

Speech

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Health Promotion Queensland seminar:

A focus on The Early Years, Improving Aboriginal and Torres Strait Islander Health and Achieving Healthy Weight in Queensland Population

Date: 7 November 2008
Time: 1.00pm
Location: Royal on the Park Hotel
Alice Street Brisbane

Acknowledgements

I would like to begin by acknowledging the traditional owners of the land on which we stand.

Thank you for inviting me to participate in this panel session. I'm pleased to have been allocated the topic of 'the early years'. It's an area I'm interested in as it forms the foundation of all that we become.

I would like to congratulate Health Promotion Queensland for hosting this forum and for offering this opportunity for information sharing.

Early years science and importance of positive experiences

It's been almost a decade since the publication of the seminal work of McCain and Mustard¹. This work provided scientific evidence on the importance of infants' and young children's early life experiences on their brain development and future health and wellbeing.

Today, I will talk about where this research has led us in the intervening years.

Concepts like positive relationships and attachment and the toxic effect of stress on very young children have been well researched.

¹ McCain, M. and Mustard, F. (1999), *Reversing the Brain Drain: Early Years Study* Ontario Children's Secretariat, Toronto.

Infants and young children learn from how adults respond to them. If they receive positive, consistent responses from their earliest smiles or hungry cries, they learn what they do can make a difference.

These early interactions contribute to a child's sense of empowerment and self-regulation of emotion and behaviour. This in turn is related to developing cognitive abilities, better learning, health and wellbeing.

If infants grow up in stressful situations or if they are neglected or receive inconsistent responses, they can become angry and confused and give up and become withdrawn.

Children who experience early adverse conditions have high levels of stress hormones, which impact on their ability to learn and relate socially to others.

If children do not develop social skills, they can feel isolated, frustrated and helpless. High stress levels also impact on the immune system and result in a lowering of the body's defences against infections and cancers in the long-term.

In summary, early experiences and relationships can impact across all dimensions of health – physical, cognitive, social and emotional health.

There is a higher risk of poor early relationships in the more vulnerable groups in our society and health outcomes follow a similar trend².

This is where prevention, early intervention and health promotion programs come in.

As we all know, prevention is better than cure.

Health promotion in early childhood services

There are a range of proven strategies to enhance young children's early relationships. Therefore, I think we might be finally at the stage where the gap between what we know and what we do is gradually being narrowed.

Jack Shonkoff who has written widely in this area acknowledges³ that: *“Early childhood interventions can shift the odds towards more favourable outcomes, but programs that work are rarely simple, inexpensive or easy to implement.”*

We are beginning to see the community and government, here in Queensland and Australia, focus on the early years as a starting point for supporting families in promoting health and wellbeing.

However, we cannot underestimate the challenges and competing priorities and ideologies that abound in both the early years and health sectors.

² Keating D.P. and Hertzman, C. (1999) *Developmental Health and the Wealth of Nations*. New York: The Guilford Press

³ Shonkoff, JP (2004) *Science, Policy and the Young Developing child. Closing the gap between what we know and what we do*. Ounce of Prevention. Chicago Illinois

There is a need for a vision based on research and clear messages from the experts.

We need to build consensus on fundamentals, engage the community and develop practical strategies.

It will also require sufficient long-term funding to underpin widespread understanding and support for sustainable policy and practice to ensure the health and wellbeing of future generations.

Health promotion and early childhood practice encompass similar concepts, although the language used may be different, and tacit and explicit links often very subtle.

Early childhood principles and practices support a child-centred approach in the context of child-child and child-adult relationships, family inclusion and links to the broader community.

These are well aligned with health promotion philosophy and its focus on the pursuit of health by creating supportive environments, developing individual skills and promoting positive personal interactions.

Early childhood settings are ideal places to implement strategies to address a broad range of health issues from nutrition to sun safety to emotional and social wellbeing.

The wellbeing of adults involved in early childhood environments, both staff and families, is also critically linked to positive experiences for children.

Integration of services

We all know that one particular service alone cannot provide all the support families may need to ensure the best outcomes for their children.

Agencies need to work together to provide interventions that are truly integrated, not just working in collaboration.

A diverse mix of integrated early childhood services, funded by state and national entities, is being implemented here in Queensland.

The focus is changing from treating disease to promoting health, and from addressing family and community deficiencies to a strength-based model which aims to establish self-sufficiency and community capacity. These services are primarily in disadvantaged areas where they are most needed, but there is still patchy coverage across the state.

Examples of integrated services that have been or are due to be implemented in Queensland include Communities for Children, Future Families Program, Early Years Centres, Home Interaction Program for Parents and Youngsters (HIPPY) and supported playgroups.

These are designed to provide integrated services to young children and their families. They all have a slightly different focus, but research tells us they will provide the most benefit to the children and families who are at risk.

It's my view that there needs to be targeted strategies and improved access to universal prevention throughout our community, through clear entry points.

However, some children and families will benefit from more intensive services, so there should also be links to targeted and treatment services which are easily accessible.

I look forward to the day when the elements of these programs are integrated and universally available to all children and families.

The Commission for Children and Young People and Child Guardian

Where does the Commission come in?

The Commission promotes and protects the rights, interests and wellbeing of children and young people in Queensland, particularly those most vulnerable.

We are an independent statutory authority that monitors and reviews laws, policies and practices impacting on services provided to children and young people.

Having a broad perspective on child-related issues is essential to our work.

The Commission hosts the **Early Years Strategic Network** which has more than 300 members.

This network is primarily an e-mail forum for members to share information. It focuses on the early years and prevention and early intervention strategies for vulnerable children, in particular those at risk of entering the child protection system.

Information shared includes state, national and international program initiatives, and policy developments, conferences, seminars, research and publications in the early years field.

If you'd like to become a member of this network, please email the address on the slide - eysn@ccypcg.qld.gov.au

The Commission publishes a range of reports each year, including the Annual Report Deaths of Children and Young People, Queensland and a Snapshot report. All reports are on our website.

The Annual Report relating to Child Deaths provides an important source of information that helps us to better understand the interplay of risk factors associated with the deaths of children and assists the targeting of prevention efforts.

The Commission is currently utilising data from our Annual Child Death Reports to develop the Queensland Child Death Prevention Strategy in collaboration with key stakeholders. In developing the strategy the Commission will be focusing on identified key risk factors such as Sudden Unexpected Death in Infancy and drowning. In addition the Commission will be undertaking a specific review of all deaths which have occurred as a result of fatal assault and suicide and those which have occurred in regional and remote areas given the prevalence of these issues within child death data.

The *Snapshot* report that we have made available for you today

provides a comprehensive overview of the status of children in Queensland. The report illustrates what new trends are emerging and where effort still needs to be concentrated.

The report can be used by policy makers, program developers and service providers to drive positive change and ensure that collective practice is based on sound evidence.

Meanwhile, the concerns, views and wishes of young people in alternative care are given a voice in the *Views of Children and Young People* reports. These publications are based on surveys of children and young people in the care of the Department of Child Safety.

The Commission is also a member of the Department of Communities' Prevention and Early Intervention Steering Committee. This committee oversees the implementation and evaluation of initiatives such as the **Early Years Centres** in Queensland and **Referral for Active Intervention (RAI)** programs.

These programs provide integrated services for young children and their families. We are involved with the evaluation of RAI by conducting independent consultations with stakeholders. The Commission is also represented on a support group for a school in a needy area south of Brisbane.

The Commission also has a statutory function to investigate issues relating to service delivery to children and young people, particularly those in alternative care. Information from these investigations can be valuable in feeding into the evidence base to develop prevention and early intervention strategies by relevant service providers.

In conclusion, I am heartened to see that the importance of the early years is finally being reflected in the programs being implemented to provide support for children and their families, where it is most needed.

The challenge will be to sustain the commitment and provide enough long-term funding for relevant services so all children and their families have the best opportunity for positive outcomes in their lives.