Early Investment

- Existing Family, Child and Youth Health Services for children, under the age of 5 and their families.
- Principles and components for future service delivery.

Evidence supporting the economics of investing in early childhood

- Maternal attachment
- Early intervention programs eg Head Start
- Brain development
- Early establishment of determinants of adult illness
- Relationship between poor literacy and poor health
- Relationship between socio-economic disadvantage and poor health outcomes
- Poor family functioning affect on health outcomes.

Maternal Attachment

- John Bowlby identified physical changes in children who experienced what he called ‘maternal deprivation’.
- Michael Rutter later did a follow-up study of Romanian orphans and found that babies adopted at 6 months had better outcomes than those who were 12 months of age when adopted.

Early intervention programs

- Head Start was an intensive pre-school program in a severely disadvantaged American community - children involved had better outcomes than their peers.

Brain Development

McCain and Mustard (1999)

- Early brain development is interactive, rapid and dramatic.
- During critical periods, particular parts of the brain need positive stimulation to develop properly.
- The quality of early sensory stimulation influences the brain’s ability to think and regulate bodily functions.
- Negative experiences in the early years have long-lasting effects that can be difficult to overcome later.
- Good nutrition and nurturing support optimal early brain development and later learning and behaviour.

Predisposition to adult illness determined early

- Ischaemic heart disease
- Diabetes
- Obesity
- Perinatal and childhood nutrition important.
Relationship between poor literacy and health
- poor literacy associated with poorer health
- poor maternal literacy associated with increased infant mortality rate and poorer health outcomes for infant
- precursors to literacy problems often evident prior to school entry.

Socio-economic disadvantage and infants
Less likely to:
- be breastfed
- be fully immunised
- attend Child Health Centres
- have access to or consistency in health care provider.

Professor Frank Oberklaid, 2000

Socio-economic disadvantage and infants
More likely to have:
- low birth weight
- developmental delay
- higher incidence of SIDS
- higher injury rate
- suboptimal growth
- more frequent hospitalisations
- behavioural disorders.

Professor Frank Oberklaid, 2000

Socioeconomic gradient and health outcomes
Poor social and family circumstances in childhood associated with parental smoking, poor nutrition, and low parental interest in child’s education.

↓
Raised risk of poor physical development in childhood and low educational attainment.

↓
Raised risk of poor socio-economic circumstances in adulthood, poor skill attainment, unemployment, and of smoking, lack of exercise and poor nutrition.

Wadsworth in Wilkinson & Marmot, 1999

Poor family functioning affect on health outcomes
Poor family cohesion and accord, poor parenting, low parental self-esteem.

↓
Child has poor educational attainment and increased risk of poor self-control and aggressive behaviour.

↓
Adult has raised risk of won marital breakdown, premarital parenting, low self-esteem and poor coping strategies.

Wadsworth in Wilkinson & Marmot, 1999

Early childhood - a sound investment!
Every $ spent on home visiting high risk pregnant women saves $5.63 in obstetric, neonatal and paediatric costs.
Every $ spent in primary care saves $3 in hospital emergency costs.
Every $ for preschool programs for high risk children saves at least $7.16 in later special education, welfare and crime costs.
There is the potential to change a child’s trajectory.

Role of the Family and Child Health Nurse
- Screening and surveillance.
- Parent information, counselling and support.
- Edinburgh Scale / Women’s Wellbeing.
- New parent groups.
- Further assessment.

Screening and Surveillance by Family and Child Health Nurses
- Based on NHMRC guidelines.
- Undertaken as specific ages - newborn, 6 weeks, 6 months, 18 months, 3 1/2 years.
- Parent attendance is voluntary.
- The aim is for universal coverage.

The role of Family & Child Health Nurses providing ‘parent information, counselling and support’
- Empowering.
- Strengthening the early attachment relationship.
- Supporting social connections.
- Providing anticipatory guidance or health information.
- Promoting preventative public health, including safety.

An example of potential discussion topics on the initial contact - ‘parent information, counselling and support’
- What to expect of your new baby.
- Infant feeding.
- Child safety.
- Cot death.
- Sleeping/crying/comforting.
- Immunisation.
- Mother’s general health (diet, rest, breast care, exercise).

An example of potential discussion topics on the initial contact - ‘parent information, counselling and support’
- Mother’s emotional health.
- Involvement in a parent group.
- Relationships with baby and partner.
- Support network.
- Family issues.
- Using the Personal Health Record.
- The role of the Family & Child Health Nurse.
- Access to the Child Health Centre.

**Edinburgh Scale/Women’s Wellbeing by Family and Child Health Nurses**
- Introduction and use of the Edinburgh Postnatal Depression Scale (EPDS) at 6 weeks.
- Use of EPDS again at 6 months.
- Referral to Parenting Centre or GP as necessary.

**New Parent Groups**
- Closed groups run over 6 week blocks.
- For parents with babies aged < 4 months.
- Aim to increase parent networks and respond to parenting needs identified by parents.

**Other Assessments**
These include:
- Mandatory reporting role of Family and Child Health Nurses.
- Breastfeeding/suck.
- Sleep.
- Hearing.
- Vision.

**Child Development Units**
- Multi-disciplinary assessments.
- For children 0 - 5 years.
- Children have delays across number of domains.
- Family-centred.
- Equivalent southern services through Rehabilitation Tasmania.

**Parenting Centres**
- Parenting issues with emphasis on infants 0-5 years.
- Family-centred.
- Short-term more intensive support.
- Issues include:
  - breastfeeding
  - sleep disturbances/’unsettled’ infants
  - postnatal depression
  - toddler behaviour.

**Parent Information Telephone Assistance Service (PITAS) - parent helpline**
- 24 hour service for parents of infants (0-5 years).
- From southern Parenting Centre during business hours.
- After hours on-call roster of Family and Child Health Nurses.

**Principles for early childhood services towards making a lifetime of difference**
- Evidence-based eg. home visiting.
- Child not seen in isolation of family and community.
- Tailored to local community needs.
Multi-pronged but integrated strategies.
High quality strategies that are adequately resourced and therefore sustainable.
Parent and community participation/partnerships.

Peter and Russell

Further principles for early childhood services towards making a lifetime of difference
Build on existing structures, including universal ‘well child’ programs.
Clear two-way influence between policy and practice.
Delivered from a primary care setting – universal.

Professor Frank Oberklaid, 2000

Key components for early childhood services to make a lifetime of difference
Facilitating connections between parents.
Working with parents to build on their knowledge and skills:
- antenatal and postnatal
- to support sound nutrition
- to encourage timely immunisation
- to support early language (pre-literacy) development
- to ‘stengthening’ nurturing parenting styles.
‘Educare’ for children.

Home Visiting
Program is a best practice model and has been evaluated.
Has measurable outcomes.
Structured visits - are timed, have a focus, have defined criteria.
Based on a tool that assist with degrees of literacy, (cartoons have good visual memories).
Raises parenting issues from a strengths-base.
Working with and allowing parent to discover themselves.

Home Visiting
An assessment to determine inclusion in the program based on pre-determined criteria:
weekly to 6 weeks
 fortnightly to 12 weeks
monthly to 6 months
2\textsuperscript{nd} Monthly to 12 months
twice yearly to 3 years.

Home Visiting Tools
The Brisbane evaluation of needs questionnaire.
The Edinburgh Postnatal Depression Scale.
Parent Satisfaction Questionnaire.
Infant Toddler HOME inventory.
Social Provisions Scale.
Developmental Screening Checklist.
SIDS prevention risk factors.
• SIDS prevention risk behaviour.
• Immunisation.
• Medical ‘home’ questionnaire.

Home Visiting Outcomes
• Sound knowledge of SIDS risk factors.
• Appropriate SIDS prevention behaviour.
• Sound knowledge of the immunisation regime.
• Full immunisation of the infant at 6 months.
• Early recognition of caregivers with signs of postnatal depression and timely referral to appropriate services.
• Social trust.
• A General Practitioner for every family.
• Securely attached infants.
• Optimal cognitive development among infants through nurturance and developmentally appropriate stimulation.
• Client satisfaction with the quality of service provided by the home visitor.
• Lower levels of distress/ depression among families participating.
• By making a difference for a child in the early years there is the potential to change a child’s life trajectory - to make a lifetime of difference!

This paper was presented at the conference: Children, Young People and Their Communities: The Future is in our Hands, held 27-28 March 2001 at Launceston Tramsheds Complex, Launceston, Tasmania.
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