

ANNOTATION

Investing in the Early Years: Challenges and Opportunities for Victoria

Professor Frank Oberklaid

INTRODUCTION

The evidence for the major impact of the early years of life on a range of outcomes throughout the lifespan is now overwhelming.¹ Public policy in a number of jurisdictions is now being refocused and service delivery to young children and families is being reorganised to address these research findings; some service changes have been summarised in a previous issue of *Health of Victorians*.²

The evidence can be grouped into three themes. First, we now have a better understanding of the early influences on child development, both biological and environmental, and an appreciation of the various risk and protective factors that facilitate a favourable or adverse outcome. These factors point to the importance of a healthy and nurturing caretaking environment. From a policy and service delivery point of view, this means ensuring good antenatal care, good early nutrition, appropriate support for parents and families, quality child care and so on.³

Second, there is a growing body of evidence that patterns established early in life have long term consequences in areas such as literacy,⁴ crime prevention,⁵ mental health problems⁶ and adult health problems⁷ such as obesity, cardiovascular disease and diabetes.

Third, there is the demonstrated effectiveness of early intervention programs designed to change the balance of risk and protective factors early in life and to improve the developmental trajectory and subsequent life chances of children.^{3,7}

CHALLENGES IN APPLYING THE KNOWLEDGE TO PUBLIC HEALTH PRACTICE

While the evidence for the importance of the early years is clear, the challenge lies in choosing how best to translate this evidence into effective and sustainable population-based interventions, as well as ensuring clinical practice is informed by new knowledge. The evidence for the effectiveness of intervention with 'at-risk' cohorts of young children and their families comes from North America mostly, and we need to be cautious about directly translating these findings into an Australian context because we have different service delivery systems and different demographics.

Nevertheless, in the United States, Canada, the United Kingdom and now Australia, there is an emerging consensus about how to use this evidence to make a difference at a population level. All face challenges, however—not only in finding additional resources, but in bringing a more public health-oriented, better coordinated and whole-of-government approach to both policy and service delivery.

Effective interventions in early childhood have been shown to lead to improved outcomes in a number of domains across the lifespan: improved physical and mental health, fewer behavioural problems, better literacy, less likelihood of needing special assistance at school, decreased criminality, greater likelihood of being gainfully employed, and so on. These outcomes, along with the sort of community-based population approaches that have been shown to be effective, transcend any single government department or any single ministry. Investment in early childhood, with its subsequent anticipated benefits, calls for a whole-of-government approach.

Victoria, like other States in Australia, already has an existing infrastructure of services for children and their families. This has evolved over many decades, largely in an *ad hoc* manner and usually in response to demonstrated needs at the time. The services are staffed by well-trained and dedicated professionals committed to making a difference to the children and families with whom they work.

This is a very strong existing investment in the early years, and we need to understand how to build systems that strengthen the existing infrastructure of services. We also need to ensure these systems evolve to account for emerging research evidence as to the effectiveness of clinical and population interventions. These challenges are universal where there are existing services on the ground; a number of them are detailed in the following discussion.

Making services flexible and broader in scope

Secondary services designed to support and take referrals from the universal platforms often have a narrow focus as a result of the way in which they have been established over the years. Examples are found in the areas of child protection, family violence, parenting and so on. Risk factors cluster together, however, and evidence suggests that successful models of intervention

>Investing in the Early Years: Challenges and Opportunities for Victoria, continued from page 5

adopt a holistic approach that targets clusters of risk factors. This points to the need to 'broadband' services—that is, to group existing services with narrow eligibility requirements into broader, more flexible services.

Incorporating prevention and early detection as a focus for services

One of the challenges in funding preventive activities is that benefits may not be evident for some years, yet continued and ever-increasing demands for treatment services remain across the health and community sectors. But waiting until problems become established and entrenched is complex, costly and not often effective. There is a growing body of research documenting the effectiveness and the *cost-effectiveness* of a preventive and early detection/early intervention approach to addressing common problems of childhood.⁸ How can we reconcile an ever-increasing demand for treatment services with the need to focus on prevention and early detection?

Ensuring a well informed and skilled workforce of providers

Professionals working with young children and families need to offer interventions that have an evidence base as to their effectiveness and that are consistent with current knowledge. For professionals to do this, they require systematic, interdisciplinary training and a program of needs-based continuing education.

Improving the coordination of existing services

The existing service structure for young children and families is funded by an often-bewildering array of Commonwealth, State, local government, philanthropic and commercial agencies. There is considerable anecdotal evidence of fragmentation and duplication, and of children and families with additional needs who are unable to access services as a result of the often-narrow eligibility requirements of existing services.

Community ownership

Flexibility of service provision and improved coordination are more likely when there is local community ownership and when services are organised at a community level.^{9,10} With community responsibility for service delivery and the achievement of desired outcomes, services are also more likely to evolve according to changing service needs and new research findings.

Quality framework and evaluation

All community-based health services need to have a quality framework that focuses on both the delivery of care and, even more importantly, the outcomes for children and families. We need to have information, at a population level, on children's health and wellbeing. We also need to develop a focus on program evaluation, with a prerequisite of reliable and relevant data collec-

tion systems. We urgently need Australian data to tell us what works and what does not work; currently, Australian data are virtually non-existent. We have to understand more about the nature, timing, intensity and duration of interventions.

This means that we urgently need a research agenda and the allocation of adequate resources to begin to address some of these unknowns. We spend large amounts of money on service delivery; it seems reasonable to suggest that a specific budget allocation (perhaps a percentage of the sum invested in program delivery) be committed to research and evaluation. Such an investment will be repaid many times over in an improved understanding of which programs are effective and which are not.

THE ROAD MAP

It is one matter to understand the importance of the early years and resolve to do something; it is another matter entirely to know exactly what to do. There are many challenges, as indicated above. There does seem, however, to be an emerging consensus on an approach to service delivery that is informed by the research evidence.^{11,12}

A review of international practice suggests that 12 principles should underpin early childhood services (Table 1). Additional steps along the road include:

- Developing a database—that is, documenting the health status, problems, parental concerns and existing service use at State-wide, regional and community levels.
- Mapping existing services across departments and layers of government, at State, regional and community levels.
- Establishing mechanisms for better community governance in child health, which need to be built on existing and emerging initiatives aimed at improving community capacity, but with a focus on children and families.
- Developing clear and coherent public health policies directed at children and the early years, and specifying desired outcomes and measurable goals.
- Providing a strong and continued focus on outcomes rather than services and processes.

CONCLUSION

A focus on early childhood services addresses two complementary agendas.¹ The first is focused on the future and asks: how can society use the knowledge about early childhood development to maximise the development of the nation's human capital and ensure the ongoing vitality of its democratic institutions? The second is focused on the present and asks: how can the nation use

Table 1: Twelve principles of early childhood programs

1. Are built on the existing structure of community-based services for young children and their families.
2. Are sustainable over time.
3. Encourage partnerships, between parents and providers and between providers themselves.
4. Are multidisciplinary, realising that the issues relevant to young children and families transcend the expertise of any single discipline.
5. Are flexible, taking into account the individual needs of families and the differences between communities.
6. Are evidence based.
7. Have a quality framework.
8. Can be evaluated.
9. Are replicable.
10. Are informed by clearly articulated policy and measurable goals.
11. Are family centred.
12. Are delivered in a primary care setting and from a universal platform.

the knowledge to nurture, protect and ensure the well-being of all young children as an important objective in its own right, regardless of whether measurable returns can be documented in the future?

The first agenda speaks to society's economic, political and social interests; the second speaks to ethical and moral values. A consideration of these two agendas leads to the conclusion that providing resources for early childhood services should be seen as an investment rather than as expenditure. All the evidence suggests that it is perhaps the most cost-effective investment that a country can make.

REFERENCES

1. Shonkoff JP, Phillips DA, eds. *From neurons to neighbourhoods: the science of early childhood development*. Washington DC: National Research Council and Institute of Medicine, National

- Academy Press, 2000.
2. Catford J. Investing in the early years. *Health of Victorians* 2001;1:1-3.
3. Centre for Community Child Health. *A review of the early childhood literature*. Prepared for the Department of Family and Community Services as a background paper for the National Families Strategy. Canberra: 2000.
4. Bus A, Van Uzendoorn M, Pellegrini A. Joint book reading makes for success in learning to read: a meta-analysis on intergenerational transmission of literacy. *Review of Educational Research* 1995;65:1-21.
5. National Crime Prevention. *Pathways to prevention: development and early intervention approaches to crime in Australia*. Canberra: National Crime Prevention, Attorney-General's Department, 1999.
6. Raphael B. *Promoting the mental health and wellbeing of children and young people*. Canberra: National Mental Health Working Group, 2000.
7. Barker DJP. *Mothers, babies and diseases later in life*. London: BMJ Publishing, 1994.
8. Barnett WS. Long-term cognitive and academic effects of early childhood education on children in poverty. *Preventive Medicine* 1998;27:204-7
9. Oberklaid F. *The platforms strategy: a service development strategy for strengthening existing community-based services for young children and their families*. Melbourne: Centre for Community Child Health, 2001.
10. Glass N. *Sure Start: the development of an early intervention program for young children in the United Kingdom*. *Children and Society* 1999;13:257-64.
11. Oberklaid F. *Early childhood services: an Australian context*. Keynote address presented at The Critical Early Years Conference, Melbourne, November 2000.
12. Carter J. *Prevention partnerships*. Melbourne: Community Care Division, Department of Human Services, 2000.

Professor Frank Oberklaid OAM FRACP DCH MD is Director of the Centre for Community Child Health, Royal Children's Hospital, Melbourne.

Contact: Professor Oberklaid—Tel. 03 9345 5350, Fax 03 9345 5900, Email frankob@cryptic.rch.unimelb.edu.au