THE UNIVERSITY of ADELAIDE

Witness Statement
Royal Commission into Early Childhood Education and Care

The North

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BETTERSTART
Health and Development Research

Better
Evidence

Better
Outcomes
Linked
Data platform

make history.

Who we are

The *BetterStart* Health and Development Research Group comprises inter-disciplinary researchers from epidemiology, public health, criminology, paediatrics, biostatistics, and psychology who are trying to better understand how to ensure infants and children have the best start in life that will enhance their health, development and human capability formation over the life course.

Acknowledgement

We would like to acknowledge the data in this statement represent serious experiences that can have a lifelong impact on children and families.

Using data in this way is only one way to tell important stories, however, we hope that this work contributes to ensuring South Australia is able to make more informed decisions about how best to support children and families.

Contact us

[redacted]

Who we are

John Lynch is Professor of Epidemiology and Public Health in the School of Public Health, University of Adelaide. Professor Lynch leads the BetterStart Health and Development Research Group.

Dr. Pilkington is an expert in child protection epidemiology and co-leads BetterStart.

Alicia Montgomerie is lead analyst in BetterStart.

Jessica Dobrovic works with BetterStart on understanding demand and supply for service provision.

Our research is both empirical and interventional. Over the last decade, this has included epidemiological analysis of child protection, poverty, housing, youth justice, developmental vulnerability, child health inequalities, and childcare. Our goal is to understand how early life conditions impact life chances, and what we can do to improve early life conditions.

The BEBOLD platform

Much of the data presented in this witness statement is sourced from South Australia's social and health data asset – the **B**etter **E**vidence **B**etter **O**utcomes **L**inked **D**ata (BEBOLD) Platform.

The BEBOLD platform includes de-identified data on over 500,000 children and young people born from 1991 onwards, and their parents and carers. State and Commonwealth data sources span the health, human services, welfare, education, justice, and social systems. Children not born in SA are included in the data platform if they enter the state and use SA services. BEBOLD is Australia's most contemporary, comprehensive collection of routinely collected whole-of-population data.

We have delivered over 70 research briefs and reports to the SA government over the past 7 years. We have used the BEBOLD platform in partnership with nearly every government agency in SA across health, human services, treasury, education, and justice to inform 1) defining policy relevant populations (e.g. size, characteristics); 2) understanding patterns of service use and service overlap across different agencies (e.g. transitions from child protection to youth justice); and 3) evaluating policy relevant outcomes of service provision.

The decade-long build and millions of dollars of investment into the BEBOLD platform supports research to inform and evaluate approaches to intractable health and social problems such as poor child development, mental health, child maltreatment, and intergenerational disadvantage, while preserving confidentiality and privacy.

Our vision for the BEBOLD platform: the 'data we need'

Our vision for the BEBOLD platform is to provide an intelligent and sustainable data infrastructure to underpin efforts to improve outcomes for disadvantaged children, young people, families, and communities.

Without a smart data infrastructure it is hard to know what works. That information infrastructure has to be purpose designed in parallel with service innovations, not as an after-thought assigned to out-sourced evaluations that are always limited by the 'data we have' rather than 'data we need.'

Our position

- **Think ecosystem**

  Early Childhood Education and Care (ECEC) is a backbone of a child and family well-being ecosystem. We welcome initiatives for expansion of ECEC. Such initiatives must be positioned within the explicit understanding that they are a crucial part of the broad "child and family well-being ecosystem". [1]

  For individuals, families, and carers the journey from conception to young adulthood can be experienced as a series of unconnected silos – each one a system in itself – the antenatal care 'system', the child protection 'system', the postnatal care 'system', the childcare 'system', etc.

  An enduring challenge for government has been to get siloed systems to 'work together'. But each individual 'system' was not purpose built or resourced to connect, integrate and collaborate with other 'systems'. While each 'system' may require internal reform, it is also the overall ecosystem that has to be coherent from the perspective of nurturing, scaffolding and creating human, family and community capital and inter-generating well-being.

  Innovations in ECEC have the potential to innovate the entire ecosystem in the early years by being designed to link across existing systems, creating coherent transitions from one system to another especially for the most disadvantaged young children.

  ECEC is the major bridge between the health system that dominates care and support up to age 2, and the formal education system beginning at around age 5. It is in this unique position as a bridge that creates the potential for ECEC to drive better 'pull' from the health system and better 'push' into the education system.

  ECEC must have an outreach mentality, capacity, and cultural competency, as well as the data needed to know if they are reaching priority populations who are most at risk of poor development, child protection contact, later developmental vulnerability and poorer educational and well-being outcomes.

  A child well-being ecosystem must
  - be set up to reach and support populations experiencing underlying drivers of poorer outcomes including poverty, housing stress, unemployment, domestic and family violence, poor mental health, and drug and alcohol issues
  - connect all the major social institutions that comprise the early years from health to child protection, ECEC, and education
  - connect the major government run systems to non-government service providers and to communities
  - be set up to achieve measurable outcomes at individual, carer and community level
  - be set up to innovate
  - be set up to test, learn and adapt to drive continuous improvement

- **"Thriving Families 2025-2045" a future state for a child and family well-being ecosystem**
  Thriving Families 2025-2045 is a generational view that provides a platform for a shared vision of how a child and family well-being ecosystem should operate by 2045. It deliberately has a generational focus that proposes an 18-month co-design process to develop specific strategies to build a child, young person and family well-being ecosystem in SA.

  The work behind "Thriving Families 2025-2045" was funded by the University of Adelaide who engaged ZED Management Consulting, and has been developed in close consultation and validation with over 25 agencies working in the non-government sector.

  Thriving Families 2025-2045 comes from a different place (research and non-government agencies) than other government strategic documents, while also being consistent with them. Thriving Families 2025-2045 elaborates 6 Principles and 8 Levers for Change.

- **The North: simple facts of population growth demand a focus on the North**
  By 2041, the North of Adelaide will add between 5,000 - 10,000 children aged 0-4, and 10,000 - 20,000 children and young people aged 5-17. This means by 2041 there could be as many as 140,000 children and young people in the North. The current population aged 0-17 is about 110,000. There are about 4,000 births each year at Lyell McEwin Hospital.

- **Headline indicators of a well-being ecosystem in crisis are worse in the North**
  On almost any indicator, the situation for children, young people and families in the North is more challenging.

  Efforts to 'do something' in the North must comprehend absolute disadvantage. It is the absolute scale of the potential challenges that has relevance for policy and resourcing. For example, for each AEDC cohort, there are about 5,500 children in the North who have an AEDC result. Of those 5,500 children in the North, almost 1,100 will have been notified to child protection at least once before school.

- **The North can be a vanguard for innovation**
  We need a placed based initiative to build human, family, and community capital in the North that is an exemplar for how ECEC can lead the transitions from a set of 'systems' to an integrated ecosystem to support human, family and community well-being.

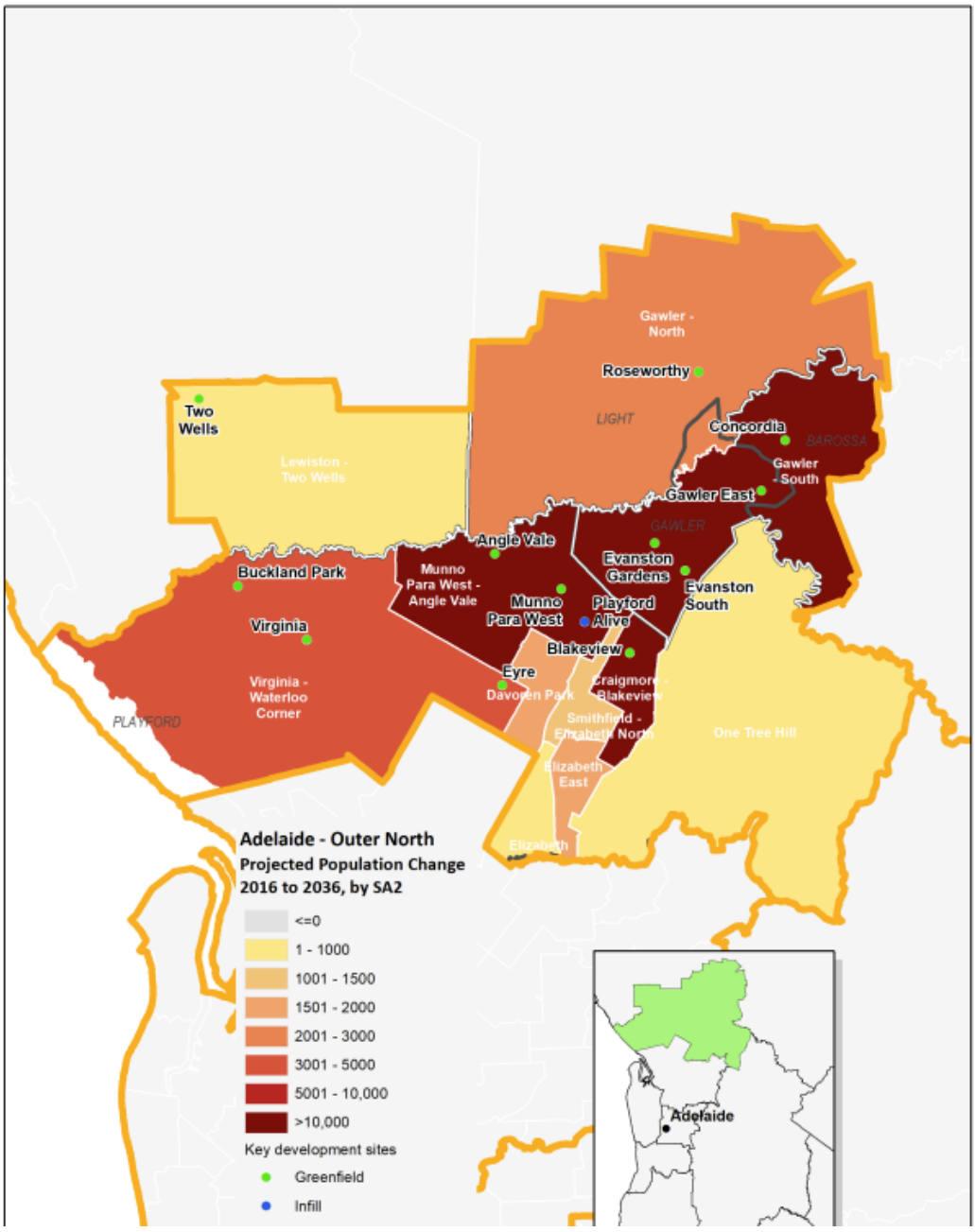
- **Rigorous evaluation: the 'data we have' vs the 'data we need'**
  Without a smart data infrastructure it is hard to know what works. Information infrastructure has to be purpose designed in parallel to designing service innovations, not as an after-thought assigned to out-sourced evaluations that are always limited by the 'data we have' and then the realization that we should have collected data along the way so we have the 'data we need.'

OUR EVIDENCE

Population growth in the North

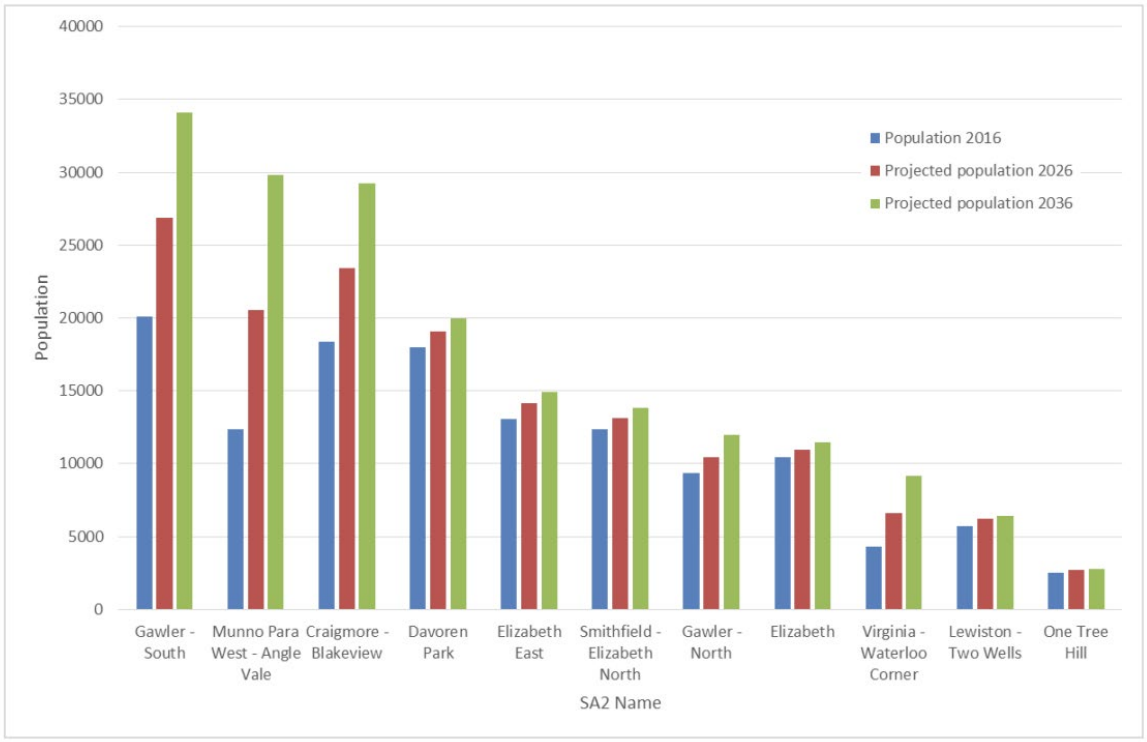
- There are about 450,000 people living in the North of Adelaide.
- There are about 4,000 births each year at Lyell McEwin Hospital.
- The North of Adelaide will add over 100,000 people over the next 25 years mainly in Munno Para and Gawler South. Much of that population growth will be among families with young children.

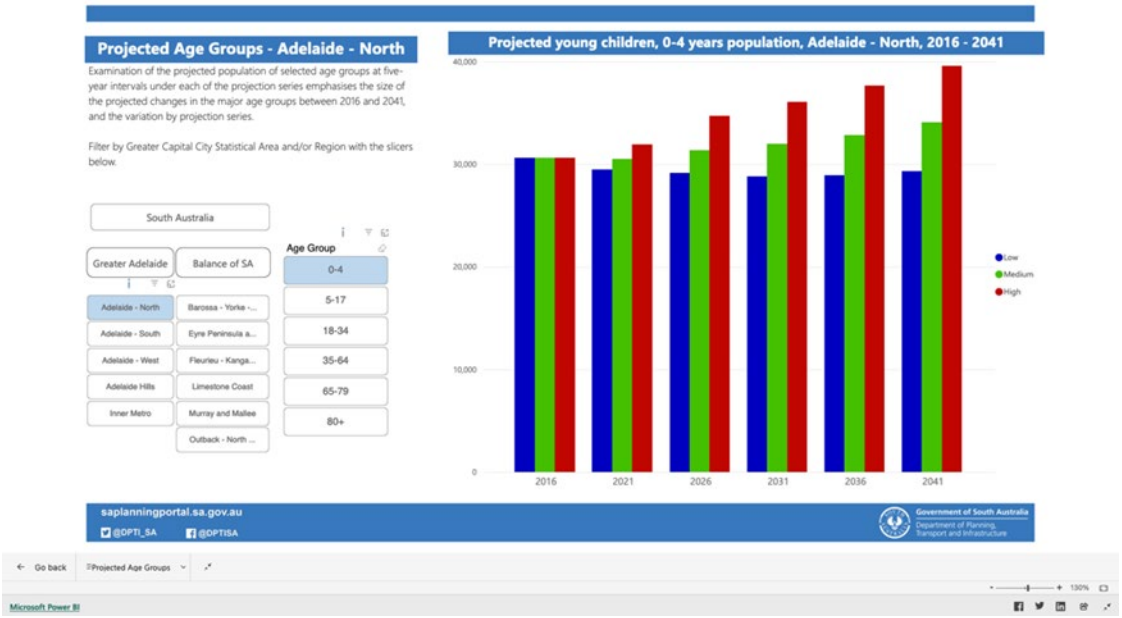
Map 5 Adelaide - Outer North Projected Population Change 2016 to 2036, by SA2



- The absolute population growth is more than Adelaide South and West combined.

Figure 4 Adelaide - Outer North Population 2016, 2026 and 2036 by SA2





- By 2041 the North of Adelaide will add between 5,000 - 10,000 children aged 0-4 to the current population of about 31,000 aged 0 to 4 years.

- By 2041 the North of Adelaide will add between 10,000 - 20,000 children and young people aged 5-17 to the current population of about 77,000 aged 5 to 17 years.

  Source: https://plan.sa.gov.au/state_snapshot/population

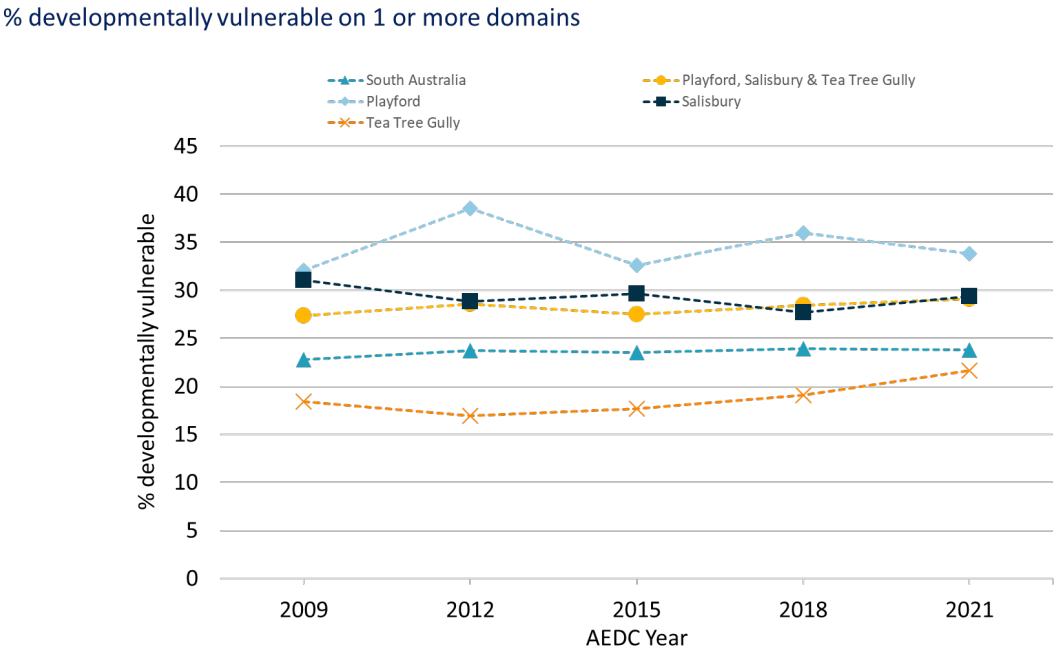
Some headline indicators for the North

Note: we provide these indicators not as characteristics of individuals and families but as markers of the conditions and circumstances experienced by people living in the North, many of which have origins in inter-generational trauma and deprivation.

AEDC results

- In 2021, about 24% of 5 year olds (n~ 4,500) in SA were vulnerable on 1 or more AEDC domains
- Across SA, about 1 in 3 of those 4500 children lived in the North metro area
- For vulnerable children in metro Adelaide (n~3400), almost 1 in 2 (45%) lived in the North
- In Adelaide North, 28% of children were developmentally vulnerable compared to 20% in the rest of metropolitan Adelaide - Central and Hills (19%), South (20%) West (21%)

- AEDC results have not improved since 2009



Data Source AEDC Community Profiles: https://www.aedc.gov.au/resources/detail/public-table-by-statistical-area-level-(sa3)-2009-2021

- *Scenario 1*: To shift the SA % developmentally vulnerable (24%) to Australian average of 22% we would need to prevent about 350 more children from being developmentally vulnerable

- *Scenario 2*: To shift the SA % developmentally vulnerable to the best state - Vic at 20% - we would need to prevent about 750 more children from being developmentally vulnerable

- 1500 developmentally vulnerable children live in the North

Some indicators for children living in the North (all known at birth or by age 5)

- **Relative terms***:* Compared to the rest of metro Adelaide, children living in the North were about 2 times more likely to have experienced the following characteristics

	Total Population % with characteristics	
	Adelaide - North %	Adelaide - Central and Hills, South & West %
Parent(s) history of child protection contact	19.7%	9.6%
Parent(s) were in OOHC	3.0%	1.5%
Parent(s) drug and alcohol ED and/or hospital before school	5.9%	4.4%
Parent(s) mental health ED and/or hospital before school	12.3%	9.0%
Parent(s) imprisoned before school	2.4%	1.3%
Mother smoked during pregnancy	17.3%	9.3%
Lived in most disadvantaged area at child's birth	23.3%	6.8%
Jobless family at child's birth	15.6%	8.0%
On a waitlist for public housing before school	8.1%	4.9%
In public housing before school	5.2%	3.3%
Access homeless to 2 home services before school	2.5%	1.8%
Child protection contact before starting school	20.0%	12.2%

- **Absolute terms**: For one AEDC birth cohort, this means there were 1082 children in Adelaide North (19.7% of 5,493) who had at least one parent with a history of child protection contact
- There were 1099 children in one AEDC cohort in Adelaide North who had been notified at least once to child protection before they started school

	Population Estimates based on 2021 AEDC Numbers	
	Adelaide – North Population of 5 year olds N=5,493 in 2021 AEDC N	Adelaide - Central and Hills, South & West Population of 5 year olds N=14901 in 2021 AEDC N
Parent(s) history of child protection contact	1082	1430
Parent(s) were in OOHC	165	224
Parent(s) drug and alcohol ED and/or hospital before school	324	656
Parent(s) mental health ED and/or hospital before school	676	1341
Parent(s) imprisoned before school	132	194
Mother smoked during pregnancy	950	1386
Lived in most disadvantaged area at child's birth	1280	1013
Jobless family at child's birth	857	1192
On a waitlist for public housing before school	445	730
In public housing before school	286	492
Access homeless to 2 home services before school	137	268
Child protection contact before starting school	1099	1818

Some indicators for children living in the north who were developmentally vulnerable on one or more AEDC domains

- **Relative terms**: Children living in the North who were developmentally vulnerable were around 1.5 times more likely to experience a number of disadvantages compared to the rest of metropolitan Adelaide (Adelaide - Central and Hills, South & West) who were developmentally vulnerable

	Developmentally Vulnerable on one or more domains of AEDC	
	Adelaide - North **%**	**Adelaide - Central and Hills, South & West** **%**
Parent(s) history of child protection contact	29.7%	17.3%
Parent(s) were in OOHC	5.9%	3.4%
Parent(s) drug and alcohol ED and/or hospital before school	9.6%	8.6%
Parent(s) mental health ED and/or hospital before school	18.0%	15.3%
Parent(s) imprisoned before school	4.7%	3.0%
Mother smoked during pregnancy	25.3%	16.3%
Lived in most disadvantaged area at child's birth	32.7%	20.0%
Jobless family at child's birth	25.5%	16.4%
On a waitlist for public housing before school	13.7%	10.9%
In public housing before school	9.1%	8.0%
Access homeless to 2 home services before school	4.9%	4.7%
Child protection contact before starting school	32.6%	24.4%

Absolute terms: In one AEDC birth cohort, this equates to this number of children.

- Of the 29.7% of children who were developmentally vulnerable, they had at least one parent with a history of child protection contact, that equates to around 453 children.
- In the North, almost 400 children who were developmentally vulnerable children lived in a jobless family at birth

	Developmentally Vulnerable on one or more domains of AEDC estimates based on 2021 AEDC Numbers	
	Adelaide – North N=1525, 2021 AEDC **N**	**Rest of metro Adelaide (Adelaide - Central and Hills, South & West) N=1881, 2021** **N**
Parent(s) history of child protection contact	453	325
Parent(s) were in OOHC	90	64
Parent(s) drug and alcohol ED and/or hospital before school	146	162
Parent(s) mental health ED and/or hospital before school	275	288
Parent(s) imprisoned before school	72	56
Mother smoked during pregnancy	386	307
Lived in most disadvantaged area at child's birth	499	376

Jobless family at child's birth	389	308
On a waitlist for public housing before school	209	205
In public housing before school	139	150
Access homeless to 2 home services before school	75	88
Child protection contact before starting school	497	459

- For most indicators, the North experiences as much or more in absolute numbers than the other 3 metro areas combined. For example, there were 497 children in the North notified to child protection before they entered school, compared to 459 for other metro areas combined

- ECEC innovation needs to be state-wide but if we fail in the North we are less likely to succeed overall (e.g., improving SA AEDC) and we will not reduce the stark inequities between the North and the rest of SA.

The North can be a vanguard for innovation

Think human, family/carer and community capital

- The North can be a place where we deliberately design an ecosystem that can support human capital (children), family capital (carer capacity to support health and development), and community capital (community-based systems and resources that can support carers, children, and young people)
- AEDC results in the North haven't changed in 15 years. That may mean we haven't improved family and community capital even if we have improved human capital for some individual children. Whatever is generating the AEDC results has stalled, so even if we've had successes, it has not changed the population level outcomes for 5 year olds in the North.
- We have to 'shift the curve' at the population level by addressing the fundamental drivers. This is why universal services are key to building community capital, they help change the background drivers while targeted services are crucial to address greater need and to stem the flow into overwhelmed and sometimes under-prepared and under-resourced universal systems.
- Build human capital and community capital in the North through universal high quality, bridging ECEC. Universal high quality ECEC in the north builds both human capital and addresses building community capital in the North by putting a set of connected social resources that attract people.
- This requires coordinated activity in the north – horizontal (across time as children's needs change) and vertical (age specific 'wrap-around' of integrated supports) integration of services

An opportunity for the North to partner with Federal government and philanthropic initiatives

- Partnering with the Federal government's Stronger families, stronger communities $200M funding in the budget provides an opportunity
- Partnering with philanthropy who are invested in reducing disadvantage
- Examples exist of major investments such as in Logan, Westmead, Burnie and other place-based transformative initiatives. So we've got examples of place-based funding – but they can be a bit opaque and may not have the necessary data infrastructure to tell us if it works and who it works for. Any place-based investment must be setup with the idea of creating a well-being ecosystem with agreed, measurable outcomes.

Think place-based and priority populations

- Can do both priority populations (focus on characteristics of groups e.g., young parents) and place-based (focused on a community geography) but you can also bring these things together.
- With priority populations you target human capital. With priority and place-based you have capacity to target human and community capital. Priority populations are built on some notion of risk and therefore targeting on certain characteristics, that begins with a human capital building approach and relies on targeted services. If we accept that high quality, competent universal services are important then they give the opportunity to build community capital as well through creating social infrastructure – high quality ECEC – that stays in the community
- High quality universal services help make this a characteristics of a place – like the universal 'Baby Box' in Finland and Scotland, and child care in Sweden.
- There are some instances where targeted services also imply place-based infrastructure to deliver to those priority populations, e.g. housing for care leavers.

Universal and targeted services

- This may help bring a more nuanced understanding of the role of universal and targeted services beyond the unhelpful trade-off idea, or that some are 'better investments' than others that assume a zero-sum game. Universal and targeted services are complementary and they can achieve different things at the intersection of human and community capital building.
- Universal services will not equitably improve outcomes without partnerships with effective and resourced targeted services. Targeted services rely on universal services to identify and engage priority populations in non-stigmatising ways. Without long-term commitment to appropriately resourcing both universal and targeted services, we will not 'turn-the-curve' to improve child wellbeing.
- Provision of universal ECEC must take into account the need to actively engage families dealing with complex circumstances like child protection risk, and be prepared to reach out, engage them in culturally appropriate ways, and stay engaged with those families and carers.
- Continued engagement is built firmly on personal relationships between supportive services and families/carers. Those relationships take time and effort to establish and sustain and it is a defining characteristic of high quality ECEC services.
- If we are to achieve equitable delivery and universal coverage of ECEC services, we need to improve the capacity of ECEC services to provide support to families experiencing disadvantage.

Services in the North are already stretched

BetterStart have been working on a "Demand-Supply" project to better understand and map services that exist in the North. This was not specifically in regard to ECEC but we think some of our findings are relevant to the work of this Commission.

Over the last 12 months, we surveyed 23 organisations delivering 87 family support, mental health, substance use, domestic and/or family violence programs in the Northern metropolitan area of Adelaide. Findings include:

- 72% of programs identified that housing was the number on challenge in service delivery
- Over 70% of programs had to operate some form of a waitlist and 1 in 5 programs had a waitlist longer than 4 months. The challenges this presents for services are ethical – police may have to be called in the absence of any supportive service involvement, and also detrimental to client

outcomes as services are unable to capitalise on the pivotal time when clients are willing to engage.

- A small proportion of programs (7%) are still using paper-based systems. Smaller organisations highlighted the cost of data infrastructure as a barrier to providing data on client engagement or impact.
- Poor information sharing between services was repeatedly raised as one of the biggest challenges. The impact of this is substantial and can result in clients not receiving the multi-disciplinary wrap-around services they need.
- Staff recruitment and retention was identified as a highly prevalent challenge in the NGO service delivery sector. Issues raised included staff burn-out, challenges in supporting staff experiencing vicarious trauma, and improving working conditions to be competitive with private practice.

Rigorous evaluation: the 'data we have' or the 'data we need'

- If we truly want 'rigorous evaluation' of our investments then we will need purpose built data infrastructure. Without a smart data infrastructure it is hard to know what works.
- Information infrastructure has to be purpose designed in parallel to designing service innovations, not as an after-thought assigned to out-sourced evaluations that are always limited by the 'data we have' and then the much later realization that we should have collected data along the way so we have the 'data we need.'
- There is a long history of evaluations that do not tell us very much about what works because the needed data did not exist.
- Rigorous evaluation of effects of ECEC needs the BEBOLD platform to generate policy and practice relevant evidence, monitoring, and outcomes focused operations that are hard wired as pieces of Social Research & Development into the child, family and community wellbeing ecosystem – see the recent TACSI work on the lack of Social R&D in Australia (Curtis, Vanstone, Rayment & Stewart-Weeks, 2023)
- The North has innovative assets in place such as Lyell McEwin Hospital's "POPN" - Pregnancy Online Platform at NALHN that replaces all the paper forms related to antenatal care and is already being used by 95%+ of pregnancies attending LMH. It has the capacity to 'push' messages and can provide on-going contact with carers and newborns.
- 'Data we need' includes participant data on services received – for example we work with Goodstart to include their participant data in BEBOLD to allow quasi-experimental evaluation of the their programs, especially those targeted for children in disadvantaged circumstances.
- This type o research partnership with service providers, means we must work with NGO sector to improve their data collection capacity. (For details see our other Commission submission of what this entails)
- SA has the opportunity to invest in a state-wide minimum dataset on service provision joined-up with a whole-population platform such as BEBOLD. This would place SA as a national leader in investigating the reach, dose and impact of early years investments to improve child wellbeing.
- Similar concepts that resonate with these ideas are being trialled in other parts of the world – e.g., creation of the "GoLab" at Oxford University in the UK (https://golab.bsg.ox.ac.uk/)
- We suggest something along the lines of a "CORE Lab" – Community Outcomes Research and Evaluation Lab - a way of knowing what works that is sensitive to community ownership of delivering our ambitions for building human, family and community capital.

References

1. Malvaso C PR, Montgomerie A, Delfabbro P & Lynch J. A public health approach to preventing child maltreatment: an intelligent information infrastructure to help us know what works'. *Child Abuse & Neglect*. 2020;106:9.

2. Curtis C, Vanstone C, Rayment M, Stewart-Weeks M. Social R&D: A new way to accelerate progress on tough social challenges. The Australian Centre for Social Innovation and Public Purpose 2023 [cited 2023 May 10]. Available from: https://www.tacsi.org.au/our-work/project/social-r-and-d-white-paper

3. Blavatnik School of Government, University of Oxford. Government Outcomes Lab (GO Lab). United Kingdom, 2023 [cited 2023 May 10]. Available from: https://golab.bsg.ox.ac.uk/