making it less likely that they will develop mental health difficulties. These factors are known as protective factors. Risk factors are those that increase the chances of children experiencing poor mental health. KidsMatter Early Childhood aims to reduce the impact of these risk factors.

Risk and protective factors can be identified in relation to an individual’s skills, needs and temperament, familial circumstances and relationships, ECEC settings, specific life events and the social environment. It should be noted that the presence of risk factors does not mean a child will experience mental health difficulties. However, when multiple risk factors are present this likelihood is significantly increased.

The KidsMatter Early Childhood Framework is consistent with good practice as considered in the prevention literature, which indicates that effective mental health programs focus on risk and protective factors for mental health difficulties. It has been suggested that as disadvantage and stressful life events increase, more protective factors are required to compensate. Therefore, KidsMatter Early Childhood concentrates on
strengthening selected protective factors within ECEC settings that support children’s mental health. ECEC settings, through their ongoing contact with children and families, are well placed to address the protective factors outlined below. This in turn promotes resilience and helps to reduce the impact of risk factors and stressful life events on children.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td><strong>FAMILY</strong></td>
</tr>
<tr>
<td>Children’s abilities and needs</td>
<td></td>
</tr>
<tr>
<td>Difficult temperament</td>
<td>Harsh or inconsistent parenting style</td>
</tr>
<tr>
<td>Low IQ</td>
<td>Family disharmony, instability or break-up</td>
</tr>
<tr>
<td>Poor social and emotional skills</td>
<td>Low parental involvement</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>Family substance abuse</td>
</tr>
<tr>
<td>Pessimistic thinking styles</td>
<td>Family mental illness</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>Disability of parent or sibling</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td><strong>LIFE EVENTS/SITUATIONS</strong></td>
<td><strong>COMMUNITY</strong></td>
</tr>
<tr>
<td>Opportunities and stressors</td>
<td>Access, inclusion and social cohesion</td>
</tr>
<tr>
<td>Physical, sexual or emotional abuse</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Emotional trauma</td>
<td>Isolation</td>
</tr>
<tr>
<td>Death of family member</td>
<td>Lack of access to support services</td>
</tr>
<tr>
<td>Socioeconomic disadvantage</td>
<td></td>
</tr>
<tr>
<td><strong>EARLY CHILDHOOD SETTINGS</strong></td>
<td><strong>COMMUNITY</strong></td>
</tr>
<tr>
<td>Relationships, practices and environment</td>
<td>Access, inclusion and social cohesion</td>
</tr>
<tr>
<td>Negative, unwelcoming service environment</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Lack of warm, responsive and trusting relationships</td>
<td>Isolation</td>
</tr>
<tr>
<td>Available experiences and routines mismatched with children’s developmental levels</td>
<td>Lack of access to support services</td>
</tr>
<tr>
<td>Children’s individual characteristics not considered</td>
<td></td>
</tr>
</tbody>
</table>

(Adapted from Commonwealth Department of Health and Aged Care, 200026 and Spence, 199627)
The socio-ecological model

The socio-ecological model of human development\(^2\) as shown in the diagram on the right, recognises that there are multiple influences on a child’s mental health and wellbeing. The child is at the centre of this model, and development occurs within the context of relationships with family, community and ECEC settings. Children are further influenced by the wider social, economic, cultural, workplace and political forces in which their families, communities and ECEC services exist.

The family is the main context for children’s development, as it provides the most powerful and enduring influences on short- and long-term health and social adjustment. ECEC services and schools are an additional, critically important influence on children’s learning, socialisation and employment outcomes.

Children are exposed to both nurturing and stressful experiences in the world around them. Such experiences can have differential effects on individuals and the environments in which they live.

Children’s mental health is at the centre of the KidsMatter Early Childhood initiative. The initiative promotes children’s mental health by addressing protective factors at different levels within the child’s developmental context, across the four KidsMatter Early Childhood Components.

The KidsMatter Early Childhood Framework specifically recognises the key influence parents, carers and early childhood educators have on children’s mental health during this important developmental stage\(^2\). Research indicates that positive relationships promote the mental health and wellbeing of young children\(^2\),\(^3\). The integral role of positive relationships is emphasised within each of the four KidsMatter Components.

KidsMatter model for mental health promotion, prevention and early intervention in Early Childhood Education and Care services

A systematic, population-based mental health approach has the potential to improve the mental health of children by working closely with a range of people who play a significant role in their lives. This approach includes mental health promotion, prevention and early intervention\(^4\).

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Mental health promotion is any action taken to maximise health and wellbeing among populations and individuals.

Prevention of mental health difficulties refers to interventions that occur before the initial onset of a disorder to prevent its development.

Early intervention comprises interventions that are appropriate for and specifically target people displaying the early signs and symptoms of a mental health problem or mental disorder.

Adapted from Raphael, B. (2000)\(^2\).
KidsMatter Early Childhood aims to provide a continuous service development framework to promote protective factors, provide extra support where required and facilitate early referral to external agencies when appropriate.

1. improved knowledge that influences planning and daily practice of educators to enhance mental health and resilience for all children
2. assisting educators to recognise when children may be at risk of experiencing mental health difficulties
3. greater understanding of the pathways to access professional intervention for children who show early signs of mental health difficulties before they become entrenched.

Guiding Principles

The Guiding Principles explain the beliefs and assumptions that underpin the KidsMatter Early Childhood initiative. These principles are designed to assist early childhood education and care services focus on the importance of children’s mental health, to reflect on their service and orientate them throughout the implementation process.

- The early years are critical to development and wellbeing throughout life.
- Children develop mental health within sensitive, nurturing and responsive relationships.
- Reflective practice supports educators to understand and respond to children’s emotional needs.
- Families are recognised as the most important people in children’s lives.
- Play is essential to help optimise children’s wellbeing, development and learning.
- Parenting and child development occurs within a diverse range of family systems, values and beliefs.
The four Components of KidsMatter Early Childhood

KidsMatter Early Childhood is divided into four Components to ensure that the efforts ECEC services put into this initiative are focused across all relevant contexts and involve all the significant people influencing children’s mental health. Each Component concentrates on identified Target Areas that help ECEC services promote children’s mental health and wellbeing.

The four Components of KidsMatter Early Childhood are:

- **Component 1**: Creating a sense of community
- **Component 2**: Developing children’s social and emotional skills
- **Component 3**: Working with parents and carers
- **Component 4**: Helping children experiencing mental health difficulties
Component 1: Creating a sense of community

Component 1 focuses on ECEC services building a sense of community which promotes feelings of belonging and connectedness for all children, families and early childhood educators. This has been shown to have a positive effect on children’s mental health. It emphasises the importance of inclusion, positive relationships and collaboration which contribute to building a sense of community for all involved in the ECEC service.

Research indicates that a child’s sense of belonging is a key protective factor that promotes wellbeing, as well as learning outcomes. Children who have a sense of belonging and connectedness have been found to feel happier and safer, and are more able to cope with the ups and downs of life than children whose sense of belonging and connectedness is low.

Early childhood education and care services that are welcoming and inclusive for all children and families, regardless of any differences or diversity, can create a sense of connectedness and encourage participation by families, carers, and the community. Ensuring that policies and practices are inclusive and that communications and activities are accessible to all families within the ECEC service can enhance a sense of community, which strengthens protective factors for positive mental health.

When children and adults (families and educators) experience strong, respectful, positive relationships, they are more likely to feel they belong, are included and know that any contribution they make will be respected and valued. Component 1 leads educators to reflect on the importance of strong, positive relationships and collaboration with all involved in the ECEC service. An ECEC environment that is based on warmth, safety, security and positive relationships with adults is a protective factor for children’s mental health.
Component 1 comprises two Target Areas that help ECEC services to concentrate their efforts on what has been found to be most helpful for children’s mental health.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
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<tbody>
<tr>
<td>TARGET AREA 1</td>
<td>Educators understand the importance of mental health and wellbeing, its impact on learning and development, and the significant contribution ECEC services can make to improving children’s mental health.</td>
</tr>
<tr>
<td>TARGET AREA 1</td>
<td>Educators have an understanding of their ECEC service community.</td>
</tr>
<tr>
<td>TARGET AREA 2</td>
<td>Secure, responsive and respectful relationships are encouraged between all within the ECEC service.</td>
</tr>
<tr>
<td>TARGET AREA 2</td>
<td>Belonging and inclusion is addressed at a service level to ensure children, families and educators feel valued.</td>
</tr>
<tr>
<td>TARGET AREA 2</td>
<td>The service environment and communication reflects the diversity within the ECEC service.</td>
</tr>
<tr>
<td>TARGET AREA 2</td>
<td>Children, parents and carers and educators work together and have opportunities to be involved in planning, decision-making and contributing to a range of experiences in the ECEC service.</td>
</tr>
</tbody>
</table>

Some examples of links between Component 1 and the NQS Quality Areas:

- 1.1.2 Each child’s current knowledge, ideas, culture, abilities and interests are the foundation of the program.
- 3.1.3 Facilities are designed or adapted to ensure access and participation by every child in the service and to allow flexible use, and interaction between indoor and outdoor space.
- 5.1.3 Each child is supported to feel secure, confident and included.
- 6.1 Respectful and supportive relationships with families are developed and maintained.

Component 1 relates specifically to four Quality Areas of the National Quality Standard: Education program and practice, Relationships with children, Collaborative partnerships with families and communities, and Physical environment. Each individual child’s knowledge, ideas, culture, abilities and interests provides the foundation of their experiences within the service environment. Responsive and respectful relationships between educators and children support children in feeling secure and confident, creating a sense of belonging and feeling included within the service community. When respectful and supportive relationships are also developed and maintained between families and educators, the sense of community and belonging at a service is enhanced even further. Finally, by considering aspects of the physical environment, opportunities for participation and access are created for all children at the ECEC service.
Component 2: Developing children’s social and emotional skills

Social and emotional development involves developing the ability to recognise and manage emotions, show care and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively. Research has shown that the development of social and emotional skills plays a critical role in influencing and enhancing children’s quality of life effectiveness and lifelong learning. This includes academic learning, moral development, and motivation to cooperate and achieve.29, 30, 31.

Children within the normal range for social and emotional development find it easier to experience, manage and express a wide range of emotions, develop close, satisfying relationships with other children and adults, resolve conflict, and feel positive about themselves and the world around them.6, 31, 32, 33. They also have a significantly greater chance of succeeding across all domains, compared with children who experience emotional difficulties.31, 32.

The time from conception to five years is considered the most fundamental and progressive period of growth for children’s social and emotional development.32 In accordance with current developmental theory, KidsMatter Early Childhood recognises that children’s social and emotional development is firmly embedded within their close relationships with significant caregivers, including their families and early childhood educators.

Component 2 focuses on enabling educators to support children’s social and emotional development during this foundational developmental period. This includes developing educators’ knowledge and skills; facilitating close, continuous educator relationships with children; and providing plenty of developmentally relevant opportunities for learning social and emotional skills throughout the children’s everyday experiences within the ECEC service.
Component 2 comprises three Target Areas that help ECEC services to concentrate their efforts on what has been found to be most helpful for children’s mental health.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
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<tbody>
<tr>
<td><strong>TARGET AREA 1</strong></td>
<td></td>
</tr>
<tr>
<td>Relationships between children and educators</td>
<td>- Warm, responsive and trusting relationships between children and educators provide a foundation that allows children to learn and develop social and emotional skills.</td>
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<td></td>
<td>- ECEC service policies and practices are in place so that the opportunities for children and educators to form these relationships are maximised.</td>
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<td></td>
<td>- Educators are able to help children deal effectively with a variety of feelings and behaviours.</td>
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<tr>
<td><strong>TARGET AREA 2</strong></td>
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<tr>
<td>Children’s social and emotional skill development</td>
<td>- Educators have an understanding of the core social and emotional skills that are developing from birth to five years.</td>
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<tr>
<td></td>
<td>- Social and emotional learning is systematically considered in all experiences provided for children.</td>
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<td></td>
<td>- The ECEC service creates opportunities for children to develop and practise social and emotional skills in their daily interactions with educators and peers.</td>
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<td></td>
<td>- Educators intentionally teach core social and emotional skills.</td>
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<td></td>
<td>- Educators make the most of spontaneous interactions that arise in children’s everyday experiences, using these as opportunities for skill development and practise.</td>
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<td></td>
<td>- ECEC services provide information to families about the service’s social and emotional curriculum and work collaboratively with families to assist children’s development of social and emotional skills.</td>
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<tr>
<td><strong>TARGET AREA 3</strong></td>
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<tr>
<td>Educators’ development and support</td>
<td>- Educators’ knowledge, skills and capacity to foster children’s developing social and emotional skills are enhanced at the ECEC service.</td>
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<td></td>
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<tr>
<td></td>
<td>- The ECEC service has a systematic approach to educators’ development and support.</td>
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<tr>
<td></td>
<td>- Educators share knowledge and develop their skills through mentoring, professional conversations and reflective practice.</td>
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Some examples of links between Component 2 and the NQS Quality Areas:

- 1.1.1 Curriculum decision making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.

- 3.2 The environment is inclusive, promotes competence, independent exploration and learning through play.

- 4.2 Educators, coordinators and educators members are respectful and ethical.

- 5.2.2 Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

Component 2 of the KidsMatter Early Childhood initiative relates to four Quality Areas of the National Quality Standard: Educational program and practice, Physical environment, Staffing arrangements and Relationships with children. When educators have an understanding of children’s social and emotional development, they are able to scaffold experiences to assist children to become confident learners. Play provides an opportunity for children to experience, express, regulate and learn about their emotions in genuine, meaningful ways. When service policies and practices reflect and model respectful relationships, the social and emotional wellbeing of the whole service community (e.g., children, families, educators, staff and service directors) is supported. Finally, educators are able to use intentional teaching to support the development of children’s social and emotional skills through their relationships and experiences.
Component 3: Working with parents and carers

The family is central to children’s mental health\(^3\). Researchers have identified a range of family-related risk and protective factors that influence children’s mental health\(^2\). By working together with parents and carers, ECEC services can make a substantial difference to the mental health of children. Parents and carers will be much more likely to access available support and education if they have mutual and collaborative relationships with educators at the service. Component 3 focuses on developing effective relationships between families and educators; supporting parents and carers through the provision of information and education; and enabling the development of support networks with other families.

ECEC services, through their regular contact with families, provide an ideal access point for families to learn more about parenting, child development and children’s mental health. By engaging with parents and carers, ECEC services and families can share important information about the child’s life, experiences, preferences, and activities.

Parenting support and education is crucial to the success of mental health programs for children. Information about parenting, child development and children’s mental health will be made available to families and educators through KidsMatter Early Childhood. A collaborative approach, where parents, carers and ECEC services work together to promote social and emotional development, is more likely to yield substantial and sustained improvements for children\(^3\), \(^5\), \(^6\).
Component 3 comprises three Target Areas that help ECEC services to concentrate their efforts on what has been found to be most helpful for children’s mental health.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TARGET AREA 1</strong></td>
<td>There is a culture of partnership between educators and parents and carers.</td>
</tr>
<tr>
<td>Collaborative partnerships with families</td>
<td>- Educators develop their skills, confidence and commitment to building partnerships with parents and carers.</td>
</tr>
<tr>
<td></td>
<td>- The ECEC service invites partnership with parents and carers, giving consideration to the diversity and culture of the families in their service.</td>
</tr>
<tr>
<td><strong>TARGET AREA 2</strong></td>
<td>Educators actively encourage families to become involved in the ECEC service and address barriers to involvement.</td>
</tr>
<tr>
<td>Connecting families</td>
<td>- The ECEC service provides opportunities for families to meet each other and develop support networks.</td>
</tr>
<tr>
<td><strong>TARGET AREA 3</strong></td>
<td>Educators further develop their knowledge about child development and learning and parenting practices (in the context of families’ cultural backgrounds) and further develop the skills and confidence to share this knowledge appropriately with parents and carers.</td>
</tr>
<tr>
<td>Support for parenting</td>
<td>- ECEC services work with and support parents and carers, where appropriate, to access high-quality resources that support parenting (e.g., information about child development and learning, parenting practices, professional and community services).</td>
</tr>
<tr>
<td></td>
<td>- ECEC service policies and practices are in place to support educators and families in working together to facilitate families’ access to parenting resources.</td>
</tr>
</tbody>
</table>

Some examples of links between Component 3 and the NQS Quality Areas:

- 1.1.4 The documentation about each child’s program and progress is available to families.
- 6.1 Respectful, supportive relationships with families are developed and maintained.
- 6.2 Families are supported in their parenting role and their values and beliefs about child rearing are respected.

Component 3 of the KidsMatter Early Childhood initiative relates specifically to two Quality Areas of the National Quality Standard: Educational program and practice and Collaborative partnerships with families and communities. Educators can help families to feel more informed and more involved in their child’s day-to-day routines by providing information about their child’s experiences at the ECEC service. Communicating this information on a regular basis also builds a culture of partnership between families and educators to support children’s development and wellbeing. Partnerships between families and educators are a protective factor for children’s mental health because each party feels more comfortable about approaching the other for information and support. For an educator, this partnership can facilitate a better understanding of a family’s parenting styles, values and beliefs; for families, it can promote feelings of being respected and welcomed by an ECEC service.
Component 4: Helping children who are experiencing mental health difficulties

The early childhood years have been highlighted as a critical period when behavioural and emotional difficulties can emerge, which emphasises the importance of intervening early\textsuperscript{37}. While there is much evidence to support the effectiveness of early intervention, less than one-third of children with mental health difficulties receive any professional support\textsuperscript{38}.

Early intervention and treatment can make a significant difference to reducing children’s mental health difficulties and can result in substantial, practical benefits that are sustained over time\textsuperscript{39, 40}. Component 4 focuses on promoting early intervention for children with early signs of mental health difficulties. It also aims to reduce stigma around mental health and supports services to feel confident in developing processes for addressing the needs of these children. By providing ECEC services with the skills, knowledge, and resources to assist children who are having difficulties, children and families can get the help they need early, before problems become entrenched or more resistant to intervention\textsuperscript{41}.

Through their close relationships with children and their families, early childhood educators are well placed to notice when children show early signs of difficulties. Supporting early intervention and treatment involves understanding the pathways to support services and assisting children and families to access these services. By continuing to stay engaged with the family and closely liaising with parents, carers and support services, educators can make a positive contribution to children’s mental health and their future development.
Component 4 comprises two Target Areas that help ECEC services to concentrate their efforts on what has been found to be most helpful for children’s mental health.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TARGET AREA 1</strong> Understanding children’s mental health and wellbeing</td>
<td></td>
</tr>
<tr>
<td>Educators have an understanding of mental health difficulties in early childhood, including common signs and symptoms, their impact on children and families, and factors that put children at risk.</td>
<td></td>
</tr>
<tr>
<td>Educators understand that getting help and support early is important for children (and families) experiencing difficulties.</td>
<td></td>
</tr>
<tr>
<td>The ECEC service provides an inclusive and accepting environment for parents, carers and children who may be experiencing difficulties with their mental health.</td>
<td></td>
</tr>
<tr>
<td>The ECEC service has policies and practices that support children and families to seek help for mental health difficulties.</td>
<td></td>
</tr>
<tr>
<td><strong>TARGET AREA 2</strong> Responding to children who may be experiencing mental health difficulties</td>
<td></td>
</tr>
<tr>
<td>Educators have a shared understanding of their role—and its boundaries—in addressing the needs of children experiencing mental health difficulties.</td>
<td></td>
</tr>
<tr>
<td>The ECEC service has protocols and processes for recognising and responding to children who may be experiencing mental health difficulties.</td>
<td></td>
</tr>
<tr>
<td>Early childhood educators have the knowledge and skills to recognise and support children who are experiencing mental health difficulties, including how to access support and make appropriate referrals.</td>
<td></td>
</tr>
<tr>
<td>The early childhood education and care service has effective working relationships with and clear referral pathways to support services and supports families in accessing these services.</td>
<td></td>
</tr>
</tbody>
</table>

Some examples of links between Component 4 and the NQS Quality Areas:

- 2.1 Each child’s health is promoted.
- 4.2.2 Educators, coordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.
- 5.1.1 Interactions with each child are warm, responsive and build trusting relationships.
- 6.3 The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing.

Component 4 of the KidsMatter Early Childhood initiative specifically relates to four quality areas of the National Quality Standard: Children’s health and safety, Staffing arrangements, Relationships with children and Collaborative partnerships with families and communities. Educators are well placed to promote children’s mental health when they develop positive relationships with families; carefully consider the physical and emotional quality of the environment at the service; recognise their own professional expertise; and seek out assistance when needed. The trust and respect developed through family–educator partnerships plays an important role when children may be experiencing mental health difficulties. Together, families and educators can work with mental health services to facilitate referrals and access to intervention when needed. Educators develop their skills in working with children who have mental health difficulties through professional learning and reflective practice. Finally, children benefit from experiencing warm, sensitive and caring relationships with those people who care for them (e.g., their family and educators at the ECEC service). These children are more likely to develop trust and high self-esteem and are typically more open to learning and trying new things. All of these characteristics are significant protective factors for children’s mental health and wellbeing.
Implementing KidsMatter Early Childhood involves all early childhood educators and staff within an ECEC service, in partnership with families and community organisations. Through the initiative, ECEC services will develop an individually tailored, continuous-development Action Plan focused on improving children’s mental health and wellbeing.

Implementing KidsMatter Early Childhood requires a planned and coordinated approach driven by a strong and enthusiastic Leadership Team and a Director who can demonstrate and articulate commitment through active engagement in all stages of the initiative. Consultation with all educators is an integral part of KidsMatter Early Childhood and helps educators develop a sense of ownership of the initiative and ensures their needs and concerns are central in the planning process.

The role of the KidsMatter Leadership Team

To achieve the planned and coordinated approach required for effective implementation of KidsMatter Early Childhood, ECEC services will need to build a leadership base in the service—the Leadership Team. This team will undertake the responsibility for coordinating and ‘driving’ the initiative. The Leadership Team may consist of:

- the Director
- at least one staff member
- a parent, carer or family member
- a management representative (e.g., owner, area or board/management committee member).
The Director of the ECEC service will need to engage in leadership practices that help ensure KidsMatter Early Childhood aligns with the ECEC service’s vision and policies. This requires an ability to articulate the importance of mental health to learning and life; provide support to educators throughout the process; model the skills to be taught, learned and used; and be a visible and vocal supporter of KidsMatter Early Childhood.

Although the role of the Director is central in creating a service that is open to change and improvement, one person cannot achieve this alone. It is important for the Leadership Team to demonstrate their commitment through active engagement in planning and coordinating the implementation of KidsMatter Early Childhood. Understanding and supporting the central role of educators in its delivery and recognising the importance of engaging families and community organisations is pivotal. KidsMatter Early Childhood has been designed to support all educators by providing them with resources and skills that have demonstrated effectiveness in improving children’s mental health.

Leadership Teams attend a workshop in their local area called ‘Getting Started with KidsMatter Early Childhood’ prior to commencing implementation of the initiative. Leadership Teams are supported in the implementation process through a range of resources, including access to a state or territory Facilitator, and online information.

**The implementation process**

KidsMatter Early Childhood is a continuous development model that guides services through an ongoing ‘Plan–Do–Review’ process.

**Plan**  
The first important step in implementing KidsMatter Early Childhood is for ECEC services to take the time to reflect on what they are already doing to address children’s mental health and wellbeing, to celebrate their strengths and identify areas for development.

To assist Leadership Teams in this task, KidsMatter Early Childhood Educator and Family Surveys have been developed for each of the four KidsMatter Components. The surveys gather information on what educators currently do to promote children’s mental health, and seek opinions from educators and families on the service’s current activities in relation to the areas covered by the four components of KidsMatter Early Childhood.

This information is collated into a Component Profile, and following this, Leadership Teams are supported to develop an Action Plan for each Component.

**Do**  
This stage of KidsMatter Early Childhood involves services implementing the Action Plan they have developed.

At regular stages throughout implementing KidsMatter Early Childhood it is important for services to review their progress, share and celebrate achievements and make adjustments to the Action Plan where necessary. This can be achieved through reflective practice and by holding regular meetings and discussions.

**Review**  
This naturally leads on to a new planning stage of the KidsMatter Early Childhood continuous development cycle. The Action Plan can be incorporated into the Quality Improvement Plan that each service is developing under the National Quality Standard. This commitment to continuous improvement also underpins the National Quality Standard.
KidsMatter Early Childhood resources

State- and territory-based KidsMatter Early Childhood Facilitators

KidsMatter Early Childhood Facilitators have extensive knowledge and experience of children’s mental health promotion, prevention and early intervention in early childhood settings. In addition to delivering professional learning in each Component area, they will assist with the implementation process and help services to access resources.

KidsMatter Early Childhood Facilitators will provide professional support to assist ECEC services to focus time and attention on the KidsMatter Early Childhood initiative, thereby supporting ECEC services to meet various demands and requirements of the National Quality Standard. The role of the state- and territory-based KidsMatter Early Childhood Facilitators is therefore critical in enabling services to coherently and systematically implement a ‘whole service’ approach to mental health though the KidsMatter Early Childhood initiative.
KidsMatter Early Childhood Implementation Guides

Each ECEC service that joins the KidsMatter Early Childhood initiative receives two guide books that outline the background to the initiative and the methods for its implementation.

KidsMatter Early Childhood: A Framework for improving children’s mental health: is a book that contains all the background information about the KidsMatter model and the four Components.

1. **Resources** for informing educators and staff, families and the community about the initiative.

2. **Educator and Family Surveys** for each of the four Components. These will enable all educators and families to have input into identifying areas of strength and concerns in relation to each of the KidsMatter Early Childhood Components.

3. **Survey Profiles** which are used to summarise survey results for each Component and help Leadership Teams to prioritise the areas for development for their services.

4. **Planning guides and tools** for each KidsMatter Early Childhood Component.

**Professional learning**

Professional learning about each Component in the initiative is provided to all educators in ECEC services by KidsMatter Early Childhood Facilitators, using a combination of face-to-face and online methods. Professional learning sessions are specifically designed to increase the skills, understanding and confidence of all educators in addressing children’s mental health.
Resources for families and early childhood education and care educators

In addition to the direct support provided by the KidsMatter Early Childhood Facilitators, a number of additional resources for families and educators will be available for services participating in the initiative. These include:

- **KidsMatter Early Childhood Component posters**
  Four KidsMatter Early Childhood posters which highlight the key Components of the initiative.

- **KidsMatter Early Childhood information for families and early childhood educators resources**
  Resources relating to the four KidsMatter Early Childhood Components are provided for distribution to families and early childhood educators. These aim to support families in their parenting role; provide information about child development and parenting practices; help families and educators work together effectively to meet the needs of children; and encourage families to view the ECEC service as a place where they can access further information and support.

  Each of these resource packs includes:
  - an overview, in accessible language, that reviews key issues and research findings in relation to the specific mental health topic
  - ideas for educators and families who may be dealing with a child affected by the particular mental health difficulty under discussion
  - suggestions for follow-up, such as links to organisations or websites that offer assistance with the difficulties discussed.

- **KidsMatter Early Childhood website and other online resources**
  A range of KidsMatter Early Childhood resources are available online. The easiest place to start is the KidsMatter website, where you will find a range of information about the KidsMatter Early Childhood initiative and links to further resources that support children’s mental health (www.kidsmatter.edu.au).

  The website also provides a starting point for KidsMatter Early Childhood Leadership Teams looking for guidance about implementation.

  A regular e-newsletter is sent to participating ECEC services to direct them to the latest information and support resources. Other newsletters are also published from time to time that bring the latest information from KidsMatter to a broad audience.
KidsMatter Early Childhood has been trialled in over 100 early childhood education and care services across Australia throughout 2010 and 2011. Services applied to participate in the trial in late 2009 and were chosen to represent a cross-section of services from across the states and territories. During this pilot phase, KidsMatter Early Childhood was independently evaluated by Flinders University of South Australia. The evaluation investigated both the KidsMatter implementation process and whether the initiative led to improved mental health for children. Evaluation findings will inform the next steps for KidsMatter Early Childhood.

The particular areas considered in the evaluation included:

- the extent to which KidsMatter Early Childhood enabled services to implement mental health promotion, prevention and early intervention strategies
- child mental health outcomes
- relevance and usefulness of the model for early childhood services
- service engagement
- educators’ knowledge, competence and confidence in working towards improved child mental health
- families’ engagement with the initiative
- families’ knowledge, competence and confidence in supporting the mental health needs of their children
- protective factors targeted by the initiative.

Evaluation updates can be found at: www.caef.flinders.edu.au/kidsmatter/ec/ and full results, when available, will be found at: www.kidsmatter.edu.au.
**Glossary**

**Children**
Refers to children from birth to five years unless otherwise stated. This includes babies (from birth to around two years), toddlers (around two-to three-years) and preschoolers (around three-to five-years).

**Early childhood education and care services**
Early childhood education and care services are those entities that provide education and care for children from birth to school-age. These services are operated by a range of state and local government, community and private organisations. They may be part of the school system in some jurisdictions but are not considered part of compulsory schooling. They include:
- centre-based services such as preschools, long day care and occasional care
- home-based services such as family day care or in-home care
- mobile children’s services.

**Early intervention**
In mental health, this term refers to picking up signs of a mental health problem early in its course and intervening in some way. The goal is to prevent the problems worsening, for example, by providing support to the child and family or linking them into helpful programs.

**Early childhood educators**
Early childhood practitioners who work directly with children in early childhood settings.

**Externalising problems**
Refers to a wide range of under-controlled behaviours (e.g., where the child ‘acts out’). These disruptive, impulsive, angry or hyperactive behaviours are generally readily observed and therefore are relatively easy to detect.

**Internalising problems**
Refers to inhibited or over-controlled behaviours (e.g., where the child ‘holds in’ their problems). Symptoms associated with internalising problems include withdrawal, worry, and emotional responses that primarily affect the individual child rather than having effects on others.

**Mental health**
For children this means the capacity to enjoy and benefit from family life, relationships and educational opportunities, and to contribute to society in a number of age-appropriate ways. It also includes freedom from problems with emotions, behaviours or social relationships that are sufficiently marked or prolonged and can lead to suffering or risk to optimal development of the child, or to distress or disturbance in the family.

**Mental health difficulties and mental disorders**
The term ‘mental health difficulties’ describes a broad range of emotional and behavioural difficulties that cause concern or distress and frequently affect children’s learning, as well as their behaviour in different settings. The term ‘mental health problems’ is used interchangeably with mental health difficulties.

‘Mental disorders’ are diagnosed by mental health professionals according to specific sets of criteria. For each kind of disorder the symptoms are more frequent and more severe than normally expected in children of a similar age and interfere with the child’s function in everyday activities.

**Mental health promotion**
Mental health promotion is a universal approach involving activities to enhance wellbeing and resilience for a whole population (e.g., everyone at an early childhood setting).
Positive psychology
A branch of psychology that focuses on positive features and the study of emotions, traits and environments that enable individuals to thrive. It emphasises prevention of mental health problems and systematically enhancing strengths to improve quality of life.

Prevention
Actions taken early to try to stop mental health difficulties from developing. Selective programs are provided for those groups at increased risk of developing mental health difficulties.

Protective factors
These may be thought of as strengths that enable children to maintain positive mental health and wellbeing, even though risk factors for mental health problems are present. Protective factors may include aspects of the child’s individual abilities, their family circumstances and relationships or their early childhood service’s practices and environment.

Resilience
Refers to a person’s capacity to adapt to adverse situations in ways that enable him or her to cope positively and reduce or minimise negative impacts on mental health and wellbeing.

Risk factors
These increase the likelihood that mental health problems will develop. Risk factors are commonly categorised in relation to individual factors, family factors, specific life events or circumstances, and social factors. The presence of a particular risk factor does not necessarily mean a difficulty will develop. The presence of multiple risk factors usually increases the likelihood of difficulties developing.

Staff
Within early childhood education and care communities many different people are employed, such as those responsible for meal preparation and administration. These staff members play a valuable role in KidsMatter Early Childhood through the relationships they form with children and families as well as with educators.

Wellbeing
Refers to the condition or state of being well, contented and satisfied with life. Wellbeing has several components, including physical, mental, social and spiritual.
KidsMatter Early Childhood collaborators

The Department of Health and Ageing

The vision of the Department of Health and Ageing is Better health and active ageing for all Australians. The department is responsible for achieving the Australian Government’s priorities for population health, aged care and population ageing as well as medical services, primary care, rural health, hearing services and Indigenous health. The department administers programs to meet the Government’s objectives in health system capacity and quality, mental health, health workforce, acute care, biosecurity and emergency response, as well as sport performance and participation. The department supports the Australian community’s access to affordable private health services and is responsible for policy on Medicare and the Pharmaceutical Benefits Scheme.

Beyondblue

Beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance-use disorders in Australia. Beyondblue is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and reducing stigma associated with the illness. Beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise. One of the main priorities of Beyondblue is to fund research initiatives (such as KidsMatter) which focus on the prevention and early intervention of mental health problems in Australian communities.

The Australian Psychological Society

The Australian Psychological Society is the largest professional association for psychologists in Australia, representing more than 20,000 members. The Australian Psychological Society is committed to advancing psychology as a discipline and profession. It spreads the message that psychologists make a difference to peoples’ lives, through improving their health and wellbeing and enhancing scientific knowledge. The Australian Psychological Society works on understanding important social issues facing Australian society and contributes to community wellbeing by promoting access to better health care and evidence-based treatments. To achieve these objectives, the Australian Psychological Society is involved in several projects that promote mental health and the benefits of early intervention for identified mental health difficulties across the lifespan.

Early Childhood Australia

Early Childhood Australia (ECA) is the peak national, non-profit, non-government organisation that acts in the interests of young children aged from birth to eight years of age. They are a knowledge broker linking quality-assured early childhood knowledge and information to a wide range of people who have a direct or indirect impact on young children’s lives. Early Childhood Australia is a leading early childhood publisher. They work with Government, Opposition parties, early childhood professionals, families and other carers of young children, and various peak organisations and lobby groups to secure the best range of options and outcomes to support the growth and development of young children.
References


