Early Childhood Position Statement

INTRODUCTION
This Position Statement has been developed to provide general information about current literature on the early years of childhood, and also for use by professionals advocating for the needs of children.

Knowledge about early childhood development has increased rapidly during the past few decades. The wealth of social, behavioural and neurobiological research in this area has provided a better understanding of how children develop and grow in the first few years of life. Importantly this has highlighted the potential influence of experiences in the early years of life on the health and wellbeing of individuals later in life.

Australian\(^1\) and New Zealand\(^2\) governments increasingly recognise the importance of early childhood, and in recent years have funded research and intervention programs in this area.

EARLY YEARS LITERATURE - WHAT DO WE KNOW?

The Institute of Medicine in the United States\(^3\) examined the scientific research about the nature of early development and in particular the interaction between early life experiences and genetic endowment, and considered the implications for childhood policy, practice, workforce development and research. This overview concluded that there are several important overarching themes in relation to early childhood development. These themes are outlined below.

The early years are vital

The first years of life are absolutely vital to the development of children, particularly in relation to their linguistic, cognitive, emotional and social skills. Genetic and environmental influences are inseparably related throughout the course of human development.

The Early Years Study\(^4\) outlines the influence that life experiences have on brain development\(^6\). The brain begins to develop from early pregnancy and an estimated 250,000 brain cells are formed per minute throughout most of pregnancy. Despite this, the brain is only about 25% of adult size at birth. Over the next three years the brain increases to 90% of adult size - much of the growth being accounted for by the increased density of connections (synapses) between the nerve cells (neurons).

Experiences during the early years of life directly influence the way the brain develops, and this may have substantial impact on the individual in later life. For example, increased stimuli from the environment through the sense organs (such as the eyes, ears and skin) facilitate brain development\(^7\). Conversely, lack of use or stimulation results in the elimination of the synaptic connections, and sometimes loss of function of entire neural pathways\(^7,8\).

Furthermore, the work of Barker, for example, suggests that early life events 'program' physiological systems in a way that set patterns of health for later years\(^9\). Factors associated with birth weight have been shown to be associated with health outcomes, such as cardiovascular disease, several decades later.

The early years are vital for childhood wellbeing, and for life-course health outcomes.

There are protective and risk factors

A review of the early childhood literature concluded that there are a number of factors that can play a vital role as either protective factors or risk factors in a child's wellbeing\(^10\).
Protective factors that promote child wellbeing include secure attachment to family/carers, the child having good problem-solving skills, positive attention from parents, and positive social networks (eg peers, teachers and neighbours). The Kauai Longitudinal Study identified protective factors associated with good health and social outcomes for children who were identified as 'high risk' at birth\textsuperscript{11}. These factors included:

- skills and values in the children that led to efficient use of their abilities and characteristics;
- care-giving styles of parents that reflected competence and fostered self-esteem in children; and,
- the opportunity for children to establish a close bond with at least one caretaker who took special care of them in their first years of life (surrogate parents/supportive adults who foster trust).

Risk factors militating against children's wellbeing include harsh parenting or neglect, poor attachment to family/carers (often associated with postnatal depression), violence experienced in early childhood, socio-economic disadvantage and poor social skills. Coercive, inconsistent, and 'laissez faire' parenting styles are associated with an increased risk of disruptive behaviour disorders in childhood, themselves the proximal risk factors for later substance misuse and crime (Zubrick et al 1995\textsuperscript{12}). The more risk factors there are, the more likely it is that the development of a young child will be inhibited, and this will affect the child's ability to live to his or her potential and to cope with adversity later in life. In fact, risk factors are often multiplicative, not additive, in their effects\textsuperscript{13}.

The needs of many young children are not being met in our changing society

Australian and New Zealand societies have changed profoundly during the past three decades. This creates challenges for families and for those who develop policy in relation to families, employment and social services.

The Australian Bureau of Statistics report 'Australian Social Trends 2002'\textsuperscript{14} states that:

"Changes in the economic and social circumstances of successive Australian generations have implications for society, and for its institutions and policies."

Examples of social trends in Australia include:

- the proportion of children living with both their parents (either married or de facto) fell from 83% to 78 % between 1986 and 1996\textsuperscript{15}
- the proportion of children in one-parent families rose from 11% to 16% between 1986 and 1996 (primarily as a result of separation or divorce)\textsuperscript{15}
- 91% of families do not live with members of the extended family (eg grandparents)\textsuperscript{15}
- between 1980 and 2000, the employment rate for women rose from 47% to 61% whilst the employment rate for men dropped from 82% to 77%\textsuperscript{16}
- there are more children in some form of child care: in 1999, just over half of all children aged under 12 years spent some time in child care (up from 38% in 1984)\textsuperscript{16}
- since 1976, fertility rate in Australia has been below replacement level; estimates for 2000 suggested that 24% of women currently in their child-bearing years would never have children\textsuperscript{14}

Examples of social trends in New Zealand include:

- the proportion of one-parent families with children rose from 26% to 31% between 1991 and 2001\textsuperscript{17}
- the proportion of children in the population has declined from 32% in 1971 to 23% in 1991 (and remained steady to 2001), and is projected to decrease to 18% by 2021\textsuperscript{17}
- between 1991 and 2002 the proportion of women participating in the labour force increased from 50% to 60%\textsuperscript{18}
- between 1991 and 1996 the proportion of children under the age of four years participating in early childhood education (including childcare) increased - from 15% to 21% among those aged under two years, from 35% to 59% among those aged two years, and from 72% to 83% among those aged 3 years\textsuperscript{19}.

The needs of families are changing as a consequence of these social changes, with increased family/household mobility and the decline in available support from extended family and communities.

Another important factor in the wellbeing of children is the economic environment in which they live. In 1996-97, 22% of all Australian children lived in lower income families. Thirty nine per cent (39%) of children in one-parent families lived in lower income families compared with 18% of children in couple families. In New Zealand, the proportion of children in one-parent families on lower incomes increased from 50% in 1991 to 56% in 1996. Between 1986 and 1996 the
proportion of children with no parent in the workforce increased from 14% to 23%. Based on an income-based measure, the Ministry of Social Development, New Zealand estimates that one quarter (24%) of children and young people live in poverty.

Evidence shows that socio-economic disadvantage has major implications for the health and well being of children, which follows through to later life. The impact on health is mediated directly through material poverty and indirectly through influences on parenting behaviour and relationships within families. Furthermore, children living in impoverished environments may have greater exposure to negative (risk) experiences in early childhood (for example, exposure to domestic and community violence).

Australian data show that children in low income families have significantly more serious illnesses than those in high income families. Children whose parents are not in the paid workforce have about 25% more serious chronic illnesses than children with an employed parent. Generally, there is clear evidence that childhood mortality rates increase with increasing levels of socioeconomic disadvantage in the child's area of residence.

The New Zealand Child Health Strategy states that children from families that experience multiple social and economic disadvantage are more likely to have poor health. Underlying risk factors that have a cumulative effect include prolonged low income, long-term unemployment, poor housing and very young and unsupported parents. Based on findings from a New Zealand birth cohort from 1972-73 followed for 26 years, the detrimental health effects of socioeconomic disadvantage in early childhood persist into adult life.

Due to the changing nature of society, families require increased support outside the traditional inter-generational support networks. This means that health and social policy-based solutions are necessary.

Childhood services, policies and research are fragmented

Policies and programs that relate to children are often fragmented between governments, different levels of government, different government departments, and the non-government and private sectors. This has led to particular problems in Australia, with the three levels of government having various levels of responsibility in relation to health and social services. Whilst there is a laudable shared commitment by the levels of government to the principles of early intervention, programs and services for young children and their families need to be better coordinated. Much stronger participation in program planning and development by local communities is also needed.

A recent review in New Zealand reveals the vulnerability of children during periods of significant social change such as those accompanying the major economic reforms in the country since the mid-1980’s. The widening disparities in the wellbeing of children based on ethnic and income groups highlights the importance of ensuring that government policies are accompanied by “effective mechanisms to monitor, protect and promote the interests of children”.

It should be acknowledged that attempts to control individual risk factors by traditional educational strategies alone, which aim to encourage modification of the lifestyles of families, have proven to be relatively unsuccessful. The lack of success is particularly evident when families face cumulative risks associated with life circumstances that perpetuate social exclusion. In contrast, broader public health strategies which address social exclusion and aim to improve parental self-efficacy, reduce isolation and increase social and emotional support have proven to be much more successful.

The New Zealand/Australian evidence-base for policies and intervention programs in this area needs to be improved. Research is fragmented, and whilst there is some evidence of the effectiveness of intervention programs in early childhood from systematic and rigorous evaluations conducted overseas, the New Zealand/Australian evaluation research base is extremely limited.

IMPLICATIONS

The Paediatrics & Child Health Division of the Royal Australasian College of Physicians believes that these issues have major implications for society, in particular:

- government policy in relation to all facets of society such as social, health, education and economics;
- government services - the way in which government systems deliver services to children and their families;
- medical and allied health care providers (for example, building workforce capacity and knowledge of the lifelong importance of early childhood development); and,
• communities, including geographical communities, cultural communities, families and peer groups (particularly with respect to the provision of support within those communities).

Research in relation to early childhood highlights the importance of the quality of health and social services for children in the early years, in particular the importance of family support and programs which promote early childhood development in all its dimensions.

In relation to interventions to improve the health and wellbeing of children, an Australian review of national and international early childhood literature concluded that:

• home visiting programs can be effective, more so for more disadvantaged parents
• early childhood and development programs (including pre-school and high quality child care services and neighbourhood support services for families with young children) can have a positive effect on child developmental outcomes, particularly for children in low income families - with gains in IQ scores and skills in reading and maths; and
• community-based group education programs for parents produce positive changes in children's behaviour, with these programs being more cost-effective than individual clinic-based programs.

In addition, there is evidence that programs which facilitate sensitive parenting can enhance subsequent emotional wellbeing and cognitive development of young children, as well as their sense of security\textsuperscript{29, 30}.

A study by the RAND Corporation found that investing in early intervention programs for disadvantaged children and families led to considerable cost savings in the longer term through reduction in special education needs, reduced welfare payments, reduced incarceration and increased income and taxes\textsuperscript{31}.

However, the Australian review states that the results of overseas studies cannot necessarily be extrapolated to Australia because of differences in service systems, socio-economic patterns and cultural characteristics\textsuperscript{10}. This also applies to New Zealand. For example, unlike the US, Australia and New Zealand provide universal early childhood services at lower cost. Despite state subsidies, some families and children may be able to afford only limited hours of attendance.

The range of high quality, objective and rigorous studies based on the New Zealand/Australian experience is not extensive. It is important that the evidence base in relation to early intervention in both countries be developed further.

FUTURE DIRECTIONS

There is compelling evidence for beneficial outcomes from provision of adequate support services for families with young children. This evidence is derived from many sources including public health, education and mental health research. At this stage, early intervention programs which employ proactive and population-focussed strategies represent the most effective interventions currently available to significantly reduce the harm done to children from inadequate parenting, child abuse and childhood injury, as well as to improve health and developmental outcomes for children.

A whole-of-government approach is essential in the development of policy relating to children and their families, as the impact of such policies is significant in relation to society and the economy. McCain and Mustard\textsuperscript{4} state:

"A society that wants to have a highly competent population for the future to cope with the demands of the emerging knowledge-based world and global economy will have to ensure that all its children have the best stimulation and nourishment during the critical early years of development, regardless of family circumstances...Investment in the early years will have a substantial long-term economic gain for society."

Recommendations

Based on the above information, the Paediatrics & Child Health Division recommends that:

1. The Australian and New Zealand governments should ensure that early child development is a high public priority in policy and resource allocation at national, regional and local levels, and should facilitate effective population-based early childhood interventions.
2. A National Agenda for Early Childhood in Australia should include a national independent body to ensure that national and state/territory initiatives are coordinated and promoted nationally and internationally\textsuperscript{32}. 
3. The Australian Commonwealth and State governments should work closely with tertiary institutions, unions and relevant professional associations to ensure that the current and future early childhood workforce is trained in relation to our new understanding of early child development and learning gained from neuroscientific and other research.

4. "New Zealand's Agenda for Children" released by the Government in New Zealand in June 2002 would be enhanced with specific actions and funding principles to facilitate its effective implementation, including for example:
   - to improve the ways local government and community-based organisations respond to children
   - to end poverty through explicit adequately-resourced programs, and to evaluate all monetary and fiscal policies in terms of the impact on children and families
   - to address violence in children's lives including the effective implementation of Te Rito: The New Zealand Family Violence Prevention Strategy
   - to enhance information, research and research collaborations to increase understanding regarding the determinants of good outcomes for children

5. Approaches to research into development, welfare and health in the early years of life should be interdisciplinary and intersectoral.

6. The health and well-being of children should be monitored, with systematic collection of data to inform early childhood policy and programs.

7. All early childhood intervention programs should be evaluated appropriately to determine whether they achieve their goals of improving child health and wellbeing, and are the most cost-effective method to achieve those outcomes.

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USEFUL WEBSITES

Australian Early Childhood Association (AECA)

Australian Institute of Family Studies (AIFS)
http://www.aifs.org.au

Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)

Early Childhood Connections (Centre for Community Child Health)

International Collaborative on Early Childhood systems (ICECS)
http://healthychild.ucla.edu/ICECS/

National Investment for the Early Years (NIFTeY)
http://www.niftey.cyh.com/

Parenting NSW (links to international and national initiatives)

SA Child and Youth Health
http://www.cyh.com/

Agenda for Children and Youth Aotearoa
http://www.acya.org.nz

Child Poverty Action Group
http://www.cpag.org.nz
REFERENCES:

8. Perry B. 'Neurodevelopmental adaptations to violence: how children survive the intergenerational vortex of violence' In Violence and Childhood Trauma: Understanding and Responding to the Effects of Violence on Young Children. Cleveland, Gund Foundation, 1996

Paediatrics and Child Health Division

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