The science of early childhood development : data can inform local area planning to improve outcomes for young children

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Royal Children's Hospital Melbourne

BGCA 80th Anniversary Scientific Conference
'Invest in Our Young for a Brighter Tomorrow'
Hong Kong October 7/8, 2016

Outline of presentation

- Review of research – brain development and the importance of the early years

- The changing context of health care – drivers

- Implications for service delivery, and the need to do things differently

- The importance of data – for advocacy, planning, resource allocation - Australian Early Developmental Index (AEDI) as example

- How AEDI helps inform a different way – place based approaches and working with communities to effect change

Evolving healthcare system

The First Era (Yesterday)

- Focused on acute and infectious disease
- Centred around hospital system
- Single cause and effect

The Second Era (Today)

- Focus on chronic disease and disability
- Sub-specialization, increased technology leading to increased costs
- Multidisciplinary

The Third Era (Tomorrow)

- Increasing focus on achieving optimal health status for all
- Investing in population-based prevention
- Extends beyond health care system

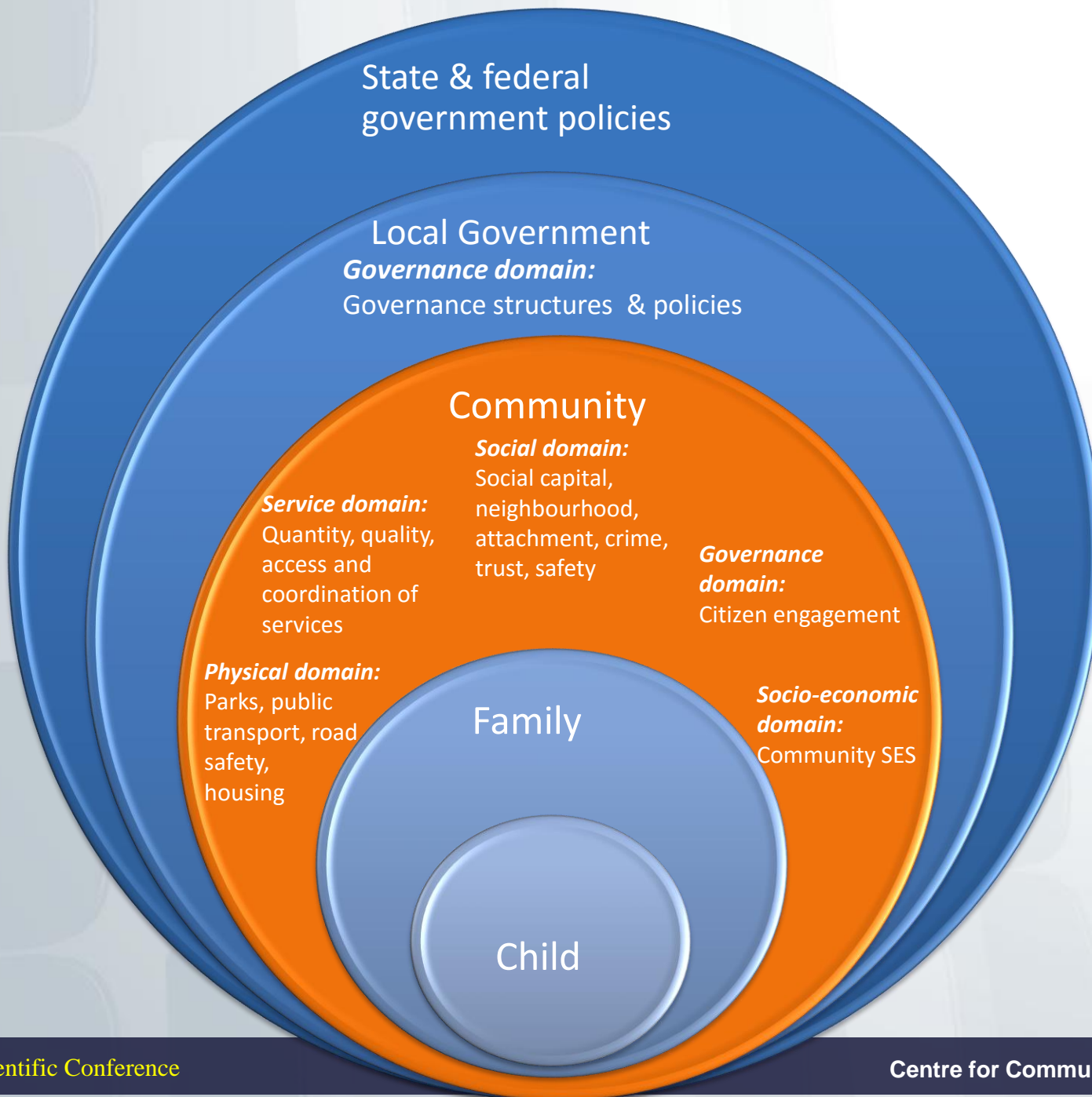Centre for Community Child Health

Third era - underpinnings

- Ecological model of development (Bronfenbrenner)
- Changing morbidity patterns - high prevalence rates of conditions such as mental health problems, obesity, child abuse, learning problems and ADHD…
- New knowledge about antecedents (including brain development) and early pathways (life course)
- Social gradient in health

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'Health is affected by environmental and social processes as well as by sociological factors. The community in which a child lives is a major determinant of his health. Although such statements are widely accepted intellectually today, they are not yet reflected in our health care institutions.'

- RJ Haggerty, 1975

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# Third era - underpinnings

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'A group of childhood difficulties that we have termed "the new morbidity" is now gaining attention. Many of these difficulties lie beyond the boundaries of traditional medical care…a major shift in the orientation of training programs is required to prepare pediatricians for these tasks.'

- RJ Haggerty, 1975

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Conditions representing the new morbidity

- School problems and learning difficulties
- Child abuse and neglect
- Mental health and behaviour - ADHD, behaviour problems (infant, toddler, school age)
- Developmental delay
- Autism and Asperger syndrome
- Obesity
- Encopresis and enuresis
- Adolescent health and behavioural problems

Third era - underpinnings

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The neuroscience of brain development

- Brain architecture and skills are built in a hierarchical 'bottom-up' sequence
- Foundations important - higher level circuits are built on lower level circuits
- Skills beget skills - the development of higher order skills is much more difficult if the lower level circuits are not wired properly
- Plasticity of the brain decreases over time and brain circuits stabilise, so it is much harder to alter later
- It is biologically and economically more efficient to get things right the first time
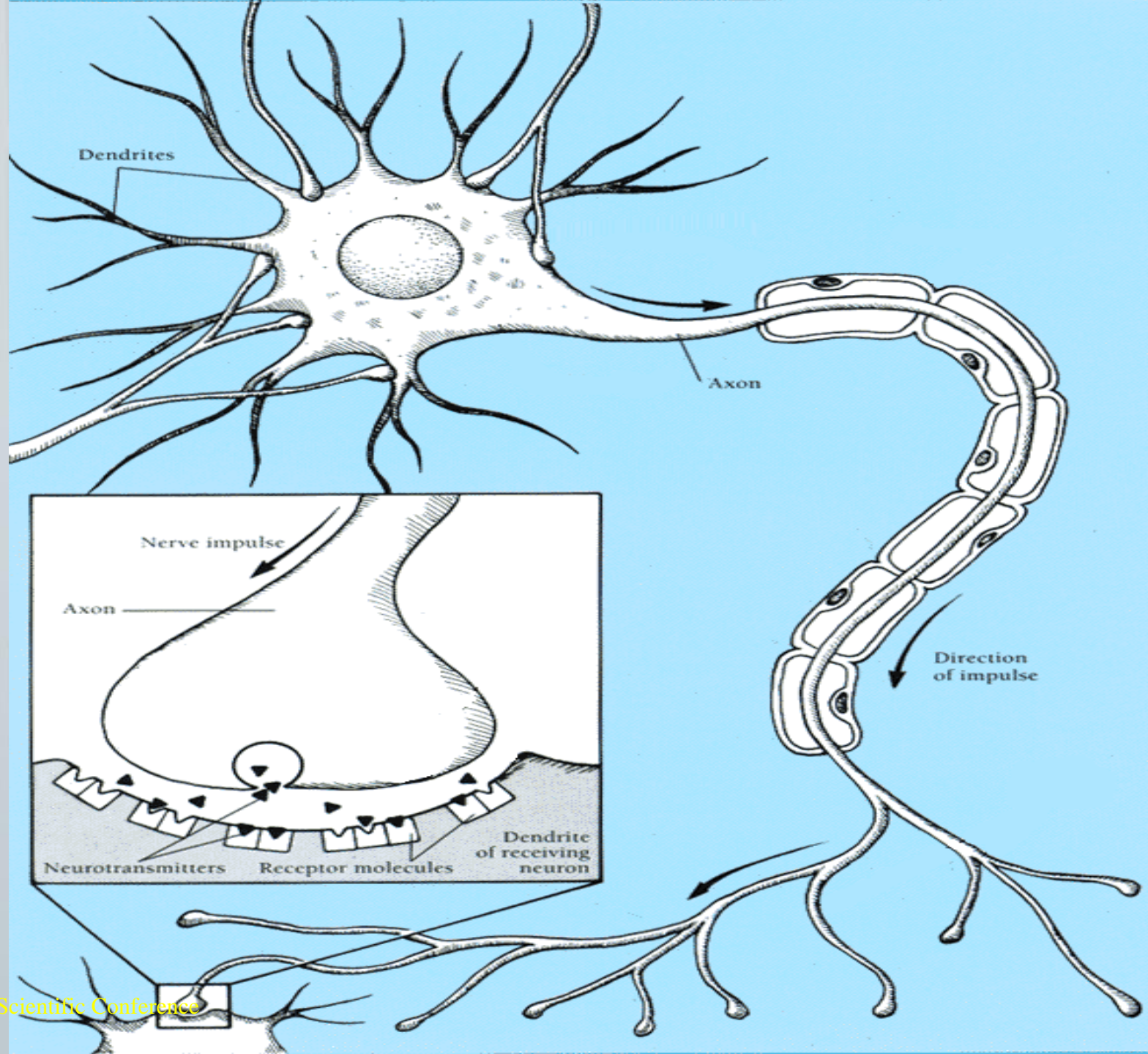
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Cortex

Brainstem
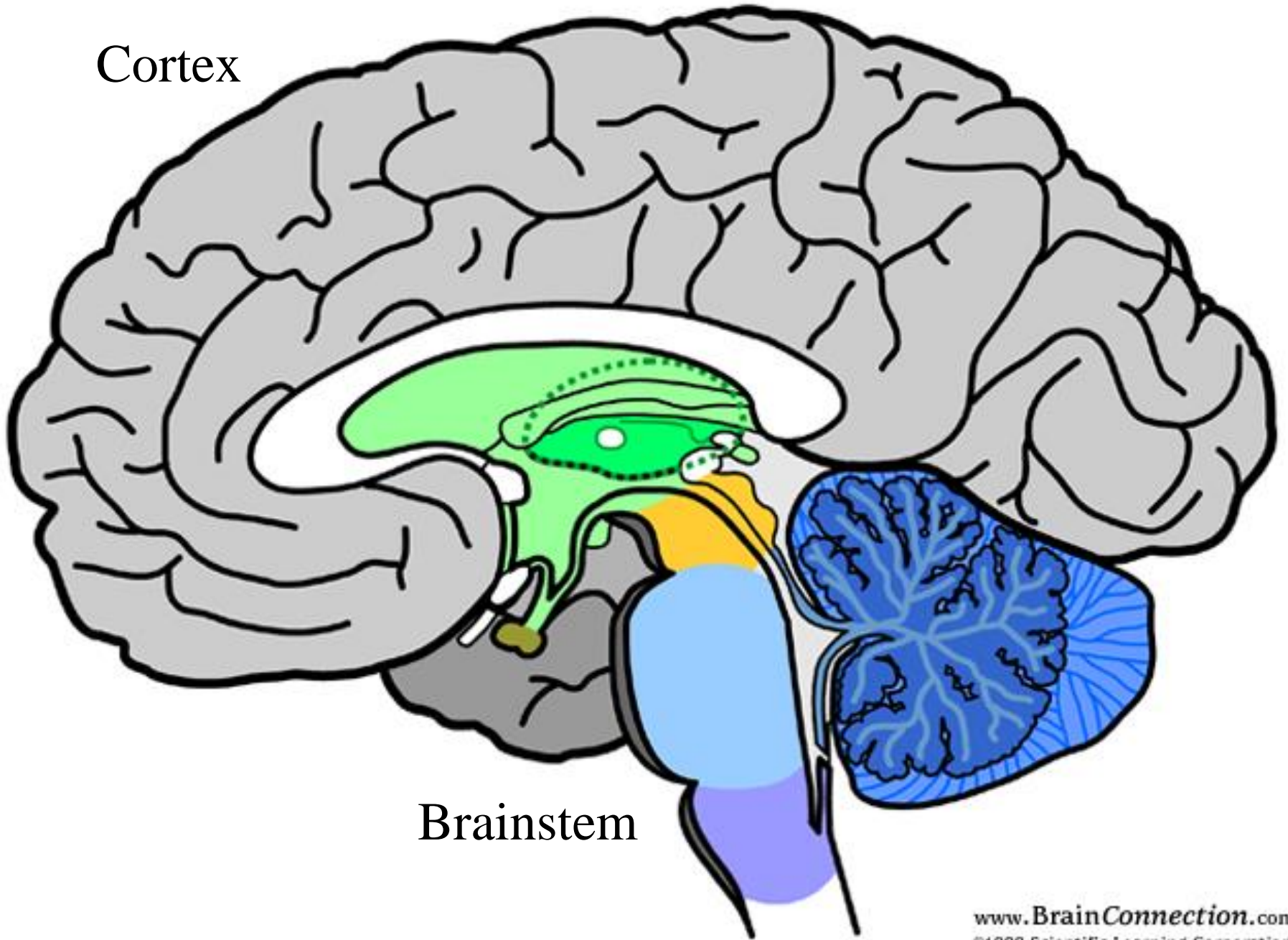
www.BrainConnection.com
©1999 Scientific Learning Corporation
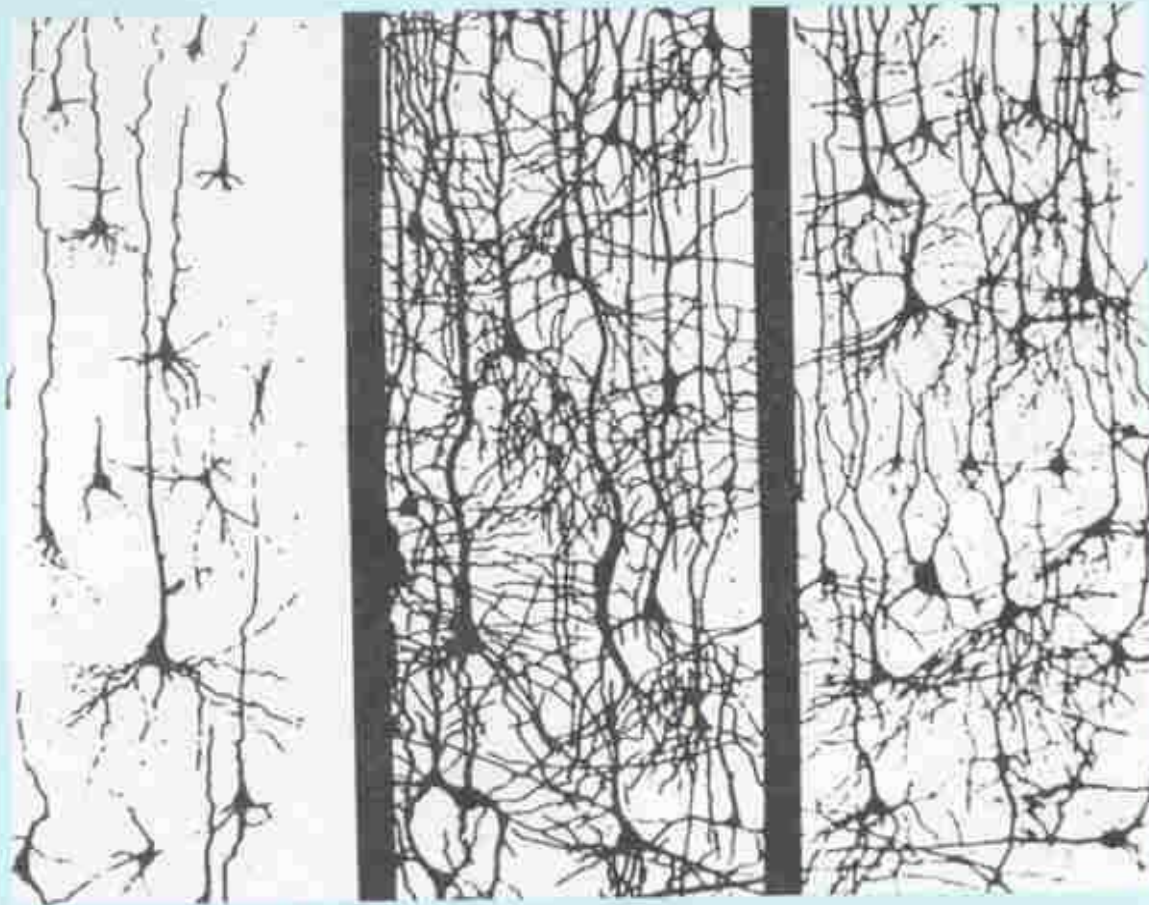
SYNAPTIC DENSITY: Synapses are created with astonishing speed in the first three years of life. For the rest of the first decade, children's brains have twice as many synapses as adults' brains. Drawings supplied by H.T. Chugani.

Persistent or 'toxic' stress

- Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, family violence

- Results in strong and prolonged activation of body's stress response - in absence of buffering protection of adult support

- Disrupts developing brain architecture and leads to lower threshold of activation of stress management systems

- Can lead to life long problems in learning, behaviour, and both physical and mental health – right throughout the life course, from early childhood through to adulthood

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Clinicians seeing increased prevalence of problems in childhood

- Child abuse and neglect
- Poor literacy and school achievement
- School readiness - many children vulnerable at school entry
- Aggressive and anti-social behaviour
- Conduct disorders and ADHD
- Mental health problems – anxiety, depression
- Obesity

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Adult problems with roots in early childhood

- Mental health problems
- Family violence and anti-social behaviour
- Poor literacy
- Chronic unemployment and welfare dependency
- Substance abuse and addiction
- Crime
- Obesity
- Cardiovascular disease
- Diabetes

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Early adversity

- 'Biological embedding of environmental events' *(Hertzmann) -* leads to changes in DNA (methylation)
- Impacts on biological systems
  - Immune
  - Cardiovascular
  - Metabolic regulatory
- What appears to be a social situation is likely to be a neurochemical situation
- Helps explain the intergenerational nature of disadvantage and social exclusion

The impact of social inequality

- Psychosocial factors impact on health because of association with frequent/recurrent stress

- Major impact in early years - affects developing brain and establishment of neural circuits

- Chronic stress affects the body's physiological systems increasing vulnerability to wide range of diseases and health conditions

- '*Double jeopardy*' - have the least access to supports such as consistent health care, family supports quality childcare and preschool, good schools

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Vocabulary growth - first 3 years
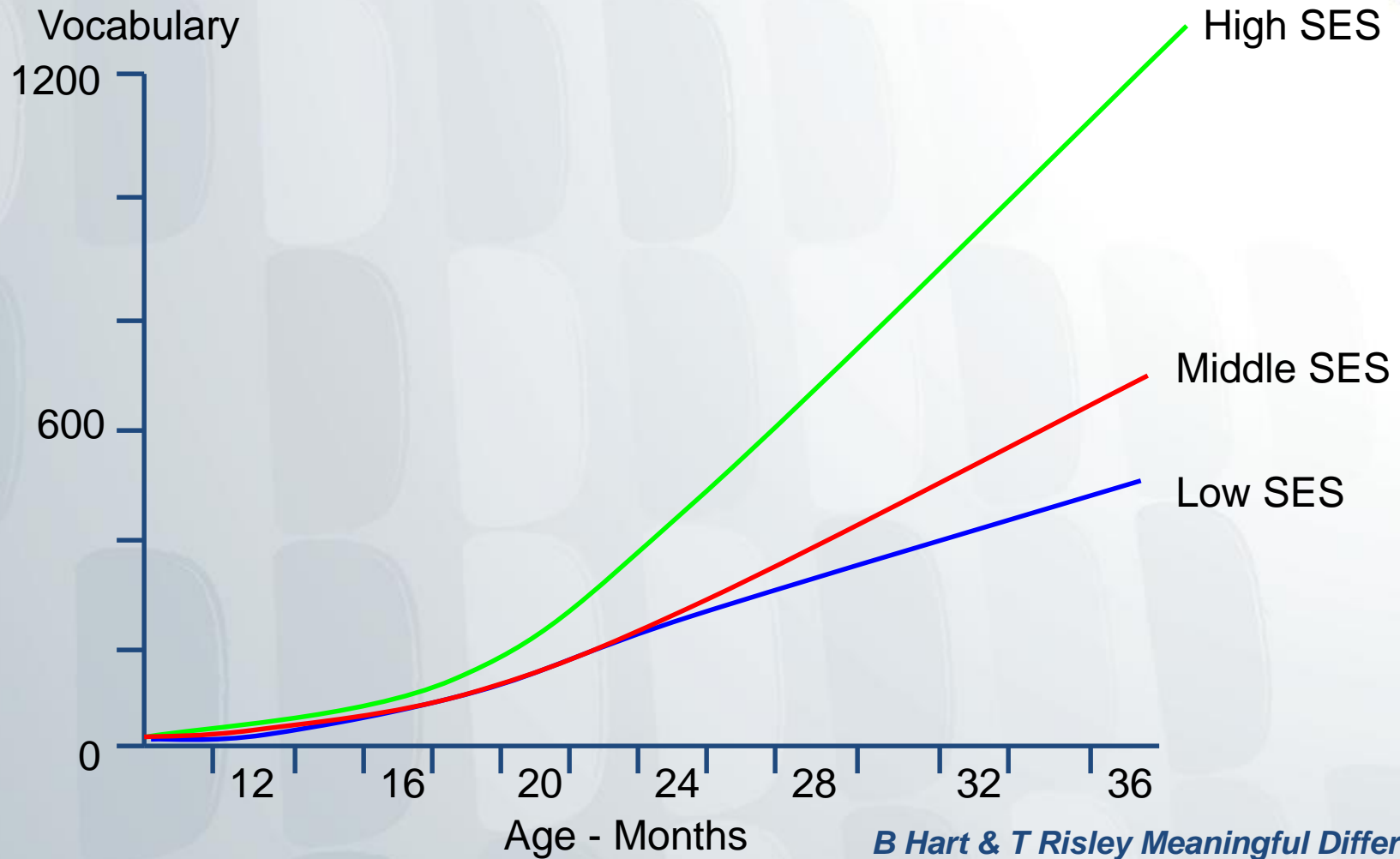
B Hart & T Risley Meaningful Differences in Everyday Experiences of Young American Children 1995
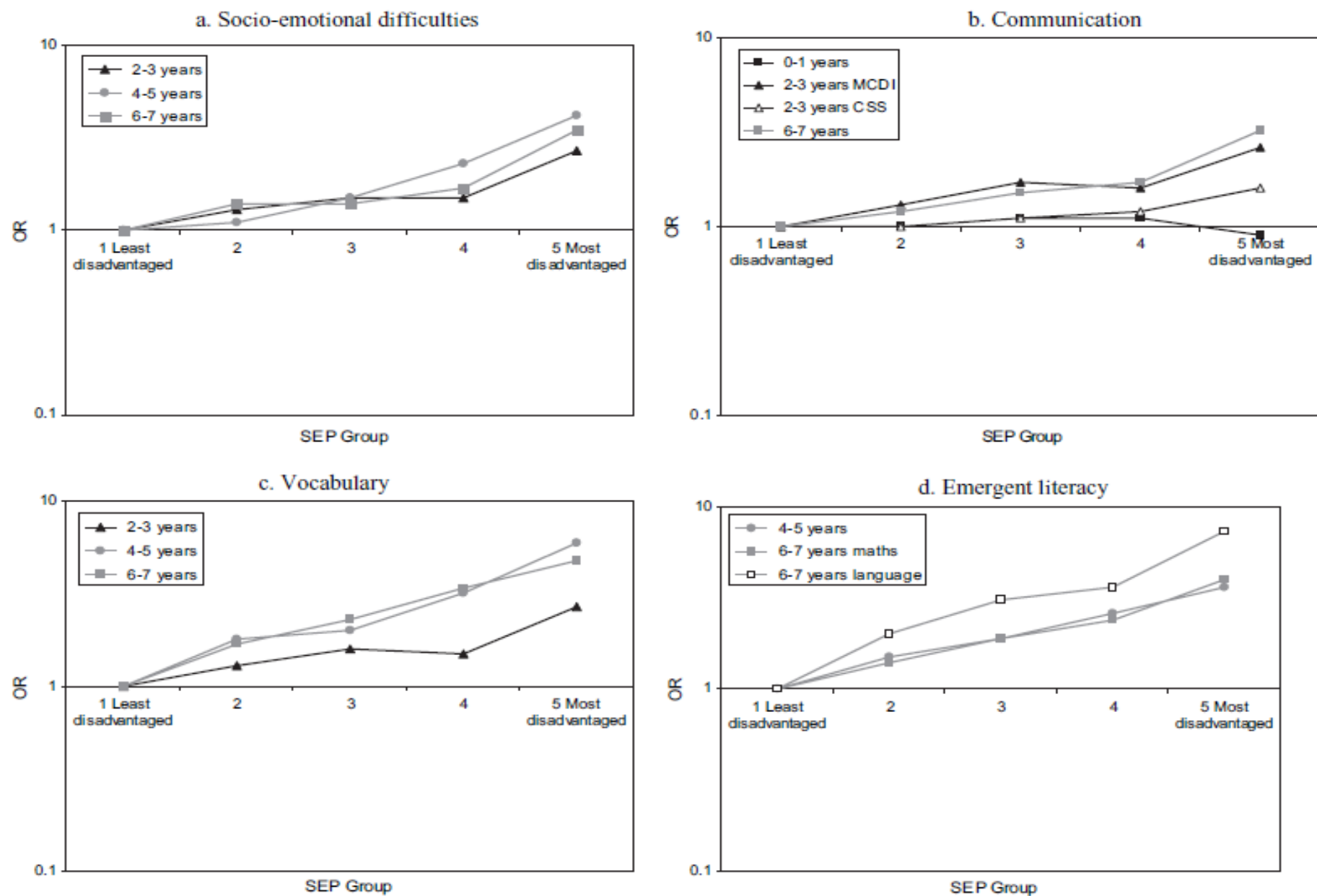
Figure 1 ORs (presented on a log scale) by socioeconomic position quintile for socio-emotional difficulties, and poor communication, vocabulary and emergent literacy skills.

School entry

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AEDI results - 2009

Percentage of children developmentally vulnerable (DV) across Australia by jurisdiction (N=261,000)

(N	DV ≥ 1 domains (%)	DV ≥ 2 domains (%)
Australia	23.3	11.7
New South Wales	21.2	10.2
Victoria	20.1	9.9
Queensland	29.2	15.6
Western Australia	24.3	12.0
South Australia	22.5	11.4
Tasmania	21.7	10.8
Northern Territory	36.3	22.1
Australian Capital Territory	21.9	10.8

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Results: Socio-economic status
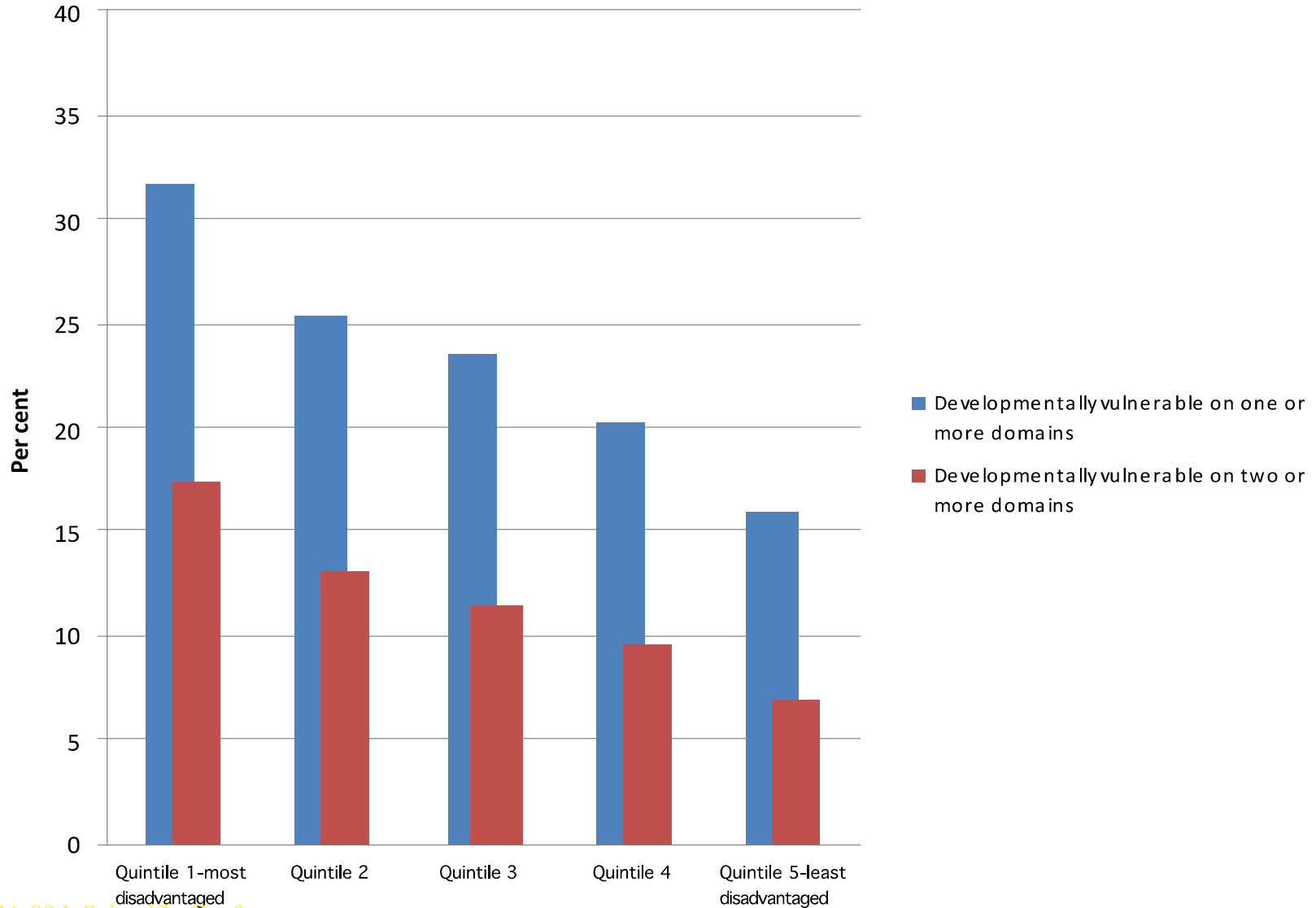
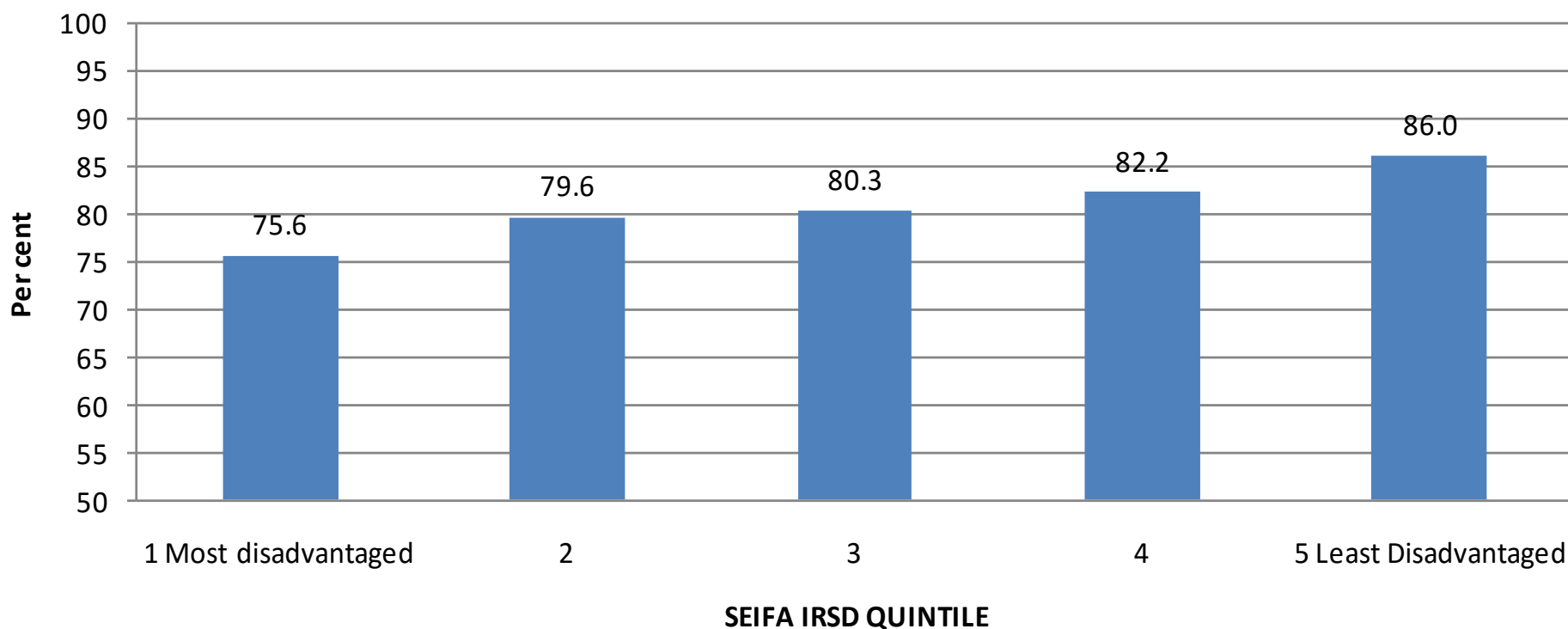# AEDI Domain comparison – vulnerability by SEIFA

Domain Vulnerability by SEIFA
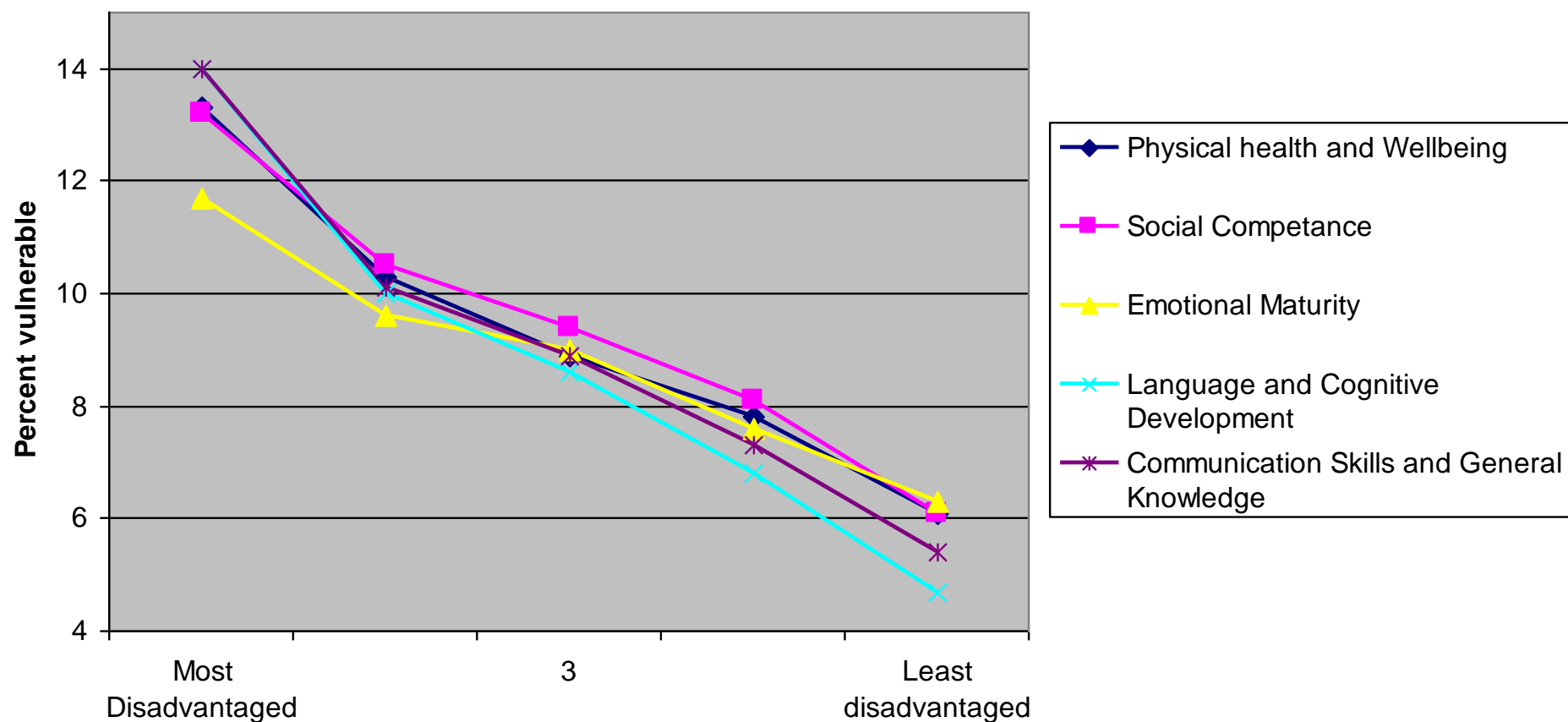
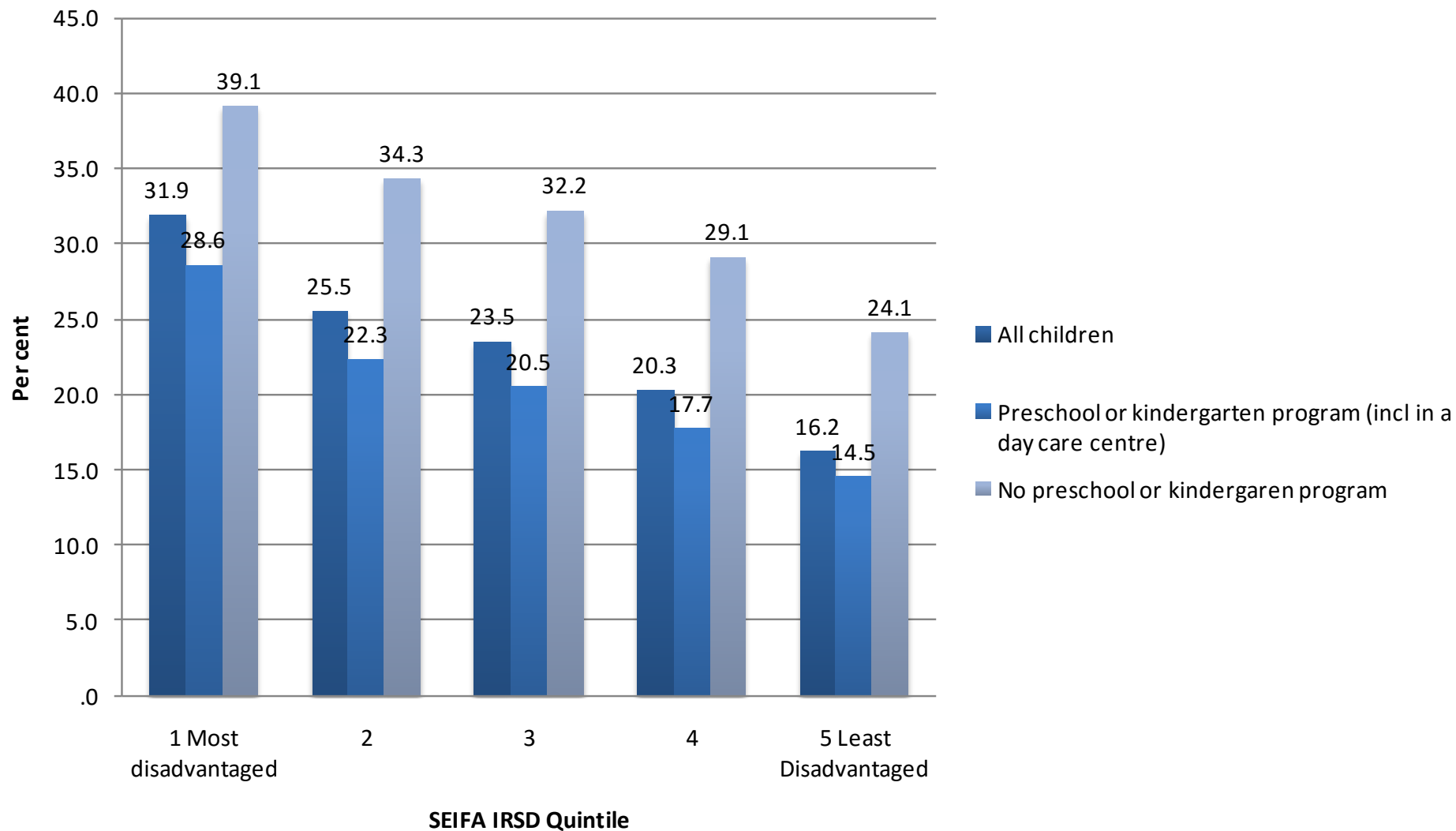# Disadvantage and preschool participation

Preschool or kindergarten program (including in a day care centre)

AEDI Results and preschool participation

Developmentally vulnerable on one or more AEDI domain

Making a difference

- Address risk factors and emerging difficulties *before* they become entrenched problems

- Goal is to diminish or remove risk factors and strengthen protective factors, so improving chances of good outcome

- The earlier the better - more leverage in younger years

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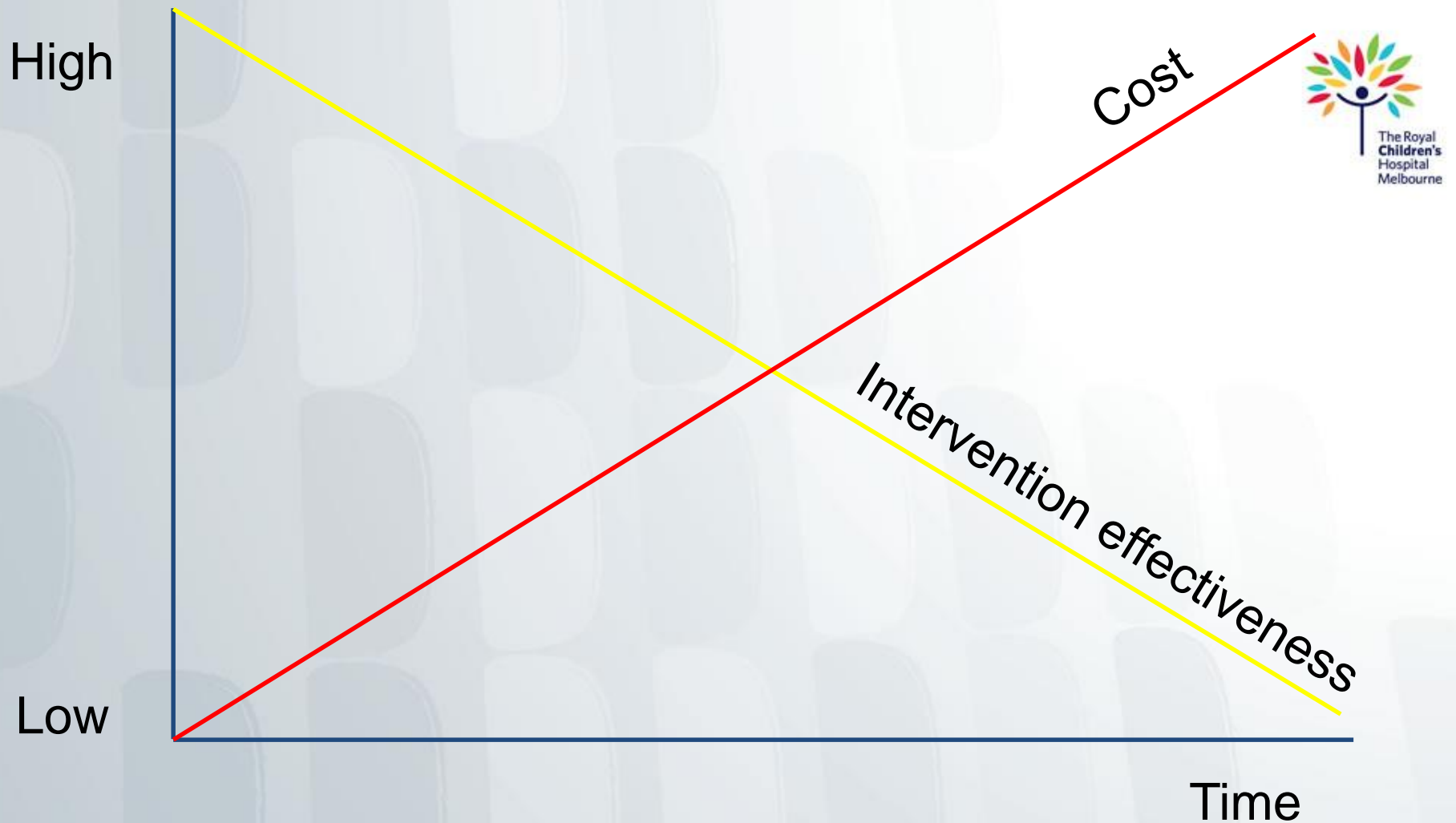
Intervention effects and costs of social-emotional mental health problems over time (Bricker)

But it's not so easy…

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'Wicked' problems

- Change in nature and severity of children's problems
- Multiple aetiological factors and pathways
- Single, simple interventions unlikely to work
- Complex, difficult to solve
- Need interdepartmental, interagency and integrated approaches

Interlinked problems need integrated solutions

'Every problem interacts with every other problem and is therefore a set of inter related problems, a system of problems. I choose to call such a system …a mess.'

- Russel Ackoff (1974); Redesigning the Future: A Systems Approach to Societal Problems.

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'Complex social issues cannot be dealt with merely by interventions with children or by strengthening families or by building community capacity. Policy needs an integrated focus on all 3 elements: children, families and communities.'

- A. Hayes, M Gray, AIFS, 2008

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Services for children and families

- Not changed significantly over decades
- Struggling to meet needs of most disadvantaged children and families
- Many children not receiving the additional help they need
- Often those with greatest need least likely to access services

Infrastructure of existing services

- Child care
- Family day care
- GPs
- MCH nurses
- Preschool
- School
- Specialist services
- Parenting programs

- Neighbourhood houses
- Family support
- Telephone counselling
- Family violence
- Problem gambling
- Child protection
- Adoption/foster care
- Mental health services

A fragmented service system

GPs and paediatricians

Family support

Childcare
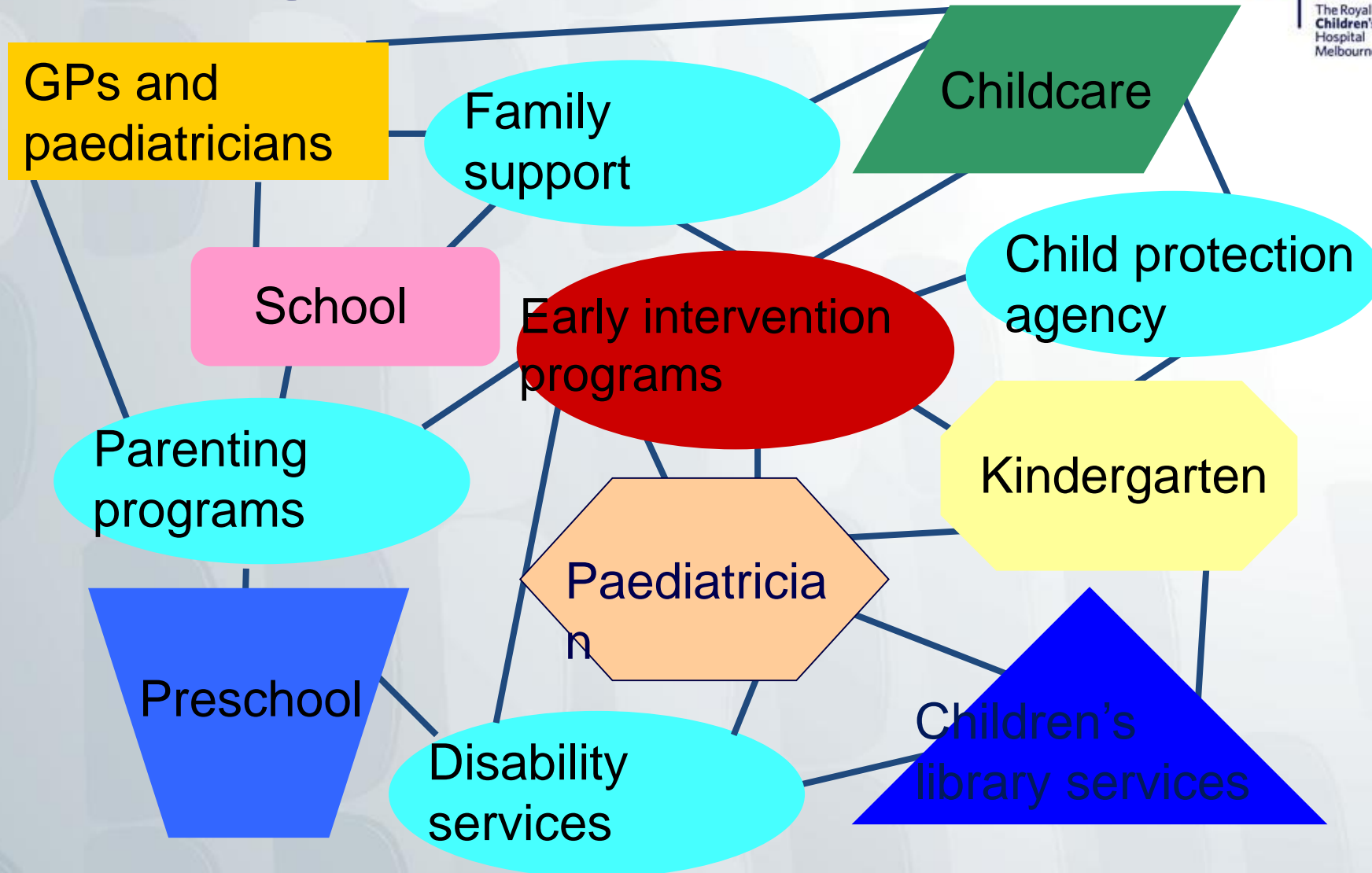
School

Early intervention programs

Child protection agency

Parenting programs

Kindergarten

Pediatrician

Preschool

Disability services

Children's library services

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Linking services

GPs and paediatricians

Family support

Childcare

Child protection agency

School

Early intervention programs

Parenting programs

Kindergarten

Paediatrician

Preschool

Disability services

Children's library services

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No wrong door!

Integrating services

GPs and paediatricians

Family support

Childcare

School

Child & Family Hub

Early intervention programs

Child protection agency

Parenting programs

Kindergarten

Preschool

Paediatrician

Disability services

Children's library services

The Royal Children's Hospital Melbourne

The Royal Children's Hospital
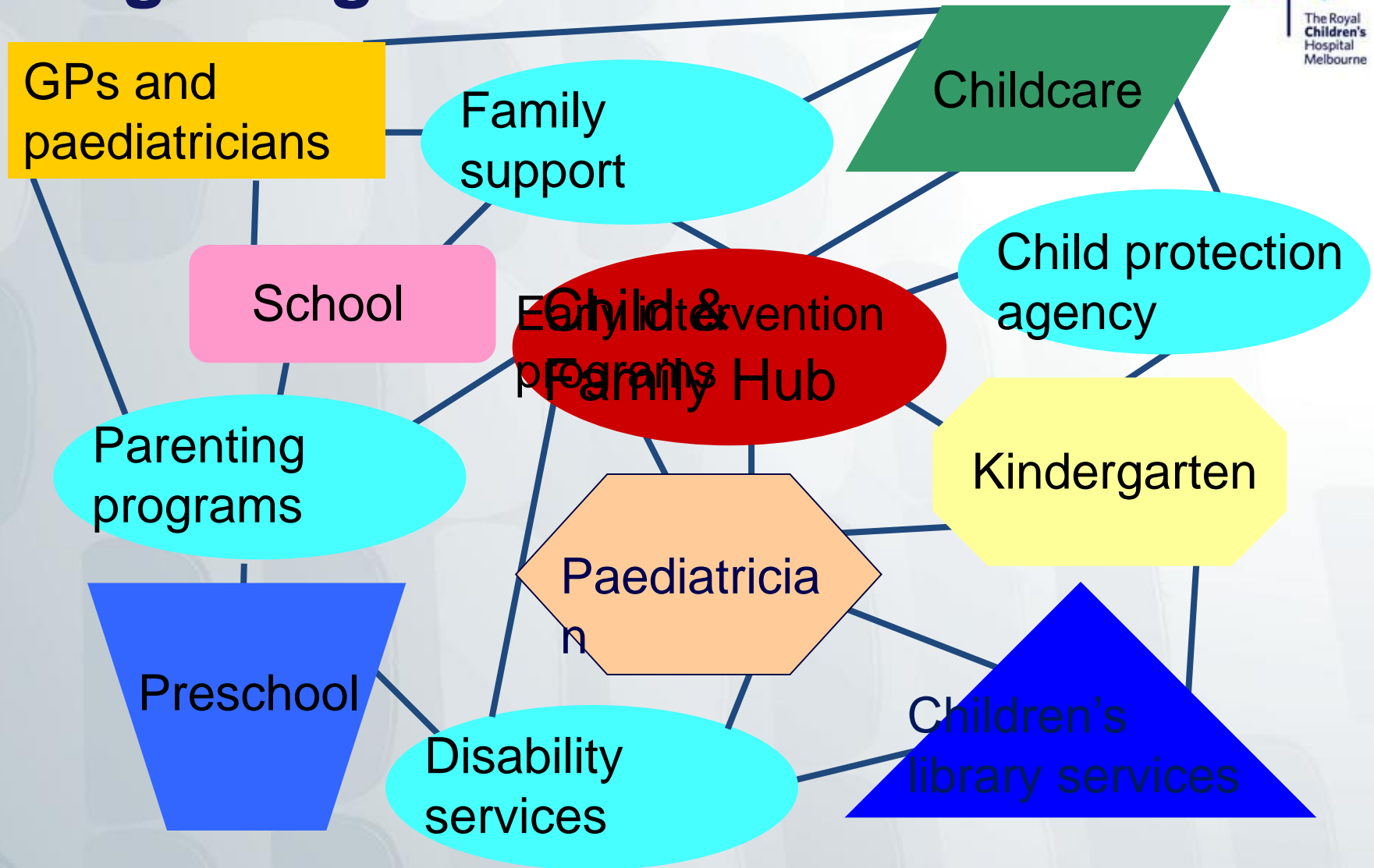
	MCH*	Childcare*	Kindergarten*	School*	GP	Family Resource Centre*	Playgroup*	Family support*
MCH		☑				☑		
Childcare		☑	☑				☑	
Kindergarten	☑							
School		☑	☑ i					
GP								
Family Resource Centre	☑			☑				
Playgroup	☑					☑		
Family support	☑			☑		☑	☑	

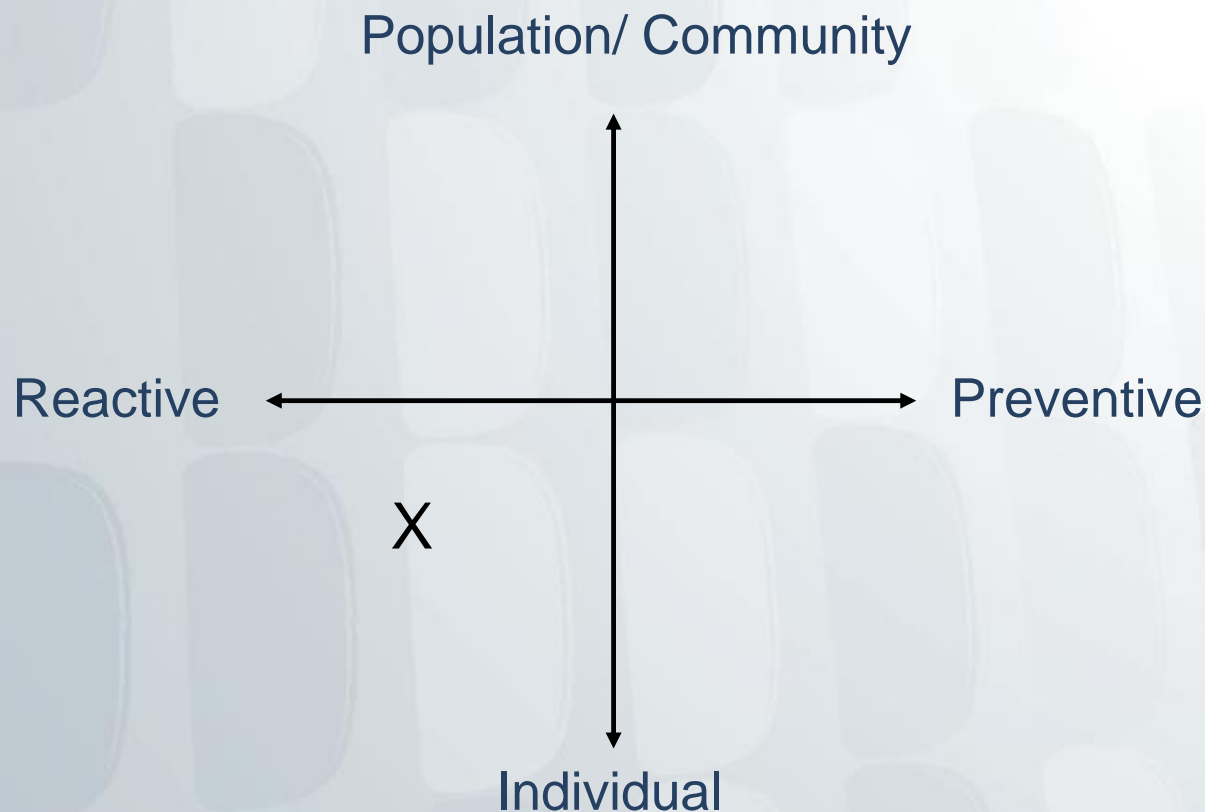# An approach to building early childhood systems

- Population focus
- Use data to engage the community
- A place based approach
- Increased responsibility for communities
- Working with communities to implement change
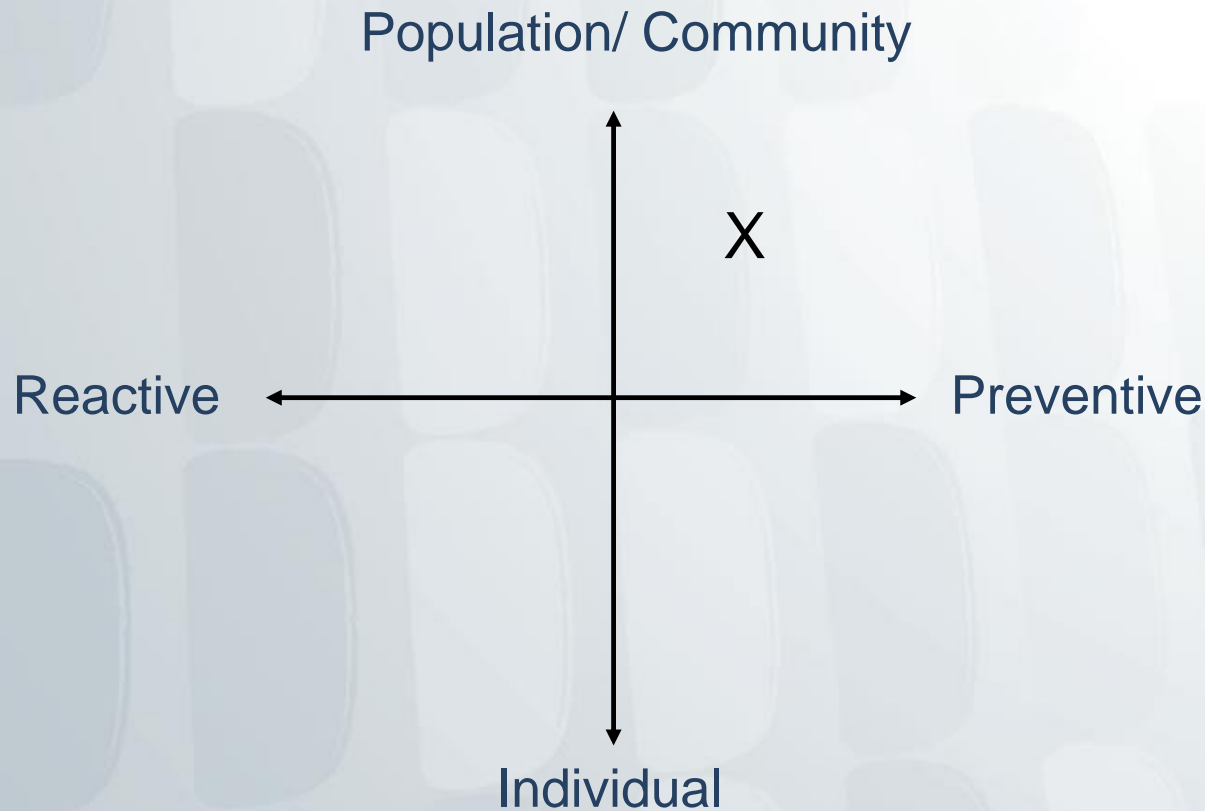
- Centre for Community Child Health

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Choosing an approach

- **Person-based**: When simple known cause and a proven (evidence-based) intervention
- **Place-based:** When problems are complex or 'wicked' and solutions either uncertain or require multiple forms of intervention
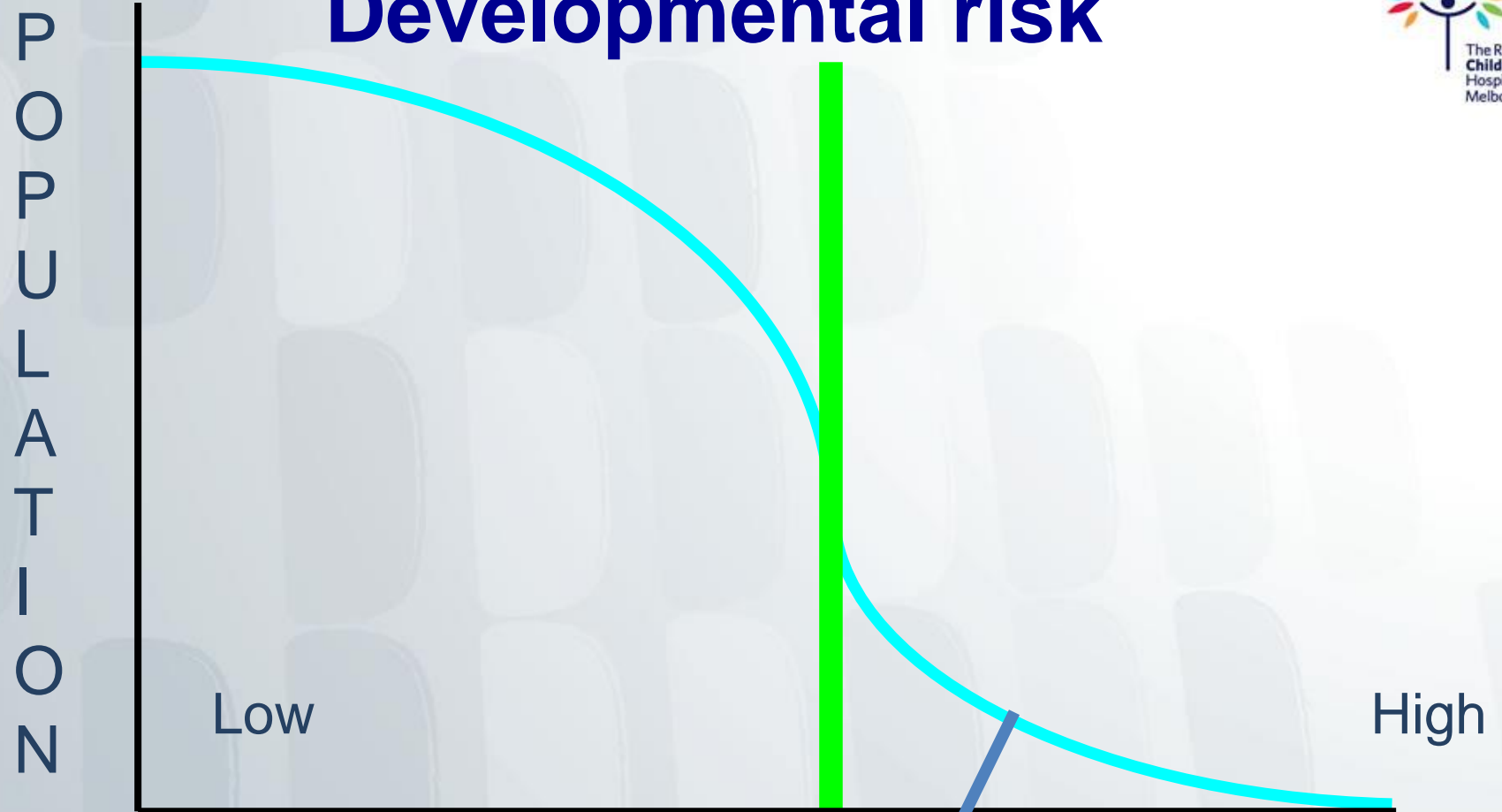
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Where are our investments today?

Population/ Community

Reactive ← → Preventive

X

Individual

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Where our investments should be

Population/ Community

X

Reactive ←——————→ Preventive

Individual

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Developmental risk

Low

High

POPULATION

Effort is devoted to identifying and managing the high risk group

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Developmental risk

POPULATION

Low

High
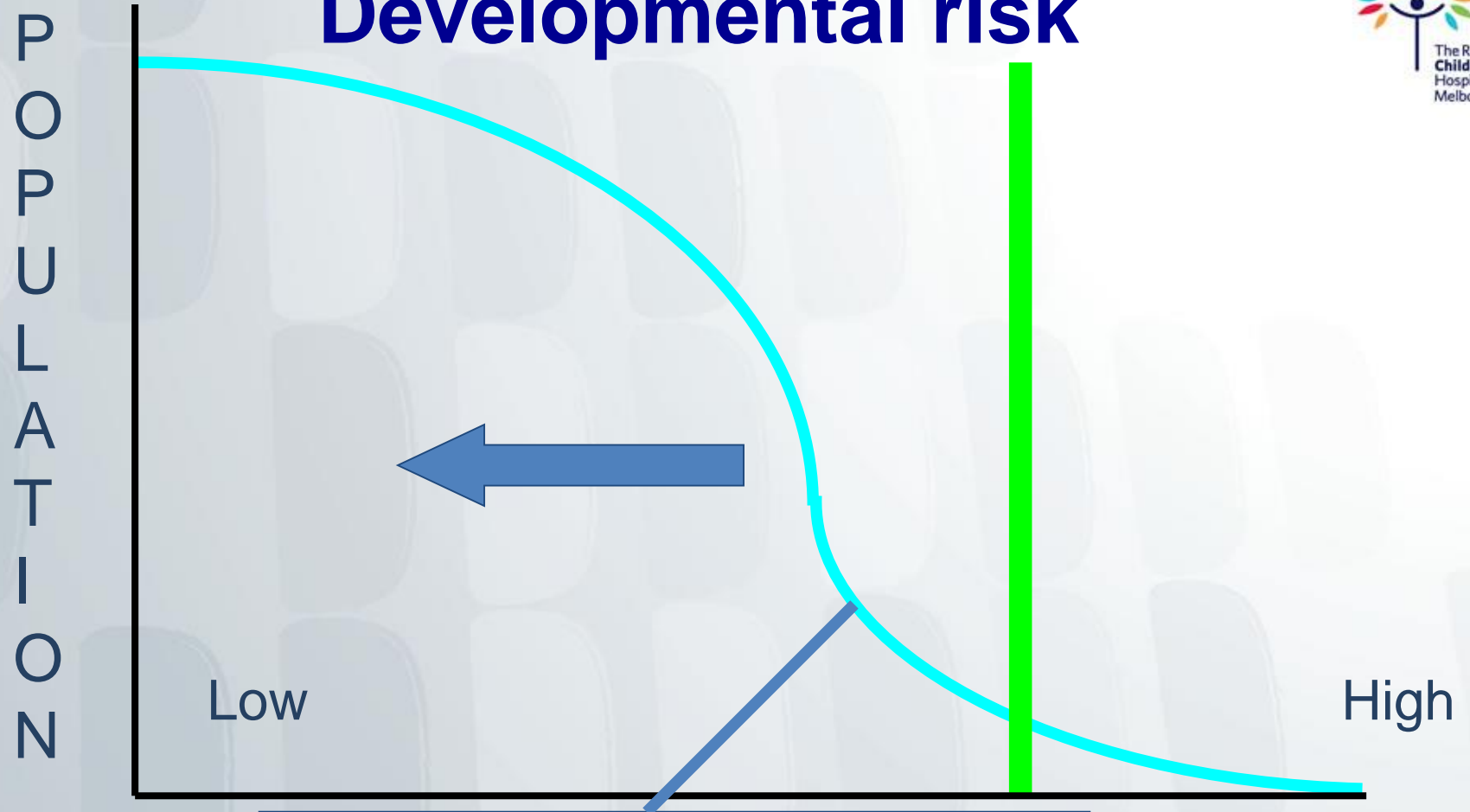
Effort is devoted to reducing the risk amongst the entire population

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Why use a population approach?

- Population data delivers essential information about early childhood development for <u>all</u> children in the community

- Provides the opportunity to think about the social and environmental factors that influence child development throughout childhood

- Moves the focus of effort from the individual to the community to make a bigger difference

- Provides an opportunity to 'shift the curve' of a whole population and therefore improve outcomes for many children

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The AEDI (now called the AEDC)

- The Australian Early Development Index (AEDI) is a population measure of young children's development, based on the scores from a teacher-completed checklist

- The AEDI consists of around 100 questions and measures five areas of child development
  - *Physical health and well-being*
  - *Social competence*
  - *Emotional maturity*
  - *Language and cognitive development.*
  - *Communication skills and general knowledge.*

The AEDI domains

- **Physical health and well-being.** Child is healthy, independent, ready each day

- **Social competence.** Child plays, gets along with others and shares, is self-confident

- **Emotional maturity.** Child is able to concentrate, help others, is patient, not aggressive or angry

- **Language and cognitive development.** Child is interested in reading and writing, can count and recognise numbers, shapes

- **Communication skills and general knowledge.** Child can tell a story, communicate with adults and children, articulate themselves

The AEDI looks at how groups of children are developing
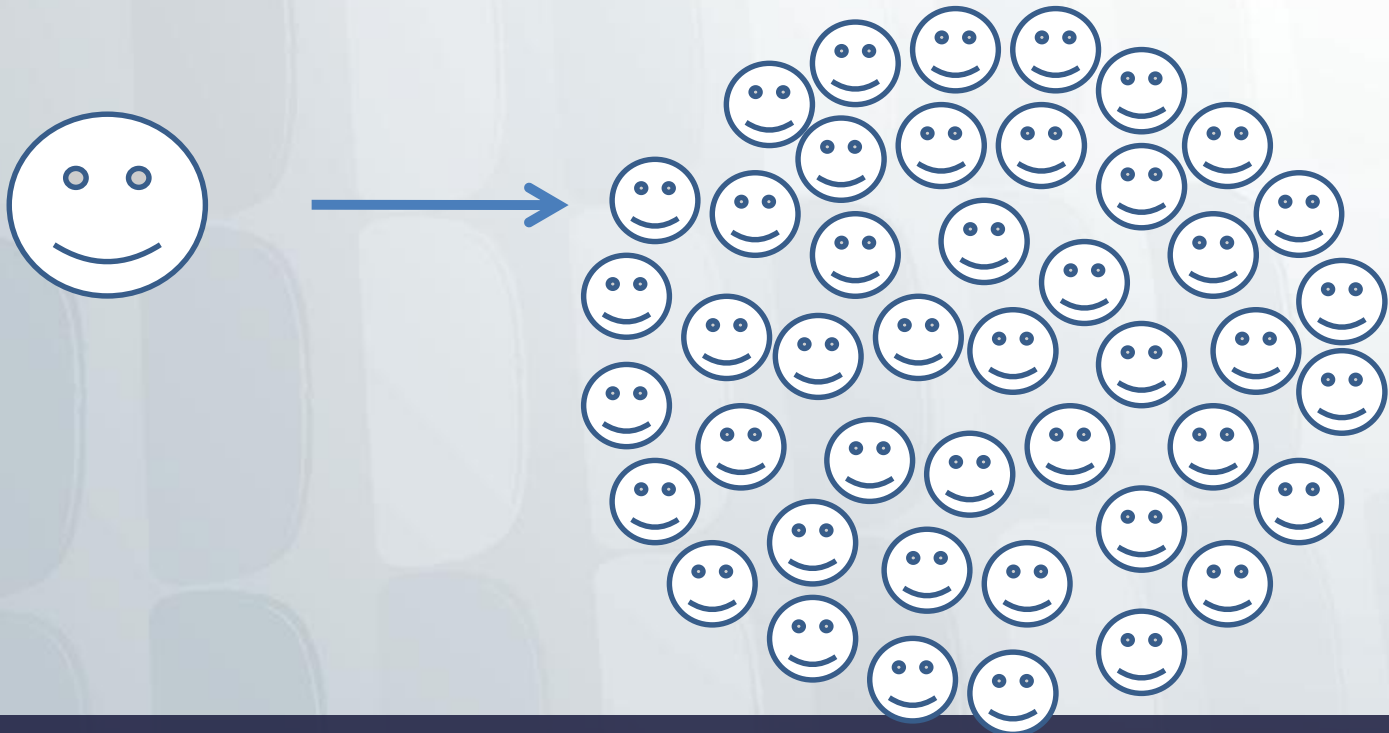
It gathers information on each child…

and reports back on how groups of children are developing.
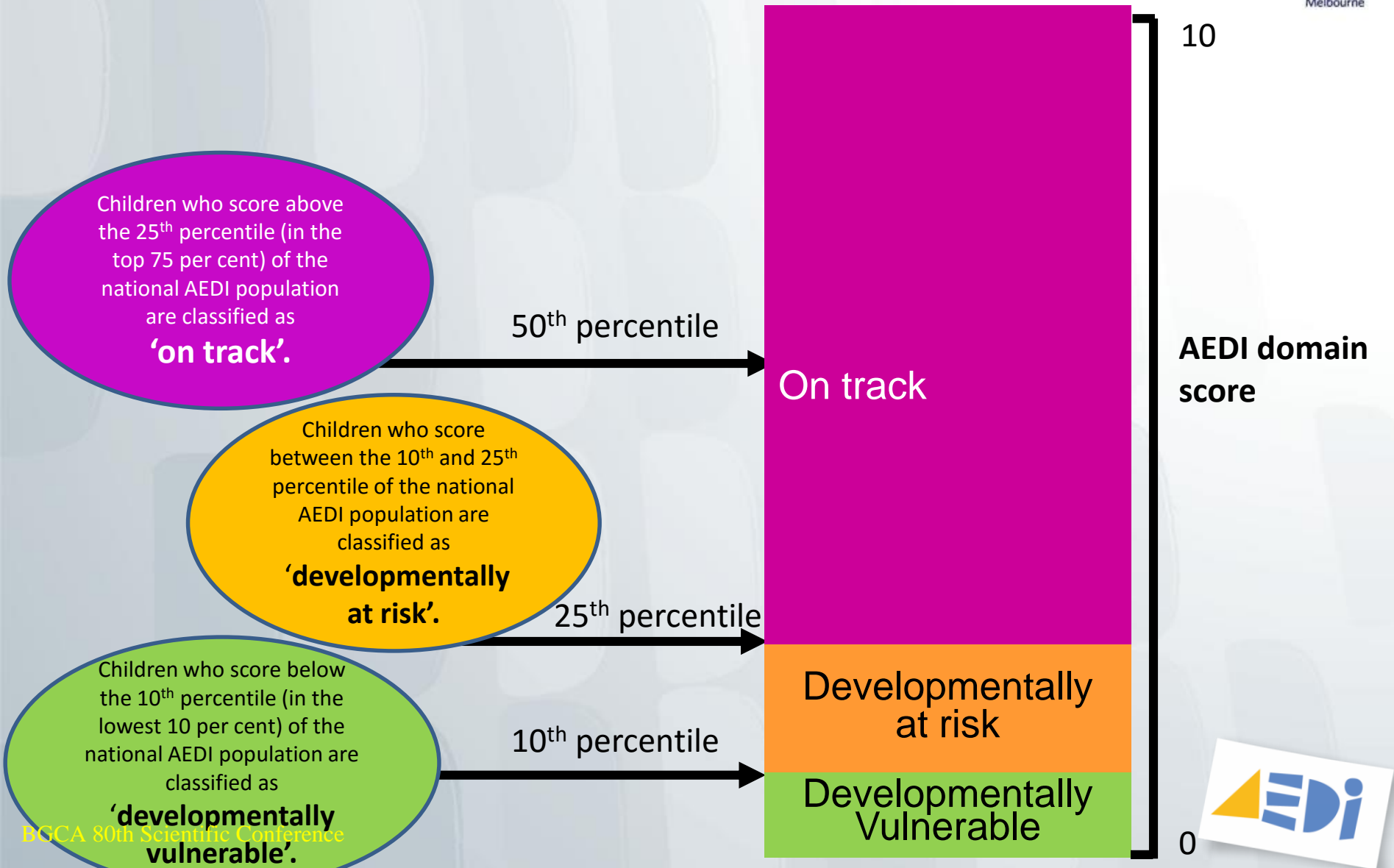
Centre for Community Child Health
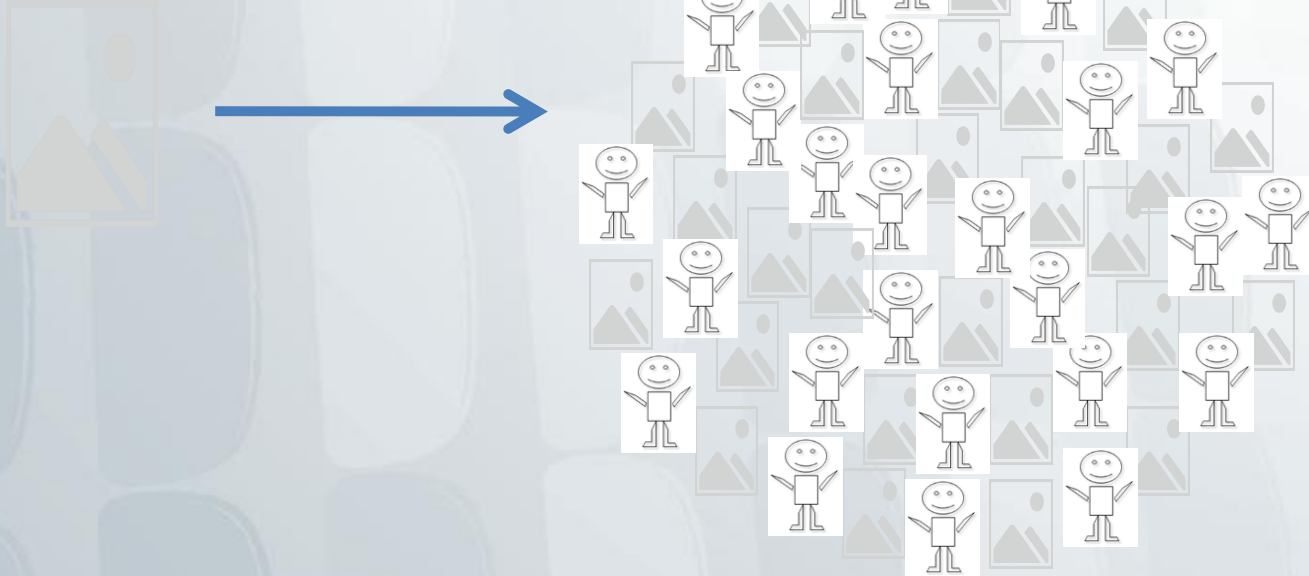
Making a big difference

Supporting children one-by-one can help individual children…

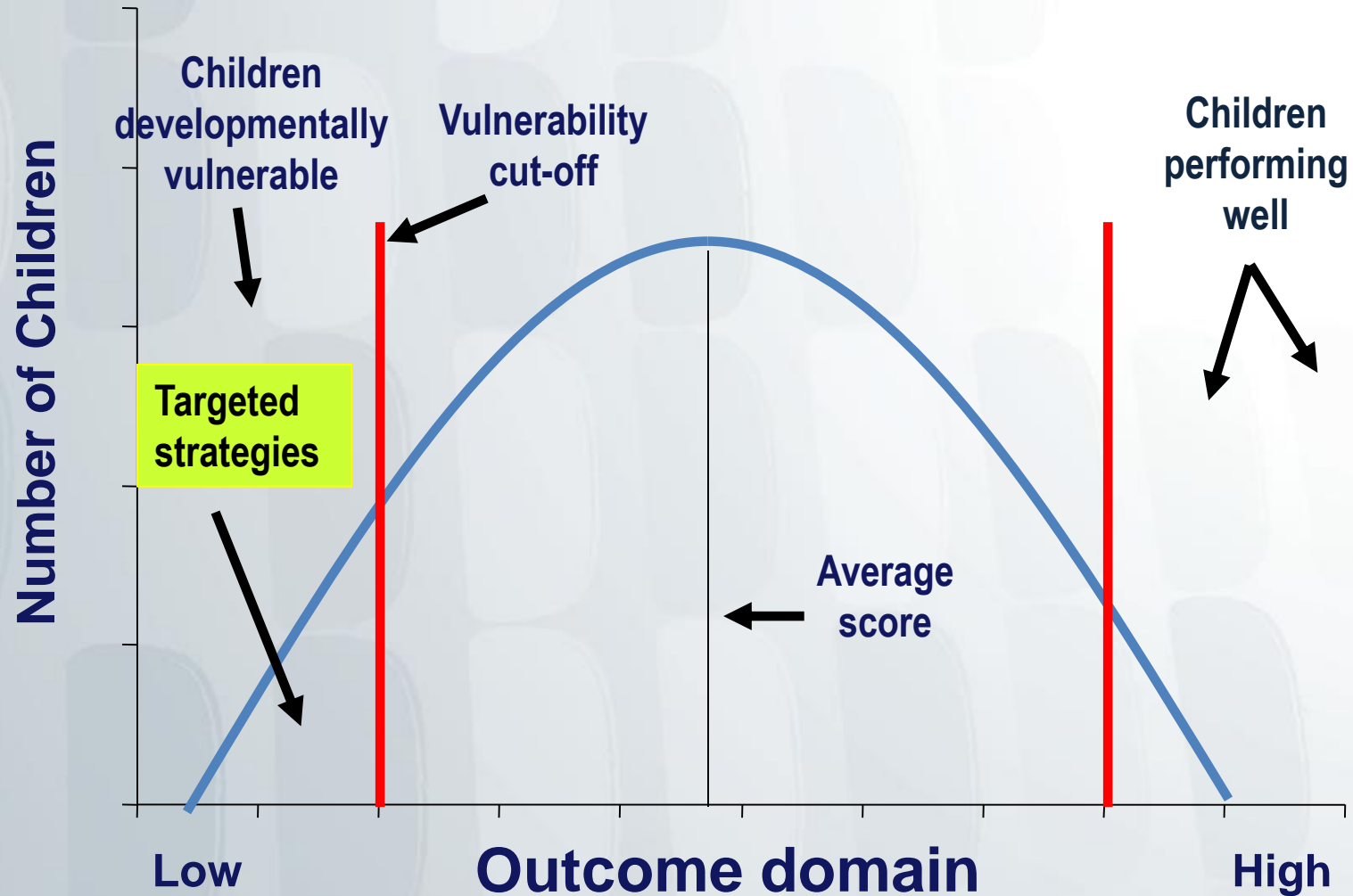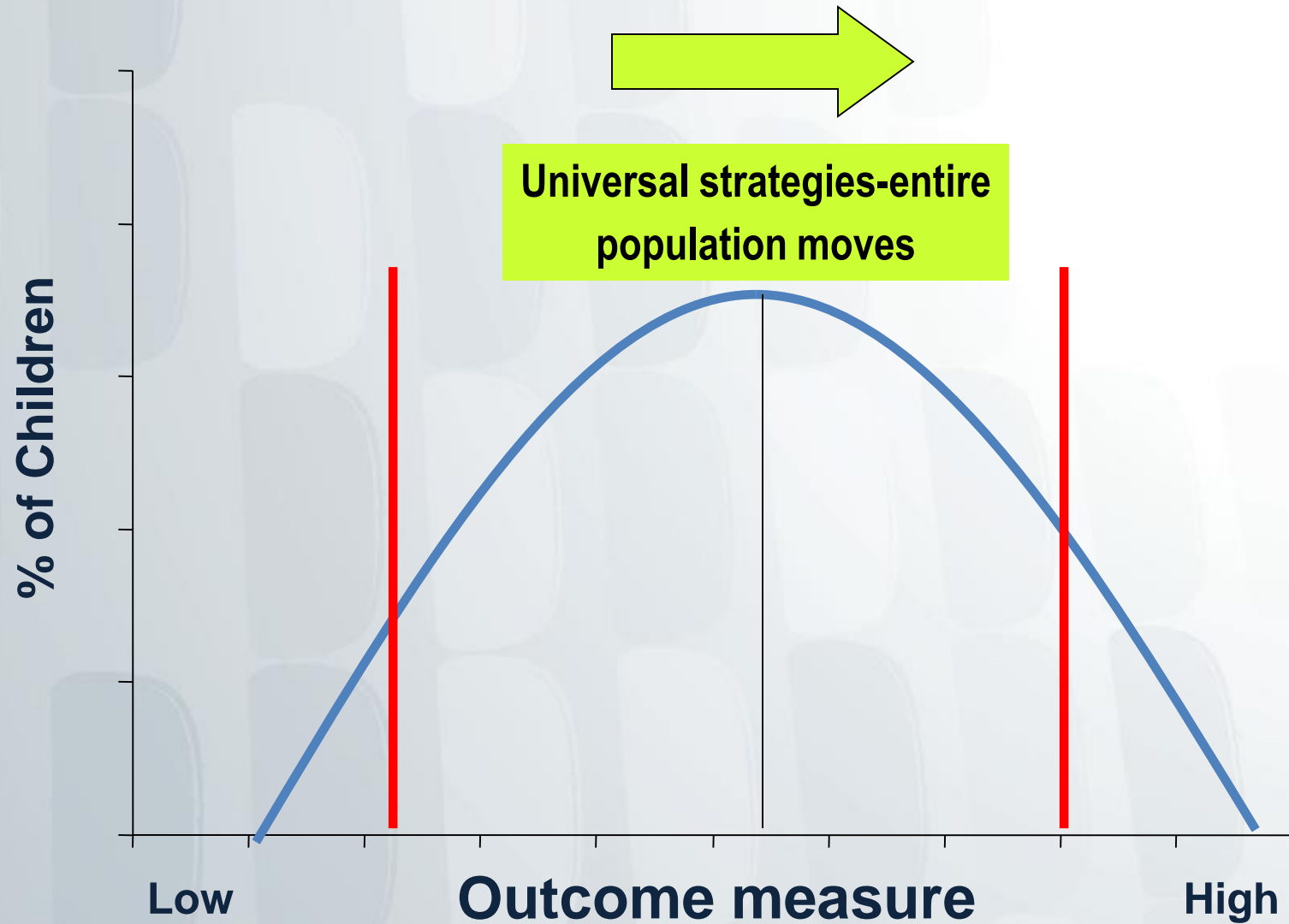but just one small change in a community can make a big difference to many children.

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How are the AEDI results reported?

Children who score above the 25th percentile (in the top 75 per cent) of the national AEDI population are classified as **'on track'.**

Children who score between the 10th and 25th percentile of the national AEDI population are classified as **'developmentally at risk'.**

Children who score below the 10th percentile (in the lowest 10 per cent) of the national AEDI population are classified as **'developmentally vulnerable'.**

50th percentile

25th percentile

10th percentile

On track

Developmentally at risk

Developmentally Vulnerable

10

AEDI domain score

0

The Royal **Children's** Hospital Melbourne

AEDI population curve

Universal strategies-entire population moves

% of Children

Low　　　　Outcome measure　　　　High

% of Children

Universal strategies-entire population moves

Targeted strategies decrease numbers of vulnerable

Gap narrows
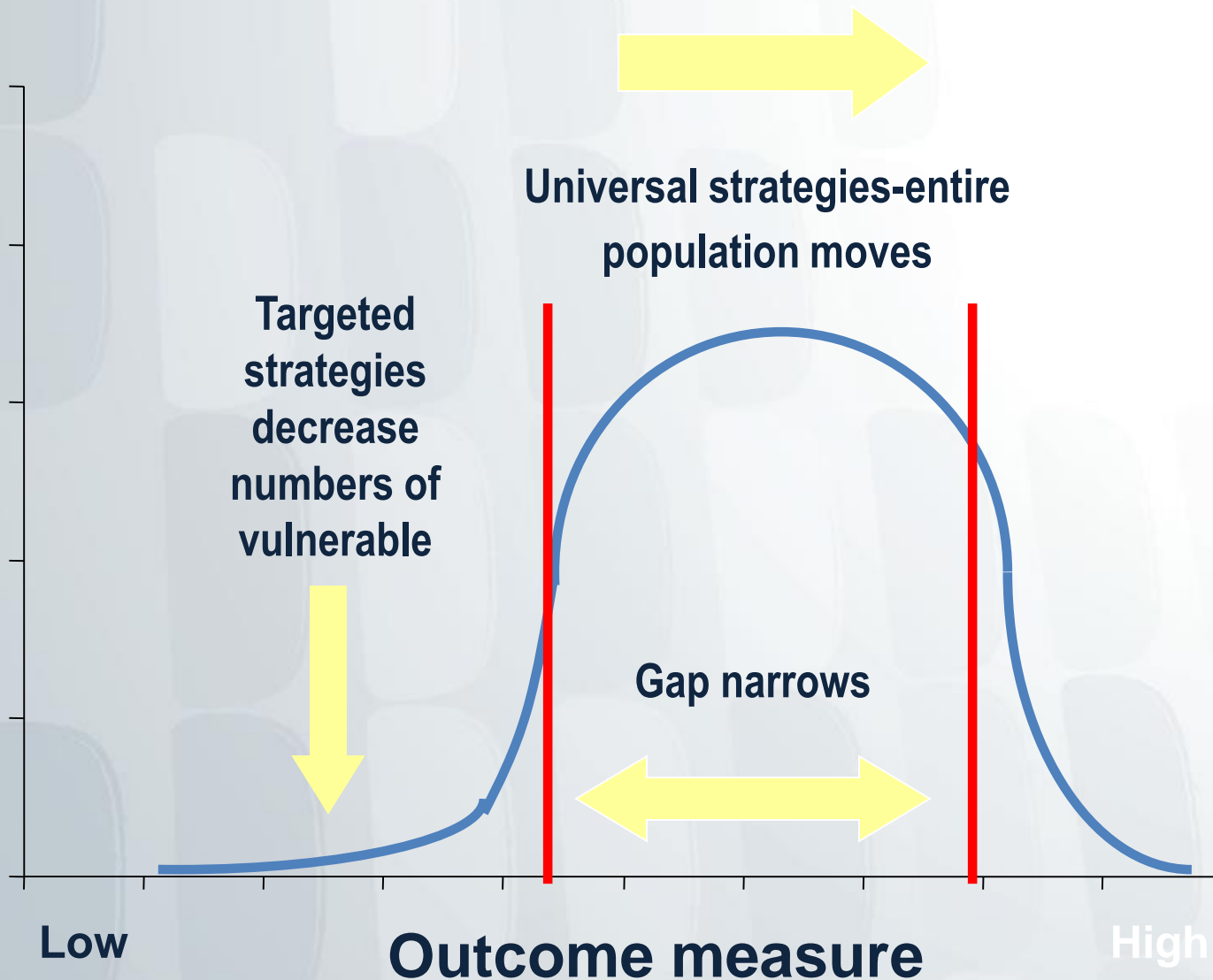
Low

Outcome measure

High

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The AEDI does not:

- Score individual children as developmentally vulnerable or performing well
- Identify if children have specific learning disabilities
- Recommend which children should be placed in special education categories, who should receive extra classroom assistance, or whether children should be held back a grade
- Recommend specific teaching approaches for individual children
- Reflect performance of school or quality of teaching

The AEDI can:

- Be used to raise awareness about the importance of the early years

- Be used with other community mapping and consultation processes to enable community mobilisation

- Provide a common language for the community to discuss the needs of young children

- Provide teachers with the opportunity to systematically reflect on all aspects of each child's development in the first year of school

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The AEDI can:

- Provide schools with the opportunity to reflect on the development of children entering school and to consider and plan for their optimal school transitions and future needs
- Provide a basis for identifying possible priorities for action in the community
- Provide communities with a tool to help understand what seems to be working well and what may need to change in their community to support families.
- Provide a baseline for measuring change in children's development over time

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The AEDI results

- For each of the five developmental domains, the following results are available
  - Number of children
  - Proportion performing well
  - Proportion developmentally vulnerable
  - Average AEDI scores-the median score of all the children
- The results are available in map and table format

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Proportion of children developmentally Vulnerable (%)

Average Scores (0-10)

Suburb	No	Phys	Soc	Emo	Lang	Com	Vul 1	Vul 2	Phys	Soc	Emo	Lang	Com
Braybrook	103	21.1	18.9	18.9	23.2	41.1	52.6	34.7	8.00	7.08	7.12	8.46	5.63
Footscray	93	10.5	3.5	12.8	4.8	15.1	26.7	14.0	8.86	9.17	8.46	9.23	8.75
Footscray West	97	15.4	13.2	9.9	14.6	20.9	44.0	18.7	9.00	8.33	8.08	9.62	8.13
Kingsville	21	5.0	10.0	5.0	5.0	15.0	20.0	10.0	9.32	9.38	8.56	9.42	8.44
Maidstone	56	9.8	21.6	9.8	24.0	31.4	47.1	29.4	8.64	7.50	7.31	8.65	6.25
Maribyrnong	32	3.4	13.8	6.9	0.0	27.6	34.5	10.3	9.09	9.58	9.23	8.85	8.75
Seddon	39	2.6	5.1	2.6	10.3	5.1	15.4	5.1	10.00	9.79	9.42	10.00	10.00
Yarraville	139	2.9	8.1	3.7	4.5	11.8	19.1	5.9	9.55	9.17	8.82	10.00	9.38

AEDI community mapping example

MARIBYRNONG AEDI community, Victoria

5 km West of Melbourne

SEIFA Index
Level of disadvantage

1. Most disadvantaged
2.
3.
4.
5. Least disadvantaged

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Level of disadvantage according to SEIFA Index (Socio-Economic Indexes for Areas)

Prepared by: AEDI National Support Centre, GIS 2001

Source: ABS SEIFA Index of Relative Socio-Economic Disadvantage

MARIBYRNONG AEDI Community, Victoria

AEDI
Australian Early Development Index
Building better communities for children

ESSENDON

AVONDALE HEIGHTS

ABERFELDIE

MOONEE PONDS

% of children vulnerable

■	>52.5
■	44.0 to 52.5
■	26.7 to 43.9
■	19.1 to 26.6
■	0 to 19.0

Maribyrnong

Maribyrnong River

ASCOT VALE

FLEMINGTON

Maidstone

SUNSHINE

Braybrook

Footscray

KENSINGTON

West Footscray

TOTTENHAM

Seddon

NORTH MELBOURNE

Kingsville

Melbourne CBD

BROOKLYN

Yarraville

DOCKLANDS

Yarra River

0   1   2
kilometres

FISHERMANS BEND

SOUTH MELBOURNE

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Proportion of children vulnerable on one or more domains

Source: AEDI Communities Data

MARIBYRNONG AEDI Community, Victoria

5 km West of Melbourne

% of children vulnerable

- >52.5
- 44.0 to 52.5
- 26.7 to 43.9
- 19.1 to 26.6
- 0 to 19.0

ESSENDON
AVONDALE HEIGHTS
ABERFELDIE
MOONEE PONDS
Maribyrnong
Maribyrnong River
ASCOT VALE
Maidstone
FLEMINGTON
SUNSHINE
Braybrook
Footscray
KENSINGTON
West Footscray
TOTTENHAM
NORTH MELBOURNE
Seddon
Kingsville
Melbourne CBD
BROOKLYN
Yarraville
DOCKLANDS
Yarra River
FISHERMANS BEND
SOUTH MELBOURNE

0   1   2
kilometres

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AEDI Developmentally vulnerable on one or more domains, 2012

AEDI Developmentally vulnerable on one or more domains, 2012 with schools layer turned

AEDI Developmentally vulnerable on one or more domains, 2012 with early childhood services layer

Frankston Community

'Visualising the evidence' mapping series, 2013

AEDI Developmentally vulnerable on one or more domains, 2012
with schools, early childhood services layer , urban growth, and transport

Frankston Community

'Visualising the evidence' mapping series, 2013

TO VIEW DATA LAYERS:
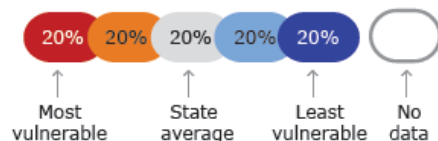
◁ Expand the MAP LAYERS menu, located in the left side panel of this PDF.

NB: Only the TOP-MOST activated data layer will be visible at one point in time.

Map legend

- Funded Early Childhood Service
- Non-funded Early Childhood Service
- Outside School Hours Care
- School - Government
- School - Independent
- School - Catholic
- Maternal and Child Health centre
- Hospital
- Health service
- Dwelling beyond 10km from ECS
- Train line
- Tram
- Bus route
- School bus route
- Urban Growth Area
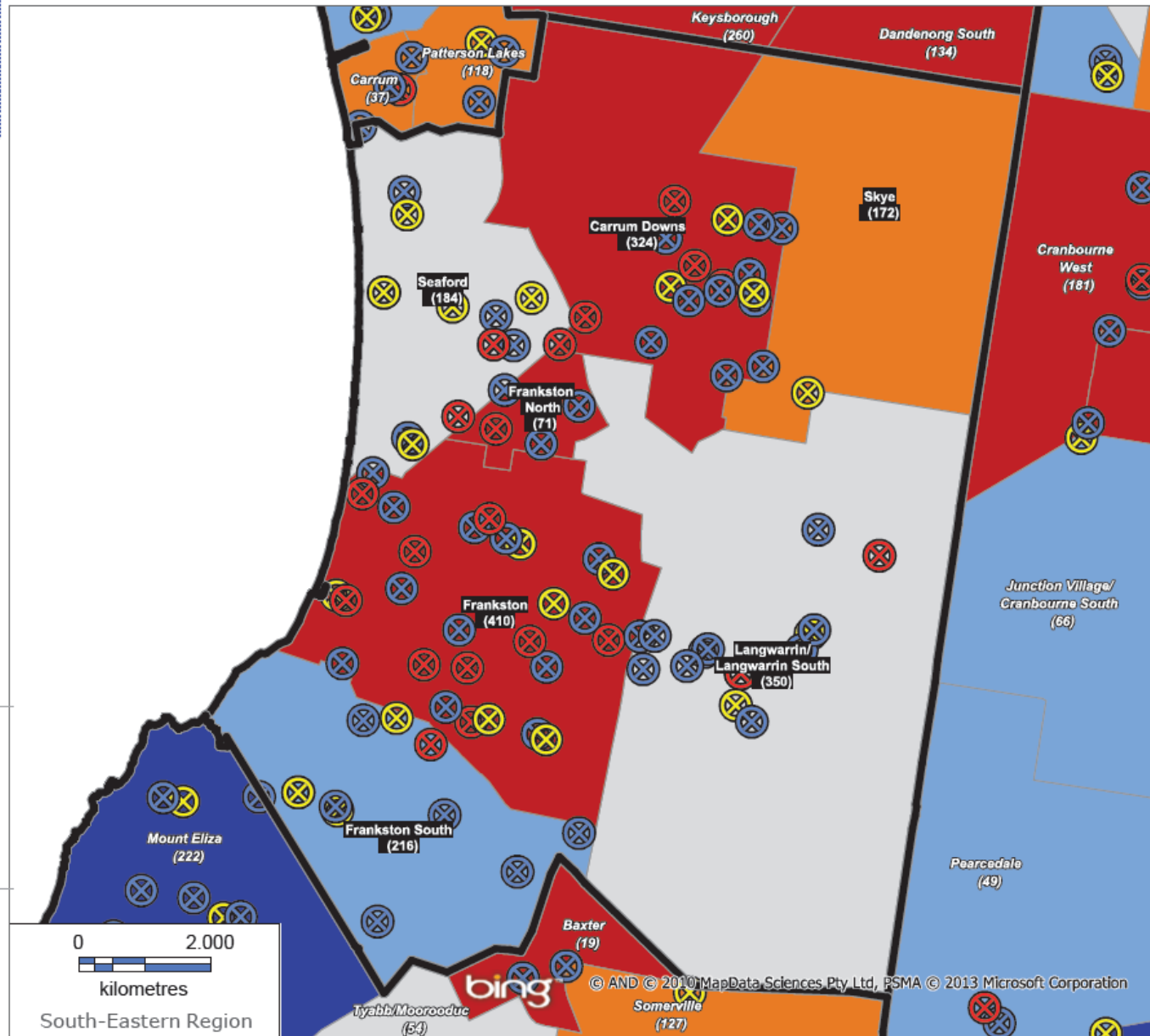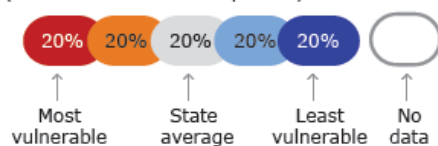- Reserve/parkland

Data layers legend
(Data bands are state-wide quintiles)

20%	20%	20%	20%	20%	
Most vulnerable	State average		Least vulnerable		No data
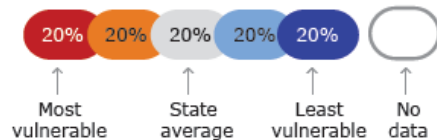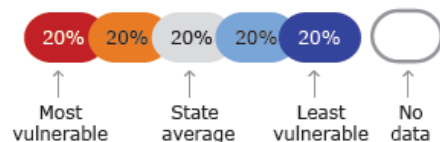
Results

- 2012 AEDI Local Community results
- 2009-2012 AEDI Community comparison

Geographic Information Systems| ECSEG |DEECD, June 2013

© AND © 2010 MapData Sciences Pty Ltd, PSMA © 2013 Microsoft Corporation
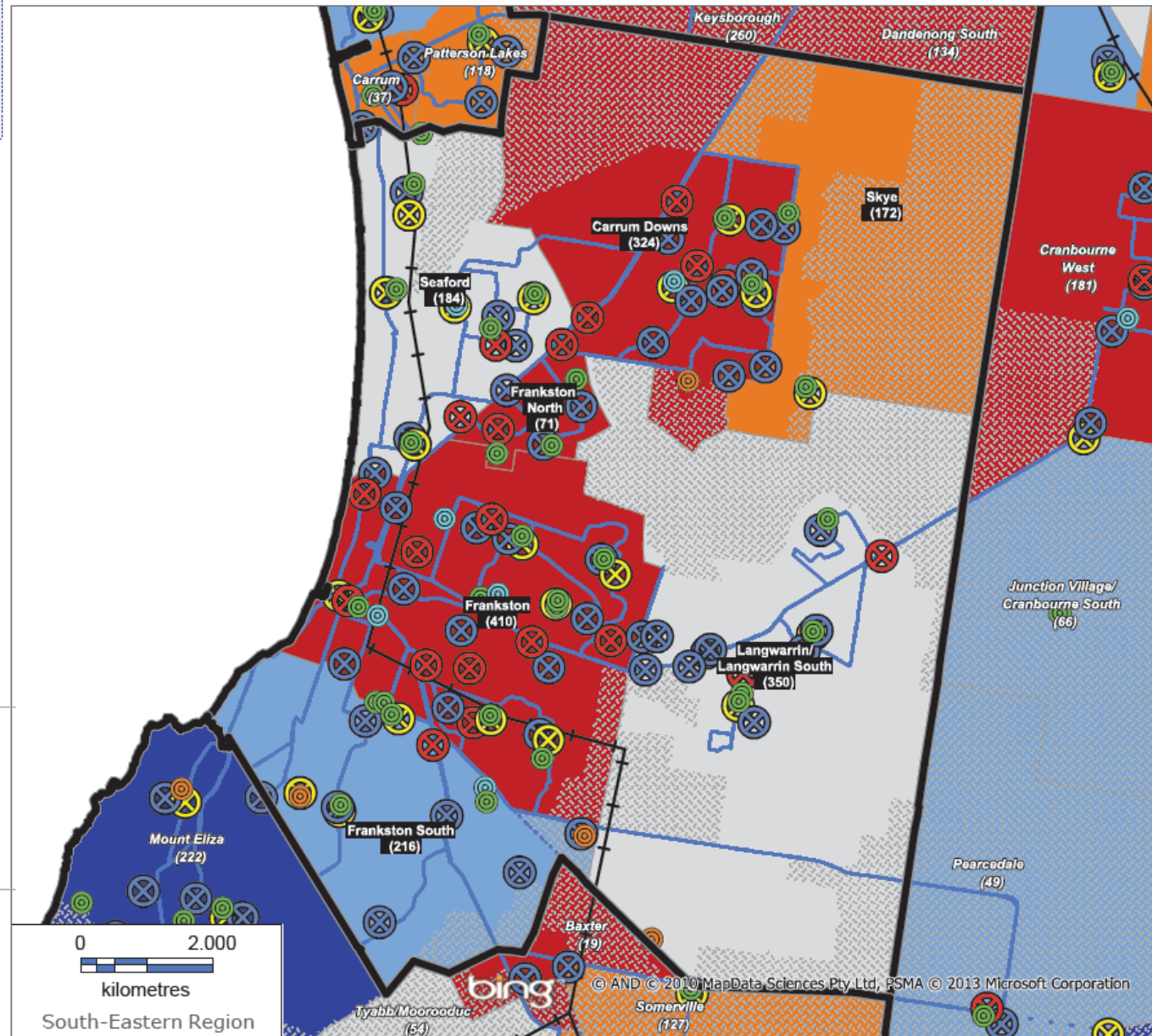
South-Eastern Region

Available layers of information to view in the mapping series

| Layers in Visualising The Evidence mapping series 2013 |
|---|
| AEDI labels |
| AEDI Community boundary |
| Schools |
| Early Childhood Service |
| Maternal and Child Health centre |
| Hospitals and Health Centres |
| Dwellings >10km from Early Childhood Centre |
| Public Transport |
| Urban Growth Areas |
| Parks |
| Road Map |
| AEDI 2012 DV1 (% developmentally vulnerable on one or more AEDI domains) |
| AEDI 2012 DV2 (% developmentally vulnerable on two or more AEDI domains) |
| AEDI 2012 PHYS (% developmentally vulnerable on the Physical Health and Wellbeing domain) |
| AEDI 2012 SOC (% developmentally vulnerable on the Social Competence domain) |
| AEDI 2012 EMO (% developmentally vulnerable on the Emotional Maturity domain) |
| AEDI 2012 LANG (% developmentally vulnerable on the Language and Cognitive Skills domain) |
| AEDI 2012 COMM (% developmentally vulnerable on the Communication Skills and General Knowledge domain) |
| AEDI 2012 PRESCHOOL (% children who attended preschool in the year before school) |
| AEDI 2012 READ TO REGULARLY (% children who were read to regularly at home) |
| Population change % from 2011-2021, by LGA (DPCD 2012) |
| Child Social Exclusion Index, by SLA (NATSEM 2006) |
| SEIFA disadvantage, by state suburb (ABS Census 2011) |
| Total population (usual residence), by state suburb (ABS Census 2011) |
| 0-4 yr old population (usual residence), by state suburb (ABS Census 2011) |
| Sole parents, % families by state suburb (ABS Census 2011) |
| Income, median personal weekly $ by state suburb (ABS Census 2011) |
| Unemployment, % by state suburb (ABS Census 2011) |
| Year 12 or equivalent completed, % >17 yrs by state suburb (ABS Census 2011) |
| Indigenous Year 12 or equivalent completed, % >17 yrs by SA2 (ABS Census 2011) |
| Total Indigenous population (usual residence), by state suburb (ABS Census 2011) |
| Fully breastfed at 3 months, % by LGA (DEECD 2011-12) |
| MCH attendance at 3.5 yrs, % by LGA (DEECD 2011-12 reporting year) |
| Fully immunised 24-27 months, % by LGA (ACIR March quarter 2012) |
| Low income (<$400/wk), % families with children by LGA, (ABS Census 2011) |
| Child abuse re-reports, % by LGA (DHS 2011-12) |
| Obese or overweight, % population by LGA (VPHS 2008) |
| Social housing, % dwellings by LGA (DHS 2012) |
| Overseas arrivals intended residence, rate by LGA (DIAC 2011-12) |
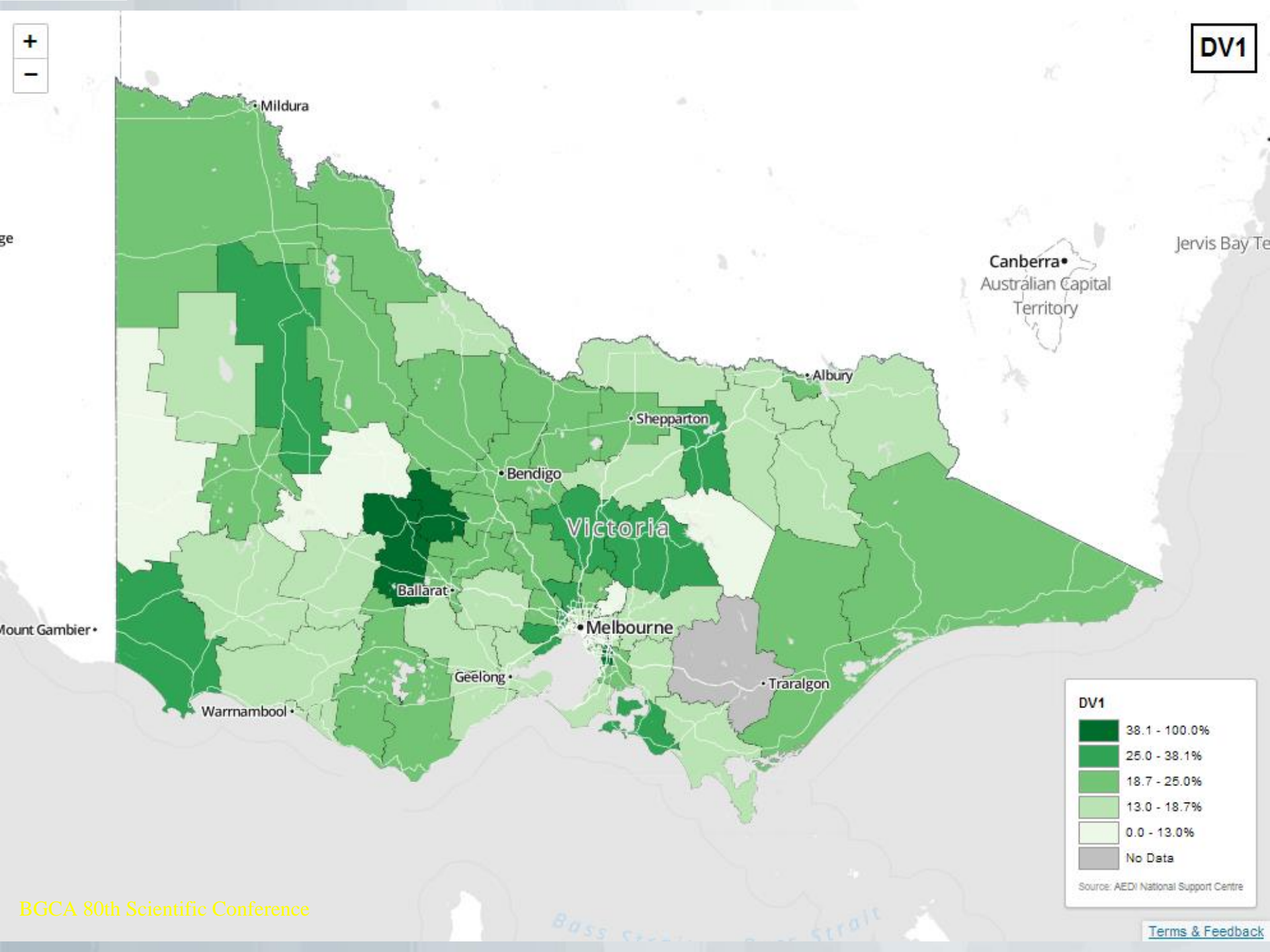
DV1

- 38.1 - 100.0%
- 25.0 - 38.1%
- 18.7 - 25.0%
- 13.0 - 18.7%
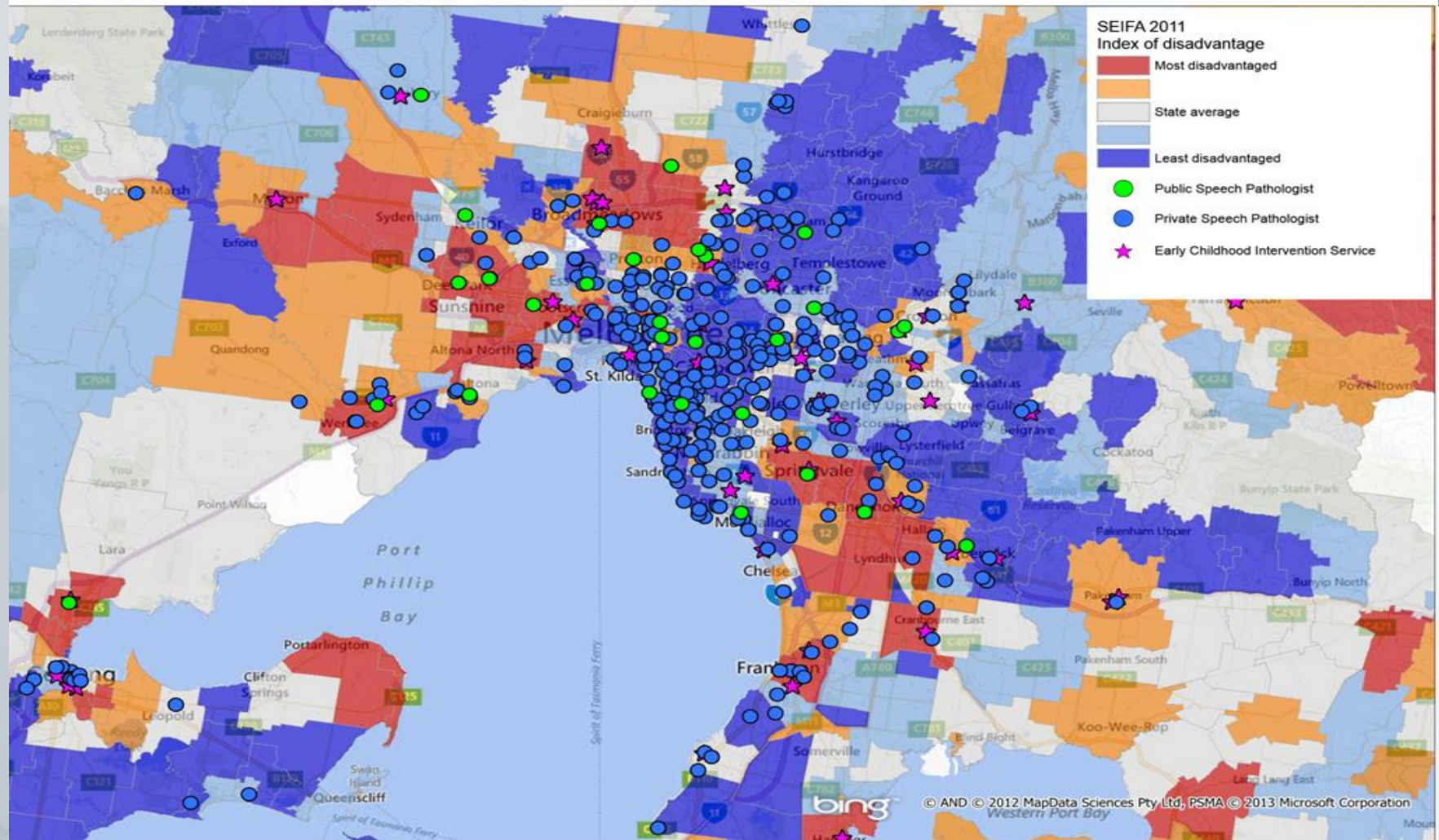- 0.0 - 13.0%
- No Data

Source: AEDI National Support Centre

Terms & Feedback

DV1

Legend (DV1):
- 38.1 - 100.0%
- 25.0 - 38.1%
- 18.7 - 25.0%
- 13.0 - 18.7%
- 0.0 - 13.0%
- No Data

Source: AEDI National Support Centre

Terms & Feedback
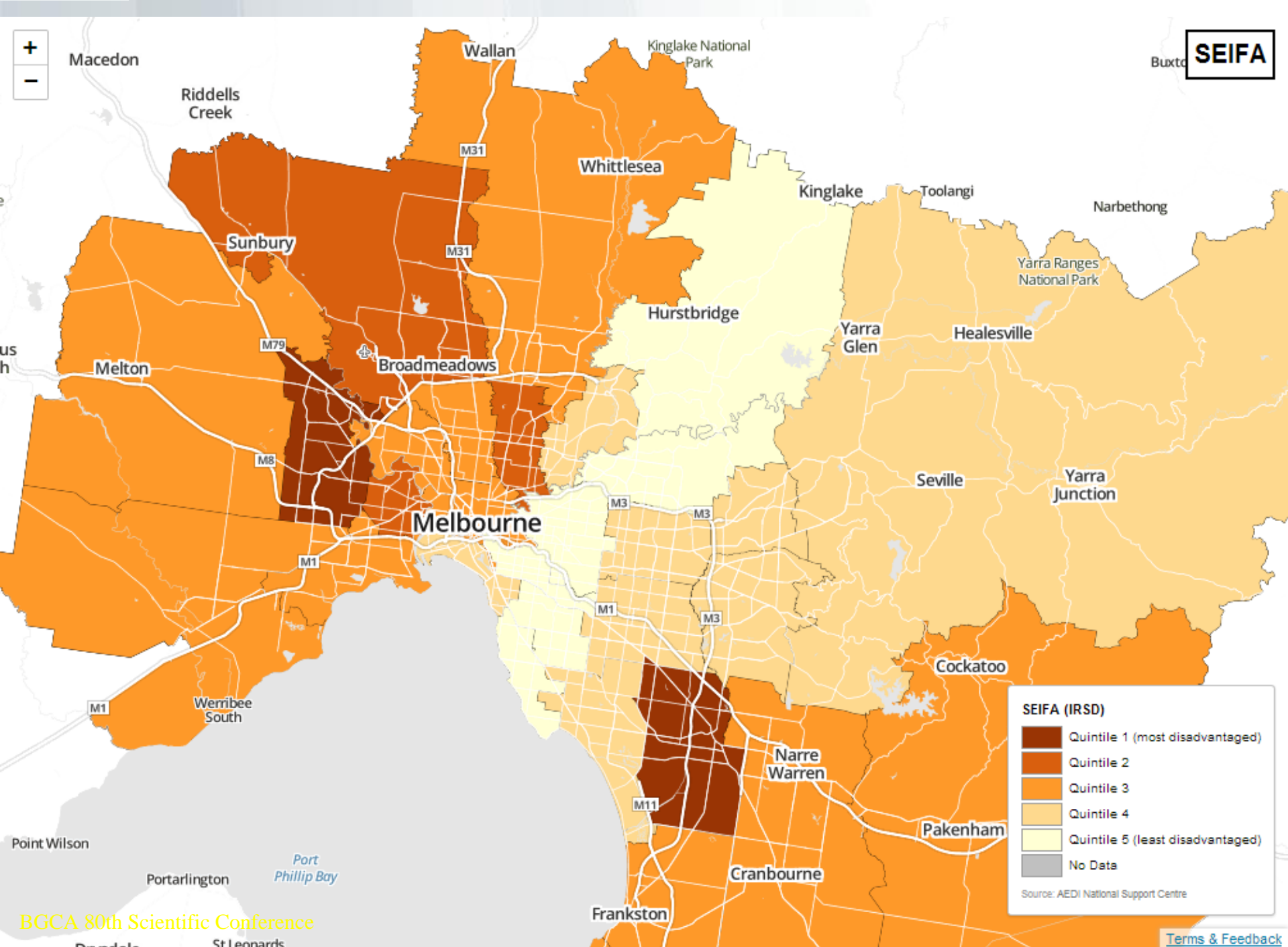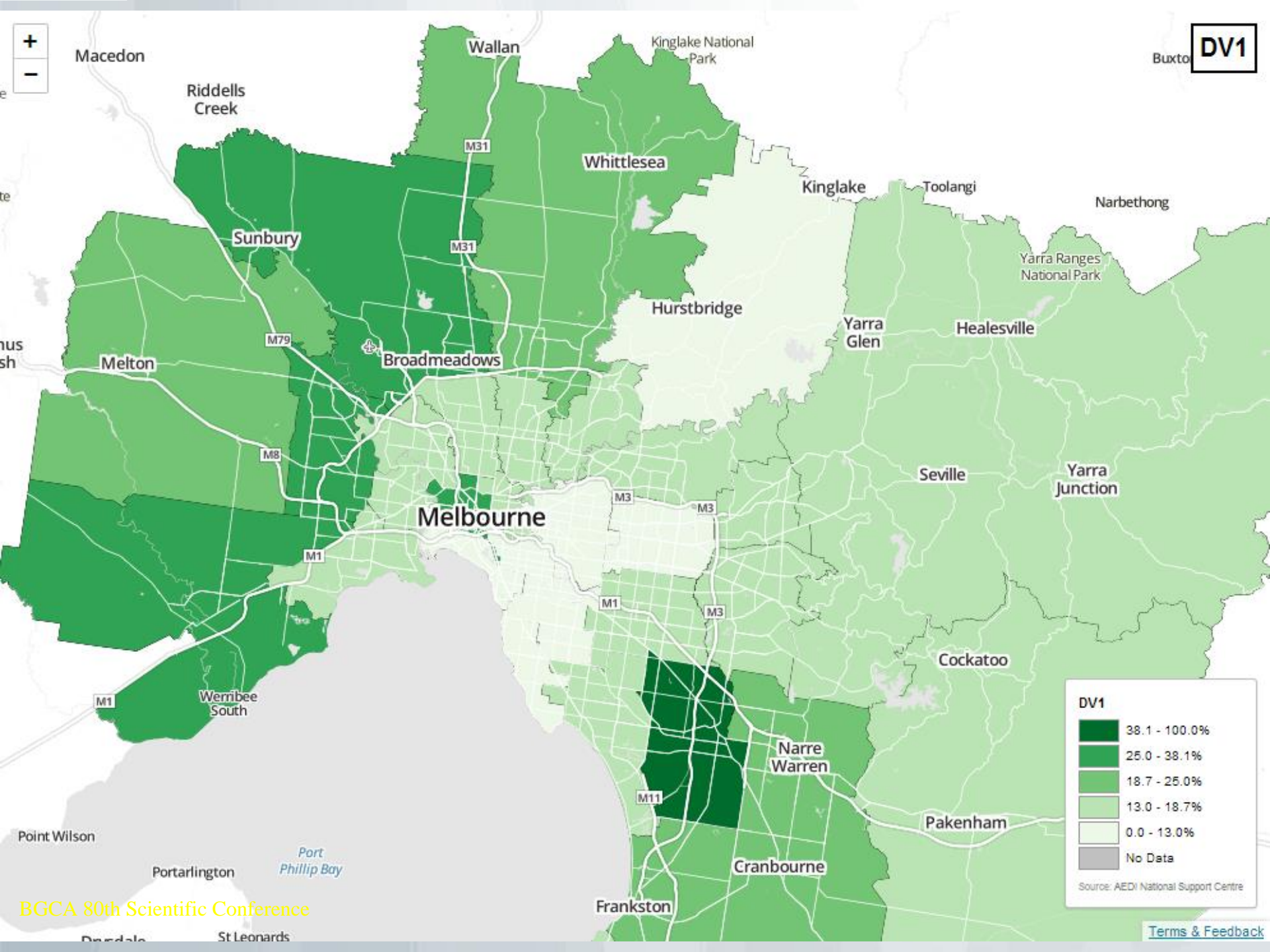
Locations of speech pathologists

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

SEIFA 2011
Index of disadvantage
- Most disadvantaged
- State average
- Least disadvantaged
- Public Speech Pathologist
- Private Speech Pathologist
- Early Childhood Intervention Service

Source: NHMRC CRE in Child Language, 2014

Centre of Research Excellence in Child Language

AEDI as outcome and baseline

- Outcome of what has happened in years before child commences formal schooling
- Baseline for future educational progress

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AEDI results are useful

- Children's teacher
- School principal
- Community ECD leaders
- Community program/services directors
- Local government planners
- Government policy makers

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AEDI helps break down service and professional silos

'…maps invite observers to contemplate a broad understanding of early development that transcends the boundaries of any single policy envelope…education, health, childcare, welfare or justice…'

- *Hertzman (2006)*

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AEDI helps to create partnerships

- When first considering using the EDI
- Interpreting and acting on the results
- Asking the question why?
- Community responses to EDI results
- Provides best chance of local community ownership and sustainability (Offord)

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AEDI mobilizes communities around ECD

- Raises awareness of ECD
- Provides surprises
- Answering the question 'why.'
- Breaks down silos
- Informs service planning
- Prompts new policies and programs
- Encourages innovative community responses
- Supports argument for additional resources

AEDI can be a reality check

- Vulnerability spans all neighborhoods

- Proportion of vulnerable children greater in disadvantaged areas, actual numbers greater in sum of middle class areas though thinly spread - ie focusing only on disadvantaged areas would miss majority of vulnerable children

- Makes case for universal services

Communities can use the results to:

- To pinpoint strengths in communities as well as what can be improved
- Focus effort in the areas of greatest need
- Identify where there are service gaps and where change in service provision is needed
- Monitor early childhood development over time and create effective community-based responses
- Attract new funding into the area

Community ownership and responsibility

- Tension between central government control vs allowing communities to choose interventions and programs - ie community-led versus prescriptive

- Every community different – demographics, resources, service mix, challenges, aspirations

- The future is about 'different' as well as 'more' - this is very challenging

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- 'Lo unico que se hace desde arriba son los pozos.'
  - *Eduardo Galeano*

- 'The only thing you can make from up to down is holes.'

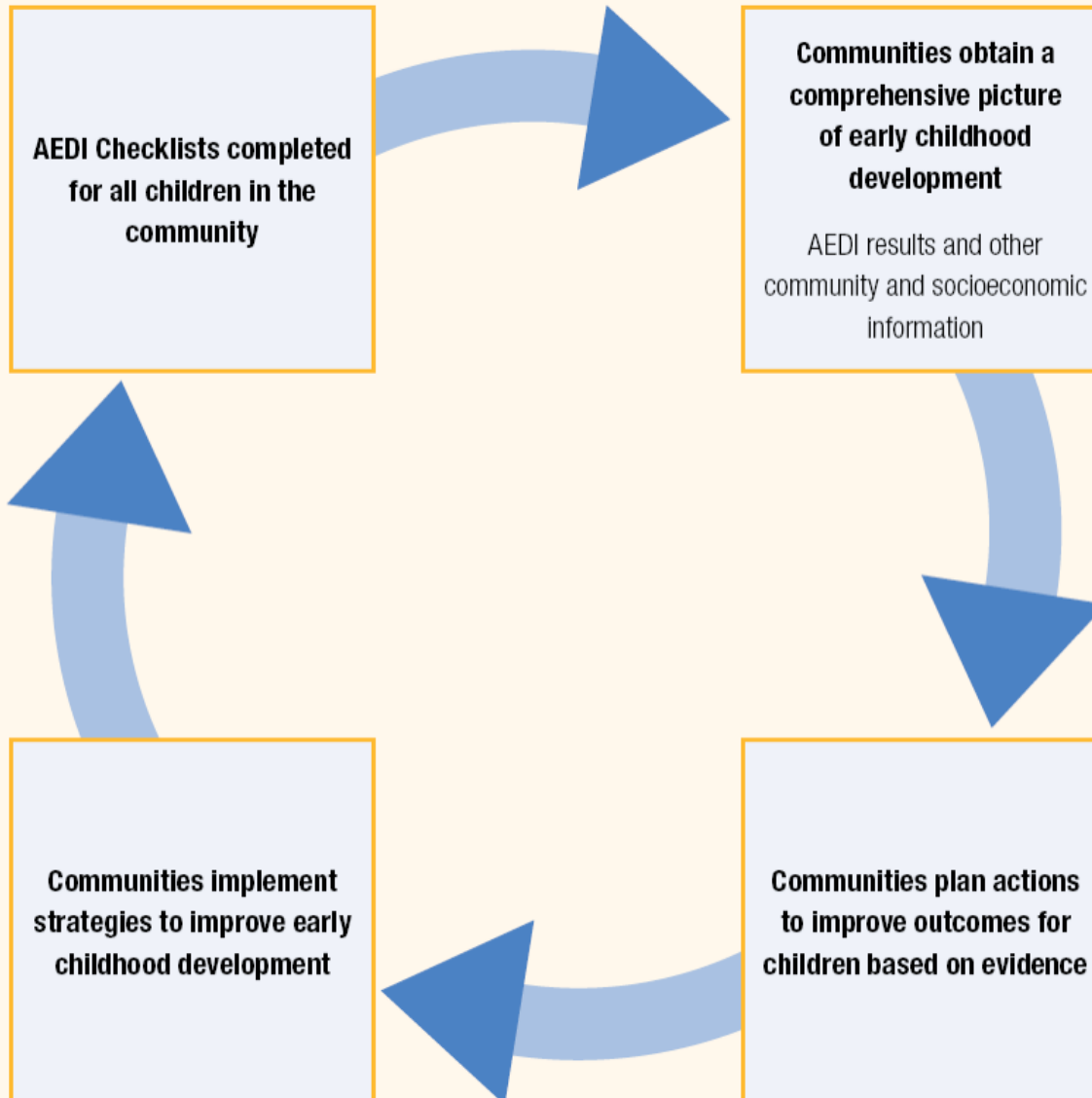 *(All other things that are made are created from the bottom)*

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Community and neighbourhood as a platform for change
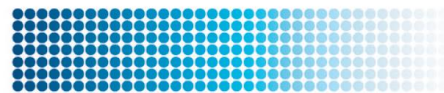
Centre for Community Child Health
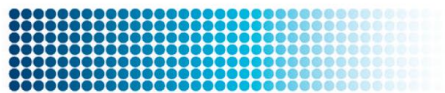
A snapshot of place-based activity promoting children's wellbeing

Collaborate for children: scoping project

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

November 2014

The 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

Key features of place based approaches

- Age span – two generations
- Defined geographic area
- Community engagement
- Focus on coordination of service system
- Actions adapted to local needs
- Multilevel approach – simultaneously addressing several aetiological factors that impact on children ('intervention stacking')

Collective Impact
By John Kania & Mark Kramer

Common Agenda

Continuous Communication

Shared Measurement System

Backbone Organisation

Mutually Reinforcing Activities

The Royal **Children's** Hospital Melbourne

The importance of reliable data

'…the process of collecting and reporting data becomes an intervention (part of the community change process.'
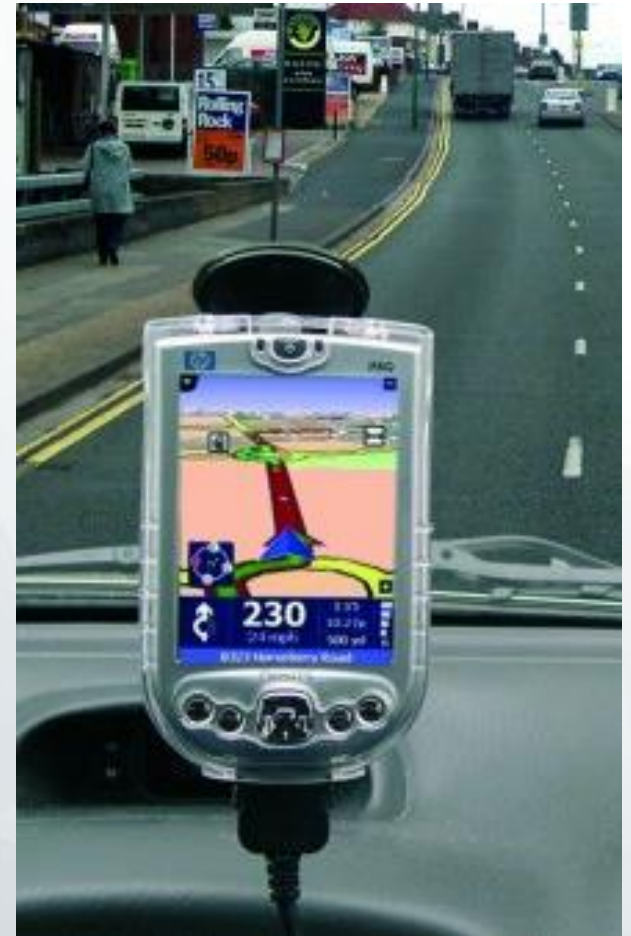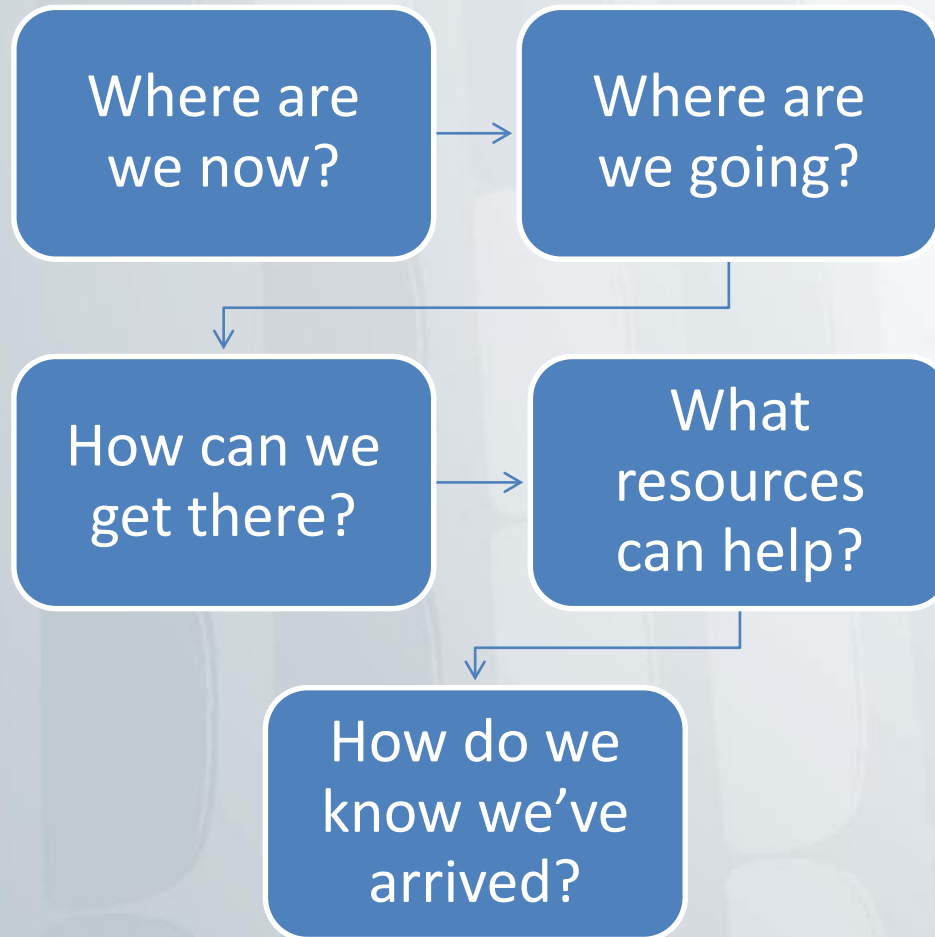
- Moore et al, 2014

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'Coming together is a beginning,
staying together is progress,
and working together is a success.'

- Henry Ford

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The beginning of partnerships

- Start anywhere, start small
- Not rocket science
- All about (respectful) relationships
- Co-design
- Mapping community services and resources
- Universal services – 'soft entry points' into the system
- Formal structures follow informal networks
- Intent and commitment more critical than money and resources
- There are no they – everyone is a leader
- Takes time; patience and persistence are virtues

Platforms roadmap

Where are we now? → Where are we going?

How can we get there? → What resources can help?

How do we know we've arrived?

The 'Platforms' concept

- Builds on the notion that young children and their families make contact with a wide range of community based providers in the early years - GPs. community (MCH) nurses, child care centres, preschools and schools

- Reconceptualise each of these encounters into a 'platform' from which to provide timely support to parents, elicit and respond to parent concerns, detect early signs of dysfunction or delay, treat or refer appropriately

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Development of Platforms

- Review of literature and websites

- Discussion and critique of other systems in Australia and internationally

- Internal debates regarding conceptual model - countless 'new drafts

- Critical feedback from prominent national panel and from colleagues visiting from UK, USA, Canada

- Informed by work with diverse communities (CCCH mission statement)

- Testing with communities and stakeholders - seminars

Platforms

A Service Redevelopment Framework

Centre for Community Child Health

The Royal Children's Hospital Melbourne

Communities Improving Outcomes for Children

Murdoch Childrens Research Institute

Start: Get started

Step 1 : Raise awareness

- Why change
- What to change
- How to change

Step 2: Gather support

- Identifying key stakeholders
- Developing your relationships

Build: a community partnership

Step 3: Establish or strengthen a partnership

- Identify and invite potential members
- Hold first partnership meeting

Step 4: Create a shared understanding of how you will work together

- A working together agreement

Step 5: Create a vision

- What is the change you all agree on?

Learn

- Step 6: Plan collection of information
  - Using the ecological model
- Step 7: Collect information
  - Primary and secondary data
  - Asset mapping and needs assessment
- Step 8: Make sense of the information
  - Collate and analyse
  - Identify priority areas

Plan

Step 9: Plan the difference you want to make

- Outcomes

- Objectives and impact indicators

Step 10: Consider the evidence (and identify what the community can contribute)

- Research evidence

- Practice wisdom and community values

Plan

Step 11: Plan how you will make the difference

- Strategies

- Activities and process indicators

Step 12: Develop a work plan

- Implementation plan

- Evaluation plan

Implement

Step 13: Identify your continuous improvement team and make the plan happen

- Establish activities and backbone support

Step 14: Implement, monitor and adapt

- Implement using the continuous improvement approach

Review

Step 15: Evaluate the change for children, families and the community

Step 16: Reflect on the change in service delivery and culture and practice

Step 17: Consider next steps

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'Nothing hard is ever easy'

- Don Berwick

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Measuring impact

'The biblical method of evaluation – we looked, and we saw that it was good.'

- Leon Polnay

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Evaluation

'…the difficulty in demonstrating the effectiveness of place based interventions is also a reflection of the difficulty of knowing how best to address complex social problems…A sound understanding of how to address complex social problems is perhaps the greatest challenge that governments, services and communities now face.'

- *Moore et al, 2014*

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Thank You!

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- www.rch.org.au/ccch

- www.raisingchildren.net.au