

A place based approach to addressing inequities for children: How can research help?

INRICH

Montreal, June 2015

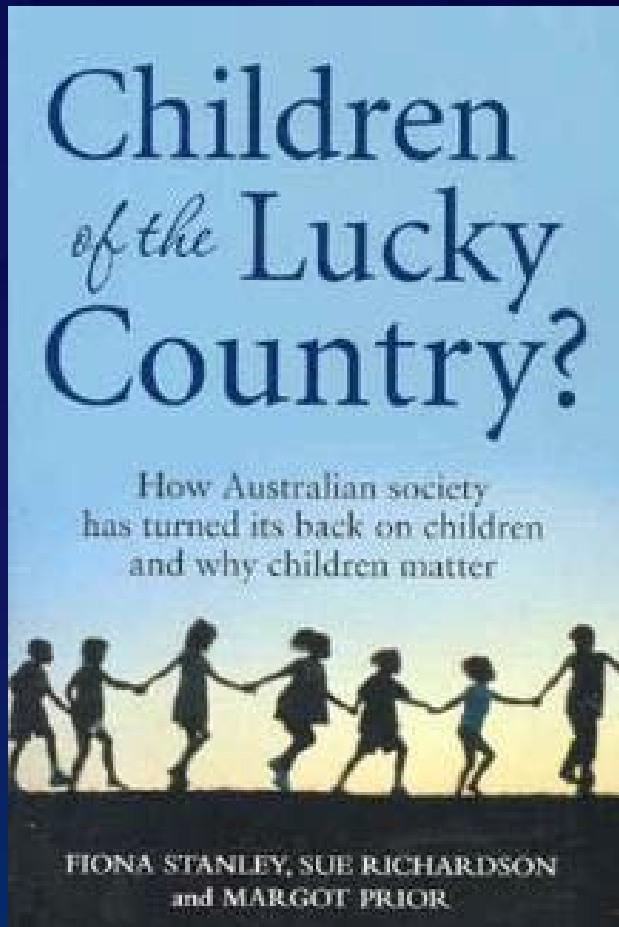
Associate Professor Sharon Goldfeld
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Group Leader, Policy, Equity and Translation,
Murdoch Childrens Research Institute
NHMRC Career Development Research Fellow
sharon.goldfeld@rch.org.au

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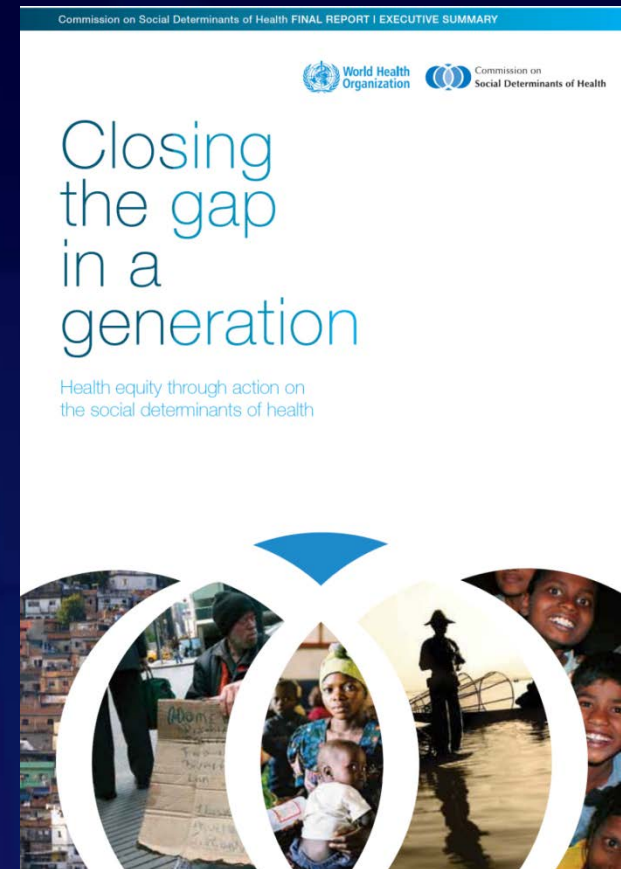


“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”

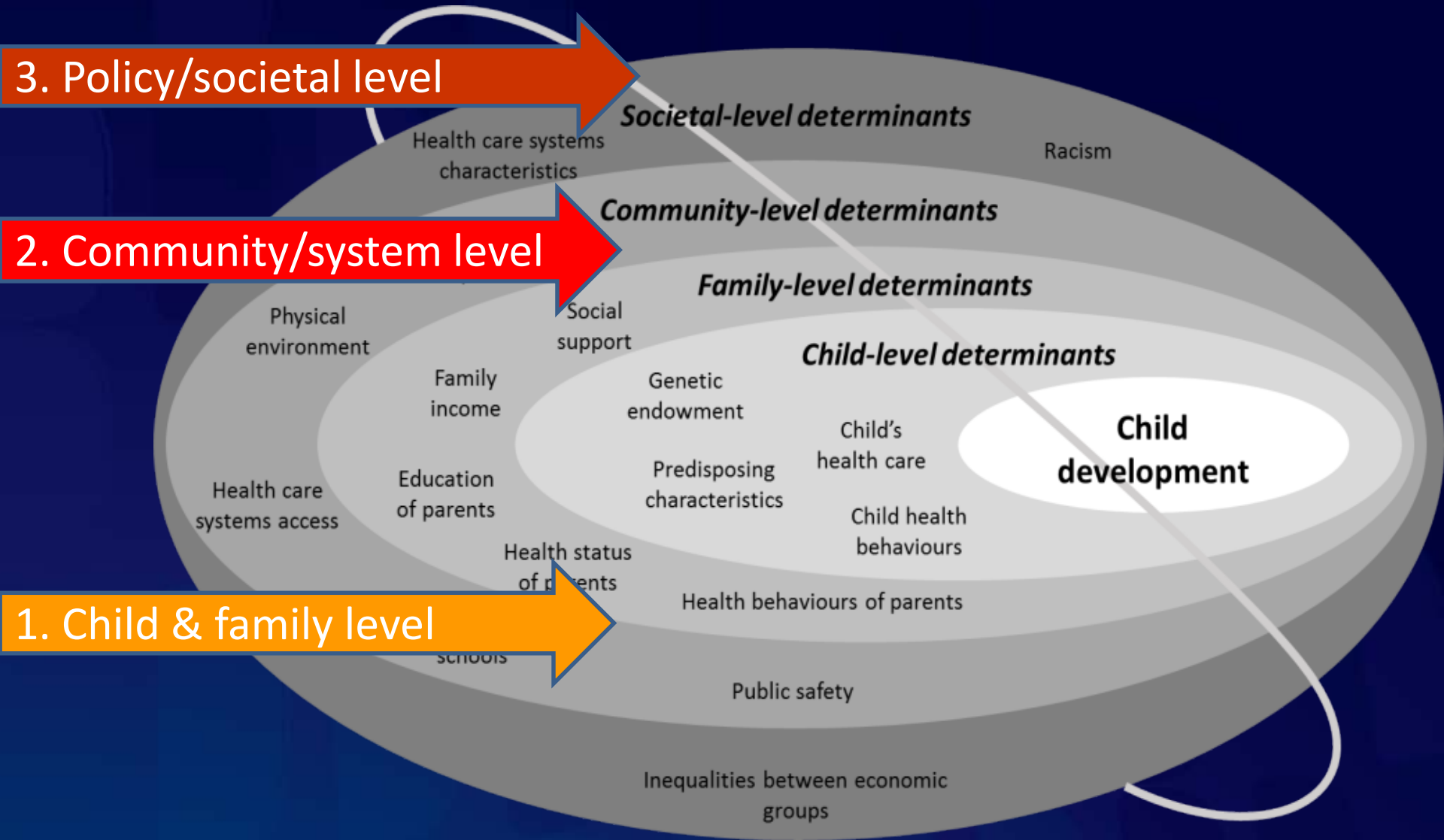
(Stanley, Richardson & Prior, 2005)

Social determinants

- “conditions in which people are born, grow, live, work, and age.”
- “social injustice is killing people on a grand scale”

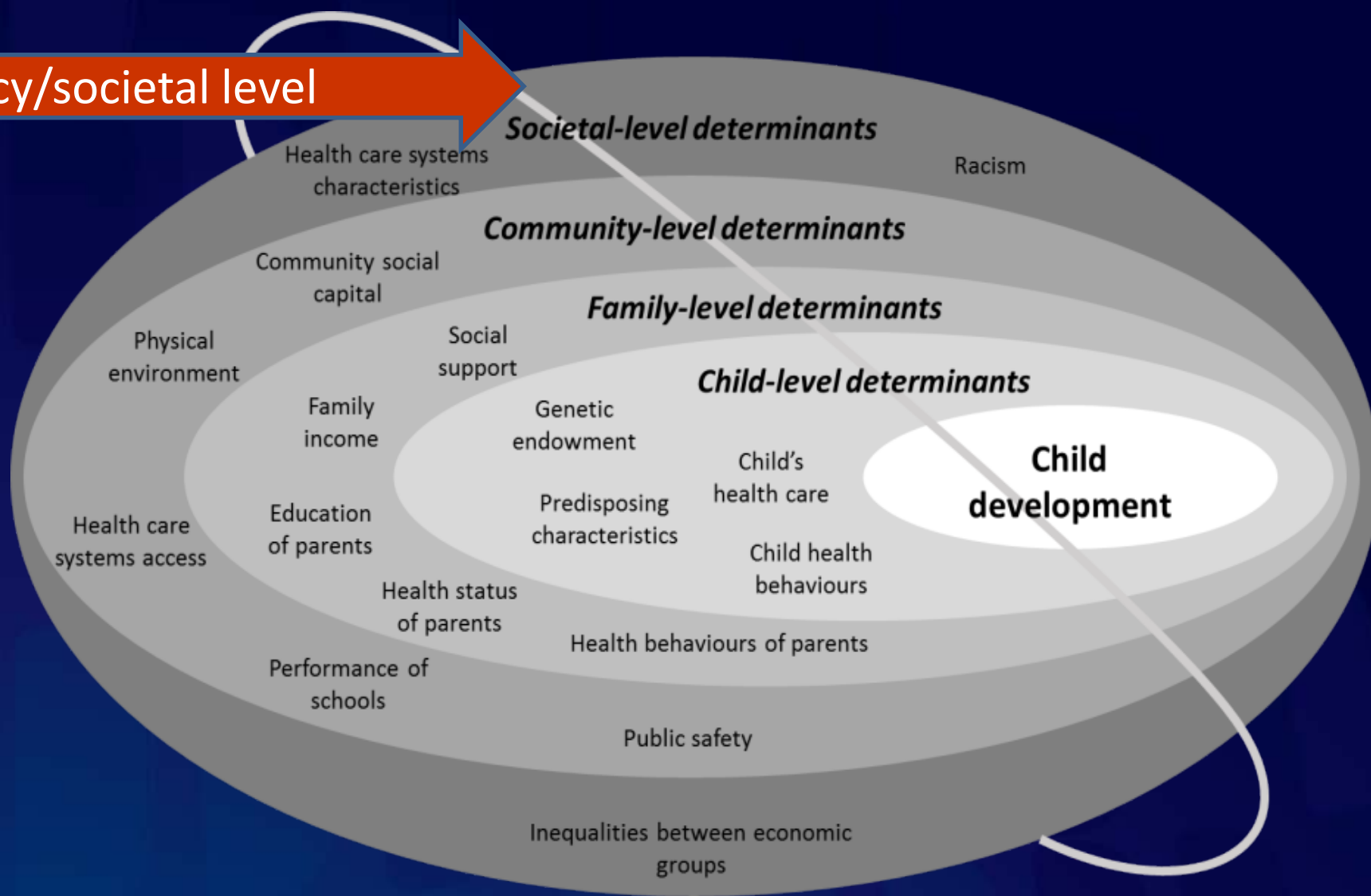


World Health Organization. *Closing the gap in a generation: health equity through action on the social determinants of health*. World Health Organization; 2008.



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

CHALLENGES FOR CHILDREN'S POLICY (IN AUSTRALIA)

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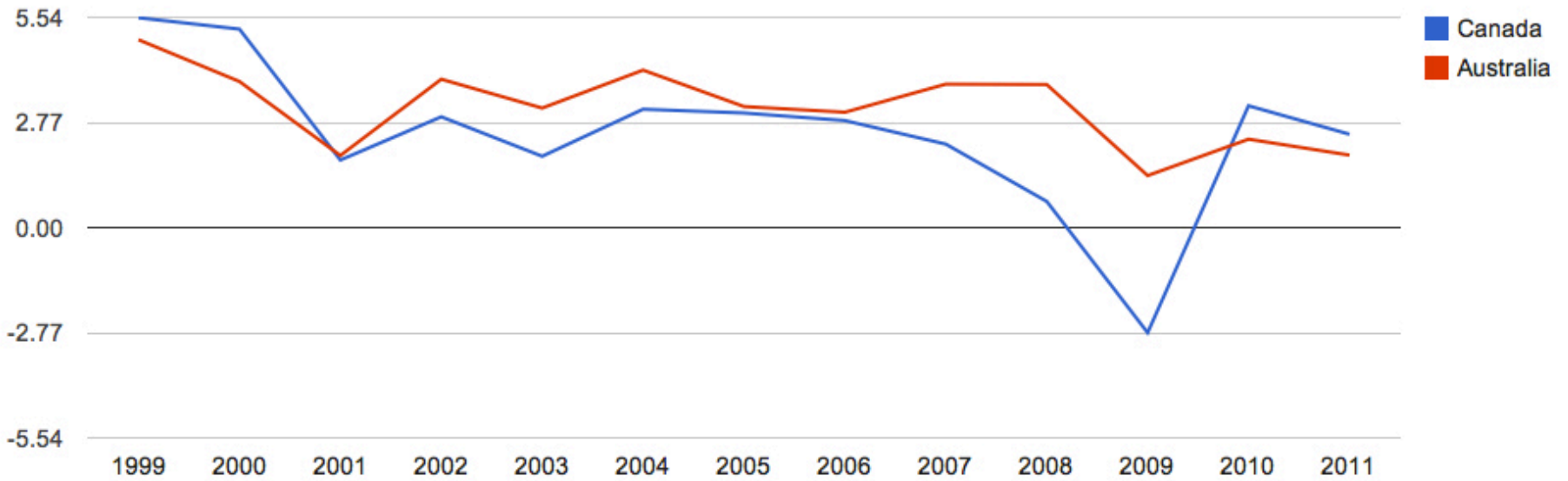
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What does the A/EDI tell us?

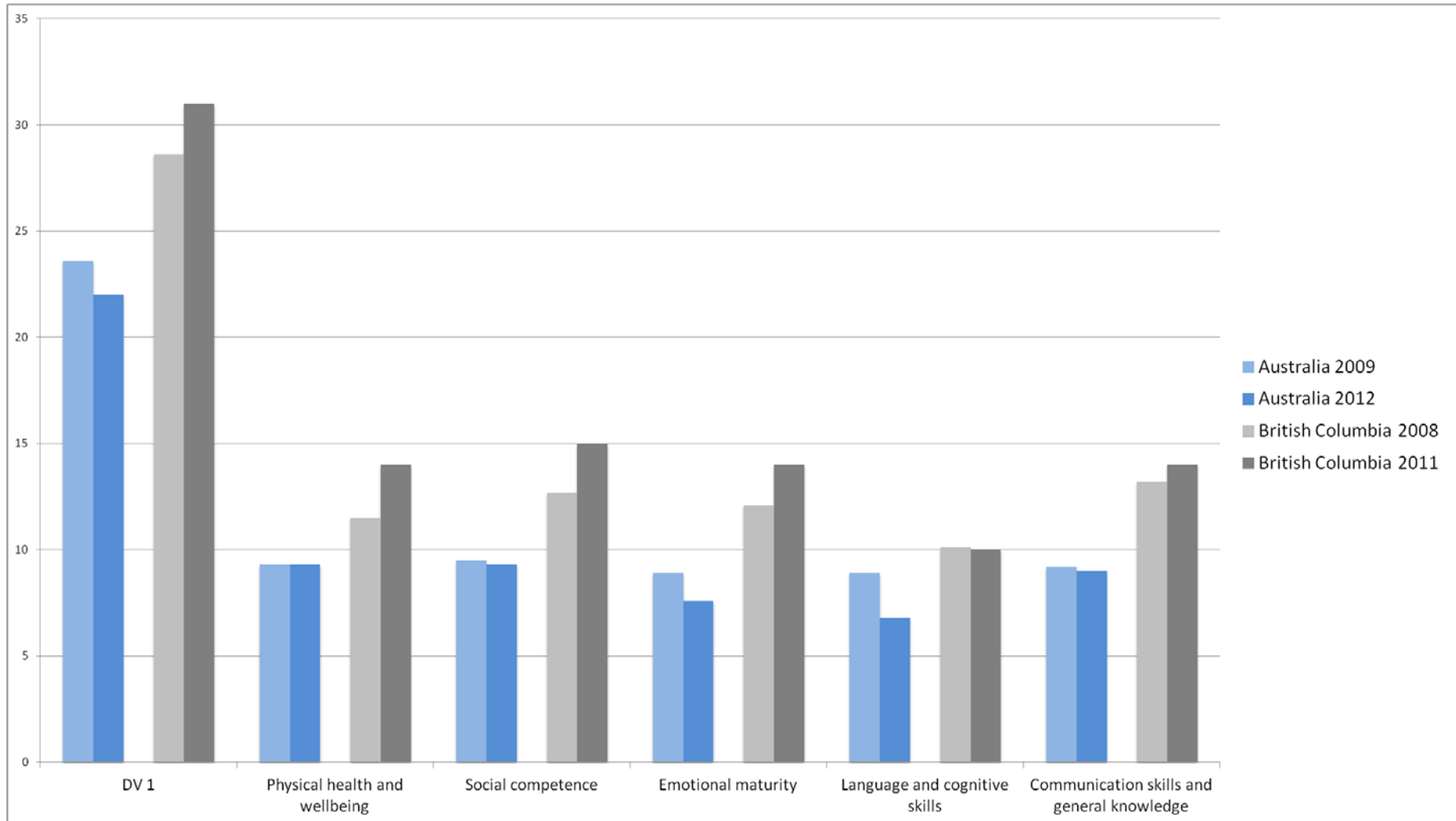
- adaptation of the Canadian Early Development Instrument
- 104 item questionnaire
- Items form scores on 5 domains
 - Physical health and development
 - Social competence
 - Emotional maturity
 - Language and cognitive skills (school based)
 - Communication skills and general knowledge
- Developmental vulnerability reported for each domain and for one or more and two or more domains

Economic growth: the rate of change of real GDP (measure: percent)



<http://www.theglobaleconomy.com/compare-countries>

AEDI/EDI Developmental Vulnerability 2009 and 2011/12



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

Palfrey, J. S., T. F. Tonniges, et al. (2005). 'Introduction: Addressing the millennial morbidity—the context of community pediatrics.' *Pediatrics* 115(4 Supplement): 1121-1123.

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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

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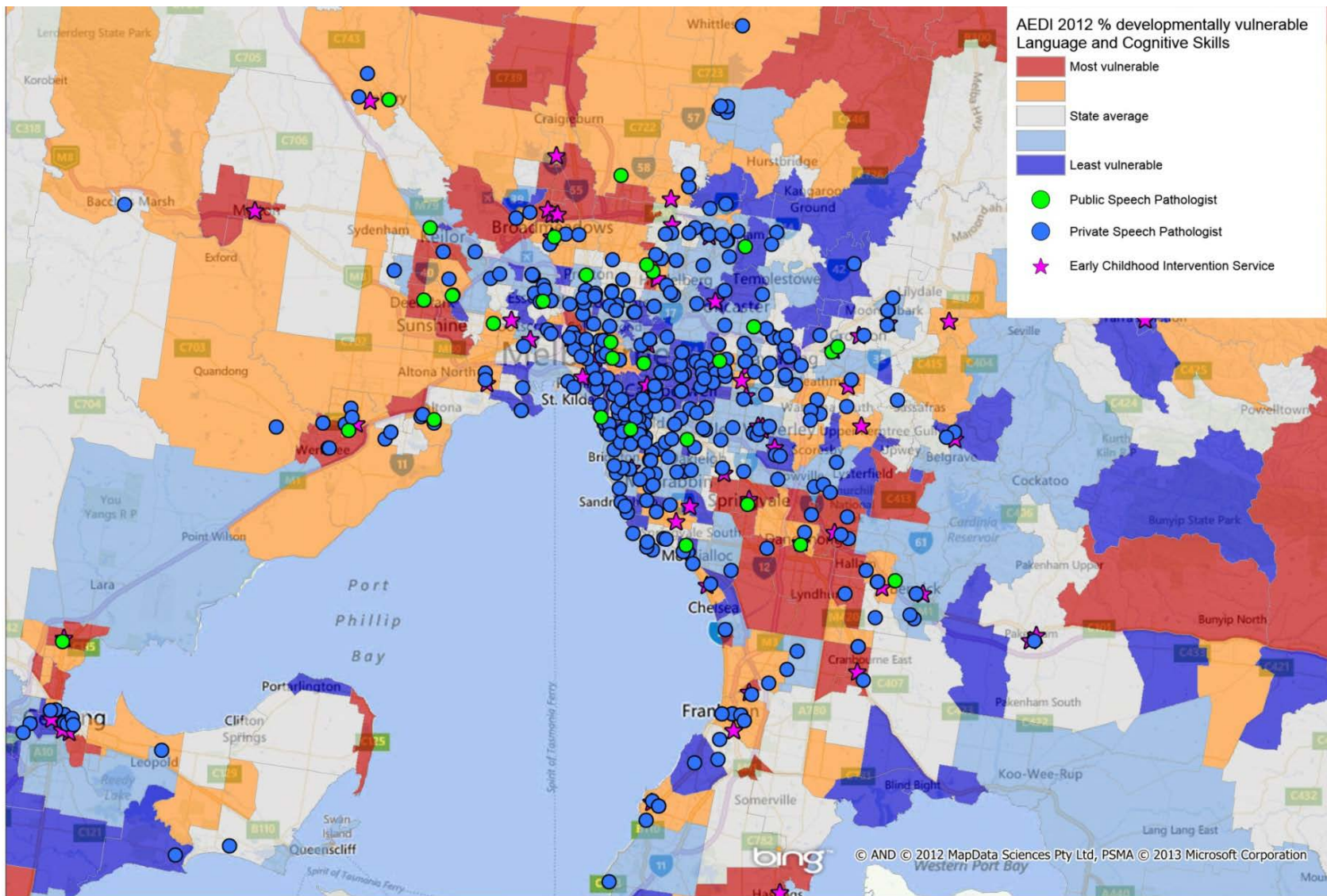
Tackling wicked problems is an evolving art. They require thinking that is capable of grasping the big picture, including the interrelationships among the full range of causal factors underlying them. **They often require broader, more collaborative and innovative approaches. This may result in the occasional failure or need for policy change or adjustment.**

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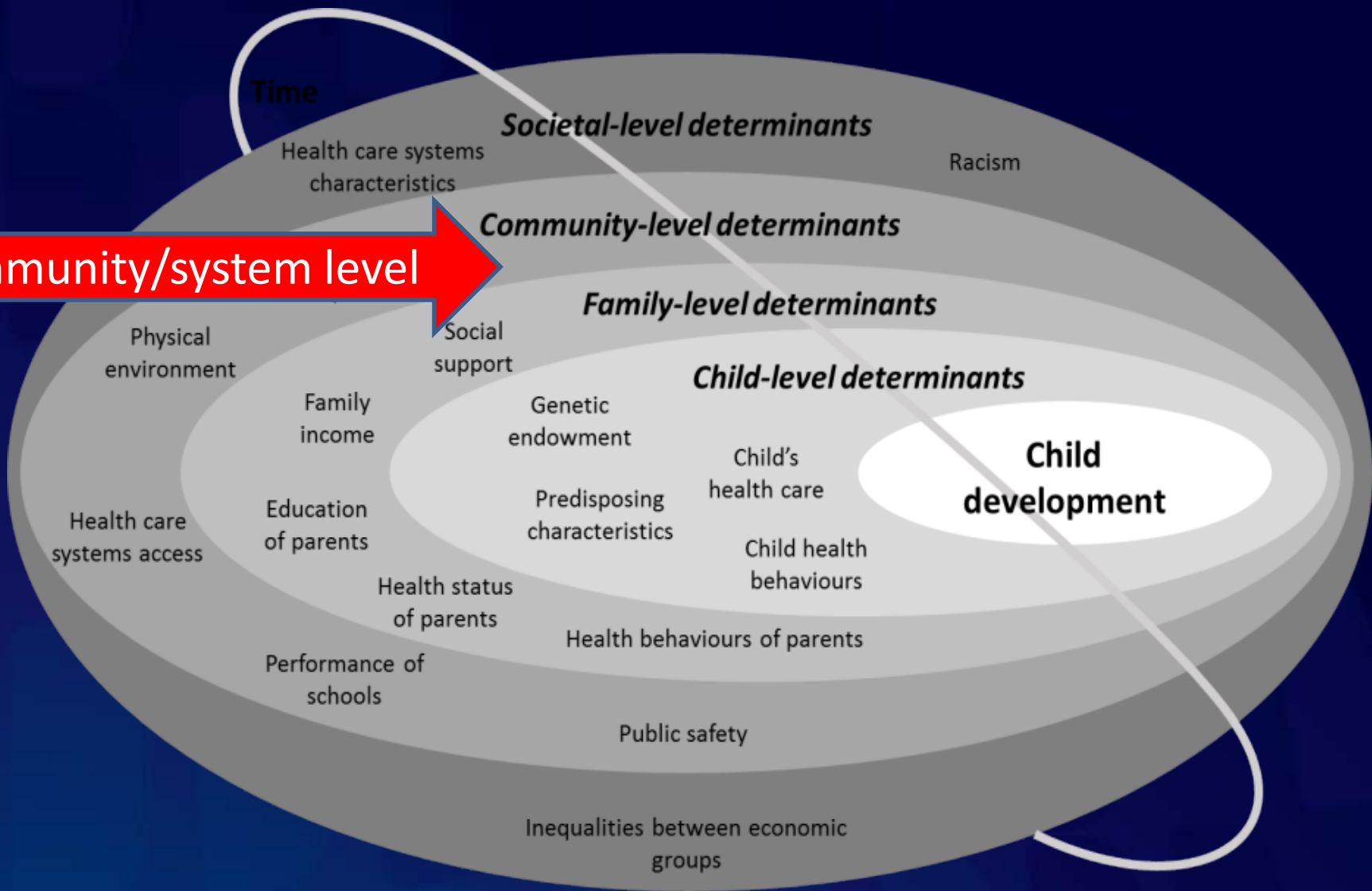
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Source: NHMRC CRE in Child Language, 2014

2. Community/system level



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

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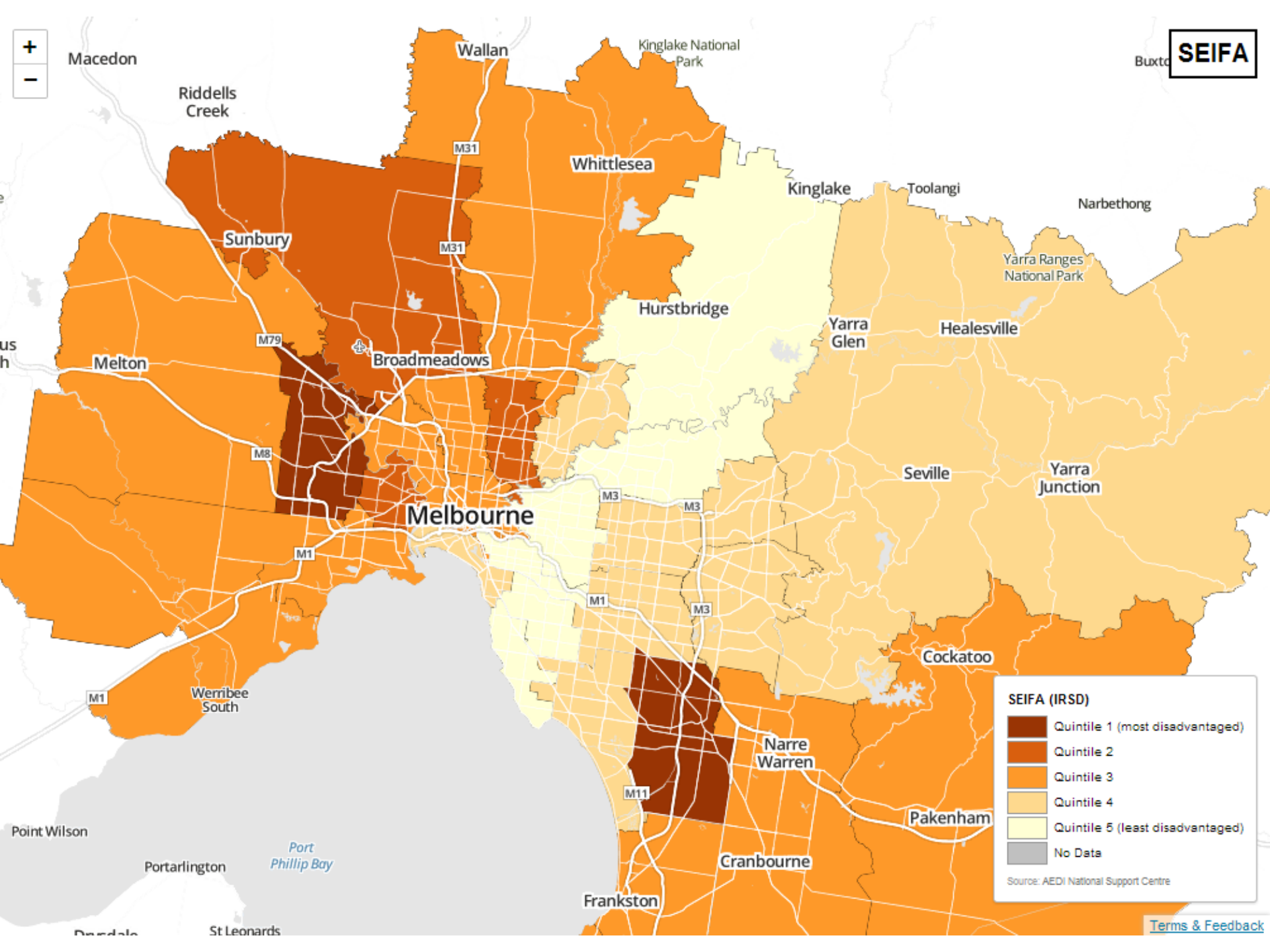


What is it about where you live that makes a difference to child development?

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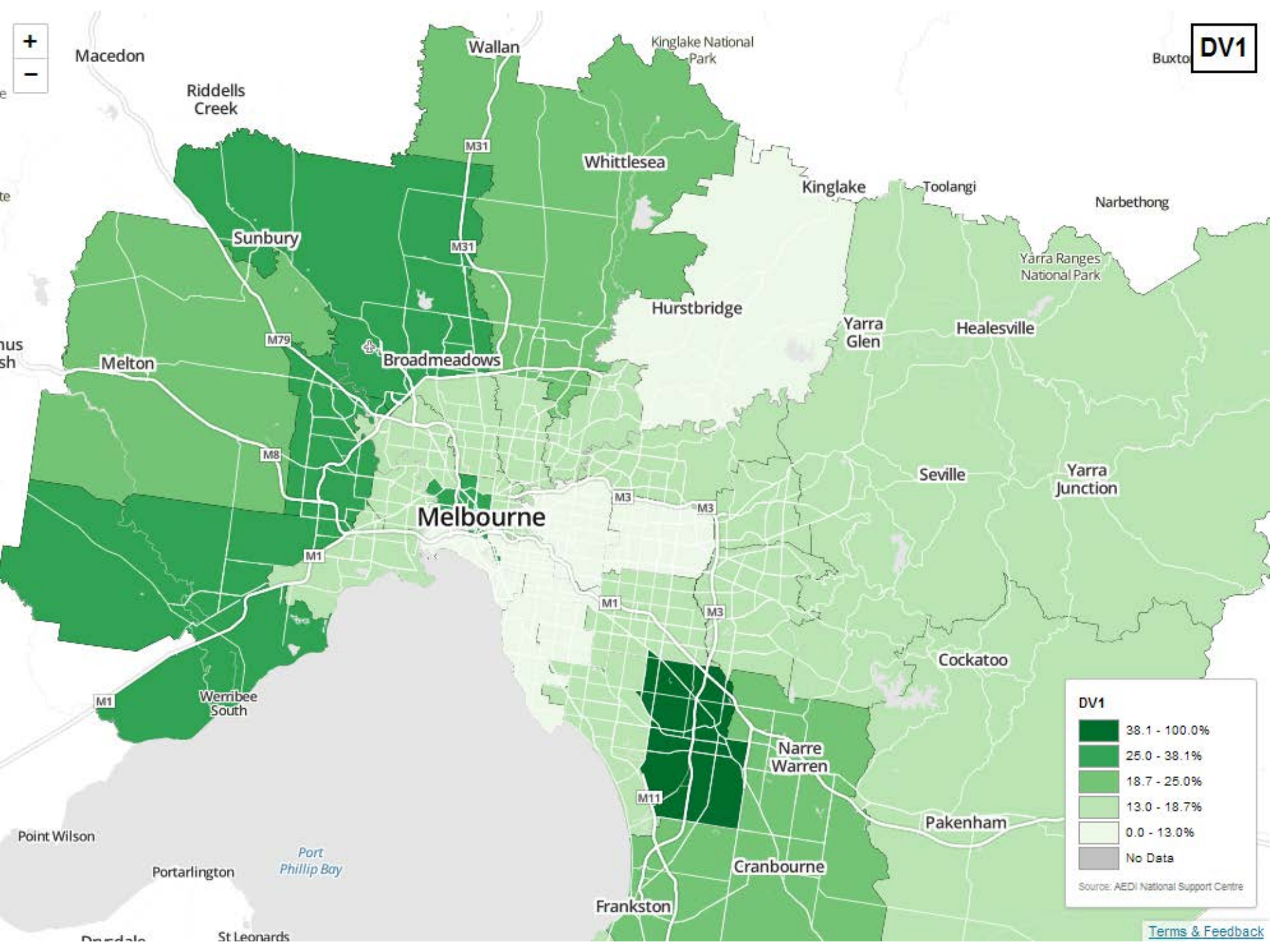




SEIFA (IRSD)

- Quintile 1 (most disadvantaged)
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5 (least disadvantaged)
- No Data

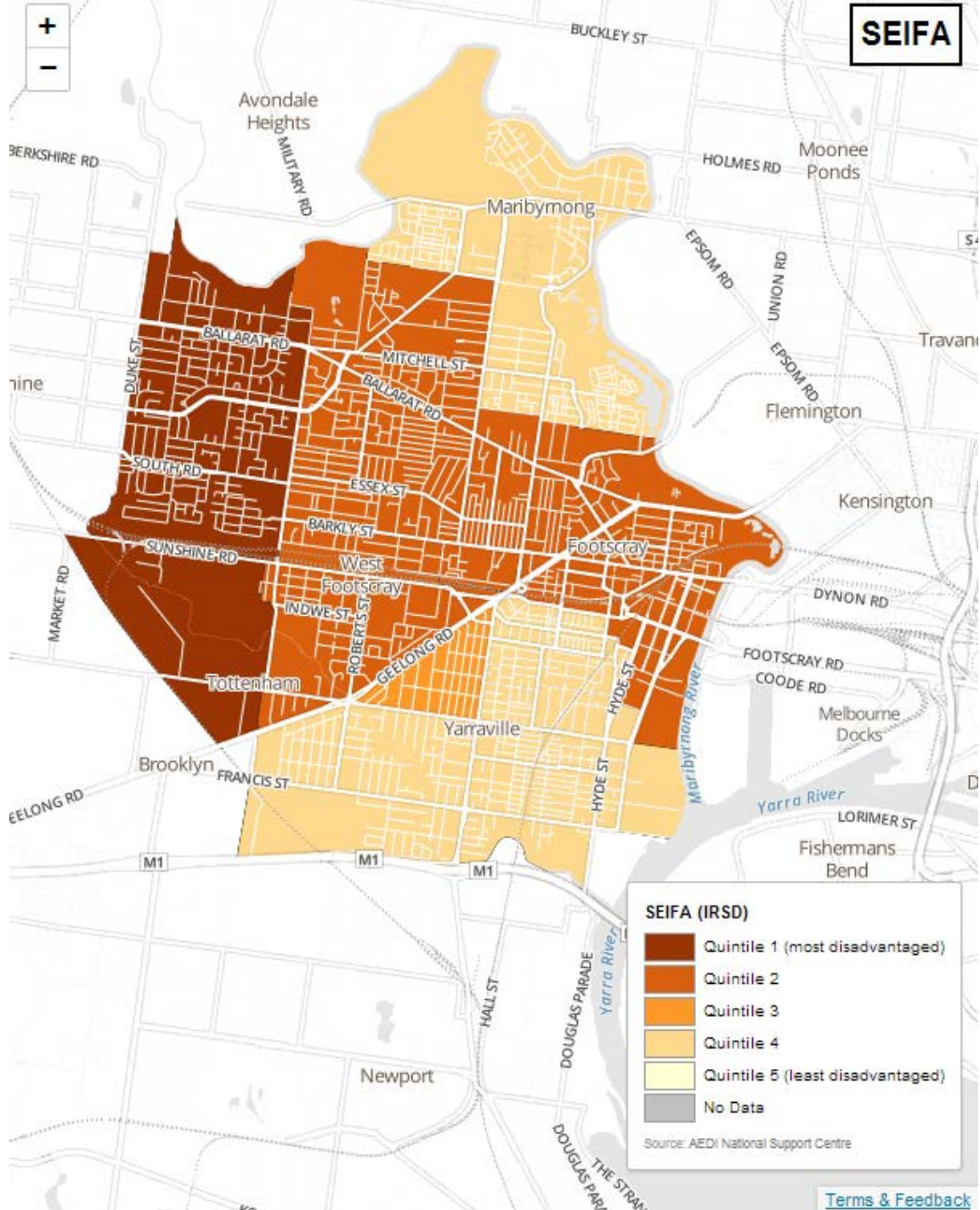
Source: AEDI National Support Centre

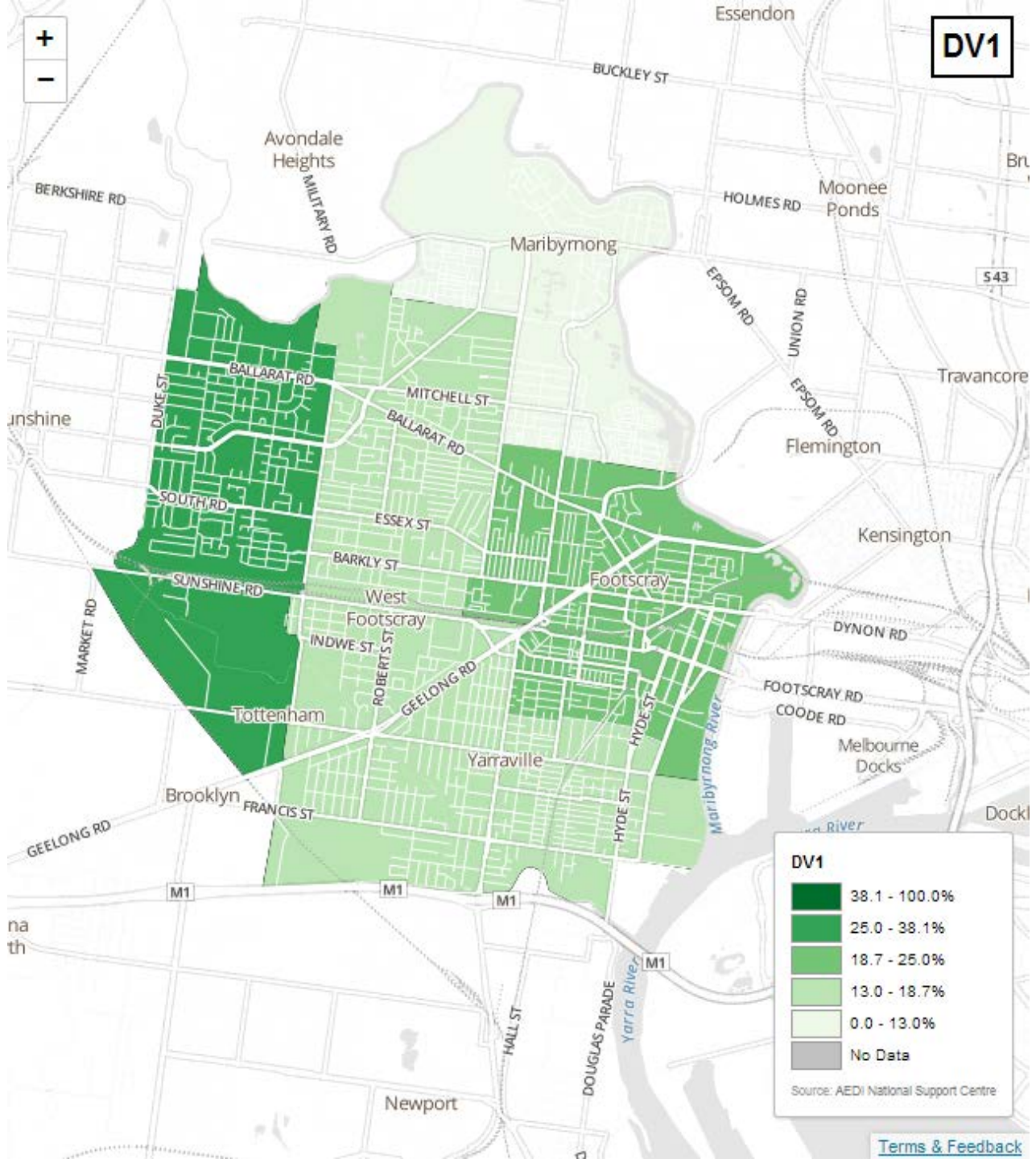


DV1

Dark Green	38.1 - 100.0%
Medium-Dark Green	25.0 - 38.1%
Medium Green	18.7 - 25.0%
Light Green	13.0 - 18.7%
Very Light Green	0.0 - 13.0%
Grey	No Data

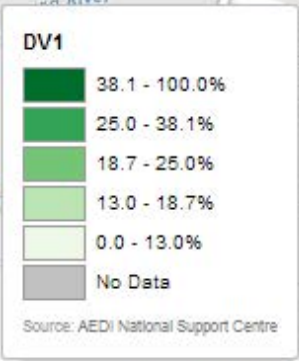
Source: AEDI National Support Centre





DV1

+
-



[Terms & Feedback](#)

Neighbourhood effects research: “location matters”

‘If numerous and seemingly disparate outcomes are linked together empirically across neighbourhoods and are predicted by similar structural characteristics, there may be common underlying causes’

Sampson et al. 2002, p. 447

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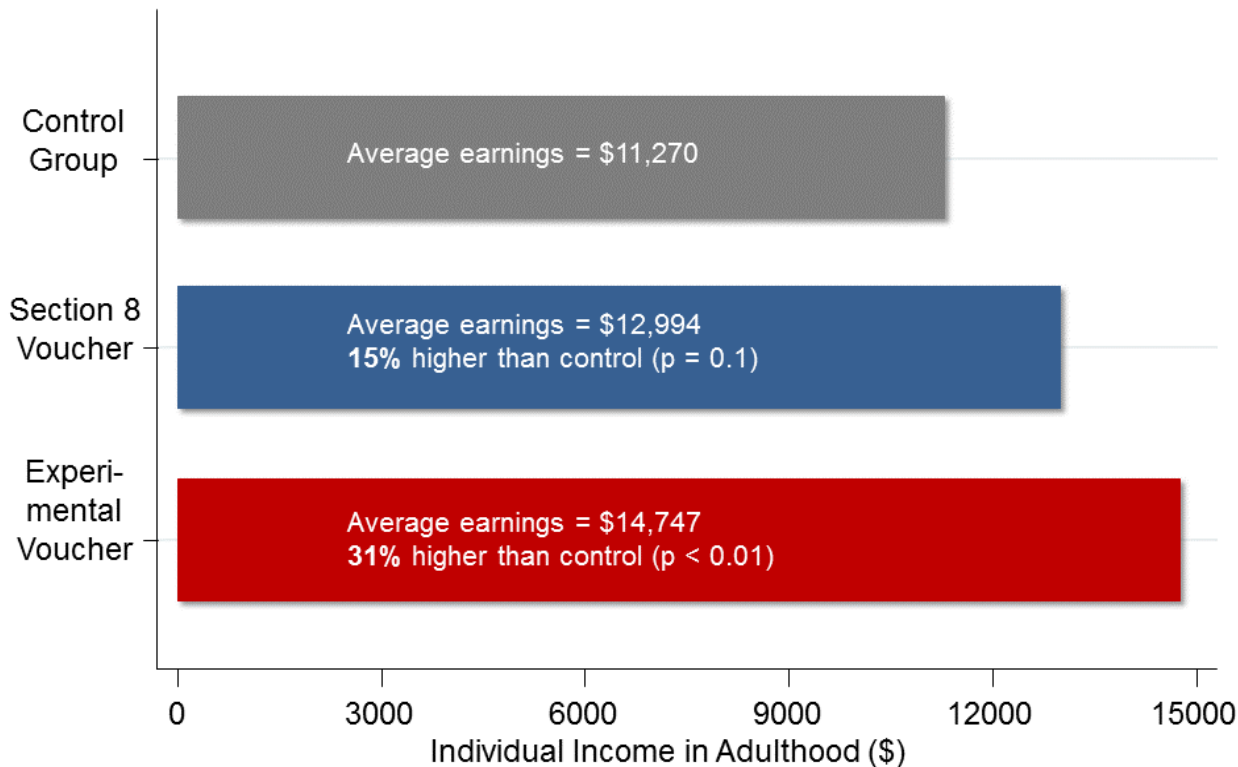


Disadvantaged communities:

- There is significant social inequality among neighbourhoods.
- Social and health problems tend to cluster together and can include crime, adolescent delinquency, social and physical disorder, low birth weight, infant mortality, school dropout, and child maltreatment.
- There are neighbourhood predictors common to many children and adolescent outcomes e.g. concentration of poverty, single-parent families and rates of home ownership, length of tenure.
- The concentration of poverty has increased in the last few decades as well as the concentration of affluence at the higher end of the income scale.

Cost Effective Policy

The Moving to Opportunity experiment increased incomes by 31% for children who moved before age 13



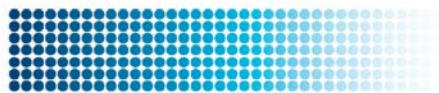
This figure shows the average earnings of three groups of children whose families enrolled in the MTO Experiment before they turned 13: those who grew up in public housing projects (Control), those who received standard Section 8 housing vouchers, and those who received vouchers to move to low-poverty neighborhoods (experimental).

Chetty, Hendren and Katz, 2015

Strong communities derive from:

- The economic/natural/human/social capital assets of a community
- The knowledge within the community that allows for the sustainable use of assets
- The ability to collectively organise in order to work through issues, set priorities, and use resources to their full capacity
- Local institutions that provide governance structures through which collective action can be organised

(Lin 2001, Gilchrist 2004, DVC 2004)

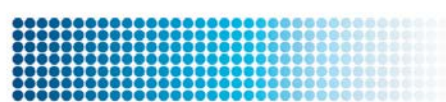


A snapshot of place-based activity promoting children's wellbeing

Collaborate for children: scoping project

*Produced by the Centre for Community Child Health
Funded by the Australian Government Department of Education*

November 2014



The evidence: what we know about place-based approaches to support children's wellbeing

Collaborate for children: scoping project

*Produced by the Centre for Community Child Health
Funded by the Australian Government Department of Education*

November 2014

Frameworks for change

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Stanford SOCIAL INNOVATION REVIEW

Collective Impact

By John Kania & Mark Kramer

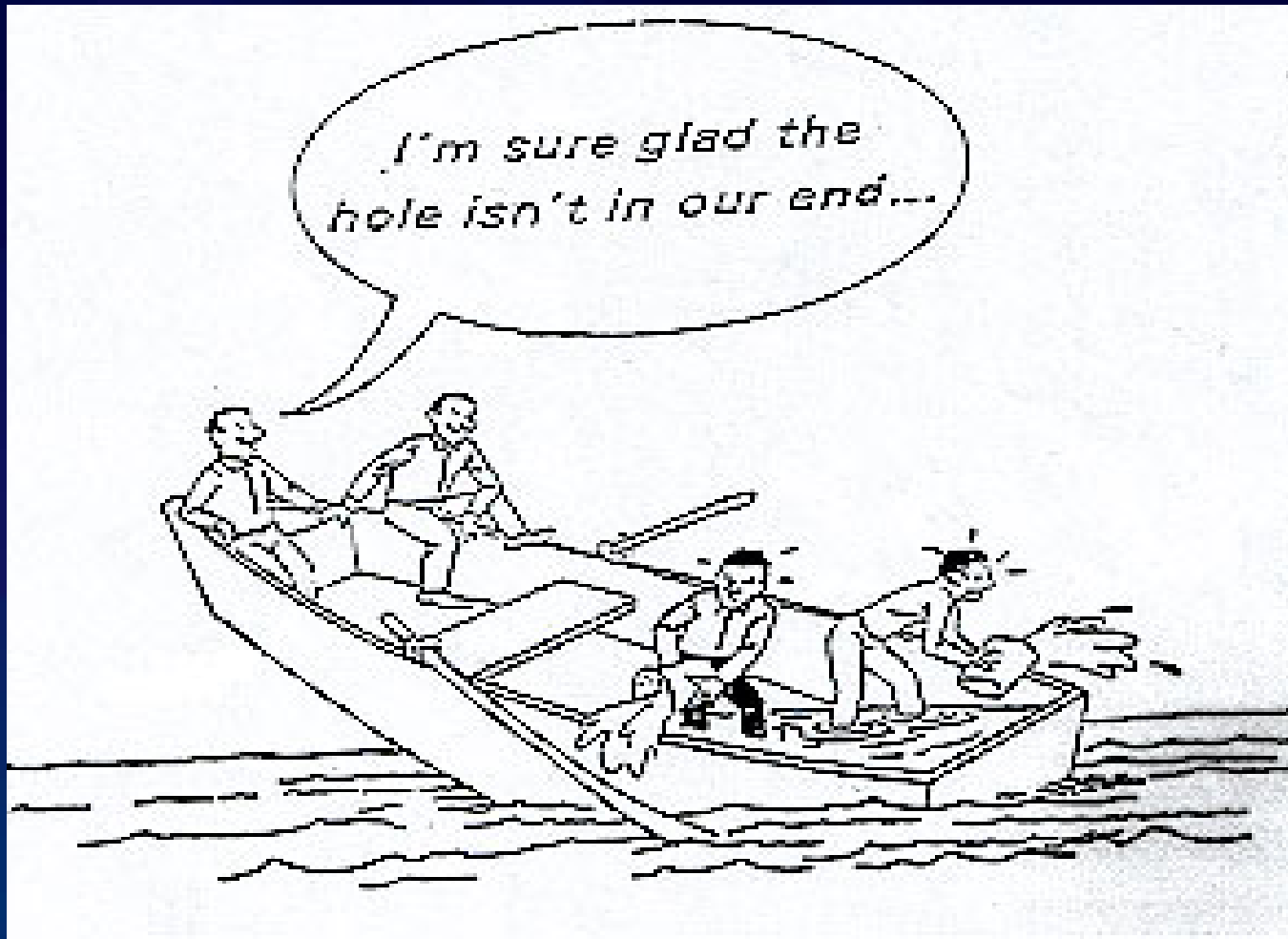
Stanford Social Innovation Review
Winter 2011

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WHAT
LIES
BENEATH



*I'm sure glad the
hole isn't in our end...*

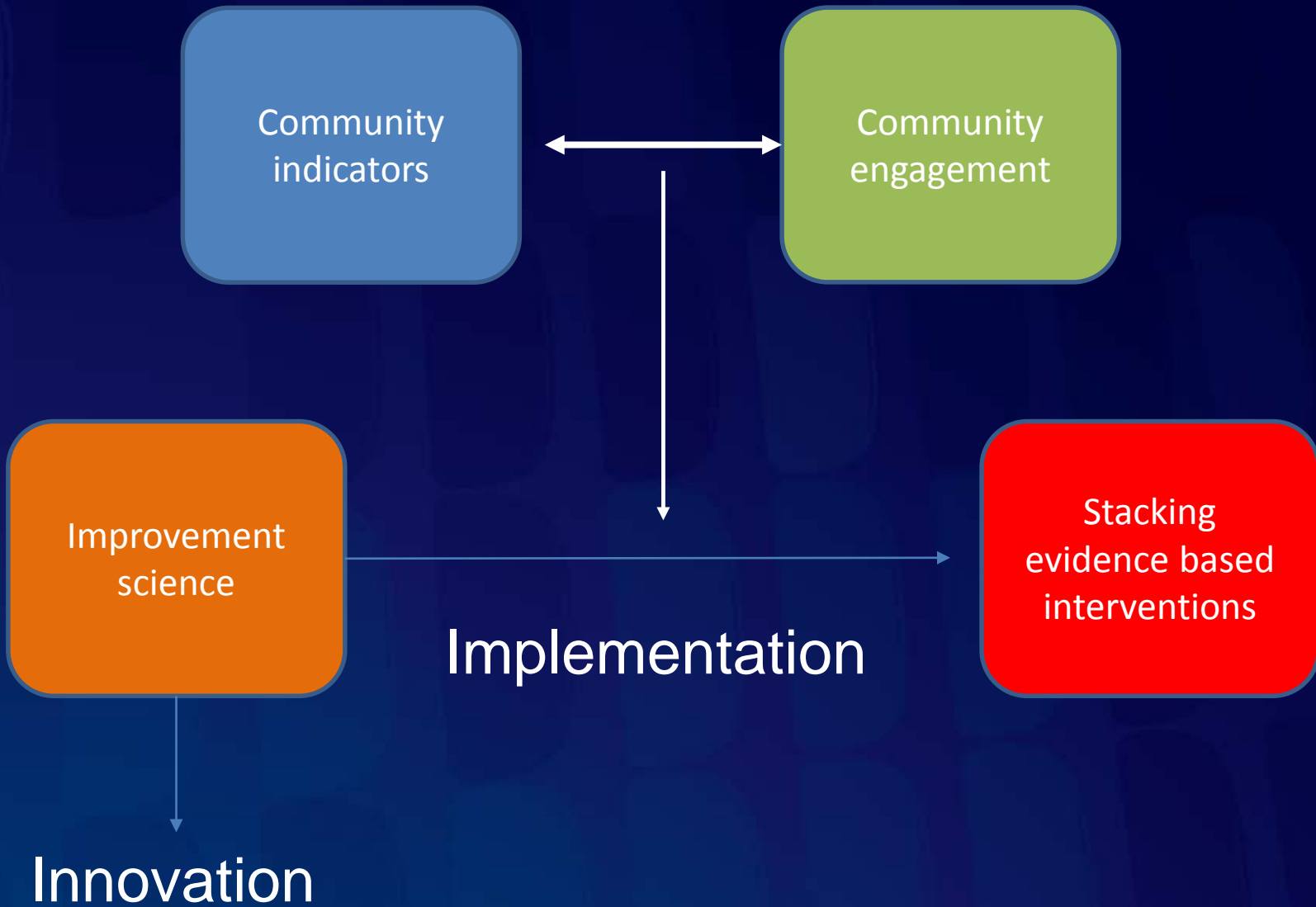


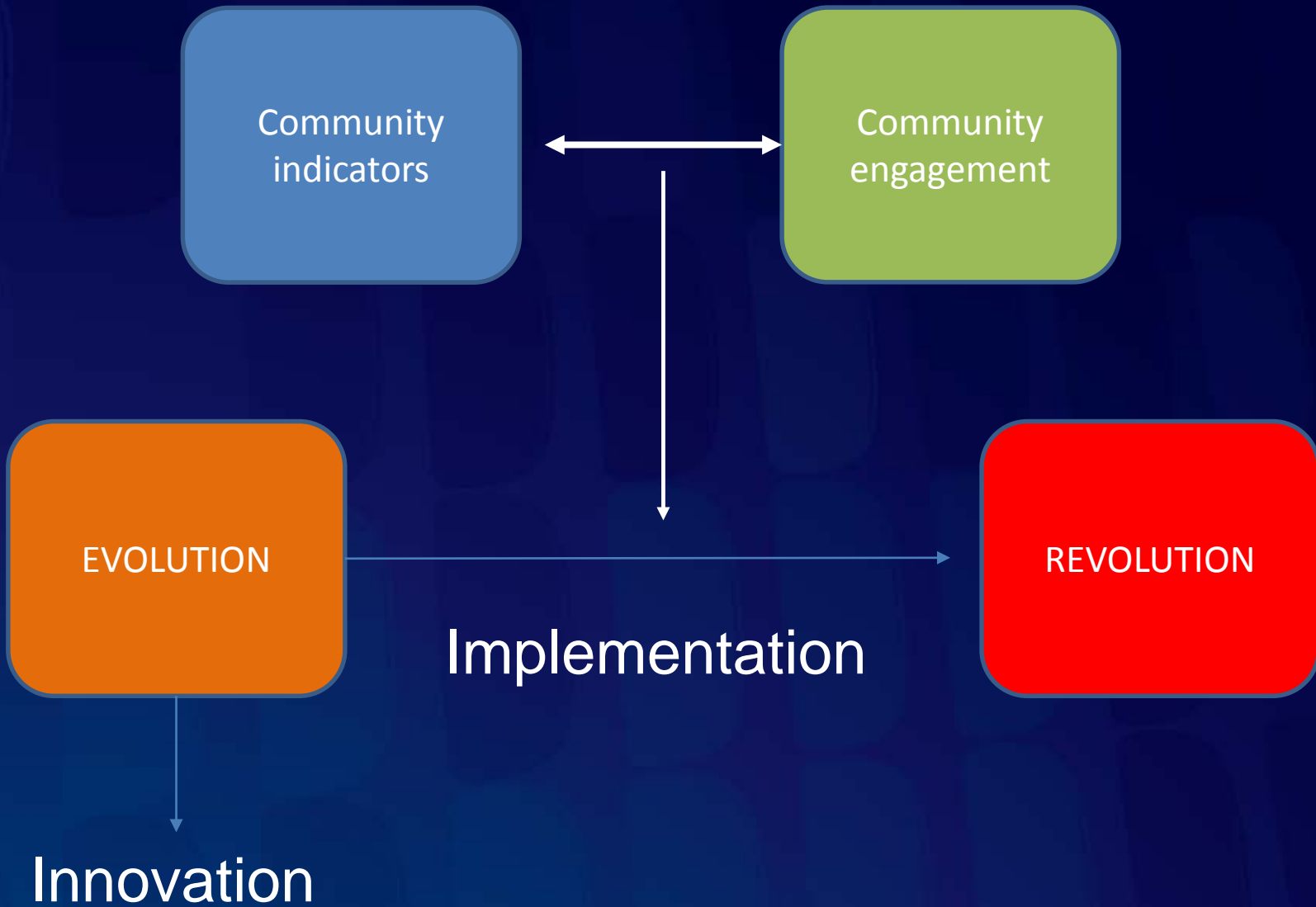
Community system change: Data informed Hypothesis driven Evidence based

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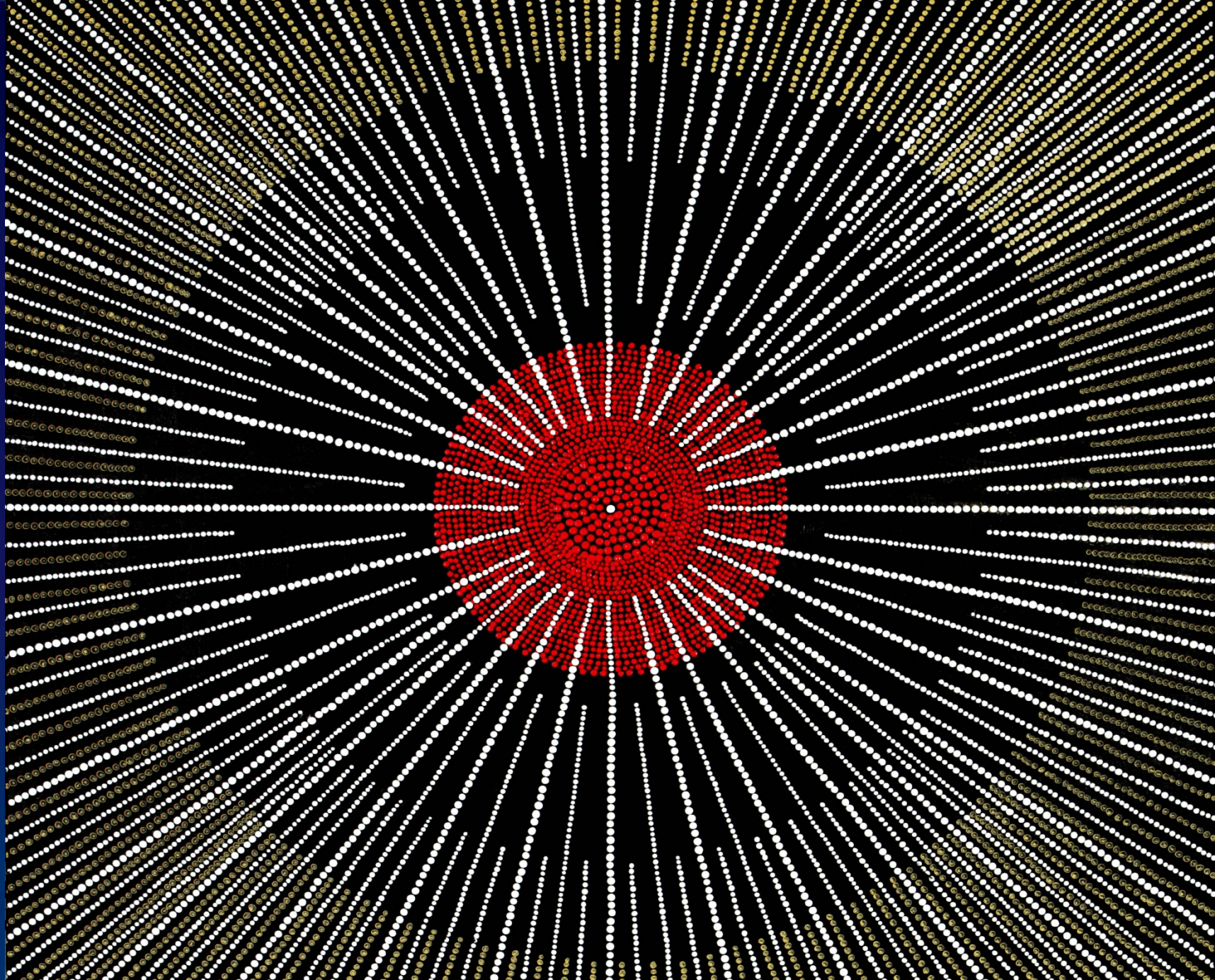
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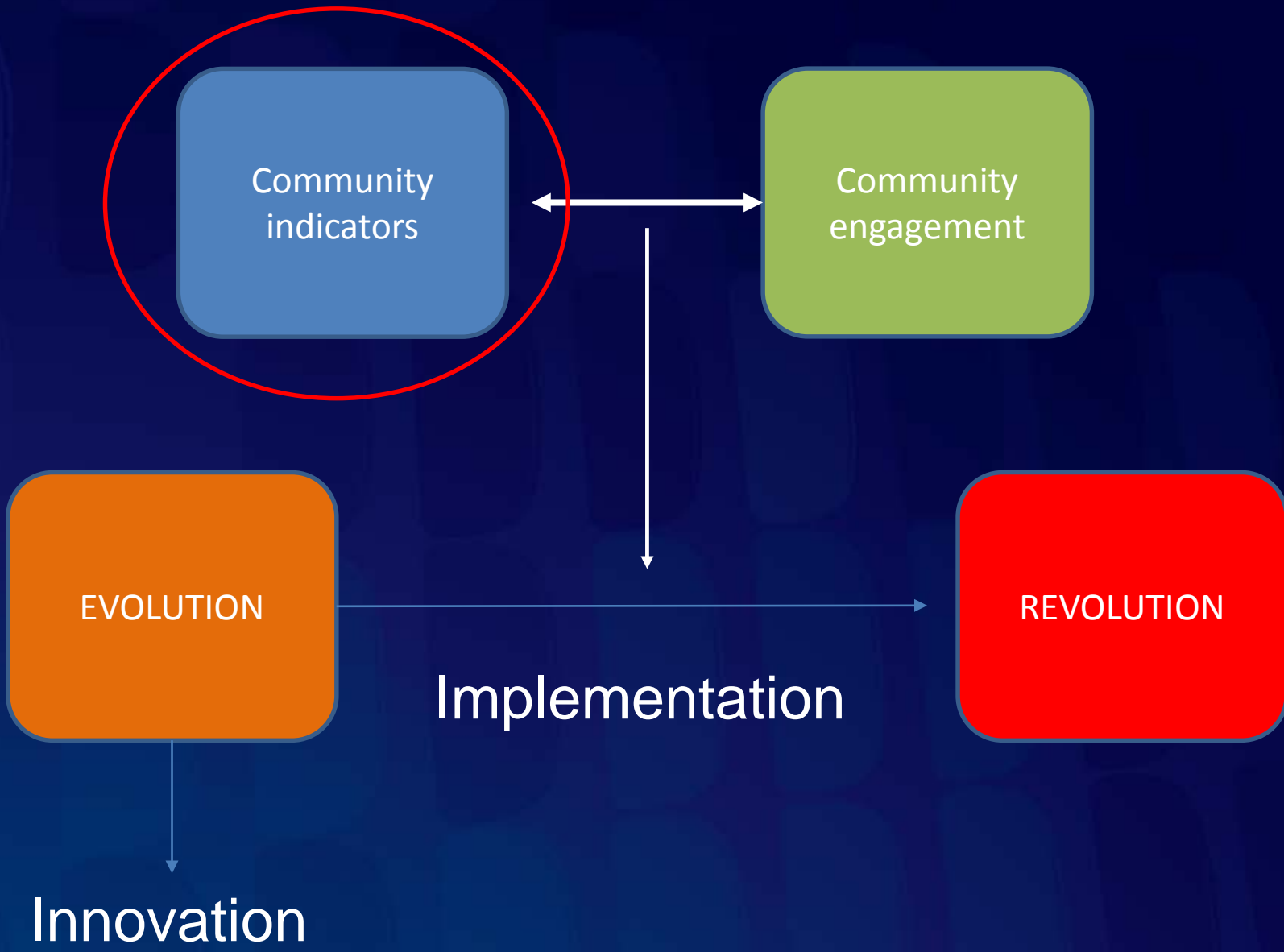








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Kids in Communities Study

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

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State & federal
government policies

Local Government
Governance domain:
Governance structures & policies

Community

Service domain:
Quantity, quality,
access and
coordination of
services

Social domain:
Social capital,
neighbourhood,
attachment, crime,
trust, safety

*Governance
domain:*
Citizen engagement

Physical domain:
Parks, public
transport, road
safety,
housing

Family

*Socio-economic
domain:*
Community SES

Child

Project Partners:

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THE UNIVERSITY OF
WESTERN AUSTRALIA



UNIVERSITY OF
CANBERRA



UNSW
AUSTRALIA



Australian Government
Department of Education



Government
of South Australia
Department for Education
and Child Development



Children's Health Queensland
Service | Integrity | Courage | Innovation | Accountability

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

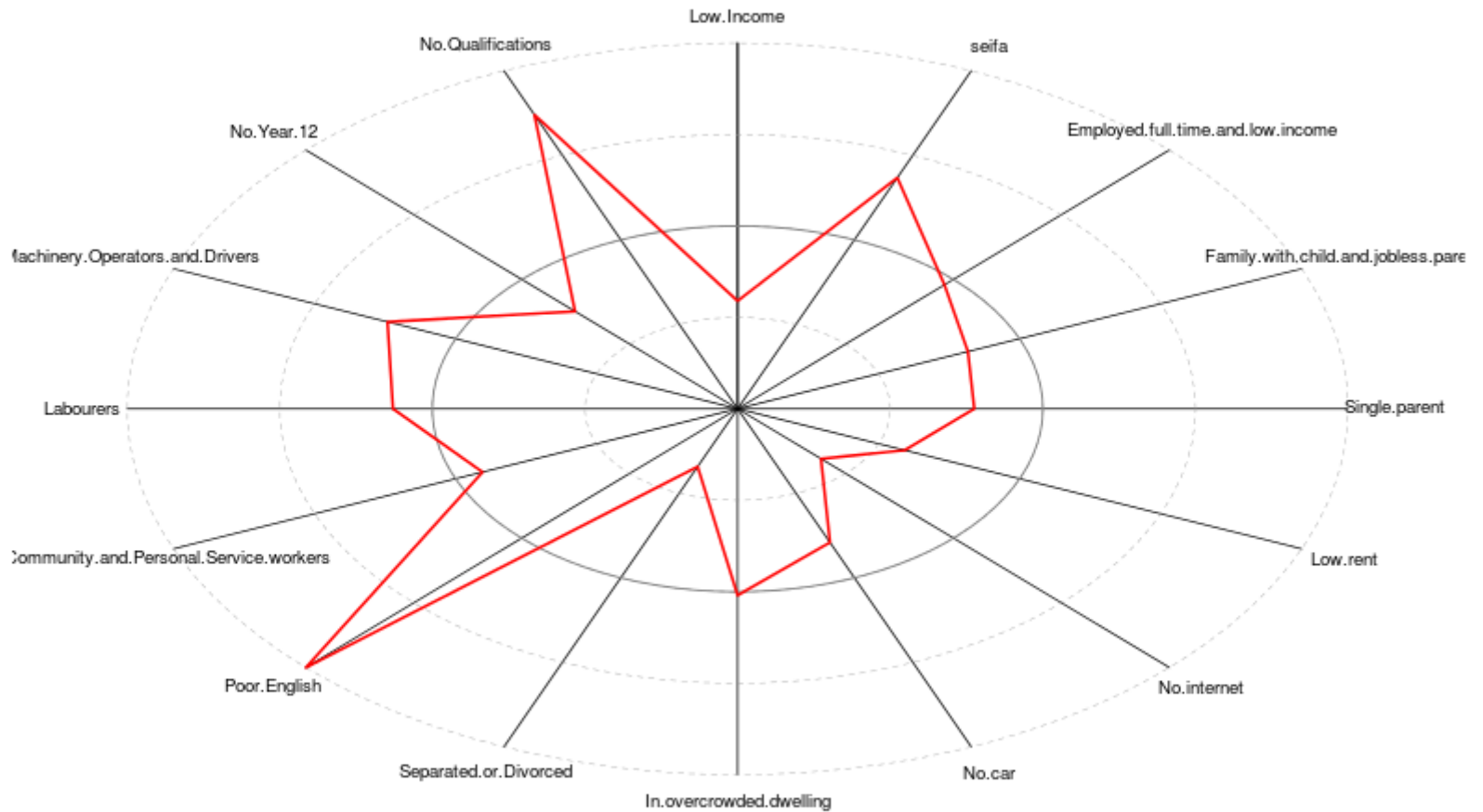
Learning from the extremes: off diagonal communities

		SEIFA IRSD Quintile					
		<i>High level of disadvantage</i>			<i>Low level of disadvantage</i>		
		1	2	3	4	5	
AEDI DV1% Quintile	<i>Low % Vulnerable 1 or more domain</i>	1	A				C
		2					
	3						
	<i>High % Vulnerable 1 or more domain</i>	4					
		5	D				B

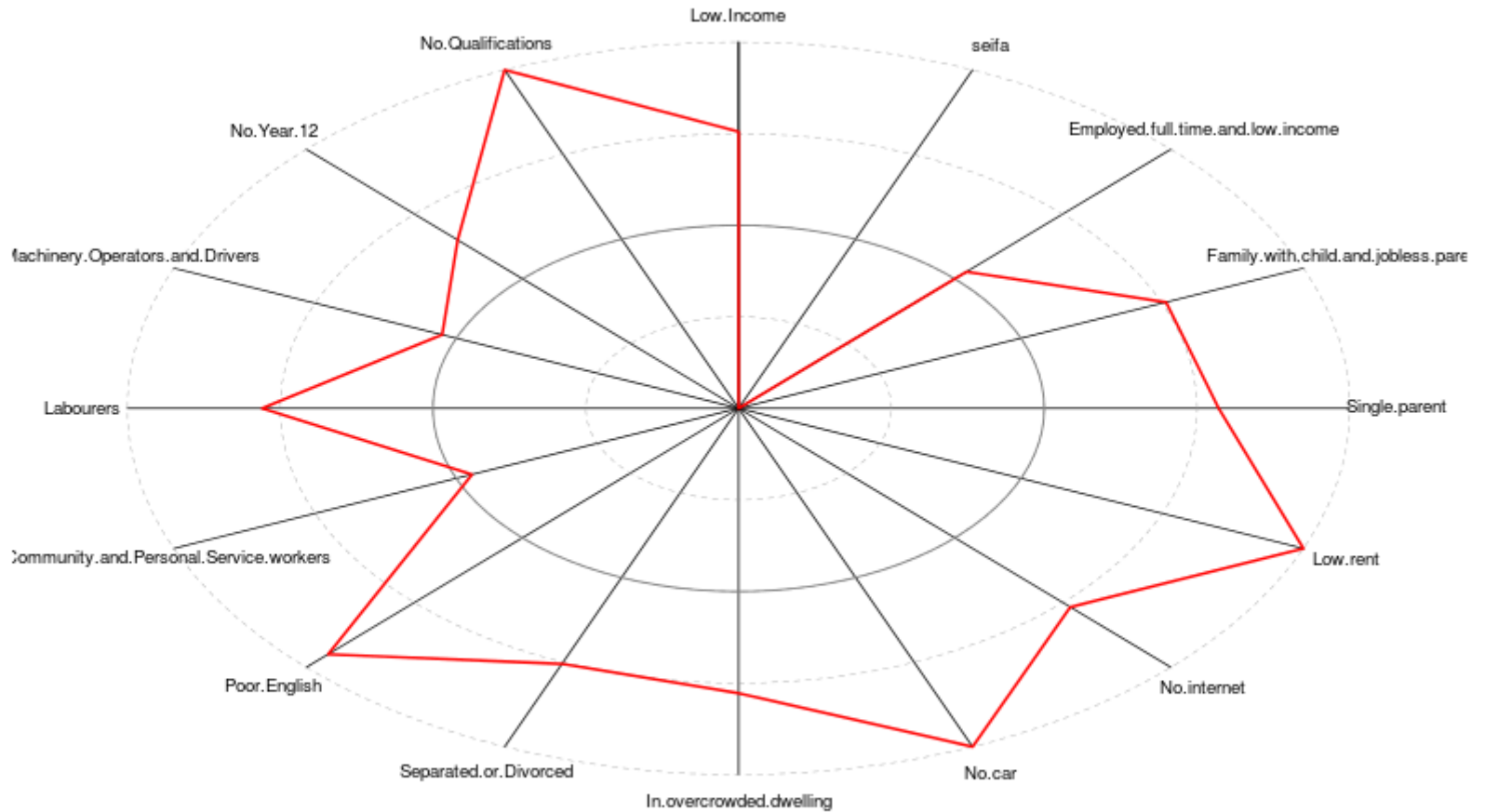
Measuring the domains

Domain	Main methodologies to explore the domain
Service	Focus groups, community surveys, stakeholder interviews, GIS, phone calls to service providers and yellow pages, parent and service surveys
Social	Focus groups, community surveys
Physical	GIS, desktop park audits, community surveys
Governance	Focus groups, community surveys, grey literature analysis/document analysis, stakeholder interviews
Socioeconomic	ABS stats, analysis of ABS SEIFA and AEDC data to identify on- and off- diagonal communities

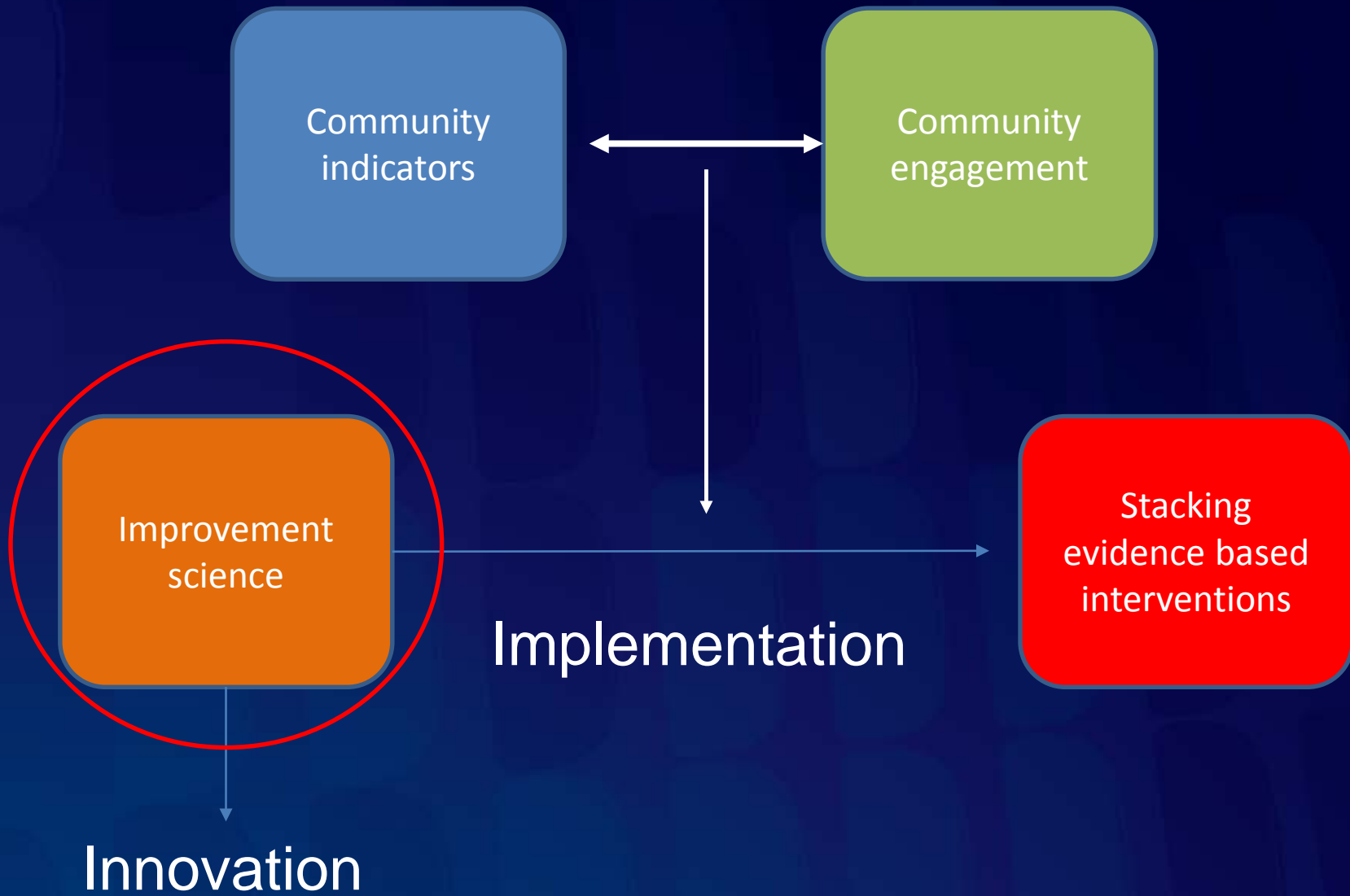
Community 2 - Qld



Community 4 - Qld





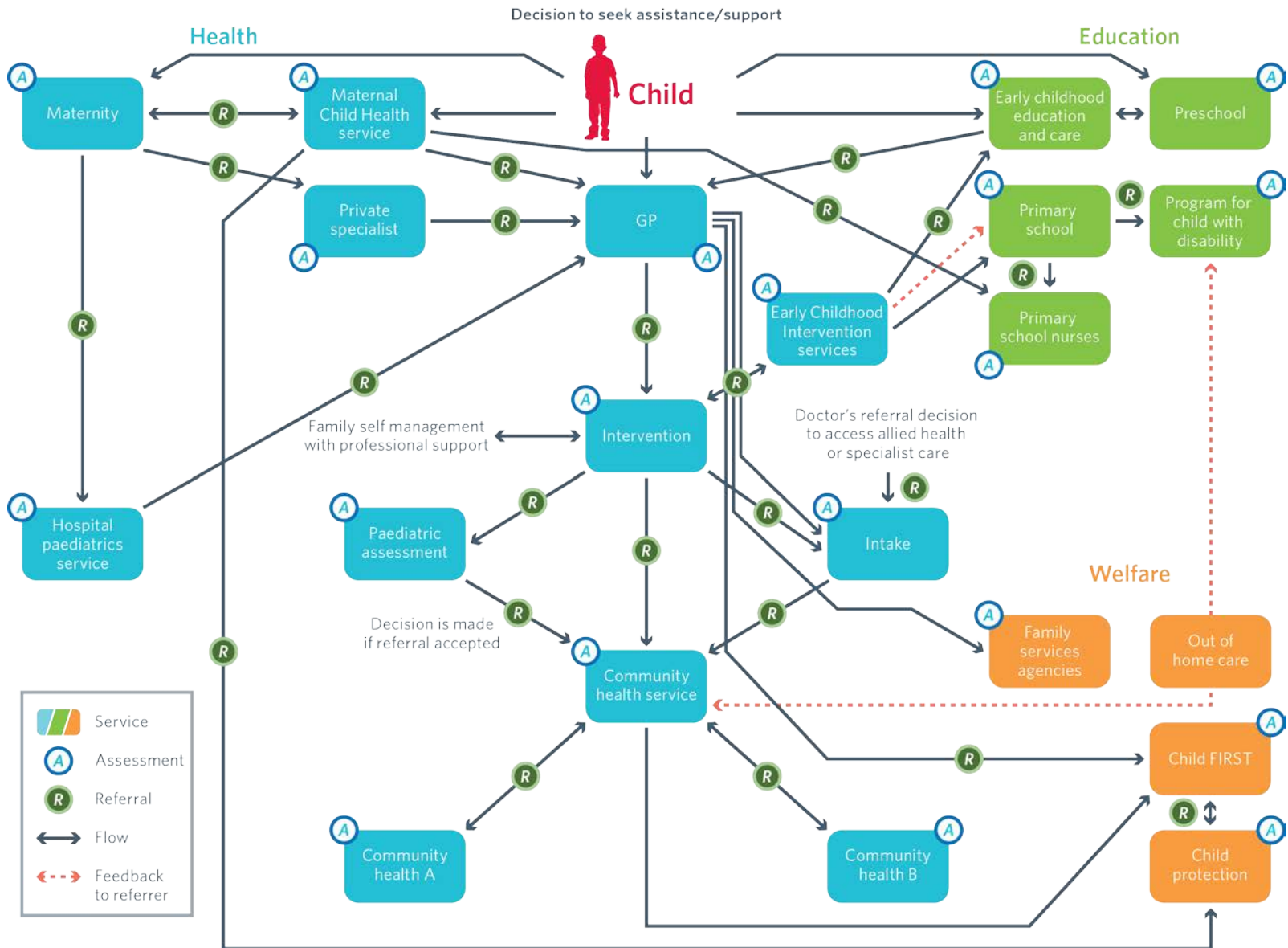




Blue Sky Research Project

Re-design, change & sustain

Blue Sky Research Project: Mapping the current service system in a Victorian community





All parents
are
supported

Services are
family led
and child
centred

Services
are easy to
find, use
and
navigate

A smooth
transition to
school with
appropriate
support

All families
have access
to high
quality
universal
services

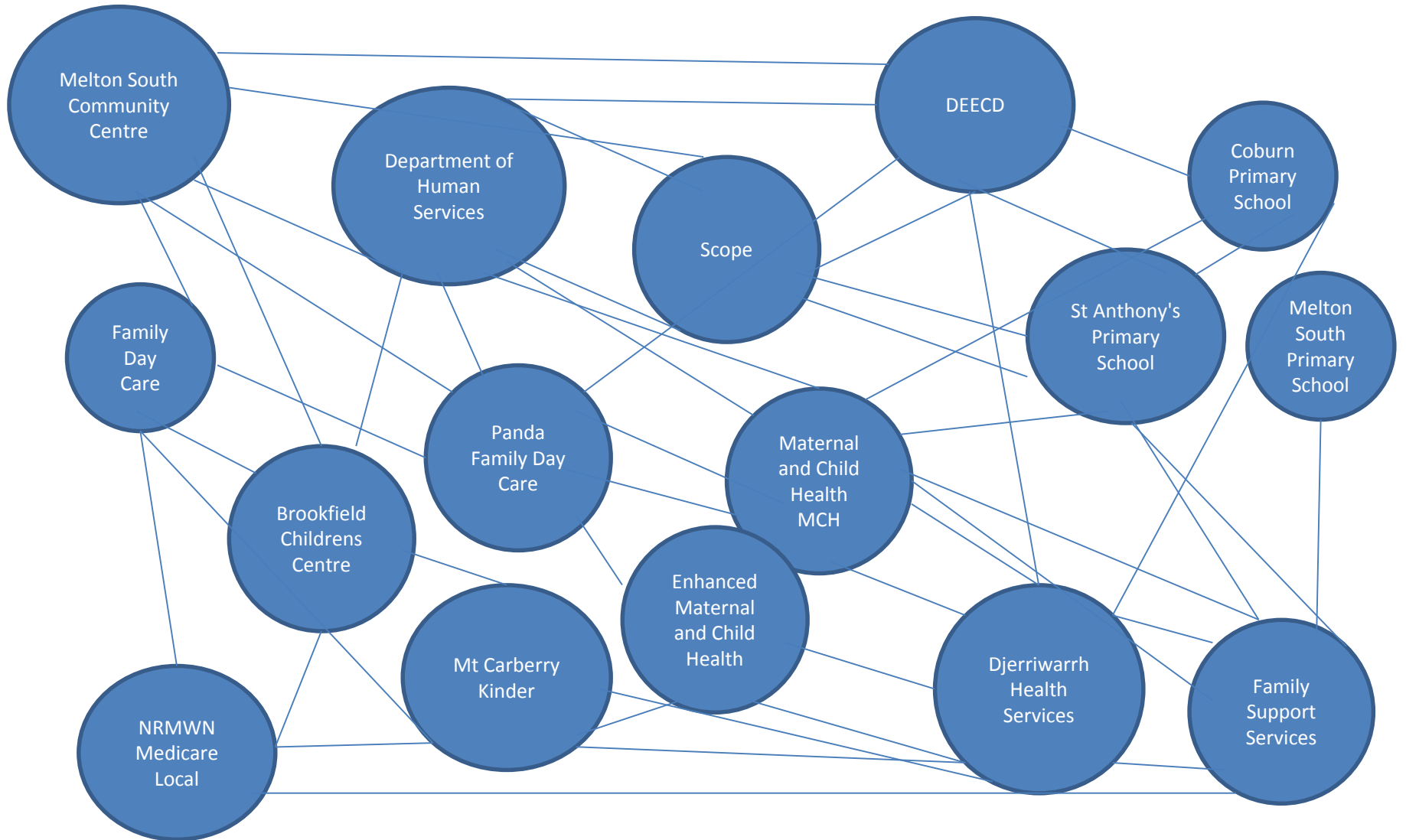
Improvement science

- Focus on population outcomes
- Use data to identify 'hotspots'
- Systems thinking (and action)
- Align efforts
- Consumer centred
- Use networks to produce & accelerate innovation
- Test promising ideas quickly but rigorously



Adapted from Inkelas, 2012

Collaborate

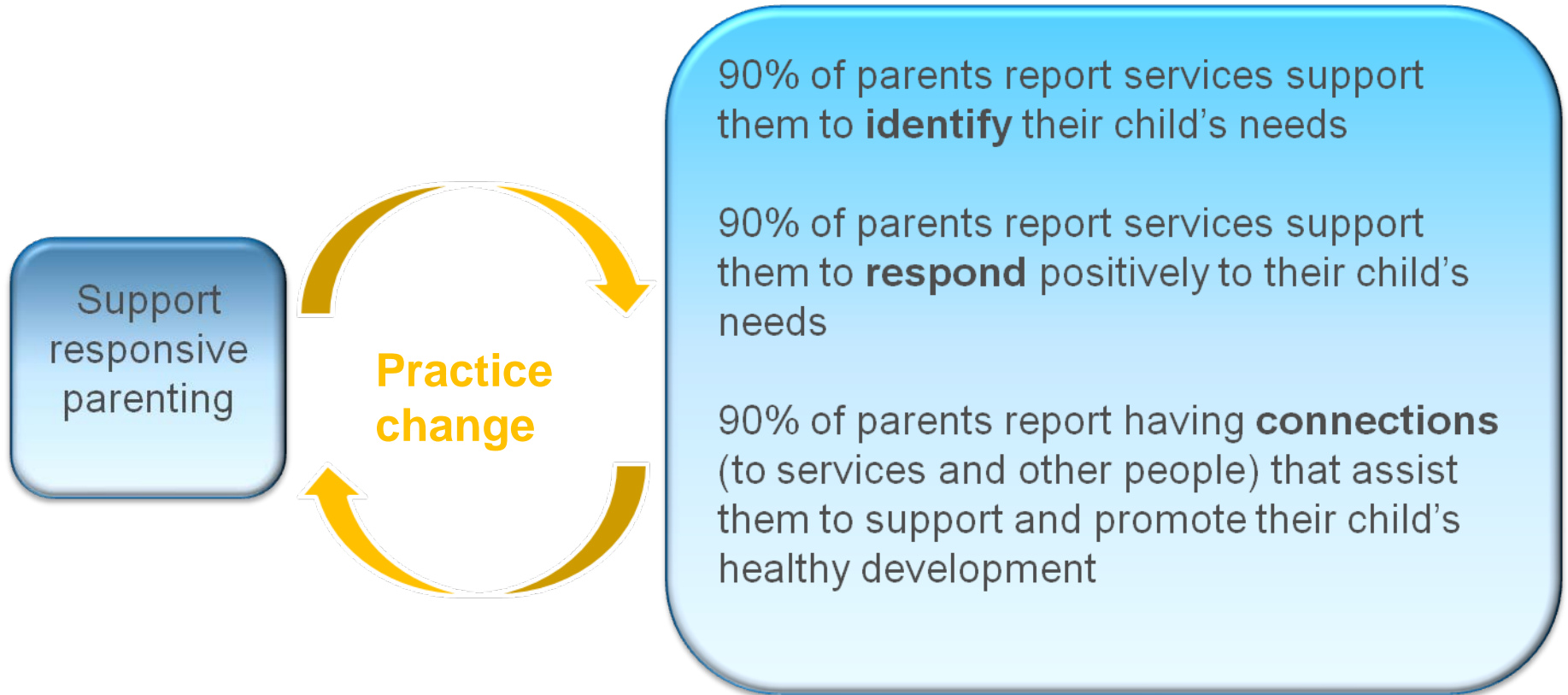


Act



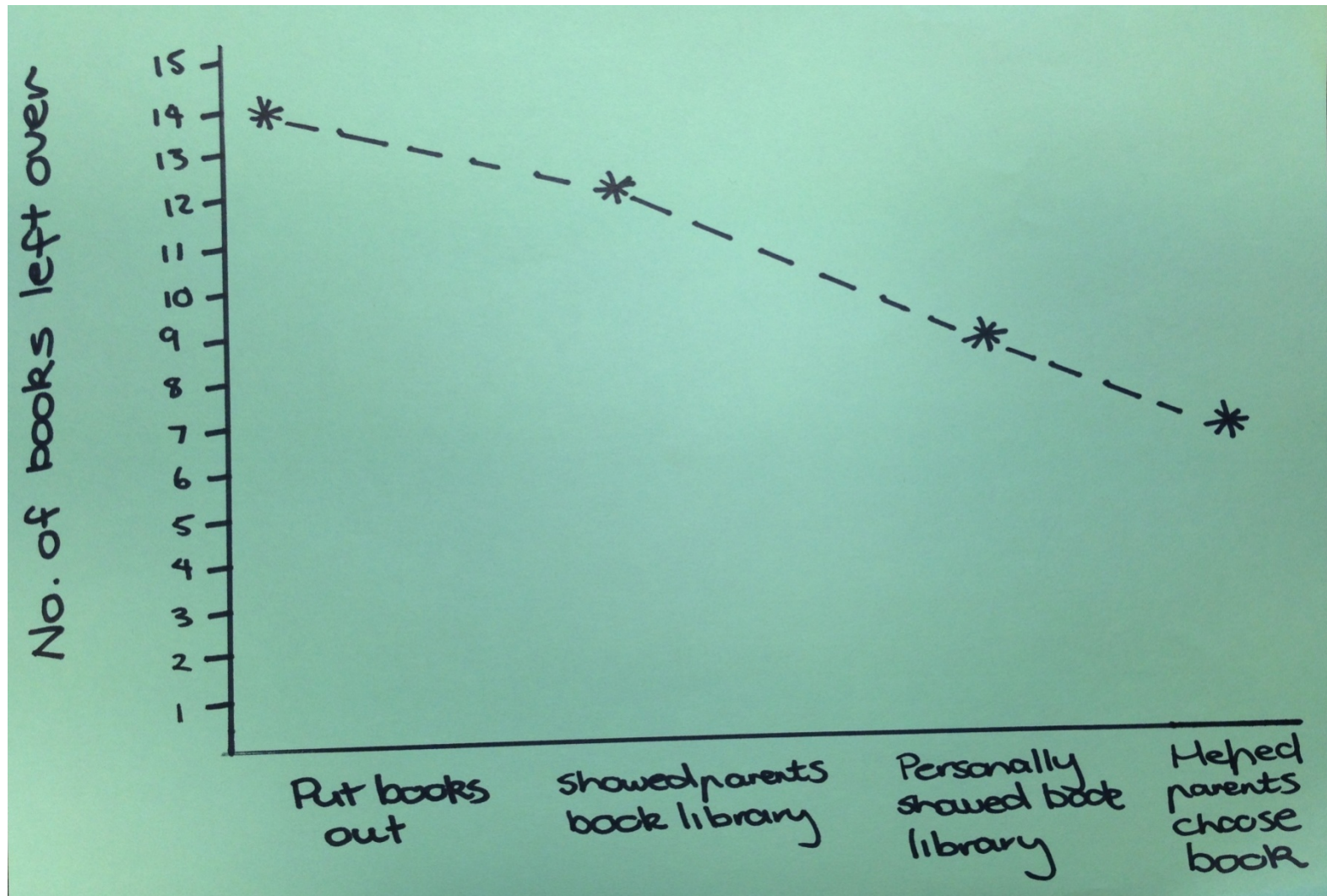
Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. [*The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*](#) (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

Act and measure



Act and measure

PDSA action: improving literacy



Measure

Monthly parent survey



Blue Sky Project
Parent Survey

Today's date (dd/mm/yy) Your post code

--	--	--	--	--	--	--	--	--	--

To ensure we provide the best possible support for your child and family we are making improvements to our service as part of our involvement in the 'Blue Sky project' supported by the Murdoch Childrens Research Institute. Your thoughts and feedback are important to us. We want to hear about your experience at this service. The information collected in this survey may be used to improve our service and will not affect any services you may receive now or in the future. There are no right or wrong answers. Your name and your child's name are not on this survey. Thank you.

Note: Please shade only one (yes or no/india) for each question, like this →

During today's visit, did the staff in this service:

	Yes	No
a) Pay close attention to what you were saying?	<input type="radio"/>	<input type="radio"/>
b) Let you tell your 'story' (not intruding)?	<input type="radio"/>	<input type="radio"/>
c) Talk with you about how your child is growing and developing?	<input type="radio"/>	<input type="radio"/>
d) Ask if you have any concerns about your child's learning, development or behaviour?	<input type="radio"/>	<input type="radio"/>
e) Respect you as an 'expert' about your child?	<input type="radio"/>	<input type="radio"/>
f) Help you to feel confident to act on what was discussed today?	<input type="radio"/>	<input type="radio"/>
g) Talk with you about resources for parents and families in your area (e.g. parks/playgrounds, library, playgroups)?	<input type="radio"/>	<input type="radio"/>

In the last three months, did the staff in this service:

	Yes	No
a) Talk with you about enrolling in early years programs (e.g. kindergarten, child care)?	<input type="radio"/>	<input type="radio"/>
b) Talk with you about the importance of reading with your child?	<input type="radio"/>	<input type="radio"/>
c) Talk with you about what you can do at home to help your child learn and develop?	<input type="radio"/>	<input type="radio"/>

Reach survey



Blue Sky Project
Parent Survey

Today's date (dd/mm/yy) Your post code

--	--	--	--	--	--	--	--	--	--

To ensure we provide the best possible support for your child and family we are making improvements to our service as part of our involvement in the 'Blue Sky project' supported by the Murdoch Childrens Research Institute. Your thoughts and feedback are important to us. We would like to know about the services and resources you use in your community. The information collected in this survey may be used to improve our service and will not affect any services you may receive now or in the future. Your name and your child's name are not on this survey. Thank you.

Note: Please shade the circle like this →

In the past twelve months, please identify which services or resources your family have used:

Maternal and child health nurse at the centre	<input type="radio"/>
Home visits with the Maternal and child health nurse	<input type="radio"/>
Immunisation service	<input type="radio"/>
Breastfeeding support service	<input type="radio"/>
New parent groups	<input type="radio"/>
Post natal support services	<input type="radio"/>
Playgroup	<input type="radio"/>
Supported playgroup (with playgroup leader)	<input type="radio"/>
Child care (including long day care and occasional care)	<input type="radio"/>
Family day care	<input type="radio"/>
Kindergarten	<input type="radio"/>
Parenting programs (e.g. Triple P Program)	<input type="radio"/>
Primary school	<input type="radio"/>
Out of school hours care	<input type="radio"/>
Library	<input type="radio"/>

Network survey



Blue Sky Project
Network Survey

Today's date (dd/mm/yy)

--	--	--	--	--

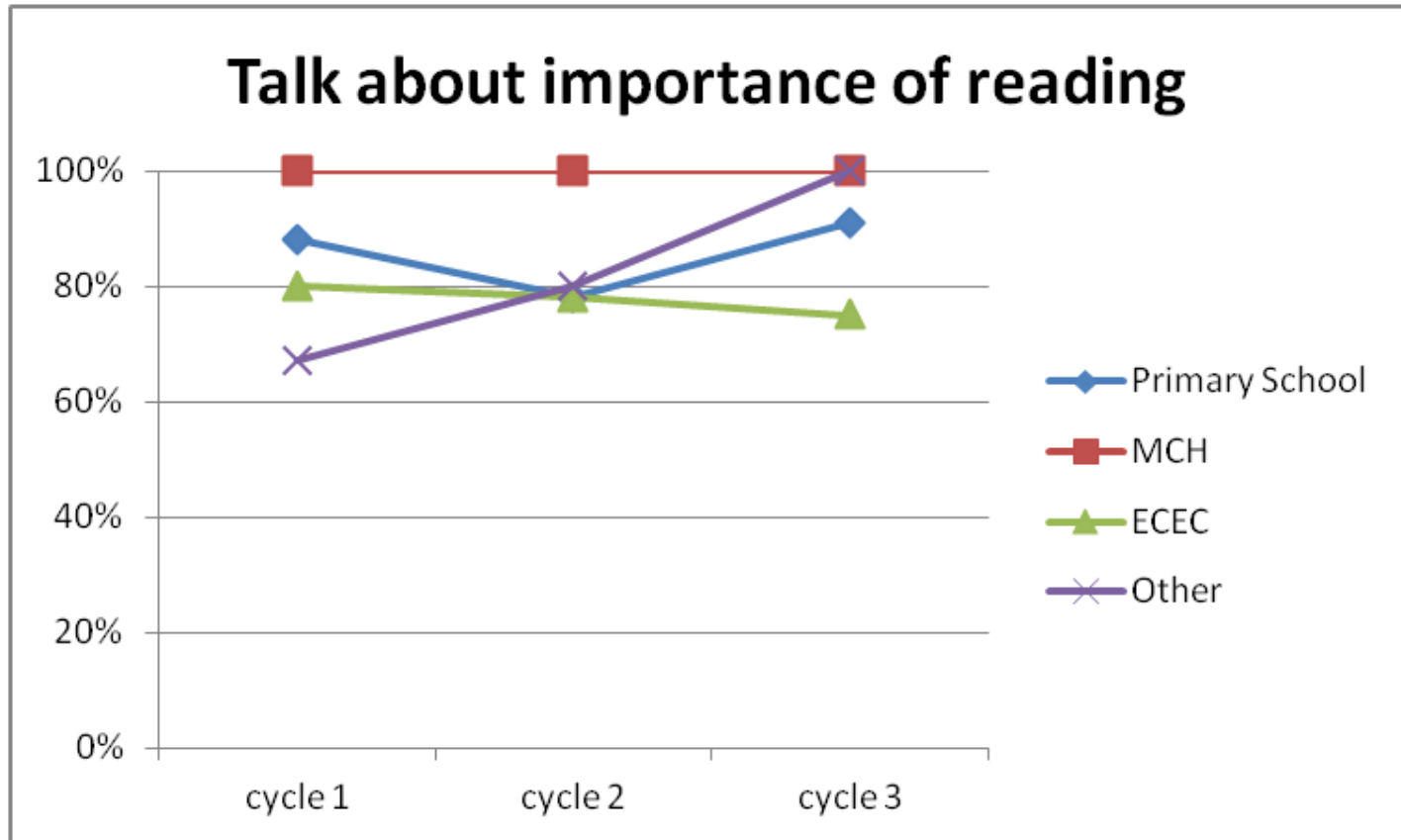
As part of the 'Blue Sky project' we are asking service providers about collaborating with other services in the local area. Please fill out this short survey about your experiences. The information collected in this survey is confidential and will only be reported at an aggregated level, with no individual services being identified. Thank you.

Service/organisation

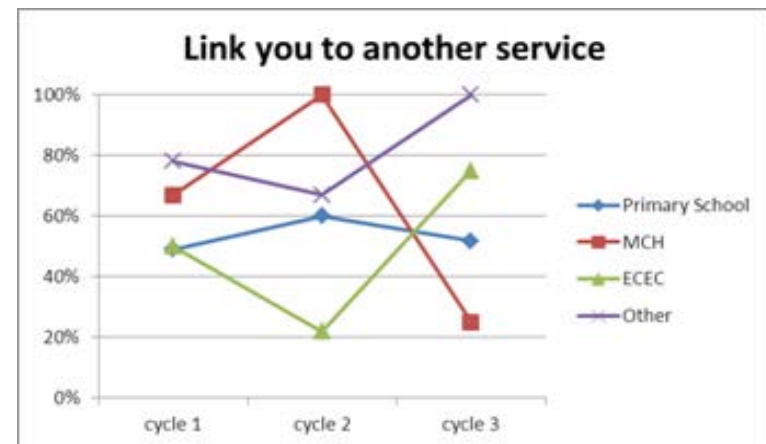
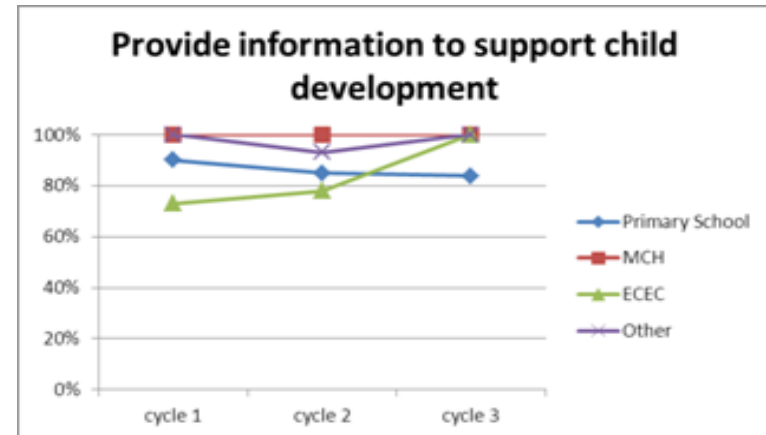
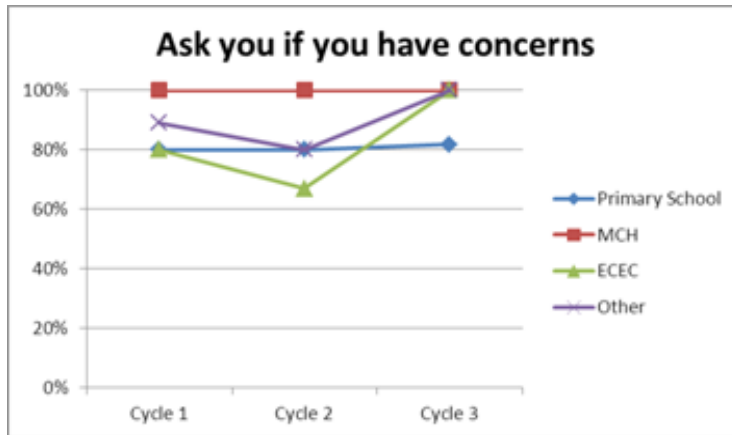
1. From the list of service types below please identify which you have linked with/referred to in the past twelve months:

Maternal and child health service	
Immunisation service	
Breastfeeding support service	
New parent groups	
Post natal support services	
Playgroup	
Supported playgroup (with playgroup leader)	
Child care (including long day care and occasional care)	
Family day care	
Kindergarten	
Parenting programs (e.g. Triple P Program)	
Primary school	
Out of school hours care	
Library	
Early childhood intervention services (ECIS)	
Family support services e.g.	
- Maitland City Council family services	
- Macdillig family services	
- Bagtara	
- Child First	
- Family Violence services	
Child FIRST	

Measure



Results consider child development screening practices, service coordination & family centred care



Child outcomes:
Is children's learning and development on track?

AEDI
11% prep children with emotional maturity

AEDI
10% prep children with social competence

NAPLAN
86% of grade 3 proficient in reading

Parent actions and behaviors: Is parenting improving?

Parent survey
45% of parents sharing books daily

Melton MEYP Survey
75% of families who have friends/neighbours to call in in an emergency

Family conditions: Do parents have what they need to support their children?

TBC
% meeting health goals

TBC
% meeting social goals

TBC
% meeting parenting goals

TBC
% meeting economic goals

Care provided to families: Is care improving?

Parent survey
% receiving empathic care

Parent survey
% asked about child dev concerns

Parent survey
% discussed other helpful programs

Parent survey
% discussed social support resources

Work as a system: Are the partners working as a system?

Average ease-of-referral
4.98

Average linkage frequency
4.32

Average # of services used by parents
6

Parent survey
% of parents reached by network

Learning Culture: Do organisations have a supportive learning culture?

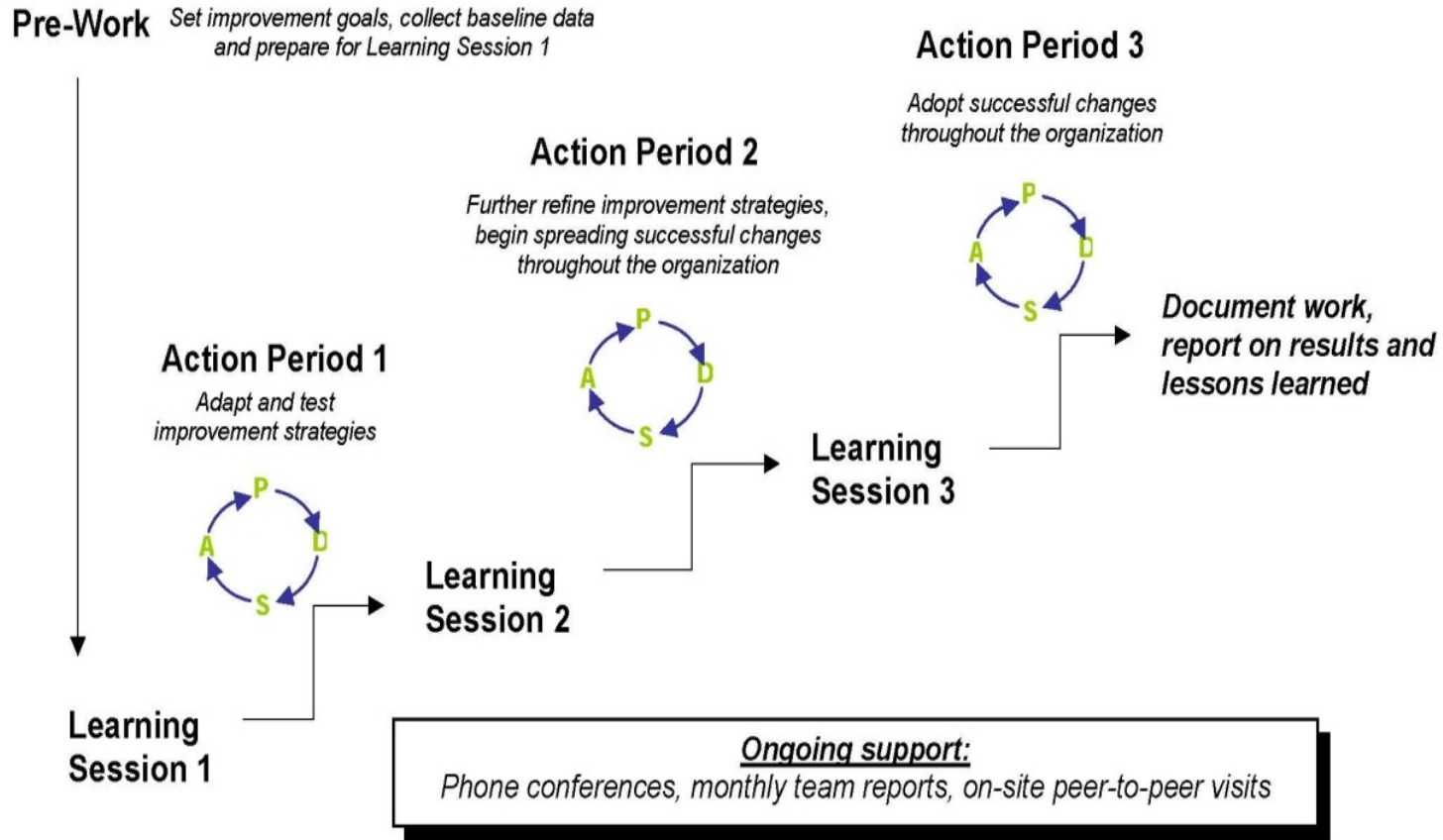
Practice change
Average rating of teamwork

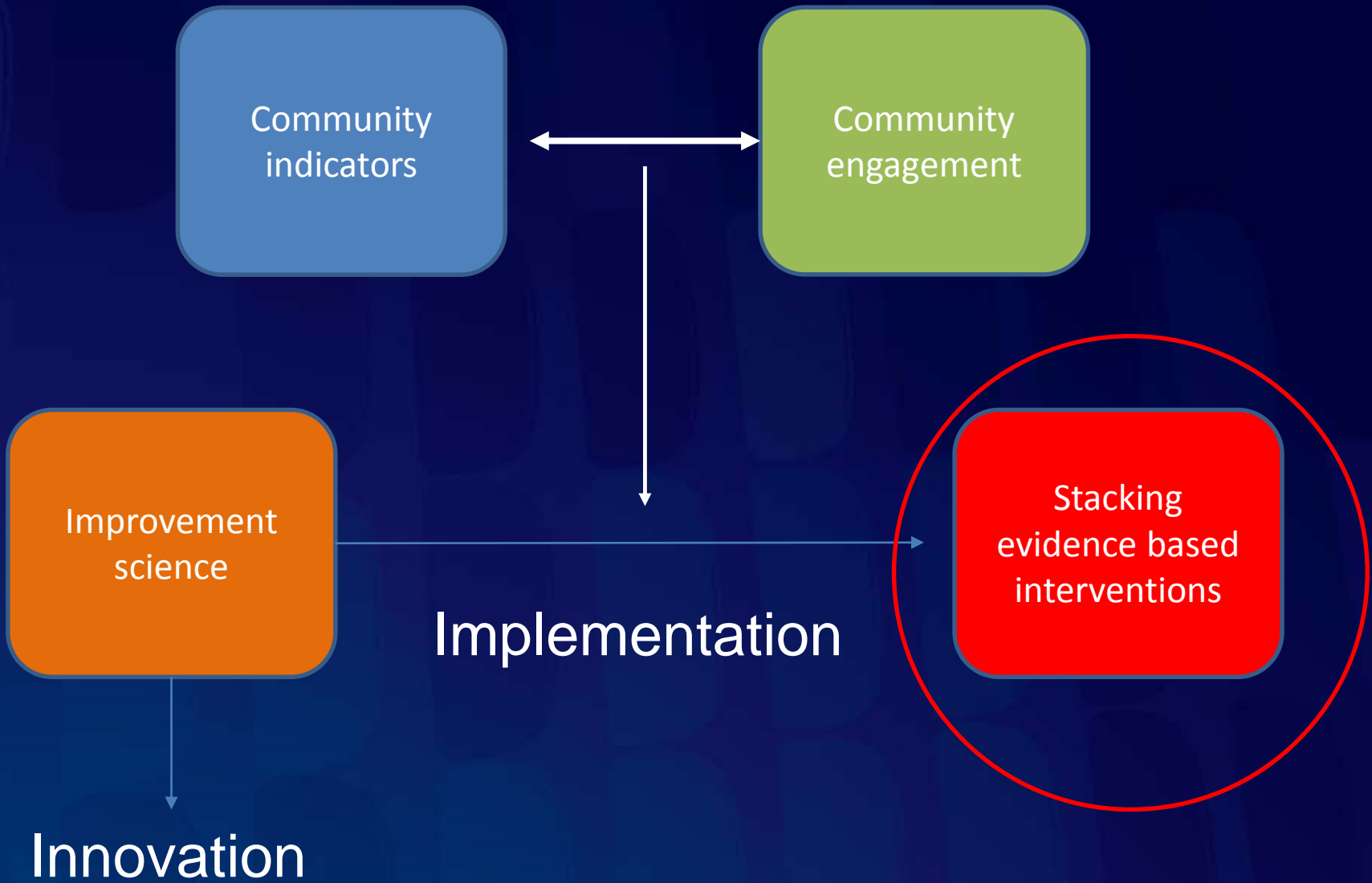
Practice change
Average rating of trust

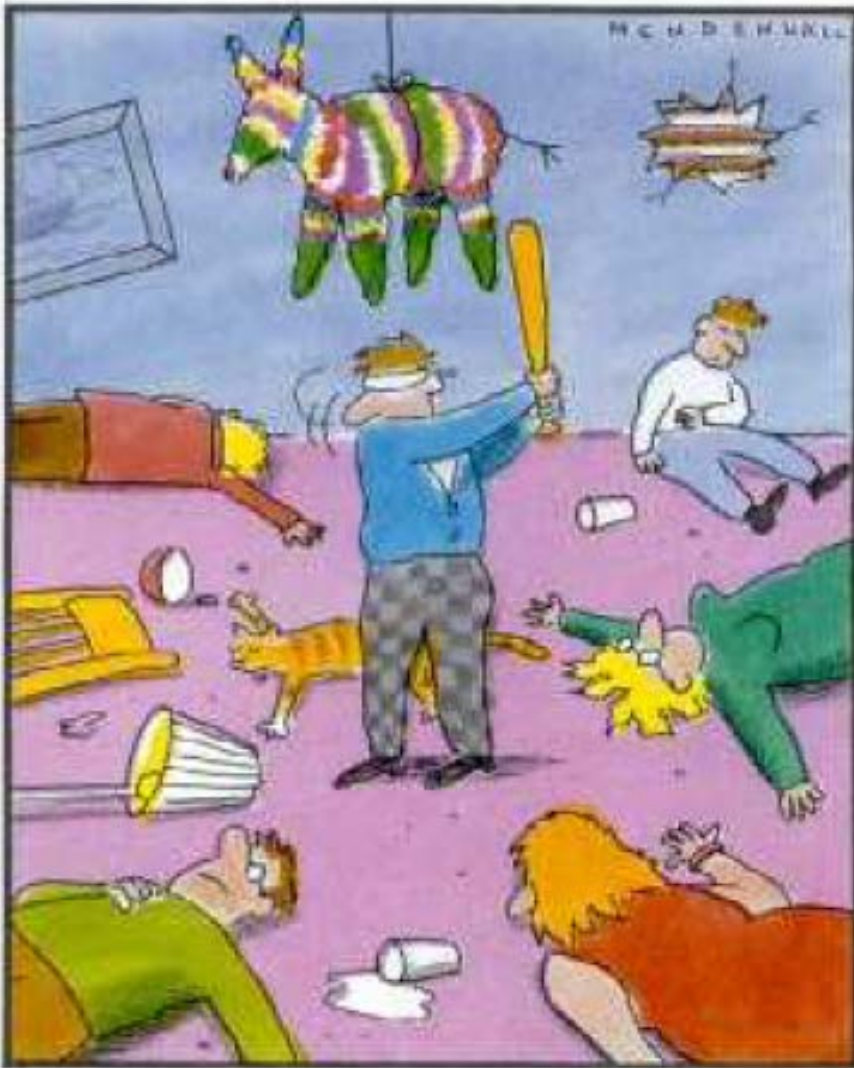
Practice change
Average rating of reflection

Practice change
Average rating of communication

Learn







Birthday Game Disasters

Making
decisions
“in the dark”??
...
or using
population-based
research evidence

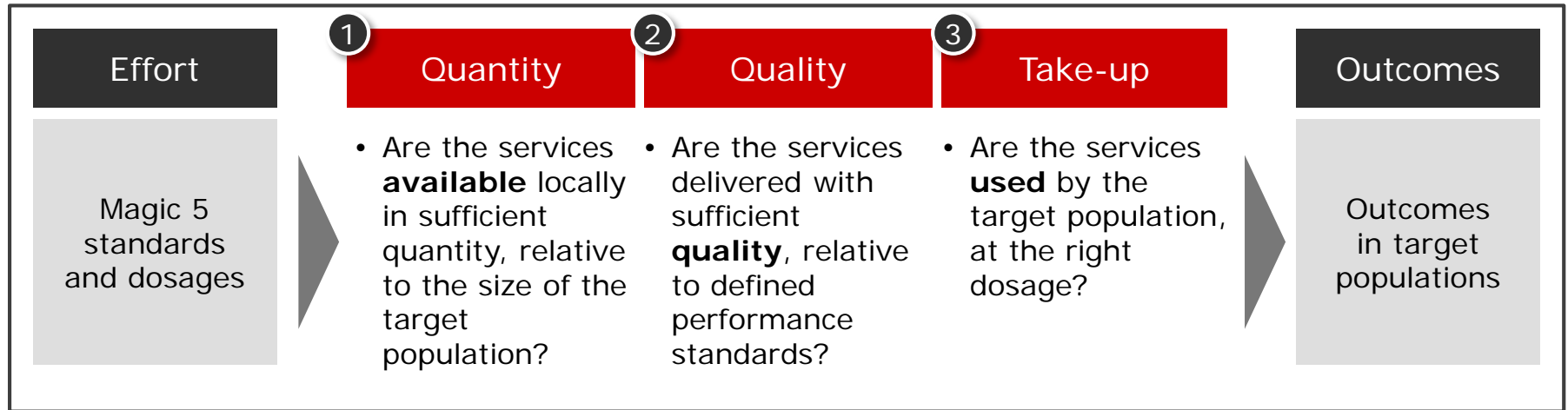


Reducing Inter-generational Social Disadvantage in Australia

Stacking interventions...

Antenatal	Early childhood		School years
	Birth to 2 years	2 – 5 years	
<p>1 Antenatal support</p> <ul style="list-style-type: none"> Targeted at parents-early intervention of modifiable risk factors eg smoking, alcohol, mental health Centre-based Outcomes: <ul style="list-style-type: none"> Healthy baby weight Good brain health Appropriate care "Adequate parenting" 	<p>3 Early childhood education and care (0-5 years)</p> <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" Outcomes: children on optimal developmental (cognitive and social-emotional) pathway - success at school 		<p>5 School-based early intervention</p> <ul style="list-style-type: none"> 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
<p>2 Sustained nurse home-visiting</p> <ul style="list-style-type: none"> Targeted at disadvantaged parents; health and development support Home-based Outcomes: parents develop parenting skills 	<p>4 Parenting programs</p> <ul style="list-style-type: none"> 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 		

Our intent is to measure which on-the-ground factors are driving the gap between effort and outcomes



Contributing factors:



I would not give a fig for the simplicity this side of complexity, but I would give my life for the simplicity on the other side of complexity.

Oliver Wendell Holmes
(US Supreme Court judge)

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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)



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