Achieving sustained, integrated policy focus on children's health and development: New approaches needed

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Outline of presentation

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1. What we know
2. What we are seeing
3. Why aren't we doing better?
4. Do we need a different approach?
5. A framework for doing better

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1. What we know

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Building strong foundations

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Getting the foundations right is important – healthy brain development is a prerequisite for future health and wellbeing. The early years of a child's life are critical in impacting on a range of outcomes through the life course.

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The neuroscience of brain development

- Brain architecture and skills are built in a hierarchical ‘bottom-up’ sequence
- Foundations important - higher level circuits are built on lower level circuits
- Skills beget skills - the development of higher order skills is much more difficult if the lower level circuits are not wired properly
- Plasticity of the brain decreases over time and brain circuits stabilise, so it is much harder to alter later
- It is biologically and economically more efficient to get things right the first time

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Adversity

Any adversity in the child's environment has the potential to have a negative impact on brain development in the young child, and therefore acts as a risk factor for the health and development of the child

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Biology of adversity

- Begins in utero
- Adaptation to stressful environment - short term advantages but long term consequences
- Leads to changes in genetic material – 'the biological embedding of environmental events' *(Hertzmann)*
- Affects the development of biological systems (immune, cardiovascular, metabolic regulatory) and 'resets' them so future vulnerability and threats to health and wellbeing

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Persistent or ‘toxic’ stress

- Strong and prolonged activation of body’s stress response - in absence of buffering protection of adult support
- Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, family violence
- Disrupts developing brain architecture
- Leads to lower threshold of activation of stress management systems - can lead to life long problems in learning, behaviour, and both physical and mental health

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Some adult problems with roots in early childhood

- Obesity
- Cardiovascular disease
- Diabetes
- Substance abuse
- Mental health problems
- Family violence and anti-social behaviour
- Crime
- Poor literacy
- Chronic unemployment and welfare dependency

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Investing in early childhood development makes sound economic sense - ‘*the best investment a country can make*.’

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Return on investment in the early years

Rate of return to investment in human capital

(a) Rates of return to human capital investment setting investment to be equal across all ages

Preschool programs

Schooling

r

Job training

Preschool

School

Post-school

0

Age

- Cunha et. al., 2006.

The economic case for investing in ECD in Australia

- Increased taxes from expanding ECEC sector and additional participation and productivity impacts
- Decreased expenditure on on unemployment and other government transfers
- Decreased expenditure associated with remedial education, justice and health services as result of improved education and life outcomes for vulnerable children

- *PwC 2015: Putting a Value on Early Education and Care in Australia*

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Combined economy-wide impacts of improving quality and access to ECEC

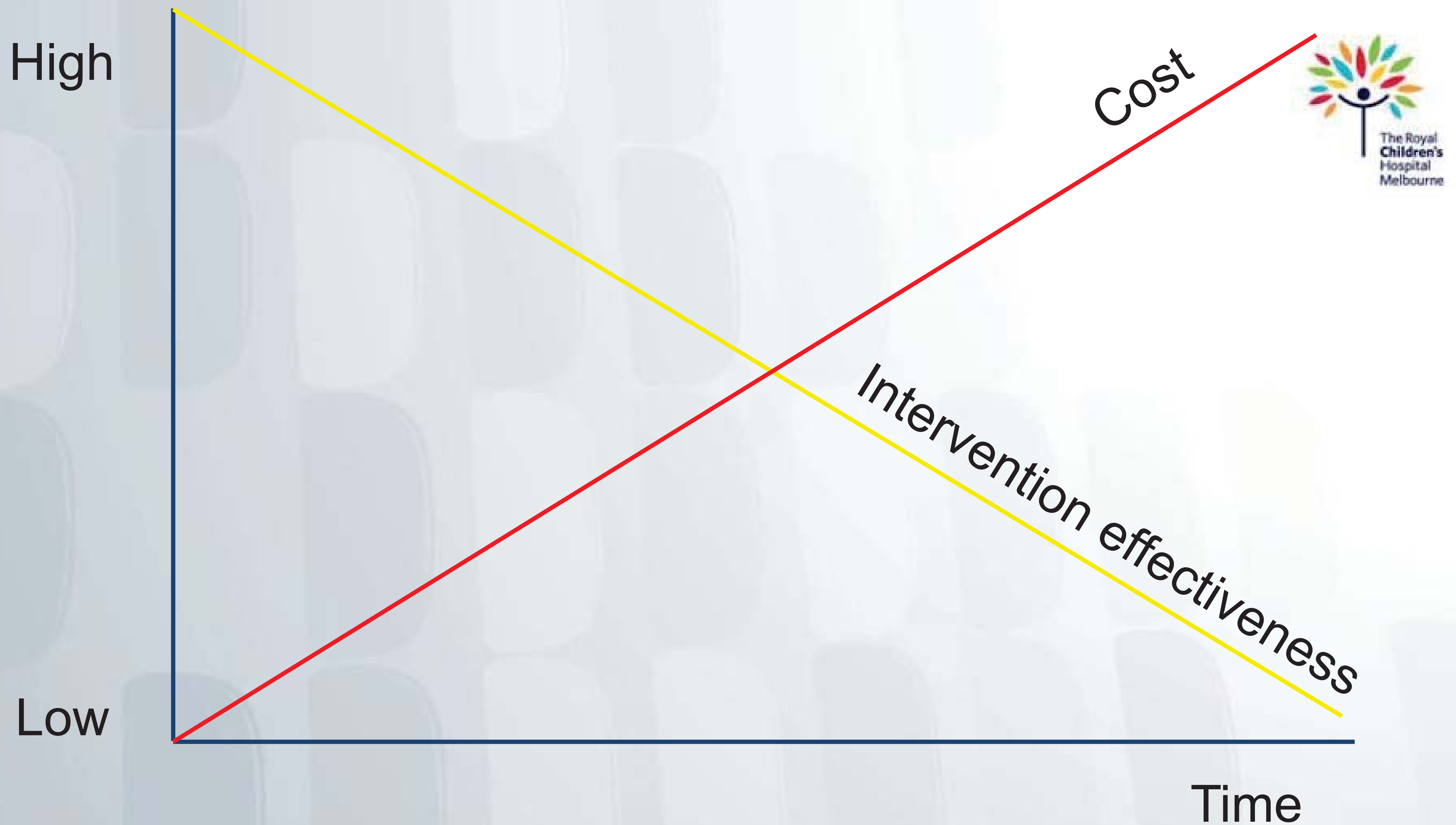
Putting a value on early childhood education and care in Australia – PWC, 2014

Net fiscal impact – Low
Net fiscal impact – High

Annual impact ($ billions)

1.5
1.0
0.5
0.0
-0.5
-1.0
-1.5

2015 2020 2025 2030 2035 2040 2045 2050



Intervention effects and costs of social-emotional mental health problems over time (*Bricker*)

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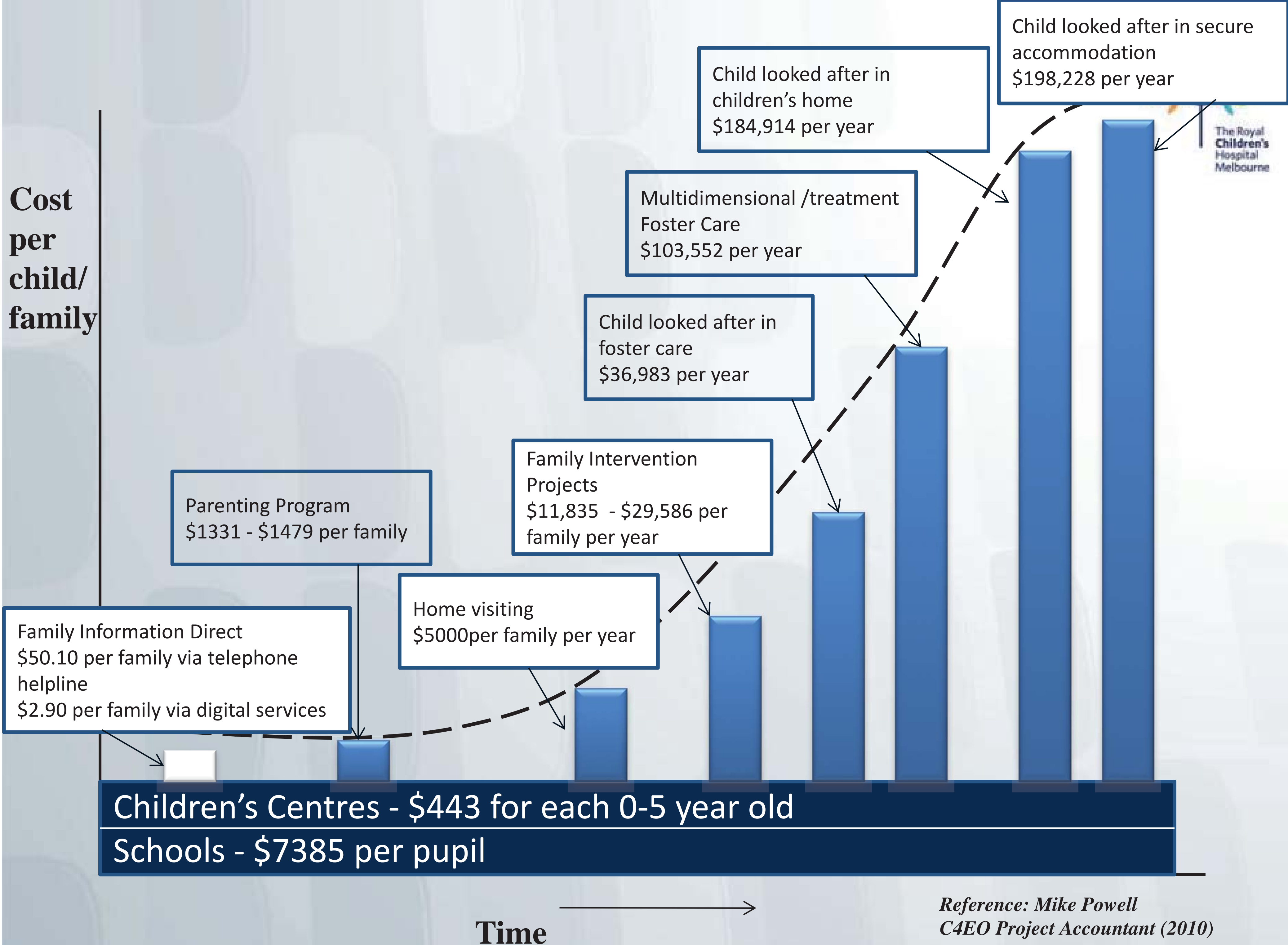

Cost per child/ family
Child looked after in secure accommodation $198,228 per year
Child looked after in children's home $184,914 per year
Multidimensional /treatment Foster Care $103,552 per year
Child looked after in foster care $36,983 per year
Family Intervention Projects $11,835 - $29,586 per family per year
Parenting Program $1331 - $1479 per family
Home visiting $5000per family per year
Family Information Direct $50.10 per family via telephone helpline $2.90 per family via digital services
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Children's Centres - $443 for each 0-5 year old
Schools - $7385 per pupil
Time
Reference: Mike Powell C4EO Project Accountant (2010)

2. What we are seeing

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Worsening child outcomes

- Physical health – obesity, diabetes
- Mental health – anxiety, depression, ADHD, challenging behaviours, eating disorders
- Child abuse and neglect
- Academic achievement – literacy levels, educational outcomes, school retention rates
- Social adjustment – juvenile crime, substance abuse

- Stanley, Richardson & Prior

Children of the Lucky Country?

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Key findings - AEDC

Percentage of children developmentally vulnerable (DV) across Australia by jurisdiction

	DV ≥ 1 domains (%)	DV ≥ 2 domains (%)
Australia	22.0	10.8
New South Wales	19.9	9.2
Victoria	19.5	9.5
Queensland	26.2	13.8
Western Australia	23.0	11.2
South Australia	23.7	12.2
Tasmania	21.5	10.1
Northern Territory	35.5	20.9
Australian Capital Territory	22.0	9.8

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Notifications, investigations and substantiations across Australia, and total number of children on orders and in OOHC

- AIFS, *Child Abuse and Neglect Statistics,* CFCA Resource Sheet October 2016

Notifications, investigations and substantiations across Australia, and total number of children on orders and in OOHC

Year	Total notifications	Total investigations	Total substantiations	Children on orders	Children in OOHC
2010-11	237,273	127,759	40,466	39,058	37,648
2011-12	252,962	116,528	48,420	40,962	39,621
2012-13	272,980	122,496	53,666	43,136	40,549
2013-14	304,097	137,585	54,438	45,746	43,009
2014-15	320,169	152,086	56,423	48,730	43,399

- Australian Institute of Family Studies, Child Abuse and Neglect Statistics, CFCA Resource Sheet, October 2016

Number of historic OOHC Placements/Carers November 2016

No. of Historic OOHC Placements/Carers	No. of children and young people	%
1	3,365	37%
2	2,011	22%
3-5	2,458	27%
6-10	1,014	11%
11-20	308	3%
More than 20	19	0%
Total	9,175	100%

-Transformation Office, Department of Health and Human Services, Victoria, CRIS/CRISSP OOHC Data Analysis, March 2017

Number of historic OOHC Placements/Carers broken down by age group November 2016

No. of Historic OOHC Placements/Carers	0-4	5-9	10-14	15-18	All Age Groups
1	48%	37%	33%	25%	37%
2	26%	23%	20%	17%	22%
3-5	23%	29%	28%	27%	27%
6-10	3%	9%	14%	22%	11%
11-20	0%	2%	5%	8%	3%
More than 20	0%	0%	0%	1%	0%
	100%	100%	100%	100%	100%
Total	2,359	2,728	2,638	1,450	9,175

Transformation Office, Department of Health and Human Services, Victoria, CRIS/CRISSP OOHC Data Analysis, March 2017

Are the Kids Alright?

Young People and Mental Health

Mental illness is often thought of only as an adult concern. But about half of mental illnesses begin to reveal themselves in childhood. What is the state of children's mental health and how is it different from that of adults?

Prevalence of mental health problems in Australia

- Almost one in seven (13.9%) 4-17 year-olds were assessed as having mental disorders in the previous 12 months.
- This is equivalent to 560,000 Australian children and adolescents

- Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing (August 2015)

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The impact of social inequality

- Major impact in early years - affects developing brain and establishment of neural circuits
- Disparities widen as child gets older, and trajectory gets harder to change
- Chronic stress affects the body’s physiological systems - increasing vulnerability to wide range of diseases and health conditions throughout the life course
- ‘Double jeopardy’ - have the least access to supports such as consistent health care, quality childcare and preschool, good schools, and family supports

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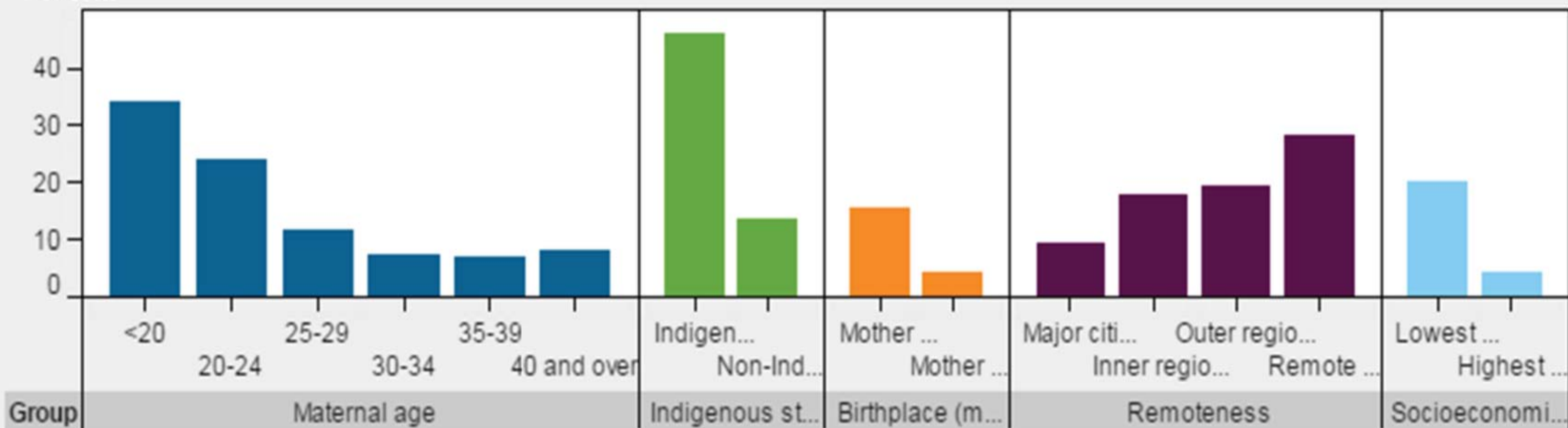

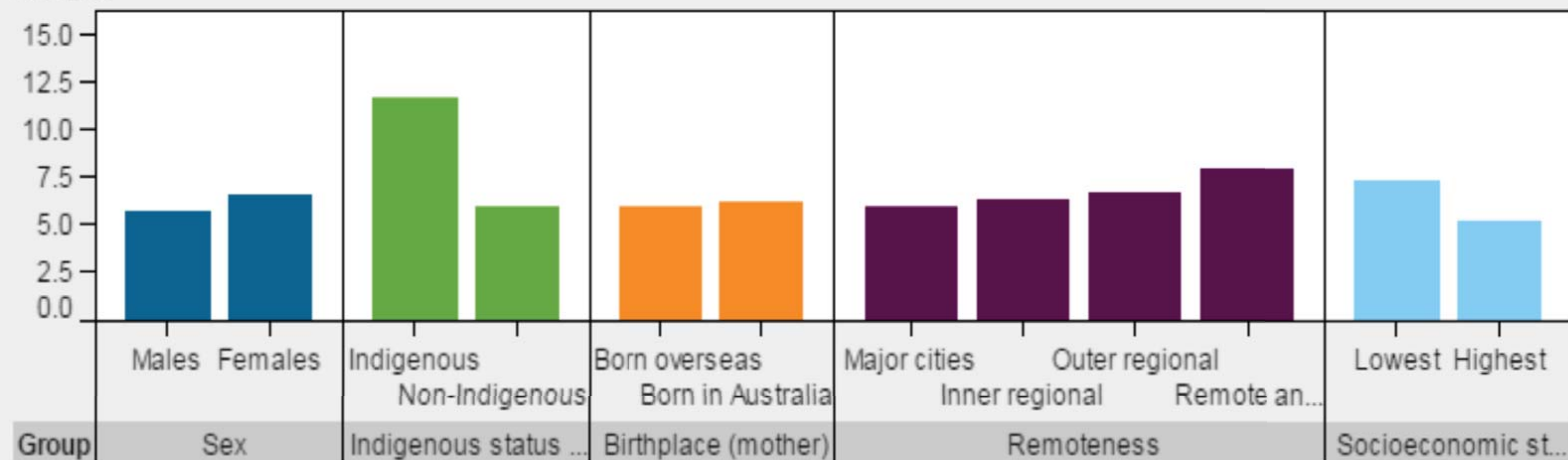

- AIHW Children's Headline Indicators

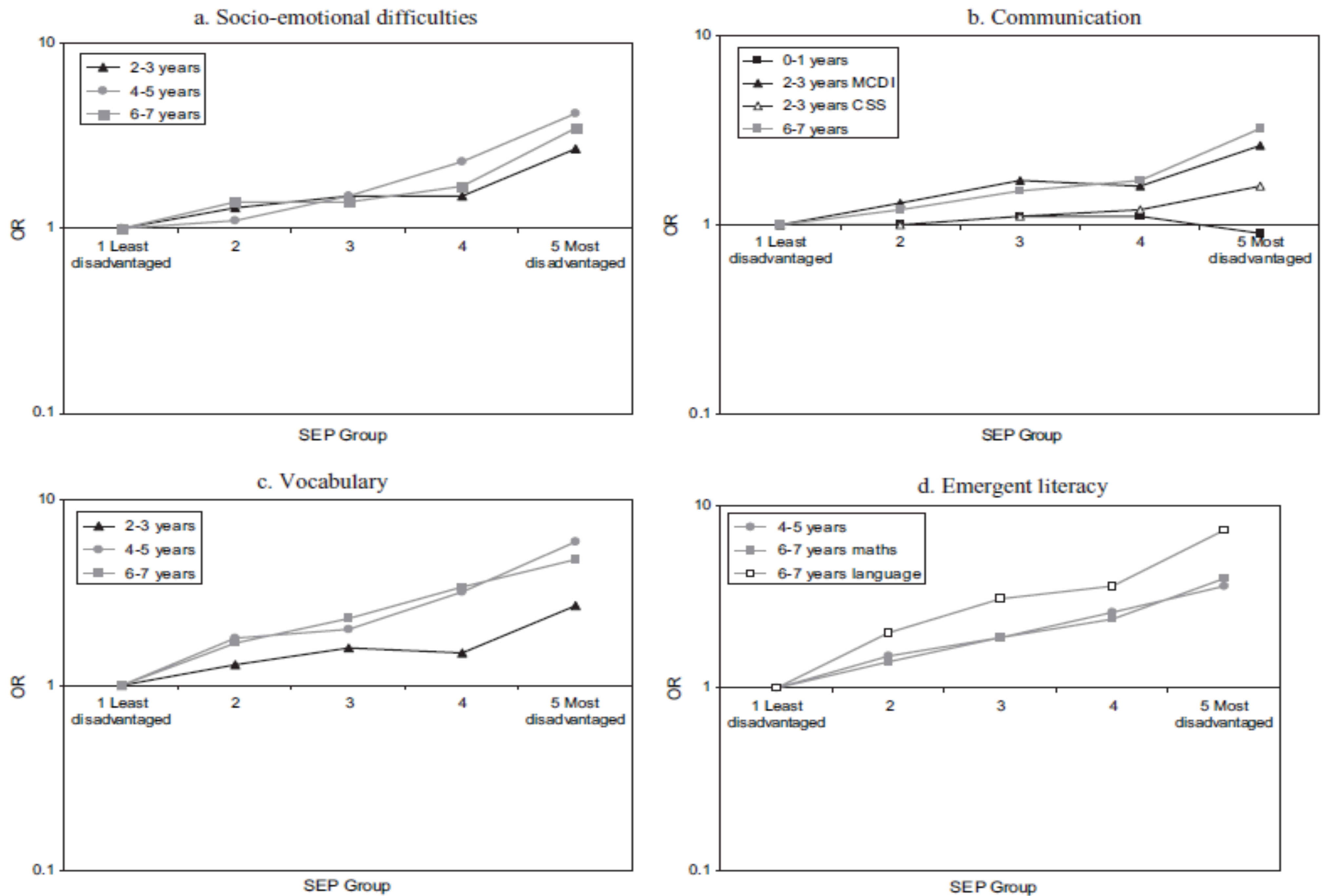

Figure 1 ORs (presented on a log scale) by socioeconomic position quintile for socio-emotional difficulties, and poor communication, vocabulary and emergent literacy skills.

Nicholson JM, Lucas N, Berthelsen D, *et al. J Epidemiol Community Health* (2010). doi:10.1136/jech.2009.103291

AEDI domain comparison – vulnerability by SEIFA N=261,000

Domain Vulnerability by SEIFA

Percent vulnerable

14
12
10
8
6
4

Most Disadvantaged
3
Least disadvantaged

SEIFA

Physical health and Wellbeing
Social Competance
Emotional Maturity
Language and Cognitive Development
Communication Skills and General Knowledge

Disadvantage and preschool participation

Preschool or kindergarten program (including in a day care centre)

SEIFA IRSD QUINTILE	Per cent
1 Most disadvantaged	75.6
2	79.6
3	80.3
4	82.2
5 Least Disadvantaged	86.0

Mental health problems in Australian children 4-17 years: Relationship with household income

$130,000 or more/year	10.5%
$52,000-$129,999/year	12.3%
Less than $52,000/year	16.1%

-Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing (August 2015)

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3. Why aren’t we doing better?

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Modernity's Paradox

'We are witness to dramatic expansion of market based economies whose capacity for wealth generation is awesome…At the same time, there is a growing perception of substantial threats to the health and wellbeing of today's children and youth in the very societies that benefit most from this abundance.'

- Keating & Hertzman (1999)

Developmental Health and the Wealth of Nations

‘It is not as if we have lost the knowledge of what has constituted a good childhood, but it seems more difficult to realise it in the context of rapid change. And we have limited ways of protecting, understanding, monitoring and controlling the impact of progress on children. Shared cultural, political and moral commitments to children are becoming confused, contested and weakened in the face of the unstoppable changes, disruptions and uncertainty.’

- Green DM, 2013 (Discussion paper for the Berry Street Childhood Institute)

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‘Social climate change’

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- Rapid social change - conditions under which families are raising children have changed (more complex)
- Divorce, single parents, blended families, shared custody arrangements
- Both parents working, child care
- Working longer hours, part time/shift work, more casual work
- Job insecurity, unemployment, homelessness
- Increase in poverty/ health inequalities, and increased social gradient

- After Moore, CCCH

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The impact of social climate change on children and families

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- Well resourced families are better able to meet these challenges. Poorly resourced families can be overwhelmed with challenges of daily life and parenting
- Stresses in family functioning are cumulative over time
- Increase in number of families with complex needs
- More intergenerational disadvantage, underachievement and poor health and developmental outcomes

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Challenges – for all of us

- No silver bullets – ‘wicked’ problems and complex interventions
- Difficulty of evaluation
- Prevention/early intervention invisible
- Need long term horizon
- Framing the issues – getting the language right
- Widespread suspicion of science and of government programs (‘nanny state’)

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‘For every complex problem there is an answer that is clear, simple, and wrong’.

- H.L Mencken

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Fragmentation of advocacy, policies and services

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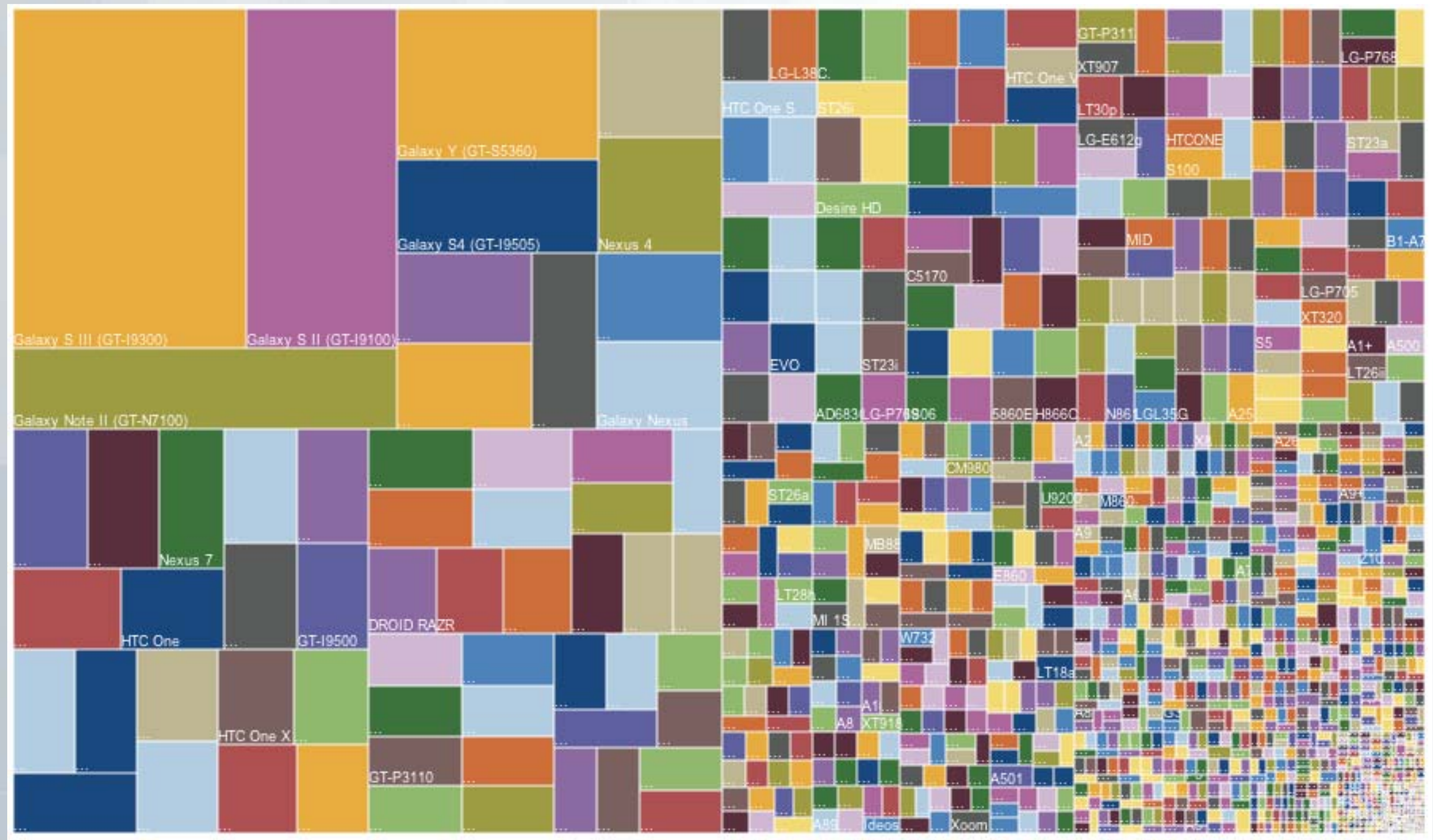

Fragmentation of advocacy

Many stakeholders involved in issues that affect children:

- Advocates for children - ECEC, child protection, preschools, schools, health, etc
- Advocates for parents/family - single parents, family violence, mental health, substance abuse, poverty, working conditions
- Others – eg environment, climate change, housing

No single voice

We end up competing for policy attention!

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Fragmentation of public policy

Policy delivered mostly in unconnected and poorly coordinated, narrow programmatic silos

- Vertical – between federal, state and local governments
- Horizontal – *between* different government departments (health, education, welfare, housing, etc), and *within* departments
- By age – birth to three, preschool, school age
- Different targets – child protection, family violence, single parents, children with additional needs, etc

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Fragmentation of services

Health

Social services

Early intervention

Family support

Education

Public health

Parks & recreation

Local government

Community services

Local schools

Preschools

Parenting centres

Child care

Children's mental health

Kindergartens

Fragmentation of services

General practitioner

Family support

Childcare

School

Early intervention programs

Child protection agency

Parenting programs

Kindergarten

Paediatrician

Preschool

Disability services

MCH Nurse

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Blue Sky Research Project:
Mapping the current service system in a Victorian community

State Government Victoria
Department of Education and Early Childhood Development

Doveton current service matrix

↓	MCH*	Childcare*	Kindergarten*	School*	GP	Family Resource Centre*	Playgroup*	Family support*
MCH		☑				☑		
Childcare		☑	☑				☑	
Kindergarten	☑							
School		☑	☑ i					
GP								
Family Resource Centre	☑			☑				
Playgroup	☑					☑		
Family support	☑			☑		☑	☑	

4. Do we need a different approach?

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PROMISES AVE
REALITY WAY

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‘Tackling wicked problems is an evolving art. They require thinking that is capable of grasping the big picture, including the interrelationships among the full range of causal factors underlying them. They often require broader, more collaborative and innovative approaches…’

- Lynelle Briggs
Australian Public Service Commissioner 2007

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The use of evidence

Flawed assumptions of using evidence-based programs:

- ‘Proven’ programs are permanent solutions to problems that are assumed to remain static
- An assumption that we can take an evidence-based program and apply it to any community or group

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Types of fidelity

- **Program fidelity** is ***what*** is delivered - ensuring faithful delivery of proven programs according to their original design
- **Process fidelity** is ***how*** services are delivered - ensuring they are delivered in ways that are effective in engaging parents and changing client behaviours
- **Values fidelity** is ensuring that the focus and method of delivery is consistent with client values

For interventions to be effective, all 3 forms of fidelity need to be considered

- *after Moore et al (2016)*

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In other words…

- ***How*** services are delivered are as important as ***what*** is delivered
- Rigid focus on program fidelity is misguided – need some flexibility
- Move from checklists and screens to relationships
- Relationships should be at the heart of the care system…positive relationships with service providers are the medium for effective delivery of programs

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Different approaches

Risk-based approaches: employ a series of indicators or risk factors - one of the challenges with this approach is how to 'sell' the program to parents if they believe they don't need it.' (A reason for poor follow-up fter screening prpgrams)

Needs-based approaches: supports families on the basis of expressed needs or concerns…families will be more likely to use services employing this approach. However the approach poses a challenge for the service system in terms of promptly identifying and responding to family problems.'

- CCCH, 2012

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5. A framework for doing better

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‘Nothing hard is ever easy’

- Don Berwick

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It takes a village to raise a child

'What the best and wisest parent wants for his own child must be what the community wants for all its children'.

- John Dewe

If we were to start all over again from scratch, how would we design a system to best support families and build capacity in communities?'

Need coordinated advocacy, whole of government policy, and multi-sectoral interventions

- Is it possible for us to develop a consistent, clearly articulated message about young children – moral/ethical and economic? (for policy makers and the community)
- Can we work together with governments to develop a long term, bipartisan, evidence-informed plan for early childhood?
- Whatever our sector and particular professional interest, is it possible to have a common narrative?
- How can we work in **real** partnership with communities and with families?

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Principles

- Cannot focus only on child or only on the parents
- Build capacity of families and communities - *’Give a man a fish and he eats for a day; teach a man to fish and he eats for a lifetime.’ (anon)*
- Change the conditions in which young children grow up
  - Support parents
  - Build connections between families
  - Make service system accessible and easy to navigate
- A ‘one size fits all’ approach unlikely to work
- Tight/loose controls

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Choosing an approach

- **Person-based**: When simple known cause and a proven (evidence-based) intervention
- **Place-based:** When problems are complex or ‘wicked’ and solutions either uncertain or require multiple forms of intervention

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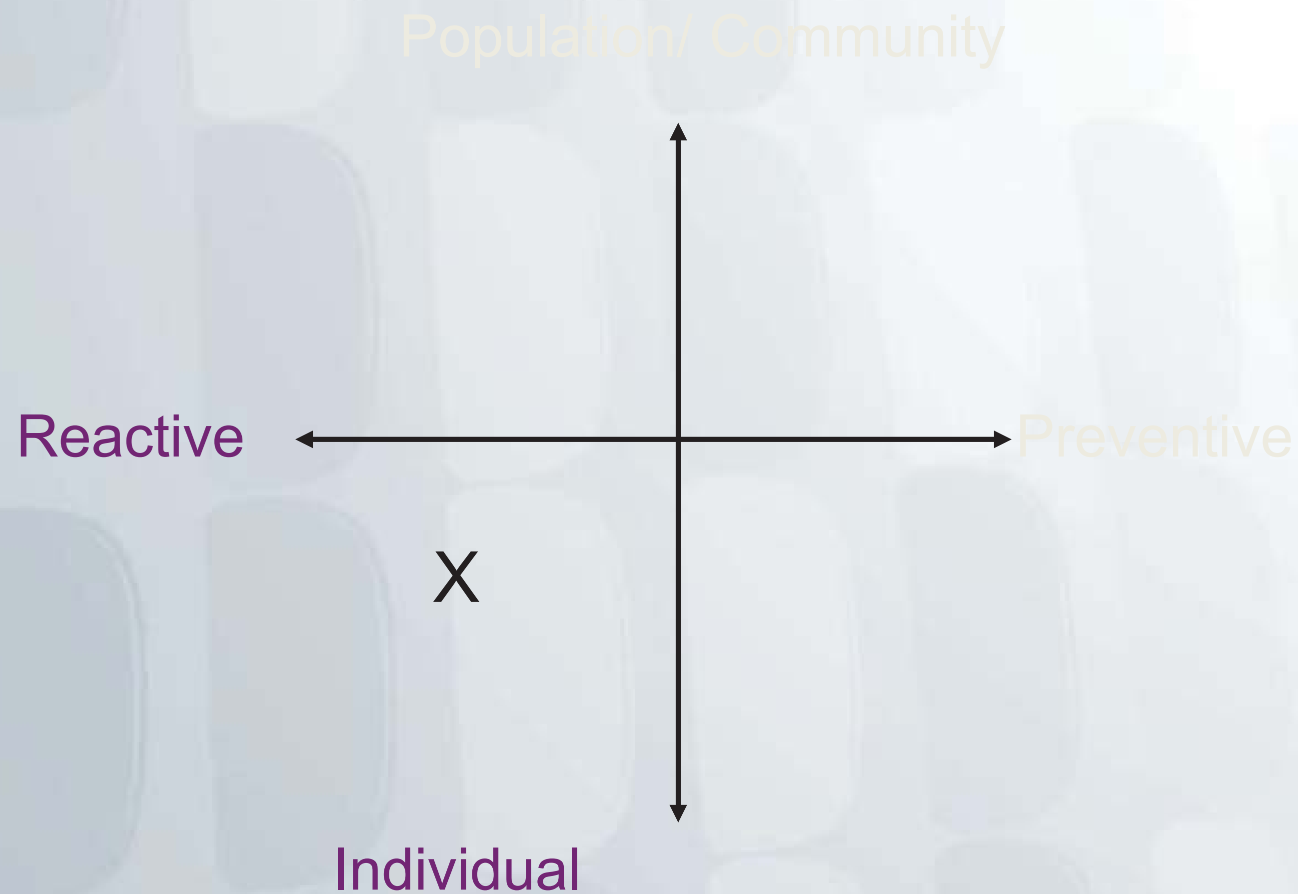
Place - building a profile of the community

- What do we know about the children and families in our community? (Population focus)
- What assets are available to support families?
- What does the service system look like?
- What data are available to inform planning? Use data to engage the community
- Work with communities to implement change

Current approach



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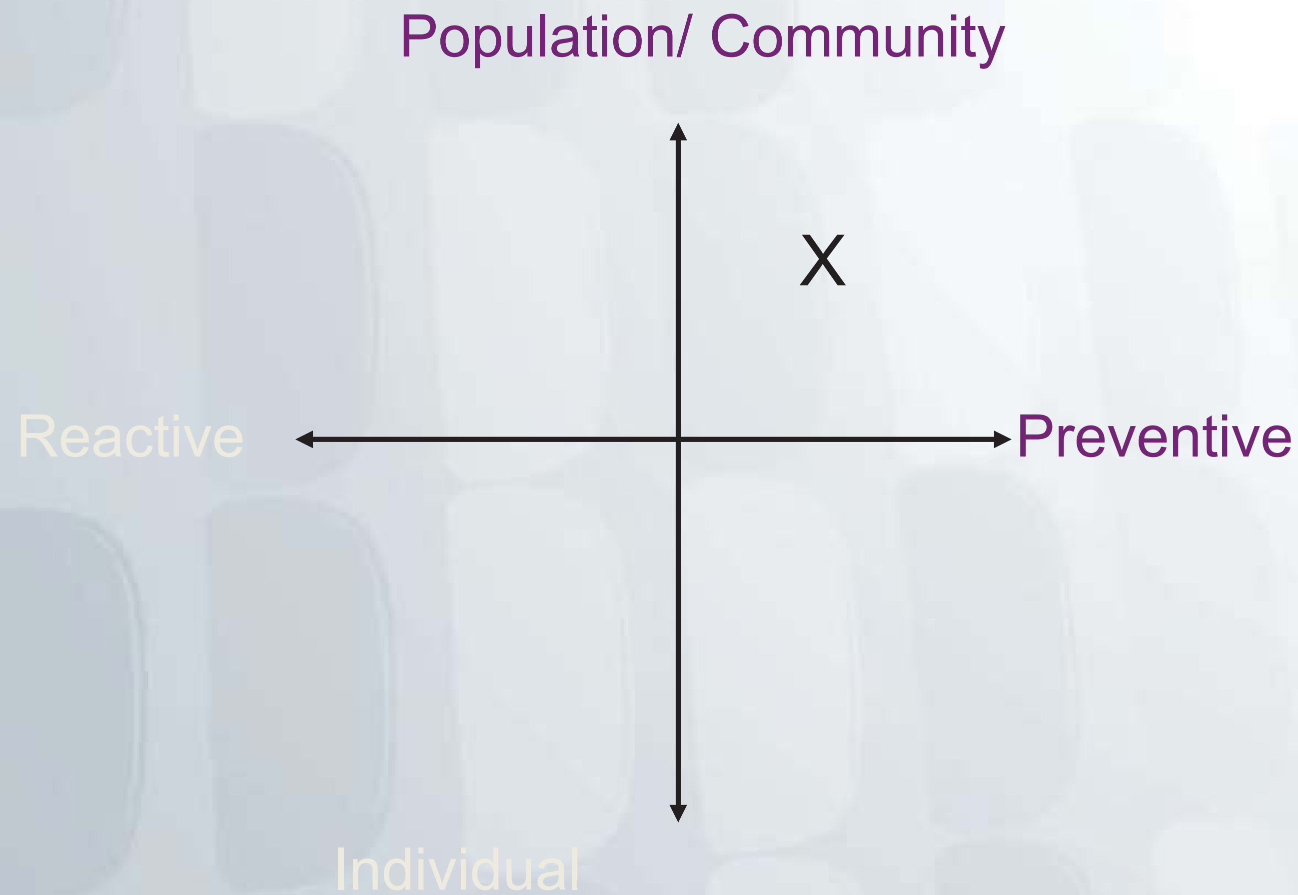
Population focus



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‘Complex social issues cannot be dealt with merely by interventions with children or by strengthening families or by building community capacity. Policy needs an integrated focus on all 3 elements: children, families and communities.’

- A. Hayes, M Gray, AIFS, 2008

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Complex interventions…

- Targeted not only to individuals, but aim to change families, communities and systems
- Pursue multiple and intertwined goals
- Rely on subtle and hard to measure effectiveness factors
- Establish trustful and respectful relationships
- Devise solutions uniquely suited to particular time, place and participants
- Integrate proven and promising practices with ongoing activities - ‘rapid cycle reviews’

- Adapted from Schorr et al, 2014

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‘How’ is as important as ‘what’: Evidence-based processes…

- Relationship based
- Involve partnerships between professionals and parents
- Target goals that *parents* see as important
- Provide parents with choices regarding strategies
- Build parent competencies
- Are non-stigmatising
- Demonstrate cultural awareness and sensitivity
- Maintain continuity of care

The service system

- Universal
  - 'Soft' entry points
  - Not stigmatising
  - Universal 'plus' – proportionate universalism
- Targeting
  - Stigmatising
  - Often lower quality ('services for the poor are often poor quality.')
  - Miss large numbers of vulnerable children who do not live in disadvantaged communities
  - Less effective in reducing inequalities

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Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this *proportionate universalism*.

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An approach to service reform

- Strengthen universal service system
- Build on existing (trusted) relationships
- Map secondary and tertiary services
- Identify referral pathways
- Establish feedback loops to ensure follow up and increase skills and expertise (building capacity)
- *Every* service provider involved in early identification, and informed referral
- 'Teachable moments' for parent education and building capacity in families
- Build capacity through place

Making the system work better

- Need more glue rather than more programs
- What does it take to ‘glue’ services together?
- How can we facilitate partnerships - services and programs working together?
- Can we create a ‘virtual one stop shop.’

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Integrating services- 'virtual one stop shop'

General practitioner

Family support

Childcare

School

Early intervention programs

Child & Family Hub

Child protection agency

Parenting programs

Kindergarten

Pediatrician

Preschool

Disability services

MCH

Nurse

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Developmental health - Aims

Ideal child health and development trajectory

Opportunity

Current practice

At-risk child health and development trajectory without intervention

Age

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The key to success is simple: Make people dream.

- Gerarfd de Nerval

‘It is the burden on good leadership to make the currently unthinkable thinkable, to question the obvious, to make the present systems unavailable as options for the future. The boundaries in our minds create fear about the consequences of crossing over to the undiscovered country. But the possibilities we really need do not lie on this side of our mental fences. Once crossed, these fences will look as foolish in retrospect as the beliefs of other times now often look to us.’

- Don Berwick - 1998

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