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Key features of the early years systems in a selection of Australia's international peers

Early years scoping paper to the Australian Department of Social Services

Rosemary Cahill

The Australian Research Council Centre of Excellence
for Children and Families over the Life Course
Phone +61 7 3346 7477 **Email** lcc@uq.edu.au
lifecoursecentre.org.au



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Research Summary

Why was the research done?

The research was commissioned by the Australian Government to contribute to the evidence base underpinning the Commonwealth Early Years Strategy.

What were the key findings?

Evidence-based practice is manifested in markedly different approaches across the six countries selected for this review, i.e., Canada, Chile, Estonia, Finland, United Kingdom and Singapore. The early years systems applicable for each country build upon (and/or are constrained by) prevailing legacy structures, power dynamics and deeply held mental models about children in the early years, their families, and their communities.

What does this mean for policy and practice?

International research literature cautions against trying to directly transfer approaches from one country to another country, however notes that broad consideration of familiar issues from new perspectives can be useful. Accordingly, this paper provides a high-level descriptive account of early years systems in six selected countries as a potential source of 'policy learning' for Australia but does not critique those arrangements, nor does it provide recommendations.

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The authors

Dr Rosemary Cahill

The Kids Research Institute, University of Western Australia

Email: rosemary.cahill@thekids.org.au

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EARLY YEARS SCOPING PAPER TO THE
AUSTRALIAN DEPARTMENT OF SOCIAL SERVICES

Key features of the early years systems in a selection of Australia's international peers



PREPARED BY
Dr Rosemary Cahill, The Kids Research Institute Australia
The University of Western Australia
Research Fellow at the Life Course Centre

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Executive Summary

The Australian Government has announced its commitment to establish a Commonwealth Early Years Strategy (the Strategy) for Australia's children from conception to five years of age. The Strategy will shape the Australian Government's vision for the future of Australia's children and their families. To build the evidence base underpinning the Strategy, the *Australian Research Council Centre of Excellence for Children and Families over the Life Course*¹ was commissioned to explore key features of the early years systems in a selection of Australia's international peers.

Six countries were selected: Canada, Chile, Estonia, Finland, Singapore, and the United Kingdom. It was not possible to inform this selection by internationally comparable child outcomes data because such metrics do not exist for high-income countries like Australia. Instead, the basis for selection was that each country has one or more of the following features: recent systemic early years reforms; positive child outcomes in an international pilot study and/or deep socio-political similarities with Australia.

The review process entailed desktop analysis of publicly available policy from the six selected countries, open-access research literature, and grey literature via internet searches. The scope, depth and timeline for this review did not include consultation with local informants to verify the desktop findings.

The review's conceptual framework was informed by prior research on international comparisons of early years systems. It comprised consideration of the econo-political and socio-cultural *contexts* of each country before exploration of their *provision* across four broad sectors (i.e., health, family support, early learning, and social protection), followed by high-level analysis of early years *governance* with respect to regulatory instruments, resource flows and mechanisms for monitoring and accountability.

Descriptive accounts of findings for the six selected countries are provided in alphabetical order. The findings are accompanied by high-level metrics on each country's context and early years provision (e.g., Gini Coefficient of equity, infant mortality rates, statutory paid parental leave and childcare participation rates). A summary 'snapshot' and key observations are provided at the end of each country's section.

The final section of this report is a discussion of high-level observations across the six selected countries. The first observation is that evidence-based practice is manifested in markedly different approaches across the six countries, each building upon (and likely also constrained by) legacy structures, power dynamics and deeply held mental models about children in the early years, their families, and their communities. Other key observations were distilled to four tangible systemic features that are evident to a greater or lesser extent across the six countries.

Child-centric data tools were a backbone feature of early years systems in four of the selected countries (i.e., Chile, Estonia, Finland, and Singapore) whereby each individual child's health, development and learning from (more or less) conception until school entry can be monitored. This serves two important functions. Firstly, it facilitates the early identification of issues, and reduces the likelihood of individual children being 'lost in the system'. As soon as issues of concern are flagged within the database, additional appropriate support can be offered to families and records can be maintained of timely follow-up and outcomes. Secondly, the need for systemic improvements with respect to family preferences, waiting lists, gaps, duplication, underutilization, or inefficiency can be monitored and promptly addressed.

Mechanisms to optimise family agency are especially prevalent in Estonia and Finland where statutory paid parental leave is available for one parent or the other until their child reaches at least 18 months of age. This affords all families a wide range of genuine choices about care, healthcare, and informal early

learning options for their children in the vital first 1,000-day period, and minimal pressures associated with family work-life balance, reduced income, or expectations to quickly return to work unless both parents wish to do so – in which case affordable and high-quality childcare is available. While these policies weigh heavily on the public purse, Estonian and Finnish people are willing to bear this cost because they recognise the collective benefits of supporting families to raise happy, healthy children.

Secure and affordable housing is a stand-out feature of the early years system in Singapore, nested within the country's broader family policy. Housing support also features in the other five countries, particularly Chile whose early years strategy is nested within a broader goal of reducing socio-economic and spatial inequity. Evidence shows that housing is a key social determinant of health and well-being, not only with respect to the direct benefit of having assured shelter and a safe place to call 'home', but also the associated benefits of having a sense of belonging within a community, familiarity with local amenity, and being able to maintain continuous relationships with informal and formal supports in a given locality.

Mechanisms to facilitate seamless transitions and support for families as their children progress through the developmental pathway were strong features of the early years systems in four countries: Canada, Chile, Finland, and the United Kingdom. Each of these countries prototyped and then expanded at scale their own versions of integrated family hubs, however several recurring features apply to hubs across the four: they offer families an integrated suite of multidisciplinary services and supports that are focused on the needs and preferences of local families; they foreground continuity, relational work and sensitive leadership through a centre coordinator; they have assured long-term funding; and are locally governed with clear accountabilities. The decisions to expand integrated family hubs in these countries were based on clear research evidence of: improved child outcomes across five developmental domains (i.e., language, cognitive, physical, emotional, and social); early identification and smooth referral pathways for children with developmental concerns; more interactive home learning environments; greater community connectedness including for families facing additional adversity; and higher levels of family engagement in preventative programs including regular child health checks and information workshops on parenting, nutrition, and child development. The programs and services provided at integrated family hubs are universally available and free. In Canada and the United Kingdom, the progressive roll-out of hubs initially targeted communities with high concentrations of families facing additional adversity, and grew from there. Given the strong contextual parallels that exist between Canada and Australia, Canada's experience of operationalising integrated family hubs may be especially instructive for Australia.

Introduction

The Australian Government has announced its commitment to establish a Commonwealth Early Years Strategy (the Strategy) for Australian children from conception to five years of age. The Strategy will shape the Australian Government's vision for the future of Australia's children from conception to five years of age and their families. To build the evidence base underpinning the Strategy, the *Australian Research Council Centre of Excellence for Children and Families over the Life Course*¹ was commissioned to explore key features of the early years systems in a selection of Australia's international peers.

Advice on the research project was provided by the Commonwealth Early Years Strategy Steering Group (comprising senior members of the Australian Government's Departments of Social Services, Education, Health, Finance and Treasury, National Indigenous Australians Agency, Prime Minister and Cabinet, Attorney-General's Department) and a 14-member Expert Advisory Panel convened by the Government to provide advice on the development of the Strategy.

Selected Countries

Six countries were selected: Canada, Chile, Estonia, Finland, Singapore, and the United Kingdom. The basis for their selection is that each has one or more of the following features: indications of positive child outcomes in an international pilot study involving three countries; recent systemic reforms focused on the early years; and/or deep socio-political similarities with Australia.

The process of country selection was not straightforward or definitive because, despite widespread recognition of the importance of the early years, internationally comparable data on children's health, development and learning outcomes in countries like Australia are not readily available. A UNICEF project that commenced in the mid-1990s - Multiple Indicator Cluster Surveys (MICS)² - is progressively being rolled out across the globe and 118 low-income countries have participated to date, however this does not yet include Australia or any of its high-income peers. It is relatively easy to source data on comparative early years expenditure as a percentage of a country's gross domestic product (GDP), however the project brief was to review countries who were doing well in the early years and not countries' high expenditures on associated activities – despite a likely link between the two.

Considering the above, country selection commenced with a shortlist of approximately twelve options informed by international research literature and an appetite to 'cast a wide net' across the globe. The shortlist was refined through an iterative process with input and advice from the Steering Group and the Advisory Panel. The final selection of six countries was confirmed by the Department of Social Services. An outline of the rationale for each country's selection is provided below:

- **Canada** shares numerous socio-political, economic, and geographic features with Australia including a British colonial past and Indigenous^a dispossession, parliamentary democracy based on the Westminster system, three levels of government (federal, provincial/territorial, municipal), highly urbanized centres combined with dispersed regional and very remote communities. The Early

^a The term 'Indigenous' is used in this report to refer to people who lived in the country before colonists arrived. With respect to Canada, however, the term 'Aboriginal' also appears and aligns with terminology sometimes preferred in that country whereby 'Aboriginal' is used to refer collectively to Canada's three distinct and separate indigenous groups, i.e., First Nations, Inuit, and Métis.

Development Instrument³, from which the Australian Early Development Census (AEDC) ⁴ is adapted, was also developed in Canada.

- **Chile** has been described as one of “the most unequal societies in the world”⁵, and to address this inequity, the Chilean Government has pursued an intersectoral approach to policymaking over the past 15 years. This includes the ‘Chile Crece Conitgo’ (Chile Grows with You) initiative launched in 2007 as a universal platform for all pregnant women and all children aged under five years. The approach has attracted praise from the World Bank and key features of Chile Grows with You have been adopted in Brazil and Uruguay in recent years.
- **Estonia** is one of the European Union member states which have collectively committed to the Child Guarantee⁶ to address childhood inequity. In the Estonian context, the Child Guarantee aligns with a wider, long-term ‘Estonia 2035’ action plan that coordinates national aspirations across multiple portfolios. Estonia was one of three countries (with England and the United States of America) to participate in the International Early Learning and Child Well-being Study⁷ conducted by the Organisation for Economic and Cultural Development (OECD) in 2018-19 and its results indicate positive child outcomes among five-year-olds including a high degree of equity across socio-economic profiles.
- **Finland** is one of several Nordic countries (along with Denmark, Iceland, Norway, and Sweden) with progressive social welfare policies and equitable outcomes across the life course⁸. In Finland, access to full-day childcare from birth dates to the 1960s and is now normalized⁹. Finland was one of the first countries to introduce maternity and parental (including fathers) leave and benefits and, as part of the European Union, Finland is committed to the Child Guarantee.
- **Singapore** shares with Australia a British Colonial past and is a parliamentary democracy based on the Westminster system. This shared past is overlaid in Singapore with a multiethnic population reflecting Chinese, Malay, Indian and more recent Western cultural traditions, densely populated geography, and few natural resources other than its people and location on the globe. Through long-term master planning and strategic investment in social infrastructure, Singapore has achieved rapid social and economic progress in 50 years and is now a world leader with respect to health, housing, equity, wealth, social cohesion, and education – including its Centre for Holistic Initiatives for Learning and Development (CHILD)¹⁰ established in 2020.
- **United Kingdom**, comprising England, Northern Ireland, Scotland, and Wales, has numerous historical, cultural, and political ties with Australia. Landmark early childhood research and initiatives from the United Kingdom have influenced recent Australian early childhood policy, notably the Effective Provision of Pre-School Education longitudinal study¹¹, the concept of Proportionate Universalism¹², and the Sure Start program¹³. In the OECD’s International Early Learning and Child Well-being Study, the results for five-year-old children in England compared favourably with those in Estonia and significantly better than the United States of America⁷.

The selection of the above countries was made with a view to mining potential lessons that Australia might draw from their approaches to early years systems and policies, not to draw direct comparisons across the six countries and Australia, nor to dissect and examine the range of early years policies and reforms Australia has undertaken in the past or plans for the future.

Review methodology

This review involved a desktop analysis of publicly available policy and public-information documents from the six selected countries, open-access research literature, grey literature via internet searches and papers provided by members of the Advisory Panel. The currency of information cannot be guaranteed due to the inevitable lag between writing and publishing research reports and the fact that outdated policy documents often remain available on the internet. Further, the degree to which accounts of policy or actions outlined on websites match the inside knowledge locals have about how well things work on the ground may vary. The findings in this review have not been verified by local informants on the ground in each selected country.

The searches via Google Chrome and Google Scholar were based on various combinations of key words including (but not limited to): early childhood, development, health, education, learning, care, welfare, protection, poverty, maternity, system, service, integration, governance, impact, benefits, housing, baby/babies, infant, child, parent, family, Canada, Chile, Estonia, Finland, Nordic, Singapore, United Kingdom, England, Northern Ireland, Scotland, Wales. Corresponding analysis of systems in Australia were not included because the goal for the desktop research was to explore what Australia might learn from other places; not to draw comparisons.

This is not a systematic review and is not an attempt to mine the full breadth and depth of early years policy development, expenditure, implementation, and outcomes across the six selected countries. Such an undertaking was well beyond the brief and timeframe for this review.

International comparisons reported in the literature caution against attempting to directly transfer approaches from another country, however they note that looking broadly at familiar issues from new perspectives can be useful¹⁴, especially when treated as an opportunity for “policy learning rather than policy-borrowing”¹⁵. Accordingly, this report provides a high-level descriptive account of early years systems in the six selected countries as a potential source of policy learning for Australia but does not critique those arrangements, nor does it provide recommendations.

Conceptual framework

The analysis unearthed numerous interdependent elements contributing to early years systems (or non-systems) in the six countries of interest. There was a clear need to cluster and filter the large volume of information to focus on the social determinants of child outcomes that have a solid evidence base. To this end, a conceptual framework was developed to steer (and provide boundaries for) this exploration of how key determinants are manifest across the six countries and their component jurisdictions.

Table 1: Conceptual Framework

Background Brief outline of the country's links with Australian and why it was selected for this review	
Early Years Context cultural, historical, economic, and political backdrop	Econo-political Context e.g., quantum and distribution of wealth; political inclusion/voice
	Socio-cultural Context e.g., human capital, social capital, view of the child, power dynamics
Early Years Provision^b horizontal integration across portfolios and vertical integration across levels of government, NGOs, private sector, charities, etc., differentiation, access, and quality.	Health e.g., maternal and child health, nutrition, public health information
	Family Support e.g., targeted benefits, housing, transport systems
	Early Learning e.g., childcare, preschool, playcentres, home learning environments
	Social Protection e.g., safety net for children with additional needs, trauma and/or disabilities
Early Years Governance power dynamics, resource flows and accountabilities	Regulatory Instruments e.g., policies, regulation, and legislation
	Resource Flows e.g., quantum and source of funding, accountabilities, and power dynamics
	Monitoring e.g., alignment of indicators with policy intent, lines of reporting, reflective practice

^b The terminology used for various forms of early years provision across the health, family support, early learning and social protection sectors in the six selected countries has been replicated throughout this report.

The sequence in which the elements that make up Early Years Provision appear in **Table 1** reflects their sequence of prominence in families' lives as their child progresses from conception to school. It also reflects a family-centric perspective. The initial contact most families have with early years provision is via the health sector at/around the time of conception, then the nature and availability of family support arrangements influence the decisions families make about early learning options for their children. The safety net of social protection mechanisms exist in the background, mobilised in cases where the preceding forms of provision turn out to be insufficient.

The conceptual framework is an adaptation of a three-part schema developed by Kagan⁸ to seek lessons for the United States from early childhood education systems in six high-performing countries. One of the countries Kagan selected for that study was Australia. The others were England, Finland, Hong Kong, Singapore, and South Korea.

Kagan's analysis was organised into three broad dimensions:

- **context** (econo-political and socio-cultural – including an individual *versus* collective mindset)
- **service provision** (continuous interplay from pre-natal to school, including interactions with health, welfare, and school education)
- **governance** (horizontal, vertical, and sectorial – including public, private, and philanthropic)

Adaptation of the above dimensions was necessary for this review because the project brief specified *early years systems*. It was therefore necessary to look beyond early childhood *education* (as per Kagan) and consider a more complete suite of circumstances, services, supports and policy settings that collectively contribute to (or impede) children's health, development and learning from conception to the age of five years. These adaptations were informed by the Nurturing Care Framework¹⁶, the Build Initiative¹⁷, the Landscape Atlas¹⁸, and the Six Conditions of Systems Change¹⁹, each of which is outlined below.

The Nurturing Care Framework was developed by the World Health Organisation, United Nations Children's Fund (UNICEF) and the World Bank as a 'roadmap' for the worldwide implementation of early childhood development interventions across five interconnected sectors: health, nutrition, education, child protection and social protection. While concerns have been raised by scholars with backgrounds in anthropology about the 'interventionist' discourse embedded in the Nurturing Care Framework, they have not objected to early years experiences being categorised across these five sectors. Rather, their criticisms pertain to how 'good' and 'poor' within each sector are portrayed according to the "Western, educated, industrialised, rich and democratic (WEIRD) perspectives that prevail among developmental scientists"²⁰, often at the expense of alternative perspectives held by low- and middle-income countries and Indigenous peoples who may not ascribe to 'WEIRD' cultural norms and practices.

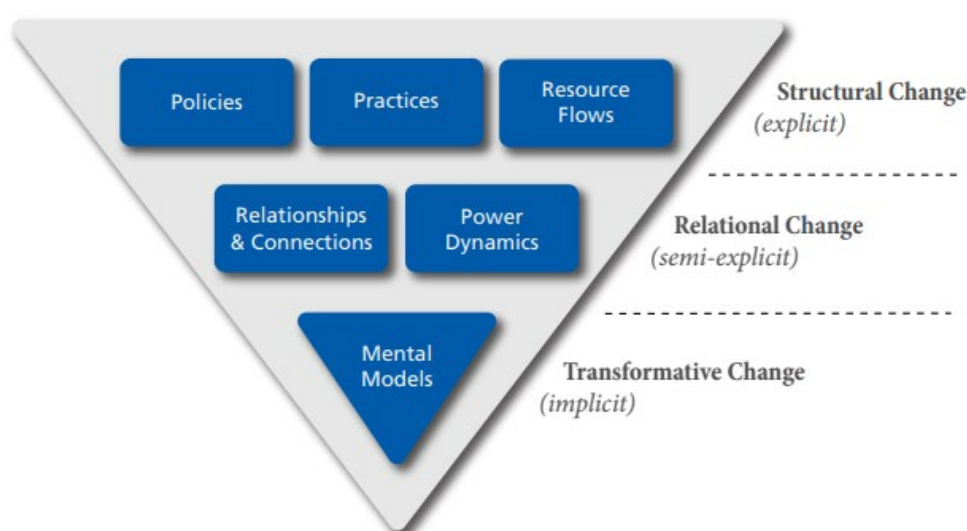
The Build Initiative is a consortium of private foundations in the United States. Its framework for an Early Childhood System²¹ reflects research evidence that achieving more equitable child outcomes necessarily entails supporting and giving voice to their families and communities as well access to high quality services. Its Early Childhood System contains a suite of interdependent child- and family-serving systems including early learning, health, housing, transport systems and economic support. The Build Initiative's service scoping has been combined with the Nurturing Care Framework's categories for this review's conceptual framework, with 'systematic monitoring' added to the governance dimension, reflecting the Build Initiative's observation that "all actions need to be assessed to ensure the impact is equitable for children and families of diverse racial, ethnic, cultural, and linguistic backgrounds and for families of diverse socio-economic status"²².

Development of the early childhood development Landscape Atlas was commissioned by the Early Years Catalyst to gain an understanding of the key government-mediated structural systems that influence early

childhood development outcomes in Australia. It comprised five child-level systems (i.e., health, mental health, early learning, child protection, and disability), four family-level systems (i.e., housing, family and domestic violence supports, parenting and family supports, and social security), plus the community development system at the community-level. While the systems identified as organisers for the Landscape Atlas slice the early years landscape into smaller segments than the Nurturing Care and Build Initiative frameworks, (e.g., separate child-level systems for health and mental health) the Landscape Atlas broadly covers the same territory with further useful explication of support systems at the family-level.

The Six Conditions of Systems Change developed by Kania, Kramer and Senge¹⁹, relates to systems change more broadly, and is not particular to the early years. The model is illustrated below in **Figure 1**.

Figure 1: Six Conditions of Systems Change



Source: Kania J, Kramer M and Senge P. (2018). The Water of Systems Change, page 4. Accessed 8 June 2023 via https://www.fsg.org/wp-content/uploads/2021/08/The-Water-of-Systems-Change_rc.pdf

The purpose and parameters set out for this review reflected a focus on structural settings of the above model (i.e., policies, legislation, resource flows and institutional practices) however the review brief also referred to integration across government portfolios and levels of government which reach into the deeper relational mechanisms (i.e., relationships, connections, and power dynamics). To ensure the inclusion of these mechanisms in this review, they were added to the governance dimension and, reflecting the interdependent nature of these mechanisms, explored in the socio-cultural aspect of the context.

Of note, there is parallel, separate work underway through The Early Years Catalyst²³ (a collaboration of Australian peak bodies and scholars) to explore implicit mental models which appear at the deepest level of Figure 3. While embedded mental models are less amenable to the influence of government strategy, they are key enablers or impediments to structural and relational change and can shift as more explicit changes take root and become normalised over time.

Review Findings

In this section of the report, key findings on each of the six selected countries are outlined, one country at a time in alphabetical order. The account of each country's early years system commences with a Snapshot aligned with the above Conceptual Framework, followed by Key Observations on that country. This is followed by details of the desktop research from which the Snapshot and Key Observations were drawn, including high-level metrics on each country's context and early years provision. The report ends with a Discussion of broad points of early years system convergence and/or divergence across the six selected countries.

A compilation of the high-level metrics across all six countries (plus Australia) is provided in **Appendix A**, and a compilation of the Snapshot tables for all six countries is provided at **Appendix B**.

Canada

Key observations about the early years system in Canada

Of all countries selected for this review, Canada has the strongest contextual parallels with Australia with respect to our shared British colonial past, Indigenous dispossession and trauma, federated government systems and resource-flows, relative wealth as a nation, and a multicultural population concentrated in a cluster of highly urbanised cities alongside dispersed regional and very remote communities. In light of this, lessons that Canada has accrued on cultivating and maintaining multidisciplinary early years hubs may have relevance for Australia in terms of pitfalls to avoid, localised co-design and governance parameters, and ways to facilitate child-centric continuity of service provision across family support, early learning of various forms (including childcare), and schooling. Multidisciplinary early years hubs on school sites within 'pram-pushing distance' for most families are now normalised in Canada, offering a cohesive and coordinated suite of services from which families may choose according to their needs, capacity, and preferences. The model for hubs that has evolved in Canada was based on research undertaken in the 2000s through the Toronto First Duty pilot study before being applied at scale across Ontario. The Toronto First Duty evaluation found numerous benefits for children and families, notably improved child outcomes across all five domains of the Early Development Index²⁴, more interactive home learning environments²⁵, and positively skewed engagement among parents facing additional adversity²⁶.

During 2021, Canada introduced several early years reforms, the effects of which have yet to be seen. Firstly, it adjusted the rules for statutory parental benefits to require that parents who wish to access their family's full allocation must share it across both parents, taken one parent at a time. To get the full amount, both the father and the mother must take a turn of being off work to care for their child. The messaging that accompanied this 2019 policy announcement foregrounded gender equity²⁷: so parents "can share the joy and work of raising their children more equally"²⁸. Secondly, all Canadian provinces and territories agreed in 2021 to use central block funding grants to reduce daily childcare fees to \$CAD10 (i.e., \$AUD11.14) per day by 2026. Canadian commentators have noted that, in contrast to the overt child-centric drivers behind *Toronto First Duty* and *With Our Best Future in Mind* in/around 2009, the drivers behind the recent whole of Canada *Early Learning and Child Care Agreement* have been framed as economic imperatives to "create new jobs and growth, and get parents — especially mothers — into the workforce"²⁹. This framing is noteworthy because it contrasts with the child-centric and moral purpose narratives that underpin early years policy in most other countries selected for this review, especially Chile, Estonia, and Finland.

Table 2: Snapshot of the Early Years system in Canada

Context	Econo-political	Similar to Australia, but with roughly twice the number of provinces and territories and a population approximately 150 percent the size of Australia's.
	Socio-cultural	Similar to Australia – highly urbanised with dispersed regional and low-population remote communities. Lengthy and varied migrant history, largely harmonious multicultural society but still reconciling Indigenous dispossession and trauma.
Provision	Health	Universal free provision of 'medically essential' maternal and child health needs and checks by local doctors, health clinics or hospitals. High uptake of immunisation schedules. Decentralised provision of public health advice and support via 13 separate provinces and territories. Linkages of health services with early learning services variable across jurisdictions and municipalities.
	Family Support	Federally funded maternity leave (15 weeks) and parental leave (up to 69 weeks) as a proportion of salary with a nation-wide cap. For couples to access maximum parental leave, it must be shared between the two parents. Means-tested support for families caring for a child with a disability. Housing support varies by province/territory, but residualisation of disadvantage is evident in public housing.
	Early Learning	Proliferation of free, universal Child and Family Hubs on/near school sites offering childcare, Kindergarten, playgroups and advice on home learning environments, nutrition, parenting workshops, and social networks. Sometimes linked with maternal and child health checks. Administered and funded by each province/territory. Current expansion of childcare provision underway through Canada Wide Early Learning and Child Care Plan to reduce parent costs to a maximum of \$CAD10 (\$AUD11.14) per day by 2026.
	Social Protection	Responsibility rests with provincial/territorial governments and Indigenous child welfare organizations. Significant over-representation of Indigenous children in out of home care. Provision and reporting must align with Reconciliation and Truth Commission, including Joshua's Principle.
Governance	Regulatory Instruments	Constitution specifies how responsibilities are shared across federal and provinces/states – similar to Australia. Multilateral agreements set principles, delivery targets, and block-funding with flexible pathways. Propensity for provinces and territories to replicate reforms initiated in other parts of Canada, public expectations, and goodwill serve as strong (albeit informal) forces for cross-jurisdiction stability, equity, and collaboration.
	Resource Flows	Multilateral agreements and block funding are the key instruments by which federal funds are distributed (usually per-capita) to provinces and territories. Provinces/territories distribute funds to municipalities to enable them to deliver health, education, and housing services, etc.
	Monitoring	Multilateral agreements include performance indicators and reporting schedules. Provinces conduct the Early Development Index for their own purposes – no central platform for collection or comparison. A data Strategy for the Federal Public Service was proposed for 2023–2026 but does not address harmonisation with provinces/territories.

Background on Canada

The Dominion of Canada shares with Australia numerous socio-political, economic, and geographic features including a British colonial past and Indigenous dispossession³⁰, a wealthy and stable western democracy based on the Westminster system, and three complementary levels of government (federal, provincial/territorial, municipal). The roles and responsibilities of the three levels of government in Canada broadly align with those in Australia, however Canada's federal government does not have an education ministry. Federal policy with respect to education (and early childhood education and childcare) in Canada is administered through the portfolios of Social Services or Prime Minister and Cabinet.

Like Australia, Canada's population is highly urbanised, and its society has been shaped and reshaped by sustained waves of migration. More than 90 percent of Canadians live within 250km of its southern border with the United States of America, and 81.4% of its population is urban, living in or around six cities (Toronto, Montreal, Vancouver, Calgary, Edmonton, and Ottawa). The remainder of its population resides in adjacent agricultural regions where farming is viable or in remote communities characterised by concentrations of Indigenous peoples. This population distribution mirrors that of Australia, including the way that adversity is concentrated in remote localities where the challenges and costs of service provision are greatest.

The Australian Early Development Census (AEDC) is an adaptation of the Early Development Index (EDI)³ developed in Canada at McMaster University. This means that useful (if imperfect^o) comparisons are possible between the developmental status of Canadian and Australian children at around five years of age when they start full-time school. Comparing the most recent (2021) AEDC with the most recent EDI data indicates that Australian children are faring better than their Canadian peers: the percentage of Australian children vulnerable on one or more AEDC developmental domains in 2021 was 22.0 percent⁴ compared with 27.6 percent³¹ of Canadian children in the most recent EDI.

Canadian scholars in recent decades have also influenced Australian early years policy and research, in particular the seminal *Early Years Study: Reversing the Real Brain Drain*³² led by McCain and Mustard in the late 1990s and the *With Our Best Future in Mind*³³ report by Pascal in 2009. Significantly, both these reports were commissioned by the Government of Ontario and this likely contributed to many of their recommendations being fast-tracked into provincial (and even federal) government policy. This includes widespread application of the EDI across Canada, impetus for the federal government to expand parental leave benefits from ten to 35 weeks in 2000, the Toronto First Duty²⁶ study as a demonstration project to inform implementation of integrated Best Start Child and Family Centres³⁴ and the Better Beginnings, Brighter Futures³⁵ initiative. More recently, multilateral agreements between the federal and provincial/territorial governments in relation to the provision of early learning, childcare services, and health (including maternal and child health) services have been utilized to achieve a more universal Canada-wide platform for early years services. Multilateral agreements are akin to Australian national partnerships.

^o Comparisons are imperfect because the AEDC is an *adaptation* of the EDI, so the instruments are not identical. Also, AEDC collections occur simultaneously across all Australian states and territories every three years whereas the timing of EDI data collections in Canada vary by province and territory. The figures cited here are a compilation of the most recent data for each province or territory, from 2008 to 2020.

Early Years Context in Canada

Econo-political Context

High-level econo-political metrics in Canada are provided below in **Table 3**, with commentary on key features provided after the table.

Table 3: Econo-political metrics for Canada

		Canada
Political	Population ^a	38,781,000
	Political rights (out of 40) ^b	40
	Civil liberties (out of 60) ^b	58
	Corruption perception rank (of 180) ^c	14 th
Economic	GDP per capita (\$AUD) ^d	80,682
	Tax burden as % of GDP ^d	34.4
	Extreme Poverty (% of pop'n, 2021) ^e	0.25
	Gini Coefficient of Equality in 2019 ^f	39.7
	Credit Rating (S&P) ^g	AAA
	% of GDP spent on 'Family' in 2019 ^h	1.7
	Unemployment (% in 2023) ⁱ	5.2

Sources:

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>
- <https://www.heritage.org/index>
- <https://ourworldindata.org/poverty>
- <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>
- https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
- <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- <https://www.worlddata.info/unemployment-rates.php>

As in Australia, the 'early years system' in Canada operates within multiple layers of governance, funding, regulation and delivery, the key difference being that Canada has roughly twice the number of provinces/territories (i.e.: 13) and the added complexity of 'asymmetrical federalism'³⁶ whereby individual provinces (usually Quebec) may exclude themselves from multilateral agreements with the Federal government but still receive their allocation of per-capita funding³⁷. Broadly, the federal government provides funds to the provinces/territories in return for them agreeing to deliver (directly or through third parties) Canada-wide policies with respect to services within province/territory remit (i.e., health, education, housing, transport, etc.). In addition, provinces/territories and individual municipalities have the authority to fund, regulate and deliver additional services according to their own policy settings and fiscal means.

In mid-2023, Canada's unemployment rate was 5.2 percent, and its employment rate was 66.0 percent, compared with 3.6 percent and 64.4 percent respectively for Australia³⁸. According to Canada's 'Official Poverty Dashboard' its poverty rate in May 2023 was 7.4 percent, slightly higher than in 2020 but almost

half the figure in 2015³⁹. The degree of socio-economic equity amongst Canadians is similar to Australia (i.e., the latest Gini Coefficient calculated by the World Bank for Canada is 0.333 compared with 0.344 for Australia, where a lower number is better) however this measure for Canada has increased in recent decades, from 0.281 in 1989⁴⁰.

Three distinct groups of Indigenous peoples are recognised in the Canadian Constitution – First Nations, Inuit, and Métis – each with unique histories, languages, cultural practices, and spiritual beliefs⁴¹. In the 2021 census, five percent of Canadians identified as Indigenous⁴². “Early partnerships between colonial governments with Indigenous nations were forged through treaties, trade, and military alliances (however) ... these relationships were eroded by successive laws, policies, and decisions ... based on a colonial and paternalistic approach. Canada has now embarked on a journey of reconciliation ... to address a long history of colonialism and the scars it has left.”⁴¹ Despite efforts in recent decades to redress past injustice and advance self-determination for Indigenous peoples, as in Australia, Indigenous Canadians are more likely than non-Indigenous Canadians to experience poverty, unemployment, crowded housing, poor education, low incomes, incarceration, and suicide. In 2021, 18.8 percent of Canada’s Indigenous people lived in a low-income household compared with 10.7 percent of the non-Indigenous population, and among the three Indigenous groups, the rate of low-income households was highest among First Nations at almost one-quarter (i.e., 22.7 percent).

Socio-cultural Context

High-level socio-cultural metrics in Canada are provided below in **Table 4**, with commentary on key features provided after the table.

Table 4: Socio-cultural metrics for Canada

		Canada
Human Capital	% women 24-35 tertiary qualified ^a	75.8
	% men 24-35 tertiary qualified ^a	58.4
Gender Equity	Intimate partner violence ^b <i>% of women ever experienced</i>	No comparable data available
	Pay Gap (2022) ^c	17.1%
	World Economic Forum Rank ^d opportunity, education, health, empowerment	30
	World Economic Forum Score (/100) ^d	77.0
Social/Emotional Capital	World Happiness Ranking ^e	13
Hofstede Cultural Dimensions^f	Power distance	39
	Individualism	80
	Motivation for achievement/success	52
	Uncertainty avoidance	48
	Long term orientation	36
	Indulgence	68

Sources:

- <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
- https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHL&view=trend

- c. <https://data.oecd.org/earnwage/gender-wage-gap.htm>
- d. <https://www.weforum.org/reports/global-gender-gap-report-2023>
- e. <https://worldhappiness.report/ed/2023/>
- f. <https://culturalatlas.sbs.com.au/> and <https://www.hofstede-insights.com/intercultural-management>

An important socio-cultural parallel between Canada and Australia is the concentration of disadvantage among Indigenous people, single parents (especially women) and culturally and linguistically diverse communities³³.

Canadian society is generally harmonious⁴³. According to ratings on Hofstede's dimensions of national culture⁴⁴, Canadians share similar value systems and cultural orientations as Australians.

The proportion of Canadian women in the 25 – 34 age range with a tertiary education is one of the world's highest, at 70 percent, compared with 58 percent in Australia. This is likely to have a positive bearing on children's outcomes in Canada because primary caregivers' (often mothers) education levels is a strong predictor of a child's long-term health, development, and learning¹¹.

Canada ratified the United Nation's Convention on Children's Rights in 1991⁴⁵, and principles of equity and access are prominent in multilateral agreements with respect to health, early education, and family support. However, the extent to which the rights of children are prominent in public policy is questioned in some Canadian research literature, for example: "Child care is expected to respond to a number of social and economic issues, but depending on the jurisdiction, it can be primarily designed as a welfare program, a labour market support for women, a school readiness intervention, or an investment opportunity for entrepreneurs. It is rarely seen as an entitlement for children."⁴⁶

Early Years Provision in Canada

Responsibility for early years provision in Canada is distributed across the three levels of government (national, provincial/territorial, and municipal) which provide a range of health, early learning and family support services and forms of support in parallel with businesses and non-government organisations which also provide regulated health (including allied health) and early learning services. As such, early years provision in Canada does not function as a coherent and unified 'system'; more as an array of services and supports which reinvent themselves as needed when policy and funding changes occur. Key features and research findings about prominent sectors of provision are set out below.

Health

High-level child health metrics in Canada are provided below in **Table 5**, with commentary on key features provided after the table.

Table 5: Child health metrics for Canada

		Canada
Mortality	Infant mortality (per 1,000)	4.1
	Under five mortality (per 1,000)	5.0
Vaccination	Third dose of DTP vaccine (%)	92

Source: <https://data.unicef.org/country/>

Each Canadian province/territory has its own form of Medicare which covers all 'medically necessary' health care for Canadian citizens and permanent residents. Medicare is funded by province/territory and federal taxes (approximately 76 percent and 24 percent respectively). The federal contribution is determined on a per-capita basis via a multilateral agreement and in accordance with the 'five pillars' of the Canada Health Act⁴⁷, i.e.: services are publicly administered/regulated, universal, comprehensive, portable across provinces and accessible without user fees⁴⁸.

Provinces/territories directly fund doctors and contract delegated health authorities to deliver hospital, public health, and mental health services, including primary care for maternal health, immunisation and 'healthy child' checks⁴⁹. Benefits and delivery approaches vary across jurisdictions, as does the definition of 'medically necessary' and the extent to which maternal and child health services are connected with the early years hubs outlined earlier.

In the provinces of Ontario and British Columbia, nurse home-visiting is offered to vulnerable first-time mothers through the Family-Nurse Partnership program⁵⁰. This voluntary, preventive programme, which is implemented in parts of Australia (including adaptations of the program for Aboriginal and Torres Strait Islander families) entails regular home visits conducted by specially trained nurses from early pregnancy until the child reaches approximately two years of age. The program was developed in the United States and has also been implemented in other countries – with impact results varying across contexts. Research in Canada over three years to 2017 found only modest positive impacts of this program with slightly reduced prenatal use of cannabis and cigarettes⁵¹.

While most child, maternal, and mental health services across Canada are comprehensive, free, and universal, those deemed non-essential attract a fee. This includes dental and many allied health services including specialised midwifery, which is why approximately 67 percent of Canadians have private health insurance, often through their employer⁵². Unemployed people and those who cannot afford private health insurance are at risk of missing out. There are also concerns about health disparities between Indigenous and non-Indigenous Canadians. To address this, the federal budget includes targeted funding of \$CAD 5 billion (\$AUD 5.7 billion) for Indigenous peoples, for expenditure on education, the environment (for example, water quality), and health and social services.

A core value that now permeates all child health provision in Canada, especially for Indigenous children, is Jordan's Principle in honour of Jordan River Anderson, a First Nations boy born in 1999 with complex medical needs. Jordan died in 2005. Throughout his short life the federal and provincial governments disagreed about financial responsibility for the home-care expenses Jordan needed so he never left hospital nor slept in his family home⁵³. Collective and disaggregated expenditure on Indigenous child health and wellbeing from all federal, provisional, and Indigenous government sources is now monitored and reported as Jordan's Principle through the Truth and Reconciliation Commission⁵⁴.

Research on service delivery models for Indigenous children and families in Canada resonate with efforts in Australia to embed culturally responsive practices in the health (and other) sectors. One example from Canada is the Dream Catcher Service Delivery Model which seeks to merge western medicine with First Nations science to create safe spaces for healing⁵⁵. The delivery model is a seven-step process which entails slowing down, deep listening, reframing, involving others, shared responsibility for healing, follow-up, and reconciliation of the spirit.

Another parallel with Australia relates to data sovereignty and the paucity of data on topics of priority concern to Indigenous peoples in Canada. To address this, First Nations and Inuit Health Branch within

Health Canada developed the First Nations Regional Longitudinal Health Survey in 2002 and completed a repeat collection in 2009 to establish a longitudinal series of Indigenous Children's Health Reports. The survey was developed in consultation with 238 Indigenous communities across Canada and collected data on 30 topics that reflect First Nation people's conceptualisation of child health and wellbeing alongside Western understandings⁵⁶.

Family Support

High-level family support metrics in Canada are provided below in **Table 6**, with commentary on key features provided after the table.

Table 6: Family support metrics for Canada

		Canada
Maternity	Statutory paid leave duration	15 weeks, \$AUD686.59/week means test and work test
Paternity	Statutory paid leave duration	5 weeks 55% of income
Additional Parental	Mother	35 weeks @ 55% of weekly income
	Father	OR 61 weeks @ 33% of weekly income
Total weeks of paid leave per child per family		55
Child Benefit		Child Benefit <i>means tested</i>
Other		Child Disability Benefit <i>means tested</i>

Source: <https://www.canada.ca/en/services/benefits/ei/ei-maternity-parental/apply.html>

An important backdrop to the widespread provision of 'medically essential' free health services and early years hubs in Canada is the federal government's provision of:

- maternal leave and paid parental leave benefits⁵⁷;
- a means-tested child benefit for children below the age of 17 years⁵⁸;
- a means-tested dental benefit for children under the age of 12 years⁵⁹; and
- the Child Disability Benefit, a means-tested payment of up to \$CAD264.41 (\$AUD295.54) per month to assist families with the additional cost of caring for a child with severe mental or physical disabilities⁶⁰.

The federal maternity benefit (up to 15 weeks) and parental benefits (up to 40 weeks with an 'extended' option to receive the benefit for up to 69 weeks at a reduced rate) are paid to employers to pass on to their employees at 55 percent of the applicant's income up to a maximum of \$CAD650 per week (or 33 percent

of the applicant's income to a weekly maximum of \$CAD390 if extended). These amounts convert in Australian dollars to \$AUD751 and \$AUD450 per week respectively^d.

For couples to receive the maximum parental benefit, it must be shared between partners: one parent cannot receive the parental benefit for more than 35 weeks (or 61 weeks if extended).

Maternity and parental benefits are linked to industrial laws which guarantee resumption of employment at the end of the leave period. The means-tested child benefit is based on the adjusted family net income (AFNI) and the age of the child: up to \$CAD7,437 (\$AUD8,582) is payable per year for children under 6 years of age; then up to \$CAD6,275 (\$AUD7,241) for children in the 6–17 years age-range⁵⁸. In some provinces/territories and/or for certain groups (for example, First Nations families), the above benefits may be further supplemented from province/territory sources.

The relative brevity of paid maternity and parental leave in Canada places it among the bottom ten on UNICEF's league table of 'child friendly rich countries' based on 2016 figures⁶¹.

The national government also supports several multi-sectoral early years health and development programs that are delivered through provinces/territories and targeted for "vulnerable families, and off-reserve First Nations, Inuit and Métis families and children"⁶². While these programs are funded through Canada's national health department, the programs are characterised by funding for community-based organisations with a footprint in socio-economically disadvantaged communities to support high-needs families in their midst via evidence-based family-support programs. The programs include *Aboriginal Head Start* to support the "spiritual, emotional, intellectual and physical development of Indigenous children, while supporting their parents and guardians as their primary teachers"⁶³ and the *Nobody's Perfect* parenting program for young, single, low-education parents of children aged from birth to five years, with evaluations finding it has been effective in building parental confidence, resilience, positive discipline, and parent-child interactions⁶⁴. *Nobody's Perfect* was developed in 1987 by Health Canada in partnership with four provinces, and has been adopted by several other countries, including Chile.

As with other areas of social policy and provision in Canada, provinces/territories are responsible for housing support, public transport and other forms of community-wide infrastructure that accrue benefits for families and their children. While this support is intended to mitigate adversity, research evidence suggests that social housing policy in Canada is creating high concentrations of disadvantage in communities where social housing predominates. These communities end up with a high proportion of single families and low-income families associated with a combination of insecure employment, low levels of education, disability and/or low income^{40 65}. Another study has observed that housing policy in Canada (and Australia and New Zealand) may be inadequate with respect to reducing residential mobility which is especially high among Indigenous families with young children. This mobility has been tentatively linked in research with emotional and behavioural difficulties for younger children⁶⁶.

Early Learning

High-level early learning metrics in Canada are provided below in **Table 7**, with commentary on key features provided after the table.

^d All local currency values in this report were converted Australian dollars on 22 October 2023 via <https://www.xe.com/currencyconverter/>

Table 7: Early learning metrics for Canada

		Canada
Childcare participation rate 2021 (%)^a	Under 2 years participation rate	No comparable data available
	2 years participation rate	
	3 years participation rate	
	4 years participation rate	
	5 years participation rate	93
Cost of childcare^b	Typical net costs for two children in full-time care, 2019, as % of women's median full-time earnings	30%
Compulsory school age (years)		6 varies by province/territory

Sources:

- <https://oecdch.art/8453130ba3>
- <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
- <https://expatchild.com/school-starting-ages-around-world/>

In Canada, the term 'early childhood education and care' applies to a broader range of services than in Australia. It "includes regulated child care, but also school-operated Kindergarten, Pre-Kindergarten, Early Kindergarten, Junior Kindergarten, nursery school, Pre-Primary, Maternelle, and parent and child centres, as well as Aboriginal Head Start"⁴⁶ all of which are centre-based group programs designed to support children's development and learning, delivered by qualified staff whereby children may attend on their own or with parents/caregivers.

The term 'child care' is used in Canada for regulated centre-based services that children ordinarily attend without a parent/caregiver. As in Australia, a combination of private businesses, non-profit organisations and municipal authorities operate child care services. All centre-based services must be licensed in accordance with standards set by individual provincial and territorial governments⁶⁷. While individual jurisdictions maintain data on child care participation rates by ages, these are not routinely collected centrally which is why comparable data for several cells in **Table 7** are not available. In catering for Indigenous children within early learning centres, a 2011 report stated that "the most significant difference between Aboriginal early learning programs and mainstream programs is the incorporation of Aboriginal languages and cultures into the curriculum as well as the involvement of community resource people such as Elders."⁶⁸

In contrast to Australia, the equivalent of family day care in Canada is unregulated, and "responsibility for monitoring all aspects—including quality, health and safety—rests entirely with parents"⁶⁷.

A substantial early learning reform announced in 2021 is a whole-of-Canada multilateral agreement – the *Early Learning and Child Care Agreement*⁶⁹ - committing all province/territory governments to reduce daily child care fees to \$CAD10 per day (i.e., \$AUD11.14) by 2026. This builds on the prior establishment in preceding decades of universal, free, and non-mandatory Kindergarten at school in most provinces/territories for four- and five-year-olds before compulsory school starts at six years of age. The

Canadian Government's promotion of this reform reflects strong economic drivers, i.e., "This is an economic issue as much as it is a social issue. The government's plan to build a Canada-wide, community-based early learning and child care system will create new jobs and growth, and get parents — especially mothers — into the workforce. Affordable child care is estimated to raise real GDP by as much as 1.2 percent over the next two decades."²⁹ The need to rapidly increase child care places in Canada has given rise to significant workforce development challenges for the education and care sector and concerns that the policy has framed the sector as "warehousing children to advance the economy" with insufficient attention being paid to the importance of program, relational and pedagogical quality⁷⁰.

Research by McCain and Mustard³² in the late 1990s and a later report by Pascal in 2009 - *With Our Best Future in Mind*³³ - significantly influenced policy and provision for early learning in Canada and abroad, including Australia at that time. An important factor in how quickly and closely policy makers in Ontario (and later, other Canadian provinces) embraced key recommendations from these landmark reports is that they were commissioned by Ontario's Premier of the day. The first recommendation was for the creation of a seamless "continuum of early learning, child care, and family supports for children from the prenatal period through to adolescence, under the leadership of the Minister of Education"³³. Other recommendations included mandatory establishment by municipal authorities (responsible for schooling in Canada) of Best Start Child and Family Centres within 'pram-pushing distance' of schools. These centres were to provide families with prenatal and antenatal care and information, flexible childcare options, parenting support including playgroups, family literacy programs and home-visiting as needed, nutrition counselling, child health checks and early identification and referral as necessary, and one-stop-shop community resources including libraries, family counselling and housing assistance³³.

The province of Ontario acted upon these recommendations and established numerous Best Start Child and Family Centres at or near elementary school sites across the province. These Best Start Centres were modelled on strategic and operational lessons generated through preceding research undertaken by the Ontario Institute of Studied in Education via five pilot sites for the 'Toronto First Duty' study⁷¹. By starting out with test sites, it was possible to prototype and refine operational features of family hubs before expanding to scale in Ontario (and beyond) as Best Start Family Centres.

Toronto First Duty (and later, Best Start Family Centres) seamlessly integrated childcare, kindergarten, family support (i.e., playgroups and parenting workshops including *Nobody's Perfect*, etc.) "via a single, consolidated delivery platform located in primary schools and coordinated with early intervention and family health services"⁷¹. Importantly, the name 'First Duty' reflects the initiative's moral purpose⁷² and an underlying commitment to equity and the rights of children and families, based on a central design principle to overcome service fragmentation via a cohesive, universal system of support.

The five Toronto First Duty pilot sites were the subject of a comprehensive evaluation, reported in three phases in 2006, 2009 and 2012. In Phase 1, it was found that children who regularly attended (i.e., four or more times per month) the family hubs before they started school performed better than peers who did not attend²⁴. This beneficial impact, measured via the Early Development Index, was evident across all five developmental domains. For families, beneficial impacts were evident with respect to home learning environments (i.e., regular reading to the child, extended 'serve and return' conversations, predictable home routines), feeling more empowered to talk with teachers and to help their child learn at home, improved referrals and easier access to services, and fewer hassles navigating the transition from childcare to school. Furthermore, service collaboration and multigenerational programs facilitated networking among parents, a sense of belonging and better community cohesion, positively impacting the wellbeing of parents as well as their young children²⁵.

The Toronto First Duty research also identified implementation challenges which require nimble leadership and careful management including "issues related to professional turf ... and working without

system support for integration across sectors that are themselves not integrated at higher levels of government”⁷². This included the absence of systematic tracking of referrals, follow-up, or outreach to preschool and subsequent schooling – challenges which became the focus of program refinements as the pilot program progressed.

Through the Toronto First Duty evaluation, five essential factors for success were identified: teamwork, shared programming, multiple access points, local governance, and parent involvement. An important evaluation finding was that the hubs have been able to engage marginalised families in their community. The Phase 3 evaluation noted that maternal education predicted levels of participation in the hubs “but in the opposite direction usually reported ... in this case, the lower the mother’s education level, the greater the likelihood of higher participation”²⁶. Separate research by McLennan and Howitt in 2018 foregrounded the pivotal nature of the centre coordinator’s role as ‘glue’ for the family hub – cultivating a welcoming and safe environment, knitting together a multidisciplinary team of practitioners, and cultivating strong relationships with and among families from all walks of life. It was also found that “parents were naturally woven into the tapestry of each school community” because the hubs were located on the school site⁷³.

Early years child and family hubs which integrate early learning, family support and childcare services have become ubiquitous across Canada today. While these hubs take many shapes and forms according to local needs and preferences across Canadian provinces/territories, they broadly reflect the vision of the core research initiated through the Toronto First Duty demonstration sites from the 1990s. To give a sense of scale and scope, the province of Ontario (Canada’s most populous province with approximately 15 million people) operates 400 dedicated ‘EarlyON Child and Family Centre’ s (previously known as ‘Best Start Family Centres’), plus a further 700 affiliated sites at libraries, schools, parks, and community centres⁷⁴. EarlyON Family Centres are open weekdays, weekends, and some evenings, and offer “free, high-quality programs for families and children from birth to six years old ... (where families can) ... learn and play with their child, meet people and get advice from early childhood professionals”⁷⁴. They combine four programs: Ontario Early Years Centres (centre-based and home-based childcare), Parenting and Family Literacy Centres, Child Care Resource Centres and Better Beginnings, Better Futures – the latter dating back to the late-1980s as a partnership between Ontario’s Education, Health, and Social Services ministries to reduce community-level disadvantage through locally-determined preventative actions. EarlyON Family Centres aim to provide “a system of responsive, high-quality, accessible and increasingly integrated programs and services that contribute to healthy child development and reflect the view of children, parents, caregivers and educators as competent, capable, curious and rich in potential and experience.”⁷⁵

Early years child and family hubs are governed by local committees comprising a mix of municipal or regional administrators from school boards, public health units, social and youth services, childcare providers, disability services, parents, and local community leaders⁷¹. Regulatory, financial, and operational accountability rests with provinces/territories which are responsible for the universal delivery of health, early learning, Kindergarten, childcare, and parenting support services within their jurisdiction. They are funded by province/territory governments (some of which comes from federal sources in block funding via multilateral agreements including the *Multilateral Early Learning and Child Care Framework*³⁷ and *10-year Plan to Strengthen Health Care*^{76 77}) and may also receive additional municipal or philanthropic contributions.

Social Protection

In Canada, the responsibility for protecting and supporting children at risk of abuse or neglect rests with provincial/territorial governments and Indigenous child welfare organizations which protect children and encourage family stability. While variation exists in the structure and organization of services across

jurisdictions, all apply mandatory reporting, careful maltreatment investigations to determine needs, court orders to enforce services, and the placement of children in a range of out-of-home care settings⁷⁸.

Indigenous children are significantly over-represented among Canadian children in foster care. In 2021, 53.8 percent of children in foster care were Indigenous, whereas only 7.7 percent of the country's child population are Indigenous. Furthermore, 38 percent of Indigenous children live in poverty compared with only 7 percent of non-Indigenous children⁷⁹.

A priority for child welfare activity in Canada focuses on calls to action from the Truth and Reconciliation Commission in 2015. They include a call for culturally appropriate parenting programs for Indigenous families, reduction in the number of Indigenous children in care, and regular reporting of key out-of-home-care data incorporating comparisons with non-Indigenous children. There is also a commitment to honour 'Jordan's Principle', named in the memory of a young First Nations boy, and ensures that Indigenous children in Canada can readily access the services and support they need. An early action was for the First Nations Child and Family Services program to shift its focus from protection to prevention, and to co-develop the *Act respecting First Nations, Inuit and Métis children, youth and families* which came into force in 2020. The Act sets national principles and minimum standards by which holistic community-driven decisions about the care and support of Indigenous children will be reached, focusing on prevention, and supporting families to stay together⁸⁰.

Early Years Governance in Canada

Regulatory Instruments

The Constitution of Canada (1867 and 1982) specifies how responsibilities are shared across federal and province/state governments and sets the frame for all other regulatory instruments within which its early years system operates⁸¹. As in Australia, Canada's federal government is broadly responsible for national institutions and policy settings, and the collection and distribution of income taxes while provinces/territories are responsible for service delivery. The key mechanism used by the federal government to leverage nation-wide equity and policy coherence is multilateral agreements which set out collective goals and principles, delivery targets and block-funding allocations for provinces/territories whilst also permitting flexible delivery pathways. Actual service delivery on the ground is frequently undertaken by municipal bodies including school boards, health clinics and housing authorities which are required to comply with regulations and contractual obligations and administered by their relevant province/territory.

The adoption of successful policies and practices in one jurisdiction (e.g., the Toronto First Duty model of hubs) often creates public expectations in other jurisdictions of similar policies being implemented in their own province/territory. In this manner, as in Australia, a strong (albeit informal) regulatory force yielding cross-jurisdictional stability, equity and collaboration across Canada are the normalisation of effective practices, public expectations, and a prevailing culture of sharing good ideas and expertise⁷¹.

Resource Flows

As noted above, time-specific multilateral agreements between the federal and provincial/territorial governments are the key mechanisms used to leverage unified policy and practices with respect to the early years system in Canada. Multilateral agreements were used to achieve universal free Kindergarten for four- and five-year-olds, and are currently being used to improve access and reduce the cost of childcare provision across Canada. With respect to power dynamics, the federal government treads gently when engaging with Quebec, and a standard feature of the multilateral agreements reviewed was a caveat as follows: "While the Government of Québec supports the general principles of the Early Learning

and Child Care Framework, it does not adhere to the Framework as it intends to preserve its sole responsibility in this area on its territory. The Government of Québec expects to receive its share of the federal funding and will continue to invest significantly toward programs and services for families and children.”⁸²

In addition, the federal government administers programs of targeted funding for families and children who face additional adversity. For example, the Community Action Program for Children (CAPC) has operated for over 25 years and currently assists 410 community-based agencies to deliver programs that promote healthy development for at-risk children⁸³. The latest evaluation of this program covers the five years to 2020 and found that while complementarity exists between CAPC programs and those delivered by provincial/territorial governments in most jurisdictions, this was variable and that some gaps and fragmentation prevail in some jurisdictions.

Monitoring

Multilateral agreements include a commitment for provinces/territories publicly report on progress against indicators set out in the agreement. For example, indicators in the Multilateral Early Learning and Child Care Framework relate to *quality* (i.e., number and proportion of providers engaged in professional development, innovative tools, etc), *access, affordability, and flexibility* (number and percentage of children with access, receiving subsidies and flexible hours, models, etc.), and *inclusivity* (number of children receiving programs designed for diverse populations, additional needs, or low-income families)⁸².

The Government of Canada recently published a 2023–2026 Data Strategy for the Federal Public Service⁸⁴ however this strategy is specific to data management and clarity of responsibilities within and across federal agencies. It does not address harmonisation of data sets with provincial/territorial governments. There is reference to building on lessons of the COVID-19 pandemic to work with provinces/territories on shared collection, access, and use of health data, however provinces/territories have resisted attempts by the federal government to introduce data sharing requirements to the 10-year Health Accord 2024-2034 currently being negotiated.

The Early Development Index (EDI)³ – the basis for the Australian Early Development Census – was developed at McMaster University in Canada however Canada-wide collections of the EDI do not occur. Individual provinces/territories choose of their own accord (and at their own expense) to partner at different times with McMaster University to collect EDI data and individually decide how and where to publish their results. As such, there is no comparable or transparent Canada-wide record of children’s developmental outcomes within or across provinces and territories.

Chile

Key observations about the early years system in Chile

From afar, *Chile Grows with You* is a remarkable 15-year achievement for a country with recent history of dictatorship, continuing (albeit democratic) cycles of ideological polarity and a high degree of economic and geographic inequity. President Michelle Bachelet is widely credited with the transformative vision, leadership, deep knowledge, moral purpose, political nous, and strategic foresight needed for *Chile Grows with You* to take root in 2006, expand in 2007 and continue to flourish to this day. In the decade up to 2017, nearly two million women registered in the program and 646 692 children were identified as needing additional support⁸⁵ - in a country with a population below 20 million (i.e., around 75 percent of Australia’s population).

Under President Bachelet's leadership, widespread consultation and public information campaigns occurred in advance of the strategy to build consensus on the evidence across diverse stakeholders including political opponents and municipal comunas which would be responsible for operationalising the reforms. Significantly, the driving purpose behind *Chile Grows with You* is a moral commitment to address inequity and, first and foremost, to honour the country's obligation to prioritise the health, development and learning of its children. While it was recognised that economic benefits for families and children may accrue from the program, it was not founded on economic or workforce participation imperatives.

Chile Grows with You is a cohesive, universal 'whole of nation' strategy which combines guaranteed free healthcare, family support, education, and social protection. Of all the programs and strategies examined across the countries selected for this review, *Chile Grows with You* most closely reflects a systems approach to the early years. Furthermore, it faithfully translates layers of international early childhood research evidence into policy – including the macro-economic evidence which shows that wise and substantial investment in the early years accrues significant future cost and opportunity savings for governments, children, and families. The program is backed by a substantial public funding which increased rapidly from an annual budget of \$AUD11.9 million in 2007 to a maintenance level of \$AUD123.3 million by 2017. Significantly, the budget for *Chile Grows with You* is protected in perpetuity through legislation⁸⁶.

Key operational features of *Chile Grows with You* include the following:

- Formation of a non-sectoral coordinating body at each level (central, regional and comuna) led by the Ministry of Social Development in partnership with Health and Education line agencies. Line agencies at each level are allocated funds for delivery and must report to partners and to the oversight tier above them. This cascading model permits local flexibility and community-driven programming through municipal networks within systemic planning, funding, and reporting parameters.
- Use of a digital data collection and exchange platform – the SDRM – with every individual mother (and child) registered in the system through the health sector at their first prenatal appointment. Thereafter, the journey of the mother, child, and family through Chile Grows with You is captured on the SDRM to facilitate programme management, routine appointments, and follow-up referrals as necessary, and intersectoral coordination systems monitoring at granular and aggregated levels to inform local and global program improvements. This individualised data management system enables program differentiation – “to everyone according to need at the right time in the right way”⁸⁵.
- Explicit and sustained investment in professional development – including in processes of working together and trusting the expertise and perspectives of other disciplines.

The introduction of *Chile Grows with You* in 2006 was accompanied by two other complementary political reforms which enabled and reinforced the program. One related to women's rights and gender equity, noting that Chile's ranking in the Global Gender Gap was 78th in 2006⁸⁷, rising to 27th in 2023, one spot behind Australia. The other reform was to decentralise government power and distribute more authority, funding, and responsibility to municipal comuna who had better knowledge of community needs and aspirations. The latter strategy embedded local 'ownership' of the program and provided a mechanism to exercise localised flexibility.

Table 8: Snapshot of the Early Years system in Chile

Context	Econo-political	A unitary democratic republic with power concentrated on central government led by the President. A system of regional provinces comprising 346 comunas (municipal governments) each led by a mayor.
	Socio-cultural	History of high levels of socioeconomic, spatial, gender and cultural inequity, however these gaps have reduced in the past 15 years, coinciding with implementation of <i>Chile Grows with You</i> .
Provision	Health	<i>Chile Grows with You</i> introduced a new model of integrated cross-sectoral early years practice whereby comuna are responsible for development of children and coordinating services targeted to each child and their family. Programs and supports provided and/or funded by the central government and targeted at households in the bottom 60 percent income bracket, with further targeting of services according to identified additional needs for individual children or families.
	Family Support	Labor Laws make provision for maternity, paternity and parental leave and the central government funds maternity and parental benefits payments. Complementary family support programs (Parenting Workshops, local community connectors, playgroups) are part of <i>Chile Grows with You</i> . Additional assistance with housing and family benefits for low-income households are also provided.
	Early Learning	Public providers cater for 80 percent of children at near-zero cost. Quality standards permit low teacher ratio, but solid ratio of assistants. Complementary early learning programs include supported playgroups, mobile seasonal childcare and 'Know your Child' program akin to HIPPIY. Enrolments increasing but remain below OECD mean from a low base. Chile Grows with You program suite includes a parenting program with a dual focus on parent capabilities and home learning environments.
	Social Protection	Individualised monitoring of child needs occurs via a national <i>Chile Grows with You</i> data management system, with interventions triggered when risks occur. Arrangements for children who age-out of <i>Chile Grows with You</i> are less certain with reform efforts in progress.
Governance	Regulatory Instruments	Institutionalisation of <i>Chile Grows with You</i> by Law 20 379 in 2009, guaranteed consistent and increasing national budget allocations, systematic collection, and use of data for programme management, and coordination of health, education, and social services.
	Resource Flows	Central Ministry of Social Development is responsible for the budget and transfers implementation funds to the ministries of health and education and to municipalities, based on performance standards and indicators. Funding agreements promote local accountability and flexibility. Annual funding allocations rapidly rose from \$AUD11.9m in 2007 to \$AUD123.3m in 2017.
	Monitoring	Multi-sectoral, nation-wide data management system – the SDRM based on its Spanish acronym – developed for <i>Chile Grows with You</i> to accompany individual children (and their family) from conception to school entry at the age of five years. On the SDRM, each child and parent has their own unique identifier.

Background on Chile

The main reason the Republic of Chile was selected for this review is its bold *Chile Crece Conitgo* (which translates from Spanish to 'Chile Grows with You') early years reform initiative introduced in 2007 by President Michelle Bachelet – Chile's first female president who is also a paediatrician with deep knowledge of how and why early childhood development is important to a country's social and economic progress⁸⁶.

While Chile shares fewer direct historical, political, or cultural ties with Australia, several geographical, economic, and logistical similarities do apply. Like Australia, Chile has a highly urbanised population hugging its long coastline with dispersed remote communities in its interior, an economy dominated by commodity exports (mining, agriculture, and forestry)⁸⁸, and a history of (Spanish) colonisation including displacement and dispossession of its indigenous Mapuche people who are now over-represented among Chileans experiencing poverty.

Chile is a unitary democratic republic whereby its president, elected via popular vote for four years, is both head of state and head of the government. Law-making occurs through two chambers of the national legislature – the 50-member Senate, and the 155-member Chamber of Deputies⁸⁹. As a unitary system, laws introduced by the President and endorsed by the National Congress apply across all of Chile's 15 regions which comprise a total of 54 provinces. The provinces are divided into 346 comunas (municipalities), each of which has an elected council led by a mayor who is responsible for "directing, managing and overseeing municipal government"⁹⁰. Despite constitutional provisions for municipal governance across Chile, the OECD has observed that, historically, real authority and power in Chile has been highly centralised, limiting opportunities for local adaptation of national policies⁸⁸.

By South American standards, Chile's government is considered relatively stable⁹¹ despite the fact that its constitution is currently being redrafted for the second time in two years⁹² and the 17 years of General Pinochet's dictatorship which ended in 1990. While the 30-year post-Pinochet 'return to democracy' period has been characterised by alternating swings between left- and right-wing political ideologies⁹³, civilian rule has endured, corruption has declined and the separation of powers between government and the judiciary has been maintained. In 2022, Chile was rated a 'full democracy' by the London-based Economist Intelligence Unit⁹⁴ and Freedom House, an independent organisation that gives scores (out of 100) to countries based on political and civil liberties, gave Chile and Australia similar scores, i.e., 94 and 95 respectively⁹⁵.

Early Years Context in Chile

Econo-political Context

High-level econo-political metrics in Chile are provided below in **Table 9**, with commentary on key features provided after the table.

Table 9: Econo-political metrics for Chile

		Chile
Political	Population ^a	19,629,000
	Political rights (out of 40) ^b	38
	Civil liberties (out of 60) ^b	56
	Corruption perception rank (of 180) ^c	27 th
Economic	GDP per capita (\$AUD) ^d	40,677
	Tax burden as % of GDP ^d	19.3
	Extreme Poverty (% of pop'n, 2021) ^e	0.75
	Gini Coefficient of Equality in 2019 ^f	44.9
	Credit Rating (S&P) ^g	A
	% of GDP spent on 'Family' in 2019 ^h	1.7
	Unemployment (% in 2023) ⁱ	7.8

Sources:

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>
- <https://www.heritage.org/index>
- <https://ourworldindata.org/poverty>
- <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>
- https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
- <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- <https://www.worlddata.info/unemployment-rates.php>

Chile has “one of the highest levels of inequality among the world's industrialised countries”⁹⁶ whereby the richest 1 percent of Chile's population receive 26.5 percent of its income and the poorest 50 percent of its people must share 10.2 percent of its income⁹⁷. The severity of this economic inequality, however, has steadily abated post-Pinochet: Chile's Gini coefficient of inequality was 57.2 in 1990⁹⁸, improving to 44.9 in 2020 (compared with 32.6 in Australia in 2019)⁹⁹.

As in Australia, the indigenous Mapuche people (approximately nine percent of Chile's population), are over-represented among Chileans experiencing poverty and other forms of adversity. Dispossession and discrimination have given rise to activism and organised conflict with police and government authorities, especially following the return to democracy after the Pinochet era¹⁰⁰. They are seeking greater autonomy and recognition of rights in the new Chilean Constitution, which is currently being redrafted, and the return of historical lands¹⁰¹.

Significant, sustained, and widespread protests and riots erupted in Chile in late 2019¹⁰². Analysis by the International Monetary Fund of factors contributing to the unrest found that despite empirical evidence that inequity in Chile has declined in recent years, many Chileans *perceive* it to be increasing. The analysts concluded that while Chile's economic and social progress has been fairly rapid, expectations have moved more quickly, akin to 'Tocqueville Paradox'¹⁰³.

To address inequity, including its spatial dimension whereby wealth is concentrated in certain localities, an important macro-policy introduced by President Bachelet during her second presidency (2014 – 2018) was to decentralise power to enable the adaptation of national policies to reflect local needs. This macro-policy included mechanisms to improve cross-sectoral policy coordination at the central level, the devolution of resources and accountabilities to the regional level, and initiatives to strengthen human capacity in the regions to ensure effective use of this newfound autonomy and flexibility. The implementation and consolidation of *Chile Grows with You* occurred within the context of the broader decentralisation macro-policy. According to a 2021 report from the International Monetary Fund, inter-regional inequality in Chile has significantly dropped during the past 20 years and it is likely that efforts to decentralize power have contributed to this improvement¹⁰³.

Socio-cultural Context

High-level socio-cultural metrics in Chile are provided below in **Table 10**, with commentary on key features provided after the table.

Table 10: Socio-cultural metrics for Chile

		Chile
Human Capital	% women 24-35 tertiary qualified ^a	43.6
	% men 24-35 tertiary qualified ^a	37.0
Gender Equity	Intimate partner violence ^b <i>% of women ever experienced</i>	21
	Pay Gap (2022) ^c	10.9%
	World Economic Forum Rank ^d opportunity, education, health, empowerment	27
	World Economic Forum Score (/100) ^d	77.7
Social/Emotional Capital	World Happiness Ranking ^e	35
Hofstede Cultural Dimensions^f	Power distance	63
	Individualism	23
	Motivation for achievement/success	52
	Uncertainty avoidance	86
	Long term orientation	31
	Indulgence	68

Sources:

- <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
- https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHL&view=trend
- <https://data.oecd.org/earnwage/gender-wage-gap.htm>
- <https://www.weforum.org/reports/global-gender-gap-report-2023>
- <https://worldhappiness.report/ed/2023/>
- <https://culturalatlas.sbs.com.au/> and <https://www.hofstede-insights.com/intercultural-management>

In addition to the significant economic and spatial inequity in Chile outlined above, there are important socio-cultural differences between Chile and Australia. According to ratings on Hofstede's dimensions of national culture⁴⁴, Chileans have a stronger orientation towards collectivism and cooperation (whereas Australians tend to be individualistic and competitive), are more accepting of inequity than Australians, and have an aversion to uncertainty or ambiguity, preferring clear rules.

Traditional gender roles (women as homemakers and carers for children and the elderly, men as breadwinners) prevail in Chile⁸⁸ and compared with Australia, there is a larger disparity in employment earnings between men and women, however the gender pay gap in Chile is smaller than in each of Canada, Estonia, Finland, and the United Kingdom⁸⁸. Female workforce participation is trending upwards (i.e., from 31 percent in 1990 to almost 49 percent in 2022¹⁰⁴) and in the 2023 Global Gender Gap Report, Chile was ranked at 27th position (up from 30th the previous year) and is now just one spot above Australia at 26th position¹⁰⁵.

Chile has ratified the United Nation's Convention on Children's Rights, however the extent to which these are upheld for the children of poor families is uncertain¹⁰⁶. Children as young as five years of age are compelled to work to help support their families, there are still 'street children' in large cities, and the country's healthcare system replicates economic and spatial inequities.

Early Years Provision in Chile

The *Chile Grows with You* initiative is the unifying feature of Chile's early years provision. Introduced in 2007 with a clear focus on equity, the initiative manifests three macro-policies that characterised Chile's government under President Bachelet's leadership during 2006 to 2010 and again during 2014 to 2018, i.e.: education reform (human capital as a means to achieve economic equity), decentralisation of power (spatial equity), and women's rights (gender equity).

Chile Grows with You was designed with a strong evidence base^{86 5}. This includes investing in children's health, development and learning from conception onwards, recognising that the best way to support children is to support the families and communities that raise them (the ecological model), and making sure the systems that wrap around children and their families are comprehensive, complementary, and coordinated to ensure that continuity and seamless transitions are not left to chance. The initiative drew inspiration from the USA's Head Start and the UK's Sure Start. It has attracted praise from the World Bank, and key features of *Chile Grows with You* have been adopted by Brazil, Peru, and Uruguay⁸⁵.

Chile Grows with You introduced two operational principles that were new to Chilean public policy at the time: (a) preferential provision targeting Chile's most vulnerable households; and (b) state-guaranteed service access and quality. These principles applied across a comprehensive range of health, parenting, employment support and early learning services, coordinated by an Executive Committee comprising key line agencies (Education, Health, etc.) and chaired by the central Ministry of Social Development via a system of governance (and funding) distributed through municipalities and a comprehensive unified data-management system⁸⁵. The initiative incorporated and built upon existing service platforms across the health, early learning, and parenting sectors and follows the trajectory of each child's development from conception to six years of age, with capacity for additional support according to individual needs. As of 2018, the suite of complementary programs and administrative tools associated with overarching *Chile Grows with You* umbrella program comprised the following⁸⁵:

- Legal registration of a birth and allocation of a Unique National Identification – to enable each child's individual growth, development, needs and program participation to be tracked

- National Immunization Program – national standards and mechanisms to track take-up
- National Complementary Feeding Program – universal program providing fortified milk and cereals to pregnant women, breastfeeding mothers, children under 6 years. Access is contingent on having up-to-date vaccination records
- General Regime Governing Explicit Health Guarantees – healthcare plan for a priority list of health circumstances including pregnancy, newborns, pre-term babies, children under 6, children with identified additional needs, etc.
- Child Care or Nursery School for Infants under 2 and Preschool for Children Aged 2 to 4 – guaranteed free access for children from 85 days of age to 4 years of age, quality assured by the National Early Childhood Education Board (JUNJI), with flexible options including multi-generational playgroups and mobile services
- Family Allowance and Family Subsidy –to contribute to the economic wellbeing of households with children
- Mechanism for the Protection of Maternity – to protect the care of newborns and enable mothers (and to a lesser extent, fathers) to care for their children in the months immediately after birth
- Educational Program for parents – multifaceted public information campaign utilizing radio, internet, social media, and distribution of printed brochures to build public knowledge of the first 2000 days and the importance of attachment, skin-to-skin contact, serve and return conversation, predictable routines, nutrition, stimulation, etc.
- Biopsychosocial Development Support Program – personalised screening and support for every child with records maintained on the Chile Grows with You database. Administered via regular universal health checks enabling prompt identification and intervention for children with developmental issues.
- Gestation and Birth Guide: Beginning to Grow - an educational tool which aligns the pregnancy timeline with relevant, motivating, and useful information designed to support pregnancy, childbirth, and postnatal phases in a culturally responsive manner.
- Newborn Support Program – a kit with comprehensive information for the parents of newborn children, supplemented with one-on-one and group sessions to build knowledge and relational support
- Informative and Educational Materials for Children - “Discovering Together” – information for the parents of children under three years of age, delivered and explained one-on-one by child health nurses during universal health checks
- Nobody's Perfect Parenting Skills Workshop – parenting program adapted from Canada to promote parenting skills, delivered in six or more group sessions to also build family social connections and support networks
- Workshops on the Early Promotion of Motor and Language Development in the First Year of Life – group sessions to promote freedom and autonomy in exploration among children under 12 months
- Child Development Support Initiatives – sensory rooms and stimulation activities for children under four years of age who are presenting with signs of developmental delay
- Child Mental Health Support – for older children to nine years of age presenting with mental health, socio-emotional and/or behavioural issues. Program includes parenting skills.
- Games Corner: Integrated Learning Support Program – to promote free play opportunities for children in the 4-5 years age bracket, delivered through schools with the support of a nationally distributed kit.
- Technical and Technological Assistance Financing Program for Inclusion – focused on children who have a disability in the lowest 60 percent of income-bracket households to ensure technological supports (devices, equipment, computer programs) can be accessed as needed
- Information Management Tool: Chile Grows with You Registration, Referral, and Monitoring System (the SRDM) – overarching tool to monitor individual children from first prenatal appointment to age nine years
- Institutional Strengthening Tool: Municipal Strengthening Program – to support municipal networks with day-to-day operations, referral pathways, local data analysis and priority-setting, etc.

- Innovation Tool: Competitive Fund for Childhood Initiatives – available as funding bids submitted annually by municipalities and non-government organisations
- Budget Management Tool: Agreements for Fund Transfers to Institutions – to facilitate oversight and linking allocations to participation data and systemic targets.

Each of the above programs and tools are routinely evaluated in terms of operational veracity, uptake, and participant satisfaction. Internally, data are also available via the nation-wide *Chile Grows with You* data management system – the SDRM based on its Spanish acronym⁸⁵ – on child health status, however “Chile has currently not reported a national indicator on proportion of children under five years of age who are developmentally on track in health, learning, and psychosocial well-being” and there is a lack of publicly available randomised evaluations with respect to impact on child outcomes¹⁰⁷.

It is fitting that the following more detailed outline of early years provision in Chile commences with *Health* because, by law, children join *Chile Grows with You* when their mother attends her first gestation check-up in the public health system¹⁰⁸. At that point, mother and unborn child/ren are issued with a unique identifier and registered on the SDRM. From registration onwards, *Chile Grows with You* accompanies the child and mother until the child starts school at the age of five years, and continues to monitor the child's schooling and other outcomes to nine years of age. A key design feature – to follow children from conception into school – is reflected in the initiative's name¹⁰⁹.

Every interaction the child and mother have with *Chile Grows with You* is recorded on the SDRM, and push-notifications for services and families are generated by the SDRM when check-ups are due or when issues arise in one service that need to be referred to another complementary service that is also part of the *Chile Grows with You* system.

Health

High-level child health metrics in Chile are provided below in **Table 11**, with commentary on key features provided after the table.

Table 11: Child health metrics for Chile

		Chile
Mortality	Infant mortality (per 1,000) ^a	5.6
	Under five mortality (per 1,000) ^a	6.6
Vaccination	Third dose of DTP vaccine (%) ^a	85

Source: <https://data.unicef.org/country/>

Chile Grows with You is targeted at the 80 percent of families who use the public health system. The remaining 20 percent of families use private health services which they pay for via private insurance⁸⁶. As noted above, mothers (and their unborn child) are automatically recruited into *Chile Grows with You* when they attend their first gestational health check at a public health clinic. Upon recruitment, they are registered on the SDRM and the engagement of mother and child with health, family support, early learning, parenting, and other intervention services are tracked on the SDRM data platform until the child reaches nine years of age.

An important part of public infrastructure that preceded introduction of *Chile Grows with You* was the establishment of universal healthcare coverage by 2005. This platform was built upon through *Chile Grows with You*, whereby families in the public health system are now guaranteed access to antenatal care, professional care during birth, comprehensive care for children in hospitals, home visits for vulnerable families (i.e., families in the bottom three income quintiles) and universal children's health checks including immunisation⁵. In addition, vulnerabilities in the mother or the child (e.g., postnatal depression, developmental delay, domestic abuse) are systematically identified via the 'Biopsychosocial Development Support Program' whereby screening for issues occur during regular health checks and any concerns are recorded on the SDRM and trigger the intervention of the appropriate health and/or social services professionals. All of the above maternal, child-health and intervention services are provided by the Ministry of Health through a national network of public hospitals and primary care centres linked with family health community centres and rural health posts and recorded in the SDRM. For families in the bottom two income quintiles, the services are free⁸⁶.

One observation made by the OECD in 2015 is the need for *Chile Grows with You* to incorporate complementary investment in public health campaigns to address smoking, alcohol, diet, and exercise and to encourage a move from a hospital-centric health system that provides expensive, episodic care towards the primary care system⁸⁸. *Chile Grows with You* does, however, include a mass-media public education campaign on the importance of early childhood health, development, and learning delivered via weekly radio and television broadcasts, a website, bulletins and material for children and families distributed through medical centre waiting rooms¹⁰⁸.

Family Support

High-level family support metrics in Chile are provided below in **Table 12**, with commentary on key features provided after the table.

Table 12: Family support metrics for Chile

		Chile
Maternity	Statutory paid leave duration	18 weeks, 73.2% weekly pay work test
Paternity	Statutory paid leave duration	5 days full pay, paid by employer
Additional Parental	Mother	12 weeks @73.2% pay OR
	Father	18 weeks @50% pay work test
Total weeks of paid leave per child per family		31
Child Benefit		Family Subsidy 60% low income households
Other		Housing assistance

Source: https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/annual_reviews/2019/Chile_2019_0824.pdf

The family-centric approach that characterises *Chile Grows with You* necessarily entails differentiated family support through wrap-around, place-based service provision for children and their families. In addition, a government-administered social housing registry has data on three-quarters of all households, and assigns 'vulnerability ratings' to each. Households in the bottom quintile qualify for additional benefits (subsidies, cash transfers and preferential access to social programs) under the Social Protection System^{86 110}.

A Family Subsidy is payable to mothers who are part of the 60 percent most vulnerable of the population and who can "prove annually, until the child is eight years old, that he or she participates in the health programs for childcare of the Ministry of Health"¹¹¹. While it is not possible to directly attribute program uptake to any single aspect of Chile's early childhood reforms, the following metrics illustrate a range of improvements that occurred between 2007 and 2017: the number of women with psychosocial risk who received home-visits rose from 13,310 to 72,547; the number of children identified with psychomotor delay who received home visits rose from 2,754 to 46,033; the proportion of children's routine health visits attended by their father rose from 14 percent to 19 percent; and by July 2017, the *Chile Grows with You* register held health and wellbeing data on 73 percent of the national population⁸⁶.

Paid maternity, paternity and parental leave are also provided, funded by the government, and protected as rights in the Labor Code. In certain circumstances, women who are unemployed at the time they become pregnant may also be eligible for government-funded maternity benefits.

Women are required to commence paid leave for 'prenatal rest' six weeks before the expected date of childbirth and entitled to a further 12 weeks of paid 'postnatal rest' after childbirth. Statutory insurance arrangements provide her with 73.2 percent of her regular pay. After the 12-week postnatal rest period, an additional 12 weeks of paid parental leave are available with flexible options: the default model is for mothers to take all 12 weeks paid at 73.2 percent of their regular rate of pay. Alternatives include the mother extending this parental leave entitlement to 18 weeks paid at 50 percent of her regular pay rate, or the mother taking the first six weeks and transferring the second set of six weeks to her parents or to the child's father¹¹². Data on the rate of uptake for these alternatives were not found, however research from other countries has shown that flexibility is beneficial for families as they adjust to the arrival of a new baby¹¹³. Female employees are also entitled to a paid breastfeeding break of at least one hour daily until their child reaches two years of age¹¹⁴.

Fathers who are employed on a permanent or fixed-term contract are entitled to five working days of paternity leave, fully paid by their employer, after the baby arrives. The father can choose to either take this paid time off in one block straight after the birth or distributed over the first month after birth. Self-employed workers do not receive any payment¹¹². While data on the uptake of paternity leave were not found, this provision was described as 'obligatory' in the literature. Furthermore, there is evidence that in the decade between 2007 and 2017, the rate at which fathers in Chile attended childbirth and their children's routine health checks increased⁸⁶.

In addition to the family support mechanisms outlined above, in June 2020, the Chilean Government introduced a two-year emergency plan with a significant increase to expenditure on social infrastructure, household incomes, health services and housing to support the economy and assist low-income families in particular to recover from the hardships associated with the COVID-19 pandemic¹¹⁵. The emergency plan includes a commitment to build 260,000 homes to reduce housing costs and will be funded through new mining royalties and taxation reforms that target wealthy companies and individuals whilst also reducing consumption tax¹¹⁶. This two-year injection of emergency funding through 2020 and 2021 explains the significant increase in the level of *Family* expenditure noted in **Table 10**. The pre-2000 level of *Family* expenditure in Chile was lower than in Australia (i.e., *Family* expenditure in Chile during 2019 was 1.7 percent of GDP compared with 2.3 percent in Australia the same year, however this rapidly increased

in Chile to 3.2 percent and 8.2 percent for 2020 and 2021 respectively)¹¹⁷. The intended level of *Family* expenditure in Chile for 2023 and beyond is unknown.

Early Learning

High-level early learning metrics in Chile are provided below in **Table 13**, with commentary on key features provided after the table.

Table 13: Early learning metrics for Chile

		Chile
Childcare participation rate 2021 (%)^a	Under 2 years participation rate	13.2
	2 years participation rate	33.3
	3 years participation rate	51.3
	4 years participation rate	78.5
	5 years participation rate	91.5
Cost of childcare^b	Typical net costs for two children in full-time care, 2019, as % of women's median full-time earnings	0%
Compulsory school age (years)^c		6

Sources:

- <https://oecdch.art/8453130ba3>
- <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
- <https://expatchild.com/school-starting-ages-around-world/>

There are two leading providers of publicly-funded early childhood education and care in Chile – JUNJI (the National Board of Nurseries for its acronym in Spanish) and Integra Foundation¹¹⁸ – which jointly provide approximately 80 percent of the available services. The remaining 20 percent is provided privately, mainly to high-income families. While this review did not find studies comparing the outcomes of children attending privately- and publicly-funded services, the OECD reported in 2018 that compared with other member countries, Chile has the highest percentage of early childhood education and care services catering for concentrations of children from low-income households and children with special needs¹¹⁹.

In a separate study by the OECD on childcare affordability in member countries in 2019, it was found that the net cost of childcare for parents in Chile is close to zero¹²⁰ and, from a very low base pre-2007, this has contributed to a substantial increase in preschool participation rates for three- and four-year-olds¹²¹.

All public and private early childhood education and care services must gain a license to operate and comply with national regulations introduced in 2017. These regulations stipulate compliance with a national curriculum, staff-to-child ratios, and group sizes. For example, for groups of children under age two years of age, one assistant per seven children and one teacher per 42 children and one food operator per 40 children are required; for children aged 5-6 years, one assistant and one teacher per 35 children is required and maximum group size is 45¹¹⁹. Evaluations of the child-level impact of these new process requirements in Chile were not found, however a 2017 evaluation conducted by Chile's Department of Education reported that parent perceptions of early learning programs in Chile were positive¹²².

By law, *Chile Grows with You* guarantees unconditional free access to early learning for all children registered on the SDRM and aged three to five years through its 'Nursery School Program' delivered in purpose-built facilities in urban and semi-urban areas. As with service utilisation in the health sector, children's and families' utilisation of early learning services is recorded in the SDRM. Funding for Nursery School Programs is allocated annually from the national Budget Law, calculated according to a monthly unit value per child. These programs are operated either directly by JUNJI or Integra, or via service agreements with municipalities or non-profit entities. They are open 11 months a year full time and include a free school meals service¹⁰⁸. The first compulsory year of education from five years of age is Kindergarten, provided for free in public schools⁸⁶.

A study of women's labour force participation in Chile found that between 2007 and 2018, workforce participation among 22–54-year-old women with children increased more quickly than the increase evident among their peers without children. The gap in the rate of workforce participation between these two groups of women narrowed markedly from approximately 20 percent in 2007 (i.e., 47 percent for women with children compared with 67 percent of women without children) down to approximately 4 percent by 2018 (i.e., 68 percent for women with children compared with 72 percent for women without children). The researchers attributed this change to implementation of a suite of reforms including pre- and post-natal benefits, universal childcare, introduction of full-day school reforms combined with a gradual cultural shift in Chile challenging the traditional gender role for women as homemakers and carers¹²³.

In addition, early learning programs of an 'alternative nature' are provided for children from the age of two years until school entry in rural and semi-urban areas. These programs "offer a free comprehensive service, comprising education, food and social care ... (and) ... consider the family as the key player in the educational process." The range of alternative programs include: 'Family Nursery School' (sessional supported playgroups); 'Labor Nursery School' and 'Seasonal Nursery School' with hours to match mothers' work commitments; 'Intercultural Nursery School' for different Indigenous groups; and 'Family Program' and 'Know-Your-Child Program', both of which appear similar to Australia's Home Interaction Program for Parents and Youngsters (HIPPY)¹²⁴ program – programs conducted by trained practitioners in the family home to build parental confidence and knowledge as the child's first teacher¹⁰⁸.

The rate of enrolment in these various forms of Nursery School is increasing but remains below the OECD average, i.e., in 2020, 19 percent of children aged 0–2 years and 78 percent of children aged 3–5 years were enrolled, compared with 36 percent and 87 percent respectively across the OECD¹²⁵. Reflecting research on women's workforce participation in Chile, these low rates of enrolment may stem from two interrelated cultural factors: the extended family is a strong structural feature of Chilean society with multiple generations living in close proximity, and there remains a prevailing view that children should be raised within the home¹²³, but this may include by grandparents who live nearby or in the same house. This is evident in rules relating to parental benefits which permit mothers to transfer half of her entitlement to her parents¹¹².

The *Chile Grows with You* suite of programs also includes a parenting support program that has a dual focus on parenting capabilities and home learning environments. All registered families are encouraged to attend group sessions of the *Nadie es Perfecto (Nobody's Perfect)* parenting program, adapted from its Canadian roots¹²⁶, with supplementary home visiting support for families and children with identified vulnerabilities⁸⁶. Strategic investment in the *Nobody's Perfect* program is based on the premise that interventions are more likely to achieve sustained impacts if they influence parental behaviours and the environments in which children grow¹²⁷. To test this premise before applying the program at scale, a three-year study of 2,916 caregivers and 3,597 children at 162 health centres in diverse communities was conducted from 2011 to 2014. The study randomly assigned participants to three groups: a control group; one experimental group receiving eight weekly parenting sessions; and a second experimental group

receiving the parenting sessions plus two extra sessions of guided parent-child interactions, responsive play, and dialogic reading. These extra sessions reflect key aspects of the evidence-based Abecedarian Approach which has been adapted for use in Australia, i.e., language priority, learning games and conversational reading¹²⁸. Three years after the parenting sessions, the receptive vocabulary and socio-emotional development of children whose parents participated in the two experimental groups performed better than those in the control group (by 0.43 and 0.54 standard deviations respectively) and the researchers attributed a sizeable portion of these gains to more responsive home environments and parenting behaviours: “up to 13 percent of treatment impacts on language, and up to 36 percent of impacts on child socio-emotional development, can be attributed to changes in the home environment, as well as in nurturing and discipline parenting behaviors”¹²⁹. These findings resonate with the landmark Effective Provision of Pre-School Education study in the United Kingdom which found that the strongest predictor of children’s long-term learning outcomes is their home learning environment¹¹.

Social Protection

Due to the constant and interconnected nature of the SDRM, safety net arrangements for young children registered as a *Chile Grows with You* participant via the SDRM are ‘followed’ over time by the system so instances of concern or developmental delay (including non-engagement with the system) trigger follow-up support from appropriate professionals across the health, education, or social care sectors.

An initial gap in the system was for vulnerable children who aged-out of *Chile Grows with You* when they turned five years of age, so in 2017 the program was extended to include children to nine years of age¹³⁰. Meanwhile, Chile’s major cities have homeless ‘street children’, over 200,000 Chilean children (i.e., below the age of 18 years) are involved in child labour and Chile has the fastest-growing rate of AIDS infections among children in Latin America¹³¹. In addition, a 2021 Senate Enquiry was presented with a damning judicial report on the main child protection service in Santiago, giving rise to the establishment of a new National Specialized Protection Service for Children and Adolescents in October 2021 however human rights organizations have indicated that more substantial reforms are needed¹³². A central premise of *Chile Grows with You* is that children are raised within a family unit, however if the family unit breaks down, alternative complementary strategies may be needed.

Early Years Governance in Chile

Before *Chile Grows with You* was introduced, significant public consultation was conducted on the merits of evidence-based investment in the early years and gained strong cross-party support. This contributed to the relevant legislation (Law 20.379) being passed unanimously in 2007 and, despite its high cost, retention of the initiative when President Bachelet’s party lost power in 2011⁵.

Key factors fortifying *Chile Grows with You* through the change of government in 2011 were that Law 20.379 included preservation of the initiative’s annual budget, and a lot of operational authority and responsibility for the initiative had been devolved to municipalities. While the central government’s Ministry of Social Development chairs the initiative’s Executive Committee, the cross-sectoral make-up of that governance committee (with senior officers from nine key ministries including health, education, and social development) is replicated in every region and every commune across Chile. “Coordination takes place across ministries and services at the same level (horizontal coordination) and across different levels of government from national to commune level (vertical coordination)”⁸⁶ contributing to a strong sense of ‘ownership’ of the initiative at all levels of government from Central Ministries right down to dispersed local governments across the country. This made it very hard to dismantle.

Through the Executive Committee, the Ministry of Health is responsible for providing antenatal care, child health and the biopsychosocial development programme (for children and families identified as needing

additional support) and the Ministry of Education is responsible for ensuring early learning services as accessible and of high quality. Corresponding responsibilities flow to regional and provincial levels through regional secretariats for Health, Social Development, and Education., then on to the communal level where child and family services are delivered through a “Local Intervention Network, Infancy Unit and the Primary Care Centre Entry Point”⁵.

While this devolved model of place-based delivery provides ample opportunity for the initiative to be adapted to local circumstances and needs, it also makes it difficult to ensure exemplary practice consistently applies in each of the hundreds of local communes responsible for delivering most services. Challenges reported in the literature include high staff turnover (necessitating constant retraining), local mayors seeking to advance their own priorities, cross-disciplinary flashpoints and, given the numerous programs involved, difficulties for local practitioners to think about the initiative as a unified whole.

“The challenge of local variation isn’t insurmountable, though, because Chile’s government is highly centralised ... but when a national ministry issues minimum standards local governments do work to ensure consistent good practice. Making sure those standards are well-designed and suitable for local service providers is a major focus for those designing the program nationally ... all our efforts have to go towards making that local level do their best because that is where Chile Crece Conitgo is being delivered”¹⁰⁹.

Regulatory Instruments

As noted earlier, *Chile Grows with You* was introduced after significant public consultation in 2006 and groundswell support for an electoral commitment from President Bachelet to reduce inequity, decentralise power and address women’s rights. An initial group of 159 comunas – those best prepared for implementation – were selected to participate in *Chile Grows with You* from 2006, and lessons from the roll-out in those comunas informed expansion of the initiative to the remaining 187 comunas in 2007.

In 2009, *Chile Grows with You* was enshrined in legislation with unanimous cross-party support for Law 20.379 which includes the addition of a *Chile Grows with You* line-item to the national budget⁵ which provided surety of funding to municipalities delivering the services. In turn, this meant municipalities could enter into long-term contracts with key personnel and they could make long-term commitments to local families and other key stakeholders. *Chile Grows with You* is financed entirely by the public sector, with agreements governing the transfer of funds to line agencies, local governments (municipalities), and private stakeholders.

Resource flows

Operational budgets for *Chile Grows with You* are allocated from the central treasury to the ministries of health and education through resource transfer agreements, and to municipalities through direct transfer agreements. Between 2007 and 2017, annual budgetary allocations for *Chile Grows with You* rose rapidly from \$AUD11.9 million in 2007 to \$AUD123.3 million in 2017⁸⁶. These figures are additional to direct cash benefits and support for families provided through maternity and parental benefits, Family Support, etc. The Health, Education, and Social Development Ministries implement the suite of *Chile Grows with You* services via existing provincial and municipal networks, while direct transfer agreements with municipalities fund the cost of consumables, hiring and training staff, and mechanisms to monitor and improve program quality.

In a cost-benefit analysis of *Chile Grows with You* undertaken in 2022 by an independent researcher from Germany, the Marginal Value of Public Funds (MVPF) calculated for *Chile Grows with You* was

considerably lower than corresponding figures for more targeted programs conducted in the United States of America (i.e., the Food Stamp Program and the Perry Preschool Project), leading to a suggestion that a more targeted approach may be warranted¹³³.

Monitoring

While systematic internal feedback loops on program procedures were built into *Chile Grows with You* to ensure operational efficiencies and accountability for expenditure, wide-scale data on child or family impact are not readily available in the literature. “As the program has grown, maintaining an ongoing process of evaluation and reform has been a challenge”¹⁰⁹.

From the outset, the coordinating Ministry of Social Development developed a plan to continuously monitor and evaluate *Chile Grows with You* through two mechanisms. Firstly, the SDRM which captures records of developmental assessments, interventions received and family engagement across health, education, and social protection services. At each consultation with children and families, practitioners enter data into the SDRM, and along the operational chain of program oversight, these data are visible on a ‘need to know’ basis to local managers, regional administrators and the Executive Committee led by the Ministry of Social Development to facilitate intersectoral referrals, track key performance indicators at communal, regional, and central levels, and determine resource allocations to match needs. Through the SDRM, “routine national and regional supervision to municipalities allows feedback in both directions. Strengths can be identified and built on; weaknesses can be identified and managed collaboratively.”⁸⁶ The SDRM is a complex database and took some time to develop through extensive user- testing; it was launched in 2010⁸⁵. Secondly, periodic evaluations were planned to assess the effectiveness of programme services or activities.

More than 35 studies of aspects of *Chile Grows with You* have been conducted to date, however large-scale assessments of its overall impact have yet to occur¹⁰⁹. A key impediment to large-scale evaluations of child outcomes arising from *Chile Grows with You* is that, unlike Australia and Canada, Chile does not have national data on the proportion of children under five years of age who are on-track in health, learning and psychosocial well-being. “The governmental related website indicates that data is being developed, studied, or analyzed since 2019 but an indicator still is not available. Moreover, lack of randomized evaluations of several interventions scaled up in Chile makes difficult to recognize the cost-effectiveness of these large investments on child outcomes”¹⁰⁷.

Notwithstanding the fact that evidence about the overall impact of *Chile Grows with You* is elusive, several studies point to important gains.

- Between 2006 and 2017, the proportion of children under five years of age with developmental delay declined nationally from 14 percent to 10 percent however considerable variability across age categories were observed. The largest improvements occurred among three-year-olds (from 25.1 percent to 11.4 percent) whereas the proportion of children with developmental delay increased among children aged below two years⁸⁶.
- Between 2006 and 2021, the mortality rate per 1,000 live births for children under five years of age dropped from 9.0 to 6.6¹³⁴.
- A large-scale quantitative analysis of child and family outcomes at key age-points through to nine years found a positive effect on school achievement in middle childhood, however the effect was smaller for children from low socioeconomic backgrounds. Furthermore, this study found negligible impact on child cognitive and non-cognitive skills, or outcomes at birth¹³³.
- Detailed macro-economic analysis of changes in Chile over the past two decades found that spatial equity improved substantially, with reduced disparity between opportunities and access in regional

areas compared with urban centres. This points to the broader decentralization reforms, of which Chile Grows with You was a part, from inception in 2007¹⁰³.

- High levels of satisfaction are evident among parents participating in the initiative. Three-quarters describe Chile Grows with You as “fundamental to their personal experience of pregnancy and parenting”.
- The fact that the initiative has endured and grown despite Chile’s tumultuous political landscape and the COVID epidemic suggests widespread support for the value of *Chile Grows with You*.

Estonia

Key observations about the early years system in Estonia

Estonia regained independence 32 years ago and is focused on re-establishing its place in the world and setting itself up for the future. Its families and the health, development and learning of its children are central to this endeavour. Population growth and prioritising the best interests of children and families (rather than the economy and workforce participation) are central pillars of its early years system.

Accordingly, Estonia has invested heavily in social infrastructure. Healthcare for pregnant women and all children is free, and Estonia has the most generous maternity and parental benefits scheme in the world. Statutory benefits on full pay are available for 18 months after a child is born, with the option for couple families to share this allocation between both parents and/or to extend parental benefits on a pro-rata basis until the child reaches three years of age. Dovetailed with parental benefits, low-cost, high quality public early learning provision starts for Estonian children from 18 months of age however usage below the age of three years is relatively low, then leaps to 90 percent for children older than three years.

While both parents in a couple family can share the parental benefit, approximately 90 percent is taken by women. This is identified as a key contributor to Estonia’s large gender pay gap of 20.4 percent, more than twice the gap in Australia. Despite this, the World Economic Forum ranks Estonia above Australia with respect to gender equity when each of opportunity, education, health, and empowerment are considered, and reports of intimate partner violence in Estonia are slightly lower than in Australia.

It is noted that no reference was found of statutory support for family centres or parenting programs, despite Estonia’s lengthy parental leave. There is a current national priority is to build community cohesion to address historic divisions between ethnic Estonians and ethnic Russians, however planned actions do not include reference to family hubs as local gathering points for families with young children. In a country with low mobility and strong family ties, there may be limited need for bridging and bonding opportunities.

Estonia has been referred to as the ‘new Finland’ with respect to educational outcomes, achieving top rankings in international assessments of literacy, numeracy, and science. This includes a representative sample of Estonia’s five-year-olds out-performing peers from England and the United States in 2018 assessments of emergent literacy and numeracy skills and social-emotional and self-regulation capacities – with Estonian children especially strong with the two latter capacities⁷. The lengthy paid maternity and parental leave available to families for at least the first 550 days of their newborn’s life may contribute to these important strengths among five-year-old children in Estonia.

Estonia’s high-order information technology expertise and community acceptance of widespread data sharing has enabled the systemisation of a data sharing platform across multiple government portfolios. Each individual is registered on this platform at birth and every step of their journey through the early years system is recorded, contributing to a massive national data management system. A key enabler of this

unified data interface is consistent and aligned government structures and portfolios at the centre as well as each municipality.

Table 14: Snapshot of the Early Years system in Estonia

Context	Econo-political	Re-establishment of independence 30 years ago provided social licence for economic and legislative renewal, and a commitment to the future through the country's children.
	Socio-cultural	Identified need to build national cohesion and overcome divisions between the Estonian majority and a large Russian minority.
Provision	Health	Free health care for children and pregnant women provided through family doctors. Nationally agreed schedule of universal health checks also via family doctor (or associated nurse).
	Family Support	Generous and cumulative maternity, paternity and parenting benefits achieving income maintenance for care-giver parent until children reach at least 1.5 years of age. Additional housing support for low-income families and extra payments for families caring for a disabled child. Administered via comprehensive data sharing platform on which each person has a unique ID code.
	Early Learning	Universal low-cost, high-quality preschool from 1.5 years until school at 7 years delivered by local government in accordance with national regulations and funding. Low demand for childcare before 1.5 years – where needed, this is funded privately via Family Day Care. Limited evidence of Child and Family Hubs.
	Social Protection	Signatory to the European Union's Child Guarantee with an action plan to 2030. Target on families facing with low income, disability, sole-parent, mental health issues and family violence. Actions to build social capital, reduce cross-sectoral and policy and service fragmentation, and address geographical inequity.
Governance	Regulatory Instruments	Complementary and cohesive legislative and policy raft, including alignment with European Union obligations.
	Resource Flows	Administered via clear regulations (above) and mechanisms to collect and distribute Social Insurance, Health Insurance as well as taxation revenue.
	Monitoring	Comprehensive and coordinated data sharing platforms at granular (individual ID code) levels, able to be aggregated to feed into whole-of-government national 'Tree of Truth' monitoring system.

Background on Estonia

The Republic of Estonia is the northernmost Baltic State, approximately two-thirds the landmass of Tasmania with a population of 1.3 million people. In previous centuries, Estonia was ruled by various

powerful neighbours, most recently by Russia, however in 1991 Estonia regained independence from the Soviet Union and, in the same year, joined the United Nations. In 2004, Estonia joined the European Union and the North Atlantic Treaty Organization¹³⁵.

While Estonia's geography and circumstances do not reflect those of Australia, it has been included in this review because it is ranked by UNICEF in the top four wealthy countries considered to be 'family friendly', whereas Australia is in the bottom four⁶¹. It also performed well in the International Early Learning and Child Well-being Study⁷ in 2018-19, and has a national plan to address childhood inequity reflecting the European Union's Child Guarantee⁶. In addition, Estonia has nested early childhood policy and strategies within a comprehensive monitoring framework designed to track progress towards national targets across a comprehensive suite of social, economic, and environmental portfolios.

Estonia is a democratic parliamentary republic comprising 15 counties. Estonia's Head of State is its President, responsible for ratifying legislation administered by the Riigikogu – a single assembly which comprises Estonia's parliament made-up of 101 county representatives and led by the Prime Minister. In addition, each county has a municipal government which is responsible for local matters including social and welfare services, public transport, housing and utilities, education (childcare, preschool, and school) and healthcare services¹³⁶.

Early Years Context in Estonia

Econo-political Context

High-level econo-political metrics in Estonia are provided below in **Table 15**, with commentary on key features provided after the table.

Table 15: Econo-political metrics for Estonia

		Estonia
Political	Population ^a	1,322,766
	Political rights (out of 40) ^b	38
	Civil liberties (out of 60) ^b	56
	Corruption perception rank (of 180) ^c	14 th
Economic	GDP per capita (\$AUD) ^d	64,031
	Tax burden as % of GDP ^d	34.5
	Extreme Poverty (% of pop'n, 2021) ^e	0.56
	Gini Coefficient of Equality in 2019 ^f	30.8
	Credit Rating (S&P) ^g	AA-
	% of GDP spent on 'Family' in 2019 ^h	3.2
	Unemployment (% in 2023) ⁱ	5.9

Sources:

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>

- d. <https://www.heritage.org/index>
- e. <https://ourworldindata.org/poverty>
- f. <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>
- g. https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
- h. <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- i. <https://www.worlddata.info/unemployment-rates.php>

The recent experience of wresting control back from the Soviet Union provides the Estonian government with a social license to overhaul past procedures and institutions, and to plan for the future with new horizons that better reflect the Estonian culture and the population's aspirations. This includes a strong appetite to invest in the nation's children to ensure future generations are equipped to carry the country forward as a strong, cohesive, and prosperous nation.

Favourable data apply for Estonia on most economic-political metrics provided in **Table 15**. Its score for access to political rights and civil liberties is 94 (out of 100) compared with Australia's 95⁹⁵, the World Bank rates Estonia as a 'high income country', Estonia's Gini coefficient of inequality in 2020 was 30.8 compared with Australia's 32.6 (a smaller figure reflects better equality)⁹⁹, however its per-capita gross domestic product is \$AUD64,031, lower than \$AUD85,887 in Australia¹³⁷.

Estonia was a pioneer of the 'global economy' and today over 60 percent of its economy is in the service sector (engineering, architecture, information technology and telecommunications) which requires a well-educated workforce. Other industries in Estonia are more traditional forestry, wood products, agriculture, and fisheries¹³⁸.

In 2021, the proportion of people in Estonia assessed locally to be 'at risk' of poverty was 22.8 percent with the elderly most affected and some risk for single parent families¹³⁹, however an internationally comparable measure of extreme poverty reports similar metrics for Estonia and Australia of around 0.5 percent.

The gender pay gap in Estonia is the highest in Europe at 21.1 percent. Factors that contribute to this gap include occupational segregation (i.e., women dominating the workforce in low-paid care sectors) and challenges to career advancement due to extended employment breaks associated with generous parental leave benefits being taken-up mainly by women¹⁴⁰. This is discussed further in the *Family Support* section of Early Years Provision, below.

Socio-cultural Context

High-level socio-cultural metrics in Estonia are provided below in **Table 16**, with commentary on key features provided after the table.

Table 16: Socio-cultural metrics for Estonia

		Estonia
Human Capital	% women 24-35 tertiary qualified ^a	54.8
	% men 24-35 tertiary qualified ^a	34.0
Gender Equity	Intimate partner violence ^b % of women ever experienced	21
	Pay Gap % (2022) ^c	20.4
	World Economic Forum Rank ^d opportunity, education, health, empowerment	22

	World Economic Forum Score (/100) ^d	78.2
Social/Emotional Capital	World Happiness Ranking ^e	31
Hofstede Cultural Dimensions^f	Power distance	40
	Individualism	62
	Motivation for achievement/success	30
	Uncertainty avoidance	60
	Long term orientation	71
	Indulgence	16

Sources:

- <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
- https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHL&view=trend
- <https://data.oecd.org/earnwage/gender-wage-gap.htm>
- <https://www.weforum.org/reports/global-gender-gap-report-2023>
- <https://worldhappiness.report/ed/2023/>
- <https://culturalatlas.sbs.com.au/> and <https://www.hofstede-insights.com/intercultural-management>

Estonians comprise 69.7 percent of the country's population, while Russians make up 25.2 percent and the balance is mainly Ukrainian, Belarusian or Finnish¹⁴¹. A key challenge to Estonia's social fabric arises from tensions between the majority group who identify as 'Estonian' and the substantial minority who identify as 'Russian'. Tensions have been exacerbated by the current Russo-Ukrainian War¹⁴².

"Estonian society is not cohesive enough, language-based segregation and the resulting inequalities are present in many areas. Inequality and lack of unifying values may lead to the polarisation of society and increase the likelihood of value conflicts between people from different linguistic and cultural backgrounds."¹⁴³

To address this, the government launched the ten-year *Cohesive Estonia Strategy*¹⁴⁴ in 2021 to move beyond patriotism and nationalism to develop new habits of inclusive two-way integration across current cultural and linguistic divisions. Through the strategy, it is intended that integration will not be experienced as a series of separate activities but embedded across social infrastructure, so it implicates social policy, education policy, security policy, and cultural events¹⁴³. In the strategy, language segregation is identified as both a relic of past divisions and a factor contributing to their perpetuation. According to Statistics Estonia, 28 percent of ethnic Estonians do not have any Russian friends, and 10 percent of ethnic Russians do not have any Estonian friends, mainly attributed to attending different schools in childhood – an important social barrier that is additional to the obvious language divide. Therefore, the *Cohesive Estonia Strategy* includes a 15-year plan to transition to Estonian language instruction in public education, replacing current arrangements whereby approximately two-thirds of schools instruct only in Estonian, a fifth instruct only in Russian, and the remainder instruct in both languages. Recent legislation ratified this 15-year plan starting in 2024 in Kindergarten to Year 4¹⁴⁵. Concerns about restrictions on minority languages associated with this policy have been raised by the United Nations Human Rights Commission¹⁴⁶.

It is a self-evident truth in Estonia that children are precious, the country's main cultural and economic national asset, and that everyone has a part to play in nurturing all children in their community. This extends to the global community, and Estonia ratified the Convention on the Rights of the Child soon after it regained independence and joined the United Nations in 1991.

Early Years Provision in Estonia

The two stand-out features of early years provision in Estonia are the scale of parental benefits and the systemisation of data sharing across multiple government portfolios. Estonia's high-order information technology expertise (and apparent community acceptance of widespread data sharing) has enabled the development of a mega information collection and reporting platform that integrates a broad suite of indicators with respect to social determinants at the individual, family, and community levels¹⁴⁷.

Health

High-level child health metrics in Estonia are provided below in **Table 17**, with commentary on key features provided after the table.

Table 17: Child health metrics in Estonia

		Estonia
Mortality	Infant mortality (per 1,000) ^a	1.6
	Under five mortality (per 1,000) ^a	2.0
Vaccination	Third dose of DTP vaccine (%) ^a	85

Source: <https://data.unicef.org/country/>

Estonia's universal health system is overseen by the Ministry of Social Affairs with financing mainly organized through an independent statutory body, the Estonian Health Insurance Fund, which covers the full cost of health services for approximately 94 percent of the population including children, expectant mothers, and pensioners¹⁴⁸. Dental care is also free for expectant mothers, mothers with children up to 12 months of age (who are typically breast-feeding) and children up to 19 years of age.

The provision of maternal care occurs through family doctors at private clinics¹⁴¹. In consultation with their family doctor, women may choose to give birth at home or at a maternity hospital¹⁴⁹.

Universal child health checks also occur through family clinics, conducted by family doctors or child health nurses in compliance with a nationally regulated schedule of checks (i.e., monthly during the first year, and annually thereafter). During these checks, children are weighed, measured, and immunised, their hearing and eyesight is tested, and advice is provided on child nutrition, hygiene, care, prevention of accidents and the like. If issues are identified, the family doctor will refer the child to medical specialists for further assessment and intervention. The percentages of children receiving regular health checks and immunisations are two national quality indicators of family medicine and are identified as areas requiring improvement: in 2015 fewer than 4 percent of children between three and six years of age had attended the prescribed schedule of health checks¹⁵⁰, and the rate at which children received a third dose of diphtheria, tetanus, and pertussis vaccine is lower than Australia and the other countries selected for this review.

The Estonian Health Insurance Fund and health service providers use an information-exchange platform that connects all providers and enables data sharing with other databases, including provision for patients to access their own data¹⁴⁸. In addition, the Population Register Portal includes an interactive dashboard which individuals can refer to during various life events such as 'having a baby', 'getting married', 'I've

fallen ill' and 'I lost my job'. The dashboard steps users through recommended actions and provides them with curated information depending on the life event they are experiencing¹⁵¹.

A focus for public health messaging in the past 20 years has been the promotion of breastfeeding, significantly enabled by the generous maternity leave and parental leave benefits outlined below in the *Family Support* section. In addition, further legislation was introduced in 2018 to entitle mothers who had returned to work to take breastfeeding breaks lasting up to 30 minutes each, every three hours. The prevalence of breastfeeding for infants up to six months of age has doubled since 1998 and is now 69 percent, and for 33 percent of children, continues to 12 months of age¹⁵².

Family Support

High-level family support metrics in Estonia are provided below in **Table 18**, with commentary on key features provided after the table.

Table 18: Family support metrics for Estonia

		Estonia
Maternity	Statutory paid leave duration	28 weeks, @ mother's full pay rate, capped at \$AUD1,834.60/wk
Paternity	Statutory paid leave duration	6 weeks, @ father's full pay rate, capped at \$AUD1,834.60/wk
Additional Parental	Mother	87 weeks shared parental leave one parent at a time, paid @ parent's full pay rate, capped at \$AUD1,834.60/wk
	Father	
Total weeks of paid leave per child per family		121
Child Benefit		Child Allowance \$AUD134.36 per child monthly to 19 years of age
Other		Childbirth allowance Disabled child allowance Housing assistance

Source: <https://sotsiaalkindlustusamet.ee/en/family-benefits-and-allowances/family-allowances>

The Estonian government recognises that measures to protect the wellbeing of families with young children create preconditions for increasing the country's birth rate – one of its macro-goals¹⁵³ and it is widely held as a self-evident truth in Estonia that “every child is valuable and has the right to state support” through positive parenting and ensuring that parents have the support they need to assure their children's quality of life¹⁵⁴. On this basis¹⁵⁵:

- Pregnant women are entitled to 140 days of maternity leave on full pay^e funded by the state and may start this leave up to 70 days before the estimated date of birth¹⁴¹.
- Fathers are entitled to 30 days of paternity leave on full pay taken any time before the child's third birthday. This is to enable fathers to take an active role in their child's upbringing.
- Upon registration of a child's birth, a one-time 'childbirth allowance' of €320 (\$AUD537.44) is payable to assist with "the costs associated with the birth of a new secular citizen".
- Shared parental leave and benefits on full pay are available to either parent for a further 435 days after the mother's maternity leave and benefits expire, usually when the child is 10 weeks old.
- Child allowance of €80 (\$AUD134.36) per month is paid to the child until they reach 19 years of age.
- Disabled child allowance provided to families on a sliding scale depending on the assessed severity of their child's disability – moderate, severe, or profound – from €138 to €242 (\$AUD227 to \$AUD398) per month.
- The state offers grants to low-income families with children to assist with housing, transport, and unforeseen hardships. It also provides additional supplements to single-parent families and families with a large number of children.
- The above entitlements are also available for families who adopt children.

Almost 70 percent of families take at least 18 months of parental leave and 22 percent take between 12 to 18 months. Couples are free to determine how the 435 days of paid leave will be divided between the two parents however, currently, it is mostly taken by mothers (i.e., 90 percent).

Through the parental benefit entitlement, families receive the equivalent of one parent's income until their child reaches 18 months of age, at which point low-cost public childcare services become available. Parents also have the option of extending their employment leave (with a pro-rata reduction in the monthly parental benefit) until their child reaches three years of age. Approximately one-third of families exercise this option. The policy goals of shared parental benefits include raising the birth rate and encouraging fathers to take on the role of primary caregiver for some of their child's vital first 1,000 days however the current allocation of 30 days paternity leave through to their child's third birthday does not appear to provide the impetus necessary for normalised uptake by fathers to date. Another impact, however, has been to encourage consecutive births spaced by approximately 2.5 years¹⁵⁶.

Targeted housing support is also available for low-income families, either via social housing administered through municipalities, or cash grants for low-income families with three or more children to assist with the purchase or renovation of their own house. Statistics Estonia report that most households (67.6 percent) rate their dwellings as good or very good, with some regional variation. Ratings are higher in the north compared with the south¹⁵⁰.

The administrative 'glue' for efficient access to the above family support entitlements is the Population Register where each individual's data (including children who must be registered within one month of birth) from multiple sources is securely captured, maintained, and retrievable on a 'need to know' basis by state agencies and municipal service providers. Interaction with this register via the Population Register ePortal eliminates the need for people to apply for the benefits listed above – information captured in the register triggers push notifications to recipients about their entitlements based on their individual circumstances, and this expedites uptake among families¹⁵⁵.

^e 'Full pay' is calculated as the monthly average income of the individual, capped at a maximum of €4733.53 per month (equivalent to \$AUD7,949.96 per month, converted 22 October 2023).

Early Learning

High-level early learning metrics in Estonia are provided below in **Table 19**, with commentary on key features provided after the table.

Table 19: Early learning metrics for Estonia

		Estonia
Childcare participation rate 2021 (%)^a	Under 2 years participation rate	9.1
	2 years participation rate	71.6
	3 years participation rate	90.5
	4 years participation rate	92
	5 years participation rate	93.2
Cost of childcare^b	Typical net costs for two children in full-time care, 2019, as % of women's median full-time earnings	10%
Compulsory school age (years)^c		7

Sources:

- <https://oecdch.art/8453130ba3>
- <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
- <https://expatchild.com/school-starting-ages-around-world/>

The division of responsibilities between the central and local governments with respect to early learning is clearly defined: legislative, funding, and administrative responsibility (i.e., setting national curricula, educational standards, and quality assurance) rests with the state through its Ministry of Education and Research, while county municipalities are responsible for program delivery and ensuring access¹²⁵.

In accordance with the Preschool Children's Institutions Act, municipal governments in each county must guarantee access for every child permanently residing in their jurisdiction to Nursery (from the age of 18 months to three years) and Kindergarten (from the age of three to seven years), including for children with special educational needs. Compulsory school starts at seven years of age. Nursery and Kindergarten can be private or municipal¹⁵⁷ – 90 percent of families use low-cost, high quality municipal services¹⁵⁶. Private services – some of which are considered more exclusive or cater for certain language or cultural groups – are more expensive, however they are also subsidised.

In municipal Kindergartens, the Estonian Social Insurance Board and the local government provide financial support for education, transport, and any extracurricular activities so the service fee for families is approximately 12 percent of the minimum wage (i.e., around €45 or \$AUD75.58 monthly)¹⁵⁸. To be enrolled at a municipal Nursery or Kindergarten, children must be registered on the Population Registry and have a personal identification code¹⁵⁸ thereby enabling records of each child's educational journey to be shared across securely managed information exchange platforms.

Approximately 25 percent of children below three years of age attend Nursery, rising to 90 percent of three- to seven-year-olds who attend Kindergarten¹²⁵. The play-based early learning programs delivered must comply with national standards including curriculum requirements, staff to child ratios (1:7 for children up to age three and 1:10 for children above age three) and high-level staff qualifications (i.e.,

degree-qualified teachers and diploma qualified educators)¹⁵⁹. Nurseries and Kindergartens also employ specialists (i.e., speech therapists, special education teachers) to cater for children with additional needs¹⁶⁰.

Approximately 13 percent of families choose to forego a portion of the shared parental benefits and resume work before their child reaches 18 months of age. Childcare options for these children are more limited, and mainly take the form of 'informal care' usually provided by grandparents or a privately funded childcare service akin to family day care in Australia, regulated through the Social Welfare Act¹⁶¹.

In 2018, Estonia was one of three countries (along with England and the United States of America) that agreed to participate in the International Early Learning and Child Well-being Study conducted by the OECD. The study assessed the cognitive and social-emotional development of five-year-old children via direct assessments of children and surveys of their parents and teachers. It found that children in Estonia have strong self-regulation and social-emotional skills and solid emergent literacy and numeracy skills, the latter similar to levels in England and much better than the United States. Furthermore, the differences across Estonian children based on socio-economic backgrounds were smaller than in England and the United States⁷.

Another fee-paying service operating under the Social Welfare Act is 'Beebi koolid' providing playgroup experiences for parents and children, typically focused on music, rhythm, and craft activities but with a complementary goal of socialisation and connections for children and their parents¹⁵⁶. Scant reference was found in the literature to government-sponsored services akin to child and family hubs in Estonia, despite the fact that many families would have significant time during the day to be out and about in the community with their young children from birth to at least 18 months of age. It was also noted that a lot of information for families found in grey literature reflects a transactional (rather than a relational) mindset. For example, a Family and Children Handbook published by the Ministry of Culture provided a lot of information on parental workplace rights and benefits, crisis helplines, schooling arrangements, and two pages on the ownership of pets – contrasting with half a page on meeting other parents. The advice was to use Facebook: "Since in Estonia, the use of the internet and social media is widespread ... but as groups emerge and disappear, search and update yourself¹⁶²". This implies there is no statutory organisation or support for playgroups or child and family hubs as we know them in Australia.

Social Protection

There is a strong child rights agenda permeating early years policy and provision, including the complete prohibition of corporal punishment of children since 2016¹⁶³. Courts in Estonia can place children in foster care or state 'orphanages' if they are considered to be in real danger, and home placement or guardianship action is taken for approximately 1,200 children each year (i.e., approximately 0.4 percent of Estonia's 259,341 children aged 0 – 17 years¹⁶⁴) – largely due to violence or neglect often linked to parental drug addiction or other mental health issues¹⁶⁵.

As a member of the European Union, Estonia has is also obliged to develop and implement a 2030 Child Guarantee National Action Plan, focusing on children at risk of poverty or social exclusion. The target groups identified for Estonia's action plan include children with disabilities, children with a sole parent, children with mental health problems, children in out of home care and children experiencing violence. The consultative process used to identify these target groups began with deep analysis of children's needs with respect to poverty, socially precarious circumstances, unemployment, housing, disability, and out-of-home care – with all these circumstances disaggregated across age-groups, locality and cultural groups and discussed with a wide range of stakeholders to canvas their perspectives and suggestions. This deep analysis was enabled by the data sharing platforms that characterise the Estonian service provision landscape. The process also revealed important gaps in need of attention: geographical differences with

hardship concentrated in regional areas; fragmentation of support and services across the health, education, and social sectors; and lack of support for parental coping. The plan's targets (with a 2019 baseline) and planned activities for 2022 to 2030 adhere to these gaps for the identified target groups. Progress towards the targets will be reported annually to the people of Estonia via the 'Tree of Truth' as well as every two years to the European Commission¹⁶⁶.

Early Years Governance in Estonia

Two important contextual factors with respect to early years governance in Estonia is that the country is small and its current iteration of being an independent country is only thirty years old. Estonia's population of 1.3 million people occupies an area significantly smaller than Tasmania, divided into 15 municipalities. Each municipality has similar service delivery responsibilities with respect to social support and education, and each understands the needs and aspirations of their constituents. When the Republic of Estonia was again formalised after 1991 there was a strong appetite to overhaul its legislative framework – an undertaking that led to numerous reforms and new legislation befitting a new country and its place within the European Union.

As a small nation, it is also likely that key stakeholders across sectors and levels of government in Estonia personally know each other so formal structures established to engender horizontal and vertical integration are likely reinforced by personal relationships.

Regulatory Instruments

A characteristic feature of the regulatory instruments that apply to the early years in Estonia is strong internal coherence and alignment with national and international commitments including the United Nations Sustainable Development Goals, obligations arising from its membership of the European Union (including the Children's Guarantee) and a comprehensive long-term national plan – the 'Estonia 2035' development strategy¹⁶⁷. Entitlements and financial benefits for children and families with respect to social, health and educational provision are governed by a complementary suite of legislation, including the Health Insurance Act, the Employment Contracts Act, the Maintenance Allowance Act, the State Family Benefits Act, the Parental Benefit Act, the Preschool Children's Institutions Act, Social Welfare Act, and the Local Government Act.

Resource flows

Funds to pay for Estonia's various maternity, parental and housing benefits are collected from employment and other income as Social Insurance while funds for Estonia's Health Insurance Scheme are collected in the same manner to enable the provision of free health services for all children and pregnant women. These levies are additional to the flat tax payable by all Estonians to pay for municipal services including universal low-cost Nursery and Kindergarten. Arrangements for the flow of these various funding sources are clearly set out in the above-listed legislative suite, and administration of the funds is supported through the national Population Register.

Monitoring

To facilitate ongoing policy coherence and maintain momentum for its Child Guarantee action plan the Estonian government has established a Child Protection Council comprising the Ministers for Social Protection, Education and Research, Justice, Interior, Culture, and representatives from municipal governments, key agencies, citizens' associations, and organisations for children and youth. This Council receives regular reports based on data extracted from various data-sharing platforms across state and local government agencies.

In addition, the national status of a comprehensive suite of indicators deemed important for the country are reported to the people of Estonia via the Tree of Truth which is akin to a massive program logic and monitoring system for the entire nation across all government portfolios through to 2035¹⁴⁷.

Finland

Key observations about the early years system in Finland

Finland is a relatively small, orderly, and culturally homogeneous country with a deeply embedded welfare mindset and accordingly, high rates of taxation. The average net taxation wedge for a married worker with two children in 2022 was 26.4 percent in Finland versus 14.5 percent in Australia¹⁶⁸. While free choice and individualism are strong cultural threads in Finland, so too is equity. Moreover, Finland maintains a strong child rights agenda focused on prevention, early identification, and support – each according to their needs.

A commitment to up-stream preventative actions and concerns about service fragmentation in the early years prompted Finland to pilot Family Centres in 2016 and, based on positive feedback from families and service providers, Family Centres have since been expanded across the country. Key lessons from the pilot included the value of local flexibility, clear parameters, surety and longevity of funding, multi-disciplinary teamwork focusing on the whole child/family, and digital tools to support cross-sectoral collaboration. The Family Centres led to reduced fragmentation, early identification of issues, streamlined referral pathways, and better continuity of relationships for families – with practitioners and each other. Most Family Centres in Finland are co-located with maternity and child clinics and comprise coordinated multidisciplinary teams working across the health, social, education, and non-government sectors. Services and support provided through Family Centres are free, universal, and focus on prevention to minimise the need for costly future interventions or curative therapies.

Finland has a comprehensive package of paid maternity, parenting, and childcare allowances. A total of 320 days (approximately 17 months) of paid parental benefits are available to families issued 50-50 to each parent in a couple with limits on how many days can be transferred between the parents. This arrangement compels both parents to take a turn at caring for their children in the first 2,000 days (or forego part of their entitlement) and has contributed to Finland being the only country in the developed world where fathers spend as much time with their children as mothers¹⁶⁹. Parental benefits are supplemented with housing support and ‘wrap-around’ preventative programs and services designed to build social, human, and emotional capital in families and children. Furthermore, families have the option of accessing a modest ‘child home care allowance’ if they prefer one parent to stay home to care for their child until the age of three. Accordingly, Finnish early years policy is not built upon workforce participation imperatives, but on a widely held view that the whole nation benefits from supporting families to raise happy, healthy children. There is also some implication of reciprocity being expected (and even *required*) of parents in return for the high level of statutory support they receive. In particular, there were references in the literature to both parents being *required* to jointly attend health checks at least four times – once before the birth and three times afterwards – so health professionals can assess the child’s health, welfare, and circumstances.

Table 20: Snapshot of the Early Years system in Finland

Context	Econo-political	Nordic welfare state with a stable government and orientation towards cooperation and participatory democracy. Strong service and manufacturing sectors requiring high education levels.
	Socio-cultural	Relatively homogenous population, high degree of equity and strong child-rights orientation. High value attributed to education and well-being across the life-course, including environmental responsibility.
Provision	Health	Newly established wellbeing service counties and Family Centres to improve the integration of maternity, child health, oral health care with early learning and other family support services. Essential services are free. Engagement with the health sector through pregnancy and the child's early years a prerequisite for families to access certain welfare benefits. Strong orientation towards early identification and prevention.
	Family Support	Comprehensive package of pregnancy, parenting, child care and other allowances on full pay through to roughly the child's second birthday. Parental benefits shared evenly between both parents. Option for 'child home care allowance' up to age three. Direct parental benefits supplemented with housing support and a culture of 'wrap-around' preventative services designed to build social, human, and emotional capital in families.
	Early Learning	Guaranteed day care place (either centre-based or family day care) at low cost delivered by municipality from 14 months to full-time school at seven years of age. Participation rates relatively low up to two years, then rapid rise after age two years. High quality set in national legislation and overseen by municipalities.
	Social Protection	Strong child rights orientation combined with strategic focus on early identification and prevention to minimise the need for formal child protection actions. Child Guarantee Plan incorporated into a broader National Child Strategy 2040 focusing on children from low-income households, disability, and minority or migrant families.
Governance	Regulatory Instruments	Central government Ministries set national policies and legislation assigning municipalities and counties to provide services within clear delivery parameters. Scope available for counties and municipalities to shape operational details to match local needs and preferences.
	Resource Flows	Central government distributes taxation revenue to wellbeing service counties to delivery healthcare and other services. Municipalities levy taxes (supplemented by central government) to fund early learning, housing, transport, and other local family support services excluding healthcare etc.
	Monitoring	Development underway by Statistics Finland of a comprehensive child development and wellbeing dashboard to inform progress against 30 priority outcomes set out in the National Child Strategy 2040. A key advantage for Finland is that all children are allocated a unique digital identifier at birth.

Background on Finland

In recent decades, the Republic of Finland in particular (and its Nordic neighbours more generally) have routinely featured among the top-ranked countries on measures comprising economic, environmental, and societal outcomes¹⁷⁰ and in 2023, Finland was assessed as the world's happiest country¹⁷¹. Finland was previously part of Sweden, was ceded to Russia in 1809, then formally gained independence from Russia in 1917. During World War II (1939 – 1945), Finland fought twice against the Soviet Union so in peace settlement negotiations with the Allies, Finland ceded some territory to the Soviet Union but retained its status as an independent nation.

In relation to the early years, Finland has been the vanguard of progressive family-friendly policies since the 1960s. The value of including Finland in this review is that it enables consideration of the impact over time of policies which have been in place for more than a generation and are now normalised in Finnish society. Moreover, as a member of the European Union since 1995, Finland's inclusion enables exploration of a second country's approach (alongside Estonia) to addressing its obligations under the European Union's Child Guarantee.

To provide a sense of scale, Finland's landmass is one and a half the size of the Australian state of Victoria with over 75 percent covered in forest to support its sustainable timber industry¹⁷². Meanwhile, Finland's population of 5.5 million people is smaller than Victoria's 6.7 million, concentrated in the south in the vicinity of Greater Helsinki and very dispersed in Arctic Lapland to the north¹⁷³.

Finland is a parliamentary republic with three levels of government: central, county/regional and local. Its President is the Head of State and is responsible for foreign affairs, armed forces and has power to veto parliamentary decisions (but this can be overruled by a majority vote in the parliament). Its Prime Minister (leader of the party with most parliamentary seats) leads the central government's Cabinet made up of 11 portfolio Ministers (who are not required to be members of Parliament) and the Prime Minister. The Ministers are responsible for drafting new laws, legislative amendments, and the annual budget for the Parliament of 200 elected representatives to consider.

With respect to regional and local government, significant reform took effect at the start of 2023 to establish 21 regional counties (each governed by a council of 59 to 89 elected delegates) responsible for health and wellbeing services¹⁷⁴, while 309 local municipalities (each governed by a council of 9 to 85 elected delegates) retain responsibility for most remaining public services including schools and childcare¹⁷⁵. The recent establishment of regional 'welfare service counties' arose after lengthy debate on whether Finland's numerous small municipalities, which originated as parishes during Finland's agrarian past and were previously responsible for collecting taxes and delivering around two-thirds of social services, are now fit for purpose in modern Finland.

Early Years Context in Finland

Econo-political Context

High-level econo-political metrics in Finland are provided below in **Table 21**, with commentary on key features provided after the table.

Table 21: Econo-political metrics for Finland

		Finland
Political	Population ^a	5,545,000
	Political rights (out of 40) ^b	40
	Civil liberties (out of 60) ^b	60
	Corruption perception rank (of 180) ^c	2 nd
Economic	GDP per capita (\$AUD) ^d	81,858
	Tax burden as % of GDP ^d	41.9
	Extreme Poverty (% of pop'n, 2021) ^e	0.04
	Gini Coefficient of Equality in 2019 ^f	27.5
	Credit Rating (S&P) ^g	AA+
	% of GDP spent on 'Family' in 2019 ^h	2.9
	Unemployment (% in 2023) ⁱ	6.8

Sources:

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>
- <https://www.heritage.org/index>
- <https://ourworldindata.org/poverty>
- <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>
- https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
- <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- <https://www.worlddata.info/unemployment-rates.php>

Finland is a Nordic welfare state with a comprehensive social security system that covers the entire population resulting in negligible extreme poverty¹⁷⁶. Almost 30 percent of Finland's total workforce works in the public sector including healthcare, education, social work, public infrastructure, elder care, disabled care, child protection, environment, recreation, libraries, public transport, law enforcement, etc. – mainly through municipal or county agencies. To fund this large public sector, Finland's welfare model features relatively high taxes, even for people on low incomes. In 2022, the net taxation wedge (where tax payments are offset by social benefits) for a married worker with two children was 26.4 percent in Finland and only 14.5 percent in Australia¹⁶⁸. These taxes are collected via various means (e.g., income tax, inheritance tax, asset transfer tax and consumption tax) and are payable to the central government, municipalities, and the church (Lutheran and Orthodox)¹⁷⁷.

Finland's multi-party democracy is characterised by stability and cross-party cooperation, possibly because since independence in 1916, a single-party majority in the Parliament has occurred only once. This has necessitated political habits of collaboration, compromise, and shared 'ownership' of macro policy. Finland scored 100 percent for access to political rights and civil liberties (compared with 95 percent for Australia)⁹⁵, is equal-second (of 180 countries) on the Corruption Perceptions Index in 2022¹⁷⁸, and its Gini coefficient of inequality in 2020 was among the world's lowest at 27.5 compared with Australia's 32.6⁹⁹.

Finland's free-market economy is highly industrialised with a similar per-capita gross domestic product as Australia (i.e., \$AUD81,858 in Finland compared with \$AUD85,887 in Australia). Key industries in Finland are similar to those of Estonia and depend on having a highly educated workforce, i.e., information and communication technology, engineering, and manufacturing to produce wood, metals, and electronics products¹⁷⁹.

Socio-cultural Context

High-level socio-cultural metrics in Finland are provided below in **Table 22**, with commentary on key features provided after the table.

Table 22: Socio-cultural metrics for Finland

		Finland
Human Capital	% women 24-35 tertiary qualified ^a	46.9
	% men 24-35 tertiary qualified ^a	35.0
Gender Equity	Intimate partner violence ^b % of women ever experienced	23
	Pay Gap % (2022) ^c	15.3
	World Economic Forum Rank ^d opportunity, education, health, empowerment	3
	World Economic Forum Score (/100) ^d	86.3
Social/Emotional Capital	World Happiness Ranking ^e	1
Hofstede Cultural Dimensions^f	Power distance	33
	Individualism	75
	Motivation for achievement/success	26
	Uncertainty avoidance	59
	Long term orientation	63
	Indulgence	57

Sources:

- <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
- https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHI&view=trend
- <https://data.oecd.org/earnwage/gender-wage-gap.htm>
- <https://www.weforum.org/reports/global-gender-gap-report-2023>
- <https://worldhappiness.report/ed/2023/>
- <https://www.hofstede-insights.com/country-comparison-tool?countries=finland>

According to the World Happiness Report¹⁸⁰, Finland has been the happiest country in the world for six years in a row up to and including 2023. Australia is also ranked reasonably high at 12th place in 2023.

Finland is ethnically homogeneous and only 9 percent of its population were born abroad. Almost 87 percent of its people comprise the Finnish-speaking majority while a Swedish-speaking minority makes

up 5.2 percent. The balance is made up of Russian, Estonian, Romani and Sami people, and recent arrivals from Iraq and Somalia¹⁸¹. The Lutheran Church is the largest religious group in the country, with 65.2 percent of the population regularly part of its congregation.

Gender equity has long-standing roots in Finland: in 1906, the Grand Duchy of Finland (then an autonomous province of the Russian Empire) was the first country in the world to permit women unrestricted rights both to vote and run for public office, enabling the first female members to be elected to Parliament the following year¹⁸². This is consistent with the low level attributed to Finland for the 'masculinity' dimension of Hofstede's Cultural model⁴⁴, i.e., 5 for Finland versus 61 for Australia⁴³. This score arises from a society-level "preference for cooperation, modesty, caring for the weak and ... more consensus-oriented"⁴⁴ and likely contributes to (and is reinforced by) Finland's deeply embedded welfare system and its policy to allocate nine weeks of parental leave for fathers, compared with only two weeks in Australia⁶¹. Despite these metrics, the percentage of Finnish women who have reported incidents of violence is the highest in Europe at 47 percent, however this high rate may reflect a greater willingness to report incidents arising from a parallel finding that 94 percent of Finns express trust in the police. When people trust in justice institutions, it has been found that levels of disclosed violence are higher¹⁸³.

While the Finnish people have a strong connection to the countryside and are renowned for their environmental concerns, almost 86 percent of Finns live in urban settings¹⁸⁴. Finnish family life is focused on the nuclear (rather than an extended) family in which both men and women typically participate in the workforce. Comparison rates of Finnish women and men in the labour force is 57 percent and 63 percent respectively, however corresponding figures for Australia are slightly higher at 62 percent and 71 percent¹⁸⁵.

Finnish culture emphasises the role education can play to enhance active participation in society, including for adults aged 25 to 64 years, long after they have left formal education¹⁸⁶. On this basis, a program of non-formal, low-cost liberal adult education is offered for people of all ages to promote personal growth, health, wellbeing, and social cohesion. Courses include a wide range of language, art, sports, cooking, crafts, and information technology and in 2017, around 27 percent of Finns participated (mostly in informal programs) compared with an average of 11 percent across the European Union¹⁸⁷.

Early Years Provision in Finland

Finland's progressive social welfare policies have a major bearing on provision for the early years, with the genesis of key policies dating back to the 1960s⁹. A key feature of provision in Finland is that the governance and delivery of services is highly localised: early learning, schooling, and other social infrastructure are delivered by 309 municipalities while healthcare and welfare are delivered by 22 newly established wellbeing service counties. For a population of only 5.5 million people, this means each municipality in Finland serves an average of 18,000 people while each wellbeing service county serves an average of 250,000. This compares with almost 48,000 people per local government and an average of 3.67 million people per state or territory in Australia.

This review occurs at a time of significant structural welfare reform in Finland. Prior to 2023, the 309 municipal councils were responsible for governing and delivering the majority of social services within a clear framework of access, scope, and quality set in law by the central government. This range of physical and social infrastructure responsibilities included healthcare, early learning, public transport, housing, and family support services. However, after comprehensive research¹⁸⁸ and decade of debate on how to better achieve economies of scale while retaining local flexibility and customisation¹⁸⁹, the decision was reached in 2021 to transfer all health, social and rescue services to 'wellbeing services counties' (with the City of Helsinki retaining these roles) to "ensure equality of service, reduce inequalities in health and wellbeing, and control cost growth"¹⁷⁴. It is too early to assess the impact of these changes.

Health

High-level child health metrics for Finland are provided below in **Table 23**, with commentary on key features provided after the table.

Table 23: Child health metrics for Finland

		Finland
Mortality	Infant mortality (per 1,000) ^a	1.8
	Under five mortality (per 1,000) ^a	2.2
Vaccination	Third dose of DTP vaccine (%) ^a	91

Source: <https://data.unicef.org/country/>

Finland has affordable universal public health services for people with a 'municipality of residence'. They are delivered by the wellbeing services counties at clinics which usually open 8am to 4pm Monday to Friday, are staffed by public doctors and nurses, and are relatively affordable because they are funded through tax revenue. Nurses may treat a range of conditions and refer patients to doctors as necessary. As in Australia, patients needing the services of a specialist require referral from a general practitioner. Acute cases in evenings and weekends are treated by emergency clinics or hospitals, or via private health clinics that serve people who do not have a municipality of residence – or those who do not wish to wait for public clinic appointments (which can take time), however private clinics are considerably more expensive. Health services in Finland are offered in Finnish, Swedish and (frequently) in English. In most cases, people from other Nordic countries are also entitled to free essential health care in Finland¹⁹⁰.

Under provisions of Finland's Health Care Act, maternity, child health, and preventive oral health care services are offered for all expectant parents, children before school age (i.e., under 7 years) and their parents via maternity and child health clinics¹⁹¹. In addition to providing health care and information to pregnant women (including the importance of getting enough vitamin D, given the paucity of sunlight in Finland in winter), these clinics issue Pregnancy Certificates when the pregnancy reaches 154 days (around five months) as a trigger for expectant mothers to access social welfare benefits and pregnancy leave. Expectant mothers cannot receive a Pregnancy Certificate without attending a clinic¹⁹². The clinics take a holistic approach, supporting the welfare of families including attention to relationships and parenting. "Special emphasis is given to the role of both parents and their roles and responsibilities as parents"¹⁹¹.

Expectant mothers normally visit a nurse or doctor 11 – 15 times during pregnancy (often with their partner¹⁹³) and participate in preparative childbirth sessions. In addition, both expectant parents are required to jointly meet four times with a nurse and a doctor (once before the birth and three times before the child starts school) so the health professionals can assess the health, welfare, and other circumstances of the whole family unit. Complementary arrangements are made for solo expectant mothers. Support is also provided via nurse home visits before and after the child's birth and at other times if needed¹⁹².

High-level maternal and child outcomes in Finland are good. The rate per 1,000 of child mortality under the age of five years in Finland is 2.2 compared with 3.7 in Australia, while the rate at which children in Finland receive a third dose of Diphtheria-Tetanus-Pertussis containing vaccine is 91 percent compared with 95 percent in Australia¹³⁴.

Upon birth, each child is issued with a unique personal identity code which is included when their details are registered with the Digital and Population Data Services Agency. Registration must occur within three months, at which point the child's personal social welfare card is issued¹⁹⁴.

In 2016, a program of Family Centres was introduced to reduce service fragmentation in the early years. The program was initially piloted in a single region comprising 11 of the 309 municipalities to prototype new models of multi-disciplinary cooperation to support children and families so “the know-how of different groups of professionals will be coordinated into a coherent package”¹⁹⁵, including informal relationship-based activities conducted by non-government organisations such as playgroups. In the pilot, five project staff coordinated key personnel, programs, and services across the health, social, education and non-government sectors, and work in a cross-disciplinary environment to facilitate a shift of resources and effort towards preventative actions. Lessons from the pilot included: the importance of localised flexibility within clear national parameters including a clear accountability framework; surety and longevity of funding; training and time for dialogue to assist multi-disciplinary teams to work together; digital tools to manage cross-sectoral collaboration; and the importance of joint planning that focuses on the ‘big picture’ of each child's life and situation¹⁹⁵. Reduced fragmentation was achieved through Family Centres, leading to lower thresholds for families to access preventative services, more opportunities to identify and engage with families needing additional support, and a more holistic understanding of the needs, preferences, and strengths of individual families via informal meeting places and e-services¹⁹⁶.

Family Centres have since been expanded across all of Finland. They integrate public child and maternal health, social, and early education services, alongside services provided by non-government organizations and parishes. Family Centres are universal with a focus on prevention, support, and early identification, and aim to reduce the need for costly future interventions such as child protection, psychiatric services, or curative therapies¹⁹⁶. They are typically co-located with maternity and child health clinics which monitor and support each child's physical, mental, and social growth, provide vaccinations and information about healthy nutrition, and dental care. These services are free for families with a municipality of residence. Each child receives a personal child health clinic card as a record of their health and vaccinations, and an electronic copy is also retained¹⁹⁴.

Family Support

High-level family support metrics for Finland are provided below in **Table 24**, with commentary on key features provided after the table.

Table 24: Family support metrics for Finland

		Finland
Maternity	Statutory paid leave duration	8 weeks, @ mother's full pay rate, capped at \$AUD1,834.60/wk
Paternity	Statutory paid leave duration	Incorporated into Shared Parental Benefit (below)
Additional Parental	Mother	46 weeks shared parental benefit
	Father	Shared 50/50 between parents, taken one parent at a time, paid @ full pay rate.

Total weeks of paid leave per child per family	72
Child Benefit	Child Benefit From \$AUD159.55 per child monthly to 17 years of age
Other	<ul style="list-style-type: none"> • Baby Box • Child disability allowance • Child at Home allowance option • Housing support

Source: <https://www.kela.fi/parental-allowances-amount-payment>

Finland's welfare system was most recently updated in August 2022, and continues to provide paid pregnancy allowance, parental allowance (for either parent, one at a time), child benefit and 'child care at home' allowance. All these benefits are paid by the central government (through Kela, akin to Australia's Centrelink) to the recipient's employer to cover the employees' full rate of pay. For people who do not have an employer, Kela pays the recipient directly at a minimum daily amount, currently €32 (\$AUD53.74) per day¹⁹⁷.

Pregnancy (maternity) leave and benefits lasts 40 days and must commence at least 14 days before the due child's date. After the child has arrived, 320 days (approximately 46 weeks) of paid parental leave becomes available (160 days for each parent in couples). Up to 18 of these days can be taken by parents at the same time, with the balance taken by only one parent at a time. One parent of a couple may transfer up to 63 days of their parental leave allocation to their partner, and parents also have the option to take parental leave a part-time basis to extend the overall duration of leave and benefits up to the child's second birthday. While the leave rules require that parental leave is shared between both parents in a couple, a majority of mothers opt to take longer leave. This means that women tend to be outside the workforce for longer than men and are less likely to command the same seniority and pay levels as their male counterparts, contributing to a gender pay gap for women of 16.7 percent in 2020¹⁹⁸, compared with 13 percent in Australia in 2023¹⁹⁹. It also means that relatively few children below 12 months of age attend formal childcare centres and are therefore less likely to be exposed to common respiratory infections associated with otitis media²⁰⁰ which can adversely affect hearing, balance, language, sleep, and social development²⁰¹.

Parents who wish to stay home to care for their child after their parental leave expires have the option to do so (and for their job to remain secure) until the child's third birthday. This option is equally available to mothers and fathers. The parent who opts for this is entitled to take unpaid leave from their job and, assuming one parent is working, may be eligible for a means-tested 'child home care allowance' of up to €342 (\$AUD574.39) per month from Kela²⁰². The legislation to enact the child home care allowance was introduced in 1983 and quickly gained popularity: by 1994, 47 percent of women and 1 percent of men with children under three years of age received the allowance. Despite this popularity, concerns emerged about the impact on women's workforce participation and options for future career progression due to long absences from the labour market²⁰³. Changes to the child home care allowance introduced in 1996 made it less attractive – the payment amount was reduced, and eligibility rules were tightened – however it has remained popular in Finland, especially among mothers with low education levels and immigrant backgrounds whose earning power in the workforce would be low²⁰⁴.

Every month, Kela pays a flat Child Benefit to families for each child until their 17th birthday. The amount each child attracts depends on the number of children in the family, starting at €95 (\$AUD159.55) per month for one child through to €163 (\$AUD273.76) per month for the fourth child plus a supplement for single parents of €63 (\$AUD105.81) per child²⁰⁵.

Kela also administers a disability allowance which is payable to families caring for children below 16 years of age who live with a disability. This is payable at three different rates depending on the level of additional care, attention and rehabilitation required ranging from €109 to €493 (\$AUD179.25 to \$AUD810.27) per month.

Affordable social housing in Finland is mainly provided by companies owned by municipalities or by non-profit organisations, financed through state-subsidised loans. Housing policy is overseen by the central government and comprises construction and quality targets alongside sustainability targets to build in a carbon-neutral fashion. Social mixing is also central to Finland's housing policy with a current requirement that 25 percent of new homes are affordable social housing apartments available for rent to low-income families and those with disabilities or poor health. Between 7,000 and 9,000 new apartments are built each year, and it is claimed that no families were homeless in Finland in 2022^{206 207}.

Another valued tradition in Finland dating back over 80 years is that expectant parents receive a 'baby box' from their municipality, coordinated by Kela. The box contains numerous items needed for the baby's first year, including high-quality in-door and outdoor clothes, bedding, baby products, and books – and the box itself can double as a cot for the baby for the first few weeks^{208 209}. Parents have the option of a €170 (\$AUD285.51) cash grant instead of the box²⁰⁵, however two-thirds of families opt for the box which is widely viewed as a rite of passage for newborns in Finland²¹⁰.

Early Learning

High-level early learning metrics in Finland are provided below in **Table 25**, with commentary on key features provided after the table.

Table 25: Comparison of Finland and Australia on participation in early learning

		Finland
Childcare participation rate 2021 (%)^a	Under 2 years participation rate	18.8
	2 years participation rate	71.6
	3 years participation rate	84.3
	4 years participation rate	88.8
	5 years participation rate	91.8
Cost of childcare^b	Typical net costs for two children in full-time care, 2019, as % of women's median full-time earnings	28%
Compulsory school age (years)^c		7

Sources:

- <https://oecdch.art/8453130ba3>
- <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
- <https://expatchild.com/school-starting-ages-around-world/>

Upon expiry of parental leave when the child is around 14 months old, three options for government-assisted childcare are available until the child starts free compulsory pre-primary at six years of age¹⁹³: municipal day care (either centre-based or family day care); private day care which is slightly more expensive but attracts a subsidy, or the child home care allowance for children below three years of age (described above in *Family Support*)¹⁹³. In Finland, the goal of early learning programs delivered through day care is to promote children's development, health, and wellbeing, and to optimise learning opportunities. Programs must comply with the National Core Curriculum for Early Childhood Education and Care, approved by the Finnish National Agency for Education¹⁸⁶, however quality assurance in Finnish education is characterised by *steering* instead of *controlling* and, while there is no inspection regime per se, service quality is open to scrutiny on a daily basis by user-families²¹¹.

Municipal authorities must guarantee a day care place for each child residing within their jurisdiction, regardless of their parents' employment status. A modest fee is payable for municipal day care, calculated according to family size, income, and the duration of day care usage. The maximum fee is €295 (\$AUD495.45) per month for the first child (€188 or \$AUD315.75 for the second) and the minimum fee is €28 (\$AUD47.03) per month²⁰⁵. Municipalities also regulate quality (i.e., follow-up any reports of issues or non-compliance brought to their attention) across public and private services and administer the provision of free compulsory schooling which commences at six years with pre-primary for a minimum of 700 hours per year, available at kindergartens and schools. Pre-primary is typically delivered in half-day sessions, with the rest of the child's day spent in day care at the same venue²¹¹.

A recently published study examined the impact of increasing privatisation of early learning services in Finland because the proportion of families choosing private rather than the traditional public services provided by municipalities has risen in recent years. The aim of the study was to determine whether users of private versus public early learning services differed with respect to socioeconomic and attitudinal characteristics. It found that parents with higher education and income are more likely to select private services while low-income, low education parents are more likely to use public services and concluded that "marketisation and privatisation of ECEC is hard to implement without increasing social segregation"²¹².

The rate of day care participation in Finland is relatively low for children under two years of age (i.e., 18.8 percent in Finland compared to 34.7 percent in Australia) then surges to 71.6 percent for two-year-olds and steadily rises thereafter to 91.8 percent for five-year-olds. This reflects the period in which substantial pregnancy and parental leave and benefits available in Finland, roughly up to the child's second birthday. Corresponding childcare participation rates in Australia are 63.5 percent for two-year-olds and 99.2 percent for five-year-olds¹²⁵.

Social Protection

Child welfare arrangements in Finland reflect a children's rights orientation, and a strategic focus on prevention – "to provide help and support at a sufficiently early stage, when the emergence of problems or their worsening can still be prevented" – with the intention of reducing the need to resort to formal child protection actions. In this regard, Family Centres, maternity and child health clinics, day care centres and schools are identified as playing an important role in preventive child welfare²¹³. However, a 2011 study of the Finnish child welfare system, noted a marked shift from family-centred policy to a child-rights focus around 2008 with introduction of the Child Welfare Act, linked to a rise in the number of Finnish children taken into in-home or out-of-home care²¹⁴.

The Ministry of Social Affairs and Health is responsible for the legislation on child welfare and for steering child welfare services provided by wellbeing service counties. The counties may directly provide services themselves or contract (and supervise) external providers to do so²¹⁵. Actions may range from light-touch

'open care' (supportive measures including family therapy and peer group activities) through 'emergency placement' and onwards to longer-term out of home care where such action is deemed to be in the child's best interests. After any such placements, the child is entitled to 'after care', conducted as supportive open care until the young person turns 25²¹³.

Provisions on the rights of children are set out in Finland's Constitution and Finland is a signatory to the European Convention on Human Rights and the UN Convention on the Rights of the Child²¹³. Furthermore, as a member of the European Union, Finland is obliged to develop and implement a Child Guarantee National Action Plan (Plan) through to the year 2030, focusing on children at risk of poverty or social exclusion. Finland's Plan will be implemented as part of its National Child Strategy and will focus on children in low-income households (estimated at 11 percent of children from birth to 18 years comprising 114,300 individuals), including children from birth to age 3 years living in poverty, children living in households receiving social assistance, disabled children, Roma and Sami (Finland's key national minorities) children, migrant children, and children in out-of-home care or after care. Key early years actions the Finnish government will undertake through its Plan will include training on child impact assessments, child-oriented budgeting, and children's inclusion for multi-disciplinary staff at Family Centres, and reforms to healthcare, social welfare, and rescue services – many of which have commenced through the establishment of wellbeing service counties and Family Centres²¹⁶.

Early Years Governance in Finland

A culture of cooperation permeates vertical and horizontal governance arrangements in Finland so while most governance arrangements are formalised in legislation, national habits of collaboration, transparency and a collectivism lend additional layers of stability. Another characteristic feature of governance in Finland is that there are numerous opportunities for Finland's 5.5 million people to be part of formal governance bodies, with elected positions available in each of 309 municipalities, 22 wellbeing service counties and a central parliament comprising 200 delegates. This looks like a ratio of one elected position is available for every 430 people (of all ages) in the country.

Regulatory Instruments

The twelve government Ministries that make-up the central government's cabinet are each allocated responsibility for a range of complementary 'areas of expertise' (e.g., the Ministry of Social Affairs and Health is responsible for: promotion of welfare; social and health services; income security; statutory insurance; occupational safety; gender equality; EU internal cooperation; and preparedness planning). Most of the programs, policies and initiatives that relate to the early years fall within the Ministry of Social Affairs and Health²¹⁷ or the Ministry of Education and Culture²¹⁸. The Ministries determine national policies, assign responsibility through legislation for municipalities and counties to provide services to their residents, and set delivery parameters within which delivery must occur. Within those parameters, individual counties and municipalities may shape operational details to reflect local circumstances and preferences. In the case of municipalities, this local authority includes the capacity to set and levy taxes to pay for services (collected on their behalf by a central bureau) and to pursue additional local initiatives so long as they comply with national legislation and do not take over responsibilities of the central government. Wellbeing service counties do not have the authority to levy taxes; rather, they are funded by the central government via allocations based on their size and circumstances.

Horizontal and vertical cooperation is normalised across Finnish municipalities, counties and regions. While most inter-municipal cooperation is voluntary, it is mandatory for regional development pertaining to land use planning and, with the recent establishment of wellbeing service counties for the health sector, joint management of hospital districts must now occur through regional councils comprising representatives from the five or so adjacent counties²¹⁹.

Resource flows

The central government and municipalities levy taxes to pay for Finland's large public services sector and benefits schemes. In 2022, the average net taxation wedge (where tax payments are offset by social benefits) for a married worker with two children was 26.4 percent compared with 14.5 percent in Australia¹⁶⁸.

The establishment in January 2023 of wellbeing service counties to take-over responsibility for healthcare, wellbeing and rescue services from municipalities necessitated changes to the flow of resources among municipalities, counties, and the central government. While the overall quantum of taxes has not changed significantly, municipal taxes have dropped by 12.64 percentage points and central government taxes have increased by a corresponding amount, with the increase passed to counties based on their size and circumstances. There is no legislative provision for counties to directly collect tax revenue to pay for the services they deliver.

Under the auspices of the National Child Strategy 2040, Finland recently launched a program in three wellbeing service counties to pilot child-oriented budgeting whereby all aspects of government expenditure in the pilot counties will be assessed in terms of their impact on children. It is intended that lessons from the pilot study will be taken to scale in the future²²⁰.

Monitoring

Finland has established a Child Strategy Group in the Office of Prime Minister to track progress towards 30 targets specified in its National Child Strategy 2040 – which was jointly launched by its Ministry of Social Affairs and Health and Ministry of Education and Culture in 2019²²¹. The Child Strategy Group asked Statistics Finland to develop a unified child database and indicator dashboard that would support decisions on how best to achieve objectives set out in the Strategy. In the first phase of this project, Statistics Finland found that approximately 2,400 discrete data items are routinely collected about individual children by the health, education, and welfare sectors with instances of duplication and gaps, and significant scope to improve data interoperability and coordination. An important strength of the current early years data interoperability landscape, however, is that each child in Finland is allocated a unique digital identifier at birth. Work is proceeding on development of the proposed dashboard, to be supported by a central coordination group²²².

Singapore

Key observations about the early years system in Singapore

Bold and meticulous master planning is a recurring theme in Singapore, enabling its six million culturally diverse people to occupy a small space in orderly, clean, and secure circumstances and to achieve one of the world's lowest infant and child mortality rates and highest standards of education. One reason Singapore has been able to operationalise long-term plans is that the same political party has held power since 1959 when full internal self-governance was achieved. Master planning also permeates Singapore's widescale use of the SingPass digital platform which enables individuals, each with a unique digital identifier, to transact with 244 government digital services and a further 996 private enterprises. This includes booking appointments with health clinics, using public transport, paying bills, accessing records held by healthcare, educational and social services, and many more daily transactions. This represents a valuable source of individualised data to enable planning authorities to understand the preferences and needs of a vast majority of Singaporeans. One important gap, however, is that some foreign workers -

approximately 31 percent of Singapore's population – are not eligible to participate in SingPass so data on their outcomes and needs are less likely to be captured.

Family is the central pillar of Singaporean society and universal public housing is a vital form of social infrastructure supporting this pillar. Upon marriage, Singaporean couples are supported to purchase their own lease-hold apartment in publicly maintained residential estates which incorporate convenient and efficient community infrastructure including early learning centres, health clinics, transport links, and civic spaces. Around 90 percent of families take-up this offer, providing a solid platform upon which a carefully planned early years system has been built. The central place of family in Singapore includes a widely held expectation that infants will be raised within the home. This contributes to a modest rate of 'infant care' enrolment for children under two years of age and aligns with several uniquely Singaporean features of the early years system including tax relief for grandparents and foreign domestic workers to care for children in the family home. These are additional to conventional parental benefits including extra public housing assistance, child tax relief (which increases for the second and subsequent children), 16 weeks of government-paid maternity leave, two weeks (rising to four weeks in 2024) of government-paid paternity leave, and free parenting programs.

The early learning sector in Singapore is a market-based system with regulatory oversight combined with publicly funded incentives to leverage ongoing quality improvements. Private for-profit providers typically command better reputations, charge higher fees, and operate in high-income communities. The country also has excellent health care with one of the lowest infant- and child-mortality rates in the world.

Table 26: Snapshot of the Early Years system in Singapore

Context	Econo-political	A wealthy nation with a political system characterised by singularity: a parliamentary republic governed via a single assembly and, despite multi-party elections, just one political party has held power for over 50 years since self-governance was attained in 1959.
	Socio-cultural	Citizens comprise an amalgam of three majority cultural groups (Chinese, Malay, and Indian) with policies to build cross-cultural cohesion. Roughly one-third of the population is low-paid 'foreign workers' who undertake low-skill jobs in industry and homes, and a large expatriate community. Foreigners are ineligible for government benefits including housing and medical insurance. Traditional extended family is the central pillar of Singaporean society.
Provision	Health	Subsidised healthcare for children and pregnant women through three layers of government medical insurance. Provision through doctors at primary health 'polyclinics', with appointments and child health checks etc. administered via the HealthHub (and SingPass). CHILD study underway to prototype systemic improvements that may be applied at scale in the future.
	Family Support	Solid platform of public housing program for over 50 years. More recent initiatives under the Made for Families banner include a Baby Bonus, paid maternity (16 weeks) and paternity (2 weeks) leave and Child Development Account. These benefits are reserved for citizens and permanent residents – not foreign workers or expatriates.
	Early Learning	Uptake of preschool before 18 months of age is low. Families attracted to socialisation and educative benefits of preschool for older children so most participate before compulsory schooling at six years. Modest government subsidies to assist working women with

		childcare costs. Quality assurance through national agency. Private, non-profit and government providers compete in regulated market.
	Social Protection	Reported cases of ill-treatment have quickly increased, possibly due to recent awareness raising and new streamlined reporting mechanisms. Instances remain low in the context of Singapore's population base.
Governance	Regulatory Instruments	Singular and continuous governance has enabled iterative refinements to legislative instruments and procedures. Efficient, clear, and aligned with policy.
	Resource Flows	As above, singular governance has expedited straightforward flow of public funding and other resources.
	Monitoring	Master-planning of social and physical infrastructure includes clear milestones to be monitored. Universal compulsory registration on SingPass enables data sharing to expedite monitoring for citizens but does not include foreign workers or expats.

Background on Singapore

The Republic of Singapore shares Australia's British colonial past, Westminster parliamentary system, prosperity, and place in the Asia-Pacific region, however there are also stark contrasts: Singapore is a compact city-state and, with over six million people, is the world's third most densely populated country¹³⁴. Despite this population density, Singapore is renowned as a clean, orderly, and secure country with extensive recreational green spaces and environmental credentials²²³.

Since becoming independent in 1965, Singapore has focused on building a strong economy by developing the human capital of its people and leveraging its location at the centre of traditional trade-routes¹⁰. It now has the world's highest per-capita gross domestic product¹³⁷, high international credit rating²²⁴, one of world's lowest child mortality rates¹³⁴, and a home ownership rate among its citizens of 88 percent²²⁵.

Singapore's built environment and physical infrastructure exemplifies the meticulous long-term, nation-building approach Singapore takes to master planning²²⁶. The same deliberate approach applies to planning for Singapore's social infrastructure and is why it was selected for this review, focusing in particular on two recent examples in the early years: arrangements to merge key aspects of Singapore's childcare and Kindergarten (as the entry-point to schooling) sectors^{227 228}; and the Centre for Holistic Initiatives for Learning and Development (CHILD)¹⁰ established in 2020.

Early Years Context in Singapore

Econo-political Context

High-level econo-political metrics in Singapore are provided below in **Table 27**, with commentary on key features provided after the table.

Table 27: Econo-political metrics for Singapore

		Singapore
Political	Population ^a	6,014,732
	Political rights (out of 40) ^b	19
	Civil liberties (out of 60) ^b	28
	Corruption perception rank (of 180) ^c	5 th
Economic	GDP per capita (\$AUD) ^d	177,379
	Tax burden as % of GDP ^d	12.8
	Extreme Poverty (% of pop'n, 2021) ^e	Comparable data not available
	Gini Coefficient of Equality in 2019 ^f	33.7
	Credit Rating (S&P) ^g	AAA
	% of GDP spent on 'Family' in 2019 ^h	Comparable data not available
	Unemployment (% in 2023) ⁱ	2.8

Sources:

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>
- <https://www.heritage.org/index>
- <https://ourworldindata.org/poverty>
- <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>
- https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
- <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- <https://www.worlddata.info/unemployment-rates.php>

While Singapore's government is democratically elected every four years via multi-party ballots, the same political party (the People's Action Party) has continuously held power since 1959 when full internal self-governance was achieved. Measures have been taken by Singapore to broaden its political decision-making base by enabling three losing opposition party members to be appointed as Members of Parliament. However, Freedom House rates people's access to political rights and civil liberties in Singapore at only 47 (of a possible 100) compared with 95 in Australia⁹⁵ and Singapore's rating on Hofstede's 'power distance' dimension is 74 (compared with 38 for Australia) indicating that less powerful members of its community may expect and accept unequal distribution of power⁴³.

The President of Singapore is selected through direct elections for renewable six-year terms and is the Head of State, however most authority for policy and governance rests with the Prime Minister and the Ministers they appoint through legislation, policies, and budget allocation. Parliamentary elections occur every four years to a single legislative chamber. Members of Parliament select their Prime Minister (typically the leader of the party with the majority of parliamentary members) to lead the government and advise on the selection of Ministers for government portfolios; appointments are formalised by the President.

Singapore's strong economy has been built on high levels of expertise and experience across the finance, transport, technology and engineering service sectors, rigorous anti-corruption laws and cultural

practices. It is also enabled by a substantial migrant workforce comprising approximately 40 percent of the country's workforce²²⁹. Migrant workers fall into two main groups: 'foreign talent' and 'foreign workers' – the latter making up approximately 31 percent of Singapore's population on work passes to undertake low-paid, low-skilled work in the maritime, construction, and domestic sectors. Foreign domestic workers are pertinent to the early years system because "many women in Singapore have found the freedom to venture into better paying jobs outside the home because the burden of domestic work (including childcare) has shifted to women from low-income countries."²³⁰

In parallel with relatively high-income levels in Singapore, the country is ranked among the most expensive cities to live in, with rents approximately 50 percent higher than Sydney²³¹. For Singaporean citizens however, living costs are moderated by the provision of low-cost public housing. Eighty-eight percent of Singaporean citizens own their own home in master-planned estates that include schools, supermarkets, clinics, and recreational facilities²³².

Socio-cultural Context

High-level socio-cultural metrics in Singapore are provided below in **Table 28**, with commentary on key features provided after the table.

Table 28: Socio-cultural metrics for Singapore

		Singapore
Human Capital	% women 24-35 tertiary qualified ^a	64
	% men 24-35 tertiary qualified ^a	56
Gender Equity	Intimate partner violence ^c % of women ever experienced	11
	Pay Gap % (2022) ^d	6
	World Economic Forum Rank ^f opportunity, education, health, empowerment	49
	World Economic Forum Score (/100) ^f	73.9
Social/Emotional Capital	World Happiness Ranking ^e	25
Hofstede Cultural Dimensions ^h	Power distance	74
	Individualism	20
	Motivation for achievement/success	48
	Uncertainty avoidance	8
	Long term orientation	72
	Indulgence	46

Sources:

- <https://www.singstat.gov.sg/-/media/files/publications/population/ssn222-pg16-19.ashx>
- <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
- https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHL&view=trend
- <https://fass.nus.edu.sg/srn/2023/06/10/singapores-adjusted-gender-pay-gap>
- <https://worldhappiness.report/ed/2023/>
- <https://www.weforum.org/reports/global-gender-gap-report-2023>
- <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- <https://www.hofstede-insights.com/country-comparison-tool?countries=Singapore>

Singapore's population comprises a mix of Chinese, Malay and Indian heritage with some Western and other cultural groups. This mixed heritage is enshrined in Singapore's constitution and influences government policy across key portfolios including education, health, and housing. For example, while English is the main language of instruction in schools and of business, Singapore has an additional three official languages reflecting its three traditional population groups.

For Singaporeans, family is the central social structure²³³ with an emphasis on loyalty, unity, dignity, and respect for the elderly, including clear hierarchies whereby age and status (traditionally linked with masculinity) command respect⁴³. These characteristics are evident in the domains of Hofstede's cultural model (see **Table 28**), in particular Singapore's collective orientation compared with individualism in Australia and a tendency for Singaporeans to see merit in long-term plans and aspirations whereas Australians are less inclined to play the long game⁴³.

The multiracial harmony that Singapore's government actively cultivates for its citizens via laws and cultural initiatives do not always benefit the large minority of foreign workers in their midst. While there is strong demand for employees to undertake 'low skill' work including child-minding, "significant proportions of the public have negative perceptions of migrant workers"²³⁴ and there is a tendency to view such workers as 'others' who warrant different treatment²²⁹. A clear manifestation of this is that Singapore's main labour laws do not apply to foreign domestic workers – almost exclusively women – leading to poor pay and conditions, long hours, and deportation when pregnant²³⁰.

Early Years Provision in Singapore

Two stand-out features prevail across early years provision in Singapore. Firstly, master-planning for the country's universal public housing policy is characterised by large, high-rise estates which incorporate planning for convenient and efficient provision of community services including early learning centres, schools, recreation facilities, transport links, civic spaces and supermarkets for families residing within or close to each estate²²⁶. This built environment and the socio-cultural context outlined above set the frame within which early years provision occurs in Singapore.

Secondly, access to and transactions with early years (and many other) services are supported by the SingPass digital platform which links to 244 government digital services (i.e., across housing, taxation, justice, electoral, early learning, schooling, health, family support, policing, and planning sectors) and a further 996 private sector digital services across the health, banking, other commercial and philanthropic sectors²³⁵. Interactions with SingPass are mediated via a unique National Registration Identity Card (an identity document issued to citizens and permanent residents over 15 years of age, with children under 15 years linked to their parents) or a unique Foreign Identification Number issued to foreign workers²³⁶.

Health

High-level child health metrics in Singapore are provided below in **Table 29**, with commentary on key features provided after the table.

Table 29: Child health metrics for Singapore

		Singapore
Mortality	Infant mortality (per 1,000) ^a	1.7
	Under five mortality (per 1,000) ^a	2.1
Vaccination	Third dose of DTP vaccine (%) ^a	97

Source: <https://data.unicef.org/country/>

Singapore's overall healthcare system has been described as "the envy of the world" with low child mortality and long life expectancy, and high international rankings by the World Health Organisation and the Bloomberg Global Health Index²³⁷. Its universal healthcare is delivered through private and public providers, funded through a health insurance system comprising three cumulative layers known as the 'three Ms'. Medisave is a compulsory savings plan drawn from wages and used for routine healthcare; Medishield is an extra layer of health insurance which applies when routine healthcare will not suffice and includes maternity care and fertility treatments; and Medifund is an endowment safety net administered by the government²³⁸. As with the early learning sector, Singapore's government sets ambitious regulatory parameters for private and public providers to operate within, and then relies on competition and market forces to drive quality and efficiencies²³⁸.

Maternal and child health provision largely occurs through primary health, delivered via 'polyclinics' where doctors, nurses and allied health professionals with various specialisations offer outpatient care and advice on a range of medical conditions. Located adjacent to or within housing estates, polyclinics are designed to provide seamless, person-centred, and preventive healthcare. The cost of visits to health professionals at polyclinics are subsidised for citizens and permanent residents by up to 75 percent. Accessing doctors and tracking needs occurs through the HealthHub digital platform, mediated via SingPass, and maintained by Singapore's Ministry of Health. The HealthHub enables transactions across the health sector including making appointments and gap payments, tracking health records, health insurance claims, and accessing evidence-based advice on health and wellbeing²³⁹. The HealthHub includes a digital Child Health Booklet as a "one-stop pregnancy and parenting platform for health information", where records can be maintained from pregnancy to the teen years on the child's birth, development and immunisation can be recorded and advice on age-specific milestones or concerns can be accessed²⁴⁰.

A gap in Singapore's universal healthcare system is that foreign workers are not eligible to participate in the 'three Ms', so they must either maintain separate private health insurance or face high medical costs²³⁸. This is out of reach for many low-paid foreign workers who have minimal protections under labour laws in Singapore.

In ongoing efforts to further improve health and wellbeing outcomes for children and families in Singapore, the Centre for Holistic Initiatives for Learning and Development (CHILD) partnership was established in 2020 – a collaboration between philanthropy (through the Lien Foundation) and local research institutes working with the government. CHILD seeks to combine implementation science with child development research, including findings from the preceding Growing Up in Singapore Towards healthy Outcomes (GUSTO) study, a longitudinal birth-cohort study investigating how conditions in pregnancy impact maternal mental health and children's neurodevelopment²⁴¹. The GUSTO study capitalised on Singapore's three distinct ethnicities (i.e., Chinese, Malay and Indian) and associated cultural and culinary traditions to examine how epigenetic and environmental factors interact to impact children's outcomes in the early years. Two early findings from this longitudinal study are that certain cultural food traditions through

pregnancy and the postpartum period are associated with infant obesity, and that links exist between maternal emotional health and children's neurodevelopment²⁴². The CHILD partnership further exemplifies Singapore's willingness to trial and prototype initiatives before taking them to scale, and the extent to which policy makers are receptive to high quality evidence when building plans for the future⁸.

Family Support

High-level family support metrics in Singapore are provided below in **Table 30** with commentary on key features provided after the table.

Table 30: Family support metrics for Singapore

		Singapore ^a
Maternity	Statutory paid leave duration	16 weeks, @ mother's full pay rate
Paternity	Statutory paid leave duration	2 weeks, @ father's full pay rate rising to 4 weeks in 2024
Additional Parental	Mother	Nil
	Father	Nil
Total weeks of paid leave per child per family		18
Child Benefit		Child Tax Relief increases for 2 nd and subsequent children
Other		Baby Bonus Savings Scheme Priority access to public housing Home Caregiving Grant

Source: https://www.madeforfamilies.gov.sg/docs/default-source/default-document-library/marriage-parenthood-booklet-2023123651f1e60049b4bb024b694ba3dd9c.pdf?sfvrsn=bf3618d9_0

The bedrock of family support in Singapore is universal public housing which has been a key feature of social infrastructure in Singapore since 1964. It has enabled married couples who are Singaporean citizens to purchase their own lease-hold apartment in master-planned estates – an opportunity taken up by approximately 90 percent of families²³², providing a solid platform upon which other forms of child-specific family support have been added in recent years via the comprehensive Made for Families initiative²⁴³. This includes the pro-family Marriage and Parenthood Package introduced in 2001 to address Singapore's declining fertility rate²⁴⁴. This package, recently enhanced in the 2023 Budget Statement, introduced a suite of family incentives including a Baby Bonus Scheme, priority access to public housing, tax relief (which increases for the second and subsequent children), 16 weeks of government-paid maternity leave, two weeks (rising to four weeks from 2024) of government-paid paternity leave, free parenting programs, and initiatives for businesses to foster family-friendly workplaces²⁴⁵.

The Baby Bonus Scheme provides couples with cash grants for each child every six months until the age of 16 years, and dollar-for-dollar matched contributions towards a Child Development Account (CDA) which can be used for prescribed purposes including child care, preschool, and the child's medical expenses. To further support children's health, the Marriage and Parenthood Package includes extra Medisave grants for newborns and pregnant women to further assist with childbirth delivery costs and the child's future health care expenses²⁴⁶.

Several aspects of the enhanced Marriage and Parenthood Package that are particular to Singapore's socio-cultural context include: Grandparent Caregiver Relief (i.e., tax relief for working mothers whose parents or in-laws care for their children under 12 years of age); Foreign Domestic Worker Levy Relief making it easier to employ domestic help at home to enhance family work-life balance for citizens; and a Proximity Housing Grant to help families relocate to an apartment near (within 4km of) their parents or children²⁴⁵.

Additional monthly payments of \$AUD281 or \$AUD450 and tax relief are available to households caring for children with moderate to severe disabilities. These schemes are administered under provisions that also apply for households caring for adults and elderly people with a disability. The level of means-tested allowance received by each household depends on the level of additional assistance required across six 'Activities of Daily Living', i.e., eating, bathing, dressing, transferring, toileting and walking or moving around²⁴⁷.

Early Learning

High-level early learning metrics in Singapore are provided below in **Table 31**, with commentary on key features provided after the table.

Table 31: Early learning metrics for Singapore

		Singapore
Childcare participation rate 2021 (%)^a	Under 2 years participation rate	18.8
	2 years participation rate	71.6
	3 years participation rate	84.3
	4 years participation rate	88.8
	5 years participation rate	91.8
Cost of childcare^b	Typical net costs for two children in full-time care, 2019, as % of women's median full-time earnings	Comparable data not available
Compulsory school age (years)^c		6

Sources:

- <https://oecdch.art/8453130ba3>
- <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
- <https://expatchild.com/school-starting-ages-around-world/>

The socio-cultural expectation that young children are raised within the family unit significantly impacts the provision and function of early childhood education and care in Singapore, leading to a relatively low rate of enrolment in 'infant care' for children under two years of age (i.e., 12 percent in 2022²⁴⁸). The majority of children in this age-group are cared for by their parents, grandparents, or foreign domestic workers in the home²⁴⁹. It also influences the suite of preschool services designed to help children reach their potential and prepare for school via the following options²⁵⁰:

- *Childcare* Centres which comprise two types (below) over either full-day or half-day programs in two age-specific categories:
 - Infant Care for children from 2 months to 18 months of age, offered as a full-day or half-day

- Child Care for children aged 18 months to 6 years with longer programs in which “the curriculum is usually split between work and play” ... (including meals and baths, and) ... “is a great option for parents with full-time jobs and who have no guardian or babysitter during the day”²⁵⁰.
- *Playgroup* which is promoted as a less structured experience for children to play in groups, akin to a ‘playdate’, and intended as a way for children to develop social skills before kindergarten. Children attend playgroup with their parent/caregiver.
- Kindergarten for 3-4 hours per day for children from 4-6 years old. Programs are generally academia-focused, with the end goal of preparing children for the rigours of formal education.

The above services operate within a market-based system, either by government, non-profit or private providers who charge variable fees. Private providers typically command better reputations, charge higher fees, and tend to operate in high-income communities²⁴⁹. The fee schedules for centres may also include a registration/enrolment fee and the requirement to purchase a uniform²⁵¹. Over 99 percent of children participate in some form of preschool before commencing compulsory schooling at six years of age²⁵⁰.

Regulation of Singapore’s preschools occurs through the Early Childhood Development Agency, an autonomous agency jointly managed by the Ministry of Education and Ministry of Social and Family Development, which sets and oversees licensing requirements including qualifications, ratios, and physical environments. The agency also runs the Singapore Pre-school Accreditation Framework (SPARK), a voluntary quality improvement program. Providers apply for a SPARK assessment via four application windows each year and can use their rating (commendation or certification) to demonstrate centre quality to clients and themselves. The score remains valid for four years and the agency’s website lists SPARK-certified centres to help families choose a centre for their child²⁵².

Key curriculum requirements reflect holistic play-based programs and also incorporate Singapore’s unique socio-cultural context, whereby “character building” along with lifelong learning is part of the preschool curriculum, and programs actively nurture bilingualism through planned experiences in both English and each child’s mother tongue (i.e., Chinese, Malay, or Tamil languages)²⁵³.

With respect to fees, child care and infant care provision at centres approved by the Early Childhood Development Agency attracts a basic monthly subsidy of \$AUD684 or \$AUD342 respectively, and mothers, or single fathers, who work at least 56 hours per month on a low-to-middle family income may apply for an additional 18 or 55 percent for infant care or child care respectively. Non-working mothers who meet the family income test may also apply for a subsidy of \$AUD171 per month for infant care or child care²⁵¹. Subsidies are paid directly to centres and parents pay the fee balance. There is no government subsidy for Playgroup programs, however a Kindergarten fee assistance scheme is available for low-income families²⁵⁰.

Fee-caps apply to service providers who successfully apply to participate in two government initiatives designed to improve preschool affordability – the Anchor Operator (AOP) scheme sets a monthly fee-cap of \$AUD1,407, \$AUD775 and \$AUD171 respectively for full-day child care, full-day infant care and kindergarten, while the Partner Operator (POP) scheme sets a monthly fee-cap of \$AUD820 and \$AUD1470 respectively for full-day infant care and child care. To participate in the POP scheme, centres must commit to program improvements in accordance with the SPARK program²⁵².

Social Protection

Singapore’s Child Protection Service operates within the Ministry of Social and Family Development and administers provisions of the Children and Young Persons Act, most recently amended in 2020. The Act accords with obligations set out in the Convention on the Rights of the Child and provides for children to be protected from ill-treatment through abuse or neglect, and for affected children to be properly cared for

and supported through their trauma. Under the Act, the family unit may also be assisted to improve the home environment through Family Guidance Orders intended to enable the child's continued upbringing to occur within their family²⁵⁴.

Research conducted in 2015 by Singapore's child protection peak body, the Singapore Children's Society, found marked variations in child-rearing practices among the country's three main cultural groups such that "actions considered abuse in one culture might be acceptable in another"²³³. This includes mixed views in the community about the use of corporal punishment as a form of discipline in the home²⁵⁵.

Public awareness campaigns to address family violence have been conducted in recent years, and an accompanying 'Break the Silence' website has been developed by the Ministry of Social and Family Development where cases of domestic violence (including against children) can be reported. The site includes advice on how to report, who to contact and how to support a victim²⁵⁶. In 2021, approximately 2,100 reports of suspected child abuse or neglect (to age 16 years) were investigated – a marked increase from only 383 reports in 2012. This increase has been attributed to awareness campaigns, training of educators, social workers, and health professionals to identify cases of possible abuse, and easier access to reporting mechanisms²⁵⁷.

Early Years Governance in Singapore

The backdrop for governance arrangements in Singapore includes a cultural preference for order, efficiency, dignity⁴³ and an aversion to corruption¹⁷⁸. It is also significant that Singapore has a single parliamentary assembly, no states, or municipal authorities to negotiate with, and the same political party has held power since self-governance was achieved in 1959. Accordingly, policy adjustments are largely in response to gradual shifts in the country's social and economic circumstances rather than ideological contests between oppositional political forces.

Regulatory Instruments

An orderly legislative framework has been constructed and maintained in Singapore to enact the government's social, financial, and physical masterplans, outlined above. This includes legislation within which private and public entities must operate (e.g., the Early Childhood Development Centres Act 2017, and the Children and Young Persons Act 1993 - Revised 2020), and the SingPass data sharing platform administered by the government – a "convenient and secure platform for users to transact with government agencies and private sector organisations"²⁵⁸.

Resource flows

The flow of public funding to operationalise government plans and policies are straightforward in Singapore due to its unitary parliamentary system and the continuity of power maintained by the People's Action Party. The key constraint relates to the country's overall economic circumstances which are favourable by world standards²⁵⁹, although Singapore's level of public debt as a proportion of its gross domestic product is almost three times higher than Australia's (i.e., 159.9 percent in Singapore compared to 54.4 percent in Australia¹³⁷).

Monitoring

An embedded feature of Singapore's fondness for master planning with respect to its social and physical infrastructure is the systematic monitoring of progress towards identified milestones, and a willingness to adjust plans to ensure they remain on track. The wide-scale establishment and use of SingPass has streamlined the collection of data to inform progress. One important gap, however, is that foreign workers, who comprise approximately 31 percent of Singapore's population, may not be eligible to participate in SingPass so data on their outcomes and needs are more opaque.

United Kingdom

Key observations about the early years system in the United Kingdom

The United Kingdom has a rich tradition of ground-breaking research with respect to the early years. Evidence-based programs such as Sure Start Children's Centres, social housing policies, nurse home visiting programs, the importance of high-quality preschool and home learning environments, and the concept of proportionate universalism have influenced policy across the world and resonate with initiatives observed in other countries selected for this review. This tradition of research to inform policy includes a transparent willingness to report awkward findings. One example is a 2013 study that evaluated the impact of 15 hours per week of free childcare for two-year-olds from disadvantaged families. It found that the benefits of this initiative were 'modest' and the achievement gap would take over 40 years to close without additional complementary systemic actions. Another recent example of comprehensive research undertaken to inform policy is *The Best Start for Life Review* released early 2021 as the impetus for the Family Hubs and Start for Life Programme launched in August 2022.

A recurring theme in the review findings on the UK (and England) is that families have to navigate multiple layers of overlapping policies, benefits, services, and programs for their children across central and locally administered health, education, social welfare, and housing departments. A key lesson for Australia would be to explicitly retire and/or redirect the remnants of past policies and programs before asking families and providers to engage in new ones.

The centrepiece of the United Kingdom's current early years system is two-fold: preventative 'early help' through multidisciplinary Family Hubs; and expanded provision of free childcare for working parents. Messaging that accompanied the announcement of these reforms reflects two different policy drivers. Family Hubs are focused on children's health, development, and learning in targeted high-needs communities "so that babies, children and their families can access the joined-up, whole family, and inclusive support they need to thrive"²⁶⁰. Meanwhile, expanded free childcare is focused on removing workforce participation barriers and to "help mums in particular to stay in work and keep the economy growing"²⁶¹. While these separate drivers are not necessarily oppositional, they contrast with the cohesive, groundswell and master-planned approaches observed in particular in Chile, Estonia, Finland, and Singapore.

Table 32: Snapshot of the Early Years system in the United Kingdom

Context	Econo-political	Long standing industrial, cultural, scientific, and economic world leader. Sixth largest GDP in world. Adjusting to departure from the EU and Scotland, Wales and Northern Ireland seeking devolved government. Issues with north/south economic disparity though Gini coefficient same as Australia.
	Socio-cultural	Almost 90% of population identify as 'white' however Polish is second language across UK. Historical stratification of class divisions weaker; one-quarter of families are single-parent; strong extended family links

Provision	Health	Healthy Child Program through NHS – universally free. Midwives to support birth and days afterwards, including home-visits for most. Red Book schedule of health checks – key source to identify any issues. Best Start for Life Review impetus for 75 (of 317) selected to participate in Family Hubs to focus on 1001 critical days. Multi-disciplinary teams akin to Sure Start, supported by Family Hubs Network which is funded by the Department of Education.
	Family Support	Complex layers of benefits, confusing for families. Paid (90%) maternity leave for 39 weeks with option of 13 extra unpaid leave. Sure Start maternity payment for first child (only), paid paternity leave for 2 weeks, option to transfer some of mother's maternity leave to father, child benefit per child with less for second and subsequent children. Universal Credit bundles 6 previous forms of payment including unemployment, housing support etc. Practical and personal support also to be provided through Family Hubs, plus the separate (additional) Disability Living Allowance for the families of children with disabilities.
	Early Learning	Forms of early learning through nursery schools, reception classes in schools and approved private and non-profits. Approval through Ofsted. 15 hrs per week of free childcare for 2yo children – study found 'underwhelming' impact and uptake. OEDC study of learning and wellbeing found English children performed similar to Estonian and better than USA. Recent commitment to expand free childcare for working parents to all children under 9 months by end of 2025.
	Social Protection	Signatory to UCCRC. Family Hubs and health workers focus on 'early help' and prevention.
Governance	Regulatory Instruments	Numerous agencies and complex overlapping systems. Most policies and programs include a requirement to formally evaluate and publish – good transparency
	Resource Flows	Central Government allocates funds to local authorities to deliver services, based on level of uptake/demand. Benefits scheme administered via digital GOV.UK.OneLogin, but reports of this being difficult to understand all overlapping elements
	Monitoring	No unified data management platform across its numerous departments. Ofsted monitors Early Learning Services. At birth, NHS registers children and issues Red Book – which is currently being digitised.

Background on the United Kingdom

The United Kingdom of Great Britain and Northern Ireland has a unique relationship with Australia as our historical colonising authority, the source of our official Head of State and the country of origin identified by over half of Australia's population in 2021²⁶². Political, legal, commercial, healthcare, social welfare and education systems in Australia have been influenced by those of the United Kingdom. Furthermore, early childhood research and initiatives from the United Kingdom have helped to shape recent Australian early childhood policy, notably the Effective Provision of Pre-School Education longitudinal study¹¹, the concept of Proportionate Universalism¹², and the Sure Start program¹³.

The United Kingdom is a densely populated island state of approximately 68 million people with a landmass similar to that of the Australian state of Victoria (i.e., 242,495 km² for the United Kingdom versus

227,444 km² for Victoria)²⁶³. Approximately 84 percent of its people live in urban settings¹⁸⁹. While the United Kingdom is a sovereign country, England, Scotland, Wales, and Northern Ireland are also referred to as 'countries' and each has its own elected parliament or assembly through a process of devolved governance agreed in 1999¹⁸⁹. England, however, does not have a separate government so is subject to the laws and policies of the central Her Majesty's Government. Throughout this report, the United Kingdom is referred to as a 'nation' while England, Scotland, Wales, and Northern Ireland are referred to as component 'countries'.

The population of England makes up approximately 84 percent of the United Kingdom's total, while Wales, Scotland, and Northern Ireland contribute 8.2 percent, 4.6 percent, and 2.7 percent respectively.

As in Australia, the United Kingdom also has a third tier of government at the local level, referred to here as 'councils' although some are aggregated into intermediate boroughs or counties, and there are also smaller governance units called parishes. This variability of structures, responsibilities, finances, and the shape of reforms differ across countries and councils, contributing multiple layers of complexity.

Early Years Context in the United Kingdom

Econo-political Context

High-level econo-political metrics in the United Kingdom are provided below in **Table 33**, with commentary on key features provided after the table.

Table 33: Econo-political metrics for the United Kingdom

		United Kingdom
Political	Population ^a	67,736,000
	Political rights (out of 40) ^b	39
	Civil liberties (out of 60) ^b	54
	Corruption perception rank (of 180) ^c	18 th
Economic	GDP per capita (\$AUD) ^d	76,728
	Tax burden as % of GDP ^d	32.8
	Extreme Poverty (% of pop'n, 2021) ^e	0.3
	Gini Coefficient of Equality in 2019 ^f	32.6
	Credit Rating (S&P) ^g	AA
	% of GDP spent on 'Family' in 2019 ^h	2.4
	Unemployment (% in 2023) ⁱ	3.6

Sources:

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>
- <https://www.heritage.org/index>
- <https://ourworldindata.org/poverty>
- <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>
- https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
- <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
- <https://www.worlddata.info/unemployment-rates.php>

The United Kingdom is a long-standing industrial, economic, political, territorial, military, scientific, cultural, and educational world leader, and the size of its gross domestic product is sixth in the world²⁶⁴. Recent years have seen significant political and economic changes for the United Kingdom as it adjusts to a landmark 2016 referendum decision to leave the European Union, with the transition period roughly coinciding with the COVID-19 pandemic¹⁸⁹. These challenges are on top of rapid deindustrialisation in the nation's northern half between 1980 and 2010 creating substantial regional inequity between the South-East (including London) and the rest of the United Kingdom to the point that the income gap between north and south exceeds the gap that previously existed between East and West Germany²⁶⁵. A key contributing factor to this north-south divide is the nation's strong service sector (e.g., finance, education, trade, tourism, healthcare, etc.) which is concentrated in London and surrounding regions, alongside diminished manufacturing, mining, and agricultural sectors in the northern regions. "Other countries have poor bits. Britain has a poor half."²⁶⁶

The United Kingdom's per-capita gross domestic product is \$AUD76,728 compared with \$AUD85,3887 in Australia¹³⁷ and its Gini Coefficient of Equality is 32.6, the same as Australia²⁶⁷. With respect to gender equity, the United Kingdom achieves a world ranking of 15 (compared to 26 for Australia) on a composite index comprising economic participation, education, health status, and political empowerment¹⁰⁵, however the gender pay gap for women in the United Kingdom is 14.5 percent compared with Australia's 9.9 percent²⁶⁸.

Despite regional economic and political divisions, the British model of the welfare state has prevailed in the United Kingdom via two key welfare pillars established after World War II to address 'five giant evils' identified in the landmark Beveridge Report of 1942: squalor, ignorance, want, idleness, and disease²⁶⁹. The two enduring welfare pillars initiated at that time to provide a safety net 'from the cradle to the grave' are the National Insurance Scheme introduced in 1946 to provide benefits for the elderly, widows, unemployed, and children, and the National Health System introduced in 1948 to provide essential publicly funded healthcare services to all. The devolved governments of Scotland, Wales, and Northern Ireland are responsible for domestic policy including education, healthcare, housing, and transport so the National Health System operates as a conglomerate of complementary public health systems in each constituent country.

Socio-cultural Context

High-level socio-cultural metrics in the United Kingdom are provided below in **Table 34**, with commentary on key features provided after the table.

Table 34: Socio-cultural metrics for the United Kingdom

		United Kingdom
Human Capital	% women 24-35 tertiary qualified ^a	60.7
	% men 24-35 tertiary qualified ^a	54.8
Gender Equity	Intimate partner violence ^b % of women ever experienced	24
	Pay Gap % (2022) ^c	14.5
	World Economic Forum Rank ^d opportunity, education, health, empowerment	15
	World Economic Forum Score (/100) ^d	79.2
Social/Emotional Capital	World Happiness Ranking ^e	19
Hofstede Cultural Dimensions^f	Power distance	35
	Individualism	89
	Motivation for achievement/success	66
	Uncertainty avoidance	35
	Long term orientation	51
	Indulgence	69

Sources:

- <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
- https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHL&view=trend
- <https://data.oecd.org/earnwage/gender-wage-gap.htm>
- <https://www.weforum.org/reports/global-gender-gap-report-2023>
- <https://worldhappiness.report/ed/2023/>
- <https://www.hofstede-insights.com/country-comparison-tool?countries=finland>

In the United Kingdom's most recent national census, 87.2 percent of the population identified as 'white', however the nation is becoming increasingly multicultural due to accelerated migration in the past two decades, with approximately 14 percent of the population born abroad⁴³. Moreover, after English, the second most prevalent language spoken in the United Kingdom is Polish followed by languages from the Indian sub-continent, the latter reflecting the 4.2 percent of the population identifying as being of Indian or Pakistani heritage²⁷⁰.

Scottish, Welsh, and Irish people tend to be more conscious of a dual identity (e.g., being both Scottish and British) whereas this distinction feels less relevant for the English who assume 'British' to be synonymous with 'English'⁴³. This assumed predominance can be a point of tension, exacerbated by the north-south economic divide outlined earlier.

Historically, the British class system has led to stratification of the social, economic, and political spheres of life, however this is overlaid by an egalitarian view that everyone should have equal opportunity to better their circumstances regardless of their background. This is reflected in a relatively strong 'long term orientation' in Hofstede's cultural dimensions indicating a pragmatic view that thrift and education help one to prepare for the future – the United Kingdom is attributed 51 for this dimension compared to 21 for Australia⁴³.

While two-parent nuclear families remain the dominant family-type in the United Kingdom, around a quarter of families with children are headed by a single parent – mainly women in the 35–45 age-range who are facing worsening financial circumstances associated with increased cost of living pressures²⁷¹. An important protective factor for this group in the United Kingdom is that approximately two-thirds of single-parent families live in close proximity to extended family, providing an important source of social capital, and enabling them to give and receive help with caring responsibilities across generations²⁷². This multigenerational characteristic of families in the United Kingdom is reflected in findings from the government's 2021 *The Early Years Healthy Development Review Report* in which prominent reference is made to considering the needs of “parents and careers, grandparents and the wider family”²⁷³.

Early Years Provision in the United Kingdom

Responsibility for domestic policy and provision in the United Kingdom rests with the constituent governments of Scotland, Wales, and Northern Ireland and, in England, Her Majesty's Government. As in Australia and other federated nations, complexity arises in a policy environment with so many decision-making entities²²², further exacerbated in the United Kingdom by the north-south divide and historical friction between England and the other three countries.

The following outline of early years provision in the United Kingdom focuses on the most populous country (i.e., England) however several prominent initiatives that reflect solid evidence from Wales and Scotland have also been included.

The backdrop for early years provision in England is characterised by two key features: it is complex; and responsibility for actual provision and outcomes rests with local authorities who are the focus of funding 'offers' from various central government departments²⁷⁴. A third characteristic is that many families are receptive to (and almost expect) the 'quiet authority' of practitioners across the healthcare, education, family support, and social sectors to influence their lives, so long as prior work has been done by those practitioners to build empathetic relationships with the family²⁷⁵.

The early years policy landscape in England (let alone the United Kingdom as a whole) has been described as “complex and hard to navigate”²⁷⁶ with eight different overlapping programs for families. This is exemplified by research conducted in 2019 by the Institute for Fiscal Studies which found that 40 percent of families were not aware they were entitled to a taxation subsidy to reduce their childcare costs by up to 25 percent (on top of free childcare hours for three- and four-year-olds and targeted two-year-olds), leading to a £1.7 billion (\$AUD3.26 billion) underspend in the taxation subsidy's budget over three years²⁷⁶.

Health

High-level child health metrics in the United Kingdom are provided below in **Table 35**, with commentary on key features provided after the table.

Table 35: Child health metrics for the United Kingdom

		United Kingdom
Mortality	Infant mortality (per 1,000) ^a	3.7
	Under five mortality (per 1,000) ^a	4.2
Vaccination	Third dose of DTP vaccine (%) ^a	93

Source: <https://data.unicef.org/country/>

Her Majesty's Government's *Healthy Child Programme* is the core delivery programme for universal health from conception to five years of age for children in England, with corresponding (different) programs administered by the devolved governments in Scotland, Wales, and Northern Ireland (e.g., the Scottish Child Health Programme²⁷⁷).

In England, essential maternity and health visiting services are offered for free to every new parent or carer and their child. This occurs through general practitioners funded by the National Health Service and/or local partners (commissioned or directly delivered by councils) via health clinics funded by the *Healthy Child Programme* and covering children's healthcare costs to 19 years of age. Local authorities have a statutory duty to safeguard and promote the health and welfare of all children (including babies) in their area²⁷³. The *Healthy Child Programme* must include immunisation during pregnancy and childhood; child health and development reviews; advice and support on children's physical and emotional development; and antenatal, newborn, and infant screening. Records are maintained in each child's Red Book, which parents are encouraged to bring to every appointment as a cumulative record of their child's growth and development²⁷⁸. Some local partners offer additional services such as quit smoking programs or support with mental health, breastfeeding, and parenting.

Midwives provide support for families to prepare for childbirth, healthcare during labour and follow-up consultations up to ten days after the child's birth either at the family's home, hospital, general practitioner's surgery, or local community clinic. Wherever possible, continuity of care is pursued whereby care and support for the family is provided by the same midwife throughout this period. Approximately ten days after the baby is born, the midwife transfers care to a health visitor who must offer the family at least five health and development reviews. These typically occur 10 - 14 days after a baby's birth (at home or in a clinic), then again at six to eight weeks, between nine and 12 months and between the age of two and two and a half years. Health visitors play a key role in the early identification of any issues for the child or the parents and initiating any onward referrals to social workers or other specialist support as needed²⁷³.

In addition to the maternity and child health services described above, findings from Her Majesty's Government's *The Best Start for Life Review* released in March 2021 have led to the *Family Hubs and Start for Life Programme* which was launched in August 2022. Up to 75 (of 317) local authorities in England have been invited to apply to participate²⁷⁹. Successful applicants will establish co-designed Family Hubs to focus universal services on the '1001 Critical Days' of life from conception to two years of age and will include initiatives to improve home learning environments which have been shown to be a strong predictor of positive long-term outcomes for children²⁸⁰.

Despite the marked achievements of the National Health System across the United Kingdom since the 1940s, including in the early years, the system is under pressure with relatively fewer doctors and nurses than other high-income nations, ageing infrastructure, and rising costs. Reforms such as the *Family Hubs and Support for Life Programme* are intended to achieve more integrated 'upstream' preventative service models, however barriers to this identified in an independent review conducted for the World Health Organisation include "unlinked health information technology systems, duplication of governance arrangements and a lack of strategic planning"²⁸¹.

Family Support

High-level family support metrics in the United Kingdom are provided below in **Table 36**, with commentary on key features provided after the table.

Table 36: Family support metrics for the United Kingdom

		United Kingdom
Maternity	Statutory paid leave duration	39 weeks 6 weeks at @ 90% full pay; balance at whichever is lowest of 90% of pay or \$AUD332/wk
Paternity	Statutory paid leave duration	2 weeks at @ 90% of pay or \$AUD332/wk, whichever is lowest
Additional Parental	Mother	52 weeks unpaid, subject to Award
	Father	Nil
Total weeks of paid leave per child per family		41
Child Benefit		Child Benefit From \$AUD200.29 per child monthly to 18 years of age means tested
Other		Sure Start Maternity one-off payment of \$AUD963 Housing support wrapped with unemployment and other means-tested benefits Disability Living Allowance depending on level of help the child needs and household means-test

Source: <https://www.gov.uk/browse/benefits/families>

As with other aspects of early years provision in the United Kingdom, benefits and other support available to families with young children entail multiple layers and complexity. A comparative analysis commissioned by UNICEF in 2019 on the extent to which 41 high- and middle-income countries have 'family friendly' policies and benefits ranked the United Kingdom at 28th position. Australia achieved 39th position, slightly ahead of New Zealand and the United States⁶¹.

Despite operating as separate jurisdictions, the following list of maternity, paternity and child benefits listed on the 'Benefits and financial support for families' website²⁸² which are administered through the GOV.UK One Login²⁸³ are fairly consistent across each of England, Scotland, Wales, and Northern Ireland:

- Maternity leave and pay – employed women are entitled to up to 52 weeks of maternity leave of which at least two weeks of leave (or four weeks if working in a factory) after the child's birth are mandatory. It does not matter how long the woman has been with her employer, how many hours she works or how much she earns at work. For 39 weeks (only) of this leave, she is entitled to government-funded pay at 90 percent of her regular pay for six weeks and (whichever is lowest of) £172.48 (\$AUD332.12) per week or 90 percent of regular pay or for the remaining 33 weeks. These payments are also available to women who are self-employed or undertake unpaid work for their spouse's business.
- Sure Start Maternity Allowance – women can receive a one-off payment of £500 (\$AUD962.70) for their first child (only) to assist with the costs of having a child. A similar payment is available if a later pregnancy results in twins or other multiple births.
- Paternity pay and leave – employed fathers are entitled to up to two weeks of government-paid paternity leave, taken as consecutive weeks after (and within 56 days) of birth. The payment is either £172.48 (\$AUD332.12) per week or 90 percent of their average weekly earnings, whichever is lower. Eligibility includes being continuously employed by the employer for at least 26 weeks before birth and earning at least £123 (\$AUD236.85) per week. Fathers are also entitled to take unpaid time off to accompany their partner to two antenatal appointments.
- Shared Parental Leave and Pay – after a woman has taken the mandatory two weeks of paid maternity leave and pay following the child's birth, the remaining 50 weeks of leave and 37 weeks of pay nominally allocated as 'maternity leave and pay' may be shared by the couple in up to three separate blocks of leave (or all in one go) however the couple chooses. To be eligible to share parental leave and pay, each partner must earn on average at least £123 (\$AUD236.85) per week.
- Child benefit – for children under 16 years (or 20 years if in approved education/training) paid to one nominated parent a rate of £24.00 (\$AUD46.22) per week for the first child and £15.90 (\$AUD30.61) per additional child. This is accompanied by a claw-back Child Benefit Tax Charge calculated on a sliding scale for families in which the net annual income of at least one partner is over £50,000 (\$AUD96,282). Whoever has the higher income is responsible for paying this charge.

Industrial legislation in the United Kingdom also permits eligible employees unpaid parental leave for a total of 18 weeks per child up to their 18th birthday (to a maximum of four weeks per child in any single year) to look after their children's welfare (e.g., time to look at new schools, settle children into new childcare arrangements, or visit grandparents).

Parents who are not in regular employment or are on low incomes are entitled to means-tested Universal Credit payments – a unified monthly payment which replaced six previously separate benefits for housing, unemployment, income support, job seeker, child tax credit, etc. For the parents of young children, being eligible for Universal Credit includes eligibility for 30 hours per school week of free childcare hours for two-, three-, and four-year-olds. However, a benefits cap of payments from multiple sources applies, including a two-child limit on Universal Credit increments introduced in 2017. This two-child limit has been linked to an increase in the proportion of children in larger families living in poverty (from 41 percent in 2017 to 47 in 2022) compared with a poverty rate of 24 percent for children in one- or two-child families²⁸⁴.

Another important form of family support in England (with similar programmes in Scotland, Wales, and Northern Ireland) is provided as 'early help' via multi-disciplinary hubs that aim to "improve families' lives and reduce the burden of statutory services"²⁸⁵. Unlike the universal model of early years hubs in Canada and Finland (which include targeted interventions as required), Family Hubs in England focus on families facing additional adversity associated with mental and physical health issues, unemployment, antisocial

behaviour, family violence, and low school attendance. They are funded under the 'Supporting Families Programme' (previously the 'Troubled Families Programme') and as noted earlier, are set to expand with additional funding announced in August 2022²⁷⁹.

The new iteration of Family Hubs echo key features of the United Kingdom's landmark Sure Start Programme introduced in 1999, i.e., each centre is local, has a full-time coordinator, focuses on relational practice, early identification, and intervention through a multidisciplinary team of practitioners across healthcare, early learning, parenting support, and social work²⁶⁰.

The current and expanding Family Hubs footprint (known by various names in different local authorities, primarily 'Children's Centres') benefit from two decades of research including the impact of severe funding cuts in 2010-2018²⁸⁶. The research has consistently found the Family Hubs model is cost effective^{287 288} and meets most intended outcomes including a 32 percent reduction in the proportion of children in statutory care over the past decade and fewer custodial sentences for parents and guardians²⁸⁵. Concerns have been raised, however, that support plans are overly focused on adults' needs with insufficient specific attention paid to children²⁸⁹. Furthermore, two important notes of caution were raised by local authorities and families who participated in a 2022 evaluation of the revised Family Hubs model. Local authorities warn that community expectations need to be carefully managed because hubs "cannot be all things to all people" – the hubs require clear vision, responsibilities, and operational boundaries informed by local needs and coherent parameters²⁹⁰. Families were concerned that the positive experiences they have at their local Family Hub may abruptly come to an end – something that previously occurred just ten years ago with the de-funding and closure of a majority of Children's Centres established under the previous Sure Start Programme²⁸⁶. This highlights the need for government to commit to enduring funding for such initiatives in vulnerable communities, and for local service providers to systematically plan a gradual release of support for individuals to minimise the risk of families becoming overly dependent on the services provided²⁹⁰.

In 2022, the government announced expansion of the Supporting Families Program, to be jointly overseen by the Department of Health and Social Care and the Department for Education²⁹¹. Evidence-based implementation support for the local authorities that participate in this expansion will be provided by the National Centre for Family Hubs, a partnership launched in 2021 involving the Anna Freud Centre, the Early Intervention Foundation (as evidence partner) with funding from the Department of Education²⁶⁰. The model will focus on the provision of accessible and better-connected family services, delivered in a relationship-centred manner.

A further systemic form of family support is social housing. In the United Kingdom, this is provided by non-profit housing associations or local councils, with rents linked to the median local incomes of the community in which the home is located²⁹². While rent assistance is available for low-income families through Universal Care, a lack of affordable housing stock in recent years has led to a significant increase in homelessness in England and Scotland²⁹³. Research released in January 2023 by Shelter England reported that almost one in 200 people in England are homeless – 271,000 people including 123,000 children – mostly residing in temporary accommodation with extended families²⁹⁴. The role of secure housing as a key social determinant of health and wellbeing is well established, and Scottish research has demonstrated that the causal pathway for this impact relates to ecological systems theory and connection with neighbourhoods²⁹⁵. This becomes especially important in a policy arena in which key services for children and families are delivered in place-based Family Hubs founded on relational-practices and continuity of provision.

Families caring for children with a disability may also be eligible for several forms of assistance including the means-tested Disability Living Allowance (depending on the level of additional help the child needs), a grant to help with the cost of home adaptations and, after three years of age, assistance with the cost of

car leases to assist with mobility. Local councils are required to offer a range of support services for families caring for children with disabilities (e.g., respite care, holiday play schemes, transport assistance) for which the council may charge a fee, however families eligible for such assistance also have the option of receiving direct payments, enabling them to “choose and buy the services you need yourself, instead of getting them from your council”²⁹⁶.

Early Learning

High-level early learning metrics in the United Kingdom are provided below in **Table 37**, with commentary on key features provided after the table.

Table 37: Early learning metrics for the United Kingdom

		United Kingdom
Childcare participation rate 2021 (%)^a	Under 2 years participation rate	0.7
	2 years participation rate	50
	3 years participation rate	No data
	4 years participation rate	100
	5 years participation rate	98.5
Cost of childcare^b	Typical net costs for two children in full-time care, 2019, as % of women's median full-time earnings	51%
Compulsory school age (years)^c		5

Sources:

- <https://oecdch.art/8453130ba3>
- <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
- <https://expatchild.com/school-starting-ages-around-world/>

Early years education in England occurs in a range of centre-based settings including government funded services run by local authorities (i.e., nursery schools, nursery classes and reception classes in primary schools), centre-based services in the private or non-profit sector, or approved childminders (akin to family day care providers). To attract government funding, services must be approved by Ofsted – the Office for Standards in Education, Children's Services and Skills which inspects all services providing education for learners of all ages²⁹⁷. A requirement for approval of services in the early years includes program delivery in accordance with the Early Years Foundation Stage of the National Curriculum for children from birth to five years. Education is compulsory from five years of age in England, Scotland, and Wales, and from four years of age in Northern Ireland²⁹⁸.

In 2019, the OECD released a report of the International Early Learning and Child Well-being Study reporting assessments of the cognitive and social-emotional development of five-year-old children in England, Estonia, and the United State of America. It found that children in England had relatively strong emergent numeracy skills and that their emergent literacy, mental flexibility and working memory were better than their peers in the United States and similar to their peers in Estonia⁷.

At present, 15 hours per week of free childcare is offered to the parents of all three- and four-year old children (regardless of family income and employment status) and parents who work over 16 hours per week with an annual income below £100,000 (\$AUD192,541) can access 30 hours per week of free

childcare for their three- and four-year-old children. Despite this government support, a study by the OECD found that the average net cost of full-time childcare for two children in the United Kingdom in 2019 was more than 50 percent of a woman's median full-time income.

In 2013, to reduce a gap in learning outcomes whereby disadvantaged children lag behind their more advantaged peers, the government introduced 15 hours per week of free childcare for two-year-old children from low-income households. The impact of this initiative was assessed in a 2018 study²⁹⁹ which found that while take-up was initially strong, it was below 50 percent in major metropolitan areas and particularly low among 'non-White British' families. Furthermore, the measure of child outcomes preferred by the government (the Early Years Foundation Stage Profile) was not sensitive to small changes, making it difficult to detect an impact. Accordingly, over five years from 2013 to 2018, the rate of improvement observed in the target cohort was modest. The researchers estimated it would take more than 40 years to close the achievement gap and there was little evidence of substantial gains for children from the two-year-old childcare entitlement.

Childcare enrolment rates during 2021 for children below three years of age in the United Kingdom were lower than in Australia (i.e., for children below-two-years, the comparison was 0.7 percent in the United Kingdom versus 34.7 percent in Australia while for two-year-olds, the comparison was 50 percent in the United Kingdom versus 63.5 percent in Australia). Enrolment rates in the United Kingdom significantly leap upwards for three-year-olds to almost 100 percent and remain high for four- and five-year-olds, whereas in Australia, the increase is more gradual with 71.2 percent, 87.1 percent, and 99.2 percent of three-, four-, and five-year-olds respectively³⁰⁰.

In July 2023, significant expansion of early learning funding and provision in England and Wales was announced by Her Majesty's Government, committing to double current expenditure to offer the working parents of all children over nine months of age 30 hours per week of free childcare by the end of 2025²⁶¹. The expansion will be staged to enable the childcare sector to upscale and includes adjustment to the staff-to-child ratio, up from the current one-to-four to a ratio of one-to-five which currently applies in Scotland and "follows a thorough consultation on the safety of this change"²⁶¹.

Government announcements on the expanded free childcare commitment reflect a policy intent oriented towards the removal of barriers to women's workforce participation, i.e., "This will help mums in particular to stay in work and keep the economy growing"²⁶¹ rather than a focus on improved outcomes for children per se. However, a 2022 study of parents' workforce participation in England as access to free childcare has expanded over the past decade found "underwhelming" results³⁰¹. In anticipation of the recent government announcements, another English study published in 2023 drew a distinction between parents using childcare and the impact of subsidising it. They found that many families who were beneficiaries of previous expansions to free childcare were already childcare users, and the introduction of free entitlements mainly had the effect of transferring these costs to the government "but did not necessarily substantially change their childcare decisions". The same study found that only one-fifth of families who did not use childcare cited affordability as a barrier, while three-quarters indicated a preference for looking after their children themselves²⁷⁶.

Social Protection

The United Kingdom has been a signatory to the United Nations' Convention on the Rights of the Child since 1991³⁰² and, under the Children Act 1989, local authorities across England, Scotland, Wales, and Northern Ireland are required to provide the services required to safeguard and promote the welfare of all children within their jurisdiction. The local authority and its social workers have specific roles and responsibilities to lead statutory assessments and child protection actions²⁷³. These obligations interact with the functions of the Family Hubs (and broader Supporting Families Programme) described earlier –

both of which are funded by Her Majesty's Government and delivered by local authorities, focusing on communities with concentrations of additional need.

While the Children's Rights Commission of Great Britain has foregrounded the strong record the United Kingdom has established with respect to the rights of children and young people, an issue of concern is the high and increasing proportion of young children living in 'relative poverty' (i.e., where household income is below 60 percent of the median after housing costs) estimating that this now applies to "almost one-third of all children" in the United Kingdom, and that this was exacerbated by introduction of the two-child limit to Universal Credit in 2017²⁸⁴.

One consequence of the United Kingdom leaving the European Commission is that it is not subject to the Child Guarantee, however in 2020 the Welsh Government developed a Child Poverty Income Maximisation Action Plan with similar goals. Reflecting the complexity of the benefits system in the United Kingdom, the first of four objectives in the Action Plan is to support families to claim all financial benefits to which they are entitled³⁰³.

Early Years Governance in the United Kingdom

Repeated reference has been made in preceding sections to the systemic complexity that applies in the United Kingdom. To a large extent, this stems from the multiple layers of governance that apply across this compact nation comprising four constituent countries, numerous local governments, and a large and diverse population.

Regulatory Instruments

Her Majesty's Government comprises a total of 465 agencies and statutory bodies, including 24 Ministerial departments and 20 non-Ministerial bodies (e.g.: the Office for Standards in Education, Children's Services, and Skills – Ofsted – is a non-Ministerial body which inspects educational institutions including childcare services and reports directly to the Parliament)³⁰⁴. The 24 Ministerial departments are primarily responsible for drafting legislation in accordance with government policy and, after the legislation has been considered and passed by the Parliament, to put the policies into practice. The current departments most relevant to the early years are the Department of Education, the Department for Levelling up, Housing and Communities, and the Department of Health and Social Care. Many programs and services pertaining to the early years that these departments initiate, fund, and monitor are delivered through local authorities which operate under provisions of the Local Government Act 1992.

A feature of policy development and implementation in the United Kingdom is that legislation to enact new initiatives or policies invariably includes a requirement to conduct and release independent evaluations at regular prescribed intervals. Furthermore, Freedom of Information (FoI) legislation formalises an additional layer of transparency to government business. Several studies reported in preceding sections made use of data which were accessed through FoI provisions to inform their analysis^{292 284}.

The fact that the United Kingdom is no longer a member of the European Union is another feature of its regulatory landscape with respect to the early years.

Resource flows

Her Majesty's Government, the devolved governments of Scotland, Wales, and Northern Ireland, and local authorities all have powers to levy taxes to pay for benefits, programs, and services. There are also 'claw-back' provisions whereby the Child Benefits Tax requires families who earn more than a threshold level of

income to return some of the Child Benefits they receive. Several commentators have observed that this system is complex and not easy for families to understand.

The main mechanism by which early years health, housing, childcare, and family support programs are delivered across the United Kingdom is through local authorities. Some programs are funded based on demand (e.g., many National Health System services), others based on per-capita allocations to local authorities and determined by the department responsible for program oversight, while others (e.g., the Family Hubs and Start for Life Programme) are funded by an application process open to pre-selected local authorities³⁰⁵.

Monitoring

The United Kingdom does not have a unified data management platform across its numerous departments, agencies, and programs. Funding sources and programs set and administer their own monitoring and reporting requirements.

For the early years sector, the Office for Standards in Education, Children's Services, and Skills (Ofsted) is a non-Ministerial body responsible for inspecting and publicly reporting about the quality of every individual educational institution across England, including early learning services and schools.

Around the time of birth, the National Health Service issues newborn children with a Personal Child Health Record (the Red Book) in which records of growth and development are maintained. One recommendation of the 2021 Early Years Review was to digitise the Red Book to make it easier for families and practitioners to store and retrieve information and facilitate better coordination. The digitising process was due for completion in April 2023³⁰⁶.

Discussion

The desktop research undertaken for this review has revealed markedly different approaches to the early years across the six selected countries. This gives pause for thought because advisers and policy makers in all six countries likely drew from similar international research to inform their decisions about how to optimise early childhood development in their unique context. This leads back to the 'water systems of change' model illustrated in **Figure 1** whereby the observable structural features at the surface of early years systems (i.e., the policies, practices and resource flows reviewed in this report for each country) hinge on deeper relational factors and implicit value systems that permeate each country's psyche. For example, Singapore's early years system is built on deep assumptions about the pre-eminence of family in nation-building and the related legacy that nearly every resident couple in Singapore has access to secure, affordable housing in master-planned estates. In the Nordic/Baltic welfare states of Finland and Estonia, it is a self-evident truth that collective benefits for the nation accrue from supporting families to raise happy, healthy children so parents receive generous statutory benefits, free health, and other forms of parenting and childcare support. The impetus for the pathway taken in Chile focused instead on effecting change at the semi-explicit relational level of **Figure 1** (i.e., relationships, connections, and power dynamics). The introduction of *Chile Grows with You* was preceded by widespread community consultation led by President Bachelet to build groundswell support for her roadmap towards spatial, economic, and gender equity. Having gained the necessary support, President Bachelet quickly enacted legislation to secure funds for *Chile Grows with You* and devolve responsibility to municipalities, making the changes difficult to dismantle when Presidential power shifted after four years.

Child-centric data tools

The clearest example of a wholistic child-centric early years system across the six countries selected for this review is *Chile Grows with You*⁵. A tool that is central to this initiative's daily operations, quality assurance and impact assessment is a personalised screening and support system that tracks each child's progress as they step through key developmental milestones from conception to nine years of age – the Biopsychosocial Development Support Program. This is enabled via a secure nation-wide database (the SDRM for its Spanish acronym) which is interoperable across the suite of services or programs associated with *Chile Grows with You* and is visible to program administrators at granular and aggregate levels on a need-to-know basis. Registration on the SDRM is initiated when the mother attends a public clinic for her first gestational visit and continues until the child's ninth birthday. Every time the mother and/or the child interacts with any services or programs associated with *Chile Grows with You*, a record of the encounter is added to the SDRM enabling individualised provision of proactive and preventative support and minimising future financial and opportunity costs for families and the system. For example, if the child or mother 'go missing' from the program (i.e., miss a scheduled health check, etc.) or if records indicate potential concerns (i.e., multiple clinic presentations for injury), the SDRM raises a flag for prompt follow-up by an appropriate local practitioner. The SDRM provides local and systemic visibility to a wide range of individual and aggregated program participation metrics to inform ongoing program improvements and localised actions and has enabled numerous sub-program evaluations to be conducted and transparently reported, however these mainly focus on operational efficiency, coverage, and the breadth of engagement rather than child outcomes *per se*⁸⁵.

Estonia and Finland have similar interoperable data systems. They allocate unique digital identifiers to each child straight after birth and thereafter maintain secure records of individual children's interactions with the early years system across the health, family support and early learning sectors. In Singapore, individual registration on the national SingPass system does not occur until the age of 15 years, however child records of interactions with early years services from birth are maintained through their parents'

SingPass accounts. None of these countries, however, collect school-entry developmental outcomes as comprehensive as the Australian Early Development Census (AEDC). This means these countries are not able to use their substantial child-level service-participation data assets to draw causal pathways linked to individual children's developmental status at school entry. Such an enterprise would require both (i) comprehensive child-level outcomes data akin to the AEDC; and (ii) child-level inputs data of service and program utilisation akin to the SDRM. As noted in Canada, the design and ownership of such data assets require careful consideration of data sovereignty and security⁵⁶, and could usefully include key indicators of social and family functioning³⁰⁷.

Family agency

A theme that permeates the early years system in Estonia and Finland in particular is that the state rallies around families – providing families with generous paid parental and maternal leave, free healthcare, low-cost childcare, housing assistance, etc. – so for the 18-24 months of their child's life, the family can focus on raising their child/ren to the best of their ability with minimal financial or 'work-life balance' pressures and with access to support when and how they choose. Finland has recently systemised access to supplementary support with the establishment of integrated Family Hubs which offer families preventative parent-support services, supported playgroups, and informal meeting places where families with children of similar ages can connect and build social capital¹⁹⁶. Few comparative child outcomes studies exist, and multiple factors contribute to children's outcomes by five years of age, however the OECD's 2018 Early Learning and Child Wellbeing Study found that Estonian children have comparatively strong self-regulation, social-emotional skills, emergent literacy, and numeracy skills (the latter similar to their peers in England and much better than the United States), and that socio-economic differences among Estonian children were relatively small⁷. This finding coincides with a meta-analysis of studies that examined the effects of early childhood education and care on child development which found that "there is evidence from several countries that a starting age from two years of age onwards produces stronger improvement"³⁰⁸. However providing parents with genuine freedom of choice – for both parents to have the option of returning to work and sending their very young child to affordable high quality childcare service or for one parent (regardless of gender) to remain at home for longer than a month or so, and to tap into an attractive suite of family support services according to their needs and preferences – is the 'sweet spot' for family agency achieved in Finland and Estonia.

In contrast to the programs that facilitate family agency in Estonia and Finland, government messaging in Canada and the United Kingdom about expanded childcare provision imply pressure for both parents to promptly return to the workforce and contribute to the economy. In Canada, "The government's plan to build a Canada-wide, community-based early learning and child care system will create new jobs and growth, and get parents — especially mothers — into the workforce"²⁹ while in the United Kingdom, expanded free childcare "will help mums in particular to stay in work and keep the economy growing"²⁶¹. A recent study in England found that while expanded free childcare will reduce financial pressures on families as costs shift to the government, it does not increase family choice because three-quarters of English families who do not use childcare services indicated an active preference for looking after their very young children themselves²⁷⁶. This option is not supported in English government policy and is less readily available to low-income households. Policies heavily skewed towards workforce participation may inadvertently limit family choices, creating pressure and contributing to the 'hassles' that families referred to in the Toronto First Duty research. Foregrounding workforce imperatives in early years policy may also predispose reduced quality. For example, the United Kingdom's policy to achieve free childcare for working parents by 2025 includes reduced staff-to-child ratios²⁶¹.

The above-mentioned meta-analysis of studies on the impact of early childhood education and care found that the "effect sizes for childcare factors are about half those for family factors"³⁰⁸ indicating that the key

is to create policies centred on strengthening families and making sure they have a suite of high-quality options from which to choose according to their unique needs and preferences as their children grow and their circumstances change.

Housing

Housing is an especially prominent feature of the early years policy landscape in Singapore where affordable lease-hold public housing is provided to over 80 percent of married couples in master-planned residential estates.

Secure and affordable housing is a key social determinant of health and wellbeing, not only with respect to the direct benefit of having a safe place to call 'home', but the associated benefits of stability in the community and the social connections, sense of place, and familiarity with local amenity, support, and services – including continuity of provision – enabled by such stability³⁰⁷. Research on the impact of housing mobility among Indigenous families in Canada, Australia and New Zealand drew links with poor emotional health and behavioural difficulties among children⁶⁶, and Scottish research has demonstrated the causal pathway for such impacts leads to lack of connection with place and neighbourhoods²⁹³.

In Singapore, early childhood policy is a subset of a clearly planned and intentional family policy. This is also evident in Estonia and Finland, and to a lesser extent in Chile where *Chile Grows with You* is focused on addressing equity. Conceiving and talking about early years policy and strategy as part of a broader family policy and strategy predisposes stakeholders to look beyond little children and services designed for little children, and to instead view children's health, development, and wellbeing as a product of how well families – of all types in all places – are honoured and supported in the community³⁰⁹.

Seamless transitions

Families experience their child's growth and development from newborn to school and beyond as a seamless process with exciting developmental milestones and occasional challenges along the way: first tooth, first steps, first full night's sleep, first major tantrum, toilet training and so on. In contrast, it is not unusual for multiple aspects of health (e.g., maternal health, ear health, dental health, allied health, nutrition, etc) and education (e.g., early learning, schooling, playgroups, etc.), and family support services (e.g., parenting advice, financial advice, housing support, etc.) to operate in their own fragmented 'silos' and families are expected to work out how to navigate and access these services at appropriate points along their child's developmental pathway.

The goal of addressing systemic fragmentation was central to early years reforms initiated in Canada via the Toronto First Duty²⁶ pilot study from the mid-2000s and the Sure Start Program in the United Kingdom at around the same time. Based on solid evidence of benefits for children and families in Canada, integrated family hubs have now become ubiquitous across Canada³⁴ however different policy priorities in the United Kingdom from 2010 saw many Sure Start Children's Centres close²⁸⁶. Based on evidence that integrated family hubs are cost effective²⁸⁶ and meet most intended outcomes²⁸⁵, in August 2022, England launched its Family Hubs and Start for Life Programme to establish Family Hubs in 75 selected low-income local authorities²⁷⁹. Local community-based child and family centres are integral to *Chile Grows with You* and, after a successful 2016 pilot to address service fragmentation through multidisciplinary Family Centres linked to health clinics, Finland is also in the throes of establishing integrated family hubs across the country. Key benefits identified in research from regular participation in integrated family hubs of various types in Canada, the United Kingdom, Finland and Chile include:

- better child outcomes across all developmental domains of the Early Development Index by five years of age⁷¹;
- improved home learning environments^{275 25}, families feeling more confident about interactions with teachers and helping their children learn at home^{71 73};
- early identification of developmental issues and improved referral pathways⁷¹, easier access to services²⁷³, and reduced demand for later costly 'curative' therapies due to early intervention¹⁹⁶;
- positively skewed engagement among parents facing additional adversity²⁶;
- service collaboration²⁷³ and more opportunities to promote preventative practices¹⁹⁶;
- proportion of children in statutory care reduced and fewer custodial sentences for parents and guardians²⁸⁵;
- 'soft-entry' access to informal multigenerational programs^{25 26}, facilitated networking among parents¹⁹⁶;
- 'fewer hassles' navigating the transition from childcare to school²⁴;
- a sense of belonging for families new to an area²⁷³ and better community cohesion which positively impact the wellbeing of parents as well as their young children²⁵.

One important finding from the Toronto First Duty research in Canada was that integrated family hubs successfully engaged marginalised families in their community²⁶. Research on 'hard to reach' families indicates that the key to this success may be attributed to the localised co-design process, in-built program flexibility, and careful staff recruitment and training to establish positive enduring relationships with families, other services, and the broader community³¹⁰. Integrated family hubs across Canada, Chile, Finland and the United Kingdom vary, but can be broadly characterised as places that seamlessly integrate a suite of multidisciplinary programs and services spanning child and maternal health, early learning (i.e., supported playgroups as well as formal childcare), and family support (i.e., parenting workshops, information on child development, etc.) via a unified delivery platform co-located with a primary school, health clinic or other community centre⁷¹. A consistent feature across all models of integrated family hubs in the countries selected for this review is the role of a centre coordinator who functioned as the 'glue' across a diverse, multidisciplinary team environment and provided nimble, engaging, and culturally responsive leadership across the hub.

Canada, Finland, and the United Kingdom all piloted (and subsequently refined) their unique models of integrated family hubs before incorporating lessons and then expanding them at scale. Lessons from the United Kingdom included the importance of managing expectations among families and other stakeholders via clear messages about the scope and purpose for each hub. It was also found that some communities' experiences of the previous Sure Start Children's Centres being closed at short notice had undermined the confidence of local authorities and families about the longevity of the government's new Family Centres commitment²⁸⁹. Lessons from Canada included the importance of relational work and sensitive leadership through a centre coordinator, and five essential success factors: teamwork, shared programming, multiple access points, local governance, and parent involvement²⁶.

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- A. Compilation of high-level metrics across countries and dimensions into a single table
- B. Compilation of 'Snapshot' Tables for each country into a single table

APPENDIX A

A. Compilation of high-level metrics across countries and dimensions into a single table

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom	Australia
Econo-political								
Political	Population ^a	38.8m	19.6m	1.3m	5.5m	6.0m	67.7m	26.4m
	Political rights (out of 40) ^b	40	38	38	40	19	39	38
	Civil liberties (out of 60) ^b	58	56	56	60	28	54	57
	Corruption perception rank (of 180) ^c	equal 14 th	27 th	equal 14 th	2 nd	5 th	18 th	13 th
Economic	GDP per capita (\$AUD) ^d	80,682	26,713	42,050	53,757	116,487	50,388	56,403
	Tax burden as % of GDP ^d	34.4	19.3	34.5	41.9	12.8	32.8	27.7
	Extreme Poverty (% of pop'n, 2021) ^e	0.25	0.75	0.56	0.04	NA	0.3	0.5
	Gini Coefficient of Equality ^f	39.7	44.9	30.8	27.5	33.7	32.6	32.6
	Credit Rating (S&P) ^g	AAA	A	AA-	AA+	AAA	AA	AAA
	% of GDP spent on 'Family' ^h	1.7	1.7	3.2	2.9	NA	2.4	2.3
	Unemployment (% in 2023) ⁱ	5.2	7.8	5.9	6.8	2.8	3.6	3.7
Socio-cultural								
Human Capital	% women 24-35 tertiary qual' ^d	75.8	43.6	54.8	46.9	64.0 ^k	60.7	63.0
	% men 24-35 tertiary qual' ^d	58.4	37.0	34.0	35.0	56.0 ^k	54.8	48.8

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom	Australia
Gender Equity	Intimate partner violence % of women ^l	NA	21	21	23	11	24	23
	Pay Gap (2022)% ^m	17.1	10.9	20.4	15.3	6.0 ^d	14.5	9.9
	World Economic Forum Rank ⁿ	30	27	22	3	49	15	26
	World Economic Forum (/100) ⁿ	77.0	77.7	78.2	86.3	73.9	79.2	77.8
Social / Emotional Capital	World Happiness Rank ^o	13	35	31	1	25	19	12
Hofstede Cultural Dimensions^p	Power distance	39	63	40	33	74	35	38
	Individualism	80	23	62	75	20	89	90
		48	86	60	59	8	35	51
	Uncertainty avoidance	36	31	71	63	72	51	21
Hofstede Cultural Dimensions (continued)	Long term orientation	68	68	16	57	46	69	71
	Indulgence	68	68	16	57	46	69	71
Child health metrics^q								
Mortality	Infant mortality (per 1,000)	5.0	6.6	2.0	2.2	2.1	4.2	3.7
	Under five mortality (per 1,000)	92	85	85	91	97	93	95
Vaccination	Third dose of DTP vaccine (%)	92	85	85	91	97	93	95
Family support metrics^r								
Maternity	Statutory paid leave duration	5 weeks	1 week	6 weeks	64 weeks	2 weeks	2 weeks	2 weeks
Paternity	Statutory paid leave duration	35 weeks @ 55%	12 weeks @ 73.2%	87 weeks shared	64 weeks	Nil	52 weeks unpaid	52 weeks unpaid

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom	Australia
		OR 61 weeks @ 33%	OR 18 weeks @50%	parental full pay	72			
Additional Parental	Mother	35 weeks @ 55% OR 61 weeks @ 33%	Nil	87 weeks shared parental full pay		Nil	Nil	Nil
	Father	55	31	121		18	41	22
Total weeks of paid leave per child per family		Child Benefit	Family Subsidy	Child Allowance	Child Benefit	Child Tax Relief	Child Benefit	Family Tax Benefit
Child Benefit		Child Benefit	Family Subsidy	Child Allowance	Child Benefit	Child Tax Relief	Child Benefit	Family Tax Benefit
Early learning metrics								
Childcare participation rate 2021 (%)^s	Under 2 years participation %	NA	33.3	71.6	71.6	71.6	50	63.5
	2 years participation %	NA	51.3	90.5	84.3	84.3	No data	71.2
	3 years participation %	NA	78.5	92	88.8	88.8	100	87.1
	4 years participation %	93	91.5	93.2	91.8	91.8	98.5	99.2
	5 years participation %	30	0	10	28	NA	51	35
Cost of childcare^t	Typical net costs for 2 children as % women's income	6	6	7	7	6	5	5
Compulsory school (years)^u								

See overleaf for sources

Sources for data in Appendix A

- <https://data.unicef.org/country/can/>
- <https://freedomhouse.org/countries/freedom-world/scores>
- <https://www.transparency.org/en/cpi/2022>
- <https://www.heritage.org/index>
- <https://ourworldindata.org/poverty>
- <https://worldpopulationreview.com/country-rankings/gini-coefficient-by-country>

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- g. https://en.wikipedia.org/wiki/List_of_countries_by_credit_rating
 - h. <https://www.compareyourcountry.org/social-expenditure/en/2/553/datatable>
 - i. <https://www.worlddata.info/unemployment-rates.php>
 - j. <https://data.oecd.org/eduatt/population-with-tertiary-education.htm#indicator-chart>
 - k. <https://www.singstat.gov.sg/-/media/files/publications/population/ssn222-pg16-19.ashx>
 - l. https://genderdata.worldbank.org/indicators/sg-vaw-ipve-zs/?geos=AUS_SGP_EST_FIN_CHL&view=trend
 - m. <https://data.oecd.org/earnwage/gender-wage-gap.htm>
 - n. <https://www.weforum.org/reports/global-gender-gap-report-2023>
 - o. <https://worldhappiness.report/ed/2023/>
 - p. <https://culturalatlas.sbs.com.au/> and <https://www.hofstede-insights.com/intercultural-management>
 - q. <https://data.unicef.org/country/>
 - r. Variable – refer to the corresponding table for each country.
For Australian data, the source is: <https://www.servicesaustralia.gov.au/having-baby>
 - s. <https://oecdch.art/8453130ba3>
 - t. <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>
 - u. <https://expatchild.com/school-starting-ages-around-world/>

APPENDIX B

B. Compilation of 'Snapshot' tables for each selected country into a single table

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom
Context	Econo-political	Similar to Australia, but with roughly twice the number of provinces and territories and a population approximately 150 percent the size of Australia's.	A unitary democratic republic with power concentrated on central government led by the President. A system of regional provinces comprising 346 comunas (municipal governments) each led by a mayor.	Re-establishment of independence 30 years ago provided social licence for economic and legislative renewal, and a commitment to the future through the country's children.	Nordic welfare state with a stable government and orientation towards cooperation and participatory democracy. Strong service and manufacturing sectors requiring high education levels.	A wealthy nation with a political system characterised by singularity: a parliamentary republic governed via a single assembly and, despite multi-party elections, just one political party has held power for over 50 years since self-governance was attained in 1959.	Long standing industrial, cultural, scientific, and economic world leader. Sixth largest GDP in world. Adjusting to departure from the EU and Scotland, Wales and Northern Ireland seeking devolved government. Issues with north/south economic disparity though Gini coefficient same as Australia.

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom
	Socio-cultural	Similar to Australia – highly urbanised with dispersed regional and low-population remote communities. Lengthy and varied migrant history, largely harmonious multicultural society but still reconciling Indigenous dispossession and trauma.	History of high levels of socioeconomic, spatial, gender and cultural inequity, however these gaps have reduced in the past 15 years, coinciding with implementation of Chile Grows with You.	Identified need to build national cohesion and overcome divisions between the Estonian majority and a large Russian minority. There is a fair degree of equity is	Relatively homogenous population, high degree of equity and strong child-rights orientation. High value attributed to education and well-being across the life-course, including environmental responsibility.	Citizens comprise an amalgam of three cultural groups (Chinese, Malay, and Tamil) with policies to build cross-cultural cohesion. Roughly one-third of the population is low-paid 'foreign workers' who undertake low-skill jobs in industry and homes, and a large expatriate community. Foreigners are ineligible for government benefits including housing and medical insurance. Traditional extended family is the central pillar of Singaporean society.	Almost 90% of population identify as 'white' however Polish is second language across UK. Historical stratification of class divisions weaker; one-quarter of families are single-parent; strong extended family links
		Canada	Chile	Estonia	Finland	Singapore	United Kingdom

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom
Provision	Health	<p>Universal free provision of 'medically essential' maternal and child health needs and checks by local doctors, health clinics or hospitals. High uptake of immunisation schedules.</p> <p>Decentralised provision of public health advice and support via 13 separate provinces and territories. Linkages of health services with early learning services variable across jurisdictions and municipalities.</p>	<p>Chile Grows with You introduced a new model of integrated cross-sectoral early years practice whereby comuna are responsible for development of children and coordinating services targeted to each child and their family. Programs and supports provided and/or funded by the central government and targeted at households in the bottom 60 percent income bracket, with further targeting of services according to identified additional needs for individual children or families.</p>	<p>Free health for children and pregnant women provided through family doctors. Nationally agreed schedule of universal health checks also via family doctor (or associated nurse).</p>	<p>Newly established wellbeing service counties and Family Centres to improve the integration of maternity, child health, oral health care with early learning and other family support services. Essential services are free. Engagement with the health sector through pregnancy and the child's early years a prerequisite for families to access certain welfare benefits. Strong orientation towards early identification and prevention.</p>	<p>Subsidised healthcare for children and pregnant women through three layers of government medical insurance. Provision through doctors at primary health 'polyclinics', with appointments and child health checks etc. administered via the HealthHub (and SingPass). CHILD study underway to prototype systemic improvements that may be applied at scale in the future.</p>	<p>Healthy Child Program through NHS – universally free. Midwives to support birth and days afterwards, including home-visits for most. Red Book schedule of health checks – key source to identify any issues. Best Start for Life Review impetus for 75 (of 317) selected to participate in Family Hubs to focus on 1001 critical days. Multi-disciplinary teams akin to Sure Start, supported by Family Hubs Network which is funded by the Department of Education.</p>

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom
	Family Support	Federally funded maternity leave (15 weeks) and parental leave (up to 69 weeks) as a proportion of salary with a nation-wide cap. For couples to access maximum parental leave, it must be shared between the two parents. Housing support varies by province/territory, but residualisation of disadvantage is evident in public housing.	Labor Laws make provision for maternity, paternity and parental leave and the central government funds maternity and parental benefits payments. Complementary family support programs (Parenting Workshops, local community connectors, playgroups) are part of <i>Chile Grows with You</i> . Additional assistance with housing and family benefits for low-income households are also provided.	Generous and cumulative maternity, paternity and parenting benefits achieving income maintenance for care-giver parent until children reach at least 1.5 years of age. Additional housing support for low-income families. Administered via comprehensive data sharing platform on which each person has a unique ID code.	Comprehensive package of pregnancy, parenting, child care and other allowances on full pay through to roughly the child’s second birthday. Parental benefits shared evenly between both parents. Option for ‘child home care allowance’ up to age three. Direct parental benefits supplemented with housing support and a culture of ‘wrap-around’ preventative services designed to build social, human, and emotional capital in families.	Solid platform of public housing program for over 50 years. More recent initiatives under the Made for Families banner include a Baby Bonus, paid maternity (16 weeks) and paternity (2 weeks) leave and Child Development Account. These benefits reserved for citizens and permanent residents – not foreign workers or expats.	Complex layers of benefits, confusing for families. Paid (90%) maternity leave for 39 weeks with option of 13 extra unpaid leave. Sure Start maternity payment for first child (only), paid paternity leave for 2 weeks, option to transfer some of mother’s maternity leave to father, child benefit per child with less for second and subsequent children. Universal Credit bundles 6 previous forms of payment including unemployment, housing support etc. Practical and personal support also to be provided through Family Hubs.
		Canada	Chile	Estonia	Finland	Singapore	United Kingdom

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom
Provision (continued)	Early Learning	<p>Proliferation of free, universal Child and Family Hubs on/near school sites offering childcare, Kindergarten, playgroups and advice on home learning environments, nutrition, parenting workshops, and social networks. Sometimes linked with maternal and child health checks. Administered and funded by each province/territory. Current expansion of childcare provision underway through Canada Wide Early Learning and Child Care Plan to reduce parent costs to a maximum of \$CAD10 (\$AUD11.14) per day by 2026.</p>	<p>Public providers cater for 80 percent of children at near-zero cost. Quality standards permit low teacher ratio, but solid ratio of assistants. Complementary early learning programs include supported playgroups, mobile seasonal childcare and 'Know your Child' program akin to HIPPY. Enrolments increasing but remain below OECD mean from a low base. <i>Chile Grows with You</i> program suite includes a parenting program with a dual focus on parent capabilities and home learning environments.</p>	<p>Universal low-cost, high-quality preschool from 1.5 years until school at 7 years delivered by local government in accordance with national regulations and funding. Low demand for childcare before 1.5 years – where needed, this is funded privately via Family Day Care. Limited evidence of Child and Family Hubs.</p>	<p>Guaranteed day care place (either centre-based or family day care) at low cost delivered by municipality from 14 months to full-time school at seven years of age. Participation rates relatively low up to two years, then rapid rise after age two years. High quality set in national legislation and overseen by municipalities.</p>	<p>Uptake of preschool before 18 months of age is low. Families attracted to socialisation and educative benefits of preschool for older children so most participate before compulsory school at six years. Modest government subsidies to assist working women with childcare costs. Quality assurance through national agency. Private, non-profit and government providers compete in regulated market.</p>	<p>Forms of early learning through nursery schools, reception classes in schools and approved private and non-profits. Approval through Ofsted. 15 hrs per week of free childcare for 2yo children – study found 'underwhelming' impact and uptake. OECD study of learning and wellbeing found English children performed similar to Estonian and better than USA. Recent commitment to expand free childcare for working parents all children under 9 months by end of 2025.</p>

		Canada	Chile	Estonia	Finland	Singapore	United Kingdom
	Social Protection	Responsibility rests with provincial/territorial governments and Indigenous child welfare organizations. Significant over-representation of Indigenous children in out of home care. Provision and reporting must align with Reconciliation and Truth Commission, including Joshua's Principle.	Individualised monitoring of child needs occurs via a national Chile Grows with You data management system, with interventions triggered when risks occur. Arrangements for children who age-out of Chile Grows with You are less certain with reform efforts in progress.	Signatory to the European Union's Child Guarantee with an action plan to 2030. Target on families facing with low income, disability, sole-parent, mental health issues and family violence. Actions to build social capital, reduce cross-sectoral and policy and service fragmentation, and address geographical inequity.	Strong child rights orientation combined with strategic focus on early identification and prevention to minimise the need for formal child protection actions. Child Guarantee Plan incorporated into a broader National Child Strategy 2040 focusing on children from low-income households, disability, and minority or migrant families.	Reported cases of ill-treatment have quickly increased, possibly due to recent awareness raising and new streamlined reporting mechanisms. Instances remain low in the context of Singapore's population base.	Signatory to UCCRC. Family Hubs and health workers focus on 'early help' and prevention.
		Canada	Chile	Estonia	Finland	Singapore	United Kingdom

Governance	Regulatory Instruments	<p>Constitution specifies how responsibilities are shared across federal and provinces/states – similar to Australia. Multilateral agreements set principles, delivery targets, and block-funding with flexible pathways. Propensity for provinces and territories to replicate reforms initiated in other parts of Canada, public expectations, and goodwill serve as strong (albeit informal) forces for cross-jurisdiction stability, equity, and collaboration.</p>	<p>Institutionalisation of Chile Grows with You by Law 20 379 in 2009, guaranteed consistent and increasing national budget allocations, systematic collection, and use of data for programme management, and coordination of health, education, and social services.</p>	<p>Complementary and cohesive legislative and policy raft, including alignment with European Union obligations.</p>	<p>Central government Ministries set national policies and legislation assigning municipalities and counties to provide services within clear delivery parameters. Scope available for counties and municipalities to shape operational details to match local needs and preferences.</p>	<p>Singular and continuous governance has enabled iterative refinements to legislative instruments and procedures. Efficient, clear, and aligned with policy.</p>	<p>Numerous agencies and complex overlapping systems. Most policies and programs include a requirement to formally evaluate and publish – good transparency</p>
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	Resource Flows	<p>Multilateral agreements and block funding are the key instruments by which federal funds are distributed (usually per-capita) to provinces and territories. Provinces/territories distribute funds to municipalities to enable them to deliver health, education, and housing services, etc.</p>	<p>Central Ministry of Social Development is responsible for the budget and transfers implementation funds to the ministries of health and education and to municipalities, based on performance standards and indicators. Funding agreements promote local accountability and flexibility. Annual funding allocations rapidly rose from \$AUD11.9m in 2007 to \$AUD123.3m in 2017.</p>	<p>Administered via clear regulations (above) and mechanisms to collect and distribute Social Insurance, Health Insurance as well as taxation revenue.</p>	<p>Central government distributes taxation revenue to wellbeing service counties to delivery healthcare and other services. Municipalities levy taxes (supplemented by central government) to fund early learning, housing, transport, and other local family support services excluding healthcare etc.</p>	<p>As above, singular governance has expedited straightforward flow of public funding and other resources.</p>	<p>Central Government allocates funds to local authorities to deliver services, based on level of uptake/demand. Benefits scheme administered via digital GOV.UK.OneLogin, but reports of this being difficult to understand all overlapping elements</p>
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	Monitoring	<p>Multilateral agreements include performance indicators and reporting schedules. Provinces conduct the Early Development Index for their own purposes – no central platform for collection or comparison. A data Strategy for the Federal Public Service was proposed for 2023–2026 but does not address harmonisation with provinces/territories.</p>	<p>Multi-sectoral, nation-wide data management system – the SDRM based on its Spanish acronym – developed for Chile Grows with You to accompany individual children (and their family) from conception to school entry at the age of five years. On the SDRM, each child and parent has their own unique identifier.</p>	<p>Comprehensive and coordinated data sharing platforms at granular (individual ID code) levels, able to be aggregated to feed into whole-of-government national ‘Tree of Truth’ monitoring system.</p>	<p>Development underway by Statistics Finland of a comprehensive child development and wellbeing dashboard to inform progress against 30 priority outcomes set out in the National Child Strategy 2040. A key advantage for Finland is that all children are allocated a unique digital identifier at birth.</p>	<p>Master-planning of social and physical infrastructure includes clear milestones to be monitored. Universal compulsory registration on SingPass enables data sharing to expedite monitoring for citizens but does not include foreign workers or expats.</p>	<p>No unified data management platform across its numerous departments. Ofted monitors Early Learning Services. At birth, NHS registers children and issues Red Book – which is currently being digitised.</p>
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