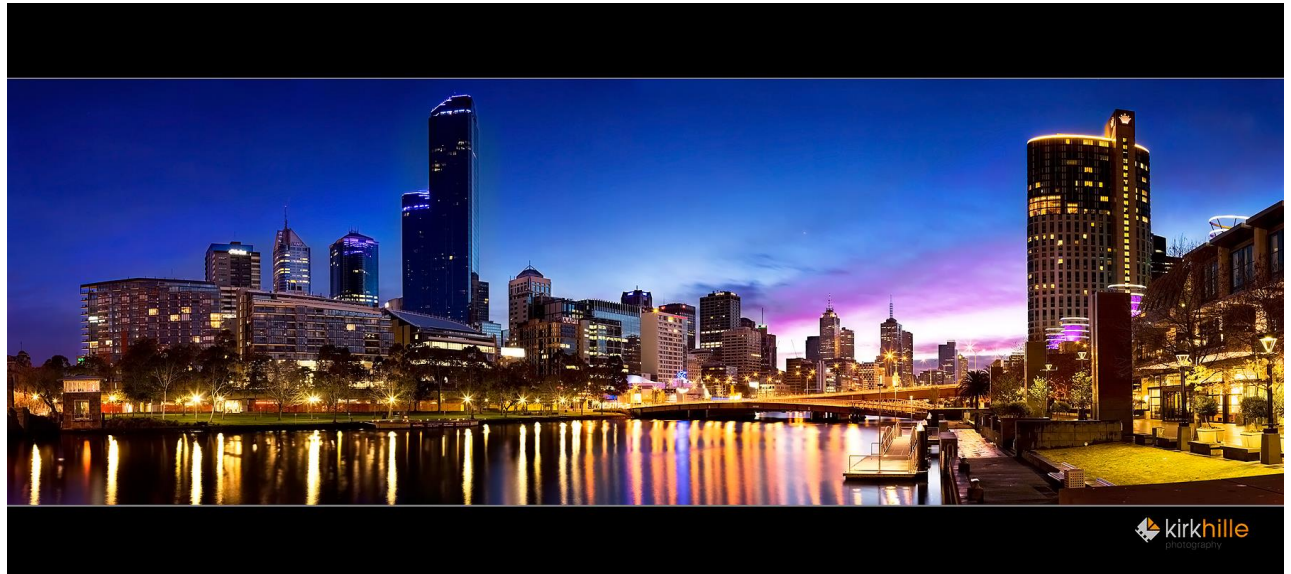
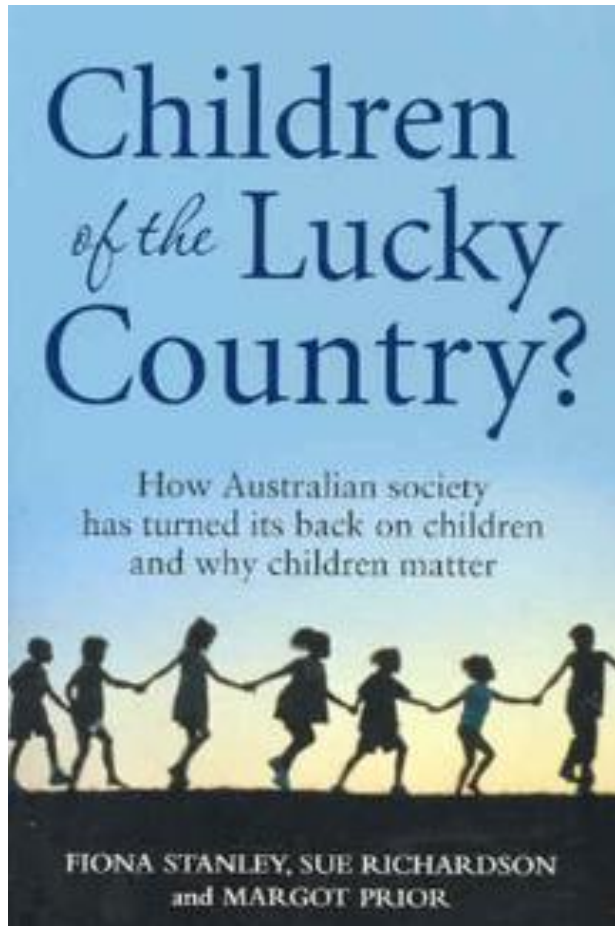


What is it about where you live that can make a difference to child development?

Montreal, 2017

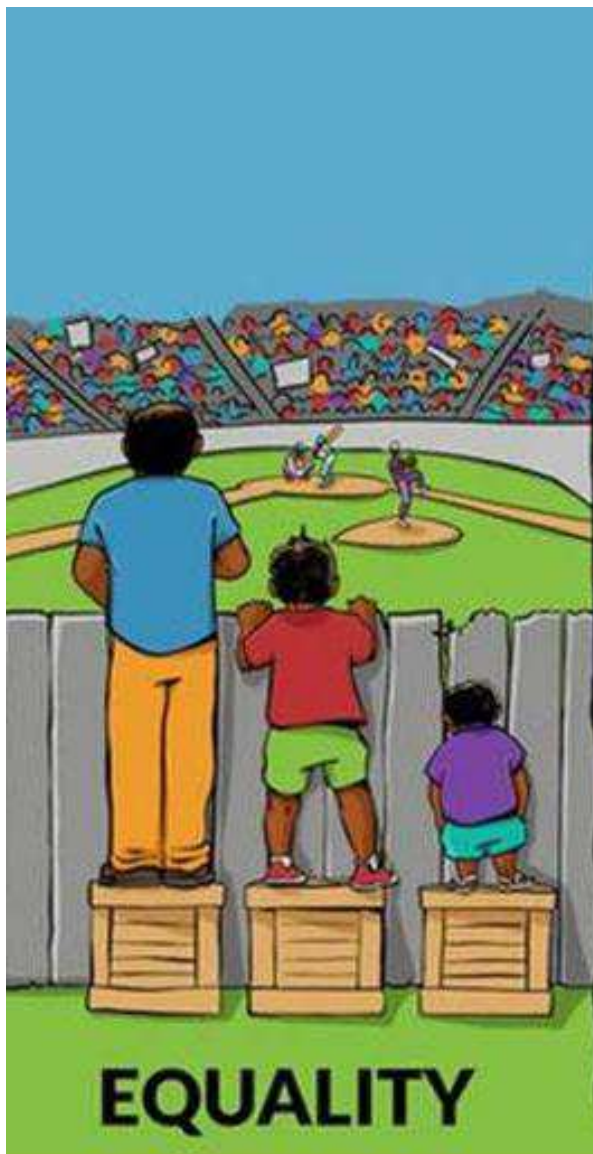
Professor Sharon Goldfeld
Deputy Director, Centre for Community Child Health, Royal Children's Hospital
Group Leader, Policy, Equity and Translation,
Murdoch Childrens Research Institute
NHMRC Career Development Research Fellow
sharon.goldfeld@rch.org.au



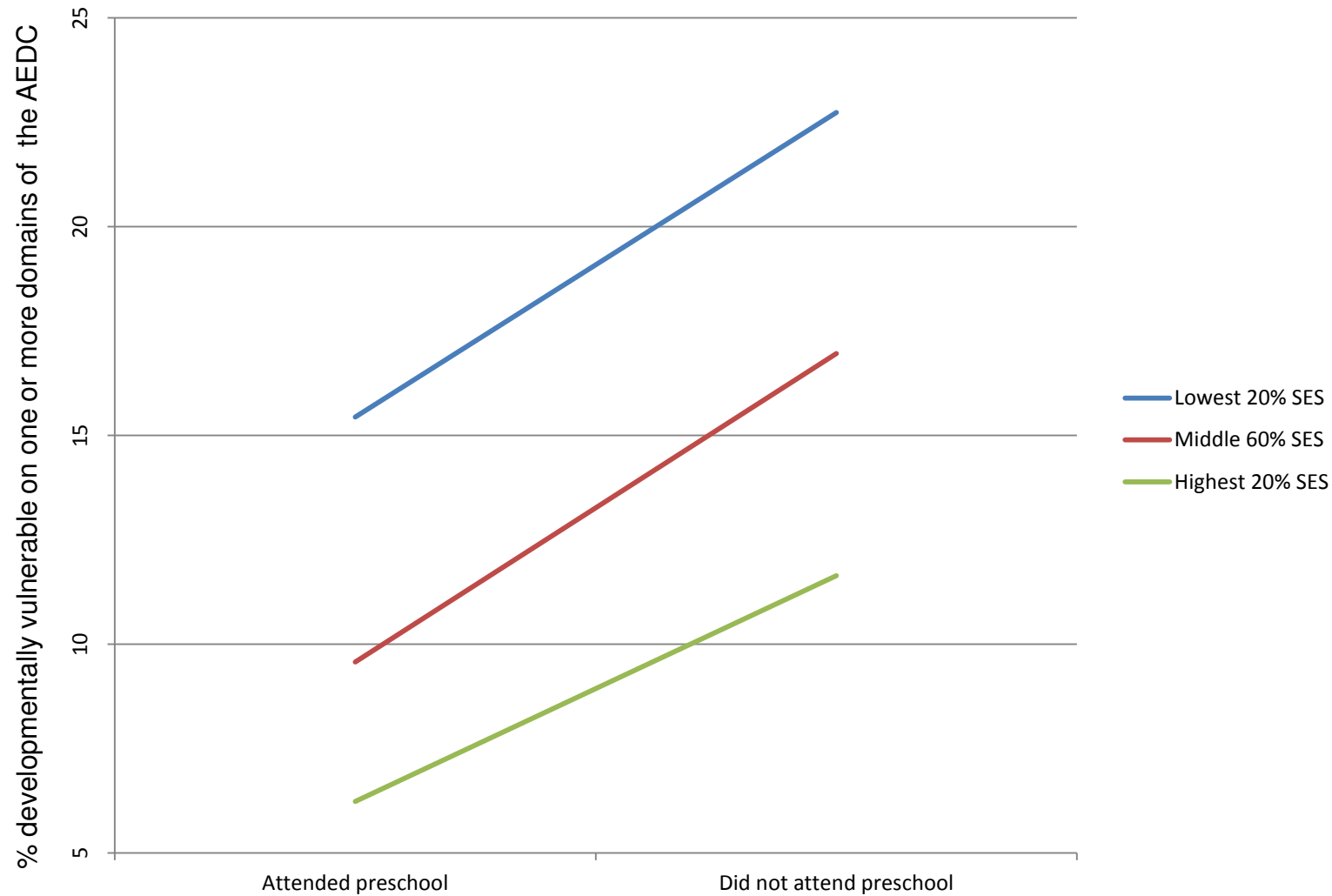


“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”

(Stanley, Richardson & Prior, 2005)

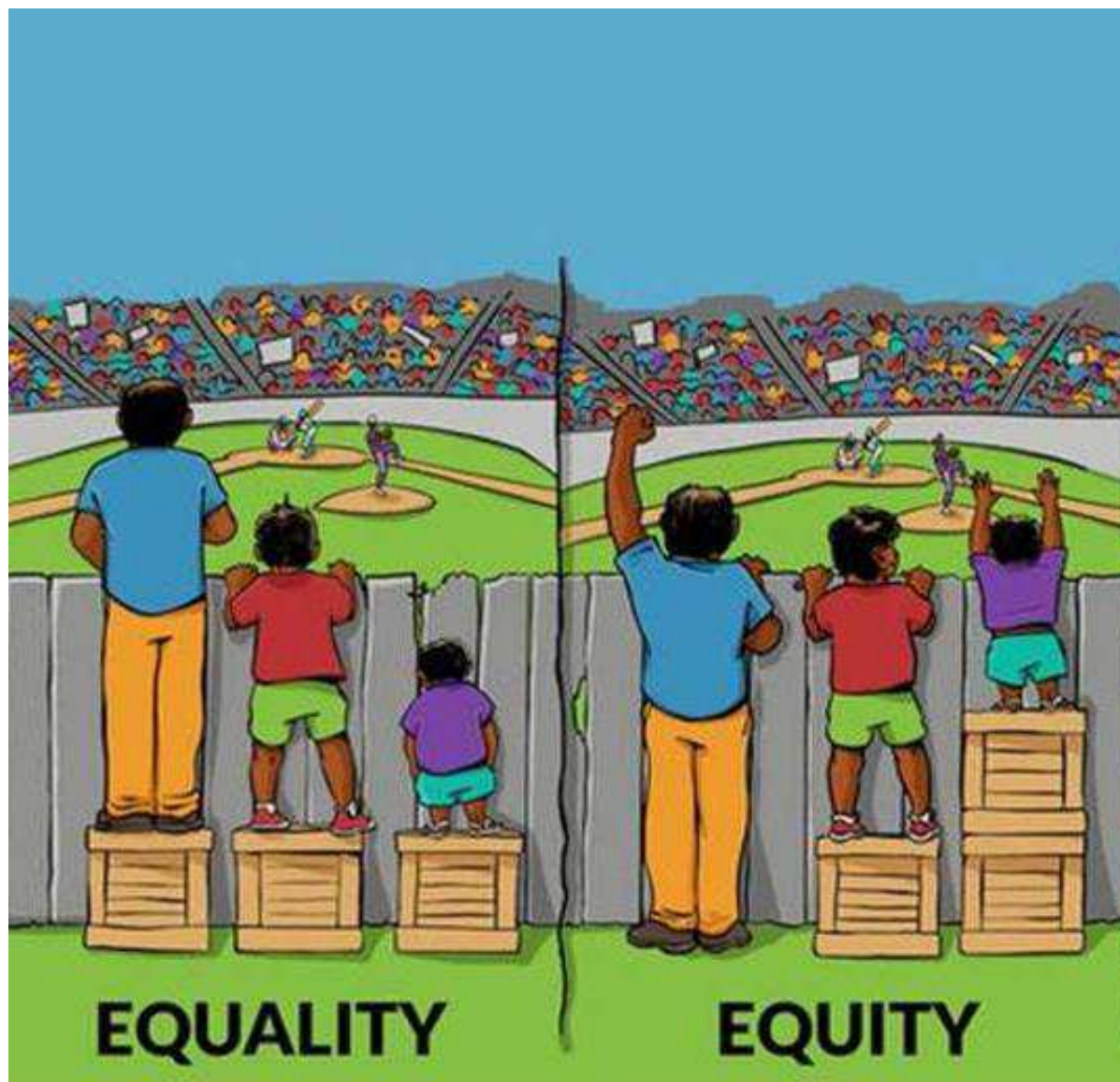


ECEC and child developmental vulnerability (AEDC)



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 AEDC domains.

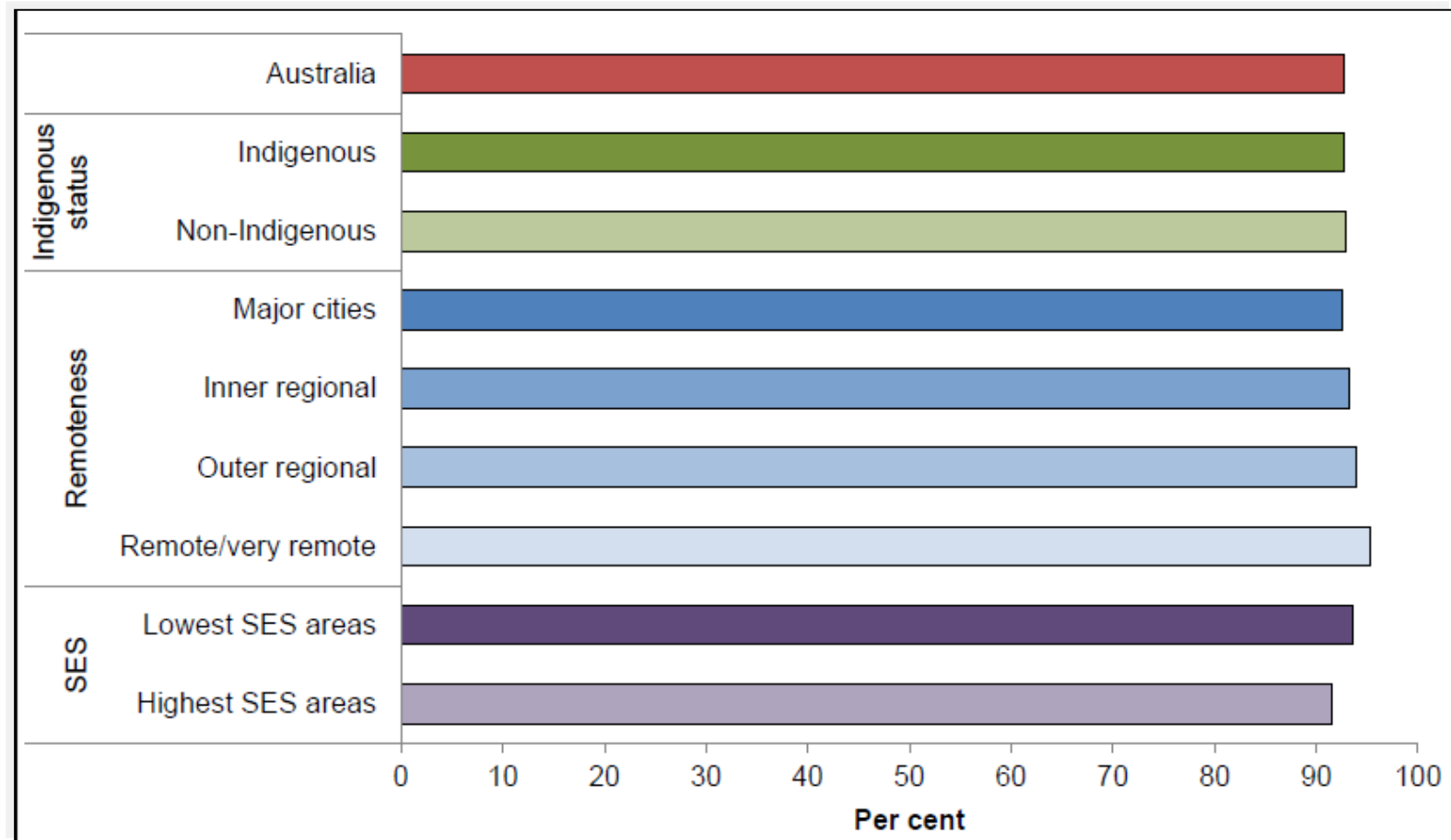
Goldfeld, S., O'Connor, E., O'Connor, M., Sayers, M., Moore, T., Kvalsvig, A., & Brinkman, S. The Role of Preschool in Promoting Children's Healthy Development: Evidence from an Australian Population Cohort. *Early Childhood Research Quarterly*.2015. doi: 10.1016/j.ecresq.2015.11.001 (AEDI)



EQUALITY

EQUITY

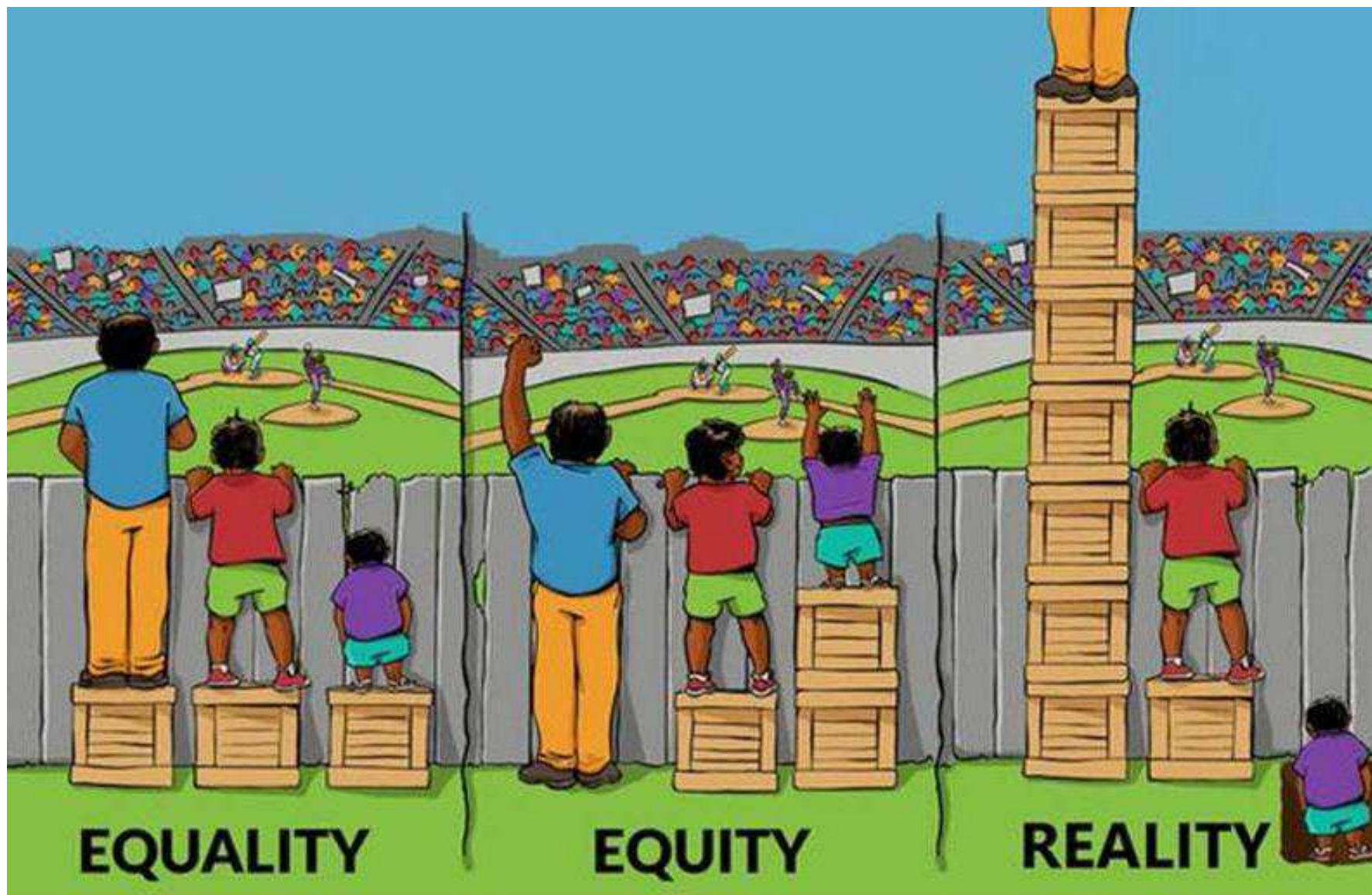
Two-year-old children on the ACIR who are fully immunised, by selected population groups, 2011

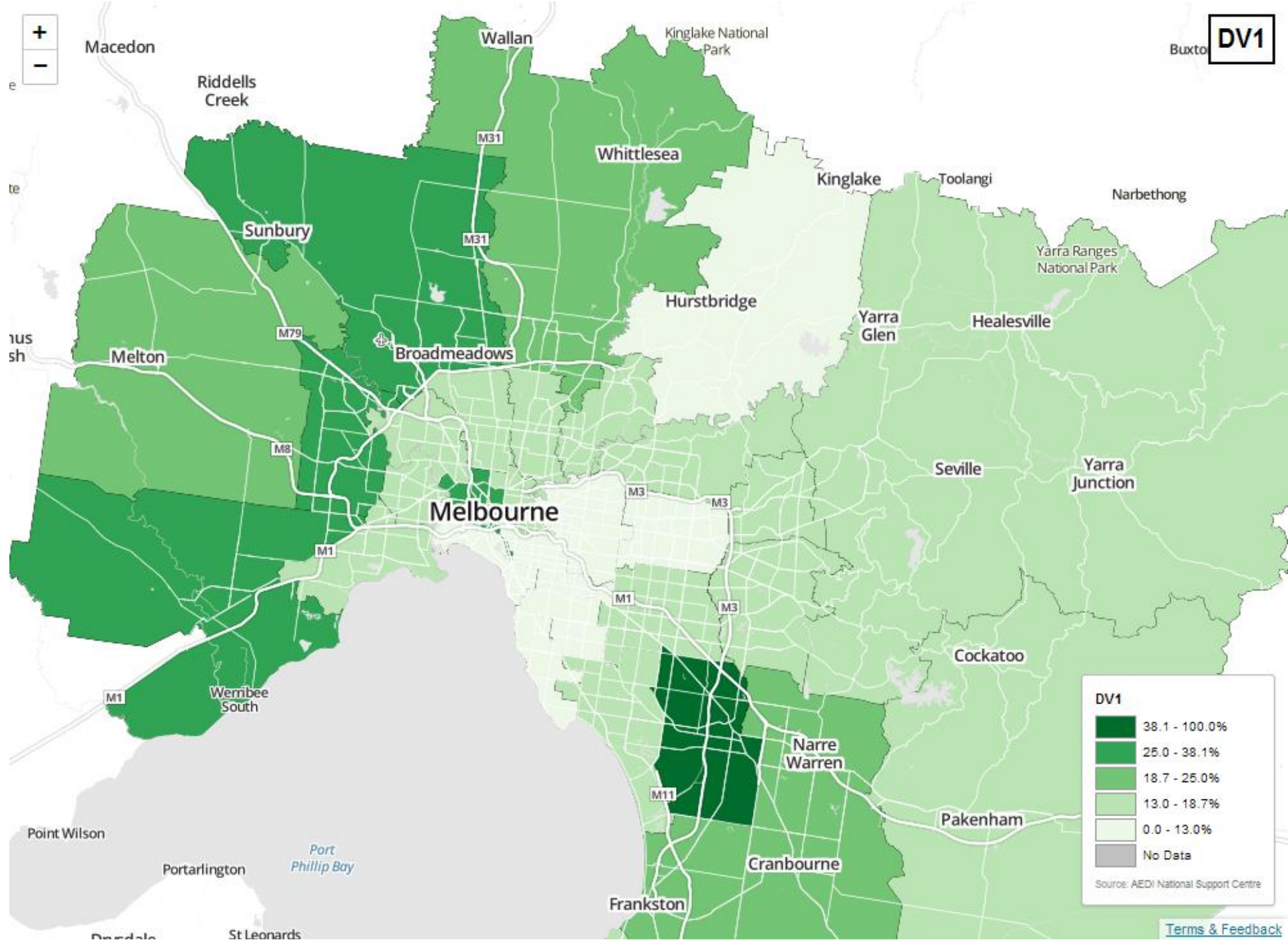


Source:

A Picture of Australia's Children 2012

Australian Childhood Immunisation Register,

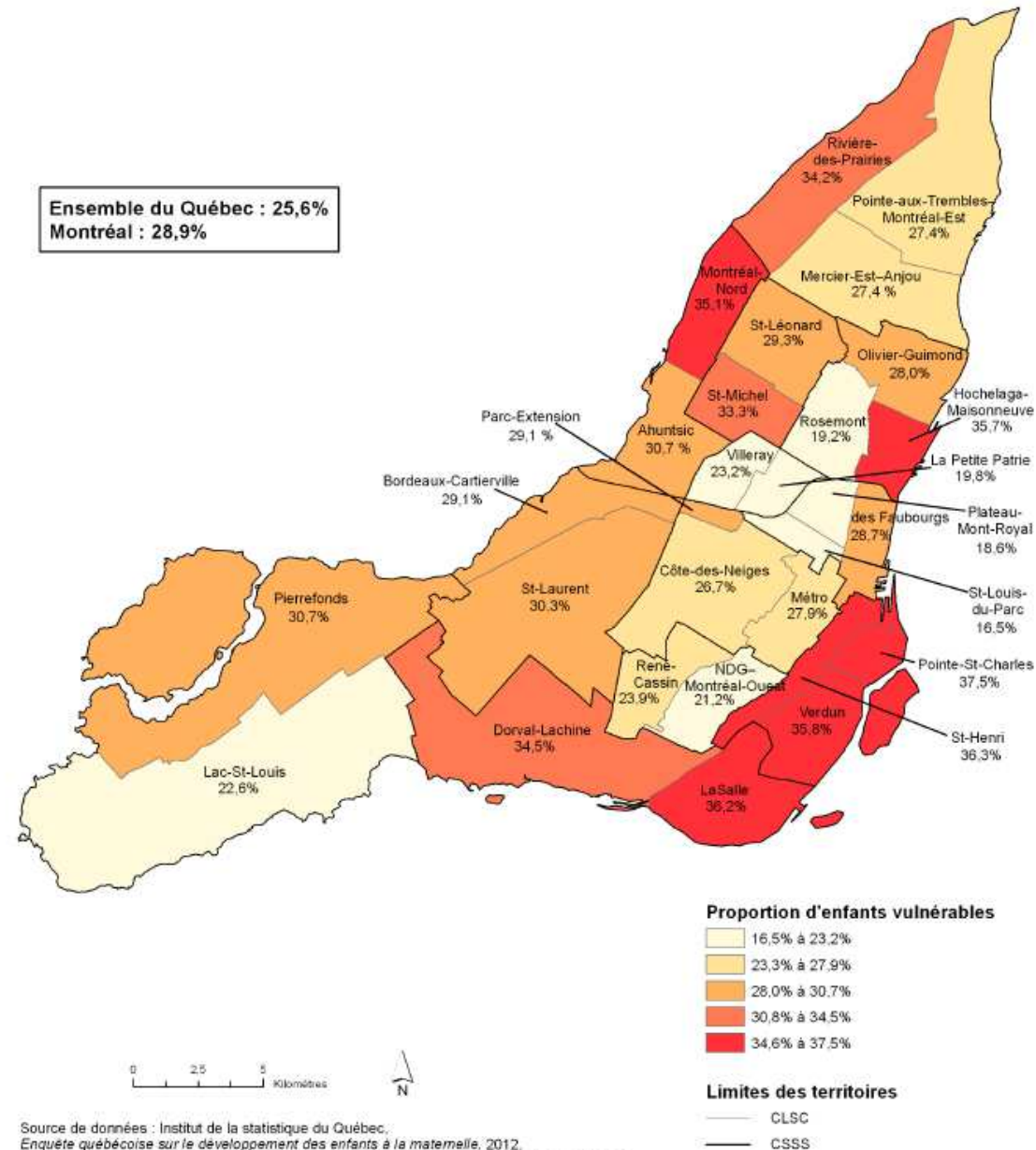




DV1

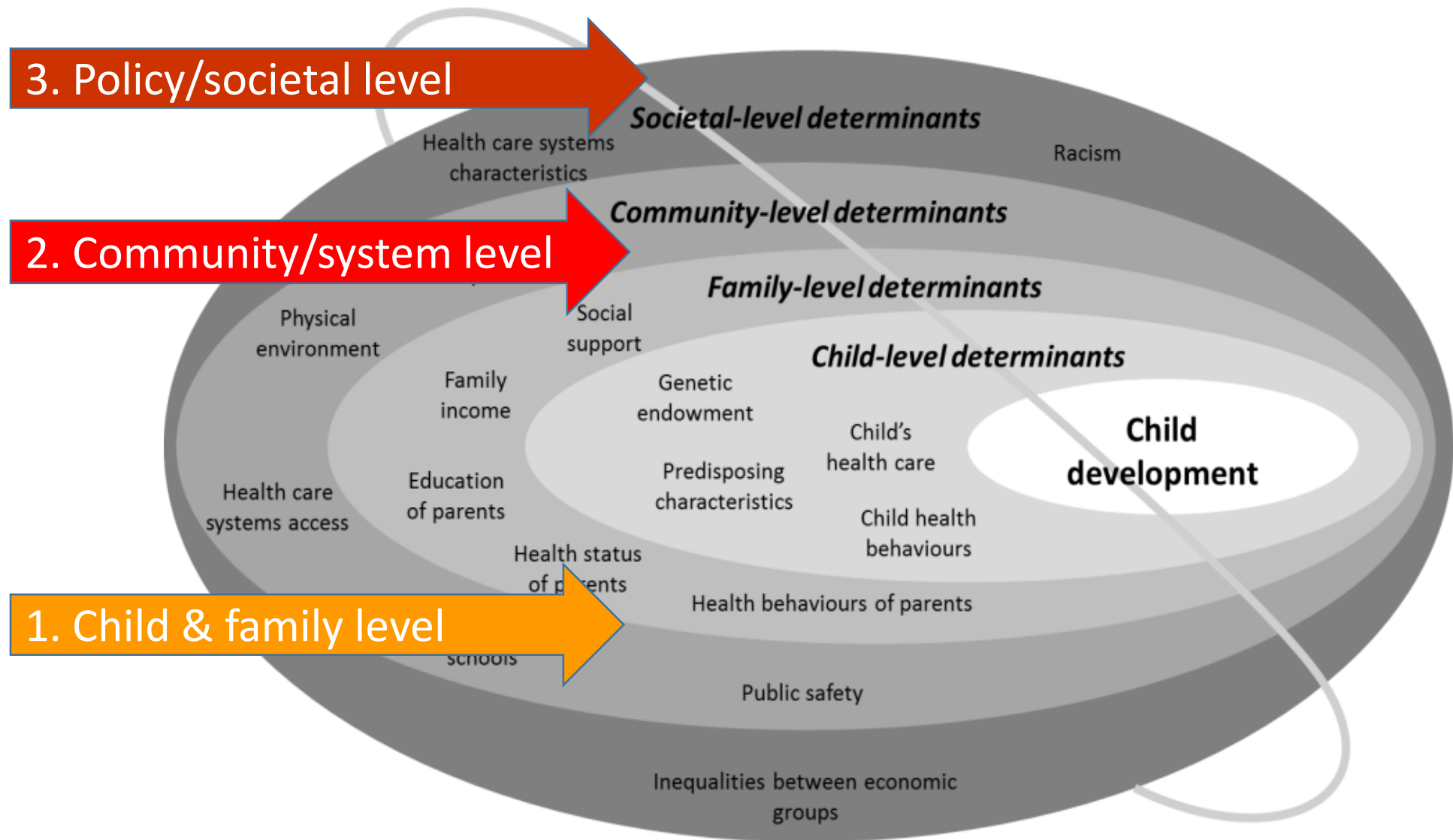
Figure 6 : Proportion d'enfants de maternelle vulnérables dans au moins un domaine de développement par territoire de CLSC, Montréal, 2012

PORTRAIT SYNTHÈSE
DU DÉVELOPPEMENT
DES ENFANTS À LA
MATERNELLE POUR
LES TERRITOIRES DE
CLSC DE MONTRÉAL



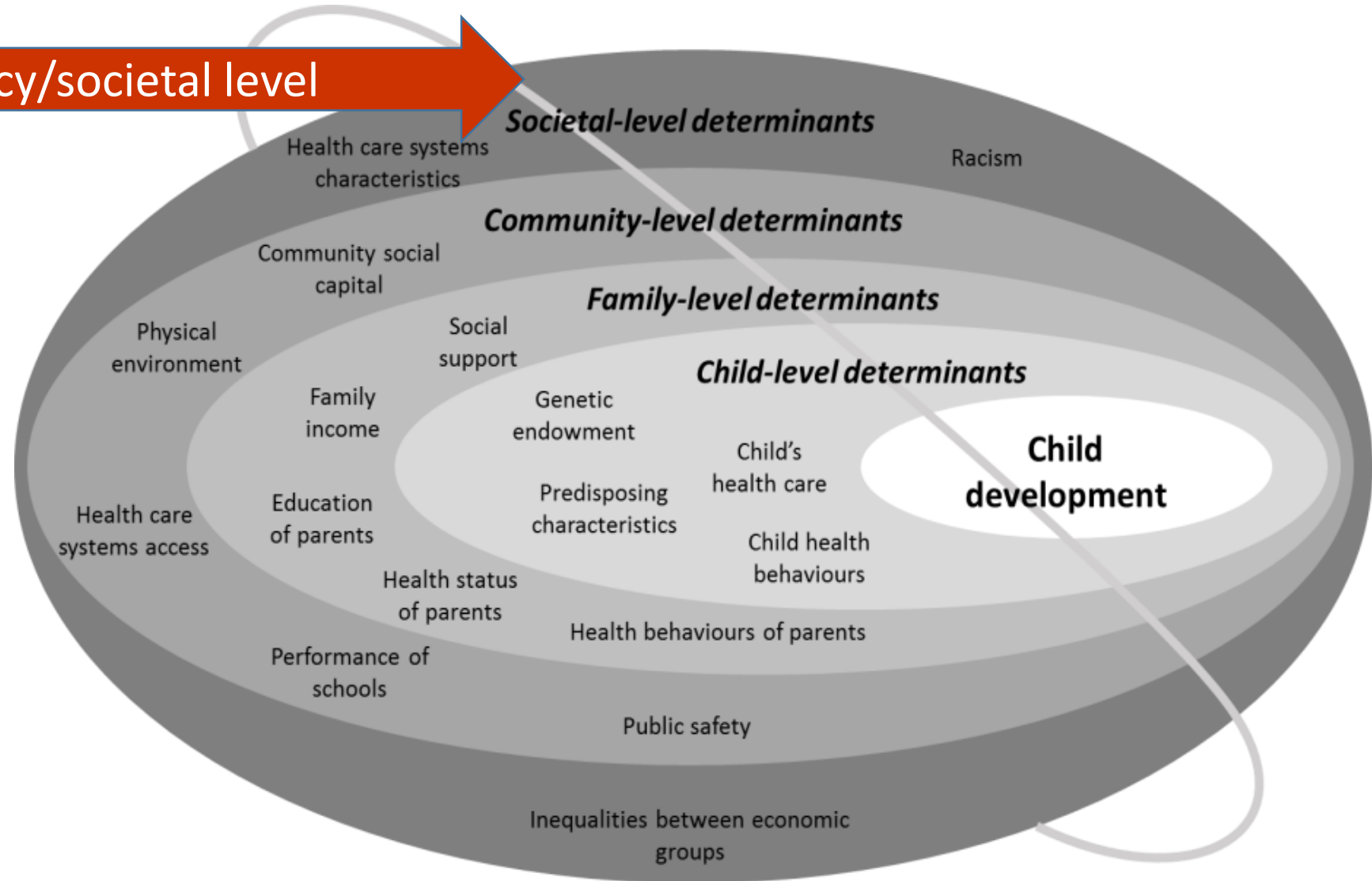
Résultats de l'Enquête québécoise sur le
développement des enfants à la maternelle
(EQDEM, 2012)

Source de données : Institut de la statistique du Québec,
Enquête québécoise sur le développement des enfants à la maternelle, 2012.
Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal, 2013.

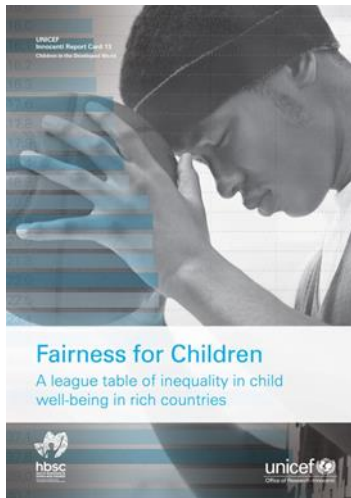


Newacheck, PW, Rising, JP & Kim, SE 2006, 'Children at risk for special health care needs', *Pediatrics*, vol. 118, pp. 334-342

3. Policy/societal level



Newacheck, PW, Rising, JP & Kim, SE 2006, 'Children at risk for special health care needs', *Pediatrics*, vol. 118, pp. 334-342



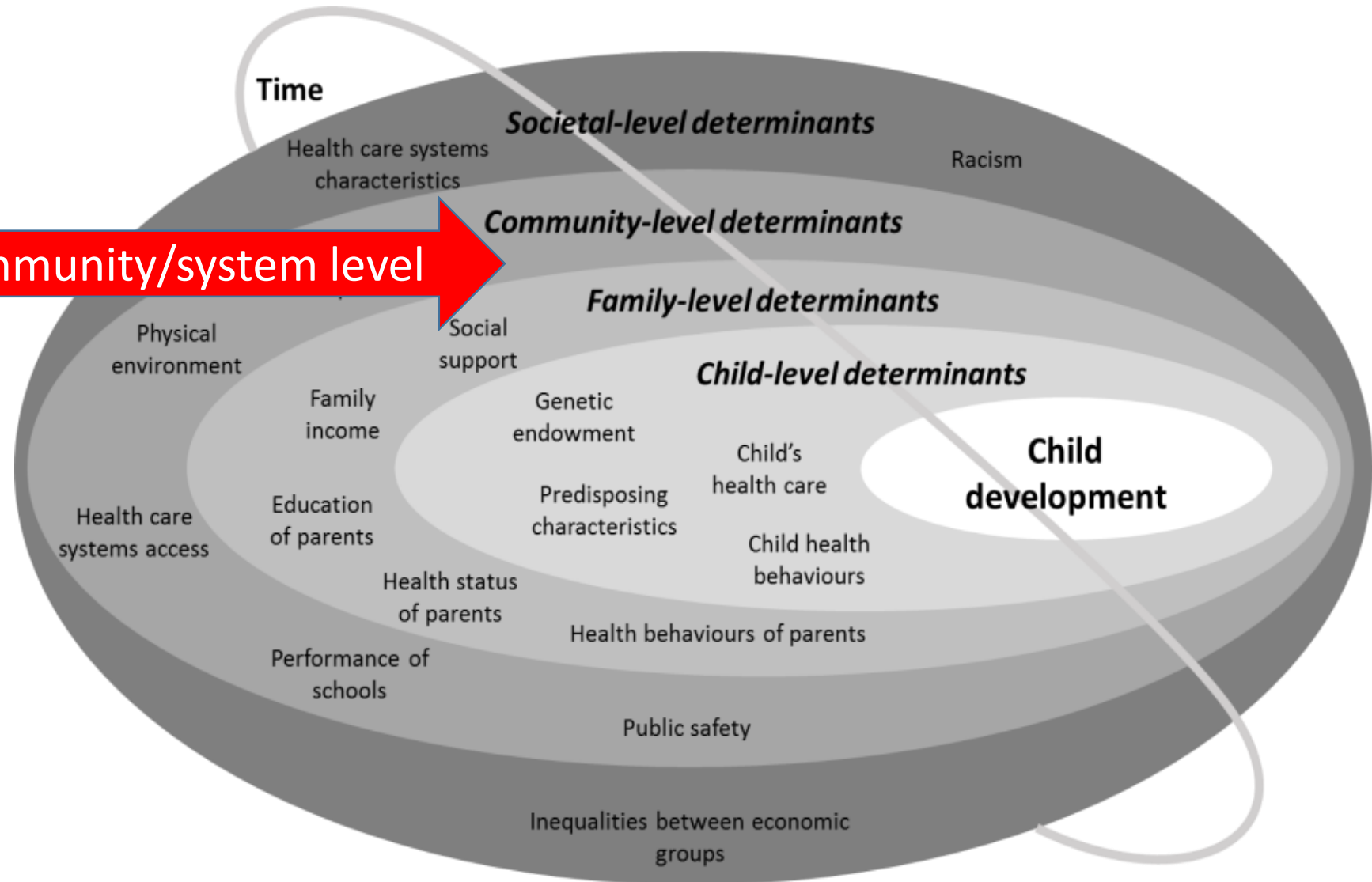
League Table 1 Inequality in income



Fairness for Children: A league table of inequality of child well-being in rich countries.

UNICEF Innocenti Report Card 13
2016

2. Community/system level





*Investigating community-level influences
on early child development:
What is it about where you live that can make a difference?*



THE UNIVERSITY OF
WESTERN AUSTRALIA



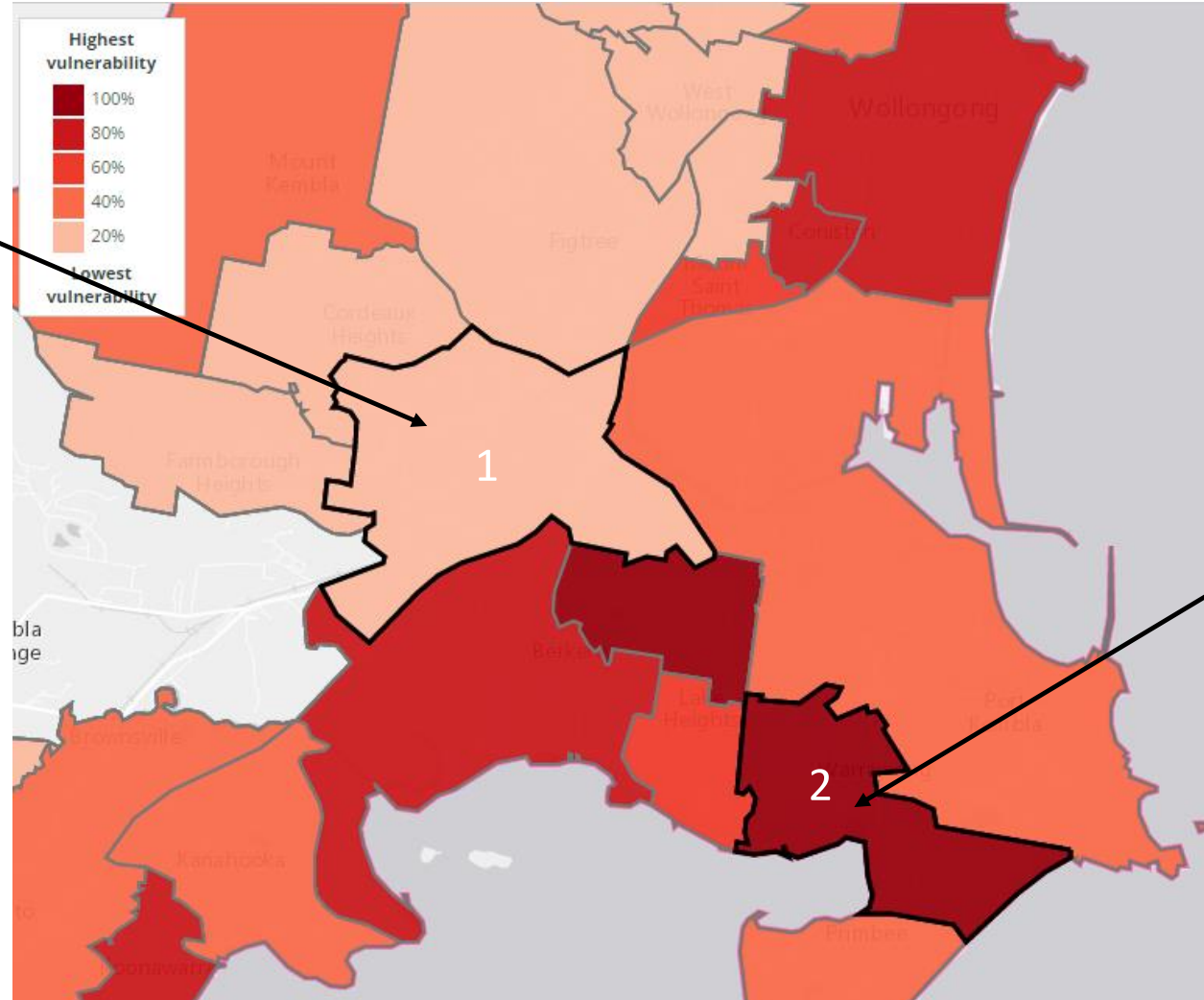
Australian Early Development Census (AEDC)

- Population measure of child development
- **Triennial data collections:**
 - 2009: 261,147 children (97.5%*)
 - 2012: 289,973 children (96.5%*)
 - 2015: 302,003 children (96.5%*)
- **Teacher-report:** Teachers complete an online checklist for each child in their first year of formal full-time school* (approx. 5 years old)
- **Five AEDC domains:** Physical health, emotional maturity, language, communication skills and general knowledge



Learning from extremes...an example

Off-diagonal positive
Low SES, good ECD

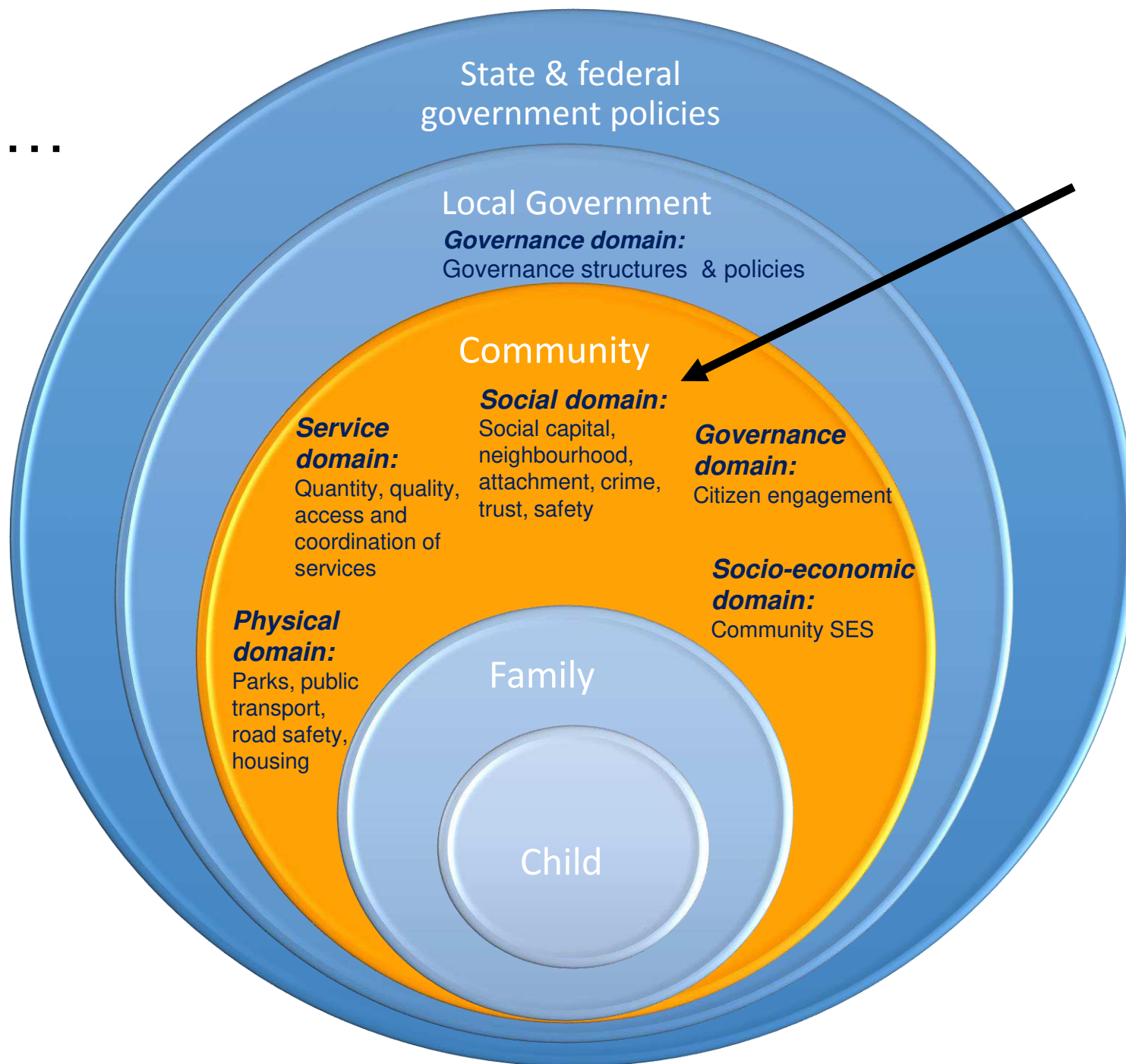


On-diagonal disadvantaged (-)
Low SES, poor ECD

SES: socio-economic status; ECD: Early child development

Beyond socio-economic status...

Are there other community-level factors that can make a difference?



Environments of influence

Domains/ Environments	Key proposed indicator areas
Physical	Parks, public transport, road safety, housing
Social	Social capital, neighbourhood attachment, crime, trust, safety
Socio-economic	Community SES, Community demographics
Service	Quality, quantity, access, coordination
Governance	Citizen engagement, governance structures and policies

25 local
communities in
Australia



Measuring the domains...a mixed methods approach

	Method	Source/s	Type	Governance	Physical	Socioeconomic	Service	Social
1	Stakeholder interviews	Primary data	Qual ¹	x	x	x	x	x
2	Parent focus group	Primary data	Qual ¹	x	x	x	x	x
3	Practitioner focus group	Primary data	Qual ¹	x	x	x	x	x
4	Policy documents	Primary data	Qual ¹	x	x	x	x	
5	Service survey	Primary data	Quant ²				x	
6	Community survey	Primary data	Quant ²	x	x		x	x
7	GIS and park audits	Primary data, Existing data	Quant ²		x		x	
8	Service template	Primary data, Existing data	Qual ¹ / Quant ²				x	
9	Community demographics	Existing data	Quant ²			x		

Qual¹: qualitative data (orange); Quant² data” quantitative data (green)

Qualitative data

50 focus groups
(1 Parent & 1 Service
provider group per
local community)

136 interviews
(10-15
stakeholders
per community)

Local policy
documents



What are some preliminary qualitative findings so far?

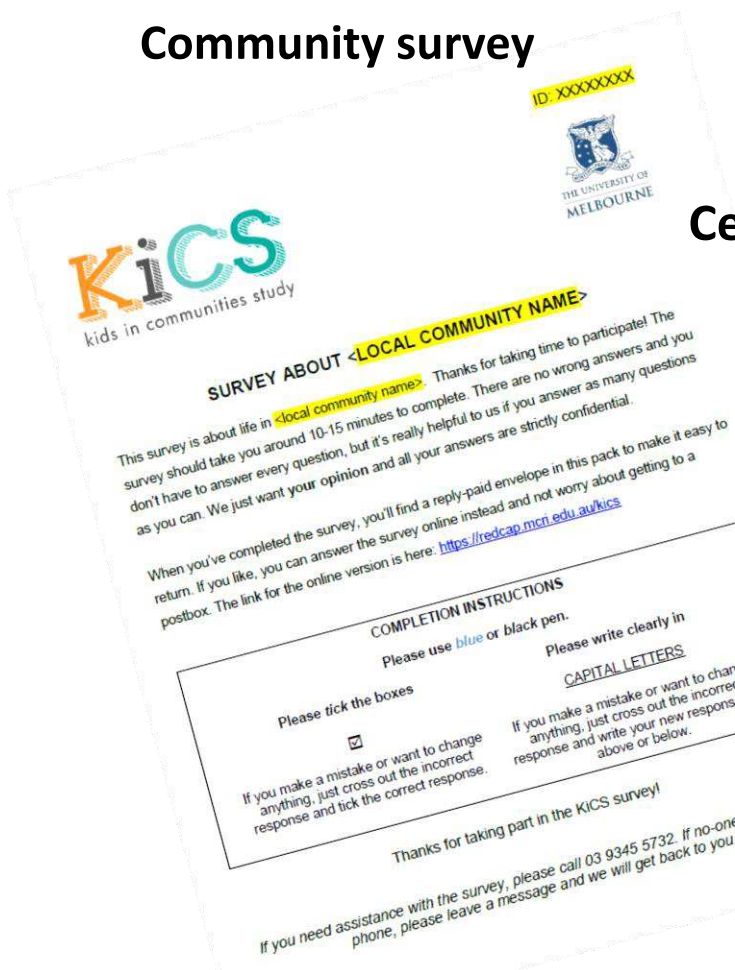


Main qual themes and patterns: off vs. on-diagonals



Quantitative data

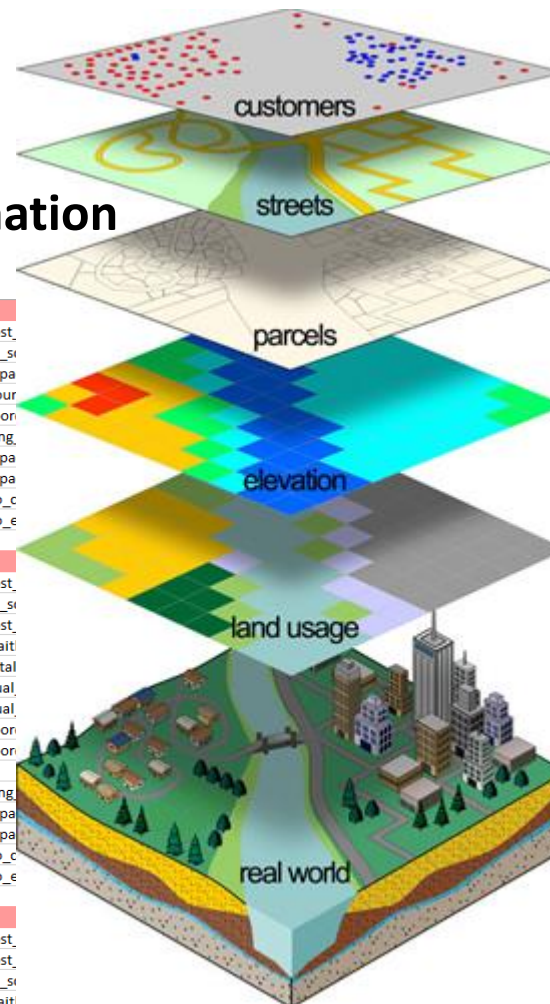
Community survey



Census & Service information

GP score calculated in REDCAP [gp_overall_score]	
Bulk billing	[cost_
Access to PT	[pt_si
Open to new patients	[capa
Outside work hours	[hour
EYS partnership	[coor
Languages	[lang
%Capacity full	[capa
Open to new vacancies/patients	[capa
Client total numbers	[no_c
Staff EFT	[no_e
Childcare Services score calculated in REDCAP [cc_overall_score]	
Cost per day	[cost_
Access to PT	[pt_si
Bulk billing	[cost_
Waitlist for childcare	[wait
Open hours	[total
Accred/licence	[qual
Group sizes childcare	[qual
EYS Coordin/ Partnership	[coor
School transition	[coor
Geo-boundary score?	
Languages	[lang
%Capacity full	[capa
Open to new vacancies/patients	[capa
Client total numbers	[no_c
Staff EFT	[no_e
OSHC & Vacation score calculated in REDCAP [oshv_overall_score]	
Cost OHS	[cost_
Cost Vacation	[cost_
Access to PT	[pt_si
Waitlist for childcare	[wait_
Open hours (local)	[hours_mch_score1]

GIS



Service surveys

Service surveys

KICS
kids in communities study

Kids in Communities Study Network Survey

Local community: _____

RESEARCH ID: _____ Office use only

Today's date (dd/mm/yy):
 / /

Part of the 'Kids in Communities Study (KICS)' we are asking service providers about collaborating with services in the local area. Please fill out this short survey about your experiences. The information provided in this survey is confidential and will only be reported at an aggregated level, with no individual services being identified. Thank you.

Organisation: _____

Please identify which you have linked with/referred to in the last six months (Please tick all that apply)

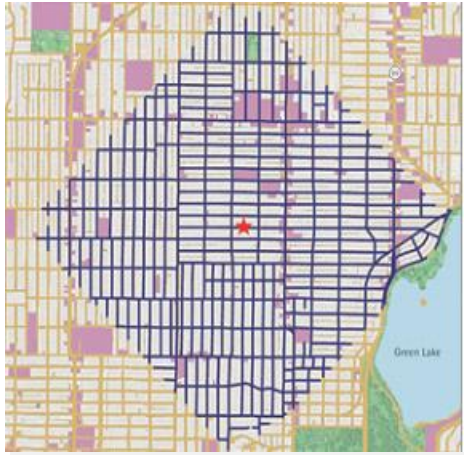
	Please tick
Child and child health service	
Day care	
Playgroup	
Playgroup (with playgroup leader)	
Including long day care and occasional care)	
Support services	
Programs (e.g. Triple P Program)	
Other services	
Intervention services (ECIS)	
Other services (e.g. family services, Mackillop family services, Boatcare, etc.)	
Other services	

The Children's Research Institute
Excellence in clinical care, research and education

Murdoch Childrens Research Institute

THE UNIVERSITY OF MELBOURNE

Geographic Information Systems (GIS)



Walkability and cyclability



Traffic



Destinations



Greenness



Connectivity



Housing



Density



Crime



Aesthetics

Main quant findings across the off vs. on-diagonals



SOCIO-ECONOMIC

- Rental type
- Transport to work
- Income diversity
- Employment



SOCIAL

- No significant results from community survey



PHYSICAL

- Availability and use of parks
- Availability of local family destinations
- Traffic exposure



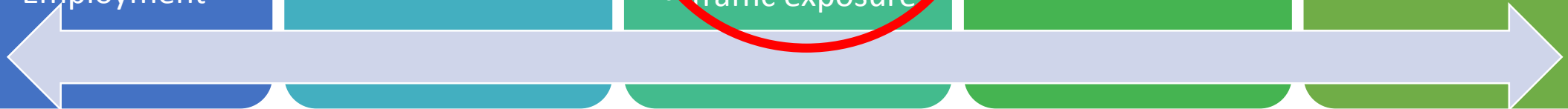
SERVICES

- Data still being collected



GOVERNANCE

- No significant results from community survey



The Project Team

Chief Investigators:

Prof Sharon Goldfeld	(VIC)
Prof Ilan Katz	(NSW)
Prof Rob Tanton	(ACT)
A/Prof Sally Brinkman	(SA)
A/Prof Geoff Woolcock	(QLD)
Prof Billie Giles-Corti	(VIC)

Researchers:

Dr Karen Villanueva	(VIC)
Ms Anna Jones	(NSW)
Dr Lain Dare	(ACT)
Ms Ashleigh Wilson	(SA)
Ms Genevieve Smith	(QLD)
Ms Ju-Lin Lee	(VIC)
Ms Michelle Tennant	(VIC)
Ms Rachel Robinson	(VIC)
Mr Dominic Peel	(ACT)
Prof Simon Kelly	(ACT)

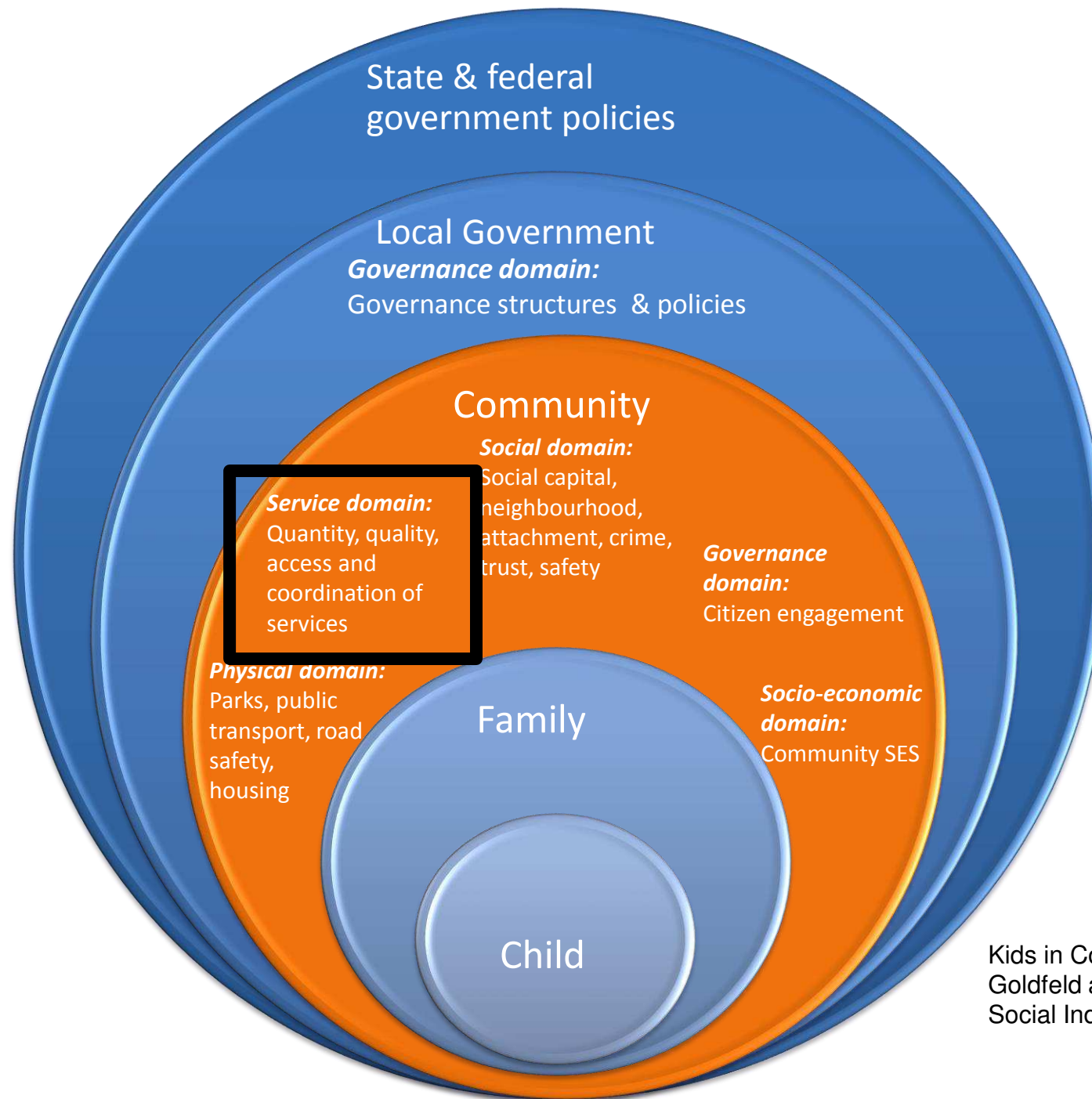


The Children's
Excellence in
clinical care,
research and
education

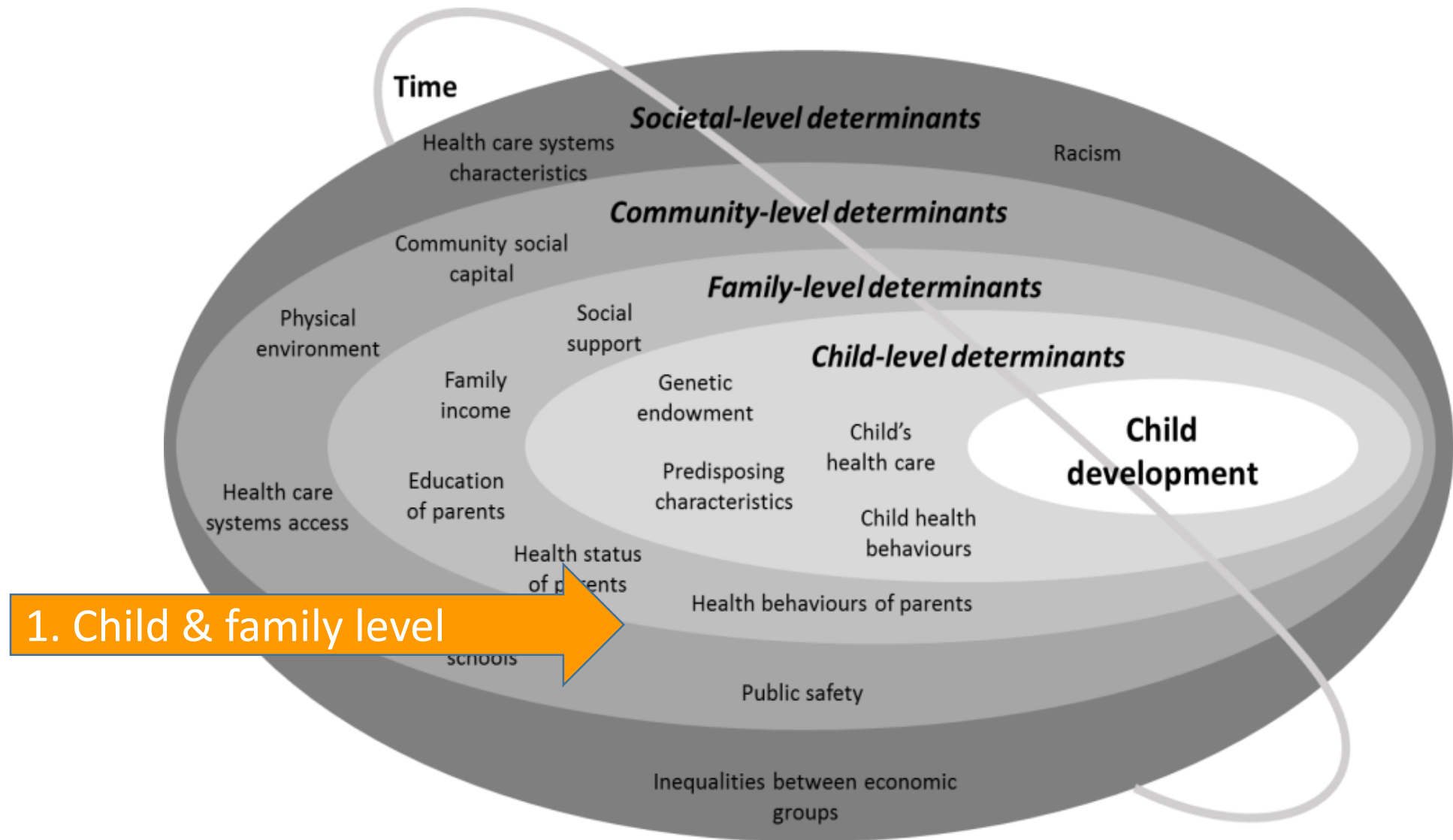


The Project Partners





Kids in Communities Study
Goldfeld et al
Social Indicators, 2014



Newacheck, PW, Rising, JP & Kim, SE 2006, 'Children at risk for special health care needs', *Pediatrics*, vol. 118, pp. 334-342



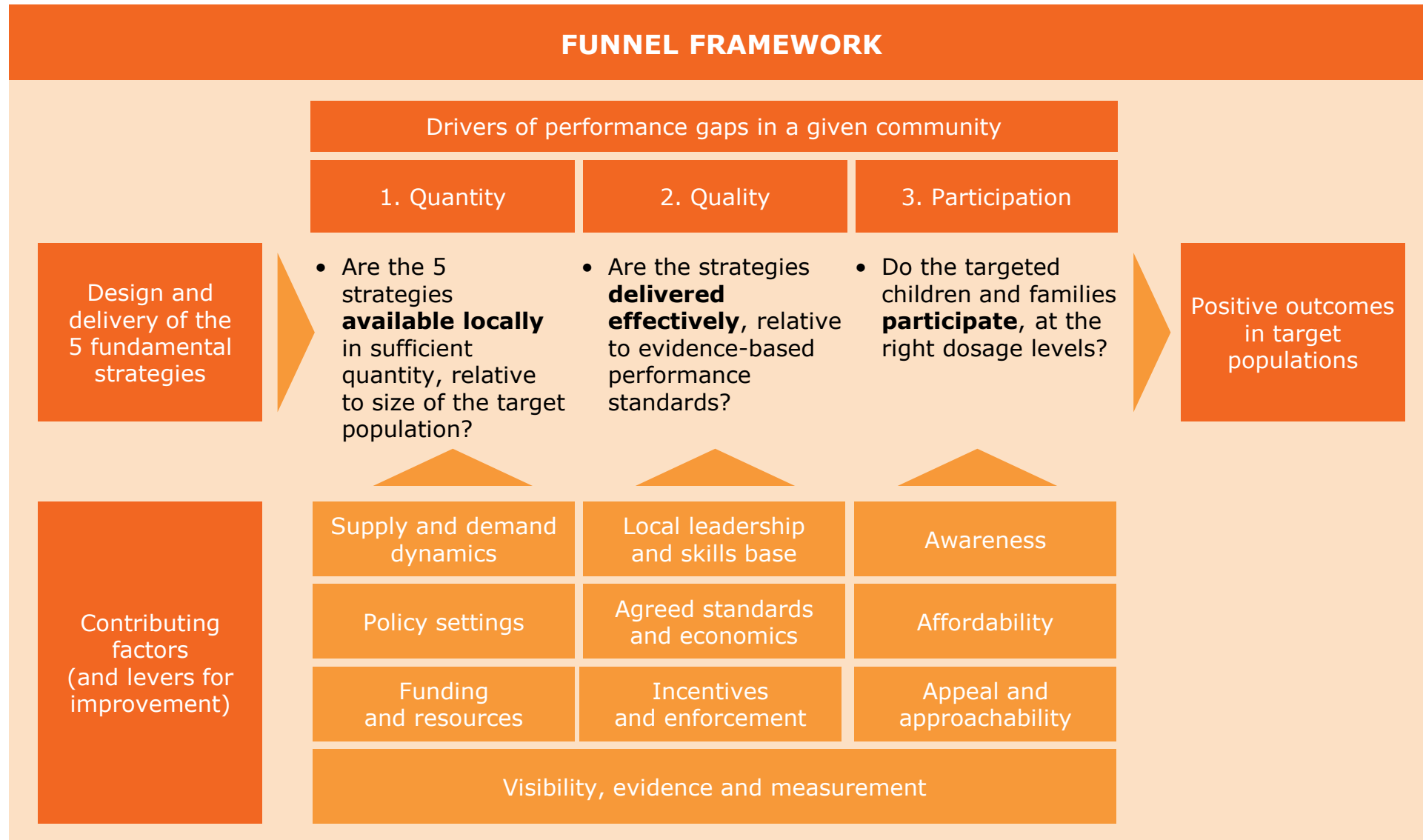
Restacking the Odds: Reducing Inter-generational Disadvantage in Australia



Five fundamental strategies

FIVE FUNDAMENTAL STRATEGIES			
Antenatal	Early childhood		School years
	Birth to 2 years	2-5 years	
1 Antenatal support <ul style="list-style-type: none"> Targeted at parents Centre-based <i>Outcomes:</i> healthy baby weight, good brain health, appropriate care, "adequate parenting" 	3 Early childhood education and care <ul style="list-style-type: none"> Targeted at all kids (in groups) High quality for all children Delivered out of home in a "pseudo-home-learning environment" <i>Outcomes:</i> children on optimal developmental pathway (cognitive and social-emotional), with success at school 		5 School-based early intervention <ul style="list-style-type: none"> Targeted at all kids School-based <i>Outcomes:</i> children on optimal learning pathway by Year 3
2 Sustained nurse home visiting <ul style="list-style-type: none"> Targeted at disadvantaged parents Health and development support Home-based <i>Outcomes:</i> parents develop parenting skills 		4 Parenting programs <ul style="list-style-type: none"> Targeted at parents whose children have behavioural issues (higher prevalence in disadvantaged families) Centre-based, delivered in groups or 1:1 <i>Outcomes:</i> remedy of specific emerging behavioural issues 	

Funnel framework: Our intent is to assess on-the-ground gaps that compromise outcomes



Prioritisation matrix

ILLUSTRATIVE

PRIORITISATION MATRIX						
		Drivers of performance gaps in a given community				
		Quantity	Quality	Participation		
5 fundamental strategies	Antenatal support	L	L	H	<ul style="list-style-type: none"> Are the strategies available locally in sufficient quantity, relative to size of the target population? Are the strategies delivered effectively, relative to evidence-based performance standards? Do the targeted children and families participate, at the right dosage levels? 	
	Sustained nurse home visiting	M	H	M		
	Early childhood education and care	L	M	M		
	Parenting programs	M	M	L		
	School-based early intervention	H	L	H		



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)

