Community based early childhood initiatives: From services to systems

Professor Frank Oberklaid
September 8, 2012

What the research tells us

- The early years of a child's life are critical in impacting on a range of outcomes through the life course

- The environment experienced by a young child literally sculpts the brain and establishes the trajectory for long term cognitive and social-emotional outcomes

- Many problems in adult life have their origins in pathways that begin in childhood, often in the early years.

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

The importance of relationships

- Nurturing and responsive relationships build healthy brain architecture that provides a strong foundation for learning, behaviour and health

- The relationships a young child has with their caregiver(s) literally sculpts the brain and influences the development of neural circuits

- When relationships are dysfunctional, levels of stress hormones increase - this interferes with formation of healthy neural circuits, and disrupts brain architecture

Adversity

Any adversity that impacts on the parents or caregivers has the potential to have a negative impact on brain development in the young child and therefore act as a risk factor for the health and development of the child
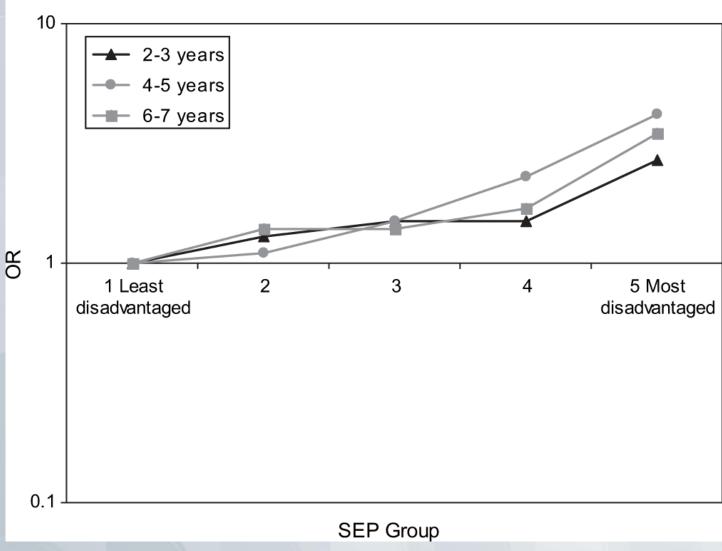
Early adversity

- Leads to changes in DNA (methylation)
- 'Biological embedding of environmental events' *(Hertzmann)*
- Affects the development of biological systems
  - Immune
  - Cardiovascular
  - Metabolic regulatory
- What appears to be a social situation is likely to be a neurochemical situation - intergenerational nature of disadvantage and social exclusion
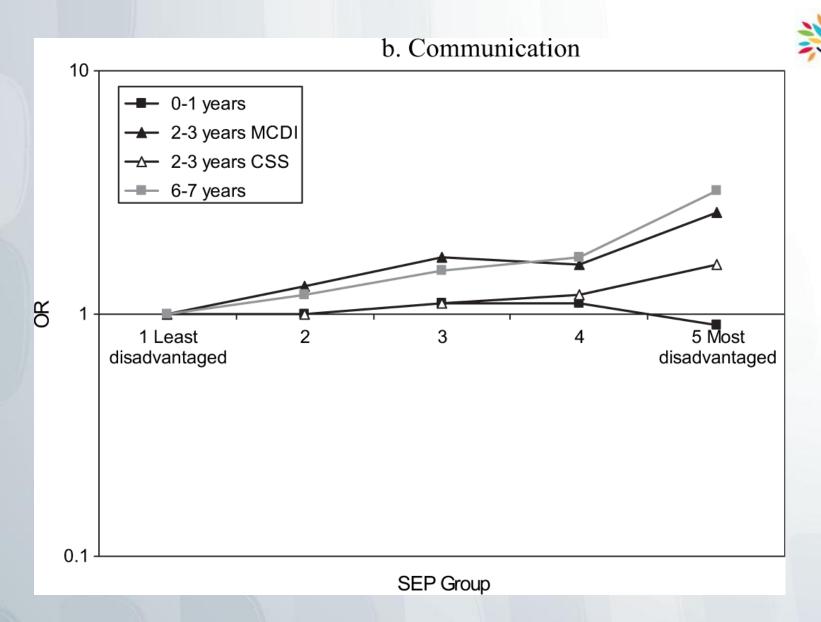
Risk factors in the child's environment

- *Parents and family*: include low parental education, parental mental illness, social isolation, poverty and its associations - poor housing and poor access to services

- *Community*: include quality of and access to services, child care and early education, schooling, support for parents, extent and quality of intervention services
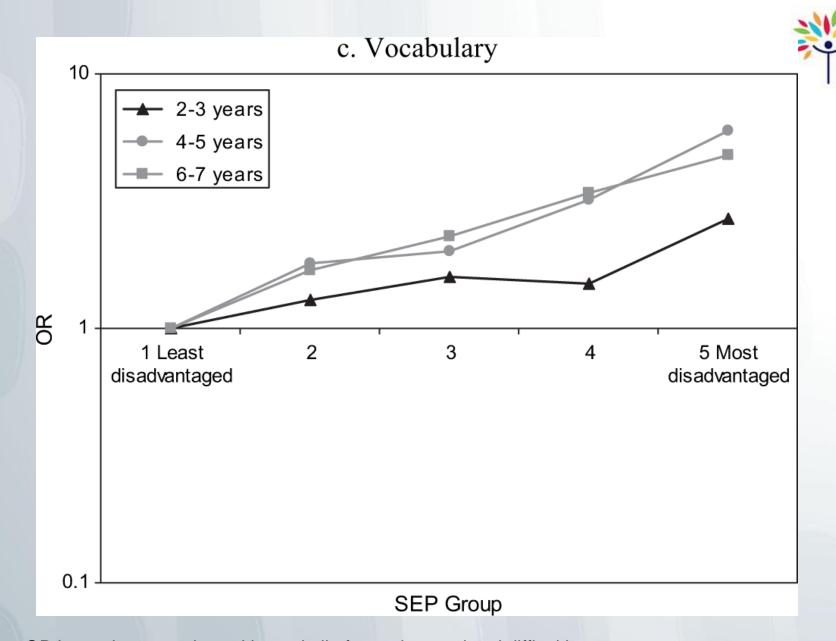
a. Socio-emotional difficulties

OR by socioeconomic position quintile for socio-emotional difficulties
Nicholson JM, Lucas N, Berthelsen D, et al. *J Epidemiol Community Health (2010),* doc 10.1136/jech.2009.103291

b. Communication

OR by socioeconomic position quintile for socio-emotional difficulties

c. Vocabulary

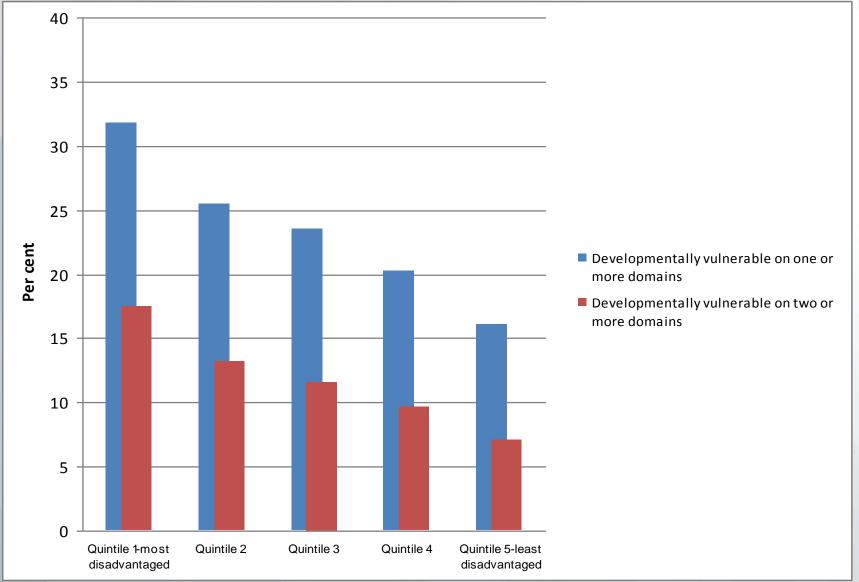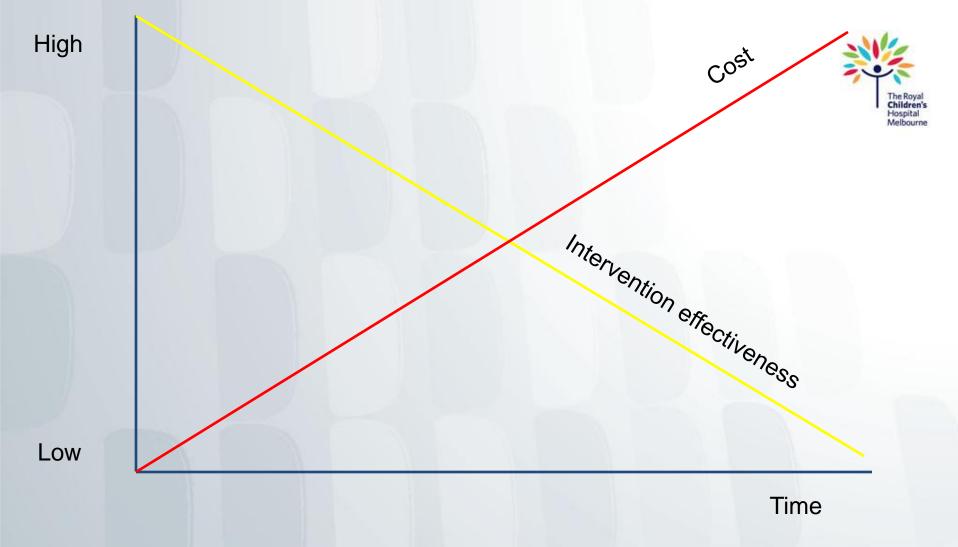OR by socioeconomic position quintile for socio-emotional difficulties
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Key Findings

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

	DV ≥ 1 domains (%)	DV ≥ 2 domains (%)
Australia	23.3	11.7
New South Wales	21.2	10.2
Victoria	20.1	9.9
Queensland	29.2	15.6
Western Australia	24.3	12.0
South Australia	22.5	11.4
Tasmania	21.7	10.8
Northern Territory	36.3	22.1
Australian Capital Territory	21.9	10.8

Results: Socio-economic status

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

So what do we do?

'For every complex problem there is a simple solution, and it's usually wrong.'

- HL Mencken

More - if only there were more…

- Speech pathologists
- Educational psychologists
- Social workers
- Mental health professionals
- Family support workers
- Occupational therapists
- Preschool teachers
- Early childhood professionals

Better quality - if only we could…

- Improve professional practice
- Provide better training for professionals
- Have better trained staff
- Devise better interventions
- Have better schools, curriculum, teaching methods

Many examples of good to excellent programs

- Healthy Steps, Head Start, Early Head Start, Families First, Good Beginnings, New Start, Sure Start, Bright Futures, Home visiting, etc

- *Problems* - small numbers, difficulty of going to scale (cost, efficacy vs effectiveness), program fidelity, competing models, sustainability, one size fits all, no local ownership, outcomes drift, lack of efficacy data ('the biblical method of evaluation'), sustainability

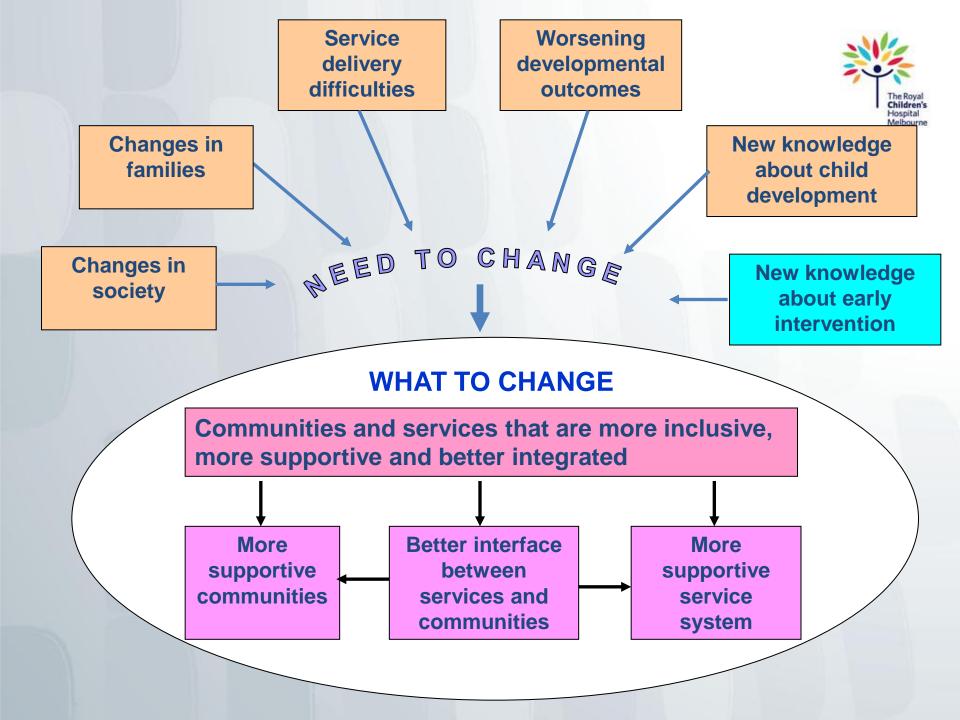- *PLUS* – focus only on service system

'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

'I do not give a fig for simplicity this side of complexity, but would give the earth for simplicity on the other side of complexity.'

- *Albert Einstein*

Service delivery difficulties

Worsening developmental outcomes

New knowledge about child development

Changes in families

Changes in society

NEED TO CHANGE

New knowledge about early intervention

WHAT TO CHANGE

Communities and services that are more inclusive, more supportive and better integrated

More supportive communities

Better interface between services and communities

More supportive service system
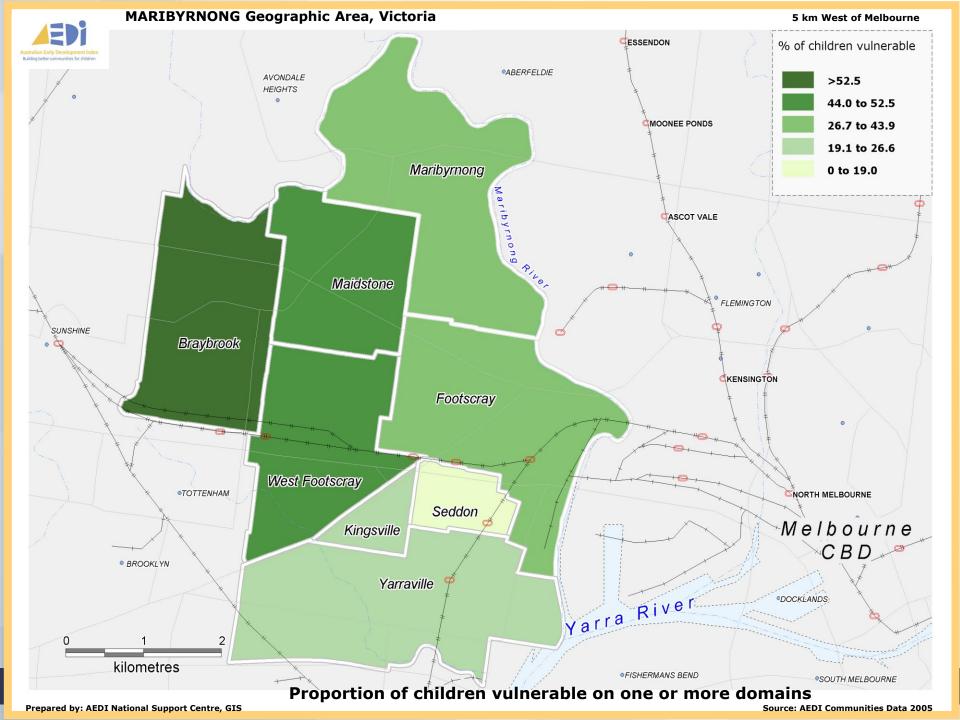
An ecological approach

The road to reform

- Data and information - epidemiology of need, demographics, service mapping, resources and assets, workforce
- Local partnerships
- Strategy - develop a local plan
- Reform service delivery - evidence, focus on outcomes, integrated services
- Change in practice
- Build capacity - sustainability

% of children vulnerable

■	>52.5
■	44.0 to 52.5
■	26.7 to 43.9
■	19.1 to 26.6
■	0 to 19.0

Proportion of children vulnerable on one or more domains

AEDI Community Profile Summary
MARIBYRNONG Geographic Area, Victoria

Proportion of children developmentally Vulnerable (%)

Average Scores (0-10)

Suburb	No	Phys	Soc	Emo	Lang	Com	Vul 1	Vul 2	Phys	Soc	Emo	Lang	Com
Braybrook	103	21.1	18.9	18.9	23.2	41.1	52.6	34.7	8.00	7.08	7.12	8.46	5.63
Footscray	93	10.5	3.5	12.8	4.8	15.1	26.7	14.0	8.86	9.17	8.46	9.23	8.75
Footscray West	97	15.4	13.2	9.9	14.6	20.9	44.0	18.7	9.00	8.33	8.08	9.62	8.13
Kingsville	21	5.0	10.0	5.0	5.0	15.0	20.0	10.0	9.32	9.38	8.56	9.42	8.44
Maidstone	56	9.8	21.6	9.8	24.0	31.4	47.1	29.4	8.64	7.50	7.31	8.65	6.25
Maribyrnong	32	3.4	13.8	6.9	0.0	27.6	34.5	10.3	9.09	9.58	9.23	8.85	8.75
Seddon	39	2.6	5.1	2.6	10.3	5.1	15.4	5.1	10.00	9.79	9.42	10.00	10.00
Yarraville	139	2.9	8.1	3.7	4.5	11.8	19.1	5.9	9.55	9.17	8.82	10.00	9.38

Centre for Community Child Health

"I still don't have all the answers, but I'm beginning to ask the right questions."

Fragmentation of services

Blue Sky Project-Melton South

Blue Sky Project –DEECD Megan Leuenberger

Linking services

Child health information

Family support

Childcare

Child protection agency

School

Early intervention programs

Parenting programs

Kindergarten

Pediatrician

Preschool

Disability services

Children's library services

Integrating services

Child health information

Family support

Childcare

Child protection agency

School

Child & Family Hub

Early intervention programs

Parenting programs

Kindergarten

Pediatrician

Preschool

Disability services

Children's library services

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	☑			☑		☑	☑	

Tiered service system

TERTIARY OR SPECIALIST SERVICES → Children with additional needs

SECONDARY OR TARGETED SERVICES → Vulnerable children

UNIVERSAL SERVICES → All children

Universal and Specialist Services: Existing system

```
         ┌─────────────────┐
         │    TERTIARY     │
         │   SPECIALIST    │
         │    SERVICES     │
         └─────────────────┘
              ▲
    ┌─────────────────────┐
    │     SECONDARY       │
    │      SUPPORT        │
    │     SERVICES        │
    └─────────────────────┘
              ▲
┌───────────────────────────────┐
│                               │
│     UNIVERSAL SERVICES        │
│                               │
└───────────────────────────────┘
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Location:

- Specialist services are usually located separately
- Children / families have to go to where the specialist services are, rather than vice versa

Referral arrangements:
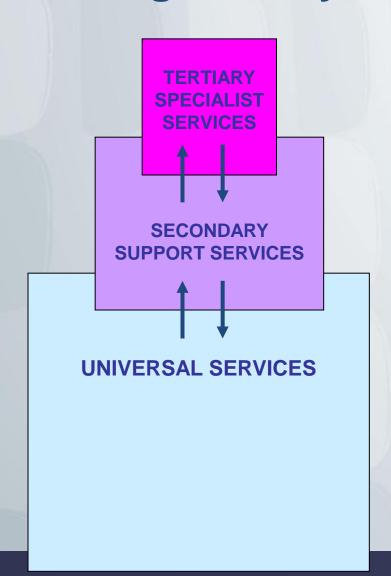
- Children have to meet eligibility criteria
- There are more children needing support than the specialist services can accept
- This results in bottlenecks and some children not receiving help at all

Information flow:

- IInformation tends to flow one way only – from the universal services to the specialist
- Collaboration between specialist and universal services is limited

Universal and Specialist Services: An Integrated System

TERTIARY SPECIALIST SERVICES

SECONDARY SUPPORT SERVICES

UNIVERSAL SERVICES

Location:

- Specialist services have outreach bases co-located with universal services
- Specialist services provide at least some support in family and early childhood settings

Referral arrangements:

- Specialist services work directly with some 'eligible' children, and provide consultant support for all others
- Specialist services also provide consultant support to universal services on a broad range of child and family issues

Information flow:

- Information flows both ways between universal and specialist services
- Specialist and universal service providers collaborate as equal partners

Old approach

- The needs of the individual child are addressed in isolation
- Policies are focused on fixing individual deficits - offer specific interventions or treatments
- Strict eligibility requirements - categorical
- Resources allocated only when problems become severe enough to warrant attention
- Policy criteria - dollar amounts allocated
- Services delivered in narrow departmental silos
- Services are office based

New approach

- Prevention and early intervention focus
- Holistic intervention and support
- Respond flexibly to family and community needs in coordinated approach
- Reach out to families
- Offer drop in services
- Increased community and consumer participation
- Focus on outcomes
- Innovative funding and accountability arrangements

New approaches based on key elements

- Community collaboration and shared accountability
- Outcomes based accountability, rather than present focus on process and delivery targets
- Innovative financial strategies - pooled resources between agencies with flexibility to achieve local priority outcomes
- Systematic training of professionals to work differently and in partnership
- Build capacity in communities
- Good data collection - at local, regional and national level - to benchmark progress

The Platforms concept

- Builds on the notion that in the early years young children and their families make contact on numerous occasions with a range of community providers - child care, MCH nurses, GPs, preschools, schools

- Reframe these visits into a 'platform' where parents are supported, and concerns elicited and responded to

- This provides the best opportunity both to support parents and detect emerging problems and risk factors at an early stage

Aims of Platforms

- Strengthen capacity of the existing service system

- Improve coordination and access to services

- Re-orient services to prevention and early intervention.

- Develop earlier identification and responses to child and family issues

- Improve professional practice through systematic training of professionals and community organisations.

- Encourage greater flexibility of services, evidence-based and family-centred practice, and outcomes focus

Platforms

1. **Start** – *get started*

2. **Build** – *a comprehensive early childhood community partnership*

3. **Learn** - *about the community*

4. **Plan** – *plan for change using an outcomes based approach*

5. **Implement** – *support implementation of the plan*

6. **Review** – *review and reflection on the work of the partnership*

Platforms

- **Start -** *get started*
  - 1. Raise awareness
  - 2. Harness support
- **Build** – *a comprehensive early childhood community partnership*
  - 3. Establish or strengthen a partnership
  - 4. Create a shared understanding of how you will work together
  - 5. Create a vision

Platforms

- **Learn** - *about the community*
  - 6. Take an ecological approach
  - 7. Collect information
  - 8. Make sense of this information
- **Plan** – *plan for change using an outcomes based approach*
  - 9. Plan the difference you want to make
  - 10. Consider the evidence
  - 11. Plan how you will make the difference
  - 12. Develop a workplan

Platforms

- **Implement** – *support implementation of the plan*
  - 13. Make the plan happen
  - 14. Monitor delivery of the plan
  - 15. Check on the partnership
- **Review** – *review and reflection on the work of the partnership*
  - 16. Collect and analyse data
  - 17. Report on achievements
  - 18. Consider next steps

PHASE 1: RAISING AWARENESS

Objectives	• Disseminating research related to early childhood development • Analysing implications for policy, service delivery and professional practice
Resources	• **CCCH Policy Briefs** These summarize current research that is related to early childhood development and makes policy recommendations informed by research findings. • **Seminars, workshops and media** Various seminars and workshops are held in the community promoting the importance of ECD and appropriate media coverage of ECD is supported. • Websites Information and resources for professionals (www.rch.org.au/ccch and www.ecconnections.com.au) and parents (www.raisingchildren.net.au)

Hospital
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Resources	• **CCCH Guide to Community Engagement** Guidelines and resources to help communities refocus services by improving linkages and coordination between different service types (e.g. child health and child care services), and emphasizing prevention and early intervention. • **CCCH Guide to Planning, Implementing and Evaluating Community Initiatives** A guide to using an outcomes-based approach to planning, implementing and evaluating community initiatives to improve services and supports for young children and their families. • **Australian Early Developmental Index (AEDI)** A teacher-completed questionnaire that assesses key domains of a child's functioning considered important for 'school readiness'; it is completed by teachers in the first year of a child's formal schooling.

Hospital Melbourne

Resources	• **CCCH Guide to Integrated Service Delivery** A guide to planning and implementing the structures and processes needed to support local integrated service delivery

CCCH translation

Aimed at

- Governments and policy makers
- Service managers - local government, NGOs
- Professionals - GPs, paediatricians, MCHNs, child care workers, teachers
- Parents
- Media

'Closing the gap between what we know and what we do'

Translating the research to policy and practice

What outcome do we want?	What strategies do we use?	How do we do it?

Policy makers are using the best evidence to develop policy	Synthesise the evidence for government and other stakeholders	• Publications:
		    • Policy briefs
		    • Research snapshots
		• Literature Reviews to inform policy and program development

	Advocacy for the evidence by representation on government committees and advisory groups	• Victorian Children's Council • National Community Child Health Council • National Framework for Protecting Australia's Children
	Engage policy makers	• Policy roundtables e.g. Place-based approaches for children • Seminar series

	Policy related research	• Policy and program development/evaluation
		    • Evaluation of Maternal and Child Health 3 year evaluation
		    • Development of the model for Early Childhood
		• Place-based initiatives development and evaluation

Translating the research to policy and practice

What outcome do we want?	What strategies do we use?	How do we do it?

Practitioners and service providers are utilising the evidence in their practice with families and children	Resource development promoting the evidence base	• Develop websites e.g. Lets Read, Linking Schools and Early Years
		• Publications:
		    • Grow and Thrive -targeting childcare/preschool and schools
		    • Community Paediatric Review-targeting community nurses and MCH
		• Platforms Service Redevelopment Framework: A place-based framework to improving children's outcomes

	Training and development for practitioners	• Family Partnership Training • Platforms service development training • Linking schools and early years training • PEDS Training • Sleep training • Infant Sleep Training program • LEAP and HopSCOTCH training • Baby Business training • APRN Allergy Study training
	Demonstration research projects and pilots	• Northern Territory Integrated Service Development Action research • Tasmanian Child and Family Centres Action research

Translating the research to policy and practice

What outcome do we want?	What strategies do we use?	How do we do it?
Families are able to provide optimal environments that support healthy child development	Parenting information	• National Parenting website Raising Children Network • Monthly page views ~1,000,000, unique visitors per month ~440,000 • Let's Read parent materials • Parent fact sheets distributed through publications and clinics
	Proactive media and strategic communication strategies	• Media strategy timed with release of new content on Raising Children Network and publications topics • Development of the "Frameworks" project which merge the science of early childhood with the science of communication
	Work with services	• Disseminate evidence and work with services to better meet the needs of children and families • Seminar series

POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

The Royal **Children's** Hospital Melbourne

Childhood Mental Health: Prevention & Promotion

Good mental health is essential for children's learning, social development, self-esteem, and resilience to stress throughout the life-course. Over half a million Australian children have significant mental health problems, a concern that has been recognised by the Coalition of Australian Governments (COAG, 2006). This Policy Brief addresses how to reduce the high prevalence of child mental health problems and how services can improve in supporting children and families to prevent further mental health problems from developing.

Childhood mental health problems are defined in this Brief as *externalising problems* - aggression, oppositional defiance, and attention deficit hyperactivity disorder, and *internalising problems* - anxiety and depression.

Why is this issue important?

Children's mental health problems have high human and financial costs for families and society in both the short and long term (Barlow & Stewart-Brown, 2000; Bor et al, 2004; Carr, 2000; Sanders et al, 2000). Costs include social problems and learning difficulties, along with costs of clinical treatment and remedial education services. Children's mental health problems often continue into adolescence and adulthood, adding further costs such as school dropout, substance abuse, poor vocational outcomes, family violence and suicide, along with sick leave, unemployment and criminal justice services. Adult mental health problems then affect the next generation of children. For example children whose parents have depression and anxiety are six times more likely to develop these problems themselves (Beardslee & Wheelock, 1994; Biedel & Turner, 1997).

"Good mental health is essential for children's learning, social development, self-esteem, and resilience to stress throughout the life-course...."

The NHMRC has identified mental health as a priority area, consistent with WHO (2006) reports that mental health problems represent 13% of the total disease burden. By 2020 depression is projected to reach second place in the ranking of disability adjusted life years for all ages (DALYs).

What does the research tell us?

How common are mental health problems for children?

Difficulties with child behaviour such as tantrums, aggression, and frequent night waking are common in the first few years of life. For some children these behaviours are transient and can be considered part of normal development. However 30% of Australian parents report problems with managing such behaviours in the preschool years (Armstrong & Goldfeld, 2004). If left untreated, up to 50% of preschool behaviour problems evolve into mental health problems (Campbell, 1995; Prior et al, 2001). In the 2000 National Mental Health and Wellbeing survey, 14.1% of children (half a million children) aged 4-17 years had significant mental health problems, including 12.9% with externalising problems and 12.8% with internalizing problems (Sawyer et al, 2000). The rate of mental health problems for Aboriginal children is higher at 24% (Zubrick et al, 2005).

What contributes to the development of children's mental health problems?

The younger the child, the more vulnerable the brain is to environmental influences affecting risk and resilience (Hertzman, 1999). Experiences in the early years shape the development of young children's brains in ways that have long lasting effects (NSCDC, 2004, 2005). Mental health problems can emerge at any time, from as early as infancy (Cytryn & McKnew, 1996; Luby et al, 2004).

Childcare and children's health

Dads want to 'be there' for their children – Childcare staff can help them 'get there'

There is a growing tendency in society for fathers to become more involved with their infants and small children. However, many men face difficulties when they try to put into practice their own notions of modern, nurturing fatherhood: to 'be there' for their children. Lack of role models, support systems, and paternity leave are examples of such obstacles. Early childhood professionals have a unique opportunity to encourage fathers' involvement with their children by actively encouraging and including men in all care-related issues.

In most western societies there is a trend for fathers to be more involved in childrearing even if women usually remain the primary caregivers, i.e. spend most time with the children and related chores. Interviews with 'expectant' fathers in several countries have revealed that men want to 'be there' for their children more than their own fathers, who were perceived as often absent and uninvolved. However, many men are faced with the lack of role models and support from their environment – they have to construct the notion and practice of good fatherhood for themselves without obvious examples to follow.

Historically, the father-ideal has gone through different phases – from moral teacher and disciplinarian, through breadwinner, gender-role model and 'buddy', to the 'new-age', nurturing, co-parenting father. An increasing number of couples opt for a more equitable position with regard to parenting and demands are being made for better parental leave policies, including paid leave for fathers. Because of these social changes, many of the assumptions and expectations about fatherhood might have to be reconsidered: we must be open to new interpretations of fathers' roles and places in their children's lives.

Researchers today talk about factors that are of importance in determining paternal involvement: **motivation** (or interest), spousal and other **social support, self-confidence,** the acquisition of **practical skills,** and **institutional practices,** such as paternity leave. The more these circumstances are satisfied the better are fathers' chances to be involved and stay involved with their children: to truly 'be there' for them. Early childhood professionals have a unique opportunity to help fathers to 'get there' by actively supporting men in these areas.

Naturally, fathers have to feel the need to be involved in their children's lives themselves. However, **motivation** needs to be fuelled. A father who is not encouraged to participate in everyday tasks or to take part in health care routines may eventually lose some of his motivation.

Actively encouraging fathers to visit the Maternal and Child Health Nurse and directing questions to them as well as to ▶

The Royal **Children's** Hospital Melbourne

THE WORLD'S GREATEST

explorers and scientists wear nappies!

raising children network
the australian parenting website

search [   ] GO

GROWN-UPS
all ages

Looking after yourself
Family management
Returning to work
Stress

NEWBORNS
0-3 months

Breast or bottle?
Colic
Baby equipment
Sleep patterns

BABIES
3-12 months

Night feeds
Ready for solids?
Crying
Talking

TODDLERS
1-3 years

Discipline
Toilet training
Fussy eating
Play ideas

PRESCHOOLERS
3-5 years

Praise
Healthy food
Nightmares
Television

SCHOOL AGE
5-8 years

Bedtime routines
Breakfast
Lunch boxes
Activities for school kids

Parenting in pictures

Visual guides on essential information such as how to put baby to bed safely.
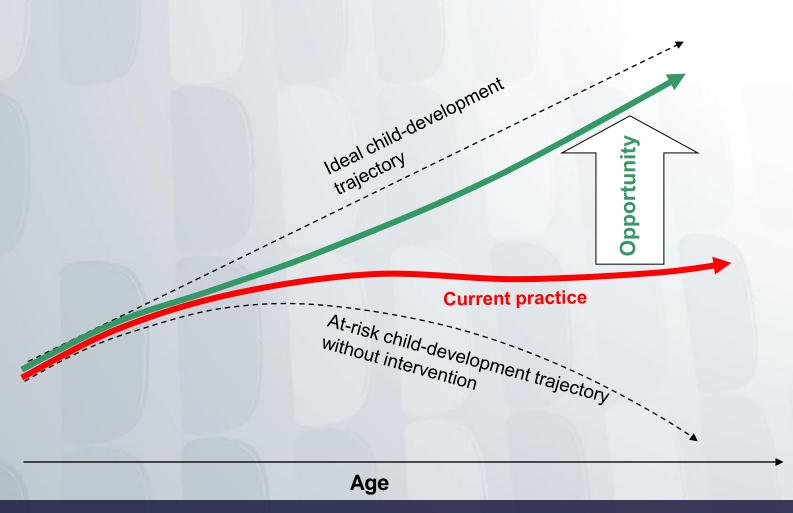
Parents like me

▸ Indigenous parents

▸ Dads

Proudly supported by

Developmental health - Aims

Ideal child-development trajectory

Opportunity

Current practice

At-risk child-development trajectory without intervention

Age

A focus on early childhood - two complementary agendas

- The present (ethical and moral) - how can we use this knowledge to nurture, protect and ensure the wellbeing of all young children?

- The future (economic, social and political) - how can we use this knowledge to maximise the development of human capital – a different and arguably more important form of infrastructure?

Sustainable solutions *(Dr. Julius Richmond)*

1. Knowledge base
2. Political will
3. Social strategy

'Nothing hard is ever easy'

- *Don Berwick - 1998*

Leadership

'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
  Chilean Nobel Literature Laureate

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- www.rch.org/ccch