Submission to the Early Childhood Strategy

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i CAN *Impacts* of child abuse and neglect
With evidence we can change life trajectories

Credentials

I am a Research Professor in Health Economics and Social Policy. I have lead research projects for over 30 years to enhance knowledge and understanding of the health and wellbeing and social and economic outcomes, including child development outcomes associated with disadvantage.

This research has been conducted collaboratively with service providers, clinicians, policy makers. It has been funded by the ARC, NHMRC, government agencies and independent and philanthropic bodies (such as the Ch 7 children's research foundation and the SA Children's Commissioner. This research is widely published in top international journals (such as Lancet Public Health) and is informing policy and practice. It is always theory driven.

My plea

I am also a mother and grandmother, with the concerning knowledge that many children are born into and exposed to highly disturbing family environments, who face fear and distress on an on-going basis, often with little assistance from services. From my research, (and that of others) we now know that their life chances are too often destroyed. There are negative impacts across every outcome studied and they are simply massive – for child development, mental illness, early death, involvement in violence as victim and perpetrator, homelessness, relationship break-down, abuse of their own children. The causal pathways between child maltreatment and poor outcomes are well described. They include changes to how the brain develops, disturbed relationship patterning – characterised by lack of trust, poor sense of self, low self-worth, hypervigilance, being easily triggered …..

As a society we are quick to 'point the finger' at the behaviourally disturbed child, the troubled teenager or young adult who is angry, perhaps on drugs or other substances, perhaps violent. But overwhelmingly, as a society we were not there when they needed our support; the neglected baby, the distressed infant, the troubled toddler, the overwhelmed young child – this failure by society is inexcusable. We know who these troubled children and families are – they are on the books of child protection services and other agencies. And yet too often we sit on our hands – say 'it is someone else's responsibility', 'we don't have the funds', 'we don't have the skilled staff' 'it is too difficult' and the problem does not get addressed – but it does not go away - it compounds across the life course and across the generations ….. Until we say enough.

An Early Years Strategy is exactly the opportunity to change the landscape in a meaningful way and to accept responsibility to make a difference. It will require a cross-jurisdictional, cross-portfolio, cross agency, inter-disciplinary approach, led by the Commonwealth to ensure 'no child is left behind'; to ensure all children, to the extent possible, are developmentally ready when they start school - physically, emotionally, socially, capacity to communicate.

Importance of the Early years

There is now a large literature, to which I have contributed that highlights the critical importance of the early years - the first 5 years and the first 1,000 days in particular. And the family environment is the largest determinant of trajectories across the life course (after serious congenital conditions). The fashionable 'social determinants' often misses the mark with its focus on income and employment as the primary drivers, whereas these are in the main secondary drivers to child abuse and neglect.

Return on investment studies, reported by Heckman and others, consistently find high returns on investing in *effective* programs in the early years. Economic evaluations also establish return on investment is generally greater, the earlier in life the intervention commences (eg with parents to be / infants) and when targeted to the more vulnerable – where the opportunity for gain is greatest.

The context for the Early Years Strategy reflects a desire to 'leave no child behind' developmentally. This is an urgent matter. Some children, notably those exposed to serious abuse and/or neglect and typically facing other adversities, are entering school with large developmental deficits. For example, drawing on the AEDC, of boys removed from birth families to alternate care 50% were vulnerable (bottom 10%) on the social and 49% emotional domains (Figure 1). Or using the *Multiple Strengths Index, for* boys with substantiated abuse or neglect >60% had poorly developed strengths and 17% well developed strengths, relative to 26% and 40% of boys with no CP contact.[1] On all AEDC measures girls substantially out-perform boys, while girls with child protection concerns doing less well.

These deficits in child development can compound across the life course – resulting in school disengagement, bullying (as victim/perpetrator), early substance use, relational and behavioural challenges, poor mental health - eg 40 times risk of emergency department visit for mental health in adolescence,[2] welfare dependency - eg nearly 8 times risk of being on a disability pension,[3] housing instability, early death - eg 5 times risk of death in young adulthood from substances.[4] Multiple disadvantage is transmitted across the generations when unresolved childhood trauma intrudes on the capacity for in-tune and nurturing parenting. A child whose mother had been removed to OOHC has 25 times the risk of also being removed to OOHC[5] due to serious child safety concerns.

Early life adversity is driving huge discrepancy in the life chances of babies born into families facing multiple adversity who struggle to offer the nurturing environment that children need to thrive – and where children are not safe, compared with children given a nurturing start to life. To turn this around will require a response proportionate to need – the most vulnerable must receive more – much more – if this development gap is to be addressed. Studies suggest this is possible. But it will require resourcing and upskilling to deliver intensive family-based supports, enriched early childhood educational environments, active community outreach to engage troubled families, attention to infant/child mental health. Our standing as a society concerned with fairness, with protecting the most vulnerable, demands this happen. It is also the efficient thing to do. The costs of failing to help these vulnerable children are simply huge.

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[1] Armfield J …. Segal L, Educational strengths and functional resilience at the start of primary school following child maltreatment, *Child Abuse & Neglect*, 2021;122:105301. doi: 10.1016/j.chiabu.2021.105301.

[2] Gnanamanickam ….. Segal L. Child maltreatment and emergency department visits: a longitudinal birth cohort study from infancy to early adulthood. *Child Abuse Negl* 2022;123:105397. doi:10.1016/j.chiabu.2021.105397. d

[3] Gnanamanickam and Segal, manuscript under preparation

[4] Segal L et al, Child maltreatment and mortality in young adults, *Pediatrics*, 2021;147(1):e2020023416. doi: 10.1542/peds.2020-023416

[5] Armfield J…. Segal L, Intergenerational transmission of child maltreatment in South Australia, 1986-2017: a retrospective cohort study, *The Lancet Public Health*, 2021;6(7): e450-e461. doi:10.1016/S2468-2667(21)00024-4

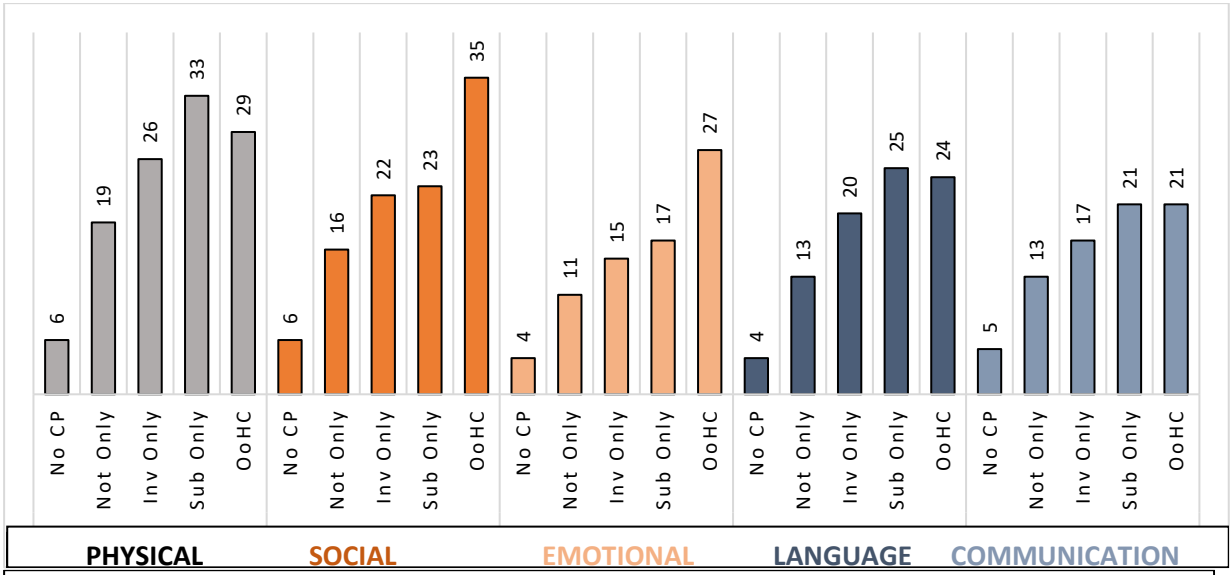
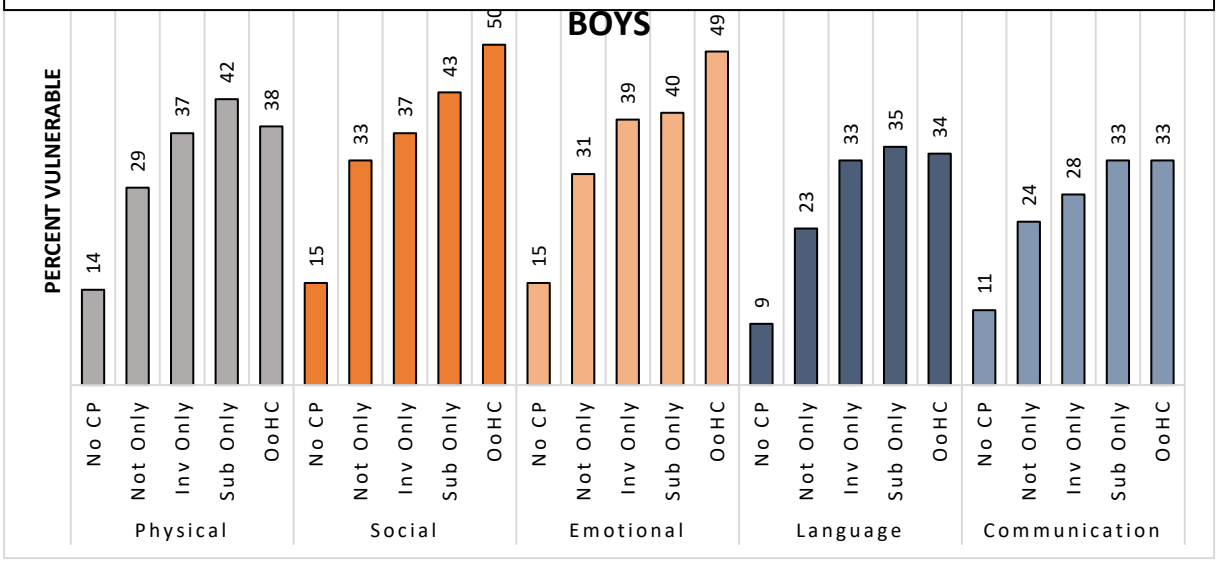


Figure 1 School readiness: % Vulnerable AEDC by child protection system contact*

*CP Categories: no CP= no child protection contact. Not=Notification. Inv=investigation not subst. Sub=substantiated. OOHC=removal from birth family to alternate care. Source – paper in preparation



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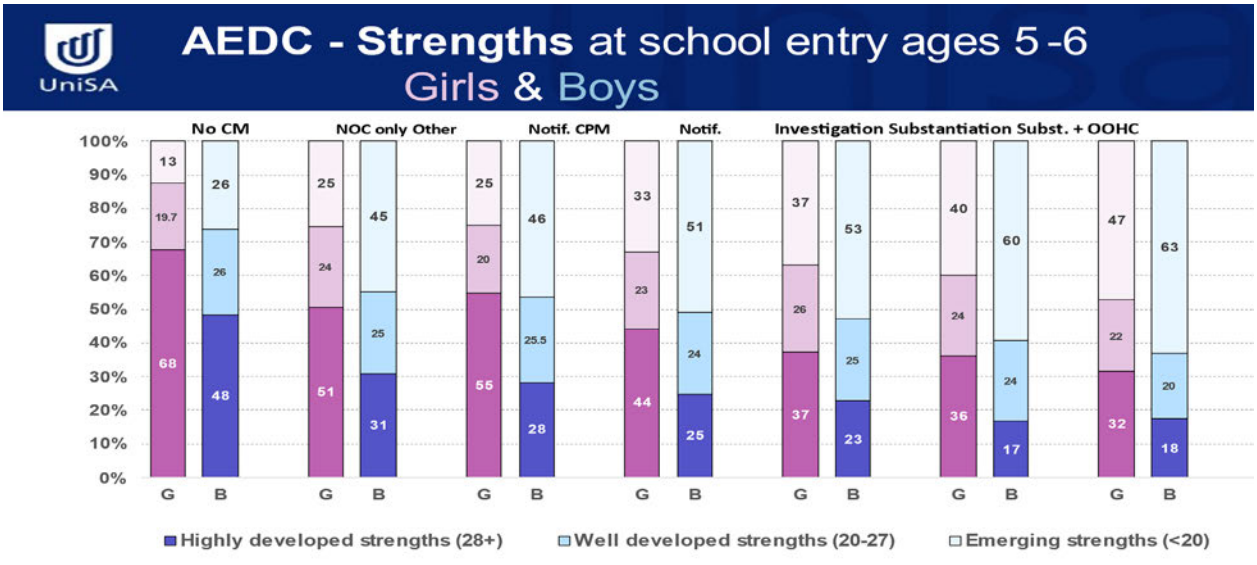

Where services are needed

Overview

In order to ensure 'no child is left behind' and every child has the best chance to maximise their physical, social, emotional, cognitive and communication development, strategies to address developmental deficits must start prior to school commencement – ideally prenatally. A child born with foetal alcohol spectrum disorder already has their potential seriously compromised.

The concepts of *Vertical* and *Horizontal* equity can be useful. Horizontal equity concerns ensuring equal access for equal need regardless of where the child lives, or their family circumstance. But equally important is vertical equity - that children with greater need have access to more services and more intensive services than those with lower need. As such, a universal program offering every child/family the same, might meet horizontal equity goals, but will fail on vertical equity. A universal approach that does not offer more to the most vulnerable / less to the least vulnerable – will do nothing to address the developmental deficits of the more troubled children. This group requires more services, but also different services to a standard offerings, as well as active outreach to ensure engagement of vulnerable children – whose families are less likely to access services.

In terms of target there are two important targets to enhance child development:

- Parents to be / new parents – especially those at risk of poor parenting
- Infants, young children prior to school commencement – especially those at high risk of vulnerability across developmental domains.

Services could be offered through a combination of i) universal platforms – provided there is flexibility to offer a more intensive response to children/families with greater need, and ii) through targeted services to those identified with especially high-level need. Adequate offerings need to be in place, especially the most troubled families, with new funding and governance models that support on-going delivery and retention of skilled staff, and that can be scaled to meet all need.

Parents to be /new parents / infants to age 2 years

The pre- and post-natal period is absolutely critical if child development is to be protected. It is when the most damage can occur to developing brains[6] and other physiological systems,[7] but also when opportunity for improvement is greatest. There are many options for supporting parents to be (pregnant girls/woman and their partners), adolescents at high risk of a young and unsupported pregnancy, vulnerable new parents. Programs with some evidence of success in working with parents and their infants/young children exposed to generations of profound disadvantage and trauma include: *For baby's sake,*[8] Marte Mao,[9] *Attachment and Biobehavioral Catch-up,*[10] *Circle of security,*[11]

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[6] Child Welfare Information Gateway (2015). *Issue Brief: Understanding the effects of maltreatment on brain development*. U.S. Dept. Health & Human Services, Children's Bureau, https://purl.fdlp.gov/GPO/gpo87623

[7] Shonkoff JP, et al. (2012), The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 129:e232–e46.

[8] Domoney J, et al. (2019), For baby's sake: Intervention development and evaluation design of a whole-family perinatal intervention to break the cycle of domestic abuse. J Fam Viol. 34:539–551.

[9] Axberg U et al, The Development of a Systemic School-Based Intervention: Marte Meo and Coordination Meetings, Family Process, Vol. 45, No. 3, 2006 375-389

[10] Grube WA, Liming KW. (2018), Attachment and Biobehavioral Catch-up: A systematic review. *Infant Mental Health Journal* 39(6):656–673.

[11] Dolby R., The Circle of Security: Roadmap to building supportive relationships, http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2013/12/RIP0704-sample-chapter.pdf

use of the Adult Exploration of Attachment Interview,[12] *PPACT*,[13] *Parents under Pressure.*[14] All these programs are underpinned by a strong infant/child mental health understanding.

But relatively few families can access these programs, and for the most troubled families with highly distressed infants and children, engagement with a single parenting program will be insufficient to address entrenched intergenerational trauma and complex disadvantage. This population will require a more intensive service that offers a comprehensive response underpinned by trauma theory delivered within a social work model. An example of such a program was the successful reunification service implemented by Centacare under the guidance of Dr Jackie Amos, child psychiatrist, embedding a trauma-informed lens within social work practice.[15]

Infant visiting programs that simply teach mothers how to look after their babies, will not offer what is needed to assist the most troubled families and most at-risk infants. As demonstrated by Segal[16], program objectives, target population, program components and program logic must align for success – one would think an obvious requirement, but surprisingly rarely met.

<u>Effective Family Support Programs to enhance developmental and other outcomes for infants/young children will typically incorporate elements of:</u>

- Attachment theory – to support parent/infant attachment and sensitive/attuned/responsive parenting – to be able to see the needs of the infants (not just your own)
- Trauma informed care and therapeutic trauma work with mums and dads with histories of trauma
- Program components to address substance use issues and mental illness, intimate partner violence. It is not helpful for services to say 'we won't work with you unless you are clean or you're mental illness is under control or family violence is sorted'. We owe it to the babies/ infants/toddlers to work with these families, while also ensuring worker safety.
- Option for child removal in extreme case – ideally this would be temporary – while services work intensively with birth parents towards safe reunification.
- Social support components – to address the wide range of adversities facing the most troubled families and help create a more stable home environment as well as build trust with families.

<u>Target population</u>

Adolescents at risk of early parenthood, including: young people:

- exiting out-of-home care
- homeless
- involved with youth justice
- intellectual disability, etc.

High-risk Pregnant woman (and partners where identified) - for example

- < 21 years of age
- intellectual disability/brain injury
- history of substantiated child abuse or neglect
- substance use and/or major mental illness.

In addition to programs in the first 1,000 days, programs are needed for young children to age 6.

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[12] Amos J et al. Using the Adult Exploration of Attachment Interview to break the cycle of intergenerational trauma: illustrations from a family reunification program. Aust N Z J Fam Ther 2022;(May) doi:10.1002/anzf.1490

[13] Furber G, Amos J, Segal L, Kasprzak A. (2013), Outcomes of therapy in high-risk mother-child dyads in which there is active maltreatment and severely disturbed child behaviors*. J Infant Child Adolesc Psychother* 12(2):84–99

[14] Barlow J et al, (2019), A randomized controlled trial and economic evaluation of the Parents Under Pressure program for parents in substance abuse treatment, *Drug and Alcohol Dependence*. (94), Jan:184-194.

[15] Malvaso C, & Delfabbro P, (2020). Description and evaluation of a trial program aimed at reunifying adolescents in statutory long-term out-of-home care with their birth families: The adolescent reunification program. *Children and Youth Services Review*, 119, 105570.

[16] Segal L. et al, (2012) 'Theory! The missing link in understanding the performance of neonate/infant home visiting programs for the prevention of child maltreatment: A systematic review' *Milbank Quarterly* 90(1):47-106

Children 0 – 6 years
Early childhood education and care : A model to create Early Years Family Hubs

Early childhood education Centres as the platform for a Network of Early Years hubs

Early Children's Education and Care (ECEC) Centres are committed to the holistic development of each child in their care, with a remit to support young children to maximise their potential and develop a strong foundation for their future. The role of these centres is to provide a safe and stimulating environment to enrich children's learning and development from birth to six years, to enable children to be school ready and enjoy success in learning. The Australian government's 2019 Early Years Framework[17] notes the aim to foster early childhood educators to work in partnership with families in the best interest of the child. Early intervention recognises the ability for the developing brain to restructure and repair, with the potential to reverse the ill-effects of early adversity. ECEC Centres are well positioned to offer a universal platform to build responsive teams to promote child development with a remit to engage and help young children exposed to family-based adversity, recognising these centres are perceived by families as supportive and welcoming environments.

Current ECEC models, while incorporating high-quality early childhood learning programs – have insufficient staff-child ratios, and do not have the skill mix, or training to effectively support the most vulnerable infants and children. Current models presume an effective referral pathway for children who require an individualised therapeutic response - into child and adolescent mental health teams, child development teams in Local Health Networks, child and family health services etc. However, specialist services do not have the capacity to accept all (or even most) referrals, and 'referral out' of vulnerable families inevitably creates a barrier, reducing access, to the detriment of the child.

A reconfiguration to create a network of Early Years/Family Hubs situated predominantly in disadvantaged communities could provide a platform to deliver what is needed to ensure all children are as school ready as possible, and thereby change life trajectories. A capacity to deliver therapeutic services will be crucial to succeeding in this more ambitious role. Core components of the proposed Early Years Family Hubs model are:

i. *A high Educator : Child ratio* to enable the more developmental vulnerable children to receive the more intensive educational support that they require, and allow staff time for on-going training and supervisions.

ii. *An inter-disciplinary team* that includes trauma-trained infant therapist, speech therapist, community-development officer (for outreach to distressed families), social worker, dietitian, occupational therapists, language and cultural specialists(pertinent to the specific catchment), staffed to work therapeutically with infants and young children as well as build capacity across the team.

iii. *Expanded partnerships with other services* to facilitate *on-site access* to counselling for families (mental health, addiction, family violence, financial etc), medical practitioner, nursing, specialist intensive family support services etc.

iv. *Commitment to training and supervision*, to create the necessary highly skilled workforce. The network of Early Years Hub could become Centres of Excellence in working in a trauma informed way with families with young children exposed to multiple adversity to enhance child development outcomes.

[17] Australian Government Department of Education Employment and Workplace 2009, Belonging, being and becoming: The early years framework for Australia, Commonwealth of Australia, ACT.

v. *A philosophical stance of compassionate non-judgement* - to support the development of trusting relationships between parents, children and staff – and where staff also feel safe, supported and heard - facilitated by a learnings framework situated within current understandings of trauma theory and attachment theory and child development together with a commitment to respectful engagement from the highest level.

vi. *Capacity to offer a flexible and responsive service delivery model* (well beyond M-F 9-5) to better meet the diverse needs of children and families- such as weekend playgroups for dads, delivery of services within the home, where critical.

vii. *Better support for boys* - Outcomes for boys across developmental and educational domains are poor, and for boys exposed to child abuse or neglect, especially disturbing. A commitment to look at why this might be and options to address is desirable. For example, attracting more male educators and allied health staff into an Early Years Hubs would seem important - noting the serious gender imbalance in the early-childhood workforce (~95% female). Dads need to feel welcome in Early Years spaces and boys have a right to feel they belong and their needs are understood.

viii. Facility expansion/up-grade to be able to deliver a wider range of services on site would likely be necessary.

ix. Funding for an administrative support role, for example to coordinate/manage access to specialist services.

Governance/Funding

Adequate and secure funding will be critical. It will require long-term funding commitment based on a realistic assessment of service needs related to the population catchment - number of children under 6 years of age and level of adversity. Adoption of a needs-based funding model would be ideal, preferably pooling State and Commonwealth funds from across pertinent agencies and programs – Education, Human Services, Health, Child Protection, Justice …. These agencies would also be part of the governance body. Regional-based Funding of an Early Years Program would then be based on number of children under 6 and indicators of adversity in the regional population, noting needs-based funding is already adopted within the schools' sector. An Early Years Program Executive would have the remit and responsibility for procurement and delivery of services for their catchment to meet pre-agreed objectives.

Current funding and fee arrangements for the sector are nothing short of a ness. It will be crucial that disadvantaged families do not face fees that would discourage access. Appropriate fees for more advantaged families could be explored.

Conclusion

Strategic investment in pre-post-natal /parent-infant services and creation of a Network of Early Years Hubs holds the promise of better development outcomes for the most troubled children and families, with the prospect of changing life trajectories and reducing intergenerational transmission of vulnerability. Economic analysis has demonstrated investing in the most vulnerable children offers far greater returns than investing more in those already advantaged. It is time to ensure a truly proportionate response, to the needs of our most troubled children, this is an ethical imperative which also makes economic sense.