

# Foundational Community Factors for Early Childhood Development: what is it about where you live that makes a difference for children?

Childhood Summit, Brisbane, 2019

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# Children *of the* Lucky Country?

How Australian society  
has turned its back on children  
and why children matter



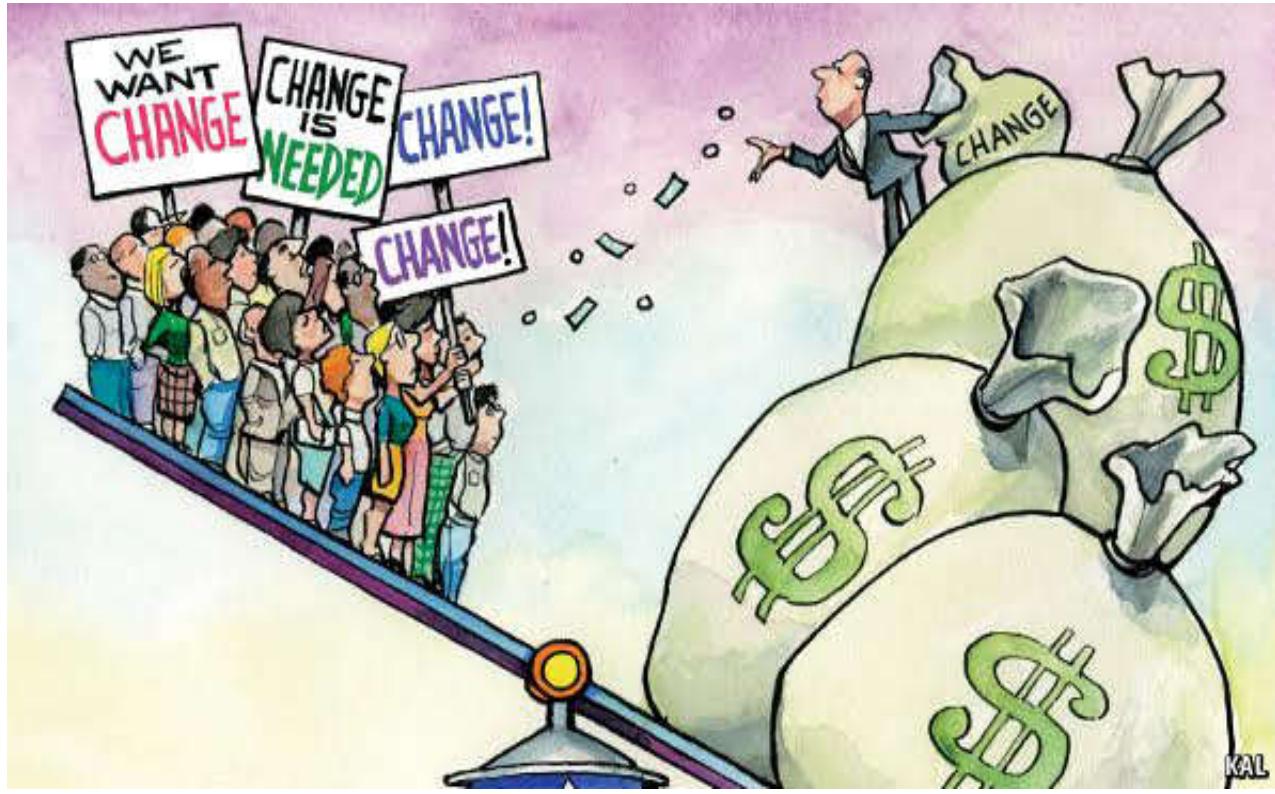
FIONA STANLEY, SUE RICHARDSON  
and MARGOT PRIOR

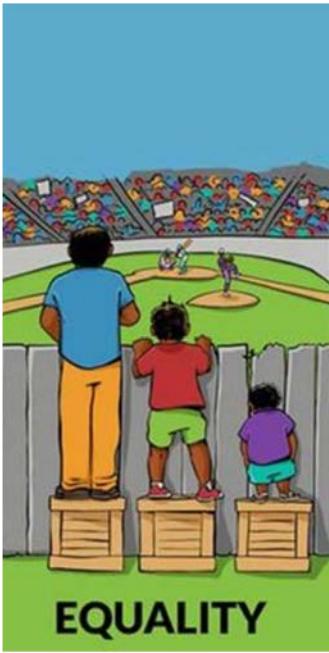
“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”

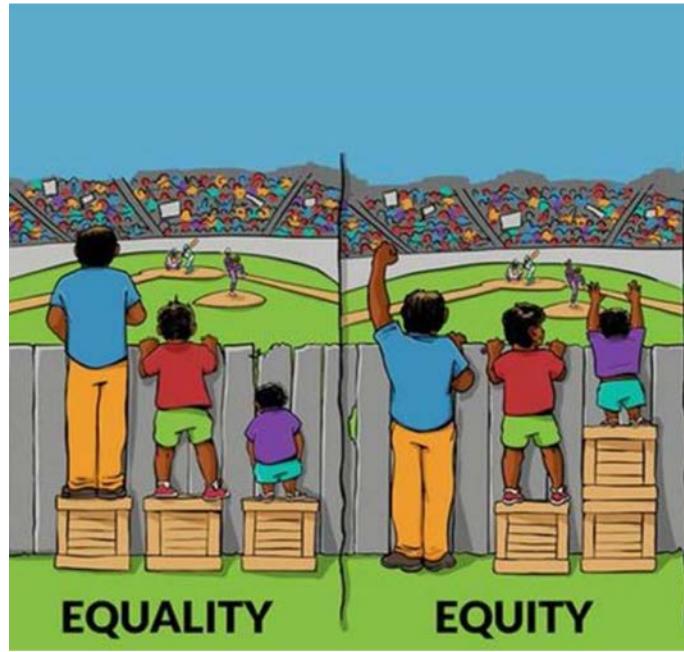
*(Stanley, Richardson & Prior, 2005)*

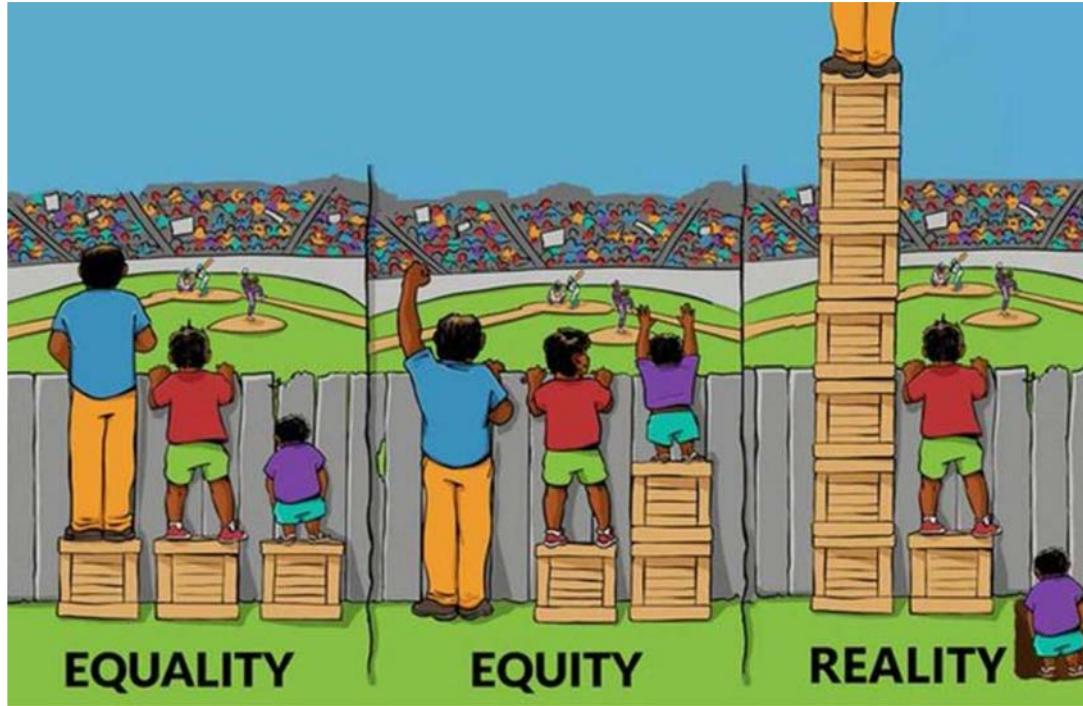
*'Once a child falls behind, he or she is likely to remain behind. .... Impoverished early environments are powerful predictors of adult failure on a number of social and economic dimensions.'*

*(James Heckman, 2006)*









6.5%

18.5%

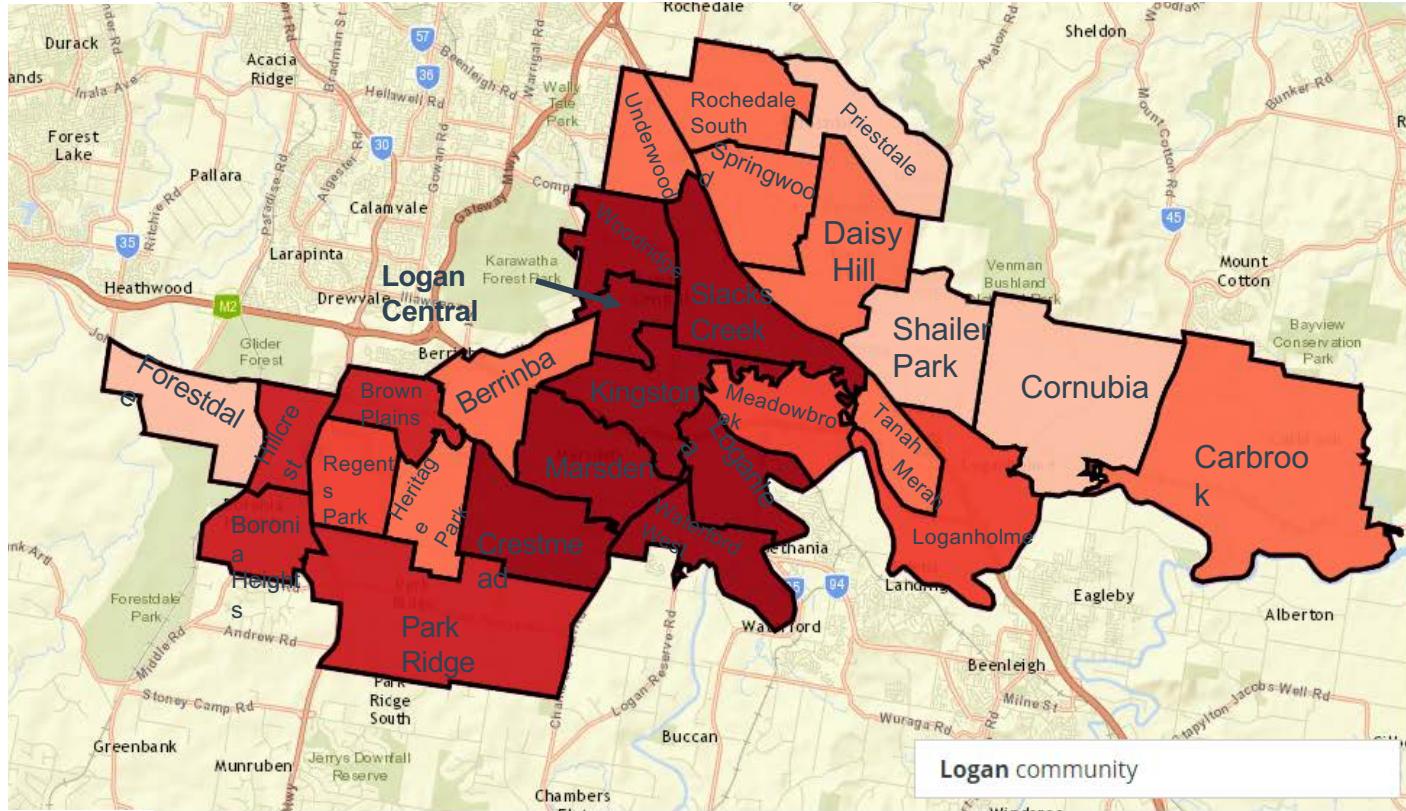
Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically, or geographically

International Society for Equity in Health [ <http://www.iseqh.org>]

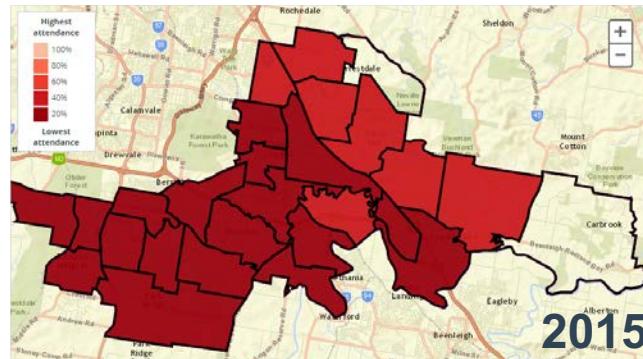
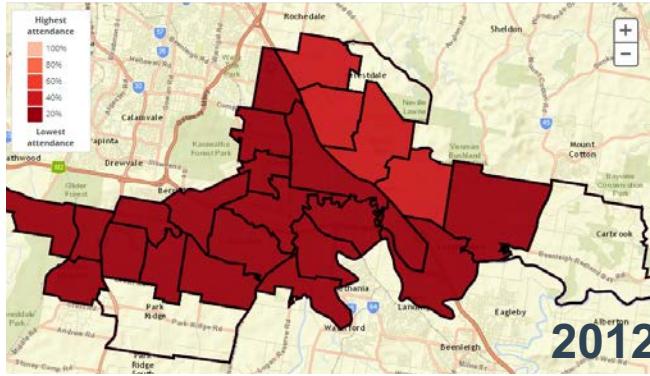
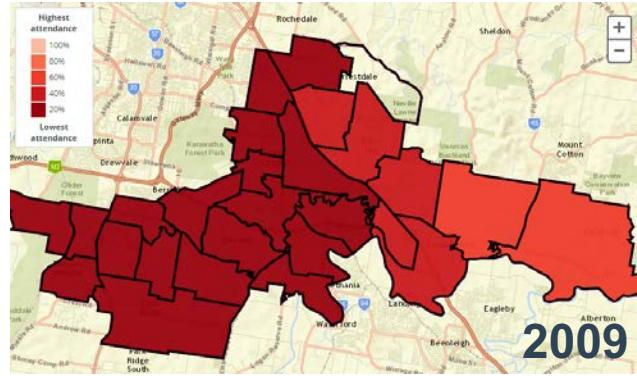
Venkatapuram S, Bell R, Marmot M: **The right to sutures: social epidemiology, human rights, and social justice.** *Health Hum Rights* 2010, 12:3-16.

Geographic inequities:  
What is it about where you live that makes a difference to  
child health and development?

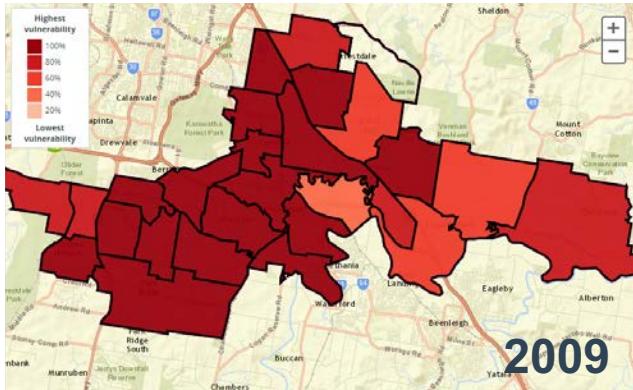
## SEIFA Score 2011 (Index of Relative Socio-Economic Disadvantage)



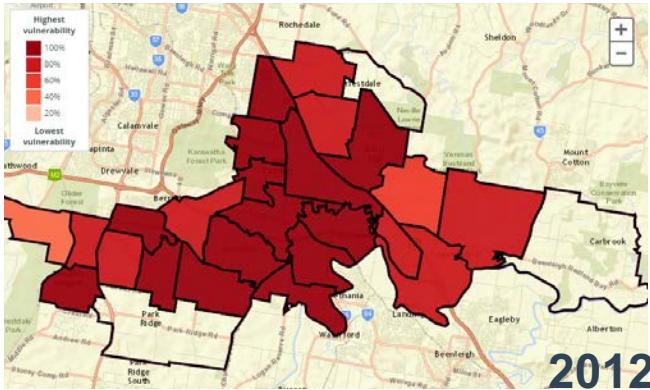
## Percentage of children who attended a preschool program



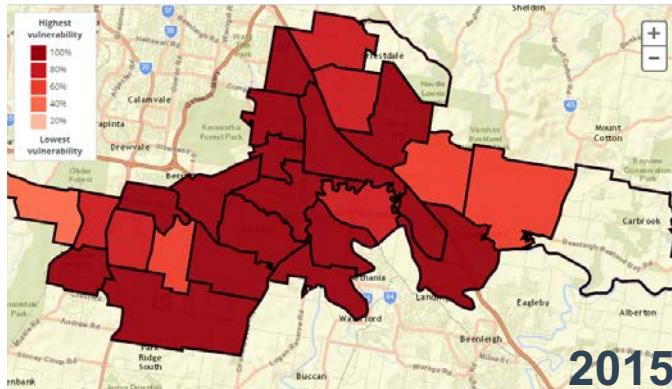
## Percentage of children developmentally vulnerable on one or more domains



2009



2012



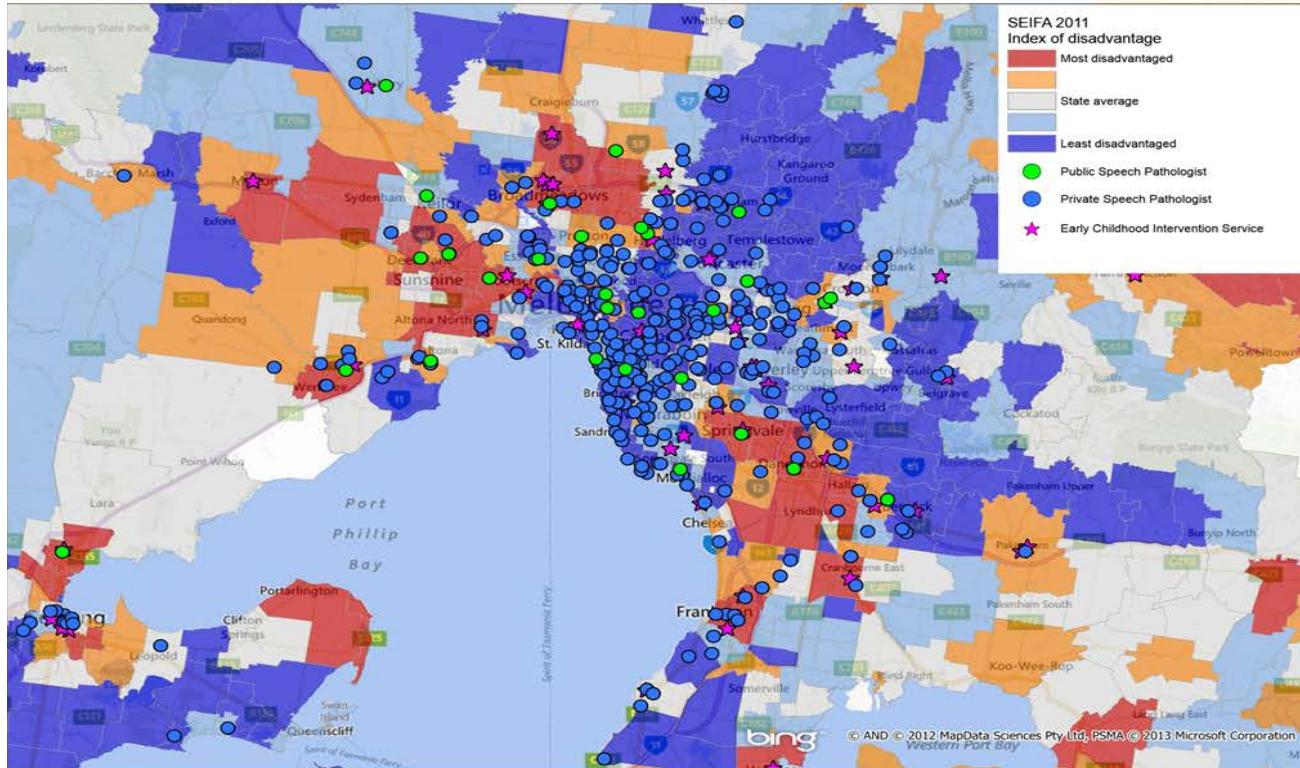
2015

Service inequities:

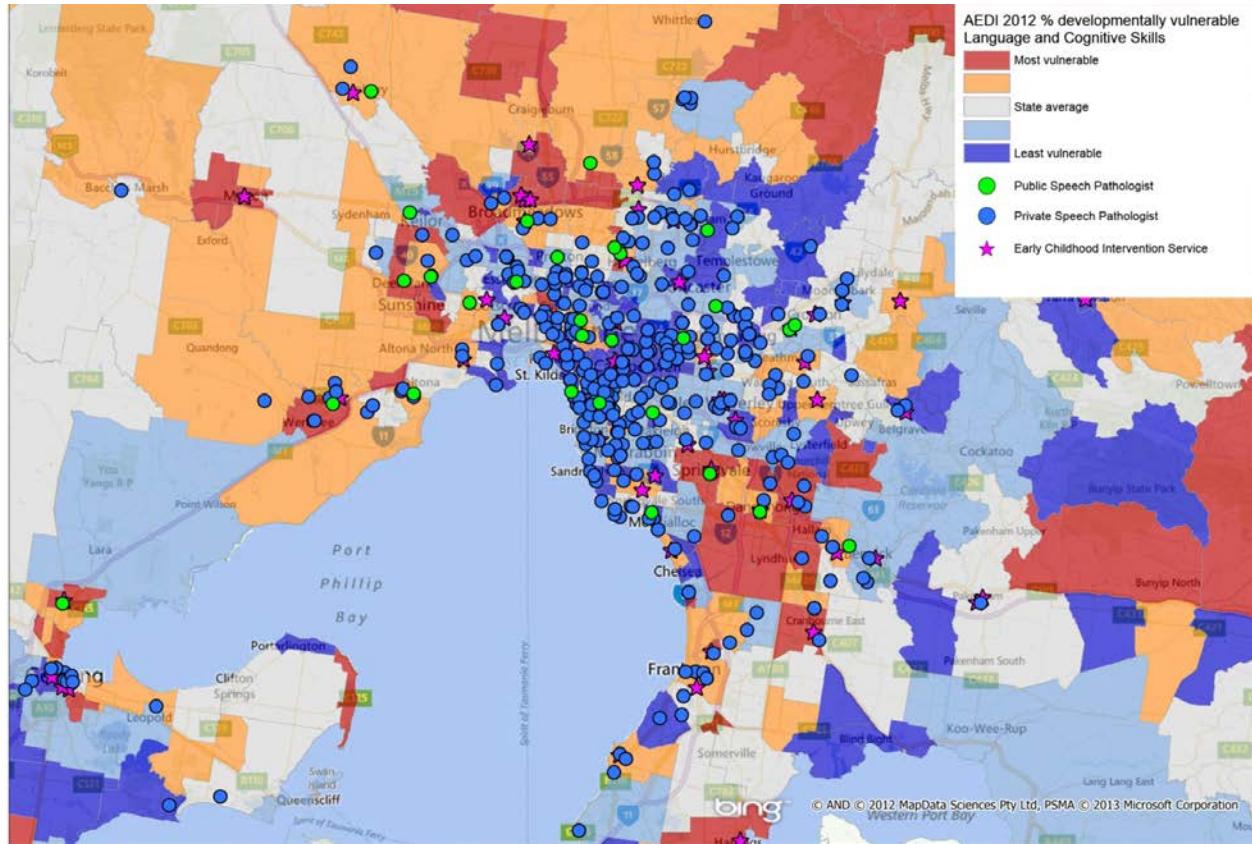
What is about the services we provide that make a difference to child health and development?

# Locations of speech pathologists

Public and private Speech pathologist locations, and SEIFA 2011 Index of Disadvantage



Reilly S, Harper M, Goldfeld S. The demand for speech pathology services for children: Do we need more or just different? Journal of Paediatrics and Child Health. 2016.



Reilly S, Harper M, Goldfeld S. The demand for speech pathology services for children: Do we need more or just different? Journal of Paediatrics and Child Health. 2016.

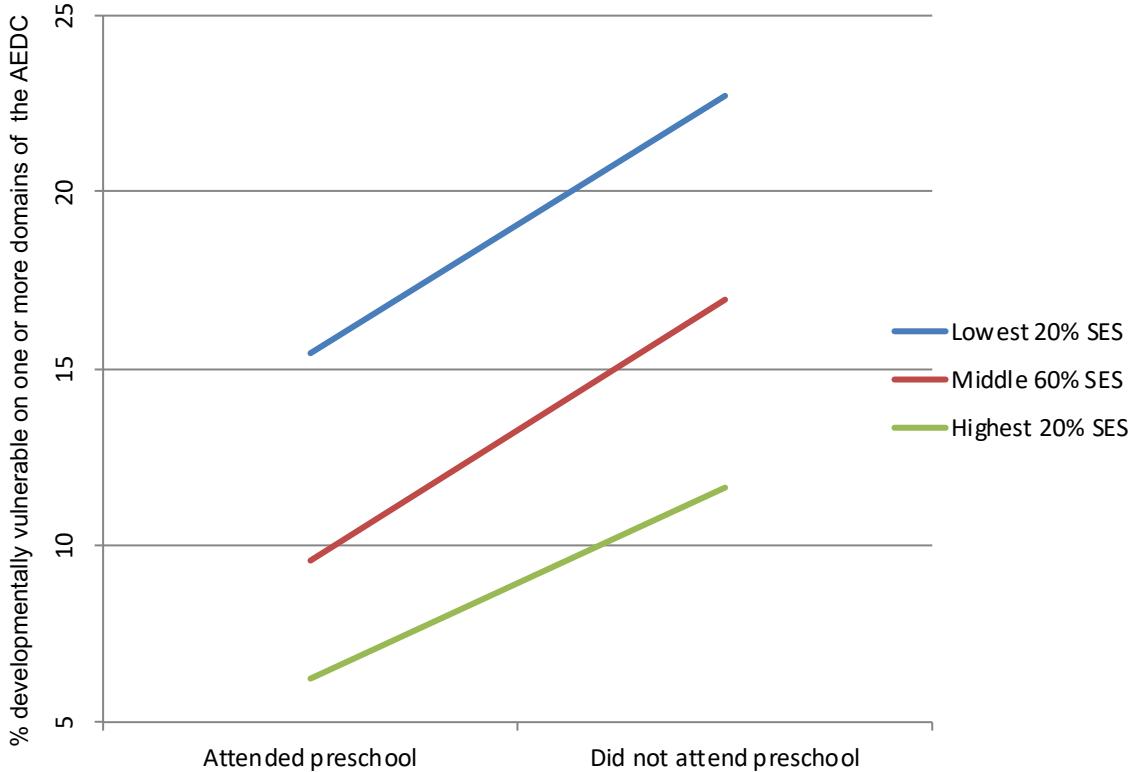
# Medicare spending

**Shares of the Medicare spending by income quintile, birth to 11 years of age**

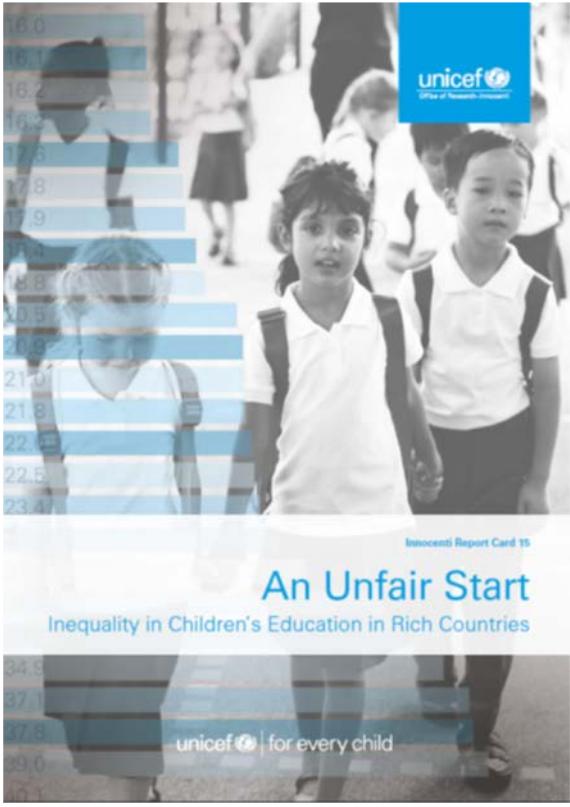
Income quintile	Total spending	GP	Specialist	Imaging & pathology
Lowest	18%	20%	15%	16%
Second	19%	19%	18%	18%
Third	20%	20%	19%	20%
Fourth	21%	21%	22%	22%
Highest	22%	20%	26%	24%

Data source: LSAC  
Dalziel et al, Soc Sci and Medicine, 2018

# Equity and ECEC



Percent of children living in the top 20% of advantaged SES communities, middle 60% of SES communities, and bottom 20% of disadvantaged communities who are developmentally vulnerable on two or more AEDC domains.



**Figure 2: League Table**  
Inequality across three stages of education

Rank	Country	Preschool (rank)	Primary School (rank)	Secondary School (rank)
1	Latvia	4=	2	1
2	Ireland	33	16	2
3	Spain	22	4	3
4	Denmark	17=	12	4
5	Estonia	31		5
6	Poland	4=	15	6
7	Croatia	24=		7
8	Japan	34		8
9	Canada	27	18	9
10	Slovenia	28	17	10
11	Finland	14	3	11
12	Portugal	8	8	12
13	Italy	15	6	13
14	Romania	39		14
15	Lithuania	1	13	15
16	United Kingdom	20	23	16
17	Republic of Korea	35		17
18	Switzerland	4=		18
19	Hungary	32	19	19
20	Norway	17=	7	20
21	Greece	29		21
22	Iceland	2=		22
23	Germany	23	20	23
24	United States	40	22	24
25	Sweden	16	11	25
26	Netherlands	10=	1	26
27	Czech Republic	38	10	27
28	Belgium	10=	9	28
29	Austria	10=	5	29
30	Australia	36	25	30
31	Cyprus	26		31
32	Slovakia	37	21	32
33	New Zealand	30	28	33
34	Luxembourg	13		34
35	France	2=	14	35
36	Israel	4=	27	36
37	Bulgaria	24=	26	37
38	Malta	17=	29	38
	Chile	21	24	
	Mexico	9		
	Turkey	41		

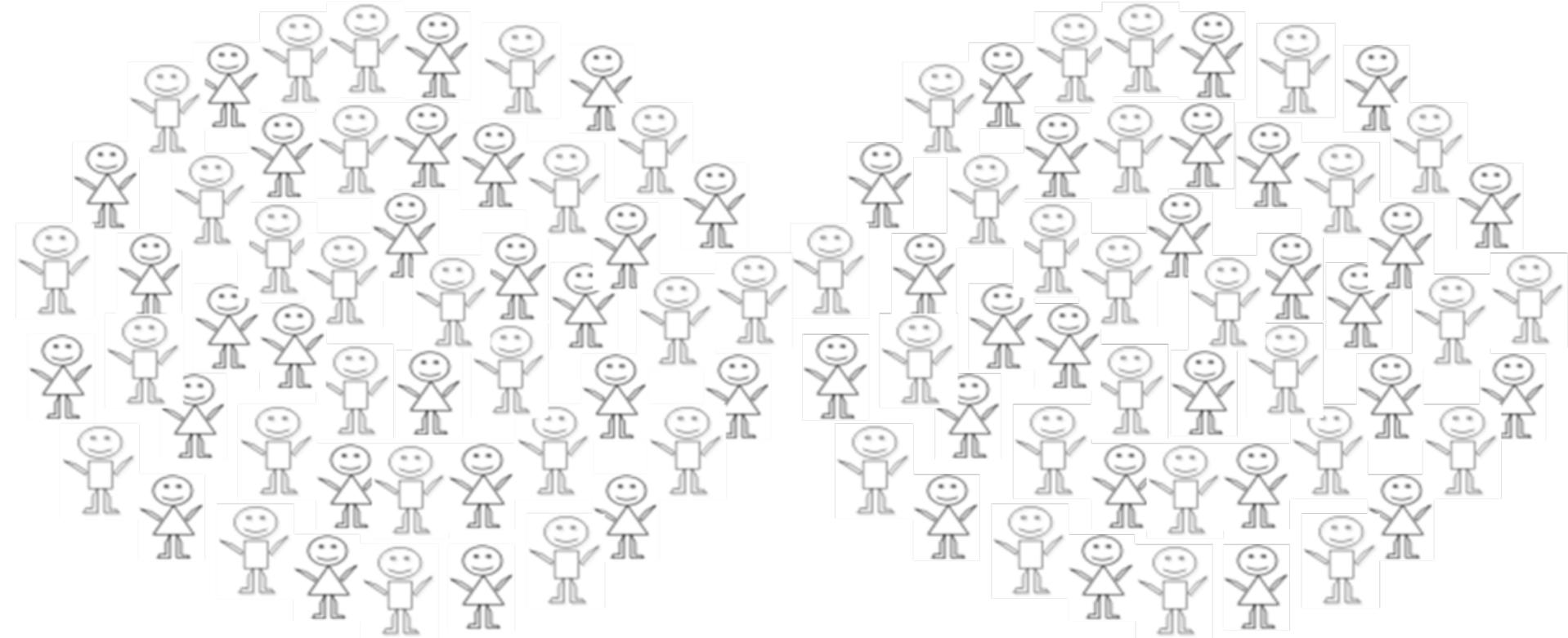


Note: A light blue background indicates a place in the top third of the ranking, medium blue denotes the middle third, and dark blue the bottom third.  
The blank cells indicate there are no data available.  
Source: See Box 2.

## Making a difference - what can be done?



# How can we keep populations of children healthy and developing well?



Tackling wicked problems is an evolving art. They require thinking that is capable of grasping the big picture, including the interrelationships among the full range of causal factors underlying them. They often require broader, more collaborative and innovative approaches. This may result in the occasional failure or need for policy change or adjustment.

Lynelle Briggs  
Australian Public Service Commissioner 2007

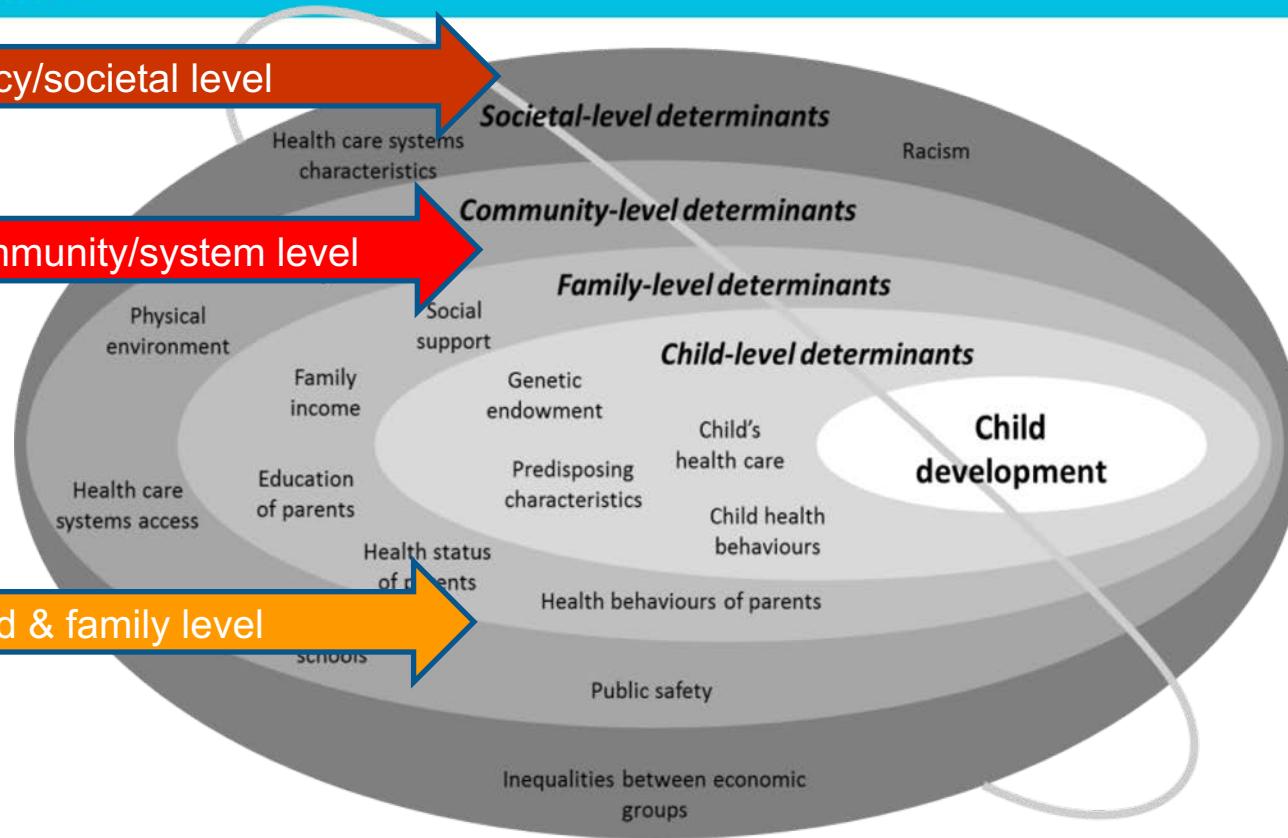
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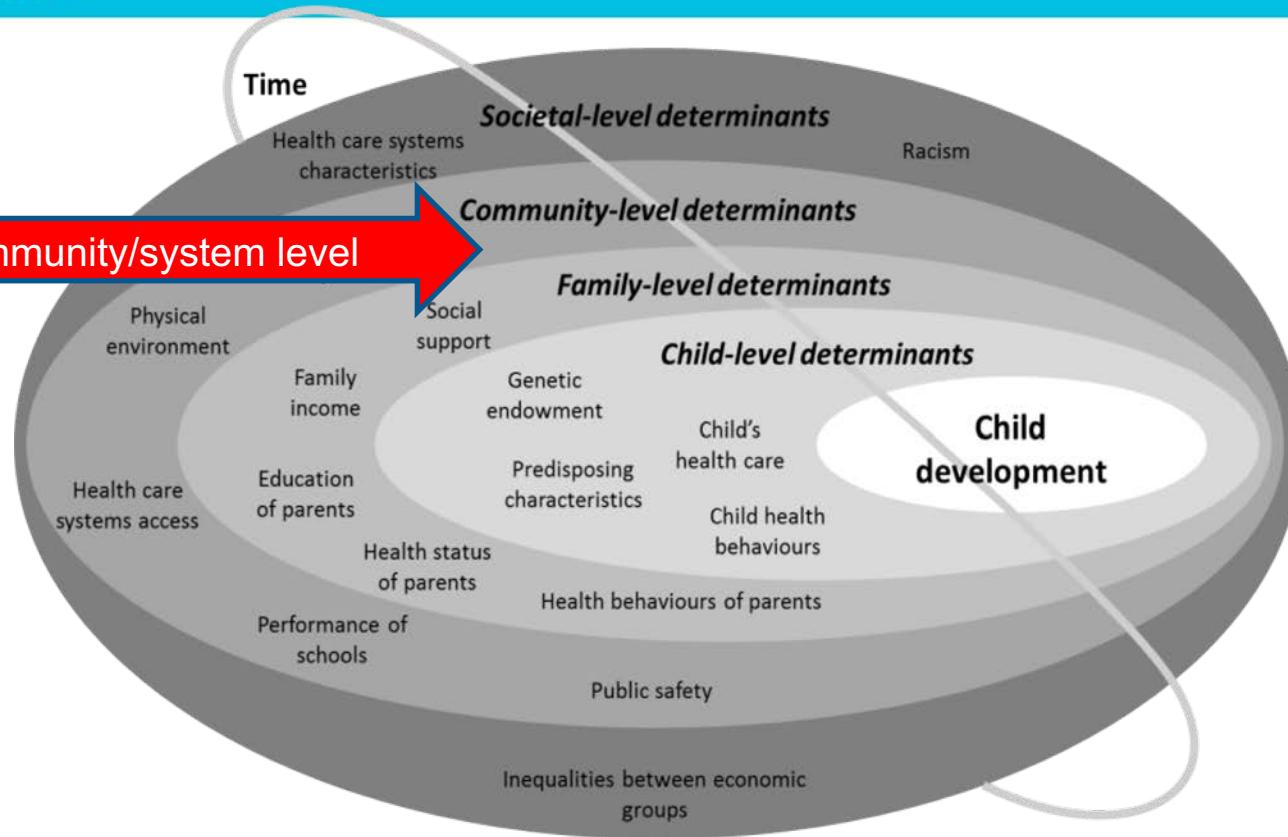
3. Policy/societal level

2. Community/system level

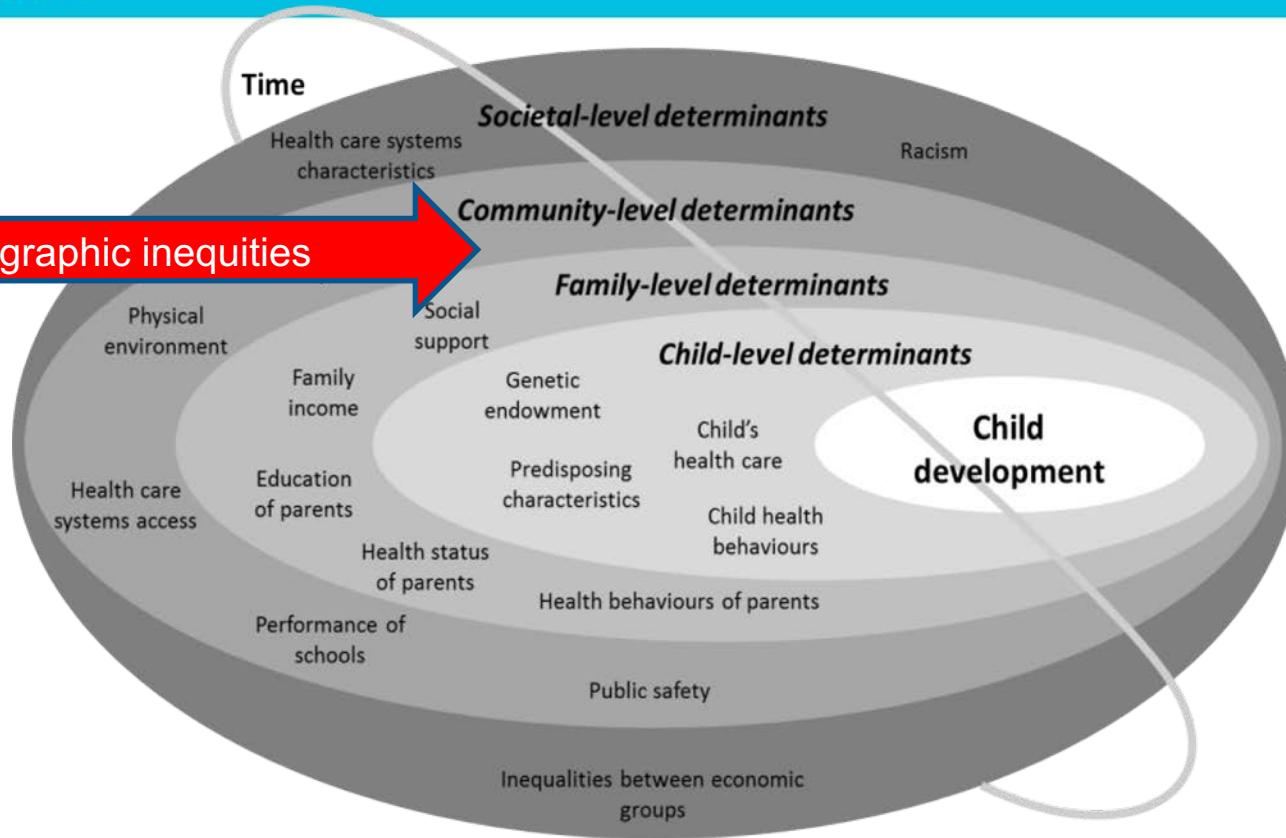
1. Child & family level



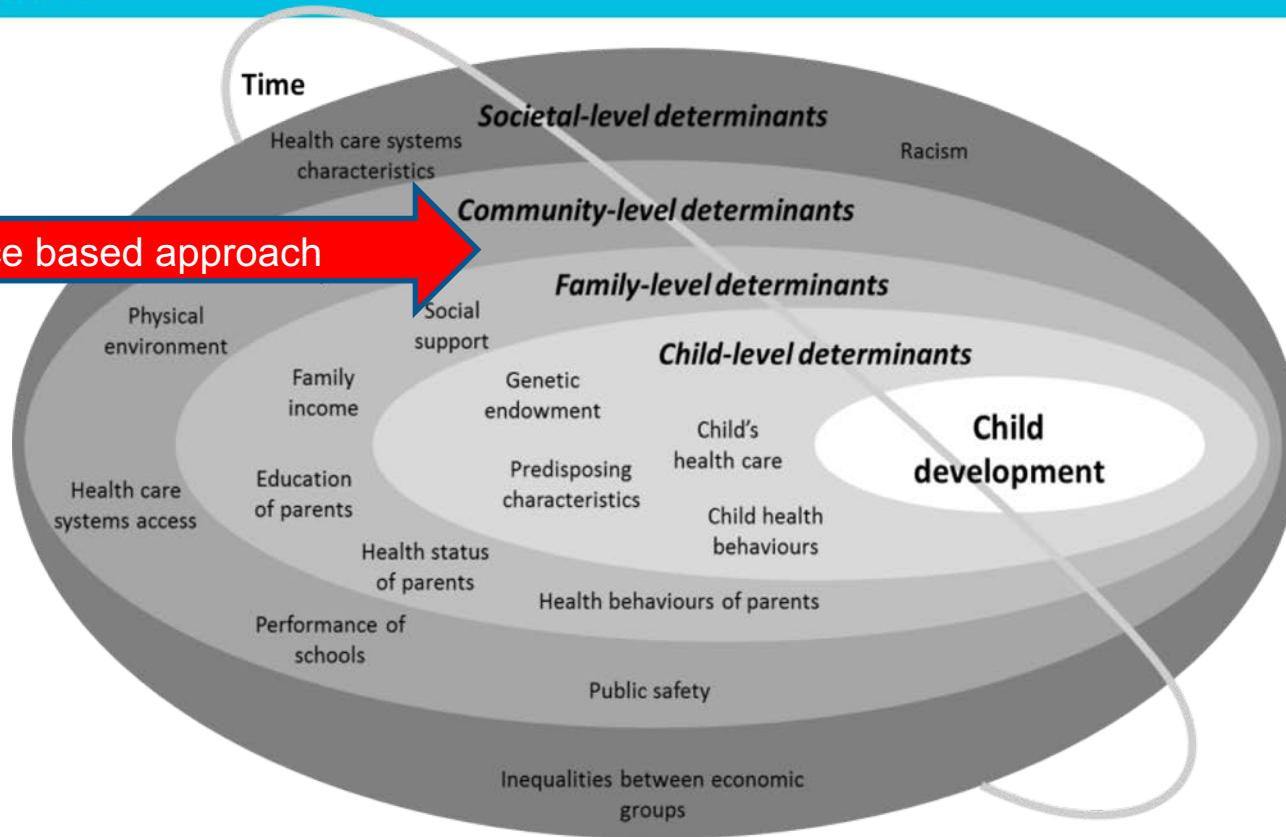
## 2. Community/system level



## 2. Geographic inequities



## 2. Place based approach





**Murdoch Childrens**  
Research Institute  
*Healthier Kids. Healthier Future.*

# A snapshot of place-based activity promoting children's wellbeing

Collaborate for children: scoping project

Produced by the Centre for Community Child Health  
Funded by the Australian Government Department of Education

November 2014



The Royal **Children's**  
Hospital Melbourne



**Murdoch Childrens**  
Research Institute  
*Healthier Kids. Healthier Future.*

# The evidence: what we know about place-based approaches to support children's wellbeing

Collaborate for children: scoping project

Produced by the Centre for Community Child Health  
Funded by the Australian Government Department of Education

November 2014



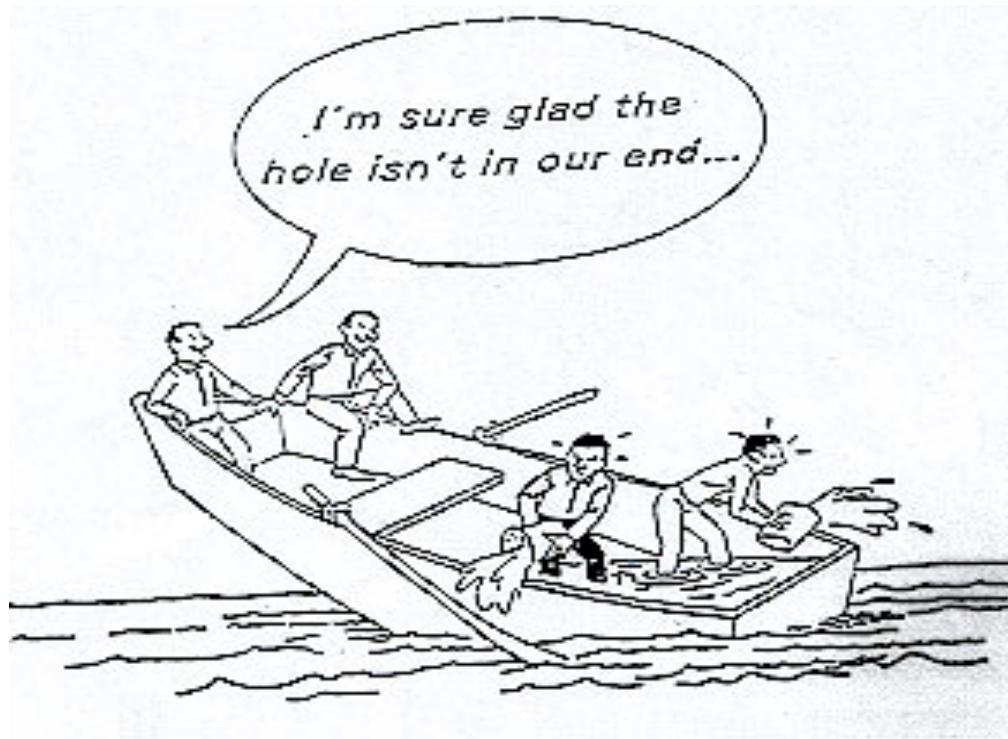
The Royal **Children's**  
Hospital Melbourne



What are the system levers for change?

# A data driven and evidence based model to inform place based system reform in early childhood





# A data driven and evidence based model to inform system reform in early childhood

Using improvement for change

Innovation

Indicators to drive change

Relational practice

Implementation

Stacking existing evidence based services, programs and strategies



3. Policy/societal level

*Societal-level determinants*

Racism

2. Community/system level

*Community-level determinants*

*Family-level determinants*

*Child-level determinants*

**Child development**

1. Child & family level

*schools*

Health care systems characteristics

Physical environment

Health care systems access

Family income

Education of parents

Health status of patients

*schools*

Social support

Genetic endowment

Predisposing characteristics

Health behaviours of parents

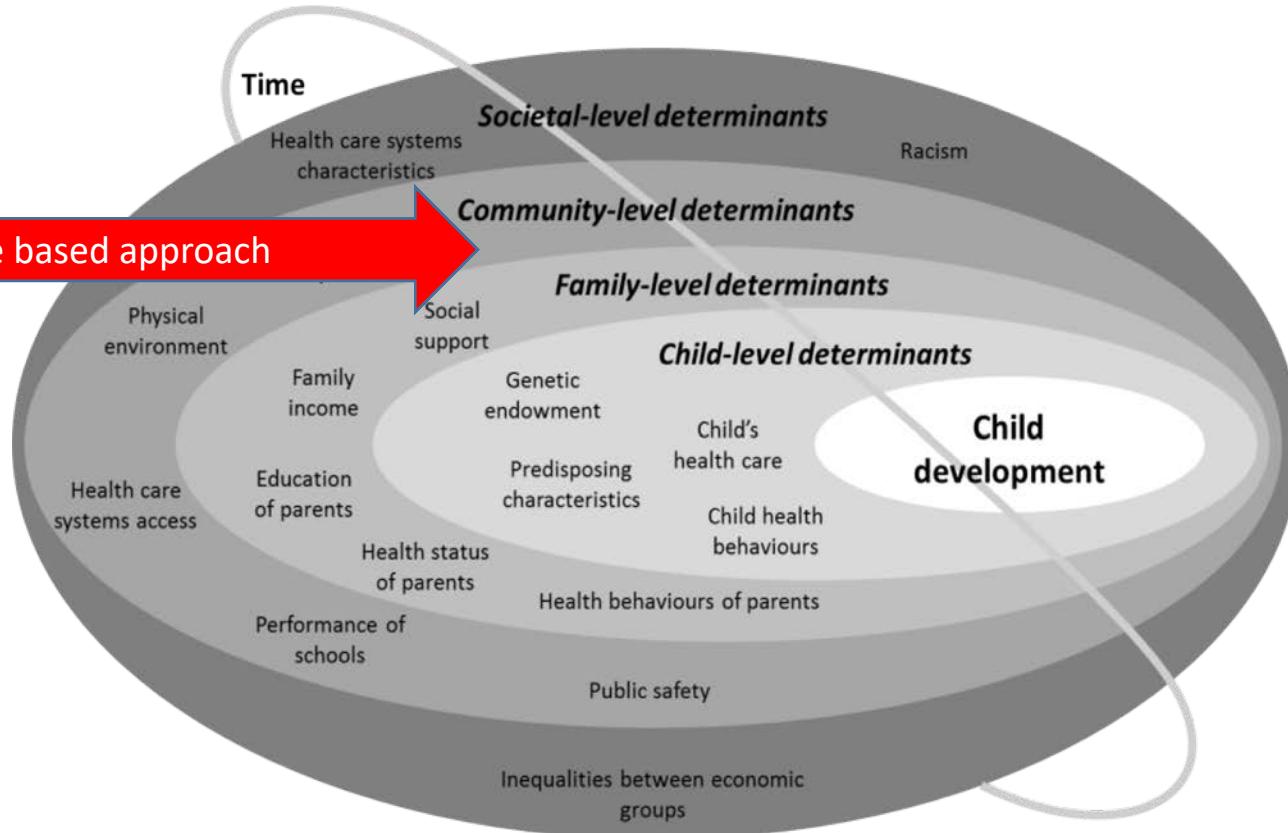
Child's health care

Child health behaviours

Public safety

Inequalities between economic groups

## 2. Place based approach



# *What is it about **where** you live that makes a difference to child development?*



Goldfeld S, Villanueva K, Tanton R, Katz I, Brinkman S, Woolcock G, Giles-Corti B. Kids in Communities Study (KiCS) study protocol: a cross-sectional mixed-methods approach to measuring community-level factors influencing early child development in Australia. *BMJ Open*. 2017.doi: 10.1136/bmjopen-2016-014047

# The Project Team



## Chief Investigators:

Prof Sharon Goldfeld	(VIC)
Prof Ilan Katz	(NSW)
Prof Rob Tanton	(ACT)
A/Prof Sally Brinkman	(SA)
A/Prof Geoff Woolcock	(QLD)
Prof Billie Giles-Corti	(VIC)

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Ms Rachel Robinson	(VIC)
Ms Abbe Moriarty	(VIC)
Ms Anna Jones	(NSW)
Mr Dominic Peel	(ACT)

## Researchers:

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Ms Ashleigh Wilson	(SA)
Ms Alanna Sincovich	(SA)
Ms Genevieve Smith	(QLD)
Ms Michelle Tennant	(VIC)
Prof Simon Kelly	(ACT)
Ms Rebecca Roberts (GIS)	(VIC)

## Current students:

Ms Amanda Alderton	(VIC)
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# The Project Partners



Australian Government  
Australian Research Council



Australian Government  
Department of Social Services

The Children's  
Excellence in  
clinical care,  
research and  
education



THE UNIVERSITY OF  
WESTERN AUSTRALIA

UNIVERSITY OF  
CANBERRA



UNSW  
AUSTRALIA



UMOUNT  
SAINT VINCENT  
UNIVERSITY



OHIO  
UNIVERSITY

wesley  
mission  
QUEENSLAND



UNIVERSITY  
OF SOUTHERN  
QUEENSLAND

benevolent  
SOCIETY

ACT  
Government  
Community Services

Family &  
Community  
Services

RMIT  
UNIVERSITY



Government  
of South Australia



Australian Government  
Department of Education



Department of  
Education & Training

UnitingCare  
Australia

Australian  
Bureau of  
Statistics

Queensland  
Government  
DETE Education

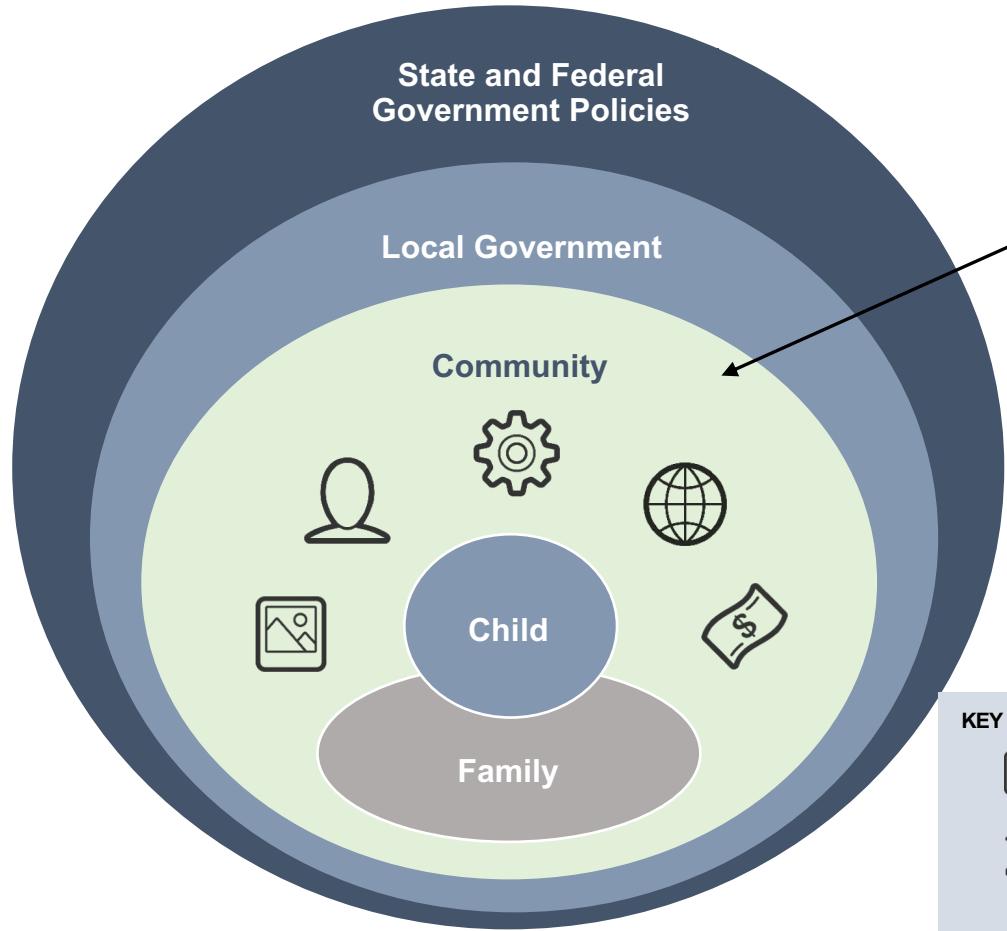
The Smith  
Family  
*everyone's family*



Children's Health Queensland

Service | Integrity | Courage | Innovation | Accountability

Department for Education  
and Child Development



Community-level  
factors influencing  
child development

KEY

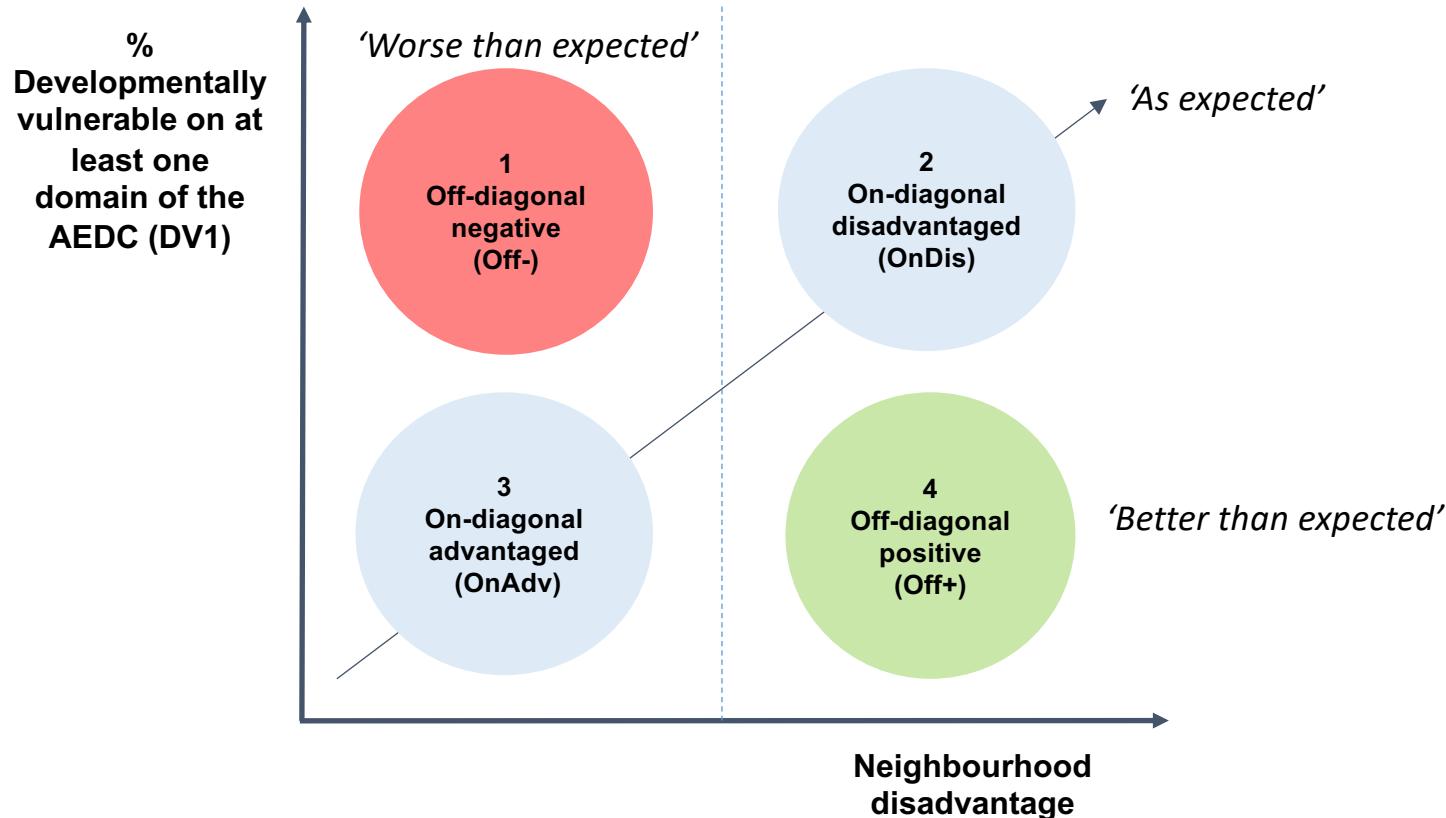
- Physical domain:** Parks, public transport, road safety, housing
- Social domain:** Social capital, neighborhood, attachment, crime, trust, safety
- Service domain:** Quantity, quality, access and coordination of services
- Governance domain:** Citizen engagement
- Socio-economic domain:** Community SES

# Australian Early Development Census (AEDC)

- Population measure of child development
- **Triennial data collections:**
  - 2009: 261,147 children (97.5%\*)
  - 2012: 289,973 children (96.5%\*)
  - 2015: 302,003 children (96.5%\*)
- **Teacher-report:** Teachers complete an online checklist for each child in their first year of formal full-time school\* (approx. 5 years old)
- **Five AEDC domains:** Physical health, emotional maturity, language, communication skills and general knowledge

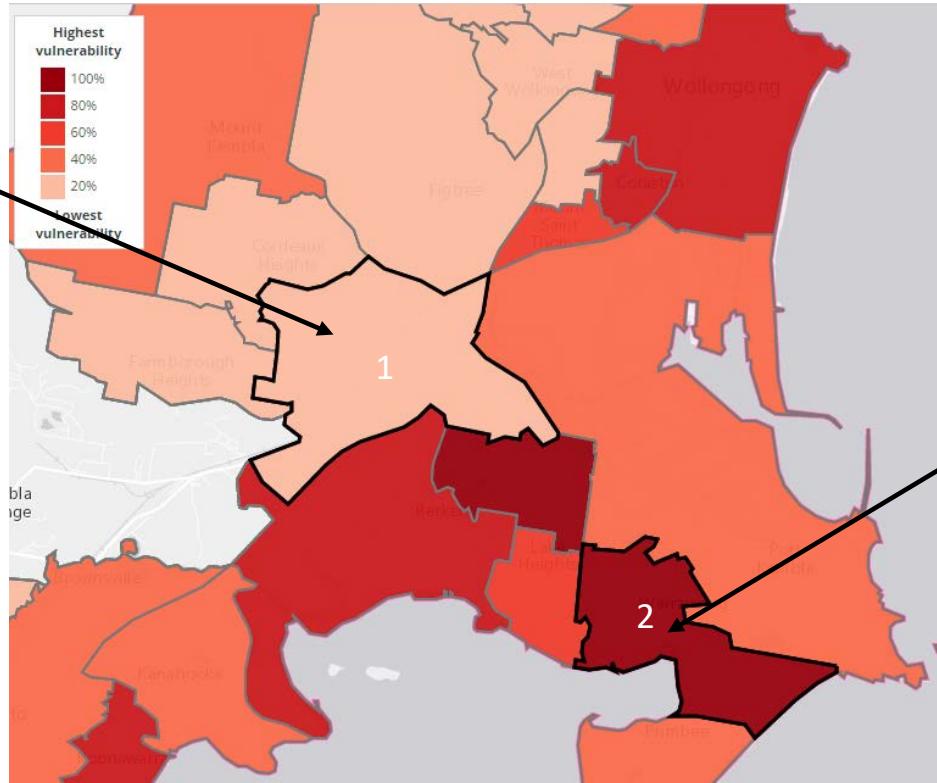


# Learning from extremes... selecting local communities



# Learning from extremes....an example

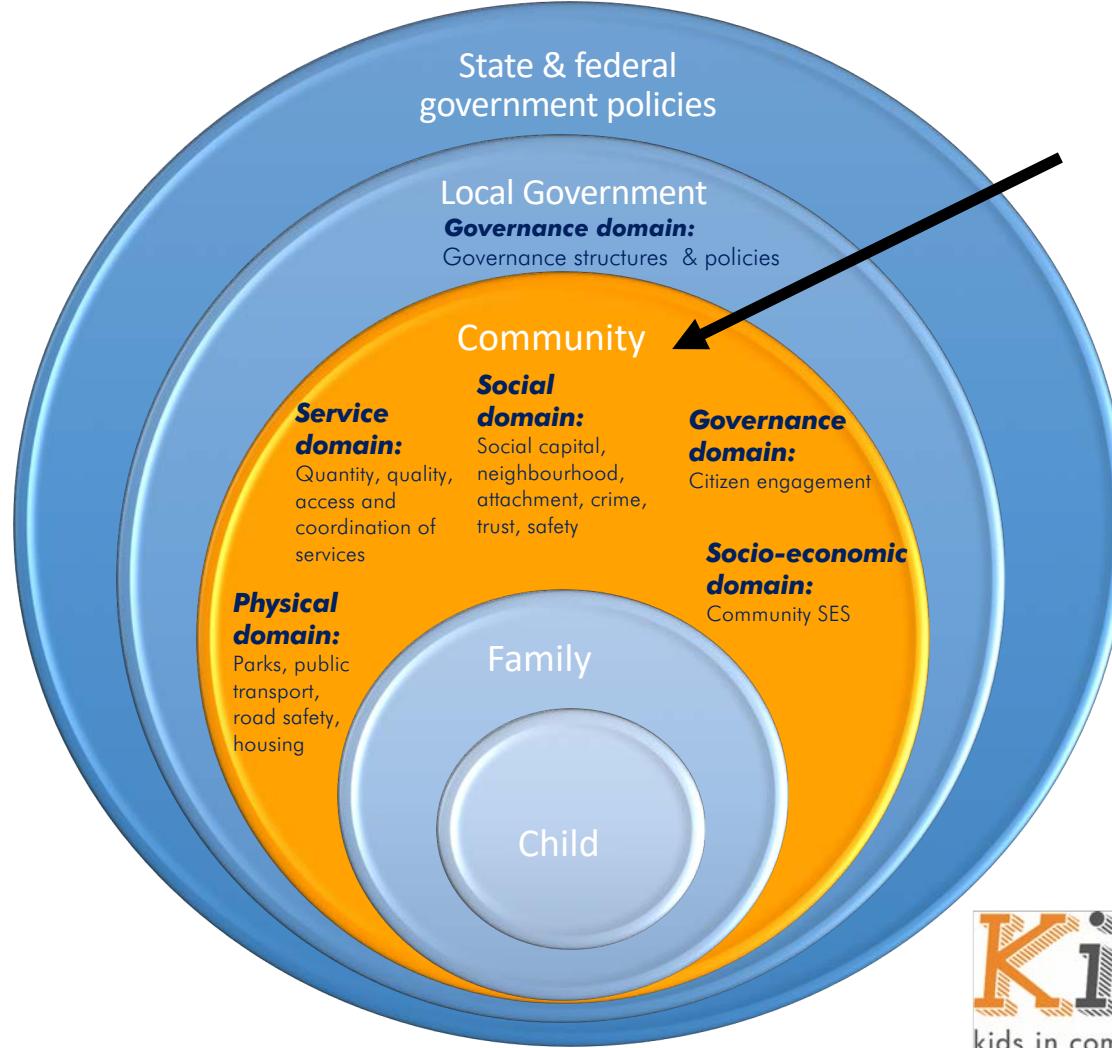
Off-diagonal positive  
Low SES, good ECD



On-diagonal  
disadvantaged (-)  
Low SES, poor ECD

# Beyond socio-economic status...

Are there other community-level factors that can make a difference?



25 local  
communities  
in Australia



# Quantitative data

## Community survey

**KiCS** kids in communities study

ID: XXXXXXXX

**SURVEY ABOUT <LOCAL COMMUNITY NAME>**

This survey is about life in **<local community name>**. Thanks for taking time to participate! The survey should take you around 10-15 minutes to complete. There are no wrong answers and you don't have to answer every question, but it's really helpful to us if you answer as many questions as you can. We just want your opinion and all your answers are strictly confidential.

When you've completed the survey, you'll find a reply-paid envelope in this pack to make it easy to return. If you like, you can answer the survey online instead and not worry about getting to a postbox. The link for the online version is here: <https://redcap.mcm.edu.au/kics>

**COMPLETION INSTRUCTIONS**  
Please use blue or black pen.  
Please tick the boxes  
Please write clearly in CAPITAL LETTERS

If you make a mistake or want to change anything, just cross out the incorrect response and tick the correct response.

Thanks for taking part in the KiCS survey!

If you need assistance with the survey, please call 03 9345 5732. If no-one answers the phone, please leave a message and we will get back to you.

## Census & Service information

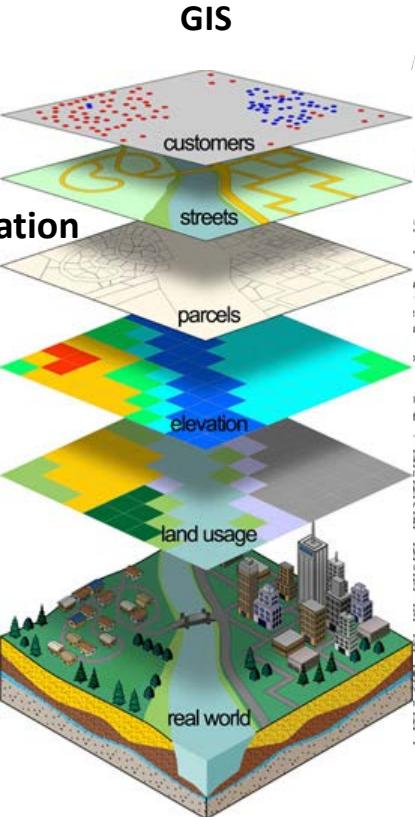
GP score calculated in REDCAP [gp_overall_score]	
Bulk billing	[cost, [pt_si
Access to PT	[capa
Open to new patients	[hour
Outside work hours	[coor
EYS partnership	[lang
Languages	[capa
4Capacity full	[no_c
Open to new vacancies/patients	[no_e
Client total numbers	
Staff EFT	

Childcare Services score calculated in REDCAP [cc_overall_score]	
Cost per day	[cost,
Access to PT	[pt_si
Bulk billing	[cost,
Waitlist for childcare	[wait
Open hours	[total
Accred/licence	[qual
Group sizes childcare	[qual
EYS Coordin/ Partnership	[coor
School transition	[coor
Geo-boundary score?	[lang
Languages	[capa
4Capacity full	[no_c
Open to new vacancies/patients	[no_e
Client total numbers	
Staff EFT	

OSHC & Vacation score calculated in REDCAP [oshs_overall_score]	
Cost OSHC	[cost,
Cost Vacation	[cost,
Access to PT	[pt_si
Waitlist for childcare	[wait
Open hours (local)	[hours_mch_score1]



## GIS

**KiCS** kids in communities study

**Kids in Communities Study Network Survey**

Local community  Office 1000  Office 10000

Part of the 'Kids in Communities Study (KiCS)' we are asking service providers about collaborating with services in the local area. Please fill out this short survey about your experiences. The information in this survey is confidential and will only be reported at an aggregated level, with no individual organisation being identified. Thank you.

The list of service types below please identify which you have linked with/referred to in the last 12 months (Please tick all that apply)

all child health service	Please tick
parenting support service	
mentoring groups	
support services	
playgroup (with playgroup leader) including long day care and occasional care	
respite care	
intervention services (ECIS)	
parenting services (e.g. family services, Mackillop family services, Bankcare services)	

The Children's Clinical Network  Victorian Health  Department of Education  Department of Health

## Service surveys

# Geographic Information Systems (GIS)



Walkability and cyclability

Traffic

Destinations

Greenness



Connectivity

Housing

Density

Crime

Aesthetics

# Qualitative data

**50 focus groups**  
(1 Parent & 1 Service provider group per local community)

**136 interviews**  
(10-15 stakeholders per community)

Local policy documents



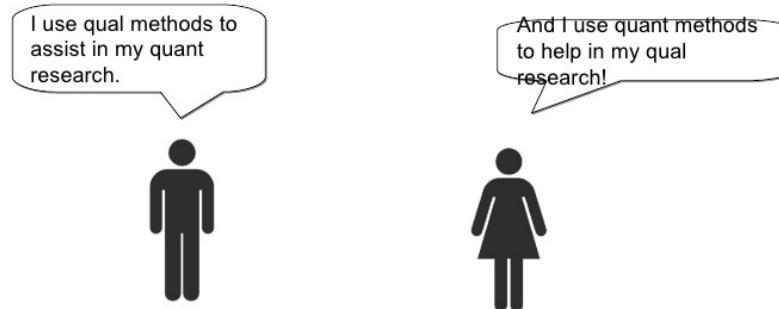
# Making sense of the data... Developing foundational community factors (FCFs)

**Foundational Community Factors (FCFs)** are factors that lay the foundations of a good community for young children

# Stage 1. Differentiating factors (Triangulation)

For each ‘matched’ qualitative and quantitative measure:

- **Phase 1** ‘Triangulation *within* communities’: For each community pair, does this factor/theme differentiate the off vs. on-diagonal local community?
- **Phase 2** ‘Triangulation *across* communities’: Is there a consistent pattern emerging in the communities (**e.g. ≥4 community pairs**)?
- **Phase 3** ‘Overall triangulation’: Do the qualitative and quantitative findings align?



# Stage 2. Important factors



- Qualitative data only
- Within and across *all* communities
- Regardless of whether doing better or poorly on ECD outcomes
- ≥16 of 25 local communities = consistently important

# Differentiating FCFs

## What KiCS found differentiates disadvantaged communities doing well or poorly on ECD

1	<b>Income</b>	Median household income <sup>1</sup> and degree of socio-economic status (economic diversity) <sup>2</sup> is greater in disadvantaged area doing well on ECD
2	<b>Highest level of schooling</b>	There is a higher proportion of population that have completed Year 12 or equivalent <sup>1</sup> in the disadvantaged area doing well on ECD
3	<b>Gentrification</b>	Relatively higher income (but still disadvantaged) families are moving into the disadvantaged area doing well on ECD, resulting in displacement of more disadvantaged groups <sup>2</sup>
4	<b>Housing affordability</b>	Housing is perceived as more affordable in disadvantaged areas doing well on ECD <sup>2</sup>
5	<b>Housing tenure</b>	There is a lower proportion of renters compared to private home owners in disadvantaged areas doing well <sup>1</sup>
6	<b>Public housing</b>	There is a lower proportion of public renters <sup>1</sup> and less perceived presence of public housing <sup>2</sup> in disadvantaged areas doing well on ECD
7	<b>Housing density</b>	There is a lower proportion of high rise (three or more storeys) <sup>1</sup> and perceived fewer high rise density dwellings (vs low rise housing developments) <sup>2</sup> in disadvantaged areas doing well on ECD
8	<b>Stigma</b>	Negative reputation of a local community <sup>2</sup> is less in disadvantaged areas doing well on ECD
9	<b>Perceived crime</b>	There was less perceived crime in disadvantaged areas doing well on ECD
10	<b>Perceived ECEC availability</b>	There was more perceived ECEC availability in disadvantaged areas doing well on ECD
11	<b>Perceived primary school reputation</b>	Perceptions of primary school quality was better in disadvantaged areas doing well on ECD
12	<b>Historical events</b>	Response of leaders to events that bring local community members together <sup>2</sup> is greater in disadvantaged area doing well
13	<b>Local decision-making</b>	As a result of local decision-making, 'novel approaches' or locally tailored initiatives or solutions (including any with a focus on social capital) have been developed in community doing well <sup>2</sup>

# Important FCFs

Physical access to services

Walkability to facilities and places

Public transport availability

Locally based group

Cost of ECEC services

What do communities think is *important* for young children?

Leadership

Service coordination

Being away from traffic is important for children being safe

Having good quality parks (with a playground) is important for use, play and social interaction

Having a range of family-friendly destinations (e.g. pools, and activities)

# About the FCFs



- Not all FCFs are important for every community. The FCFs may influence ECD differently depending on community context
- The FCFs do not necessarily work in isolation, they may be related to each other (e.g. common themes or 'groups')
- The FCFs may influence each other along the pathway to influence ECD

# Relationships between FCFs: an example

*"Funnily enough again, if you spoke to someone in Council, they'd say, "Aw. There's everything there. There's banks, there's gyms, there's this, there's that" ... **but only if you can get there**" (FG09)*

Having a range of family-friendly destinations (e.g. pools, and activities)

Physical access to services

Walkability to facilities and places

Presence of/access to public transport seen as important for accessing essential services and employment

*"It can be very isolating and as we actually see the women arriving very exhausted by the time they get here, they've walked for 45 minutes to attend a two hour women's group....It's a lot" (INT072)*

*"If there's no bus and we've got no transport, families won't use the service"*

# Why are FCFs important?

- ✓ Evidence-based
- ✓ Prioritise focus areas for the community (short, medium, long-term)
- ✓ Identify potential points of intervention
- ✓ Strengthen stakeholder engagement and development, and inform policy recommendations using the best local data
- ✓ It allows communities to move beyond anecdotal information to a discussion grounded in evidence about how the community is tracking to inform place-based initiatives

# Implications of the FCFs for policy and practice

*The draft FCFs for ECD can help local councils and communities get a clearer picture of the community and how they are tracking in areas that seem related to ECD*

# Our learnings

The FCFs provide a draft set of community-level factors that may signal areas of influence on ECD (i.e. '**the what**'). They also provide some ideas on '**the how**' and '**why**' it may influence ECD, however, further research on '**how much**' of an influence on ECD is needed

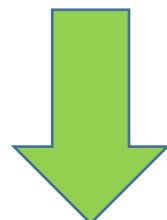
# Recommendations for measuring the FCFs locally

- ✓ The FCFs can be either qualitatively and/or quantitatively measured (based on KiCS findings)
- ✓ Some can be turned into indicators now (e.g. quantitative measures that meet indicator criteria)
- ✓ Some need more work. i.e. all FCFs can eventually be turned into an 'indicator'

**'Foundational community factors' (FCFs)**  
*Factors that lay the foundations for a good  
community for young children*

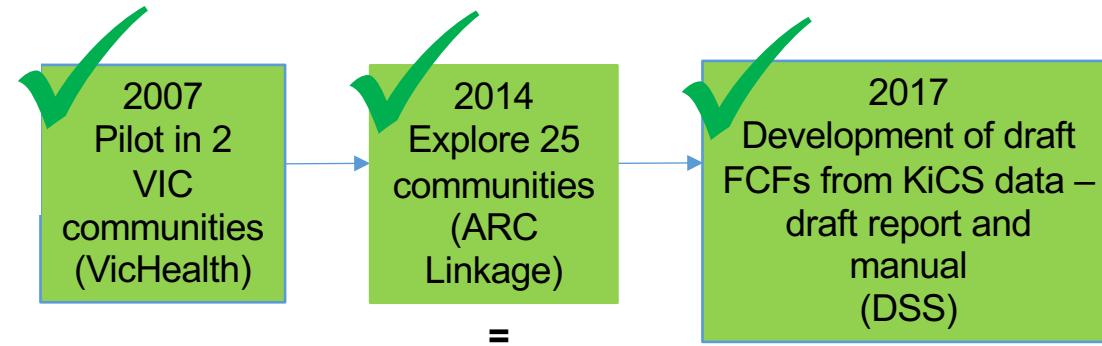


*Draft manual of  
measures and  
methods for  
local  
implementation*

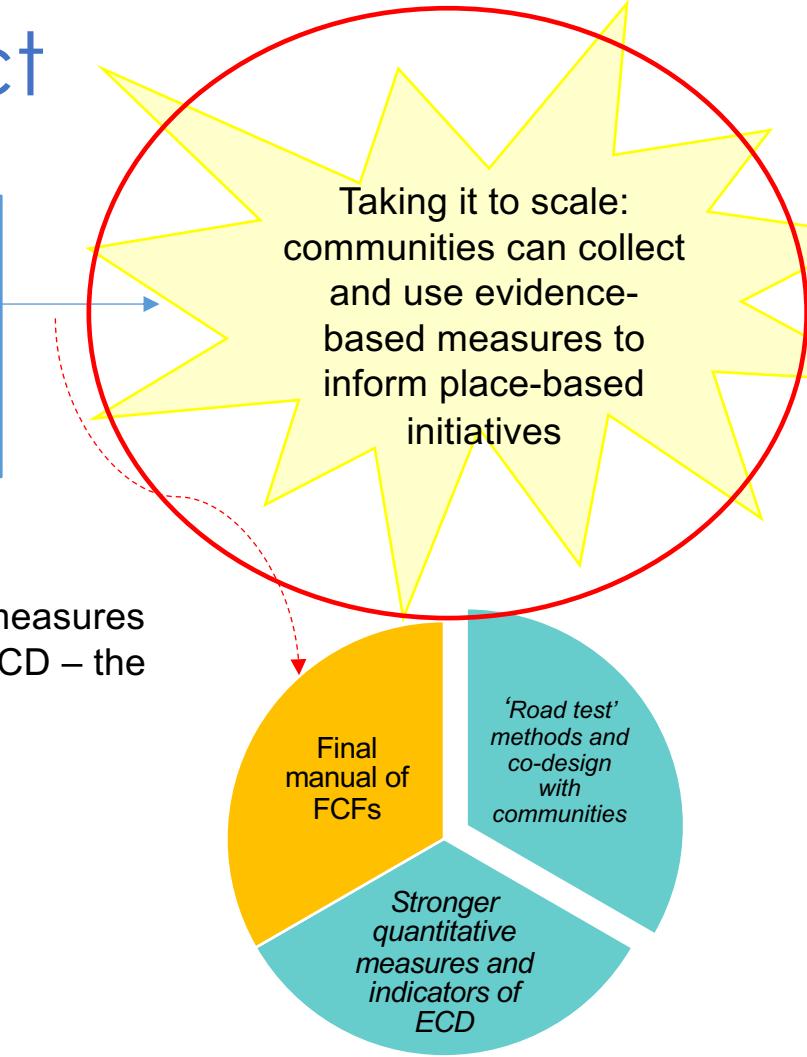


**What next?**

# KiCS: Engaging for impact



- Development of measures
  - Data collection
  - Analysis
  - Report for DET
- =
- Analysis
  - Community-level measures and methods for ECD – the FCFs
  - Some indicators





# Foundational Community Factors (FCFs) for Early Childhood Development:

A REPORT ON THE  
KIDS IN COMMUNITIES STUDY

April 2018



# Better communities for children: Draft Manual of Foundational Community Factors

April 2018



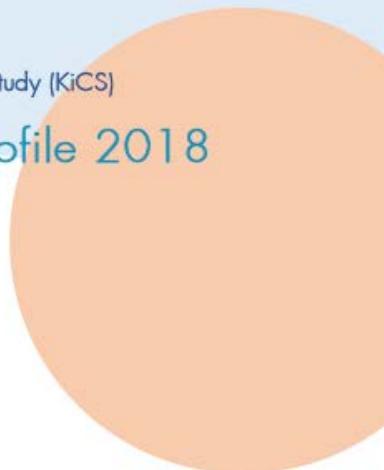


The Kids in Communities Study (KiCS)

## Community Profile 2018

Logan, QLD

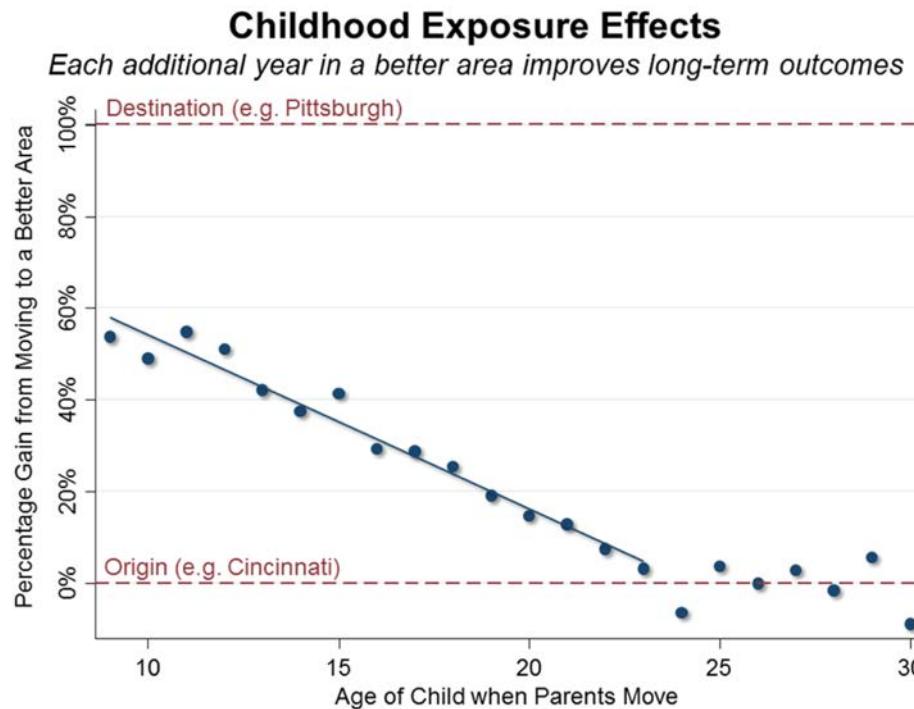
August 2018



## What next: Make bold decisions



# Moving to opportunity



In 1995, the East Lake Meadows housing project in Atlanta was poverty-stricken and crime-ridden, with 40 percent of the 650 housing units deemed unlivable. Today, all residents in the Villages of East Lake live in modern, high-quality mixed-income housing – half in apartments that receive subsidy, and half at true market rents.



“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

— James Baldwin

Many things we need can wait, the child cannot.

Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.

Gabriela Mistral  
(1889-1957)



[Reload images](#)

# Thank you!

Please contact  
us if you have  
any other  
comments