PROMOTING THE DEVELOPMENT AND WELL-BEING OF CHILDREN DURING THE EARLY YEARS: WHAT SCHOOLS, EARLY CHILDHOOD SERVICES AND COMMUNITIES CAN DO

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OUTLINE

• Importance of the early years
• How children learn
• Factors adversely affecting development
• Factors that promote positive development
• Where we are now
• What we need to do
• Place-based approaches
• Community engagement
• Conclusions
PRENATAL DEVELOPMENT

• Until recently, there had been a scientific misconception that the placenta provides a barrier for the growing foetus that protects it from the mother’s physical and emotional environment.

• We now know this is not the case – the placenta does not protect the child against drugs, alcohol, smoking, environmental toxins or maternal stress.

• Moreover, instead of being a passive bystander in the womb during the pregnancy journey, the foetus actively responds to changes within the intrauterine environment.

• This is an example of the biological mechanism of developmental plasticity by which organisms, in response to cues such as nutrition or hormones, adapt their phenotype to their particular environment.
PRENATAL DEVELOPMENT (cont)

• According to the developmental origins of health and disease (DOHaD) hypothesis, the foetus makes adaptations based on the nutritional and hormonal signals that cross the placenta.

• If the conditions are suboptimal, these adaptations can result in permanent alteration of the structure, physiology and metabolism of the offspring, thus laying a physiological basis for adult-onset disease.

• This kind of prenatal programming has long-lasting effects on later health (cardiovascular disease, type-2 diabetes, obesity and metabolic syndrome) and fertility.

• As a result, adult conditions such as coronary heart disease, stroke, diabetes, and cancer that were regarded solely as products of adult behavior and lifestyles are now seen as being linked to processes and experiences occurring decades before, in some cases as early as intrauterine life, across a wide range of impairments.
POSTNATAL DEVELOPMENT

• Previously, infants were thought of as needing loving care and protection but not as active learners or social partners – we now know that children come out of the womb primed to engage with their caregivers, who are in turn primed to engage with them.

• We now know that learning starts from birth and that learning and development are cumulative, with later development building upon earlier development.

• The proximal environments in which young children spend their time – physical, relational and learning environments – provide opportunities and experiences that shape development – there is no such thing as a non-learning environment.

• Children adapt to these environments – another example of developmental plasticity – in ways that optimise their functioning in the particular environment, but that may have long-term consequences for development, health and wellbeing.
**THE FIRST THOUSAND DAYS**

- The first 1000 days of life – the period from conception to end of second year – is the time of maximum adaptation / developmental plasticity
- An adult brain uses 25% of the body’s metabolic energy – an infant’s brain uses 60%
- Because plasticity is so demanding of energy, in general it is limited to an early phase of development because re-engineering the body after the phenotype has been fully developed is costly
NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS
FACTORS ADVERSELY AFFECTING DEVELOPMENT

- absence of positive relationships – insecure attachments
- adverse experiences
- neglect / abuse
- impoverished opportunities to participate
- overprotection
- inadequate nutrition
- environmental toxins

An added complication is that children are *differentially susceptible* to environmental experiences - while most children are ‘dandelion’ children who do well in most environments, a minority are ‘orchid’ children who flourish in positive environments but react particularly badly to negative environments
FACTORS ADVERSELY AFFECTING DEVELOPMENT (cont)

• The stressful experiences endemic to families living in poverty can alter children's neurobiology in ways that undermine their health, social competence, and ability to succeed in school and life.

• When children are born into a world where resources are scarce and violence is a constant possibility, neurobiological changes may make them hypervigilant, a helpful behaviour in the circumstances.

• However, these adaptive responses to chronic stress also make it harder for them to control their emotions, focus on tasks, and form healthy relationships, all disadvantages in situations, such as school and work, where they must concentrate and cooperate to do well.
WHAT ARE THE CONDITIONS THAT INFANTS AND CHILDREN NEED FOR THEIR OPTIMAL WELLBEING?

- **Responsive caregiving** – attunement, responsiveness
- **Attachment** – developing secure attachments to a small number of caregivers
- **Emotional functioning** – experiencing range of emotions / acknowledging emotions / listening to the body
- **Self-regulation and executive functioning** – importance of co-regulation
- **Meaningful participation** – experiencing agency
- **Social relationships** – experience with a range of adults and other children
- **Safety** - protection from social, physical, environmental harms
- **Security** - providing a safe place for exploration
CONDITIONS THAT INFANTS AND CHILDREN NEED FOR THEIR OPTIMAL WELLBEING (cont)

- **Resilience** – learning that relationship ruptures / failures / accidents can be overcome and how they can do this
- Children do not need cotton wool environments where they are never stressed and are totally protected from failure
- Instead, they need moderate stress in the form of freedom to explore and sometimes fail, as well as in the form of high expectations
- However, children also need some caregiver with whom they have a secure relationship who provides them with support whenever they face challenges or experience failures or temporary breakdowns in relationships
- ‘**Good-enough’ parenting** – children don’t need perfect parenting, but they do need a threshold-level of responsive caregiving
Gopnik contrasts two ways of being a parent:
In one, being a parent is like being a **carpenter**: the job is to shape the raw material of the child into a final product that will fit what you had in mind to begin with.

This prescriptive parenting picture is fundamentally misguided, from a scientific, philosophical, political and personal point of view. It’s the wrong way to understand how parents and children actually think and act, and it’s equally wrong as a vision of how they should think and act. It’s making life worse for children and parents, not better.

In the second approach, caring for children is like tending a garden, and being a parent is like being a **gardener**. When we garden, we create a protected and nurturing space for plants to flourish.
This accumulation of new knowledge about the impact of prenatal and early childhood experiences on health, wellbeing and development in later childhood and over the life-course must change how we view the early years.

It is no longer appropriate nor useful to view the first two or three years of life as a period to simply keep children healthy and safe, while allowing development to take its course until they reach school age.

Instead, we need to be taking steps to ensure that children are provided with early childhood environments and experiences that build attachments, competencies and skills from birth, and protect them from escalating chains of adverse experiences.
WHERE WE ARE NOW

• As a result of rapid social change, the world has become a more challenging and complex place, and the conditions under which families are raising children have changed.

• Families who are relatively well-resourced are better able to meet the challenges posed by altered social conditions. However, poorly-resourced families can find the heightened demands of contemporary living and parenting overwhelming.

• Gaps in family functioning are cumulative: the more advantaged families are initially, the better they are able to capitalise and build on the enhanced opportunities available, so that the gap between them and those unable to do so progressively widens.

• There is also an increase in the numbers of families with complex needs, and more pockets of intergenerational disadvantage, underachievement and poor health and developmental outcomes.
WORKING WITH VULNERABLE FAMILIES
WHERE WE ARE NOW (cont)

• Many children and families have benefited greatly from these changes, but a significant minority have not: there is evidence of worsening or unacceptably high levels of problems in a minority of children across all aspects of development, health and well-being.

• So far, efforts by governments and services to address the worst of these outcomes have not had any significant success.

• This is partly because the nature of the problems facing society have changed, with many of the most pressing problems being complex or ‘wicked’.

• These include problems such as child neglect and abuse, family violence, and obesity.

• Such problems cannot be successfully addressed by single services or interventions.
WORSERING DEVELOPMENTAL OUTCOMES

- Children of the Lucky Country?
  How Australian society has turned its back on children and why children matter.
  - Fiona Stanley, Sue Richardson, Margot Prior

- No Time to Lose
  The Wellbeing of Australia's Children
  - Edited by Sue Richardson & Margot Prior

- Our Kids
  The American Dream in Crisis
  - Robert D. Putnam

- The Health Gap
  The Challenge of an Unequal World
  - Michael Marmot

- Origins
  Early-life solutions to the modern health crisis
  - Susan Prescott

- Mismatch
  The Timebomb of Lifestyle Disease
  - Peter Gluckman & Mark Hanson

- The Story of the Human Body
  - Daniel Lieberman
  "I am of the view that this book is...undeniable...a significant contribution..."
The conditions in which people lead their lives … are the main influences on their health.

Good conditions of daily life, the things that really count, are unequally distributed, much more so than is good for anything, whether for our children’s future, for a just society, for the economy and, crucially, for health.

The result of unequal distribution of life chances is that health is unequally distributed.

Being at the wrong end of inequality is disempowering, it deprives people of control over their lives - their health is damaged as a result.

And the effect is graded – the greater the disadvantage the worse the health.
The 2016 Boyer Lecture Series titled Fair Australia: Social Justice and the Health Gap, will be delivered by Professor Sir Michael Marmot, President of the World Medical Association, Director of the Institute of Health Equity and a leading researcher on health inequality issues for more than three decades. Sir Michael’s lectures will explore the challenges faced by communities in solving issues around health inequality.

Living and working

Unemployment is bad for health, but work can damage health, too. When work is no longer the way out of poverty, health suffers.

Part of 2016 Boyer Lectures
WHAT WE NEED TO DO
In order to reduce the likelihood of poor long-term outcomes for children experiencing significant disadvantage, a multilevel, ecological approach to early intervention is required that involves programs, community and service system level changes as well interventions to address the structural (e.g. government policy) and wider social factors (e.g. societal attitudes and values) that impact either directly or indirectly on children and families.

WHAT WE NEED TO DO (cont)

To achieve better outcomes for children and families, we need to take action on three levels:

• ECEC and early intervention service level
• Community and system level interventions
• Societal and structural level interventions

Interventions targeted at one level only are unlikely to be successful at achieving significant and sustainable change amongst children and families experiencing significant disadvantage – we need to intervene at multiple levels simultaneously.

Moore & McDonald (2013)
Three levels of intervention

1. Child & family level
2. Community & system level
3. Structural & societal level

LEVEL 1: ECEC AND ECI SERVICE INTERVENTIONS

- **Provide high quality inclusive ECEC services for all children.** All children benefit from high quality services, but disadvantaged children do so the most (and are also most harmed by poor quality services.)

- **Blend early childhood care and education services.** These have traditionally been seen and run as separate forms of service, but should properly be recognised as a single form of service with a common curriculum.

- **Integrated child and family centres** – providing ECEC services, playgroups, facilitated playgroups, parenting programs, MCH and other health services, and evidence-based specialist intervention programs.

- **Create family-friendly early childhood service environments where parents can stay.** The right mix of social support, mother-child programs, and parenting programs contribute much to improving parental abilities to support their children’s learning.
LEVEL 2: COMMUNITY & SERVICE SYSTEM INTERVENTIONS

Community and system level interventions can take four forms:

• **Neighbourhood and community-level interventions.** Build rich, supportive and inclusive social networks and community environments for families of young children.

• **Service system interventions.** Build a strong universal service system that provides high quality, inclusive and well integrated child and family services.

• **Place-based approaches.** Collaborative efforts involving community members and services to address agreed issues within a defined geographic location.

• **Whole-of-community or ‘collective impact’ initiatives.** Comprehensive, collaborative, long-term, multi-level efforts to address simultaneously all the factors that affect child, family and community functioning in a defined a socio-geographic area.
COMMUNITY & SERVICE SYSTEM INTERVENTIONS

Neighbourhood and community-level interventions

• Building social capital in poor communities can be a more effective way of promoting children’s welfare than focusing on formal child protection and family support services and efforts to increase parenting skills and responsibilities.

• There are a number of general strategies that could be implemented to build social capital and reduce social isolation amongst families with young children including:

  — providing multiple opportunities for families of young children to meet
  — ensuring that streets are safe and easily navigable
  — ensuring that there is an efficient and affordable local transport system that gives families ready access to services and to places where they meet other families
SOCIAL NETWORKS AND COMMUNITY PRACTICE

Connected
Susan Pinker
The Surprising Power of Our Social Networks and How They Shape Our Lives

The Village Effect
Susan Pinker
Why Face-to-face Contact Matters

Consequential Strangers
Melinda Blau and Karen L. Fingerman, PhD
The Power of People Who Don't Seem to Matter... But Really Do

Beyond
Andrew Leigh
Andrew Leigh is a realtor - an economist who can crunch numbers and make them sing. A delight in a subject that matters.

The Abundant Community
Peter Block
Awakening the Power of Families and Neighborhoods

Community
Peter Block
The Structure of Belonging

Community Practice Skills: Local to Global Perspectives
Dorothy N. Gamble and Marie Well

Building Stronger Communities
Philip Hughes, Alain Block, John Kaldor, Karen Bellamy, Keith Castle
COMMUNITY & SYSTEM LEVEL (cont)

Service system interventions

• **Build a tiered system of services based on universal provision** – known as progressive or proportionate universalism

• **Create a better co-ordinated and more effective service system** by building stronger links with other child and family services

• **Improve the interface between communities and services** to ensure that the service system is better able to respond to emerging child and family needs

• **Improve the detection of emerging child and family problems** through more systematic use of surveillance and screening tools

• **Engage families and communities in planning and implementing services to meet their local needs.** Vulnerable parents make poorer use of available services than do more well-resourced families. One way to increase the use of services by such families is to engage them in the planning and delivery of services, a strategy that helps ensure that the services are located, designed, staffed and run in ways that vulnerable families are comfortable with.
PLACE-BASED AND WHOLE-OF-COMMUNITY APPROACHES
PLACE-BASED APPROACHES

- Place-based approaches involve collaborative efforts to address complex issues experienced within a geographic area such as a neighbourhood or district.

- At this stage, there is no definitive best-practice form of place-based approach, although there are certain core features shared by most models.

Core shared features include:

- a focus on a defined geographic area
- coordinated efforts to address agreed goals
- actions adapted to local conditions and needs
- a governance mechanism to facilitate joint planning
FORMS OF PLACE-BASED APPROACHES (cont)

Features on which the forms of place-based approaches differ include:

• the size and nature of the geographic area

• the age span – focusing on the early years only or ‘cradle to career’

• the extent to which the process is controlled by government and/or the service systems rather than involving community engagement and partnership

• the extent to which the focus is mainly on coordinating the service system rather than adopting a more comprehensive approach that also address the need for community support.
AUSTRALIAN PLACE-BASED INITIATIVES

Place-based collectives

• Go Goldfields (Bendigo, Vic)
• Logan Together (Brisbane, Qld)
• The Hive (Mt. Druitt, NSW)
• Stronger Families Alliance (Blue Mountains, NSW)
• Children’s Ground (Jabiru, NT)
• Tasmanian Child & Family Centres

Place-based research projects

• Blue Sky Research Project (MCRI)
• Creating the Conditions for Collective Impact (Griffith Uni)
PROGRAM LOGIC FOR PLACE-BASED INITIATIVES

*If* we build a partnership with all stakeholders and gain a collective commitment to an agreed set of goals for the community,

… *and* if we develop an action plan that improves the conditions under which families are raising young children, and provide families with direct services that address their needs,

… *and* if we implement the action plan in partnership with the families themselves and in a way that continuously adapts to emerging child and family needs,

… *and* if the strategies succeed in building the capacity of families and early childhood services to provide children with the care and experiences they need to flourish,

… *then* we will see improved outcomes for children.
EFFICACY OF PLACE-BASED INITIATIVES

• What this program logic makes clear is that building a place-based collaboration is only the first step: it’s what the collaborative group does that makes the difference.

• Building effective interagency and community partnerships is a challenging task, and is not inherently a good thing: it is only helpful if implemented well, and may make matters worse if done poorly.

• However, there is promising evidence that interagency and community partnerships improve professional practice and ensure better support at an earlier stage for children and families who need it.
LEVEL 3: SOCIETAL & STRUCTURAL INTERVENTIONS

There are three general forms of intervention at the ‘macro’ level:

• **Address the conditions under families are raising young children.** The current system of intervention and support services in developed countries such as Australia is predominantly geared towards responding to presenting problems rather than seeking to address the underlying causes that lead to families having problems in the first place.

• **Develop new ways of working in partnership with communities and services.** Rather than governments and services making all the decisions about what services are needed, what form they should take and where they should be located, these decisions need to be shared with the people who will use the services.

• **Raise public awareness regarding the nature and importance of the early years.** While many policy makers and professionals now appreciate the importance of the early years, the general public has yet to be persuaded that this is an area that we should be investing in.
EFFECTIVE COMMUNITY ENGAGEMENT STRATEGIES

Effective community engagement involves:

• starting from the communities’ own needs and priorities rather than those dictated from outside
• inviting and building local autonomy, giving leadership to people in the community and acting as a resource to them
• building the capacity of families and communities to meet their own needs more effectively
• having a flexible service system that can be tailored to meet local needs
• balanced partnerships between providers and consumers based on mutual trust and respect
• working with communities, not doing things for them or to them
• information sharing so that communities can make informed decisions
• providing communities with choices regarding services and intervention options
Murray (2010). **Fair Start:**
A Personalised Pathway for disabled children and their families
COMMUNITY ENGAGEMENT IN PRACTICE

• Community engagement is essentially a relational process that occurs at a local level – it involves professionals who represent services and service systems building personal relationships with community members and groups, based on mutual trust and respect.

• This provides the basis for all the other key aspects of community engagement – joint decision-making and capacity building.

• Community engagement requires having professionals whose role it is to build relationships with community groups – this could be either a dedicated role or as part of their more general professional responsibilities.

• The service system needs to be acting in a coordinated fashion, with effective communication and common goals – this is desirable in its own right, but also makes it easier for the system to engage the community.
COMMUNITY ENGAGEMENT IN PRACTICE (cont)

• For parent groups, community engagement involves parent groups meeting regularly with the professionals who represent the service system

• This means that parents need opportunities to meet on a regular basis – there is much greater likelihood of obtaining a good understanding of the collective views of community members if they already meet regularly and have opportunities to share experiences and develop emergent opinions about what they need

• Providing parents with opportunities to meet regularly has direct benefits for parents by building social networks, but also makes it easier for the community to engage with the service system.

• Efforts to engage communities are often initiated by governments and service systems, but may also be initiated by communities themselves
OUTCOMES OF DIFFERENT FORMS OF HELPING

**DOING THINGS THROUGH PEOPLE**
Partnership with shared agenda to promote child skills and participation

**DOING THINGS WITH PEOPLE**
Partnership between parents and professionals, shared power

**DOING THINGS FOR PEOPLE**
Charitable work, no expectation of parent doing anything or reciprocating

**DOING THINGS TO PEOPLE**
Directing, controlling, covert agenda to change people as you judge fit

Benefits for child and family, creating positive environments for all

Benefits for parent, building confidence, skills and self-reliance

Provide temporary relief, but no building of skills or self-reliance

Compliance or resistance, no building of skills or self-reliance

*Tim Moore (2014)*
AN EXEMPLARY COMMUNITY ENGAGEMENT PROJECT
The Tasmanian Child and Family Centres (CFCs) aim to improve the health and well-being, education and care of Tasmania’s very young children by supporting parents and enhancing accessibility of services in the local community.

They have been established in 12 disadvantaged communities across Tasmania through an extensive process of community engagement and empowerment.

The process of community engagement has been guided by a Learning and Development Strategy, funded by the Tasmanian Early Years Foundation and delivered by the Centre for Community Child Health.

The Learning and Development Strategy emphasises genuine engagement with the local community in the visioning, planning, design, implementation and functioning of the CFCs.

TASMANIAN CFCs: READINGS


CONCLUSIONS
SUMMARY AND CONCLUSIONS

- We need to rethink our support for parents during the first 1000 days of their children’s lives to ensure that the children are adapting to positive environments.

- To address the complex societal problems we are facing, we need to think ecologically – building more supportive communities and more family-friendly community environments.

- To meet the needs of families with complex problems, we need to provide them with opportunities to meet other families and build supportive networks.

- To be able to help vulnerable families and groups of families, we need to engage them in planning, running and evaluating services.

- We need to build better integrated, more flexible and more responsive service systems.
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