



Opening Address
by

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Conference

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[OPENING SLIDE 1]

Conference organisers continue to amaze me with the richness of the metaphors they use to encapsulate the themes of their events.

Tides imply advance and retreat of a huge nature force, the seminal influence of an apparently unrelated phenomenon – the moon; ceaseless movement of an underlying pattern to seemingly random movements.

Add to all of this the indescribable exhilaration when you catch a wave that takes you right in the shore!

I hope I have done justice to explicating why the phrase “Tides of Change – the Individual, the Family and the Organisation: is the focus of today’s presentations and discussions and I haven’t yet referred to change and shifting sands – a challenge I’m sure Richard Eckersley will be happy to address.

My part in this maritime odyssey is to assert “The Tide is Turning – early years on the agenda.” **[Refer SLIDE 2]**

I hope this title implies to you that the tide is advancing – a spring tide if not quite a Tsunami and that we should all be pleased to be catching it to shore for the purpose of protecting and promoting the wellbeing of Queensland’s children and young people.

Many of you work in health related fields and I wish to commence with statistics relevant to the health of young children.

[Refer SLIDE 3: Statistics of Children and Young People

Overweight and obesity

- It is estimated that approximately one in five, or 20% of Australian children aged between 5 and 8 years old are overweight.

However, an unexpected outcome of increasing public awareness of obesity, according to Royal Children’s Hospital nutritionist Judy Wilcox, is that young mothers are putting their new born babies on diets as they are worried that they will have a heart attack or become obese later in lifeⁱ.

Long term health conditions

- Asthma is the most prevalent long term health condition for children and young people, reported for 11.8% of 0-6 year olds and 14.0% of 0-17 year oldsⁱⁱ.

Mental illness

- The Australian Institute of Health and Welfare 2002 report *Australia’s children: Their health and wellbeing* identifies that 15% of boys and 14.4% of girls aged 4-12 years score in the clinical range for mental health morbidities, including somatic complaints, delinquent behaviour, attention problems and aggressive behaviourⁱⁱⁱ.

A 2001 Australian Bureau of Statistics National Health Survey identifies that 2.2% of 0-6 year olds have mental and behavioural problems^{iv}.

Given the current ongoing community debate about harm to Queensland children, I want to briefly address the tides of change in this arena as well.

Harm is the term used in the Queensland Child Protection Act to refer to emotional, physical and sexual abuse and neglect.

[Refer SLIDE 4: Status of Children and Young People]

Child abuse and neglect

- The numbers of notifications and substantiated cases of child abuse and neglect in Qld continues to increase. In 2001-2002 there were 10,036 substantiated cases, compared to 6,919 in 1999-2000^v.

(Some of the increase can be attributed to a trial in 3 areas of call centres processing initial reports of abuse or neglect.)

- 11% of children with substantiated cases of abuse or neglect were Indigenous.
- In 2002 there were 3,257 children in out-of-home care.
- The rate of children in out-of-home care per 1,000 children was 12.2 for Indigenous children compared to 2.9 for non-Indigenous children.

These statistics paint a very grim picture. So how do we go about formulating a contemporary framework that effectively supports children, young people and their families?

As a former history teacher, I believe we first need to review and learn from earlier approaches.

[Refer SLIDE 5: Supporting Children and Families]

Over the decades there have been changing themes in the development and provision of family support services.

For example during the 1800s the most common response to child welfare problems was the use of institutionalisation. Welfare agencies emerged in the mid 1800s to support families living in poverty^{vi}.

One only has to think of the common practice of 'baby farming' at this time where newborn children of young unmarried mothers (often servants) were sent to establishments to be cared for.

However child abuse was rife in such arrangements and children often died in infancy unbeknown to the fee paying mother^{vii}. Infanticide was another common crime committed by impoverished mothers in this era^{viii}.

By the 1900s there is the emergence of legislation to protect children; Children's Courts; voluntary child rescue organisations; and early support services for families (for example respite care for parents).

These initiatives formed the basis of the more recent child welfare and family support sector^{ix}.

By the 1950s there was increased use of legislation to protect children's interests and emerging medical discourse identified the battered child syndrome stimulating both professional and public interest in child abuse.

In the 1980s it was church agencies and non-government sectors in particular which focussed on supporting children and their families at risk of harm.

As Adam Tomison argues this has been important in reducing the risk or preventing maltreatment and enhancing child and family wellbeing^x.

By the 1990s, we see an emphasis on substantial reinvestment in a rapidly changing family support sector. Child protection services within Australia struggled to cope with increasing numbers of suspected child maltreatment.

Intervention took on a legalistic or forensic approach with a number of negative outcomes.

- 1) Focus on child protection investigations was at the expense of prevention and treatment services. Dorothy Scott^{xi} (1995) likens this to a health system where ambulance and casualty services are beefed up at the cost of depleted immunisation programs and surgical wards.
- 2) Emphasis on child protection services as the expert led to some alienation of non-government family support agencies and professionals from a partnership approach with statutory services with regard to the prevention, support and protection for children.
- 3) In response most Australian states adopted alternative service models of child protection and family support.

A major distinction was the formal recognition of the important role played by the broader child and family welfare system in supporting families with the goal of preventing the occurrence and recurrence of child abuse and neglect.

A primary aim of 'family support' approaches was to bridge the respective roles of statutory child protection services and family support services.

The priority would be on supporting children and parents to reduce any risks to the child, and to keep 'policing, surveillance and coercive interventions to a minimum'^{xii}.

So with the tides of time, there have been rhythmic changes in the approaches undertaken to support and protect children, ebbing and waning between institutional and family based care and support.

Perhaps the current Department of Families paper – *Stopping the Drift:- Improving the lives of Queensland's children and young people in long-term care* currently out for consultation signals another sea-change.

I commenced with some of the concerning statistics in relation to young children in our state. Now for the good news – the clean barrel of a wave – to continue the maritime analogies.

Importance of the early years

Governments are now increasingly recognising the need to provide support and intervention services at the earliest possible time in a child's life, as this is when the greatest difference can be made^{xiii}.

A growing research base provides compelling evidence that there is no better way to protect and promote the wellbeing of children, now and for the future, than to support their experiences of nurturing and care from conception and even before.

As you would all know, research is now confirming that children's early experiences set the foundation for their long-term health, emotional, social and intellectual outcomes over the life course.

As one US review of research commented, *the first months and years of life matter a lot, ... [they] set either a sturdy or a fragile stage for what follows*^{xiv}.

[Refer SLIDE 9: Pathways Linking ECD to HD]

[Table developed for the World Bank Conference, Investing in our Children's Future held in 2000^{xv}, identifying that optimal nurturing and stimulating environments produce immediate benefits for children, and enhance the wellbeing of adults and society in the long-term]

This current focus on the early years is informed by research which identifies that:

- brain development during the first six years, and particularly the first three years of life, is critical, with the initial organisation of brain systems being established^{xvi}
- greater investment in early childhood and early intervention programs not only produces immediate benefits for children but has positive effects for these individuals over a lifetime, thereby enhancing the wellbeing of society as a whole^{xvii}, and
- a focus on early childhood and early intervention programs have been shown to save governments considerable amounts of money 'down the track' in relation to remedial services for issues such as criminality, unemployment and health problems^{xviii}.

Brain development

Current insights into early brain development from a neuroscience perspective provide 'hard data' about the nature of development in the first six years of life.

These understandings not only validate what many of us have always believed to be true but this knowledge has created a sense of urgency about the need to ensure children's early experiences are positive.

While in the past, the structure of the brain was thought to be genetically determined^{xix}, we now believe the environment or experiences of a child play a large role in how the brain develops physically.

The nature/nurture debate now appears to have been resolved, with the suggestion that both nature (or predispositions) and nurture (or experiences), interact in complex ways to affect development^{xx}.

[Refer SLIDE7– MRI of the neural connections of a newborn to two year old child]

We know that all brain cells are present at birth. However, the infant's brain is undeveloped. The neurons of a newborn are not connected together the way they are in an adult brain, but rather as a kind of random mass^{xxi}.

At birth $\frac{3}{4}$ of the 100 billion neurons are not connected in networks^{xxii}. Therefore, most of the links between neurons are formed after birth^{xxiii}.

The brain development that takes place in the first year of life is extremely rapid and extensive. Complex neural pathways are formed in children's early development as each neuron may be connected to as many as 15, 000 others.

What is of most significance about early brain development is the idea that as infants and children encounter repeated experiences, specific neural connections and brain circuitry becomes stronger. So, if connections are not used, they become weak and eventually die away.

[Refer SLIDE 8: Tidal Change – A focus on Early Yrs]

Infant mental health

Your area of expertise – mental health – is now increasingly recognised as a critical aspect of infants' and young children's development.

Children's early nurturing relationships are now believed to form the basis of a person's life-long emotional and social competence.

These early relationships have been shown to stimulate the brain's endocrine and immune pathways, affecting the ability to regulate emotional states and cope with stress^{xxiv}.

Poor early nurturing has been linked with anxiety, depression, aggression and anti-social behaviours throughout life^{xxv}.

If children experience insecure, disorganised attachments, live in environments in which their needs are not responded to and if they are not viewed as individuals in their own right, their own capacity for intimacy and empathy in future relationships may be seriously affected.

[*Resiliency*

Positive attachments between parents and children promote a sense of security and belonging for children – central factors underpinning resiliency.

Resiliency can be described as an individual's, family's or community's capacity to positively meet the challenges of life. It involves the ability to resist risks and foster adaptation and competence.

There is currently strong interest in understanding factors of risk and resiliency in relation to children's health and wellbeing.

While resiliency protects children's developmental outcomes, risk factors increase children's vulnerability to negative physical and mental health outcomes^{xxvi}.

Risk factors which may impact on children's health and wellbeing include the social and economic disadvantage of their parents and problems such as social isolation.

Benefits of early intervention and prevention

[Refer SLIDE9: Pathways to prevention report]

Intervening early, where children experience developmental risk factors, has been shown to enhance protective factors for children and minimise risks, thereby reducing the likelihood of children progressing down 'vulnerable pathways'.

For example, the 1999 *Pathways to Prevention* report highlighted the need for early intervention approaches to break pathways leading to crime^{xxvii}.

As seen on this slide, critical points for intervention have been identified to help ensure that children progress along positive pathways.

Vulnerable family situations, or times of change or transition^{xxviii} are key turning points for children.

[Refer SLIDE10: Tidal Change – Focus on Early Years 2]

Government initiatives

State and Federal governments are increasingly recognising the need for commitment to early intervention and prevention for children and families.

Other key features of strategies for supporting children and families now include a focus on:

- evidence-based practice
- a multi-disciplinary approach
- integrated and coordinated services
- a family strengths approach, and
- building community capacity and promoting the importance of children in society.

The Federal Government's focus on young children and their early development can be seen in their establishment of a National Agenda for Early Childhood.

This aims to "focus on early child and maternal health, early learning and care, and supporting child-friendly communities"^{xxix}.

The Commonwealth Department of Family and Community Services (FaCS) has also developed the *Stronger Families and Communities Strategy* which focuses on building family and community relationships to prevent social problems.

This strategy focuses on early intervention, the importance of early childhood development, the needs of families with young children, improving marriage and family relationships, balancing work and family responsibilities, and helping young people in positive ways.

It represents a move away from governments developing and implementing services for communities, to local communities determining solutions to their needs.

It recognises government's role as a broker of services, and takes a preventative and early intervention approach to helping families and communities build resilience and capacity to deal with problems.

In Queensland, *Putting Families First* is a whole-of-government policy similarly supporting the nurturing role of families and creating safe and supportive communities, which includes an early years focus.

Queensland Health's contribution to this agenda is their *Strategic Policy Framework for Children's and Young People's Health 2002-2007*.

This commendable policy framework recognises the complex interaction between individual, socio-economic and environmental factors in determining health.

Queensland Health notes that "addressing these determinants of health is the responsibility of a range of government and non-government agencies, and therefore collaborative intersectoral action at the population level is required"^{xxx}

The aim to "progress effective, evidence-based and collaborative action" is strongly stated in this policy.

The value of services working in collaborative and integrated ways to support the holistic needs of young children and their families is receiving support nationally and internationally.

This model of service delivery aims to better match families' needs with services through more coordinated and responsive approaches.

State government commitment to achieve improved service integration for families with young children can be evidenced in the Department of Families *Child Care and Family Support Hub Strategy*.

A few other examples of initiatives supporting early childhood experiences include:

- Queensland Health's, *Eat Well Queensland: Smart Eating for a Healthier State*, which encourages all Queenslanders to make healthier food choices;
- Education Queensland's trial of a full-time preparatory year of schooling;
- The *First Years Prevention Projects* demonstrate exciting partnerships between Queensland Health, Education Queensland, and the Department of Families by providing coordinated service responses to children and their families where children are identified early in their school life as being at risk of poor education and social outcomes;
- Queensland Health's Family CARE Program which offers intensive home visiting intervention for families with babies at risk; and
- Community Renewal's programs which seek to reduce disadvantage in targeted communities by placing a "strong emphasis on family support initiatives that target early childhood interventions"^{xxxi}.

In Queensland and Australia, we have some extremely committed advocacy and research groups who continue to make the case for enhancing the life chances and wellbeing of children.

These include the National Investment for the Early Years (NIFTeY) of which I am the Queensland Director, and the recently-established Australian Research Alliance for Children and Youth (ARACY).

It is encouraging to see that Professor Fiona Stanley, who heads ARACY, has been named 2003 Australian of the Year. These groups support the need for sound evidence on which to base policies and practices.

A key research initiative currently occurring in Australia is the Longitudinal Survey of Australian Children (LSAC) – or Growing Up in Australia, as it is now referred to publicly.

This study seeks to understand the factors that influence the developmental pathways specifically for Australian children.

Evidence from this research will be used to inform policies, including identifying opportunities for early intervention and prevention strategies concerning children, parenting, family relationships and functioning, early childhood education and schooling, child care and health.

The Commission for Children and Young People is committed to supporting the rights, interests and wellbeing of children from the very earliest time in their life.

We have recently established an Early Years Advisory Group which will support the Commission's role in advocating for the best interests of children through identifying areas of need and issues of concern in the early years.

The Queensland and New South Wales Commissions for Children and Young People are also currently in the process of scoping national and international policy efforts in the early years to derive priority outcome areas and strategies to achieve these outcomes.

In conclusion, and perhaps as a precursor to some of the issues to be addressed by Richard Eckersley, I urge you all to make a personal contribution to what Sven Silburn and others, term the "developmental health" of our children and young people.

As he explains "This term is being used in research, policy and service contexts to describe those aspects of children's development which significantly affect their quality of life, health and opportunities across the life cycle".^{xxxii}

It incorporates the traditional risk and protective factor approach but for their cumulative rather than isolated and individual impact.

It also incorporates the social capital approach in identifying opportunities for developmental health in environments in which children find themselves.

In officially opening today's conference I leave you with the recent comment from your colleague Peter Sainsbury from the Social Health Research Unit in Sydney:

[Refer SLIDE 11: Quote: Professionals working on the big picture...]

"As advocates for mental health promotion we must move beyond, but not abandon, our traditional emphasis on 'technical' public health solutions to

engage in the broader social and political debates; we must be agents of health promoting change; and we must ensure that the voiceless are heard.... This will be new and uncomfortable territory for many and we must be careful that having recognised the limitations of a narrowly defined public health approach to promoting mental health we do not declare it all too difficult, repair to our comfort zone and leave it to undefined groups of 'others' to sort things out.

Professionals working on the big picture should also not forget that there is much that they can do personally and locally to effect change.^{xxxiii}

ⁱ Edmonstone, L. 2003 Dietician fears for babies on diets, *Courier Mail*, 16/07/03. p.3

ⁱⁱ **Source: ABS National Health Survey 2001Cat. No. 4364.0**

ⁱⁱⁱ Australian Institute of Health & Welfare. (2002). *Australia's children: Their health & wellbeing 2002*. AIHW Cat. No. PHE 36. Canberra: Author.

^{iv} **Source: ABS National Health Survey 2001Cat. No. 4364.0**

^v **Australian Institute of Health and Welfare Child Protection Australia 2001-02.**

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^{vii} Allen, J. (1982) "Octavious Beale reconsidered: Infanticide, babyfarming and abortion in New South Wales, 1880-1939" in Sydney Labour history Group (eds), *What rough Beast? The State and Social Order in Australian History*, Sydney: Allen & Unwin, pp. 111-129.

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^{ix} Tomison, A. (2002) Preventing Child Abuse: Changes to family support in the 21st century. *Child Abuse Prevention Issues* Number 17 Summer 2002, [<http://www.aifs.gov.au/nch/issues/issues17.html> accessed 24/06/2003].

^x Tomison, A. (2001), 'A history of child protection: Back to the future?', *Family Matters*, no. 60, pp. 46-57

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