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

Professor Frank Oberklaid
Director, Centre for Community Child Health
CAA 2017 Conference, Brisbane
May 15, 2017
Outline of presentation

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
1. What we know
Building strong foundations

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

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

Putting a value on early childhood education and care in Australia – PWC, 2014
Intervention effects and costs of social-emotional mental health problems over time (Bricker)
Cost per child/family

- **Parenting Program**: $1331 - $1479 per family
- **Family Information Direct**: $50.10 per family via telephone helpline, $2.90 per family via digital services
- **Home visiting**: $5000 per family per year
- **Family Intervention Projects**: $11,835 - $29,586 per family per year
- **Child looked after in foster care**: $36,983 per year
- **Multidimensional/treatment Foster Care**: $103,552 per year
- **Child looked after in children’s home**: $184,914 per year
- **Child looked after in secure accommodation**: $198,228 per year

**Children’s Centres**: $443 for each 0-5 year old

**Schools**: $7385 per pupil

Reference: Mike Powell
C4EO Project Accountant (2010)
2. What we are seeing
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?
## Key findings - AEDC

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

<table>
<thead>
<tr>
<th></th>
<th>DV ≥ 1 domains (%)</th>
<th>DV ≥ 2 domains (%)</th>
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</thead>
<tbody>
<tr>
<td><strong>Australia</strong></td>
<td>22.0</td>
<td>10.8</td>
</tr>
<tr>
<td>New South Wales</td>
<td>19.9</td>
<td>9.2</td>
</tr>
<tr>
<td>Victoria</td>
<td>19.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Queensland</td>
<td>26.2</td>
<td>13.8</td>
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<td>Western Australia</td>
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<td>South Australia</td>
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<tr>
<td>Tasmania</td>
<td>21.5</td>
<td>10.1</td>
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<tr>
<td>Northern Territory</td>
<td>35.5</td>
<td>20.9</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>22.0</td>
<td>9.8</td>
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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

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

November 2016

<table>
<thead>
<tr>
<th>No. of Historic OOHC Placements/Carers</th>
<th>No. of children and young people</th>
<th>%</th>
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<tr>
<td>1</td>
<td>3,365</td>
<td>37%</td>
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<tr>
<td>2</td>
<td>2,011</td>
<td>22%</td>
</tr>
<tr>
<td>3-5</td>
<td>2,458</td>
<td>27%</td>
</tr>
<tr>
<td>6-10</td>
<td>1,014</td>
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<tr>
<td>11-20</td>
<td>308</td>
<td>3%</td>
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<tr>
<td>More than 20</td>
<td>19</td>
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<tr>
<td>Total</td>
<td>9,175</td>
<td>100%</td>
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-Transformation Office, Department of Health and Human Services, Victoria, CRIS/CRISSSP OOHC Data Analysis, March 2017
### Number of historic OOHC Placements/Carers broken down by age group November 2016

<table>
<thead>
<tr>
<th>No. of Historic OOHC Placements/Carers</th>
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<th>5-9</th>
<th>10-14</th>
<th>15-18</th>
<th>All Age Groups</th>
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<tbody>
<tr>
<td>1</td>
<td>48%</td>
<td>37%</td>
<td>33%</td>
<td>25%</td>
<td>37%</td>
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<tr>
<td>2</td>
<td>26%</td>
<td>23%</td>
<td>20%</td>
<td>17%</td>
<td>22%</td>
</tr>
<tr>
<td>3-5</td>
<td>23%</td>
<td>29%</td>
<td>28%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>6-10</td>
<td>3%</td>
<td>9%</td>
<td>14%</td>
<td>22%</td>
<td>11%</td>
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<tr>
<td>11-20</td>
<td>0%</td>
<td>2%</td>
<td>5%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>More than 20</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
</tbody>
</table>

| Total                                | 2,359| 2,728| 2,638 | 1,450 | 9,175         |

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

Domain Vulnerability by SEIFA

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

<table>
<thead>
<tr>
<th>SEIFA</th>
<th>Percent vulnerable</th>
</tr>
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<tbody>
<tr>
<td>Least</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td></td>
</tr>
<tr>
<td>Most</td>
<td></td>
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</tbody>
</table>

N=261,000
Disadvantage and preschool participation

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

<table>
<thead>
<tr>
<th>SEIFA IRSD QUINTILE</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Most disadvantaged</td>
<td>75.6</td>
</tr>
<tr>
<td>2</td>
<td>79.6</td>
</tr>
<tr>
<td>3</td>
<td>80.3</td>
</tr>
<tr>
<td>4</td>
<td>82.2</td>
</tr>
<tr>
<td>5 Least Disadvantaged</td>
<td>86.0</td>
</tr>
</tbody>
</table>
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)
3. Why aren’t we doing better?
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)
‘Social climate change’

- 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
The impact of social climate change on children and families

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

- H.L Mencken
Fragmentation of advocacy, policies and services
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!
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
Fragmentation of services

Health
Social services
Early intervention
Family support
Education

Public health
Parks & recreation
Local government
Community services
Local schools

Preschools
Parenting centres
Kindergartens
Child care
Children’s mental health
Fragmentation of services

- General practitioner
- Family support
- Childcare
- Child protection agency
- School
- Early intervention programs
- Kindergarten
- Parenting programs
- Paediatrician
- Preschool
- Disability services
- MCH Nurse
Doveton current service matrix

<table>
<thead>
<tr>
<th>MCH</th>
<th>MCH*</th>
<th>Childcare*</th>
<th>Kindergarten*</th>
<th>School*</th>
<th>GP</th>
<th>Family Resource Centre</th>
<th>Playgroup*</th>
<th>Family support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCH</td>
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<td>✔</td>
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<tr>
<td>Childcare</td>
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<td>✔</td>
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<td>Kindergarten</td>
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<td>✔</td>
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<tr>
<td>School</td>
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<td>Family Resource Centre</td>
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<tr>
<td>Playgroup</td>
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<tr>
<td>Family support</td>
<td>✔</td>
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</tr>
</tbody>
</table>

- MCH: Midwives' Health Centre
- Childcare: Children's Services
- Kindergarten: Early Childhood Services
- School: School Services
- GP: General Practice
- Family Resource Centre: Family Resource Centres
- Playgroup: Playgroups
- Family support: Family Support Services

Other services include:
- Local Govt (general)
- Preschool Field Officer
- Inclusion Support
- Maternity
- Allied Health
- ECIS
- Scope
- Voolala
- Windemere
- Centacare
- Best Start
- Dandenong Aboriginal Co-Op
- SE Migrant Resource Centre
- DHS (general)
- Child Protection
- ChildFIRST
- Housing
- Financial Counselling
- Mental Health Services
- Centrepik
- Police
4. Do we need a different approach?
SCIENCE VS. EVERYTHING ELSE

ANSWERS

SIMPLE BUT WRONG

COMPLEX BUT RIGHT
‘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
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
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)
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
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 after screening programs)

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
5. A framework for doing better
‘Nothing hard is ever easy’

- Don Berwick
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?
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
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
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

Population/ Community

Reactive

X

Preventive

Individual
Population focus

Population/ Community

X

Reactive

Preventive

Individual
‘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
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
‘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
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.
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.’
Integrating services- ‘virtual one stop shop’

General practitioner

School

Childcare

Child protection agency

Kindergarten

Pediatrician

Parenting programs

MCH Nurse

Family support

Early intervention

Family Hub

Disability services

Preschool

Child & programs
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