ECD and Equity: Opportunities to change children’s chances

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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

Impact of adversity early in life

3. UNEQUAL OUTCOMES FOR AUSTRALIAN CHILDREN
Antenatal
(a) See Appendix 1 Methods for explanation of socioeconomic status (SES).

Note: Remoteness and socioeconomic status based on mother’s usual place of residence.
Sources: Laws & Hilder 2008; AIHW National Perinatal Data Collection, unpublished data.

**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)

Domain Vulnerability by SEIFA

Percent vulnerable

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

Most Disadvantaged
3
Least disadvantaged

SEIFA
Disadvantage begins early in life ....

AED1 developmental scores of 5 year olds: Australia, 2009
69% of NT Indigenous children score below national minimum standard.
Secondary school
Social background & reading literacy (PISA 2000)

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
Map: City of Hobart suburbs

- Lenah Valley
- Lenah Valley surrounds
- Mount Stuart
- New Town
- North Hobart
- Hobart/Glebe/Battery Point/Dynnyrne
- South Hobart
- Sandy Bay
- Fern Tree/Ridgeway
- Mount Nelson/Tolmans Hill
Map: Number and percentage of children developmentally vulnerable – SEIFA score
Map: Number and percentage of children developmentally vulnerable – Attended a pre-school program

Legend: Lowest percentile band, 2nd percentile band, 50th percentile band, 90th percentile band, Highest percentile band
Map: Number and percentage of children developmentally vulnerable – Vulnerable on one more domains.
Maps: Number and percentage of children developmentally vulnerable on each domain

Legend: Lowest percentile band to Highest percentile band

Physical Health and wellbeing

Social Competence

Emotional Maturity

Language & Cognitive Skills

Communication
‘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
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

Equity
Equality
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
Ecology
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
Source: NHMRC CRE in Child Language, 2014
Percent: AEDI Vulnerability by Indigenous and SEIFA (2009)

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

2-5%

10-15%

100%

Low need

Targeted high intensity

Universal low intensity
Tiered system of universal service delivery

- High need
  - 2-5%
  - 10-15%
  - 100%

- Targeted high intensity

- Universal low intensity

- Low need
Tiered system of universal service delivery

- High need
  - Targeted high intensity
  - 2-5%
  - 10-15%
  - 100%
- Low need
  - Universal low intensity
Tiered system of universal service delivery

High need

2-5%

10-15%

100%

Low need

Targeted high intensity

Universal low intensity
A national sustained nurse home visiting trial to promote family wellbeing and child development

A research collaboration between the Australian Research Alliance for Children and Youth (ARACY), the Centre for Health Equity Training Research and Evaluation (CHETRE) and the Centre for Community Child Health (CCCH)
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 kindergaren program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Most disadvantaged</td>
<td>39.1%</td>
<td>28.6%</td>
<td>31.9%</td>
</tr>
<tr>
<td>2</td>
<td>34.3%</td>
<td>25.5%</td>
<td>22.3%</td>
</tr>
<tr>
<td>3</td>
<td>32.2%</td>
<td>23.5%</td>
<td>20.5%</td>
</tr>
<tr>
<td>4</td>
<td>29.1%</td>
<td>20.3%</td>
<td>17.7%</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
Maps: Number and percentage of children developmentally vulnerable on each domain

Legend: Lowest percentile band — Highest percentile band

- Physical Health and wellbeing
- Social Competence
- Emotional Maturity
- Language & Cognitive Skills
- Communication
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
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
## 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, neighbourhhod, 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

Child

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

The re-engineered system

Decision to seek assistance/support

Universal platform — maternity, MCH nursing, kindergartens, 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

ECS
Speech pathology
Audiology
Occupational therapy
Physiotherapy
Psychology

*Under mandatory reporting laws, all services can refer directly to Child Protection

Service
Assessment
Referral
Flow
Feedback
Reducing Inter-generational Social Disadvantage in Australia
Stacking interventions...

<table>
<thead>
<tr>
<th>Antenatal</th>
<th>Early childhood</th>
<th>School years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 2 years</td>
<td>2 – 5 years</td>
<td>(0-5 years)</td>
</tr>
</tbody>
</table>

1. **Antenatal support**
   - Targeted at parents—early intervention of modifiable risk factors eg smoking, alcohol, mental health
   - Centre-based
   - Outcomes:
     - Healthy baby weight
     - Good brain health
     - Appropriate care
     - “Adequate parenting”

2. **Sustained nurse home-visiting**
   - Targeted at disadvantaged parents; health and development support
   - Home-based
   - Outcomes: parents develop parenting skills

3. **Early childhood education and care**
   - Targeted at all kids (in groups)
   - High quality for all children
   - Delivered out of home in a “pseudo-home-learning environment”
   - Outcomes: children on optimal developmental (cognitive and social-emotional) pathway - success at school

4. **Parenting programs**
   - Centre-based programs, targeted at parents whose children have behavioural issues (higher prevalence in disadvantaged families)
   - Delivered in groups or 1:1
   - Outcomes: specific emerging behavioural issues are remedied

5. **School-based early intervention**
   - Targeted at kids (in groups and 1:1) who are learning-disadvantaged. Target schools and individuals
   - School-based
   - Outcomes: Children on optimal learning pathway by year 3
Our intent is to measure which on-the-ground factors are driving the gap between effort and outcomes

<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
<th>Take-up</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magic 5 standards and dosages</td>
<td>• Are the services available locally in sufficient quantity, relative to the size of the target population?</td>
<td>• Are the services delivered with sufficient quality, relative to defined performance standards?</td>
<td>• Are the services used by the target population, at the right dosage?</td>
<td>Outcomes in target populations</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indigenous status</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>90-99</td>
</tr>
<tr>
<td>Indigenous</td>
<td>80-90</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>90-99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remoteness</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>90-99</td>
</tr>
<tr>
<td>Inner regional</td>
<td>90-99</td>
</tr>
<tr>
<td>Outer regional</td>
<td>80-90</td>
</tr>
<tr>
<td>Remote/very remote</td>
<td>70-80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SES</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest SES areas</td>
<td>90-99</td>
</tr>
<tr>
<td>Highest SES areas</td>
<td>70-80</td>
</tr>
</tbody>
</table>

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."
..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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