How do we realise the potential of our human resources for better health and economic outcomes in the region?

Latrobe Early Years Summit
May 2016

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To do list:

- Crucial… ✓
- Must do… ✓
- Can wait… ✓
- In time… ✓
- Next week…
“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”

(Stanley, Richardson & Prior, 2005)
Overview

1. Policy context
2. Adversity and child development
3. Inequalities for Australia's children
4. Geographic inequities
5. Contextual principles (levers) for change
6. What can we do?
1. CHALLENGES FOR CHILDREN’S POLICY IN AUSTRALIA
1. Child health morbidities: “wicked problems”
2. Service misdistribution
3. Imbalanced spending and policy attention-aging population
Millennial morbidity (2000–present): disorders of the bioenvironmental interface

- Socioeconomic influences on health— including poverty
- Health disparities
- Technological influences on health
- Overweight and obesity
- Increasing mental health concerns

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. This may result in the occasional failure or need for policy change or adjustment.

Lynelle Briggs
Australian Public Service Commissioner 2007
Overall Proportion of GP visits 1996 – 2010

Heath care costs rise steeply with age

2. THE EARLY IMPACTS OF DISADVANTAGE
The Adverse Childhood Experiences (ACE) Study (N=17,000)

Abuse:
Emotional • Physical • Sexual

Neglect:
Emotional • Physical

Household Dysfunction:
Mother treated violently • Household substance abuse • Household mental illness • Parental separation or divorce • Incarcerated household member

Figure 2. This figure shows total gray matter volume for group by age.

Total Gray Matter

![Graph showing total gray matter volume across different SES groups by age.](image)


Figure 3. This figure shows frontal lobe gray matter volumes for group by age.

Frontal Gray Matter

![Graph showing frontal gray matter volume across different SES groups by age.](image)


Figure 4. This figure shows parietal lobe gray matter volumes for group by age.

Parietal Gray Matter

![Graph showing parietal gray matter volume across different SES groups by age.](image)

Impact of adversity early in life

3. UNEQUAL OUTCOMES FOR AUSTRALIAN CHILDREN
Antenatal
Figure 19.2: Women who smoked during pregnancy, by population group, 2006

Figure 21.3: Low birthweight infants, by population group of mother, 2006
Preschool
Figure 1  ORs (presented on a log scale) by socioeconomic position quintile for socio-emotional difficulties, and poor communication, vocabulary and emergent literacy skills.

School entry
AEDI Domain comparison – vulnerability by SEIFA
N ~261,000 (2009)
Disadvantage begins early in life

AEDI developmental scores of 5 year olds: Australia, 2009

NSW Vic Qld WA SA Tas ACT NT Aust

AEDI developmental scores of 5 year olds: Australia, 2009
National mean
Indig Non-Indig
Indig Non-Indig
Indig Non-Indig
Indig Non-Indig
Indig Non-Indig
Indig Non-Indig
Indig Non-Indig
Indig Non-Indig
50–100 %ile
25%ile
10%ile
25–50 %ile

NSW Vic Qld WA SA Tas ACT NT Aust

50–100 %ile
National mean
25–50 %ile
25%ile
10%ile
69% of NT Indigenous children score below national minimum standard.
Secondary school
This gap is in the order of 3 years of schooling.

Steeper slope = less equitable results.

Source: OECD (2001) Knowledge and skills for life, Appendix B1, Table 8.1, p.308
4. UNDERSTANDING GEOGRAPHIC INEQUITIES
Number and Percentage of children developmentally vulnerable on one or more domains
Latrobe community
SEIFA Score 2011 (Index of Relative Socio-Economic Disadvantage) – Total Population, ABS Data

Latrobe community
Percentage of children who attended a preschool program 2015
Latrobe community
‘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, AIJS, 2008
5. CONTEXTUAL DRIVERS: PRINCIPLES (LEVERS) FOR CHANGE

- Equity
- Ecology
- Early intervention
- Early childhood
Equity
Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically, or geographically.

International Society for Equity in Health [http://www.iseqh.org]

Innovative trials: ideas from the field

Associate Professor Sharon Goldfeld

Equality

Equity
Targeting low-ses students v. targeting low performing students
Source: Masters (2009) using PISA data
Targeting low-ses students v. targeting low performing students

Source: Masters (2009) using PISA data
Early intervention
CUMULATIVE BENEFITS OF EARLY INTERVENTIONS

Figure 2: Cumulative economic benefits of early education programs

Source: Lee et al. (2012)
In short, to foster individual success, greater equality of opportunity, a more dynamic economy, and a healthier society, we need a major shift in social policy toward early intervention, with later interventions designed to reinforce those early efforts.
Early childhood
Brain development
Building strong foundations

Getting the foundations right is important – healthy brain development is a prerequisite for future health and wellbeing.
Life course
The accumulation of multiple risk factors means that children are more likely to be developmentally vulnerable.
The accumulation of multiple protective factors provides children with the best advantage.
Developmental health opportunity

- Ideal child-development trajectory
- Current practice
- At-risk child-development trajectory without intervention

Age
Economics of human capital
Return on investment in the early years

Reference: Cunha et. al., 2006.
6. WHAT CAN WE DO TO CHANGE CHILDREN’S CHANCES?
How to make a difference

• More EQUITABLE use of universal health and education platforms
• High quality ECEC
• Strong home learning environments
• Supportive communities
More EQUITABLE use of universal health and education platforms
Locations of speech pathologists

Public and private Speech pathologist locations, and SEIFA 2011 Index of Disadvantage

Source: NHMRC CRE in Child Language, 2014
Red = Vulnerable on one or more domains
Blue = No vulnerability
Number: Vulnerability by Indigenous and SEIFA (AEDI 2009)

Red = Vulnerable on one or more domains
Blue = No vulnerability
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.
Tiered system of universal service delivery

- High need
  - Targeted high intensity
- Low need
  - Universal low intensity

- 2-5%
- 10-15%
- 100%
Tiered system of universal service delivery

High need

Low need

2-5%

10-15%

100%

Targeted high intensity

Universal low intensity
Tiered system of universal service delivery

High need

Low need

Targeted high intensity

Universal low intensity

100%

10-15%

2-5%
Tiered system of universal service delivery

- High need
  - Targeted high intensity
  - 2-5%
  - 10-15%
  - 100%

- Low need
  - Universal low intensity
A national sustained nurse home visiting trial to promote family wellbeing and child development
High quality ECEC
AEDI Results and preschool participation

Developmentally vulnerable on one or more AEDI domain

<table>
<thead>
<tr>
<th>SEIFA IRSD Quintile</th>
<th>All children</th>
<th>Preschool or kindergarten program (incl in a day care centre)</th>
<th>No preschool or kindergarten program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Most disadvantaged</td>
<td>31.9</td>
<td>28.6</td>
<td>39.1</td>
</tr>
<tr>
<td>2</td>
<td>25.5</td>
<td>22.3</td>
<td>34.3</td>
</tr>
<tr>
<td>3</td>
<td>23.5</td>
<td>20.5</td>
<td>32.2</td>
</tr>
<tr>
<td>4</td>
<td>20.3</td>
<td>17.7</td>
<td>29.1</td>
</tr>
<tr>
<td>5 Least Disadvantaged</td>
<td>24.1</td>
<td>16.2</td>
<td>14.5</td>
</tr>
</tbody>
</table>
Percent of children living in the top 20% of advantaged SES communities, middle 60% of SES communities, and bottom 20% of disadvantaged communities who are developmentally vulnerable on two or more AEDI domains.

Community and neighbourhood as a platform for change
Number and Percentage of children developmentally vulnerable on one or more domains
Latrobe community
A snapshot of place-based activity promoting children’s wellbeing

Collaborate for children: scoping project

Produced by the Centre for Community Child Health
Funded by the Australian Government Department of Education
November 2014

The evidence: what we know about place-based approaches to support children’s wellbeing

Collaborate for children: scoping project

Produced by the Centre for Community Child Health
Funded by the Australian Government Department of Education
November 2014
Collective Impact
By John Kania & Mark Kramer
Common Agenda

Shared Measurement System

Mutually Reinforcing Activities

Continuous Communication

Backbone Organisation
8 Key Principles of Children’s Ground

- Start early
- Stay for the long haul
- Critical mass; Work with Everyone
- Often; All Year Round
- Deliver the whole, not the bits
- Innovation/New Ways
- Expect & deliver The Best
- Child, family & community led

A safe place for children to learn, grow and thrive; based on local knowledge and leading evidence and practice
WORKING IN PARTNERSHIP

Part 1: Start, establish and learn

Start
Get started

Build
Build a comprehensive early childhood

Learn
Learn about the community

Part 2: Plan, implement and review

Plan
Plan for change using an outcomes-based approach

Implement
Support implementation of the plan

Review
Review and reflect on the work of the partnership

Step 1: Raise awareness
Step 2: Harness support
Step 3: Establish or strengthen a partnership
Step 4: Create a shared understanding of how you will work
Step 5: Create a vision
Step 6: Take an ecological approach
Step 7: Collect information
Step 8: Make sense of the information
Step 9: Plan the difference you want to make
Step 10: Consider the evidence
Step 11: Plan how you will make the difference
Step 12: Develop a work plan
Step 13: Make the plan happen
Step 14: Monitor delivery of the plan
Step 15: Check on the partnership
Step 16: Collect and analyse data
Step 17: Report on achievements
Step 18: Consider next steps

PLATFORMS: Centre for Community Child Health
Kids in Communities Study

KICS model

Measuring community level factors that may be influencing children’s development in 5 key domains or environments:

- Social capital environment
- Service environment
- Governance environment
- Physical environment
- Socio-demographic environment
State and federal government policies

Local Government
**Governance domain:**
Governance structures & policies

Community
**Social domain:**
Social capital, neighbourhood, attachment, crime, trust, safety

**Service domain:**
Quantity, quality, access and coordination of services

**Physical domain:**
Parks, public transport, road safety, housing

Family
**Socio-economic domain:**
Community SES

Child

Kids in Communities Study
Goldfeld at al
Social Indicators, 2014
## Environments of influence

<table>
<thead>
<tr>
<th>Domains/Environments</th>
<th>Key proposed indicator areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Parks, public transport, road safety, housing</td>
</tr>
<tr>
<td>Social</td>
<td>Social capital, neighbourhood attachment, crime, trust, safety</td>
</tr>
<tr>
<td>Socio-economic</td>
<td>Community SES, Community demographics</td>
</tr>
<tr>
<td>Service</td>
<td>Quality, quantity, access, coordination</td>
</tr>
<tr>
<td>Governance</td>
<td>Citizen engagement, governance structures and policies</td>
</tr>
</tbody>
</table>
State and federal government policies

Local Government

*Governance domain:*
Governance structures & policies

Community

*Social domain:*
Social capital, neighbourhood, attachment, crime, trust, safety

*Governance domain:*
Citizen engagement

*Service domain:*
Quantity, quality, access and coordination of services

*Physical domain:*
Parks, public transport, road safety, housing

Family

*Socio-economic domain:*
Community SES

Child

Kids in Communities Study
Goldfeld at al
Social Indicators, 2014
Service efficiency: the Blue Sky Project (Vic DET)
Blue Sky Project

The re-engineered system

Child

Decision to seek assistance/support

Universal platform — maternity, MCH nursing, kindergarten, school, GP

Central knowledge point

Response elements assessment, coordination, customer service

No wait list

GP

Maternity and child health

Community health

Daycare/preschool

Kinder and school

Welfare services

Disability services

Allied health services

Child protection

Out of home care

ECIS

Speech pathology

Audiology

Occupational therapy

Physiotherapy

Psychology

Service

Assessment

Referral

How

Feedback

*Under mandatory reporting laws, all services can refer directly to Child Protection
Reducing Inter-generational Social Disadvantage in Australia
Stacking interventions...

<table>
<thead>
<tr>
<th>Antenatal</th>
<th>Early childhood education and care</th>
<th>School-based early intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antenatal support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Targeted at parents-</td>
<td>• Targeted at all kids (in groups)</td>
<td>• Targeted at kids (in groups and 1:1) who are learning-disadvantaged. Target schools and individuals</td>
</tr>
<tr>
<td>• early intervention of</td>
<td>• High quality for all children</td>
<td></td>
</tr>
<tr>
<td>modifiable risk factors</td>
<td>• Delivered out of home in a “pseudo-home-learning environment”</td>
<td></td>
</tr>
<tr>
<td>e.g. smoking, alcohol,</td>
<td>• Outcomes: children on optimal developmental (cognitive and social-emotional) pathway - success at school</td>
<td></td>
</tr>
<tr>
<td>mental health</td>
<td></td>
<td>• School-based</td>
</tr>
<tr>
<td>• Centre-based</td>
<td></td>
<td>• Outcomes: Children on optimal learning pathway by year 3</td>
</tr>
<tr>
<td>• Outcomes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Healthy baby weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Good brain health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- “Adequate parenting”</td>
<td></td>
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</tr>
</tbody>
</table>

| **Sustained nurse home-       | **Parenting programs**           |                                 |
| • Targeted at disadvantaged   | • Centre-based programs, targeted at parents whose children have behavioural issues (higher prevalence in disadvantaged families) |                                 |
|     parents; health and       | • Delivered in groups or 1:1      |                                 |
|     development support       | • Outcomes: specific emerging    |                                 |
| • Home-based                  |     behavioural issues are       |                                 |
| • Outcomes: parents develop   | remedied                         |                                 |
|     parenting skills          |                                   |                                 |
Our intent is to measure which on-the-ground factors are driving the gap between effort and outcomes.

**Effort**
- Magic 5 standards and dosages

**Outcomes**
- Outcomes in target populations

**1. Quantity**
- Are the services available locally in sufficient quantity, relative to the size of the target population?

**2. Quality**
- Are the services delivered with sufficient quality, relative to defined performance standards?

**3. Take-up**
- Are the services used by the target population, at the right dosage?

**Contributing factors:**
- Policy settings
- Local leadership
- Awareness
- Funding
- Agreed standards
- Affordability and accessibility
- Appeal (motivation, peer pressure)
I'm sure glad the hole isn't in our end...
Equality of outcome is possible in Australia....
Two-year-old children on the ACIR who are fully immunised, by selected population groups, 2011

Source:
A Picture of Australia’s Children 2012
Australian Childhood Immunisation Register,
Not everything that seems good...is good
“My question is: Are we making an impact?”
"I think you should be more explicit here in step two."

S. L. Pepys
..but some things are!
PILLARS OF GROSS NATIONAL HAPPINESS.

A. EQUITABLE SOCIO-ECONOMIC DEVELOPMENT.
B. GOOD GOVERNANCE.
C. PRESERVATION OF CULTURE.
D. PRESERVATION AND ENHANCEMENT OF ENVIRONMENT.

HELP US DEVELOP OUR GNH COUNTRY.
‘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*
Many things we need can wait, the child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.

Gabriela Mistral
(1889-1957)
www.rch.org.au/ccch

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