

Australian Government policy approaches to equity in early childhood

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Abstract

In the last ten years, early childhood has become recognised as the pre-eminent time to take action on reducing global health inequities. This study analysed the early childhood strategies of three Australian State Governments to assess action and achievement in addressing early childhood health inequities by acting on the social-economic or 'upstream' determinants of health. This inquiry was undertaken using textual analysis of policy documents and interviews with public servants in Victoria, South Australia and the ACT. The findings suggest that the three States have an agenda for tackling early childhood inequities, with a growing appreciation for how this may be achieved through policy action on socioeconomic determinants. Governments will however need to strengthen an intrinsic whole-of-government commitment to equity in the early years, which will require an overarching commitment to human rights and a renewed dialogue about health inequities in the Australian community.

Introduction

Inequities in early childhood

A global consensus has emerged as to the unique power of tackling global health inequities through action in early childhood (Commission on Social Determinants of Health, 2008). There is now a compelling evidence base to suggest that the positive and negative socio-environmental exposures during the first eight years of life are pivotal in determining a child's social, emotional and physical achievement across the lifecourse (Maggi, Irwin, Siddiqi, & Hertzman, 2010). To varying degrees within and between countries, there is an inequitable distribution of these negative and positive exposures (Grantham-McGregor, et al., 2007). This pattern is closely related to a disparate spread of socioeconomic resources across families in terms of wealth, living conditions, levels of education, social capital and parenting skills (The Marmot Review, 2010). The observation that inequities in childhood invariably remain entrenched into adulthood (Turrell, Lynch, Leite, Raghunathan, & Kaplan, 2007), creates a strong rationale for early interventions to promote equity (Joseph Rowntree Foundation, 2008).

A compelling case for reducing early childhood inequities has been made by many governments from both socio-economic and moral-philosophical perspectives (Bennett, 2008). The seminal work of Heckman (2006) drew attention to the significant human capital "payoff" from investing in early childhood development (ECD). This investment has similarly been viewed as a means of preventing many health and social problems later in life, such as crime, mental illness, family breakdown and chronic disease (Mikkonen & Raphael, 2010). This is strongly supported by the growing body of work suggesting that more equitable societies perform better across a number of social measures including rates of crime, teenage pregnancy and substance abuse (Wilkinson & Pickett, 2009). Others have viewed pursuing health equity to be fundamentally driven by the ethical principles of distributive and social justice (Daniels, Kennedy, & Kawachi, 1999) which provide rationales for affirmative action that maximises opportunities for health by disadvantaged groups (Rawls, 1971). This ethical argument for pursuing health equity can be further strengthened by its conceptual overlap with core human rights principles, such as the right to the highest attainable standard of health and the prerequisite standards of living required to realise this (Braveman, 2010).

These arguments provide strong impetus for government action on early years inequities in Australia. The recent *National Report on the Australian Early Development Index* (Centre for Community Child Health and Telethon Institute for Child Health Research, 2009) showed significant disparities in the risk of developmental delay between Australia children: in the lowest and highest socioeconomic quintiles; from remote compared to urban geographic areas; from Aboriginal and Torres Strait Islander backgrounds compared to their non-Aboriginal counterparts. It is apparent that Australia trails many economically comparable OECD nations across key indicators of childhood inequity (ARACY, 2008). A recent report by UNICEF (2008) showed Australia consistently lagging behind a number of Northern and Western European countries across benchmarks associated with lower inequities in early childhood.

Government actions to address inequities in early childhood

No single intervention or piece of legislation provides a “silver bullet” solution to inequities in early childhood. Fulfilling specific benchmarks on a league table of interventions may prove to be of little value unless a comprehensive, coherent and systematic approach is taken to equitably distributing wealth, supporting families, providing fair access to early childhood services and ultimately how we value children in our society. The Early Childhood Development Knowledge Network (ECDKN) of the recent World Health Organisation (WHO) Commission on the Social Determinants of Health (Commission on Social Determinants of Health, 2008) brought together “early years” experts from around the world with a view to mobilising governments towards such an approach (ECDKN, 2007). The ECDKN demonstrated that early childhood is not only an important social determinant of health (SDH)—that is the social, economic and political conditions that influence our health and the social policies that determine these conditions (figure 1)—but is itself governed by a unique set of social determinants. These SDH of early childhood are described in the ECDKN conceptual framework as “spheres of influence” and provide potential policy entry points through which government can drive equitable outcomes in the early years (figure 2).

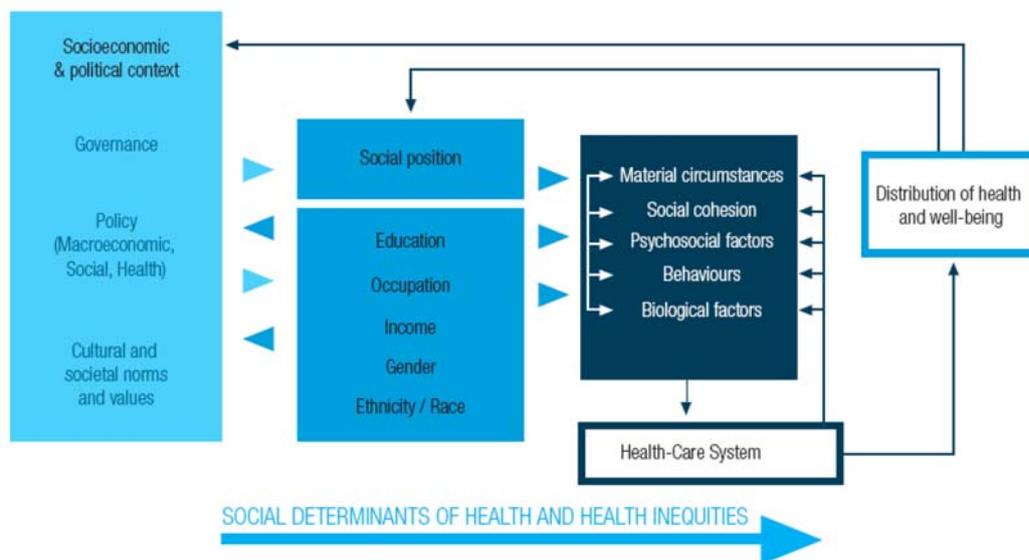


Figure 1

FIGURE 1: TEAM-ECO SCHEMATIC

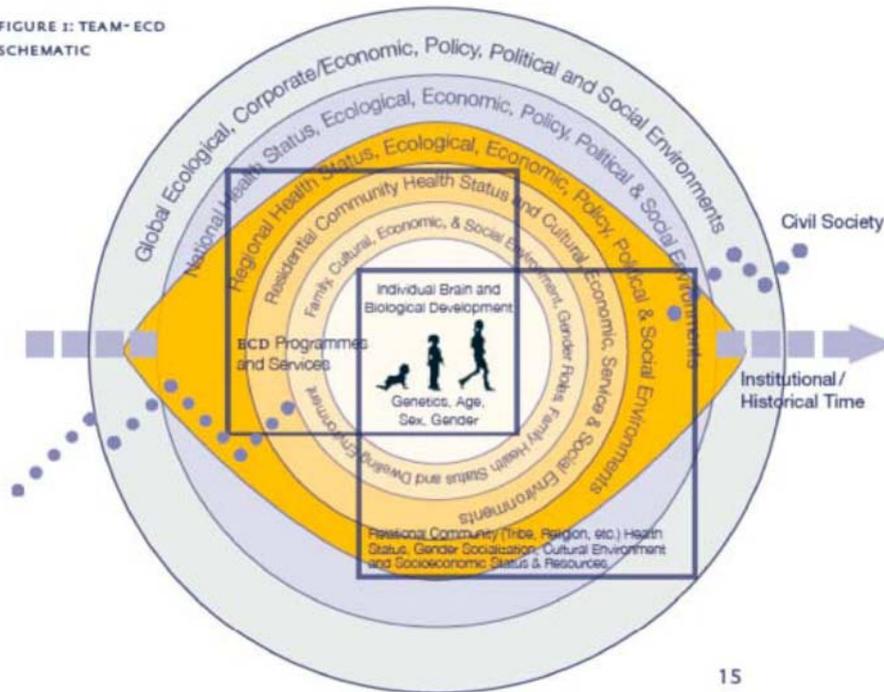


Figure 2

Ultimately, it is these planned actions by governments in the form of public policy that play a key role in addressing health inequities through action on the SDH (Whitehead, 2007). Rawls (1971) extends this to the point that if systematic differences in health arise as a consequence of social position within a society; government has failed in its responsibility. An important practical aspect of this political action for equity in the early years is the assessment of existing policies. Along this line of inquiry, Newman et al. (2006a) undertook a systematic assessment of Australian Federal, State and Territory policies looking for evidence of action on the SDH to address health inequities. Their analysis showed a continuum of action and across the nine government jurisdictions. This study builds on that work by providing a more focused analysis of early childhood strategy and by incorporating key theoretical advances in the global understanding of SDH policy since 2006.

This study focuses on three State Governments (Victoria, South Australia and the ACT) in asking the question: To what extent do the strategic directions of Australian Governments demonstrate evidence of action and achievement in addressing early childhood health inequities through engagement with the social determinants of health?

Methods

This study used both interviews with public servants and textual analysis of policy documents to assess early childhood strategic direction in each of the three States. The work was broadly positioned within the argumentative-subjectivist research (ASR) paradigm described by Fischer and Forester (1993). This paradigm uses a qualitative approach to policy analysis rather than the more traditional quantitative approach, arguing that it is better placed to offer the kind of conceptual reorientations that may raise questions of a more fundamental kind about existing policies (Finch, 1986). ASR views policy-making and evaluation as an ongoing dialogue between government and societal actors helping to facilitate moral reflection on key policy issues. It also provides the necessary medium for translating these reflections into better policy and related implementation processes (Knaap, 2005). The ASR approach to this study not only influenced the choice of research design but also the nature of the interaction between researcher and participants—most of whom were policy-makers.

The prestructured case methodology, first described by Miles (1990), was chosen as the research design. This method begins with a detailed case outline that is informed by existing conceptual frameworks and that in effect forms a prospective shell for the data to be collected (Miles & Huberman, 1994). A number of field visits

progressively feed data into the shell which itself is iterated throughout the process (figure 3). The use of this method was apt given the strong influence of the ECDKN conceptual framework in guiding the policy analysis.

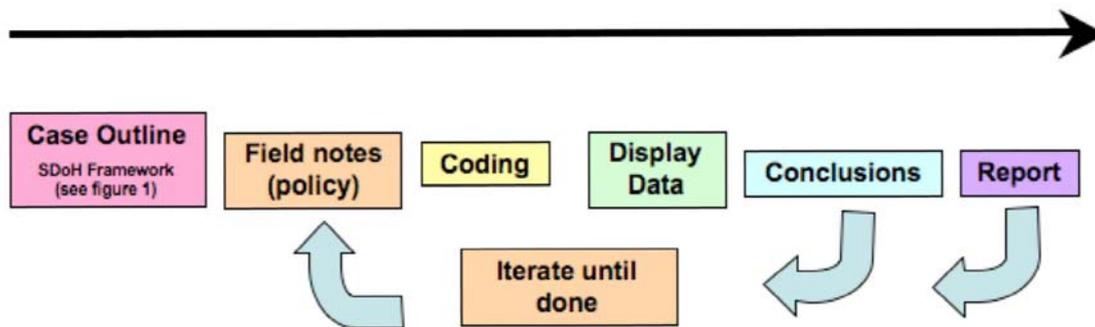


Figure 3

Data collection

A mixed-purposive sampling strategy was used to identify policy-makers for interview and policy documents for analysis. This strategy allowed for the triangulation of three sampling techniques in helping to produce the most desirable sample for the study research question (Patton, 1990). Criterion sampling—in which all cases must meet a particular set of criteria for inclusion (Miles & Huberman, 1994)—was used to identify an initial set of policies from State Government websites. The research question and aims informed a search protocol that was used as the inclusion criteria for policy documents. The search included documents up until December 2010 and spanned all Government departments. A total of 26 documents were identified across the three States.

Reputational case sampling—in which cases are chosen on the recommendation of a ‘key informant’ (Goetz & LeCompte, 1984)—was used to triangulate data collection methods by asking ministerial staff and public servants to identify important policy documents. This led to the sample being refined to 19 documents. Key informants were also invited to take part in a semi-structured interview, of which six were undertaken (3 face-to-face, 3 by phone) across the three States. Finally, a snowball sampling technique was employed in which key informants were asked to identify colleagues with particular experience or knowledge of the early childhood policy arena that the researcher could contact for interview.

Data interpretation

Data interpretation followed the three-step process of data reduction, data display and conclusion drawing described by Miles and Huberman (1994). Data reduction involved the development of a ‘policy review framework’ that physically formed the pre-structured case outline for analysing policy documents and interview transcripts. The review framework was adapted from that used by Newman et al. (2006b) and further incorporated the work of the ECDKN in analysing State strategic policy directions in early childhood. The framework analysed policy for a commitment to addressing health inequities in early childhood, action on the SDH, processes for intersectoral cross-government action (ISA) and measurement/evaluation mechanisms.

Key text identified in each of the policy documents and interview transcripts was subsequently fed into a data display document that reflected the main themes of the review framework. Each policy and interview transcript had its own display. The displays from within a particular State jurisdiction were then read together across each theme using the argumentative-interpretation technique described by Yin (2009). This led to the writing of a case summary for each State.

The review framework and documentary references for each State are available from (<http://www.monash.edu/depm>). The analysis is based on documents up to and including December 2010.

Findings

This section provides results in two parts. The first discusses progress by the three jurisdictions across the key themes of the policy review framework—as judged by the documentary and interview evidence outlined above. The second part provides short summaries for each of the three jurisdictions, highlighting strategic strengths and areas for improvement.

Generally speaking, Victoria has the strategy that most clearly demonstrates an appreciation for the lifelong effects of inequities in early childhood and the SDH that help generate them. This conclusion is based on the fundamental role early childhood has in State social and economic strategy; its strong presence within the Victorian social inclusion plan *A Fairer Victoria* (Department of Premier & Cabinet, 2010); and its dedicated ministry within Cabinet. South Australia demonstrates a similarly strong commitment through its statewide *Strategic Plan* (Department of Premier & Cabinet, 2007b) and its ministry dedicated to early childhood. South Australia's *Children's Centres for Early Childhood Development and Parenting* (Department of Education and Community Services, 2010) policy is evidence of a solid, cross-government, determinants-based approach towards equity in the early years. The ACT demonstrates a more implicit 'whole-of-government' commitment than Victoria and South Australia; evidence of which coming from stakeholder interviews rather than Statewide strategy documents. The ACT's *Children's Plan* (Department of Health, 2010a) represents an innovative and holistic approach to acting on the SDH of early childhood.

Policies and staff within all three jurisdictions conceptually acknowledge the importance of early childhood to subsequent social/educational achievement across the lifecourse. Furthermore, a conceptual understanding of the SDH of early childhood is implicitly demonstrated by each the jurisdictions. The ACT's *Children's Plan* and Victoria's *Growing, Learning, Thriving* policy (Department of Education and Early Childhood Development, 2010), respectively adapt the ecological model of child development (Bronfenbrenner, 1979), which they use to hierarchically map policy across different spheres of influence. Victoria is the jurisdiction that shows the most balanced strategy across family, service and community-level spheres of influence. The ACT shows the strongest engagement with the community level spheres of influence having implemented a range of initiatives aimed at building community social capital and environments for dynamic early learning. South Australia specifically uses the services sphere as a conduit to engage with family and community-level determinants. An appreciation for the importance of national and global spheres of influence was less strong across all three jurisdictional strategies, which some policy-makers explain is due to the perceived policy overlap with the Commonwealth government. Moreover, while the respective strategies did demonstrate good engagement with family, service and community level spheres of influence, a number of policy-makers identified the incomplete mechanistic understanding that jurisdictions still have of how different social determinants work to improve/worsen early childhood outcomes in their communities. One policy-maker explaining that:

We currently hypothesise that there are community level factors at the suburb and local government level that influence children's development. What these factors are is currently unknown. How they play out locally is also interesting. If you hypothesise that all these State and National policies (determinants) are operationalised in the same way, why are our AEDI (Australian Early Development Index) results so different at the local level... its as if there is a prism at the local level that bends these policies in a way that they work out differently for children.

All three jurisdictions show commitment to various interpretations of improving outcomes in disadvantaged/vulnerable groups within the context of improving outcomes for all children. South Australia was the jurisdiction that displayed the strongest commitment to improving outcomes in the Aboriginal community. In a similar vein, the importance of targeted services for vulnerable groups within the context of a universal service platform is clearly demonstrated by policies such as Victoria's Enhanced Child and Maternal Health Services (ECMHS), South Australia's targeted approach to Aboriginal children within their *Children's Centres* framework and the ACT's Parenting Enhancement Program. The importance of a blended targeted/universal approach was emphasised by one policy maker:

When you solely offer universal services without thinking it through, you get disproportionate uptake by the middle class and an increase in inequities. More and more, the thinking is that you need to target off a universal platform, because the dose and type of delivery is [otherwise] insufficient... to address some of the real drivers of inequities.

The ACT *Children's Plan's* Interdepartmental Committee (IDC) is the most conspicuous example across the three jurisdictions of ISA in early childhood. However, informants in both Victoria and South Australia described various interdepartmental early childhood committees, some as high as the Ministerial level that would seem to facilitate this process successfully in these States. Victoria leads the way in monitoring equity-related outcomes in early childhood, with its strong uptake of the AEDI used in conjunction with its nation-leading VCAMS dataset. South Australia sets out a number of locally responsive indicator areas, such as child and family vulnerability, that will be measured through their Child Centre's framework as well as linking AEDI outcomes to its Statewide strategic plan. Policy-makers in the ACT admit room for improvement in this respect.

The following State summaries outline specific strength areas and those that have room for improvement.

Victoria

Victoria has a prominent early childhood strategy evidenced by its high level of integration into State strategic planning documents. Victoria has been a national leader in the early childhood arena, as evidenced by its 2007 National Reform Agenda document *Victoria's Plan to Improve Outcomes in Early Childhood (Department of Premier & Cabinet, 2007a)*. Early childhood is central to the State's social inclusion strategy *A Fairer Victoria*, which alludes to a strong 'human capital' rationale for investing in early childhood. While this rationale was confirmed in key informant interviews, policy-makers also referred to an implicit philosophical commitment to addressing inequities in the health, development and access to opportunities of Victorian children based on 'participatory democracy' and 'social justice' rationales. This is fundamentally established in *Victoria's Charter of Human Rights and Responsibilities* (Victorian Equal Opportunities Commission, 2006, p. 2), which states, page number "everyone is entitled to a fair go". *A Fairer Victoria* (p. 3) explicitly actions this principle of fairness—through policies such as the ECMHS and the 3 year-old kindergarten access scheme for children from disadvantaged families—showing that fairness really is 'at the centre of [the] government's vision for Victoria'.

Victoria also demonstrates a good contemporary understanding of the early years SDH framework. There is a particularly strong focus on building stronger family environments through policies aimed at increasing parenting skills and social capital. This is demonstrated through innovative programs like the Early Years Home Learning Project, which openly aims to reduce the consequences that disadvantage has on families. Developing a comprehensive and highly integrated set of accessible early childhood services and a high-quality early years workforce has been a real flagship of the Victorian Government's strategy.

ACT

While reference is made to early childhood in both *The Canberra Plan* (Chief Minister's Department, 2008) and the *Canberra Social Plan* (Chief Minister's Department, 2004), its role in the ACT's strategic social and economic development is less pronounced than in Victoria. This observation is partly explained by the time at which each of these documents was published, which predated much of the National action in early childhood. However, key informants from the ACT highlighted the centrality of ECD to whole-of-government direction through the collaboration demonstrated within the IDC, as well as the 'high levels of engagement' demonstrated by other departments during consultation for the writing of the 2010 version of the *Children's Plan*.

While ACT documents do not make explicit reference to SDH frameworks, there is both a solid working knowledge of the SDH by policy-makers and a number of policy initiatives that demonstrate this. Both the *Canberra Social Plan* and the *Canberra Children's Plan* allude to the concept of early childhood as a SDH in pointing out an increasing body of evidence that points to the importance of investing in children to enhance their life opportunities. The *Children's Plan* shows a strong commitment to acting on the family and particularly community spheres of influence. The plan took a unique and innovative approach in its development, consulting extensively with young children during the process. The result is a policy that aims to create a 'child-friendly' city through initiatives that encourage cultural and religious tolerance, social capital building, neighbourhood renewal and improved access to public transport and housing.

The ACT puts forward a strong case for the consideration of children in all government policies. The ACT *Children's Plan* Interdepartmental Committee (IDC) is an important initiative to this effect. The IDC comprises membership of senior level executives from every ACT Government department that meet regularly to drive strategic change and coordination within government. The *ACT Human Rights Act* (ACT Human Rights

Commission, 2004) is consistently referred to across all strategic policy, with key informants describing its guiding role in the protection of the communities' health in all government policy.

South Australia

South Australia is the jurisdiction that shows the least evidence of a coherent early childhood strategy within government-wide strategic documents. While specific ECD outcome measures are prominent within the State strategic plan, the centrality of early childhood to South Australian strategic direction is less than clear. The State's Social Inclusion Initiative (South Australian Social Inclusion Board, 2009) makes comparatively little mention of early childhood compared to similar documents in Victoria and ACT. However, conversations with policy-makers in both the Health Department and Department of Education and Child Services (DECS) helped uncover an extensive early years plan, with high levels of support from the Department of Premier and Cabinet that is less than conspicuous within publicly available policy documents.

The flagship item of South Australia's early years plan is the 2010 *Children's Centres for Early Childhood Development and Parenting* policy. The Children Centres look to use both universal and targeted approaches to improving early childhood outcomes and providing equitable access to services. The centres are used both as a platform for engaging with vulnerable families and creating local communities that 'provide physical and social environments that support children's development and family wellbeing'. The 2009 *South Australian Children's Centres Health & Wellbeing Framework* (Department of Health, 2009), which preceded the 2010 Children's Centres policy, demonstrates the SDH understanding that has clearly influenced the early years strategy in this jurisdiction. The framework clearly articulates the 'wide range of personal, family, social and environmental factors' that influence 'health and health-related behaviour' by a interacting in complex ways with 'the cumulative impact of multiple risk factors' that can negatively impact upon early childhood development.

South Australia has a high functioning interministerial committee focused on childhood development signifying a strong whole-of-government commitment to collaborative action. Furthermore, South Australia is a global pioneer in ISA through the *Health in All Policies* (Department of Health, 2010b) initiative. This initiative has thus far operated by identifying a particular issue e.g. water shortage, and brings together relevant stakeholders from across government to devise collaborative policy solutions. To date early childhood has not been subject to the Health in All Policies 'lens'.

Discussion and conclusions

This review of early childhood strategic policy across three State governments suggests that the jurisdictions studied understand the importance of achieving equity in the early years and have at least some policies aimed at increasing equitable outcomes. Policy-makers in each jurisdiction have an acceptable knowledge of the SDH, which is reflected in government strategies that coherently engage with multiple spheres of early childhood influence. The importance 'proportional universalism' (The Marmot Review, 2010) is clearly demonstrated across all three jurisdictions who all commit to delivering a set of high-intensity targeted services to disadvantaged groups within the context of universal access schemes. This study does suggest that achieving equity in early childhood has been well incorporated into current core economic and social strategic direction of all three States. While Victoria seems to have the most extensive infrastructure to deliver on these commitments, this observation most probably reflects the fact that the three jurisdictions are at different time points on similar strategic trajectories.

This review contributes an initial insight into the commitment State governments in Australia have to achieving equity in the early years and the policy strategies that are being used to realise this. In operationalising the WHO CSDH and ECDKN conceptual frameworks to develop policy analysis tools for mapping SDH-related early years policy, the review has contributed to the work of other groups who have previously used policy review frameworks to assess Government action on inequities through the SDH; both locally (Newman, et al., 2006a) and internationally (Crombie, Irvine, Elliott, & Wallace, 2005). Importantly, this study represents only a small part of a much larger assessment that needs to be undertaken. The interconnected nature of the SDH requires us to examine policy across the whole life course and at every level of government if we are to act meaningfully on health inequities (Solar & Irwin, 2007).

The review thus makes the following conclusions concerning future directions through which action on the SDH to reduce inequities in early childhood could be strengthened in the three jurisdictions studied:

- 1 It is suggested that achieving equity in the early years could be further reinforced as a core aim in whole-of-government strategy by all three jurisdictions. By doing this, it can become an even more integral component of social and economic development and ensures it is a key consideration in the development of all government policy;
- 2 It is suggested there be a greater appreciation of national and global spheres of influence or the so called 'upstream' SDH; those that continue to inequitably distribute power and resources in our community resulting in disadvantage being entrenched. A potential vehicle for this approach is the utilisation of a prominent Human Rights Act. While human rights legislation already exists in both Victoria and the ACT, they are both limited in their current scope to civil and political rights. It is suggested that both these jurisdictions could start discussions about the potential expansion of this important legislation (and for its creation in South Australia) to include social and cultural rights, including early years health, as well as including key concepts from the *United Nations Convention on the Rights of the Child* (UN General Assembly Convention on the Rights of the Child, 1989). These pieces of legislation can act in both as a passive 'tick box' that all legislation must satisfy and as an active stimulator of new policy;
- 3 While all three States show evidence of effective systems for ISA in early childhood health, it is suggested that each jurisdiction continue to strengthen communication strategies across government so as to ensure a shared and coordinated approach to early childhood in all policies;
- 4 All three jurisdictions show evidence of using policy learning's from other States or countries e.g. the strong influence the English Social Exclusion policy framework on the development of *South Australia's Social Inclusion Initiative*. It is suggested that governments could benefit from driving a strong and locally responsive research agenda that expands our understanding of the SDH in early childhood and developing high quality interventions that engage with these determinants to produce equitable outcomes;
- 5 In order for the results from this research imperative to become a reality it would be within an environment of increased political momentum for action on health inequities by government. A good example of how this momentum can be catalysed was the significant impact the South Australia "thinker in residence" Fraser Mustard (Department of Education and Community Services, 2008) had in putting early childhood equity at the forefront of the State government's agenda. A more pronounced dialogue and examination of health inequities in Australia could be practically achieved through an Australian Commission on Health Inequities, similar to which has just taken place in the United Kingdom (The Marmot Review, 2010).

While these conclusions do not set out to give Governments a clear and concise list of policy recommendations, they have hopefully introduced or re-exposed policy-makers and early childhood activists to key areas of thought and bodies of literature related to social justice. In line with the argumentative-subjectivist research paradigm within which this study is set, it is hoped that this research is significant in that it stimulates a dialogue with Government that allows for a degree of moral examination of strategic direction resulting in a fairer, more just society for young Australians. This study has demonstrated that Governments in Australia have an agenda for tackling inequities in early childhood with a growing appreciation for how this may be achieved through action on the SDH. Governments will however need to strengthen an intrinsic whole-of-government commitment to equity in the early years, which will require an overarching commitment to human rights and a renewed dialogue about health inequities in the Australian community.

Acknowledgments

The authors would like to thank the many staff in the three States who gave their time to be interviewed for the study and who forwarded the relevant policy documents for their jurisdiction.

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