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Early childhood, family support and health care services: An evidence review

Prepared for the City of Port Phillip
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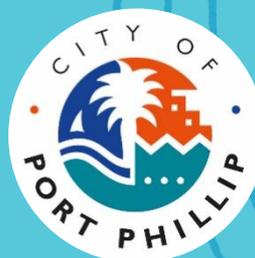
CITY OF PORT PHILLIP

The Royal **Children's** Hospital Melbourne

Prepared for the City of Port Phillip by:

Dr Tim Moore
Senior Research Fellow
Centre for Community Child Health
Phone: +61·3·9345 5040
Email: tim.moore@mcri.edu.au

The Centre for Community Child Health is a research group of the Murdoch Children's Research Institute, a department of The Royal Children's Hospital, Melbourne, and an academic centre of the University of Melbourne.

Centre for Community Child Health

Contents

1. Background

The City of Port Phillip is developing a new Children's Services policy to inform its provision of early years services. The Centre for Community Child Health was commissioned to provide the City with a summary of the most significant evidence that should inform policy in relation to the provision of early childhood education services (birth to 5), play groups and access to toys, especially for children from vulnerable families. The City was also interested in any evidence as to efficacy of integrated services (e.g. hubs containing a range of early childhood services) versus stand-alone services, and what a best practice or "blue sky" approach for a city in early childhood education services, play groups and access to toys to children would look like and include.

The paper begins with a brief overview of evidence regarding the nature and importance of the early years, and the factors that shape child and family functioning. Then it examines the evidence regarding various forms of early childhood and parenting services, including antenatal and home visiting services, child care, playgroups, toy libraries, and preschool education programs. This is followed by an analysis of the evidence regarding the key features of effective early childhood, family support and health service systems. Finally the paper considers implications for future development of early childhood, family support and health care services.

2. The nature and importance of the early years

- ***The early years are critically important for development*** (Black et al., 2017; Britto, 2017; Britto et al., 2017; Shonkoff & Richter, 2013). What happens during this period can have lifelong consequences for children's health and wellbeing (Centre on the Developing Child at Harvard University, 2010; Fox et al., 2010; Shonkoff et al., 2012; Zeanah & Zeanah, 2018). They establish a foundation of development that will help children grow, learn and thrive.

- ***The first 1000 days – the period from conception to the end of the second year – are particularly important*** (Berry, 2017; CCCH, 2018; Moore et al., 2017). This is the period when we are most 'developmentally plastic', that is, most responsive to external influences. As a result, experiences and exposures during this period have a disproportionate influence on later health and development (Gluckman et al., 2015; Heindel & Vandenberg, 2015; Prescott, 2015).

- ***Early developmental plasticity is a double-edged sword*** – the fetus and infant are more susceptible to both positive and negative experiences. If the conditions are positive, children will thrive, but exposure to adverse experiences early in life can be damaging for long-term development (Shonkoff et al., 2012; Teicher & Samson, 2016).

- ***Young children thrive when they have safe and stable housing, adequate nutrition, secure relationships with adult caregivers, nurturing and responsive parenting, and high-quality learning opportunities at home and in child care settings*** (Britto et al., 2017; Sandstrom & Huerta, 2013; World Health Organisation, UNICEF and World Bank, 2018). Good nutrition is particularly important in the early years because it strongly influences foetal growth and development, as well as the risk of metabolic and allergic disease in childhood and adult life (Davies et al., 2016; Friedman-Krauss et al., 2019). Nutritional health habits are formed at an early age (Davies et al. (2016). Having many early learning opportunities is also

important, because learning starts early and is cumulative (Cunha et al., 2006; Heckman & Mosso, 2014).

- ***Experiencing nurturing care in the early years is vital for later development and wellbeing*** (Britto et al., 2017; Cozolino, 2014; Gerhardt, 2014; van der Voort et al., 2014; World Health Organisation, UNICEF and World Bank Group, 2018). The primary mechanisms through which children develop and learn are the social relationships they form with parents, caregivers, teachers and peers (Cozolino, 2012). Responsive caregiving promotes the development of secure attachments in infants, builds their emotional and self-regulatory skills, and provides them with a secure base from which to explore the world.

- ***Unresponsive and harsh or punitive parenting in the early days is likely to result in adverse health and developmental outcomes throughout the life course*** (Hertzman & Boyce, 2010; Hart & Rubia, 2012; Humphreys et al., 2018; Nemeroff, 2016; Thompson et al., 2018; Zeanah & Zeanah, 2018). The more often infants and young children are exposed to adverse early experiences such as abuse, neglect, and family violence, the worse their health and developmental outcomes are likely to be (Allen & Donkin, 2015; Campo, 2015; Quach et al., 2017; Schecter et al., 2018; Shonkoff et al., 2012).

- ***Home learning environments play a profoundly important role in the development of young children.*** When children are provided with a range of learning opportunities in the home, their cognitive, language and social development all improve (Fox et al., 2015; Heckman & Mosso, 2014; Melhuish, 2015). The home learning environment can have up to twice the size of effect of early childhood programs, which limits the extent to which even high quality early childhood services can compensate for inadequacies in the child's home learning environment (Melhuish, 2015).

3. Factors that shape child and family functioning

- ***Children's health and development are not exclusively based on their genetic or biological disposition but are strongly shaped by the social, economic and environmental conditions into which they are born and grow*** (Marmot & Wilkinson, 2006; Moore et al., 2015, 2017; Ratcliff, 2017; WHO Commission on the Social Determinants of Health, 2008). These social conditions, known as the *social determinants of health*, ultimately work through biological pathways to shape our health and wellbeing. Key social determinants include: socioeconomic status, educational attainment, employment status, poverty, geographic location, disability, gender, and social connectivity. Social determinants play a critical role in the first 1000 days as it is during this period that a number of vital skills and abilities develop (Moore et al, 2015, 2017; Dyson et al., 2010; Hertzman & Boyce, 2010).

- ***The conditions under which families are raising young children have altered dramatically in the last few generations.*** Over the last several decades we have experienced a series of social, economic, demographic and technological changes that are unprecedented in their rapidity and scale. Dubbed the 'Great Acceleration' (McNeil & Engelke, 2015; Steffen et al., 2015), these changes have dramatically altered the conditions under which we are living (Friedman, 2016; Keeley, 2015; Leigh, 2010; Li et al., 2008; Putnam,

2015; Silbereisen & Che, 2010; Trask, 2010; Wells, 2009) and the social and physical health problems we are experiencing (Kearns et al., 2007; Li et al., 2008; Palfrey et al., 2005).

- ***The benefits of these changes have not been evenly distributed***: while most families have benefited, those with fewer resources have not, and are struggling to cope with the demands of parenting in a rapidly changing world. As a result, there are significant inequities in children's health and wellbeing (Goldfeld et al., 2018a, 2019; Keeley, 2015; Marmot, 2015, 2016).

- ***These inequities follow social gradients:*** the more disadvantaged one's circumstances, the worse one's long term health and wellbeing outcomes are likely to be (Adler & Stewart, 2010). Social gradients represent more than just disparities between the poor and the wealthy, but are continuous: at any given point along the socioeconomic continuum, one is likely to experience inferior health outcomes to those above them (Marmot & Wilkinson, 2006). For children, it is the circumstances in which they live, learn and develop that drive differential health and developmental outcomes: the more disadvantaged their circumstances, the poorer their health and developmental outcomes (Goldfeld et al., 2018a).

- ***These inequities are evident from birth, and, despite overall improvements in health outcomes, continue to grow*** (Berry, 2017). Gaps in both cognitive and noncognitive skills between children from advantaged and disadvantaged backgrounds open up in infancy, and widen progressively in the preschool years (Heckman & Mosso, 2014). These disparities compromise future education, employment and opportunities (Brinkman et al., 2012; Goldfeld et al., 2018a; Heckman & Mosso, 2014; Woolfenden et al., 2013).

- ***Sustained poverty, especially in the first 1000 days, can have wide-ranging and long-lasting adverse effects upon health and wellbeing*** (Berry, 2017; Goldfeld & West, 2014; Goldfeld et al., 2018b; Kruk, 2013; Luby, 2017; Piccolo & Noble, 2018). The most disadvantaged children can have as much as seven times the risk of poorer developmental outcomes compared with those who are most advantaged (Goldfeld et al., 2018b).

- ***Poverty has both direct and indirect effects on development***: it can add to parental stress and hence compromise care-giving; reduce the quality and regular availability of nutrition provided; limit the capacity of families to provide their children with adequate learning opportunities; and expose children to sustained levels of stress (Moore et al., 2017; Yoshikawa et al., 2012). The poorer families are, the more likely it is that mothers will experience depression (Reeves & Krause, 2019) and their children will experience child abuse and neglect (Bywaters et al., 2016). Although poverty does not always lead to abuse and neglect, and is not the only contributing factor, the greater the economic hardship experienced by the family, the greater the likelihood and severity of child abuse and neglect (Bywaters et al., 2016).

- ***Poverty affects a wide range of people in every Victorian community, even the richest*** (Stanely et al., 2007; Tanton et al., 2018). In City of Port Phillip, a prosperous community overall, poverty rates range between 9% and 15% (http://povertymaps.vcoss.org.au/). Poverty is not restricted to the most disadvantaged pockets of the City, just more concentrated there. Being poor in a well-off community may be even more damaging than being poor in a disadvantaged community; the chances of social isolation are greater because well-off

communities provide fewer services for poor people and poor families cannot afford to access services or reciprocate socially. Poverty is greatest in single parent families, the unemployed, and those who do not own their own homes (Tanton et al., 2018).

- ***The social conditions in which people live have a greater impact on their health and developmental than the health and other services they receive*** (CCCH, 2018; Moore et al., 2017; Prevention Institute, 2019). This is especially true for those living in the most challenging circumstances, including families with young children. Finding ways of improving these conditions under which such families are raising their children must become a major goal for communities and service systems (Ratliff, 2017).

- ***Positive social networks are critical aspect of the social conditions in which we live***. We are wired to connect with others (Lieberman, 2015) and our health and wellbeing are shaped by our social networks (Barnes et al., 2006; Edwards & Bromfield, 2009; Pinker, 2015; Popkin et al., 2010). There is evidence that our immediate social networks – those people we mix with on a regular basis – have a significant influence on our ideas, emotions, health, relationships, behaviour, and even our politics (Christakis & Fowler, 2009). Even 'consequential strangers' – people outside our circle of family and close friends, such as casual acquaintances – are important for personal and community wellbeing (Blau & Fingerman, 2009).

- ***Positive social support has many beneficial effects on parenting***. Support during pregnancy reduces the likelihood of maternal stress, depression and risk taking behaviours during and after pregnancy (Kawachi & Berkman, 2001; Rini et al., 2006). Social support also greatly affects parental care-giving capacity by promoting positive mental health and resilience during challenging periods (Green et al., 2007; Palamaro Munsell et al., 2012). Importantly, positive social support reduces the likelihood of child maltreatment, especially for those families experiencing multiple challenges (such as poverty, depression, unemployment) (Bishop & Leadbeater, 1999; MacLeod & Nelson, 2000).

- ***Having places where families of young children can meet regularly helps build them positive social networks.*** The peer group learning that occurs between parents who meet regularly can help parents develop their knowledge and parenting skills (Melhuish, 2015). These networks can also help families to access family and/or early intervention services (Kang, 2012). Without adequate social networks, the opportunity to be 'introduced' to services may be limited (McArthur & Winkworth, 2017; Winkworth et al., 2010a, 2010b).

- ***The immediate neighbourhood environments in which people live have a significant impact on our health and wellbeing*** (Goldhagen, 2017; Landrigan, 2016; Villanueva et al., 2015, 2016). The way we design and build neighbourhoods shapes how healthy our lifestyles are (Goldhagen, 2017; Sallis et al., 2012; Villanueva et al., 2016). Societal changes over decades have dramatically reduced the need for physical activity in daily life while creating ubiquitous barriers to physical activity (Sallis et al., 2012). Features of the built environment that promote healthier lifestyles include easy access to facilities, services, and social infrastructure, parks and recreational facilities, stores selling fresh produce) (Ulmer et al., 2014; Villanueva et al., 2016). A poorly designed neighbourhood has less connected street networks and limited access to shops and services, but an oversupply of fast food restaurants (Ulmer et al., 2014; Villanueva et al., 2016).

- *Various physical features of neighbourhoods shape children's health behaviours, and hence their health and development.* These features include access to facilities and services located within walking distance, provision of public transport infrastructure, level of traffic exposure, and residential density (Goldfeld et al., 2018; Villanueva et al., 2015). These shape the way chilren play, walk or cycle, and move independently through their neighbourhood (Villanueva et al., 2015). Having access to green spaces also contributes significantly to children's long-term health and development (Louv, 2005).

- *The quality and security of housing can have a significant impact on family functioning and children's health, development and well-being* (Dockery et al., 2010; Moore et al., 2017; Sandstrom & Huerta, 2013). Some of these effects are irreversible and continue on into adulthood (Dockery et al., 2010). Substandard housing, rented or otherwise, can have direct effects on children's health, especially when children are very young and are living in housing that lacks heating or cooling, or is vermin-infested or mouldy, or where there are frequent difficulties in getting essential repairs done.

- *Stress resulting from housing affordability has direct and indirect effects on families and children*: it affects children most during early childhood via its adverse impact on the family's ability to access basic necessities (Dockery et al., 2010). Housing affordability stress is much more common in families who are in private rental accommodation, compared to those who are paying off a mortgage (Warren, 2018). It is also more common in one-parent families, families with young children, families where the parent was born overseas, and families from the lowest income level (Stone & Reynolds, 2016).

- *Homelessness is particularly damaging, especially for young children* (Gibson & Johnstone, 2010; Jelleyman & Spencer, 2008; McCoy-Roth et al., 2012). It is difficult for stressed parents to ensure their children's safety, and provide them with security, stability, and the chance to become and remain part of a community (Jelleyman & Spencer, 2008). Most families who become homeless are women with dependent children (Tischler, 2008) and children constitute a third of people attending homelessness services (Kirkman et al., 2009).

- *The nature of housing options available to families with young children is changing.* More and more families are living in high-rise accommodation (Warren, 2018), but there is little research on what the impact of these changed conditions are (Andrews et al., 2018).

4. Evidence regarding early childhood and parenting services

There are five key evidence-based intervention platforms in early childhood: antenatal care; sustained nurse home visiting; parenting programs; early childhood education and care; and the early years of school (Molloy et al., 2018).

Antenatal care

- *Best practice antenatal care has many benefits for mother and child.* Features of best practice include: continuity of care; regular attendance at antenatal care appointments;

screening and assessment - for maternal health (eg. blood pressure), maternal health behaviours (eg. tobacco smoking, alcohol consumption), maternal mental health (eg. depression and anxiety), and maternal circumstances (eg. intimate partner violence); providing counselling to reduce smoking and to promote healthy nutrition; and monitoring fetal development and growth (including screening for fetal chromosomal abnormalities) (Molloy et al., 2018).

- The importance of **preconception health care** is also increasingly being recognised (Barker et al., 2018; Bateson & Black, 2018; Stephenson et al, 2018). The health and well-being of both parents prior to conception have a significant impact on the development in the womb and beyond (Chavatte-Palmer et al., 2016; Genuis & Genuis, 2016; Lane et al. 2014). Preconception care involves interventions that aim to identify and modify the various biomedical, behavioral, and social risks to the health of people of child bearing age.

Sustained nurse home visiting

- *Sustained home visiting programs starting in pregnancy can be a major source of help to families experiencing adversities.* They help address inequitable child and family outcomes by promoting positive parenting practices, promoting child health and development, and reducing child maltreatment (Donelan-McCall, 2017; Goldfeld et al., 2018; McDonald et al., 2012). The Australian home visiting program, *right@home,* is designed as an integral part of the universal Maternal and Child Health service in Victoria, and involves 25 home visits beginning antenatally and continuing for the first two years after birth. This program focuses on parent engagement and partnership, and has been shown to improve aspects of parent care, responsivity, and the home learning environment over and above the existing universal child and family health services (Goldfeld et al., 2017, 2018).

Parenting programs

- *Group parenting programs can also play a role in promoting positive parenting services* (Donelan-McCall, 2017 Mihelic et al., 2017; Trivette & Dunst, 2014). Parenting skills training programmes can have positive benefits, particularly for parents who have completed most of or all the program (Barrett, 2010). Community-based parent support programs operated in a family-centred manner can have important positive effects on both parenting behaviours and the social and emotional development of young children (Trivette & Dunst, 2014).

- *The way in which support services engage vulnerable families is as important as the actual programs they provide* (Centre for Community Child Health, 2010; Moore et al., 2012; Moore, 2017; Trivette & Dunst, 2014). Parents benefit most when they are actively involved in deciding what knowledge is important to them, and how they want to access that information. Changes in actual parenting practices are more likely when professionals use capacity-building help-giving practices they need, seeking to build parents' capacity to meet the needs of their children more effectively (Trivette & Dunst, 2014).

- *No parenting program is equally effective with all groups within the community.* Parents who are highly disadvantaged or from CALD backgrounds are not comfortable with many of the available programs. For these parents, programs such as the *Empowering Parents*

Empowering Communities (EPEC) (Day et al., 2012a, 2012b, Winter, 2013) are more engaging and effective. EPEC differs from most other programs in that it is peer-led rather than being facilitated by practitioners. (For more information, see https://www.rch.org.au/ccch/research-projects/Empowering_Parents_Empowering_Communities/).

Early childhood education and care

The main forms of early childhood education and care are child care, toy libraries, playgroups (community playgroups and supported playgroups), and preschool education programs.

Child care

- ***There are significant cognitive and emotional benefits for children who receive high quality care in their early years*** (Himmelweit et al., 2014; Johnson, 2017; Mathers et al., 2014; Sosinsky et al., 2016; Zachrisson et al., 2013). The benefits of early years childcare continue to be felt through late primary school and secondary school years. These effects are strongest for children from poorer backgrounds and for children whose parents have little education (Himmelweit et al., 2014).

- The effects of centre-based childcare in the first year of a child's life are only beneficial to children if it is of a sufficiently high quality, with low ratios of adults to children, creating warm and stable relationships (Himmelweit et al., 2014). This is particularly important where informal and/or home-based parental care is negligent, missing, or of poor quality, because it can help to level the playing field and prevent social and economic disadvantage being passed from one generation to the next. Extended experience of high quality child care in the early years does not lead to behavioural (externalising) problems (Zachrisson et al, 2013).

- The key features of high quality care for children under the age of three are: stable relationships and interactions with sensitive and responsive adults; a focus on play-based activities and routines which allow children to take the lead in their own learning; support for communication and language; and opportunities to move and be physically active (Mathers, et al., 2014).

- Relationships are critical for positive, healthy infant development and help provide a framework for exploration and future learning (Sosinsky et al., 2016). Relationship-based care practices are a priority area for practice and policy initiatives designed to strengthen quality standards in infant and toddler early care and education settings.

Toy libraries

- ***Toy libraries have long been recognised internationally as a valuable form of childhood service*** (Björck-Åkesson & Brodin, 1992; Ozanne & Ozanne, 2011). Although the evidence base is not strong, toy libraries are credited with having a number of benefits, including creating community hubs for families to learn from each other and network; providing young children with access to play-based early learning sessions; giving parents specialised or professional advice on play from the toy librarian; giving poor parents access to a wider range of toys; and reducing waste and commercialism (Hughes, 2013; Stach, 2017). Simply

providing access to toys to borrow is insufficient: for the full range of benefits to be achieved, toy libraries need to provide a variety of developmentally and culturally as well as age-appropriate play materials, as well as play-based early learning sessions that include a variety of play opportunities are required (Stach, 2017).

Community playgroups

- ***Community playgroups make a unique contribution to community wellbeing and community capacity building*** (Playgroup Victoria, 2013; McShane et al., 2016). They cater for needs that are not met elsewhere, providing essential social supports in cases where child-rearing is occurring without a peer support network. They can overcome the experience of social isolation in larger urban areas. They foster a 'sense of place', or affiliation with a local community, particularly for families who are newly arrived to an area (McShane et al. (2016).

- Children from disadvantaged families benefit from attendance at playgroup, but they are the least likely to access these services (Hancock et al., 2012). Disadvantaged families typically under-enrol in mainstream programs and drop out earlier and at higher rates than more advantaged families (Berthelsen et al., 2012).

- Playgroups promotes social capital (Playgroup Victoria), and persistent playgroup participation may act as a protective factor against poor social support outcomes. Socially isolated parents may find playgroups a useful resource to build their social support networks (Hancock et al., 2015).

- Rates of playgroup participation by Aboriginal and Torres Strait Islander families are generally lower than for Australian children overall (Williams et al., 2017). However, there is evidence that playgroup participation can enhance the home learning environments for Aboriginal and Torres Strait Islander children. Playgroups as a parent support programme hold strong potential to reach and engage families, particularly in areas of high geographic isolation, which can realize improved outcomes for children, parents and communities (Williams et al., 2014).

Supported playgroups

- ***Although less well researched, supported playgroups can provide the same benefits as community playgroups for vulnerable families and their children*** (Berthelson et al., 2012; Commerford & Robinson, 2016; Jackson, 2011; Pourliakis et al., 2015; Williams et al., 2015). Supported playgroups are distinct from the traditional community playgroup model (parent-run groups) because they are funded to have a paid facilitator who is employed to coordinate and deliver weekly sessions. They seek to provide stimulating early childhood environments for children along with support for their parents (Jackson, 2011).

- Supported playgroups have largely been implemented in the absence of strong theoretical or empirical evidence about their effectiveness to promote positive outcomes for parents and children from vulnerable families (Berthelsen et al., 2012; Commerford & Robinson, 2016; Pourliakis et al, 2016; Williams et al., 2015). Nevertheless, they have been shown to provide

valuable social support for parents, decreasing parents' social isolation, increasing their confidence and their use of formal support services (Jackson, 2011). Supported playgroups with the strongest evidence are those that include specific interventions – e.g., to increase physical activity, or to increase learning and cognitive development (Pourliakas et al., 2016).

- Attendance rates at supported playgroups can be variable – 50% or less among programs that target high risk groups (Berthelsen et al., 2012). Some of the factors that cause irregular attendance are not amenable to change – parent work rosters, child illness, parent health issues. Other factors such a parental mental health (especially depression) can reduce attendance, and warrant extra training for facilitators in recognising the signs and referring on. Factors that contribute to better attendance rates are having facilitators who are good at engaging parents and able to provide child development knowledge to parents in non-didactic ways (Commerford & Robinson, 2016; Berthelsen et al., 2012; Williams et al., 2015).

- Higher attendance is associated with greater parent engagement with other parents (Berthelsen, 2012), and can therefore help reduce social isolation in vulnerable families (Williams et al., 2015). Supported playgroups may also improve children's sociability and create new opportunities for them to learn (Commerford & Robinson, 2016). Supported playgroups have potential to be soft entry points linking families to formal supports when needed and to deliver key messages promoting child health (Commerford & Robinson, 2016).

- Supported playgroups that target a particular group of parents and children when recruiting – for example, migrant communities, parents of children with a disability, parents who have difficulties with illicit drugs and alcohol, or parents who are at risk or vulnerable due to their socioeconomic status – appear to obtain an improved level of engagement and attendance from members in comparison to supported playgroups that are open to anyone to attend (Pourliakis et al., 2016).

Preschool education

- ***Preschool education is one of the most significant investments in education and productivity that governments make*** (O'Connell et al., 2016). It has positive impacts on all children and is a key strategy for overcoming the impact of early disadvantage on educational outcomes and life chances (Pascoe & Brennan, 2017; Yoshikawa et al., 2013).

- Early childhood education improves school readiness and makes a significant contribution to subsequent educational achievements (Goldfeld et al., 2016; Meloy et al., 2019; Pascoe & Brennan, 2018). Participation in quality early childhood education improves school readiness and lifts NAPLAN results and PISA scores. ECE has Children who participate in high quality early childhood education are more likely to complete year 12 and are less likely to repeat grades or require additional support.

- The benefits of early childhood education are wide ranging and long lasting (Bakken et al., 2017; Barnett et al., 2017; Centre for Education Statistics and Evaluation (2018), Melhuish, 2015; O'Connell et al., 2016; Pascoe & Brennan, 2018). It is linked with higher levels of employment, income and financial security, improved health outcomes and reduced crime (Pascoe & Brennan, 2018). It helps build the skills children will need for the jobs of the future. Evidence of benefits of preschool education –- high quality early childhood education can

improve children's cognitive and non-cognitive outcomes. The effects are wide-ranging and long-lasting (Melhuish, 2015).

- A second year of preschool shows additional benefits (Fox & Geddes, 2016; OECD, 2017; Yoshikawa et al., 2013). Compared to other countries, Australia has high rates of 4 year old preschool attendance but relatively low rates of 3 year old provision (OECD, 2017).

- The quality of early childhood education services matter (Barnett et al., 2017; Centre for Education Statistics and Evaluation, 2018; Torii et al., 2017; Warran et al., 2016). The positive effects of early childhood education programs are contingent upon, and proportionate to, their quality (Centre for Education Statistics and Evaluation, 2018). Arguably the most important of the quality areas, process quality focuses on the interactions between staff and children, and teacher-directed learning activities (Torii et al, 2017).

- Although quality preschool education can benefit middle-class children, disadvantaged children benefit the most from preschool attendance (Bakken et al., 2018; Centre for Education Statistics and Evaluation, 2018; Pascoe & Brennan, 2017; Warren et al., 2016; Yoshikawa et al., 2013). However, they are less likely to access high quality early childhood education (Torii et al., 2017). Regardless of background, the benefits of quality preschools outweigh costs (Yoshikawa et al., 2013).

- Children show the best outcomes when the home learning environment and early childhood programs are both supportive of the child's development (Melhuish, 2015). This highlights the need for early childhood services to engage parents as partners in providing the child's early experiences, and to provide parents with help with home experiences that can promote children's learning (Melhuish, 2015).

5. Evidence regarding effective early childhood service systems

The evidence summarised below covers whether to use a targeted or a universal approach, the value of integrated service systems, the importance of community engagement and co-production, and the value of early years investments.

Universal / targeted services

- ***A universal service system approach is the best way of reaching vulnerable families.*** Early childhood, family support and health care services have evolved and expanded in response to the changed social conditions that families are facing, but are still finding it hard to reach and engage the most disadvantaged families. Although targeting disadvantaged families and communities seems like a good solution, a universal approach is better able to reach and engage them successfully (Barnett et al., 2017; CCCH, 2006; Fox et al., 2015; Moore, 2008), and provide 'soft entry' points into more intensive services

- ***To ensure that those with additional needs are not neglected, universal services must be able to offer differential support according to increasing levels of need*** (Carey et al., 2015). This is known as *progressive* or *proportionate universalism* (Barlow et al., 2010; Human Early Learning Partnership, 2011; Marmot Review, 2010; NHS Health Scotland, 2014;

Statham & Smith, 2010). In this approach, services are universally available, not only for the most disadvantaged, but additional services are available for those in greater need.

- *Universal services need to be inclusive and based on principles of universal design,* built from the ground up to be as usable and accessible as possible by as many people as possible regardless of age, ability, or situation (Steinfeld & Maisel, 2012). For families with young children, this means designing services and environments that are accepting of and able to meet the needs of all members of the community, including Aboriginal and Torres Strait Islanders; migrant and refugee groups; children with chronic health issues, mental health problems or developmental disabilities; parents with chronic health issues, mental health problems or intellectual disabilities; and families facing multiple challenges.

- *Identifying children and families who need additional support requires the use of surveillance tools.* Tools that tap into parental concerns are more effective at engaging vulnerable families than those based on professional judgments. Examples include the *Parental Evaluation of Developmental Status* (PEDS) (Glascoe, 1998; Glascoe et al., 2016) for identifying parental concerns about their children's development, and the *Parent Engagement Resource* (PER) (Moore et al., 2012) for identifying psychosocial factors that may be compromising parenting and family functioning.

Integrated services

- *Many different factors affect child development and family functioning, and no single form of intervention can make a sustained difference* (Moore & McDonald, 2013; Prevention Institute, 2019). Programs alone are not sufficient to change outcomes for the most disadvantaged children and families because they generally do not alter the community factors that impact upon children and families (e.g. community support), cannot alter structural and wider social factors, and have shown to be less effective amongst children and families experiencing high levels of stress (Moore & McDonald, 2013). To improve long-term outcomes for children experiencing significant disadvantage, a multilevel, ecological approach to early intervention is required (Moore & McDonald, 2013).

- *Integrating services and supports across different sectors is an essential step to ensuring that families facing multiple adversities have positive social networks and have access to key services during their children's early years* (Black & Dewey, 2014; Black et al., 2016; WHO, UNICEF & World Bank, 2016, 2018). Place-based collective impact initiatives can be a powerful way of coordinating efforts to support families and communities experiencing many challenges. These initiatives seek to address the collective problems of families and communities at a local level through sustained partnerships between a wide range of stakeholders, including state and federal government departments and services, non-government agencies, community-based support programs, local businesses and service clubs, community members and families themselves (Centre for Community Child Health, 2018; Fry et al., 2014; Moore, 2014; Moore & Fry, 2011; Moore et al., 2014).

- *Providing a range of family-friendly destinations and activities is an important way of supporting families with children* (Goldfeld et al., 2018). Our communities often do not provide places where families of young children can meet on a regular basis. Such places are

important for building social support networks for families, and can also serve as important sites for the delivery of a range of early childhood, family support and health care services.

- ***Integrated early childhood and family support services can be a highly effective way of supporting families in communities experiencing high levels of disadvantage*** (Moore, 2008; Press et al., 2010). Notable Australian examples include the Child and Family Centres in Tasmania and Doveton College in Victoria.

  Child and Family Centres (https://www.education.tas.gov.au/parents-carers/early-years/child-family-centres/) have been established in a number of disadvantaged communities in Tasmania to provide a single entry point to early childhood services (McDonald et al., 2015; Prichard et al., 2015). Parents describe the Centres as informal, accessible, responsive, non-judgemental and supportive places where they felt valued, respected and safe. The Centres have been found to be successful in engaging, supporting and working with families to give their children the best start in life, and have facilitated their access to and use of early childhood services (Hopwood, 2018; Taylor et al., 2017). (See

  Doveton College (http://www.dovetoncollege.vic.edu.au/) is a Victorian example of how to successfully engage disadvantaged families with a comprehensive range of early childhood, family support and health care services. The Doveton College model is a place-based, family-centred, integrated community service delivery model that offers a range of embedded early childhood and family support services along with a number of other services located at the College (Goff & McLoughlin, 2017; McMahon, 2017).

- ***Community hubs can play a valuable role in supporting migrant and refugee families*** (Press et al., 2015; Rushton et al., 2017; Wong et al., 2015). The community hubs model is a place-based approach to supporting migrant and refugee families in their local communities (Wong et al., 2015). Community hubs support migrant and refugee families in relation to children's learning and development and provide knowledge, training and social opportunities for these families, and act as a gateway to services, information and learning, enabling families to increase their connections with their local community. Community hubs have been shown to help children be more ready for school, and schools to be more ready for children (Rushton et al., 2017), and to help migrant families support their children's learning more effectively (Press et al., 2015).

Community engagement and co-production

- ***In planning and running services and facilities for families of young children, services need to engage parents as partners in co-design and co-production*** (Blomkamp, 2018; Moore et al., 2016; Needham & Carr, 2009; Pennington et al., 2018). Co-design seeks to make public services match the wants and needs of their beneficiaries (Bradwell & Marr, 2008). The rationale for this approach is that people's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others, working together to get things done (Boyle et al., 2010). This is especially important for the most disadvantaged and marginalised families (CCCH, 2010).

- ***Human services are fundamentally relational, dependent upon the quality of the relationships between service provider and client*** (Moore, 2017). For a variety reasons,

vulnerable and marginalised families find accessing and making good use of services difficult. As a result, an inverse care law applies: those with greatest needs make least use of services (Eapen et al., 2017). The responsibility of service providers is to build relationships with such families and to provide them with services that are easy to access and address their needs (CCCH, 2010). The way in which services engage and work with families is critical: professional need to respond to family priorities, build on family strengths, and establish partnerships that involve shared decision-making, thereby giving families greater control over their lives (CCCH, 2010).

Investing in the early years

- ***There needs to be greater investments in prevention and early intervention initiatives in the early years*** (Heckman, 2012; Fox et al., 2015; Moore & McDonald, 2013; Prevention Institute, 2019). The most effective form of prevention is to improve the early lives of disadvantaged children (Heckman, 2012). This means focusing much more on improving the conditions under which families are raising young children (Moore & McDonald, 2013).

- ***Investing in early years services is also important, as they are cost effective, reduce demand on later services, and promote health and wellbeing in adulthood*** (Campbell et al., 2014; Fox et al., 2015; Shonkoff & Richter, 2013). Getting it right in the early years reduces downstream expenditure on remedial education, school failure, poor health, mental illness, welfare recipiency, substance misuse and criminal justice. Expenditure on evidence-based prevention initiatives can reduce incidence and prevalence at a population-level (Fox et al. 2015). Quality early childhood education and care is best considered as an investment rather than a cost, since it provides a strong return of 2-4 times the costs (Pascoe & Brennan, 2017; Yoshikawa et al., 2013).

- ***The economic returns of investments in the early years are higher than those in later years***: although it is possible to shape the development and wellbeing of children and young people when they are older, it becomes progressively harder and more costly to do so (Fox et al., 2015; Heckman & Mosso, 2014). It is most cost effective to invest in early intervention that resolves issues as they emerge and are malleable, rather than responding to crisis, stress and trauma, which is both more challenging and more expensive to resolve (Fox et al., 2015).

6. Implications and recommendations

This section draws on the evidence summarised above to identify key features of an ideal 'blue sky' early childhood, family support and health care system. Few of these actions can be done by the City of Port Phillip on its own but require collaboration with a range of other providers and community resources. However, local government should be a (or the) lead player in such collaborations, by virtue of being responsible for the local communities of concern, and having some control over a number of the features of the social and physical environment that affect the lives of families. These environmental features can either constrain or promote the capacity of families to raise their children as they (and we) would wish.

- Build a local early childhood partnership group to address the collective needs of families of young children in the City of Port Phillip, involving as wide a range of stakeholders as possible

– including state and federal government departments and services, non-government agencies, community-based support programs and service clubs, local businesses, philanthropists, community members and families themselves.

- Adopt an early childhood perspective in all policies – the forces that shape early childhood development and family functioning go well beyond the early childhood, family support and health care services available to them, and include housing, transport, employment, environmental health, recreation and built environments.

- Invest in early childhood, family support and health care services – they make an important contribution to improving outcomes for the most disadvantaged and are cost effective in the long run.

- Address the conditions under which families are raising young children, focusing particularly on building positive social support networks, but also including issues such as affordable and secure housing, family-friendly streets and public places, affordable and accessible public transport, and a range of family-friendly facilities and recreational opportunities.

- Create family-friendly built environments that are not dependent upon cars, that promote walking, and provide easy access to services, facilities and green spaces.

- Create community places and hubs where families of young children can meet, and involve these families in the location, design and function of these places.

- Use these settings as the base for the delivery of a range of early childhood, family support and health care services, including antenatal care, maternal and child health services, child care, toy libraries, playgroups (both community and supported playgroup models), and preschool education.

- Provide outreach services – people whose job it is to find and engage isolated and marginalised families and groups, and to link them with other families and with early childhood and family support services.

- Explore the needs of families from different cultural backgrounds, and work with them to design and provide places and programs to meet these needs.

- Understand the nature and extent of poverty experienced by people living in the City of Port Phillip, and explore ways of ensuring that those who are most impoverished are not prevented from accessing early childhood, family support and health services by the costs involved.

- Explore ways of promoting adequate and healthy nutrition during pregnancy and infancy – through MCH visits, parenting programs, and food environments.

- Begin parenting education early in pregnancy, with the degree of support based on risk of poor health and developmental outcomes.

- Provide sustained home visiting services to families facing multiple adversities and lacking the resources to manage them.

- Design environments and services that are fully inclusive, accepting of and able to meet the needs of all young children and their families, regardless of their abilities, circumstances or backgrounds.

- Build strong universal service platforms, with the capacity to identify and provide more intensive support to those needing additional help.

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