

Promoting equity in early childhood development for health equity through the life course

An evidence summary

FAIR FOUNDATIONS HEALTH EQUITY SERIES





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Introduction

Background

Early life experiences impact on long-term health and development in multiple and critically important ways.

Early childhood (typically defined as the first eight years of life) is universally recognised as a key period of growth and development. It is also a stage of biological 'plasticity' during which infants adapt neurologically and physiologically to their environment. As a result, prenatal and early childhood conditions and experiences have a profound impact on physical, cognitive, social and behavioural development, and on long-term health outcomes. In addition, developmental trajectories set in early childhood can be difficult to change as children get older.

In every society, including Australia, poor child and family outcomes are unevenly distributed across the population. Australian children with additional health and developmental needs, from language backgrounds other than English, Aboriginal and Torres Strait Islander (ATSI) children, children living in socioeconomically disadvantaged communities and those living in remote areas of Australia are more likely than other children to experience developmental vulnerability. Discrepancies in children's health and development that are based upon avoidable differences in social and economic circumstances are evident as early as nine months of age and grow larger over time. In Australia, clear socioeconomic inequities also exist in relation to breastfeeding initiation and duration as well as children's early learning environments, including access to high-quality early childhood education and care (ECEC) programs.

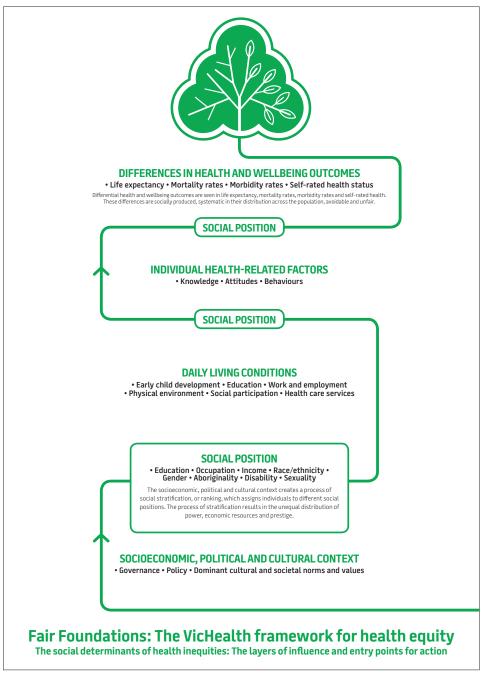
The causes of these inequities are complex, multifaceted, multisectoral and cross-generational; however, there is overwhelming evidence that the circumstances in which children are born - their social environments - promote or compromise healthy development. Environmental stressors tend to be pervasive – a child or family confronting adversity in one context is likely to be facing it in others as well. Children's physiological systems respond to the cumulative effect of repeated environmental stressors, with chronic exposure to adverse experiences affecting the developing brain (as well as other biological systems) and leading to long-term impairments in learning, behaviour, emotional reactivity and health. Adverse exposures also tend to accumulate and be self-reinforcing over time: behaviours or experiences at one point in time increase the likelihood of the same behaviours and experiences occurring at a later point.

Early childhood is a period during which any effective measure to redress the avoidable, unfair differences between children is likely to have a powerful effect on individual children and families. Such a measure is also likely to reduce the negative impacts of inequity at a societal level.

Health equity is the notion that all people should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.

Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

The social determinants of health inequities are the social determinants of health – or the health-influencing social conditions in which people are born, grow, live, work, play and age – and the social processes that distribute these conditions unequally in society.



www.vichealth.vic.gov.au/fairfoundations

Using this document

This evidence summary provides policy makers and practitioners in Victoria and across Australia with practical, evidence-based guidance on promoting more equitable outcomes in child health and development. It is designed to be used alongside 'Fair Foundations: The VicHealth framework for health equity' www.vichealth.vic.gov.au/fairfoundations — a planning tool developed and published by VicHealth in 2013 to stimulate and guide action on the social determinants of health inequities.

Common underlying drivers and determinants of health inequities are outlined in the Fair Foundations framework. This evidence summary is one of eight that use the framework to examine a specific health issue and its determinants (mental wellbeing, healthy eating, physical activity, alcohol, and

tobacco use), or specific opportunities for action (through social innovation, settings-based approaches, or a focus on early childhood intervention as an upstream solution to health inequities over the life course). In many cases, the key social determinants of health inequities (such as education or employment) are also discussed as settings for action (e.g. schools, workplaces) within each summary.

This summary focuses on approaches that have successfully impacted on, or that have significant potential to address, inequities in early childhood health and development if designed and targeted appropriately. It highlights best practice and priorities for action that cut across all three layers of the Fair Foundations framework – Socioeconomic, political and cultural context; Daily living conditions; and Individual health-related factors – in order to support coordinated, multisectoral approaches.

What works to promote equity in early childhood development?

Socioeconomic, political and cultural context

Governance

Australian governments at all levels have responded to growing awareness and evidence of the importance of the early years of life by developing a range of new strategies and policies. At the national level, this includes the National Early Childhood Development Strategy, the National Framework for Protecting Australia's Children, increased investment in early childhood education and care, the National Quality Agenda for Early Childhood Education and Care, the National Breastfeeding Strategy, the National Framework for Universal Child and Family Health Services, and the Paid Parental Leave Scheme.

Childcare has become a major political issue in Australia as parental workforce participation continues to rise. Access to ECEC services is an especially important factor in enabling parents' (typically mothers') return to employment. The focus of the childcare debate in Australia has been on the productivity of parents and the need to get them back into the workforce, and on service affordability, despite evidence that the quality of ECEC programs is critically important for the development of children.

There is ongoing debate in Australia regarding the extent to which governments should cover the costs of ECEC, as well as the costs of improving the quality of care. Reluctance on the part of Australian governments to invest in ECEC reflects a historical tradition in Australia of providing direct cash support for families of young children to buy services, as opposed to investing in services that are directly aimed at young children.

Although high-quality ECEC may be considered expensive, cost—benefit studies indicate that the benefits justify those costs. However, when the short-term costs of high-quality ECEC are borne by parents, there is a risk that primary caregivers in low-income families (primarily women) will find it difficult to return to work. Australian parents with the highest incomes typically have more childcare options than parents on low incomes. Resolving these tensions and competing ideas regarding who is responsible for children in Australia will be critical to addressing inequities in child development.

Research consistently demonstrates a relationship between income inequality – which is a consequence of macro-level economic and social policy – and both infant mortality rates and low birth-weight in developed countries. There is also strong evidence that public spending in developed countries can influence population-wide outcomes regarding infant mortality.

The way in which a country's healthcare system is financed can modify the effects of income inequality upon infant mortality. Tax-based health-financing systems (as opposed to those that are funded by social security or private health insurance) appear to be more effective at reducing the impact of income inequality upon infant mortality.

Policy

Political and ideological views and values regarding who is responsible for children, and the costs they incur, have influenced the types of social policies pursued in Australia, as well as the implementation of those policies. A range of legislative instruments and policies have been proposed and developed to ensure better outcomes for young children and their families. The targeted outcomes include those relating to income, income inequality, employment, parental leave entitlements, early childhood education and care (particularly flexibility and affordability), breastfeeding, child protection (such as car-restraint legislation) and social welfare (particularly relating to single parents, poverty and joblessness).

In comparison to other high-income countries such as the US, Australia has relatively generous welfare provisions to lessen the impact of poverty for children growing up in single-parent families. Also available in Australia are free or subsidised health care entitlements for low-income earners. However, the total package of benefits (i.e. cash support, education support, health care, childcare and tax breaks) for non-employed single parents of young children in Australia has historically been relatively low.

Parental leave schemes

Overall, there is a lack of evidence demonstrating the impact of parental leave schemes on inequities in young children's outcomes. There is some evidence that Australia's Paid Parental Leave Scheme has been particularly beneficial for mothers on low incomes and their children. However, parental leave schemes can potentially increase or reinforce inequities if they are available only to parents who have served a specific length of time in the workforce, thereby disadvantaging parents in less secure occupations. Universal parental leave schemes can also potentially reinforce income inequities, as families that are already well paid are receiving additional money.

Policies and legislation pertaining to smoking during pregnancy and children's exposure to second-hand smoke

A whole-of-government approach has been successfully developed over many decades to reduce to bacco use across Australia. Key policies include comprehensive regulation prohibiting the advertising, promotion and marketing of to bacco, smoke-free legislation, increasing the price of to bacco, mandatory health warnings on cigarette packaging and the world's first legislation to require plain packaging of cigarettes. Complementing these policy efforts have been sustained mass media campaigns, provision of a range of cessation-support services, and research and evaluation.

Comprehensive tobacco control programs that include, at a minimum, active tobacco price policies, effective education, smoke-free place policies and population-level cessation support can effectively promote smoke-free homes. Cigarette excise taxes, in particular, appear to be effective at reducing household tobacco use among parents from low-income households. There is mixed evidence, however, on the effectiveness of mass media tobacco-cessation campaigns at reducing inequities.

Policies pertaining to breastfeeding

Overall, there appears to be a lack of evidence regarding effective policy initiatives to support breastfeeding among disadvantaged women. There is some evidence to suggest that employers who have had experience working with women who have breastfeed, or are aware of other businesses that employed breastfeeding women, are more likely to support breastfeeding within the workplace. There is also some evidence to suggest that media campaigns can raise awareness and promote the importance of breastfeeding.

Cultural and societal norms and values

Dramatic societal changes over the past few decades have radically altered the conditions under which Australian families are raising children. Families have become more varied in their structure, and more diverse culturally and ethnically. More parents are working, more mothers with babies are working, more parents are working longer and non-standard hours, more families are jobless and more children are being raised in poverty.

These changes can affect family functioning, as well as — more broadly — society's attitudes towards children and their care. Social norms and values with direct impacts on children's upbringing include those relating to workforce participation, welfare, childcare, breastfeeding, parenting, childcare responsibilities, gender-normative roles of men and women in the family, and domestic and family violence.

Cultural assumptions relating to workforce participation, welfare and childcare, for example, have the potential to increase inequities among children if they threaten existing welfare benefits or generate stigma towards jobless families. This includes the idea that ECEC is not especially important, or that ECEC services are merely 'safe places' to put children while their parents work. Moreover, early childhood education and care is typically seen as a personal rather than a public concern, limiting public interest in improving the quality of the ECEC system.

Experiencing and witnessing domestic and family violence can have profoundly damaging impacts upon children in the short and long term, including physical injuries leading to long-term reduced mobility and long-term mental health problems. Women are particularly vulnerable to domestic abuse during pregnancy and the postnatal period, and families that are experiencing multiple stressors, and/or have multiple and complex needs, are particularly at risk.

Prevailing norms and values in Australia that have the potential to reduce child-health inequities include increasing community concern regarding the effect of second-hand tobacco smoke upon children, and public debate regarding children's access to services.

Prevailing societal attitudes can and do influence government investment and the distribution of resources. On the flip side, legislation and policy can also influence social norms and values (as seen in the case of car restraints for children). The media can also influence attitudes and behaviours regarding early childhood development and health inequities.

Daily living conditions

Children's daily living environments have a significant impact upon their development, with young children's relational and learning environments – particularly those provided by the family – being particularly critical. There is clear evidence that what matters for children's development and adjustment is not the make-up and structure of families but the quality of their experiences and the wellbeing of those around them.

Early childhood development and education

Human development is shaped by environmental conditions in the womb through a process of biological embedding that continues after birth. There is now strong evidence (particularly with respect to nutrition and stress) that a 'mismatch' between conditions in the womb and conditions after birth can be particularly harmful for children's development. Children provided with sufficient nutrition after near-starvation in utero, for example, have been shown to have an increased risk of developing metabolic diseases.

Food-subsidy and voucher programs offer potential for addressing nutrition-related inequities among pregnant women and families with young children. There is some evidence that these strategies have modest positive impacts on children's diets and health outcomes, at least in the short term. Evidence from the UK, for example, indicates that food-voucher programs can improve the diets of low-income pregnant women and families with young children. Fruit-and-vegetable subsidies have been shown to improve the nutritional status of disadvantaged Aboriginal children living in rural Australia, although this promising result did not track through to improvements in weight or health outcomes.

Other key aspects of the postnatal environment that can have long-term consequences for development and wellbeing over the life course include quality of caregiving and strength of early attachments with caregivers; quality of parental relationships; experiencing and/or witnessing domestic and family violence and abuse; parent—child interactions, particularly maternal sensitivity during parent—child play interactions; levels of cognitive stimulation and the extent to which early environments support learning.

The most salient features of the family itself are its social and economic resources. Social resources include parenting skills and education, cultural practices and approaches, intra-familial relations and the health status of family members. Economic resources include wealth, occupational status and dwelling conditions.

Comprehensive interventions targeting specific geographic areas or whole communities have demonstrated modest positive impacts on children's home living environments, parent—child interactions, parenting style, parent selfefficacy, parent joblessness, child weight status and dental health. Successful interventions tend to be multifaceted, and have a strong focus on community development as well as collaboration among existing services. However, there is limited evidence on their effectiveness at addressing the social gradient in child-health and -development outcomes.

High-quality ECEC can offset some of the negative impacts of multiple adverse experiences during early childhood and are especially beneficial for children from disadvantaged backgrounds in both the short and long term. Universal ECEC programs play an important role in benefiting all children in a range of ways, including cognitively, socially and behaviourally, as well as in relation to school-readiness outcomes. High-quality ECEC programs targeted at disadvantaged families and neighbourhoods have also been shown to have a range of positive effects on children, including improved school readiness, language skills, literacy and behaviour. Although there is limited evidence to demonstrate their effectiveness, inclusive and engaging supported playgroup environments may also lessen parents' feeling of isolation and inequality and increase parenting confidence.

Employment and working conditions

Family joblessness is a concern in Australia, especially among lone-parent families. Children living in jobless families have poorer developmental outcomes across a range of domains when compared to children who do not spend time in jobless families — and the longer children spend in jobless families, the poorer the outcomes.

However, employment that offers poor conditions (e.g. lack of stability, security, flexibility, paid family leave or support for breastfeeding) can also negatively impact on maternal and child health and development. Already-vulnerable children can be further disadvantaged by their parents' employment if it is unstable, insecure or inflexible. For this reason, a primary focus upon employment for parents at any cost is unlikely to reduce inequity during early childhood.

Physical environment

Features of the physical environment that can have a significant impact on children's health and development include access to parks and green spaces, the nature of the built environment, opportunities for active transport, and exposure to environmental toxins. Children and families living in low socioeconomic status communities are more likely than their better-off peers to be exposed to toxic or otherwise hazardous outputs such as wastes, air pollutants and excessive noise, along with poor water quality, residential crowding or poor housing quality, a relatively high density of fast-food outlets and poorer-quality recreational facilities, including parks and green spaces.

There are strong links between housing variables and child-development outcomes, some of which (such as the negative effects of toxicants on various dimensions of child development) are irreversible and continue on into adulthood. Overcrowded and poor-quality housing conditions are associated with increased risks of meningitis, asthma and slow growth; increased risk of suffering mental health problems and problems with behaviour; and preterm delivery. Insecure housing (e.g. frequent moves) is associated with poorer rates of academic achievement; higher risks of unintentional injury; higher levels of risk related to obesity and overweight; higher levels of behavioural and emotional problems; increased teenage pregnancy rates; accelerated initiation of illicit drug use; adolescent depression; and reduced continuity of health care.

Homelessness is particularly detrimental to children's health, with adverse effects on children's sense of security, mood and behaviour, physical health and academic attainments. The incidence of insecure housing is unevenly distributed in the Australian population. Children of lone parents are much more vulnerable to precarious housing than those living with two parents, and have poorer access to services and transport.

The effects of poor housing on child health is a particular concern in remote ATSI communities where the types of infectious diseases with which infants commonly present are strongly linked to poor housing conditions and overcrowding. Overall, however, it appears that interventions that focus primarily on improving housing infrastructure do not solve housing inequities or lead to a significant reduction in common childhood illnesses in remote ATSI communities. Health behaviours also need to be addressed.

Interventions that aim to improve the absolute position of children in remote ATSI communities require a multilevel, multifaceted, 'ecological' approach. Hygiene and public health interventions that incorporate sanitation, nutrition, education and primary health care have the greatest likelihood of improving child-health outcomes in remote communities. Moreover, unless the underlying issues relating to high levels of disadvantage in ATSI communities are addressed, housing-related health promotion programs are unlikely to be effective in the long term.

Social participation

In addition to the physical characteristics of children's early environments, development is influenced by less tangible factors within the neighbourhood environment, including community cohesion and social capital (sense of safety, norms of reciprocity, social engagement, participation, cohesion and trust), and positive cross-cultural relationships. There is no clear relationship between community social capital and socioeconomic advantage — living in an advantaged area does not appear automatically to ensure access to high levels of social capital for children.

A key feature of the environments in which children develop is the extent to which they enable children's meaningful participation. For participation to be meaningful, children must not only be present, but must also be heard. Their role and contribution in the activities of their daily lives must be valued by all those involved, including the children themselves. Participation is both a major driver of development and a major contributor to quality of life, as well as a long-term social goal.

Health care and other services

Access to, and utilisation of, health care services are key health equity issues. Although primary health care services in Australia respond to the issue of equity of access to services in a range of ways, many families find access to health and other services a challenge. It is often those with the greatest need, including socioeconomically disadvantaged, Indigenous, and culturally and linguistically diverse families, that are least likely to access and engage with available services. A range of factors may be contributing to this, including the tendency for disadvantaged areas to receive fewer services and segmentation of service planning and delivery, as well as the knowledge, attitudes and behaviours of health professionals.

Children's oral health and access to dental services have a particularly strong socioeconomic dimension in Australia, where the universal health care system excludes dental care.

Accessible, comprehensive, universal health care services appear to be critical for reducing inequities during the early years. In Australia, qualitative evidence indicates that a number of factors are required to improve service access for vulnerable families — including that program design and individual service provision need to be based on principles of responsive and respectful service, trusting parent—professional relationships, and multidisciplinary and multiagency collaboration.

Providing services in welcoming, inclusive settings can improve service access and link families to the support they need. Open-access health services (i.e. appointment-free, parent-led services) that provide child-health surveillance to families with infants (0–18 months) provide greater levels of flexibility. Providing transport, greater flexibility in service provision, building the expertise of Aboriginal health workers, and involving local ATSI communities in the planning and development of services may also improve ATSI families' access to early childhood services.

Individual health-related factors

What parents, caregivers and family members know, think and do has a significant impact upon children's health and wellbeing. This is particularly the case during the early years when children cannot exercise personal responsibility for the vast majority of factors that will impact upon their health and development. Key factors include the environments to which parents and caregivers expose their children, their knowledge of health issues (including tobacco- and nutrition-related issues) and health services, child-rearing attitudes, self-efficacy and confidence in parenting. A parent's knowledge, attitudes and behaviours also determine their 'parenting style', which creates an emotional context or 'climate' for the child.

A parent's 'internal working model' – that is, their internal representation of themselves, others and their relationships, their overall mental health and emotional state – drive parenting behaviours and, thereby, child–parent attachment. However, a range of external factors in daily living conditions, the sociopolitical context, social norms and values, and their own experiences of childhood impact upon parents' internal working models, parenting behaviours and child–parent attachment.

Some parental behaviours (such as feeding practices) have immediate effects on child development, whereas others (such as the general nature of mother—child interactions) will manifest over time. The intergenerational transmission of values within families can also impact upon a range of behaviours, including breastfeeding practices, and child and family eating practices and habits.

Several approaches have shown promise for reducing inequities at this level, including home-visit service delivery, as well as targeted smoking-cessation, parenting and peer-support programs.

Home-visiting programs

Home-visiting programs providing support and delivering services to significantly disadvantaged families have demonstrated positive impacts on a range of outcomes, including parental behaviours and attitudes, parenting confidence and style, early childhood obesity risk factors and the home environment. By targeting significantly disadvantaged families – commonly the approach used in home visiting – these programs are unlikely to reduce inequities in young children's health and development. However, they may improve the absolute position of the most disadvantaged children. A key benefit of home-visiting programs is that they reduce some of the challenges associated with service access (such as lack of transport).

Reducing inequities in children's exposure to second-hand smoke

There is some limited evidence that targeted, motivational smoking-cessation interventions and holistic cessation support can address inequities in young children's exposure to tobacco smoke. Promising strategies include targeting male partners who smoke; delivering culturally tailored interventions and quit support; delivering smoking-cessation support through all antenatal providers; and involving other members of the community.

Health-education and peer-support interventions

Health-education and peer-support interventions have demonstrated promise at improving breastfeeding rates among women experiencing disadvantage. Health education has also been utilised to improve access to health-related information among parents, and as a means of improving children's oral health.

Parenting programs

Parenting programs have been shown significantly to improve parent mental health, confidence and stress levels, parenting skills, child-behaviour problems and children's emotional adjustment. Commonly employed techniques include discussion, role-play, video feedback and homework. Targeted, intensive parenting support is likely to be necessary for families experiencing multiple challenges and disadvantage.

Priority actions

Priorities for all actions seeking to address health inequities:

- Coordinate a blend of measures across all three layers of the Fair Foundations framework, with particular emphasis on, and investment in, the lower two layers to rebalance the current emphasis on individual-level health factors.
- Seek to address both inequities in health outcomes and the wider social determinants of these inequities.
- Incorporate explicit equity objectives.
- Apply principles of proportionate universalism: interventions should be universal, but the level of support should be proportionate to need.
- Ensure that targeted supports do not stigmatise particular groups.
- Promote active and meaningful engagement of a wide range of stakeholders, and increase the diversity of representation at all stages of development and implementation.
- Conduct a thorough assessment of the needs, assets, preferences and priorities of target communities.
- Allocate adequate, dedicated capacity and resources to ensure sufficient intensity and sustainability.
- Monitor and evaluate differential impacts across a range of social indicators to ensure that they achieve their objectives without doing any harm, as well as to strengthen the evidence base for future interventions.
- Invest in equity-focused training and capacity building in both health and non-health sectors, from front-line staff to policy and program decision-makers.
- Make strategies flexible and adaptable at the local level.

Priorities for action within each layer of the Fair Foundations framework:

Socioeconomic, political and cultural context

- Pursue a different, more collaborative approach to leadership, involving governments, non-government organisations and communities, with recognition that there is no single, simple solution to complex problems such as child-health inequity.
- Commit to the National Quality Agenda for Early Childhood Education and Care as a means of ensuring high-quality universal ECEC for all Australian children.
- Consider policies to promote equity in access to high-quality ECEC (e.g. free or low-cost preschool for three-year-old children from disadvantaged backgrounds).
- Consider policies and government incentives/disincentives to promote employment stability and workforce flexibility for all parents of young children, particularly those on low incomes or experiencing other forms of disadvantage.
- Consider accessibility of high-quality ECEC in all policies seeking to encourage employment among parents of young children.
- Ensure that messages pertaining to employment policies do not support stigmatising views relating to unemployment and social welfare.
- Use mass media campaigns to raise public awareness and improve perceptions regarding the importance of the early childhood period.
- Support existing initiatives that aim to bring attention to working conditions and pay for ECEC professionals. This will have 'knock-on' effects on the quality of care that young children receive in ECEC settings.

Daily living conditions

- Promote collaboration between services, sectors, organisations and communities.
- Promote welcoming, inclusive service environments that continually seek to engage all families within a community (e.g. through ongoing outreach programs and professionaldevelopment opportunities for service providers).
- Implement multipronged, ecological housing interventions that simultaneously address physical environmental factors, health behaviours and the underlying issues relating to high levels of disadvantage in remote and ATSI communities.
- Identify strategies to build supportive communities for families with young children, particularly those who are socially isolated or face multiple challenges (e.g. accessible spaces for parents and families to socialise).
- Provide tailored information about the services available to families through multiple dissemination channels, in multiple languages and targeting different literacy levels.

Individual health-related factors

- Promote parental awareness about services available, types of support offered and their benefits among disadvantaged groups.
- Build parents' confidence in their parenting role, with targeted support and tailored strategies for disadvantaged families.
- Promote parental understanding of the critical importance of the early years, and of the home environment for learning and development, with targeted support and tailored strategies for disadvantaged families.
- Use online resources and peer-mentoring programs, and make programs available in a range of different languages.

Priority evidence gaps

- Understanding of the impact of social policies (such as the Paid Parental Leave Scheme) and other interventions on inequities in child health and development in Australia.
- Impact of tobacco-control legislation on children's exposure to second-hand smoke among different social groups.
- Effectiveness of housing interventions among Indigenous families in urban and regional areas.
- Effectiveness of smoking-cessation programs for pregnant ATSI women.
- Impacts of policy and community initiatives designed to promote equity in breastfeeding.
- Evaluations of initiatives that involve community-based collaborations between professionals, services, sectors and communities.
- Exploratory research on the current state of knowledge in the Australian population regarding the importance of the early childhood period, and intervention strategies to enhance this.
- Exploratory research on the most effective means to support parents in improving children's learning and development within the home environment.

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Victorian Health Promotion Foundation PO Box 154 Carlton South Victoria 3053 Australia T+61 3 9667 1333 F+61 3 9667 1375

vichealth@vichealth.vic.gov.au vichealth.vic.gov.au twitter.com/vichealth facebook.com/vichealth

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