

BETTERSTART

Health and Development Research



Better
Evidence
Better
Outcomes
Linked
Data platform

health.adelaide.edu.au/betterstart/

Dr Rhiannon Pilkington

Professor John Lynch



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We acknowledge the Kaurna people who are traditional owners and custodians of the lands on which we
gather.

We pay our respects to the Kaurna ancestors and the living Kaurna people.

We recognise and respect their cultural authority, cultural heritage, beliefs and deep feelings of attachment
and relationship of the Kaurna people to their Place.

We also pay our respects to the cultural authority of all Aboriginal and Torres Strait Islander people.

Sovereignty of these lands has never been ceded. It always was and always will be, Aboriginal land.

Better Evidence, Better Outcomes, Linked Data (BEBOLD) Platform

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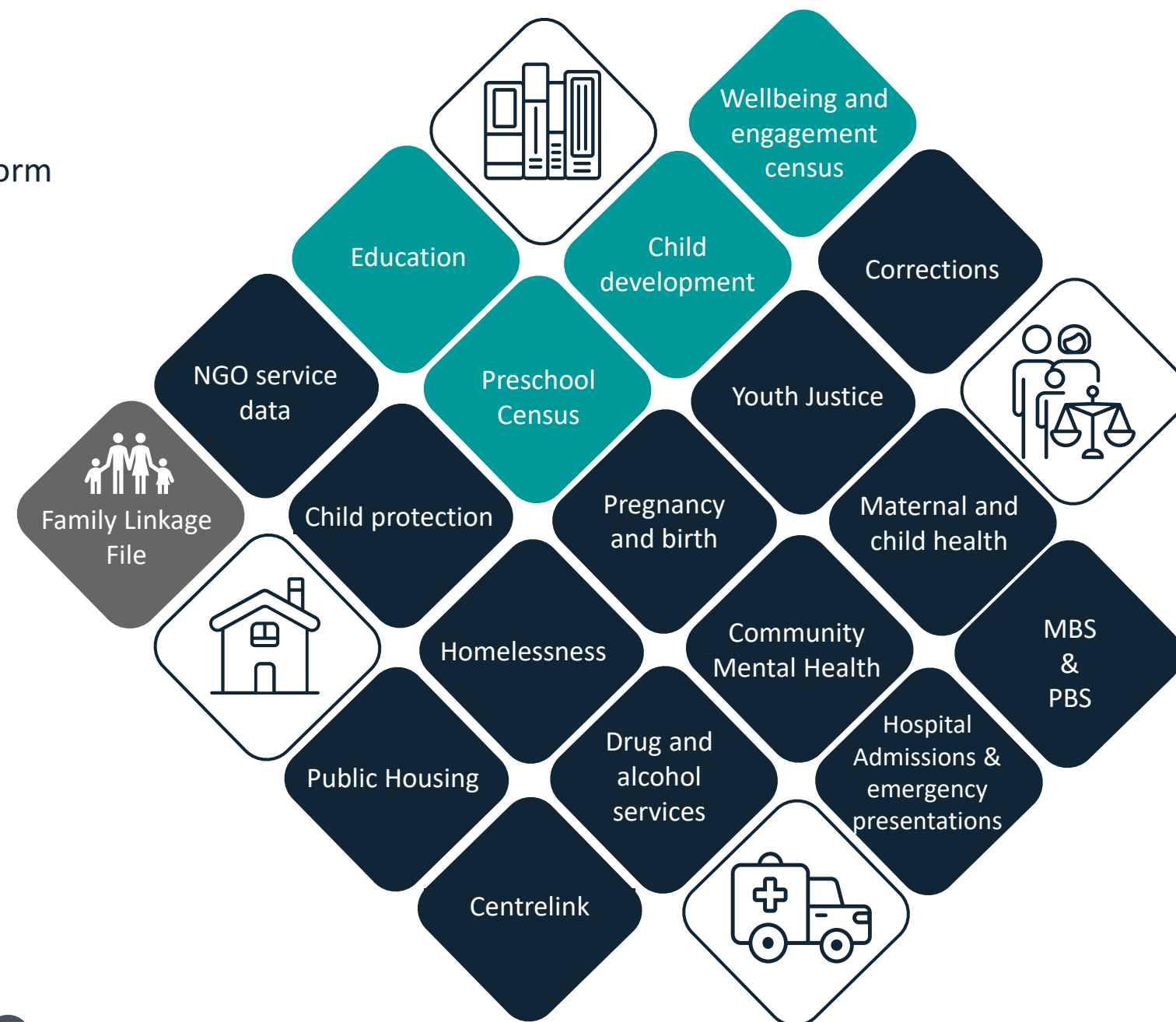


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SA BEBOLD PLATFORM

- Led by Professor John Lynch
- De-identified, unit-record linked data
- Open cohort
- All birth cohorts from 1991
- Data on children, siblings and parents
- ~ 500,000 children
- ~ 18,000 Aboriginal and Torres Strait Islander children
- ~ 75,000-100,000 CALD children
- ~ 270,000 families
- Millions of records
- Enduring and updatable resource
- A public good asset
- Continuous engagement with data custodians and ethics committees



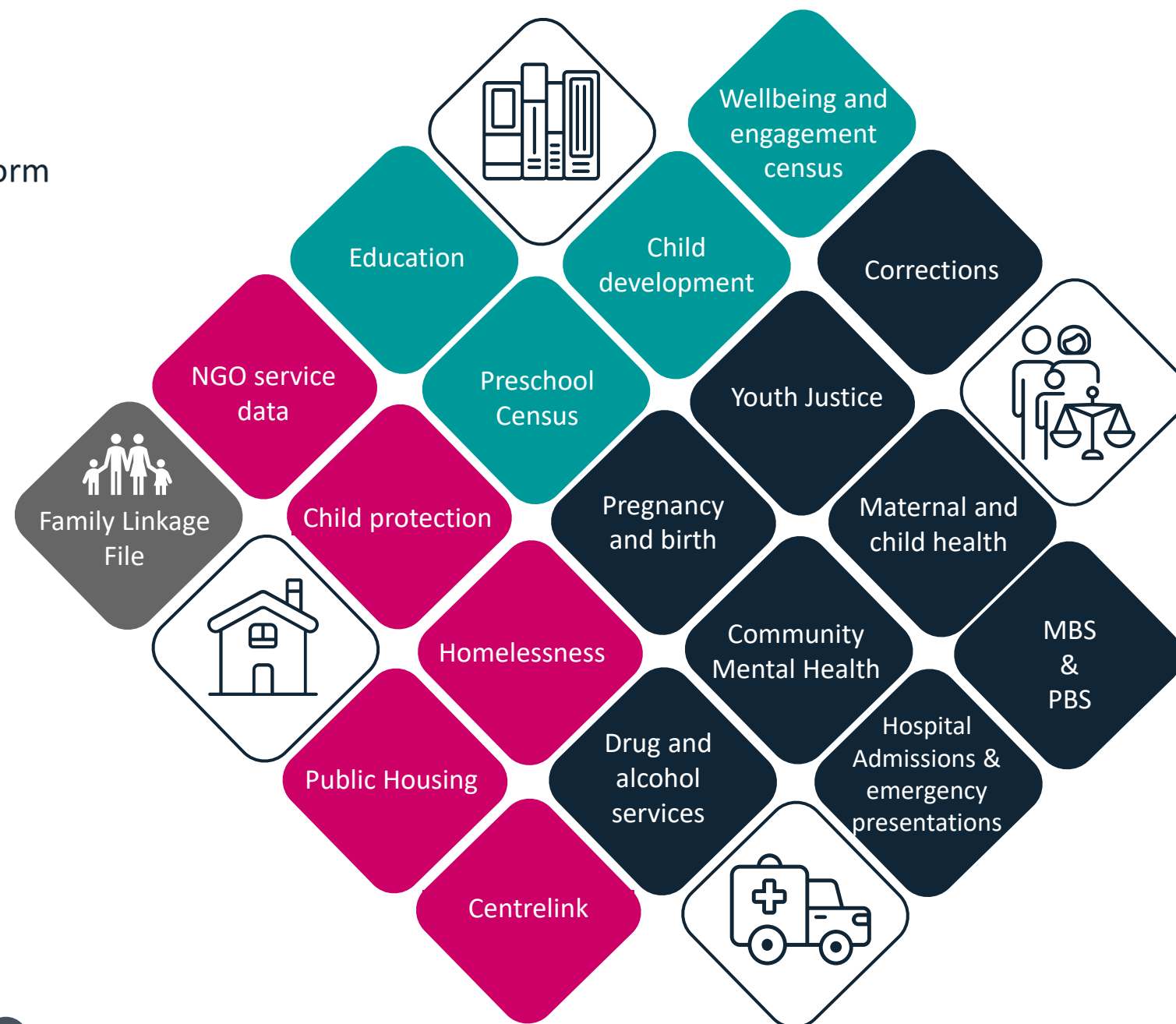
TO BE LINKED



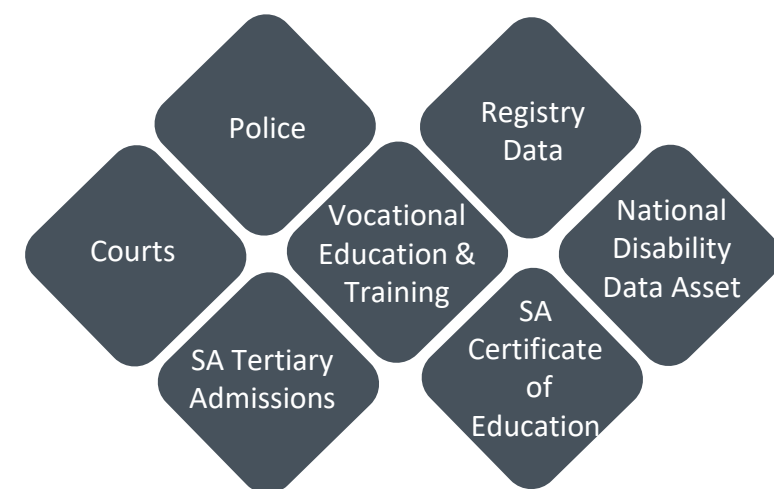


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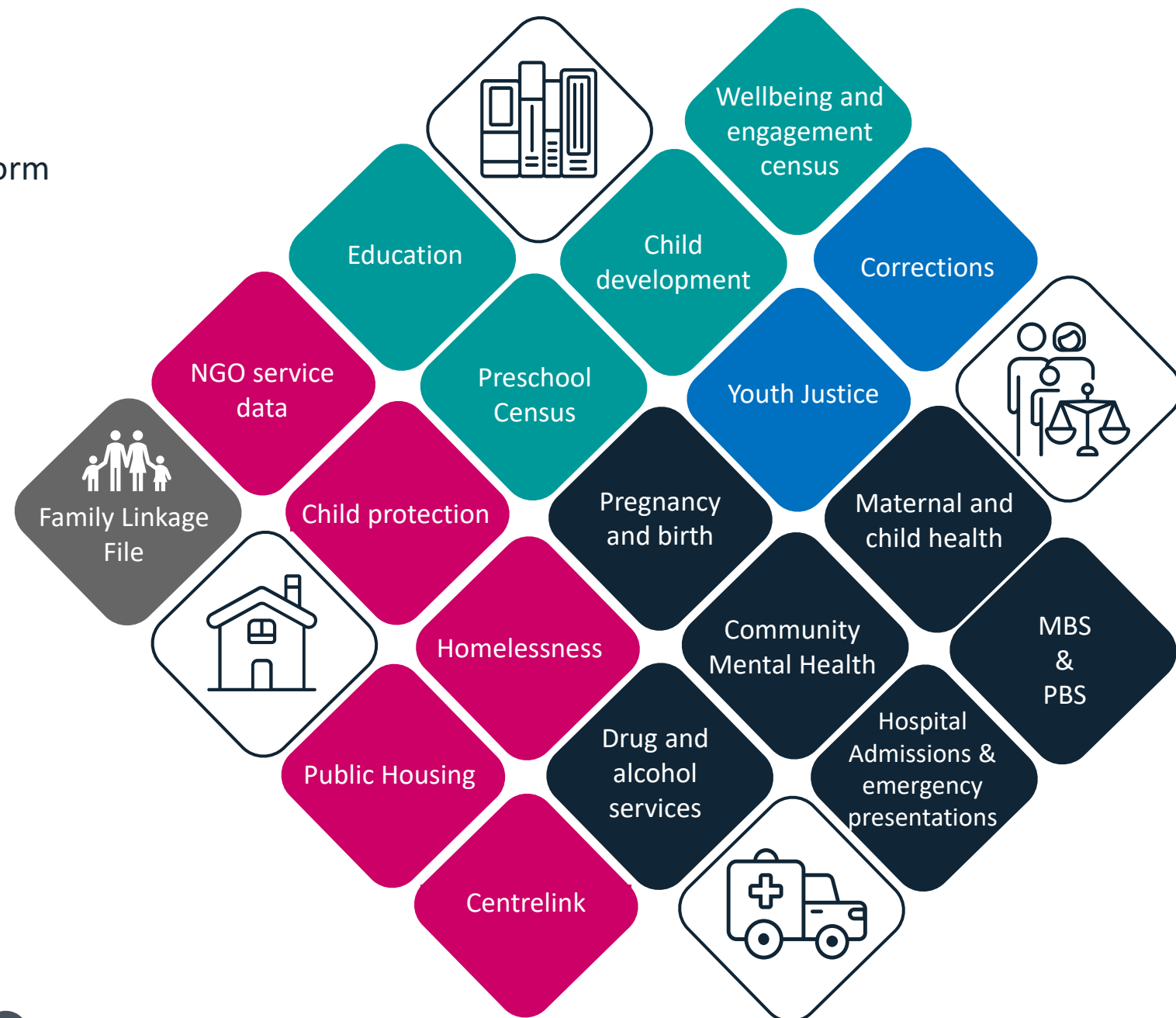
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Education

**Human/ Social
Services**

Justice



TO BE LINKED





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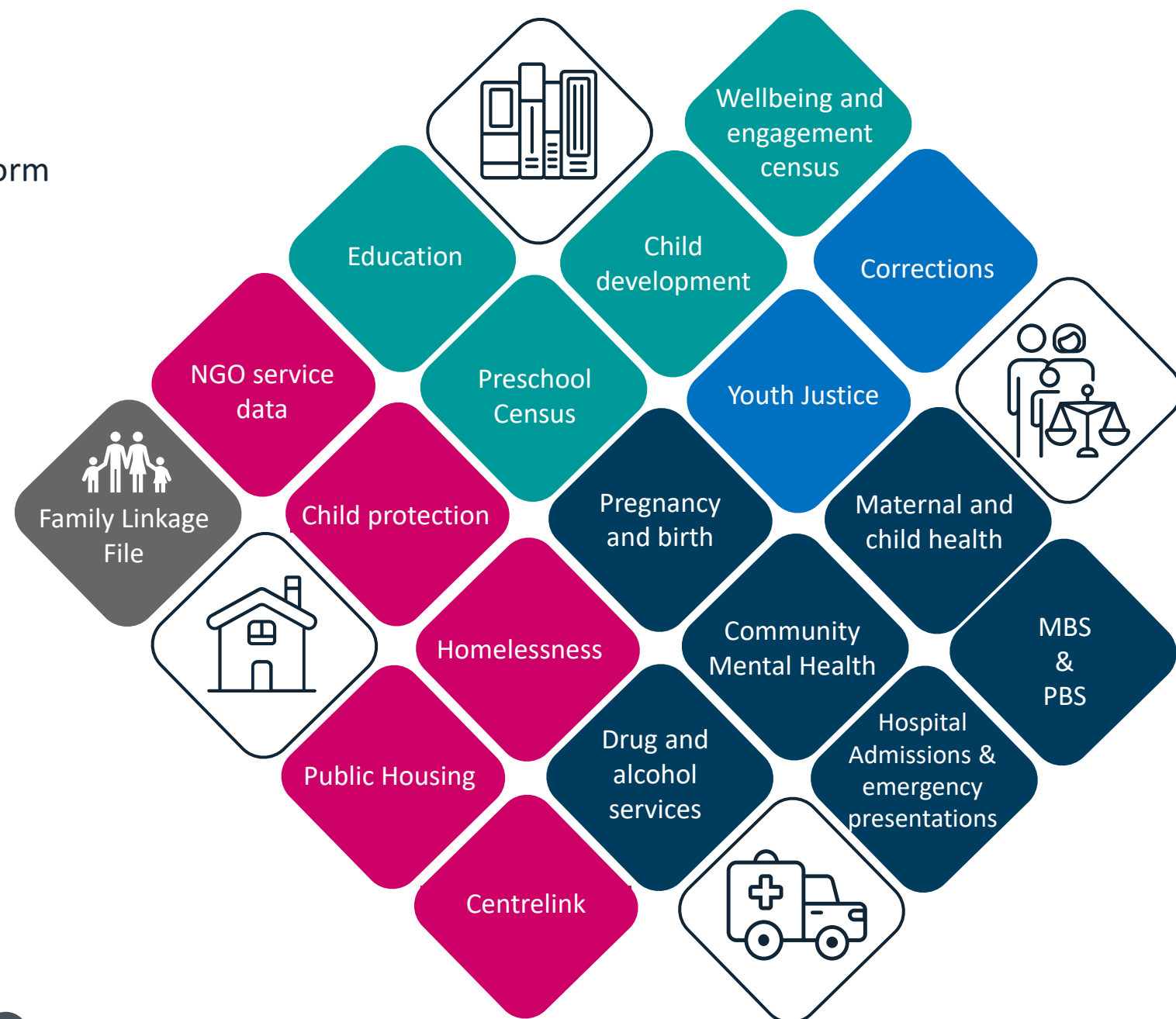
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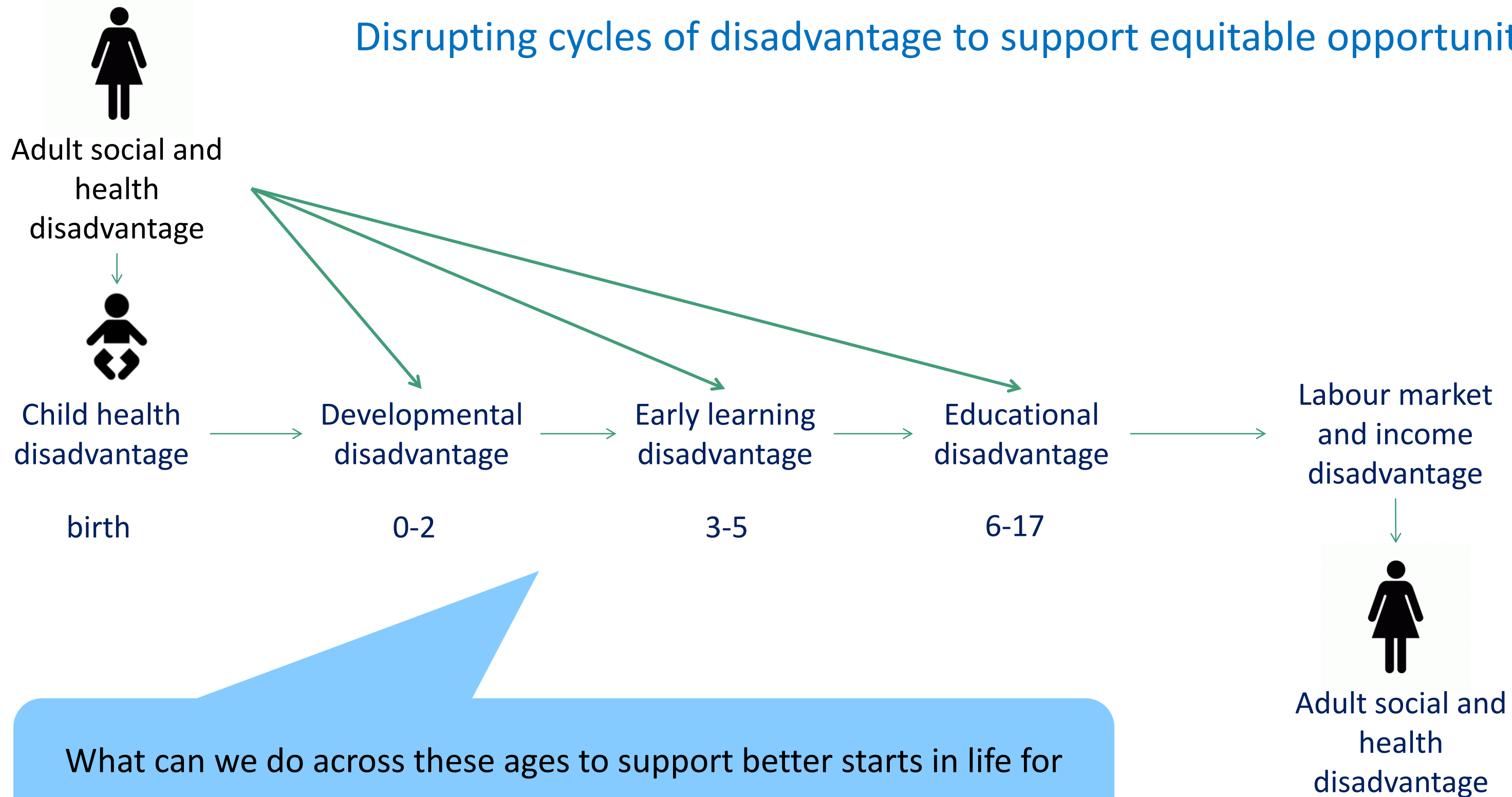
Health



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Disrupting cycles of disadvantage to support equitable opportunity



The Australian Early Development Census

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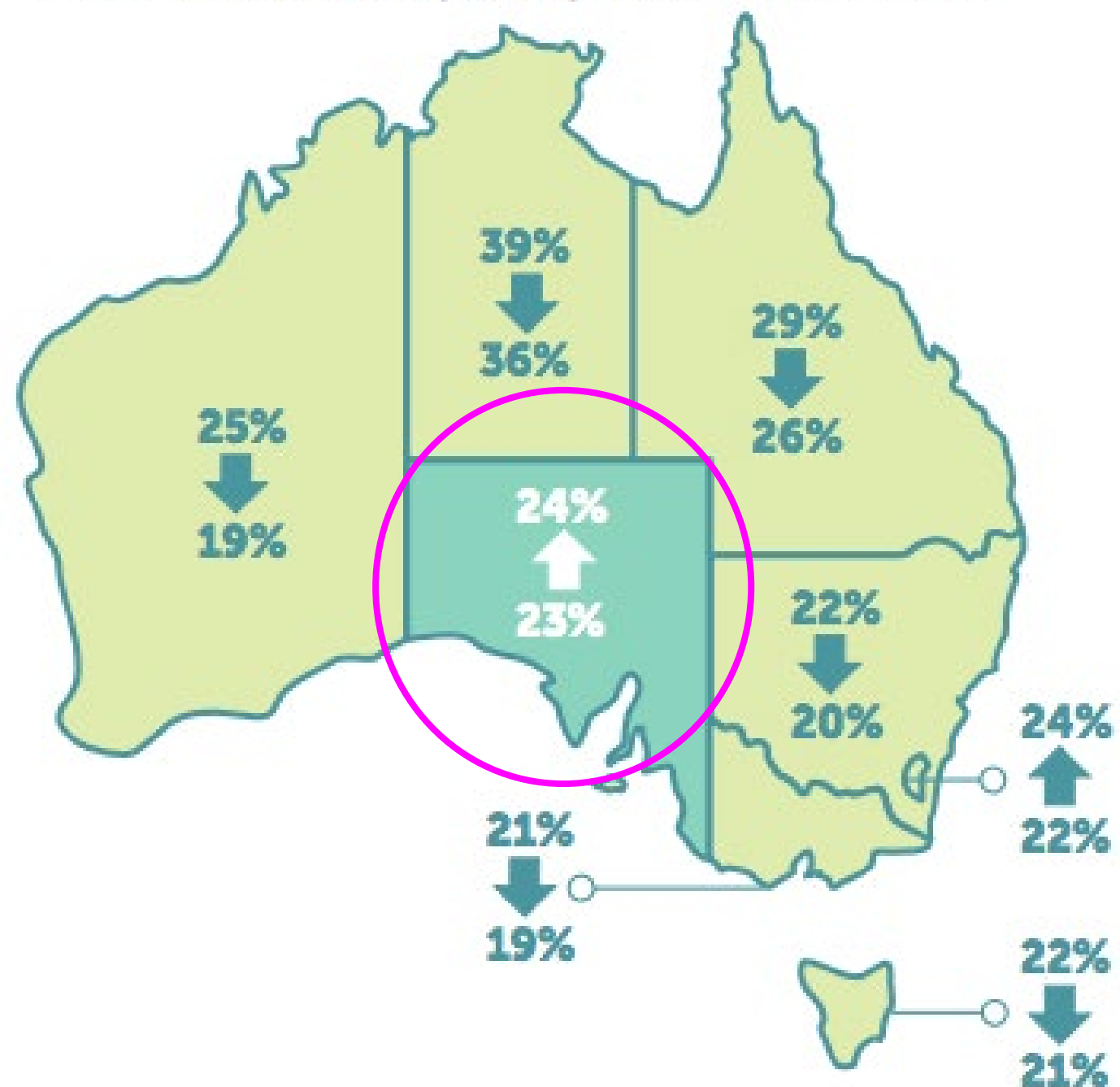


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The goal - SA as a recognised leader in child development and early education

10

% of children developmentally vulnerable on
1 or more domains (AEDC) from 2009 to 2018



Child Protection Contact

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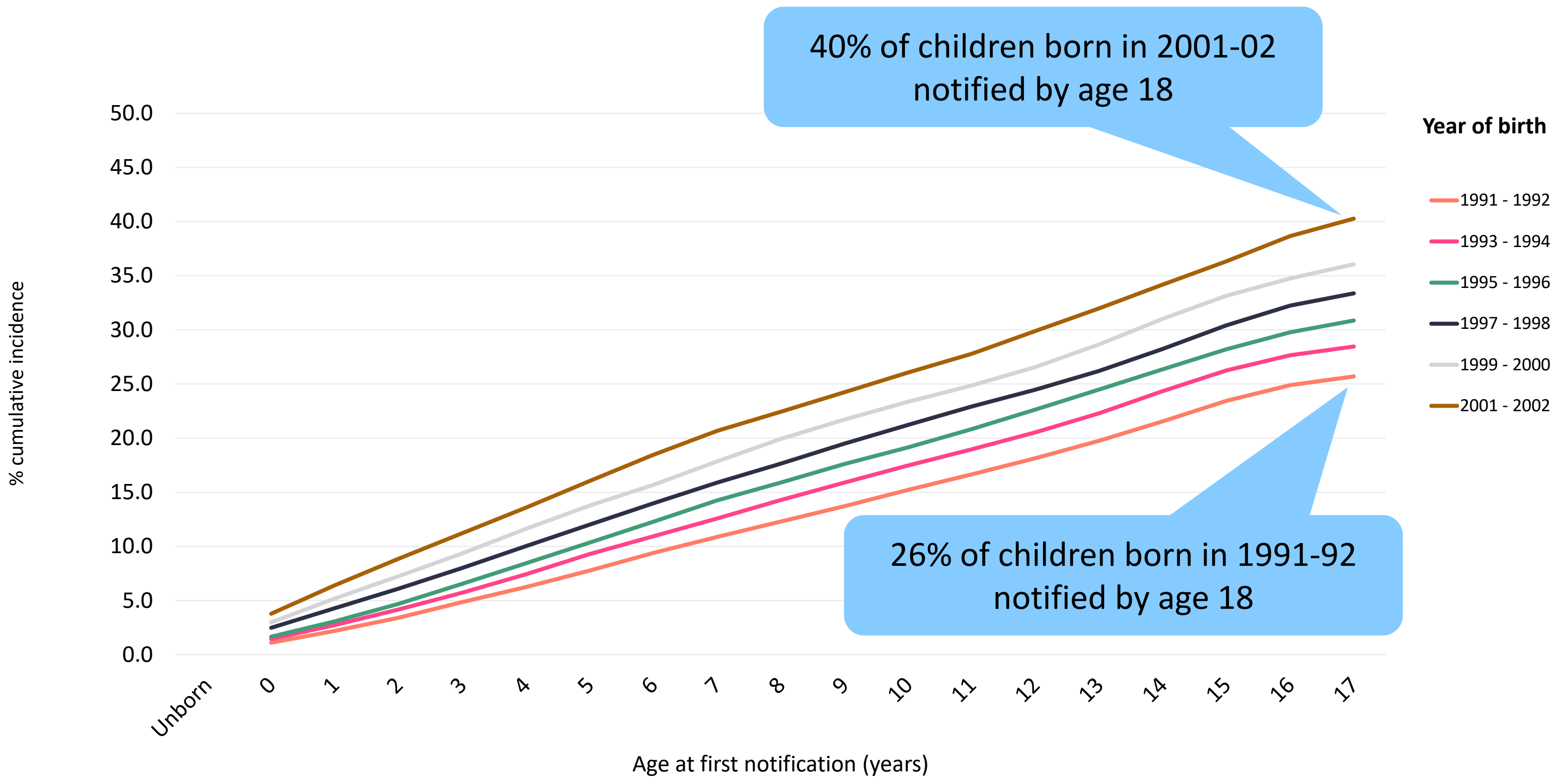
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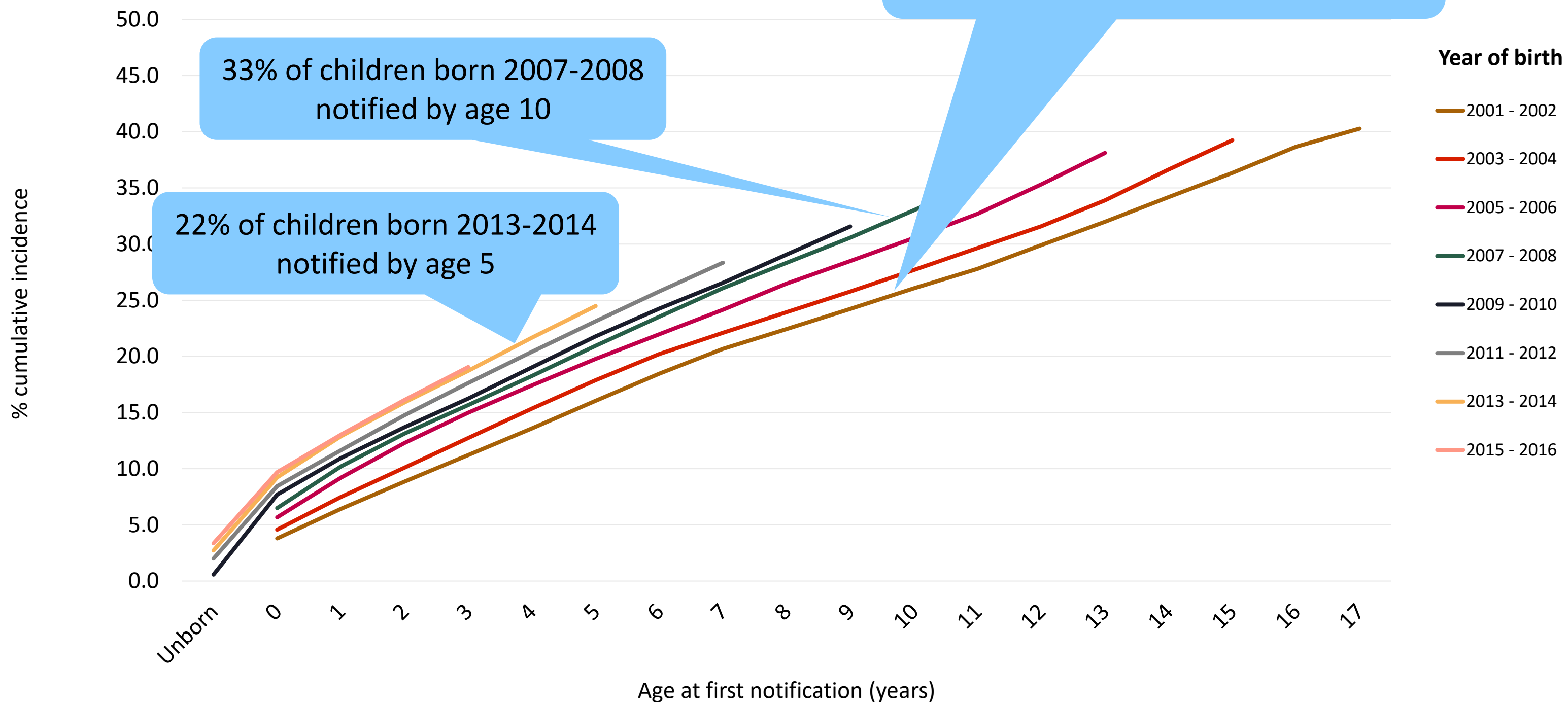
Children Notified

Children notified by age 18 and age 10



Cumulative incidence of child protection notifications, children born 1991 to 2000, aged 0 to 17 years

More recent birth cohorts notified by age 10

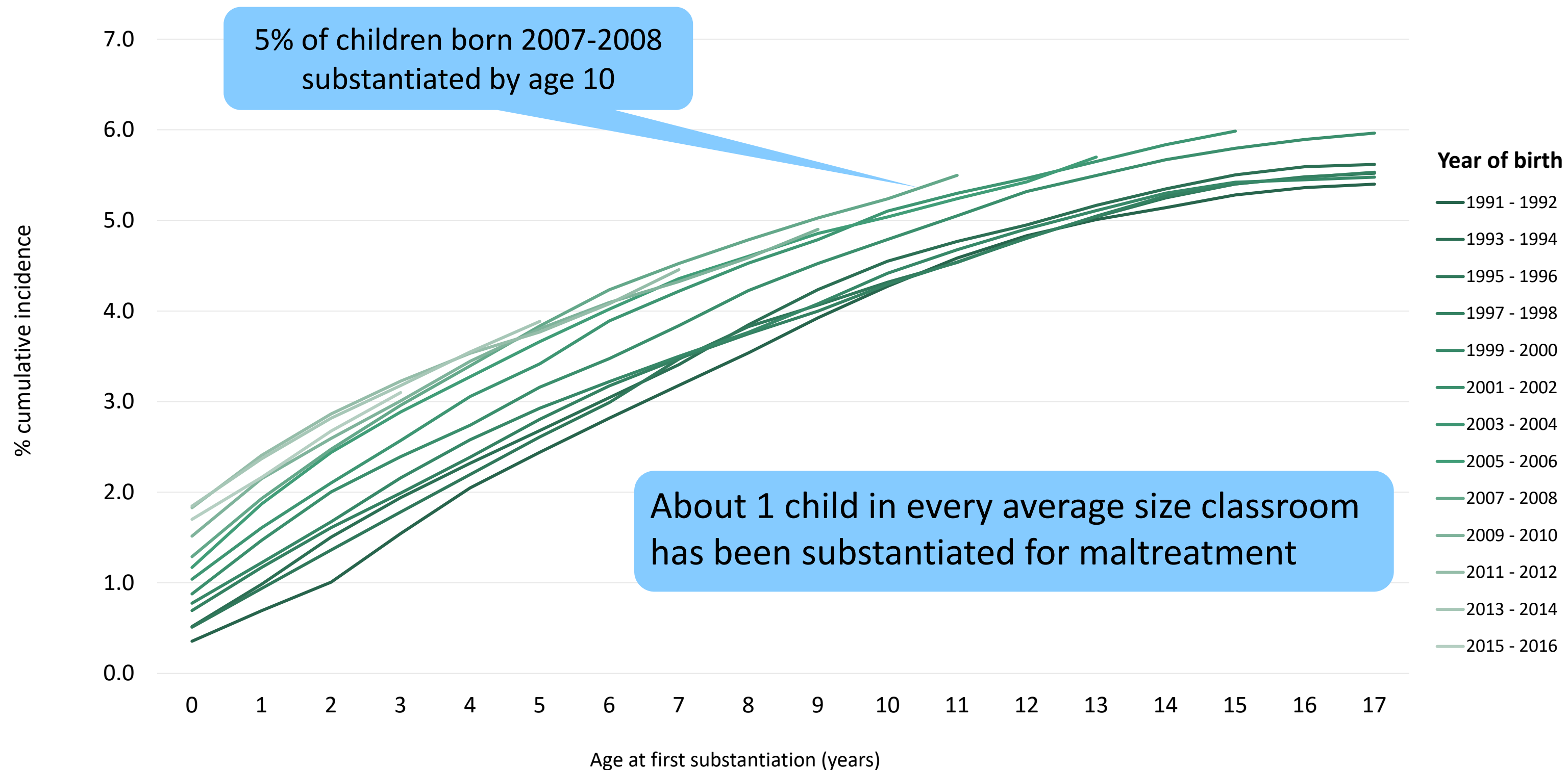


Cumulative incidence of child protection notifications, children born 2001 to 2016

Children Substantiated

Substantiated for maltreatment by age 10

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Cumulative incidence of substantiated maltreatment, children born 1991 to 2016

Child Protection as an early warning of developmental risk

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The group with just one notification before age 5 have ~2 times greater developmental vulnerability

SA average 23%



85% of 5 year olds

Socioeconomic disadvantage

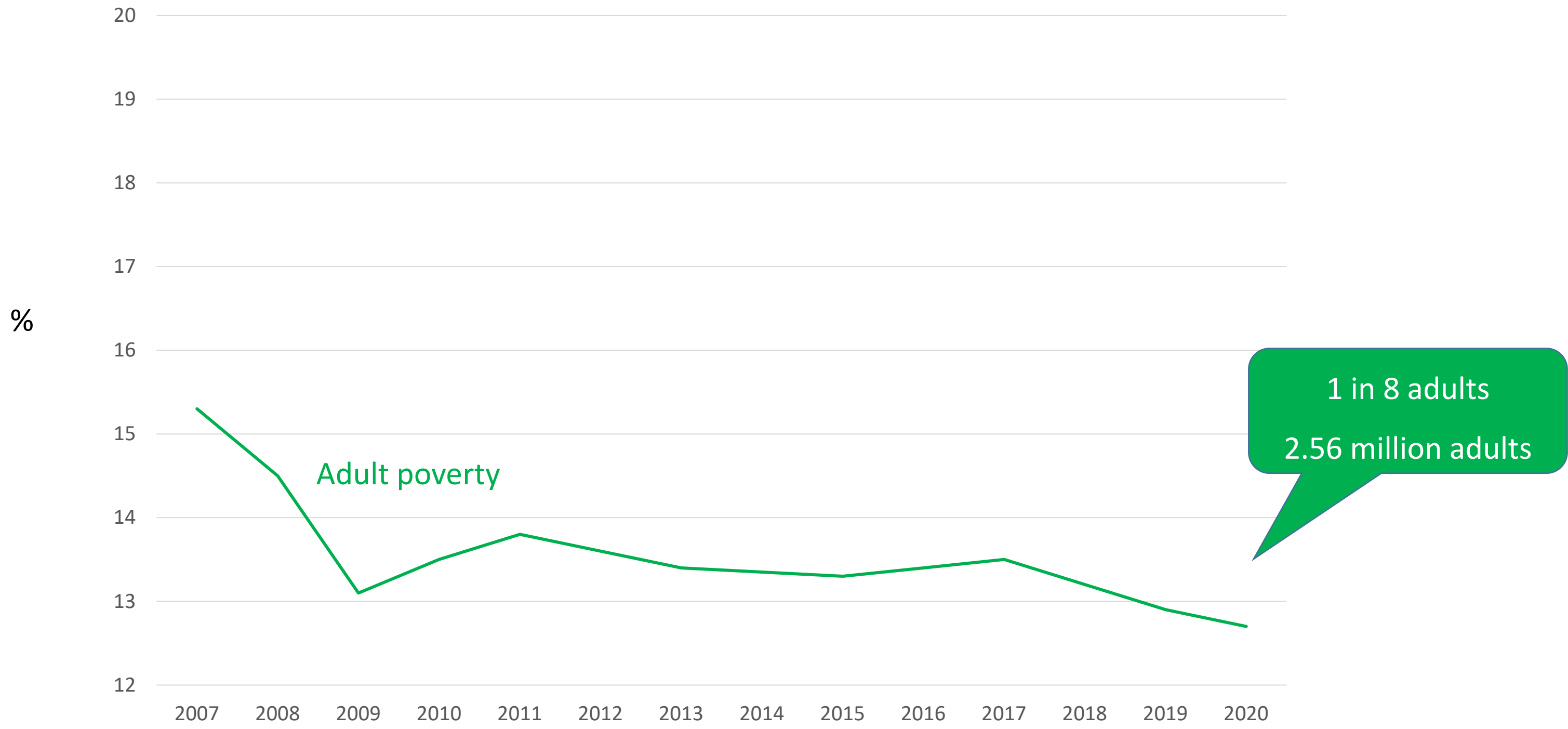
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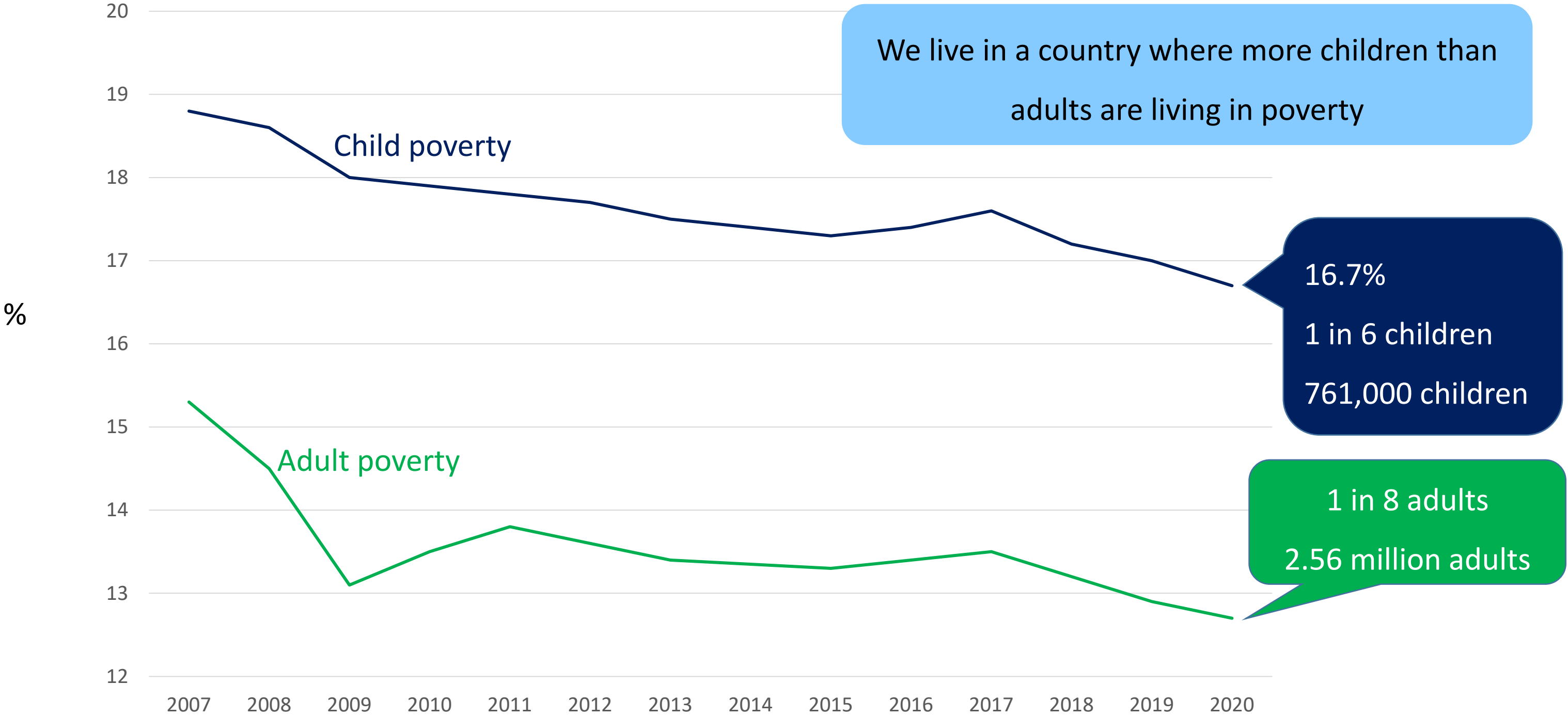


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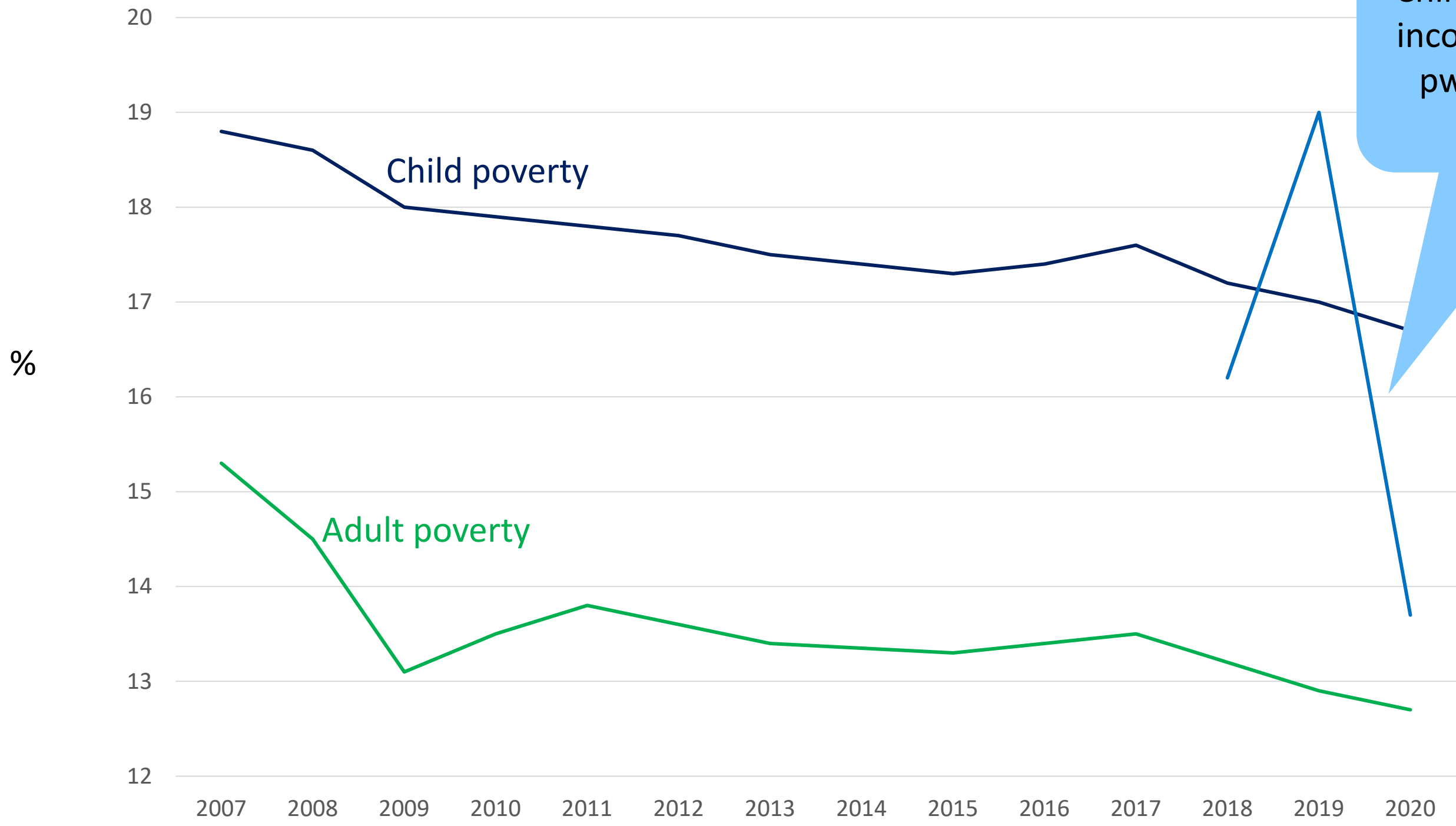
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Child and Adult Poverty Australia 2007-2020 (below 50% median income)



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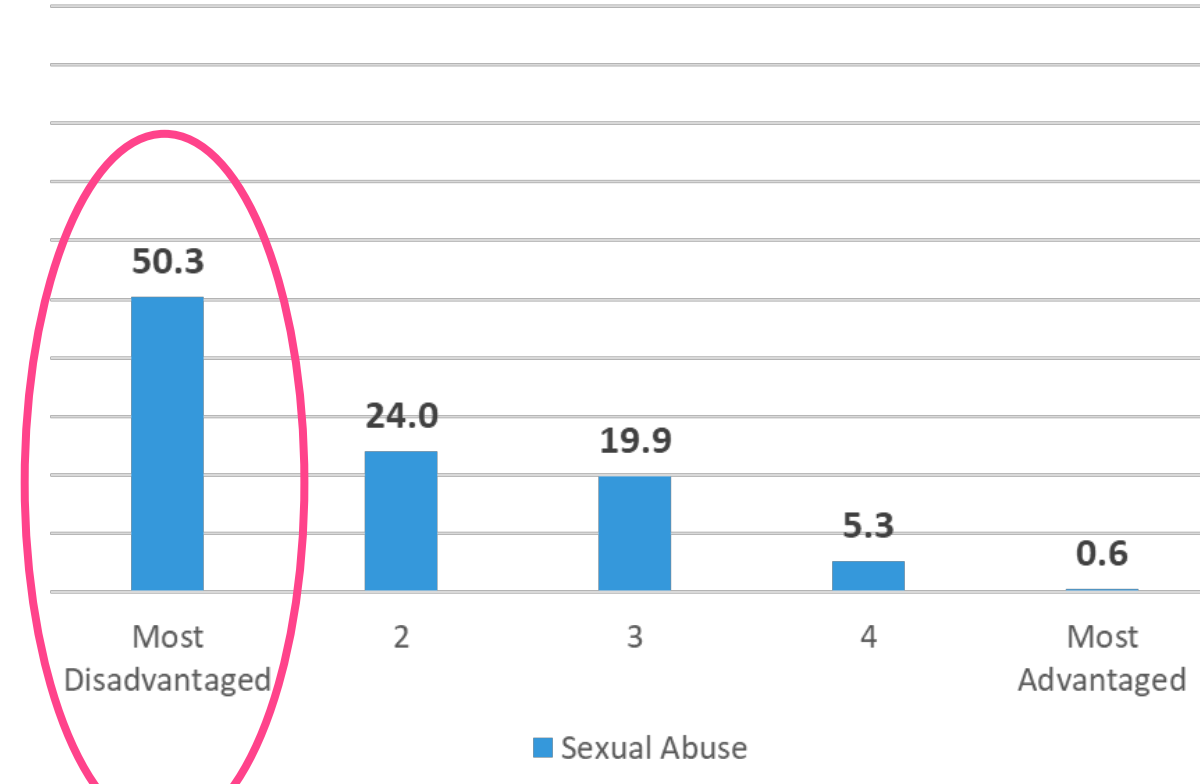
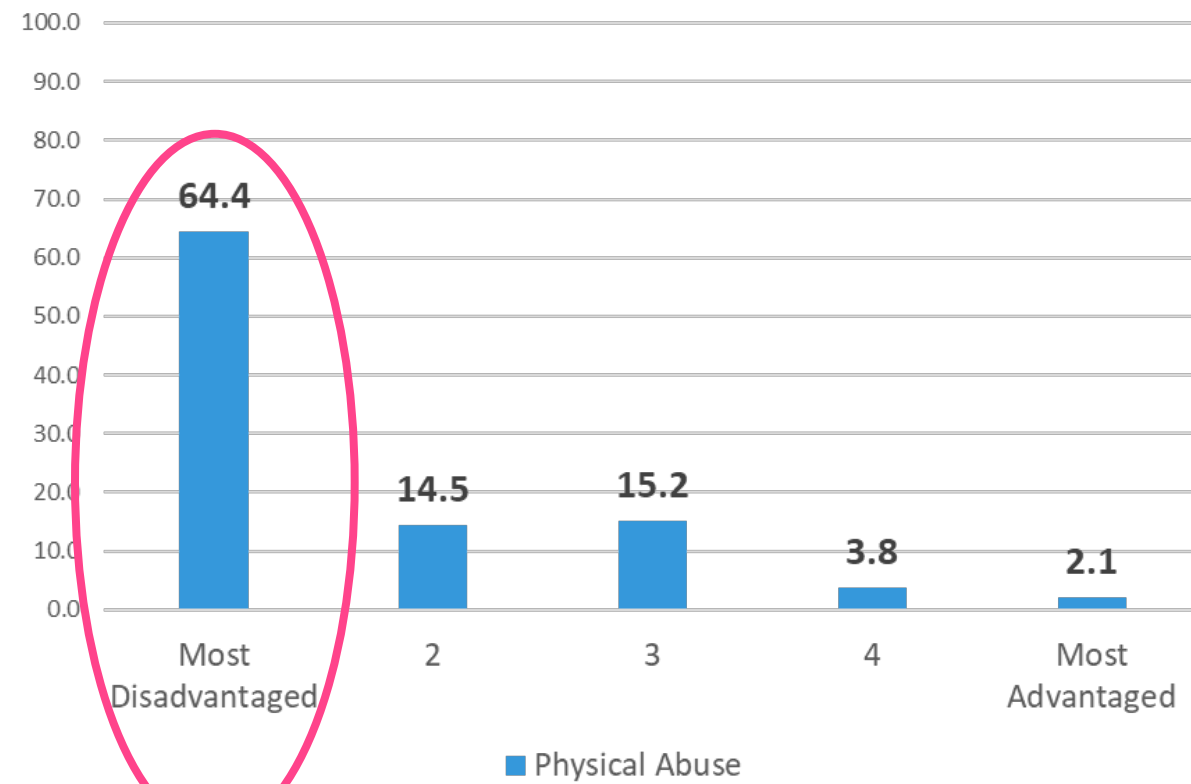
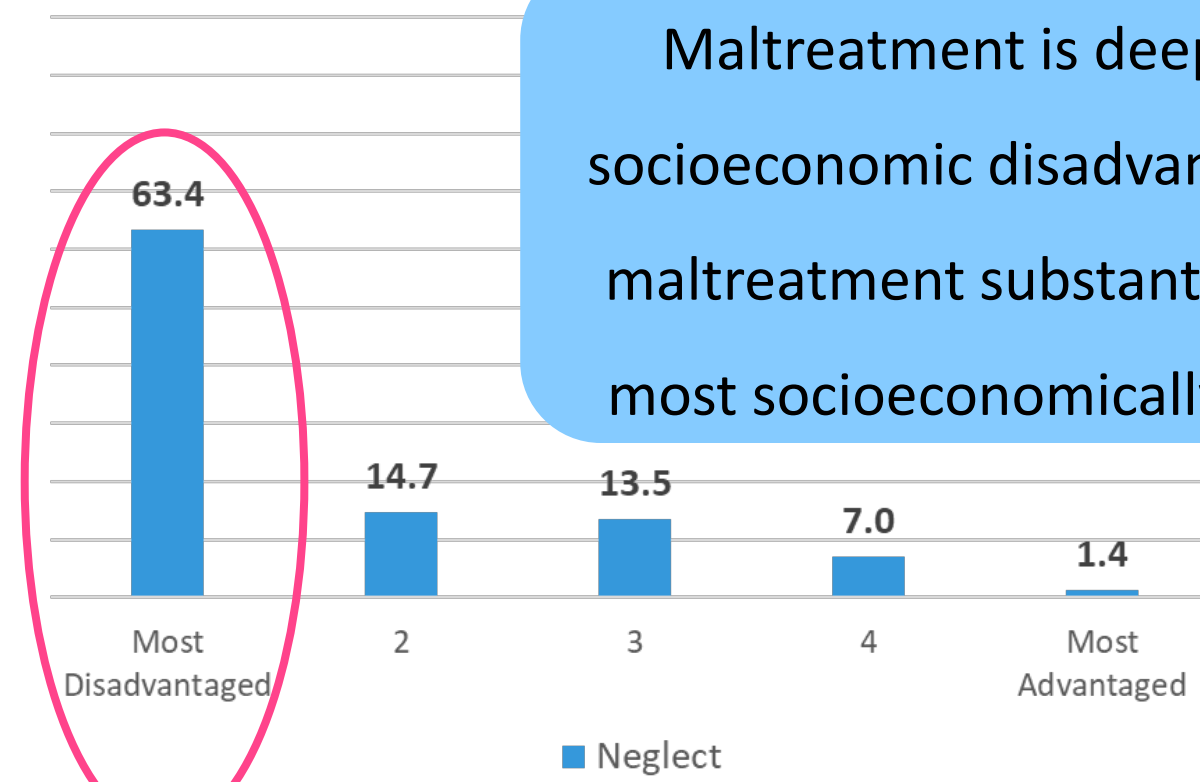
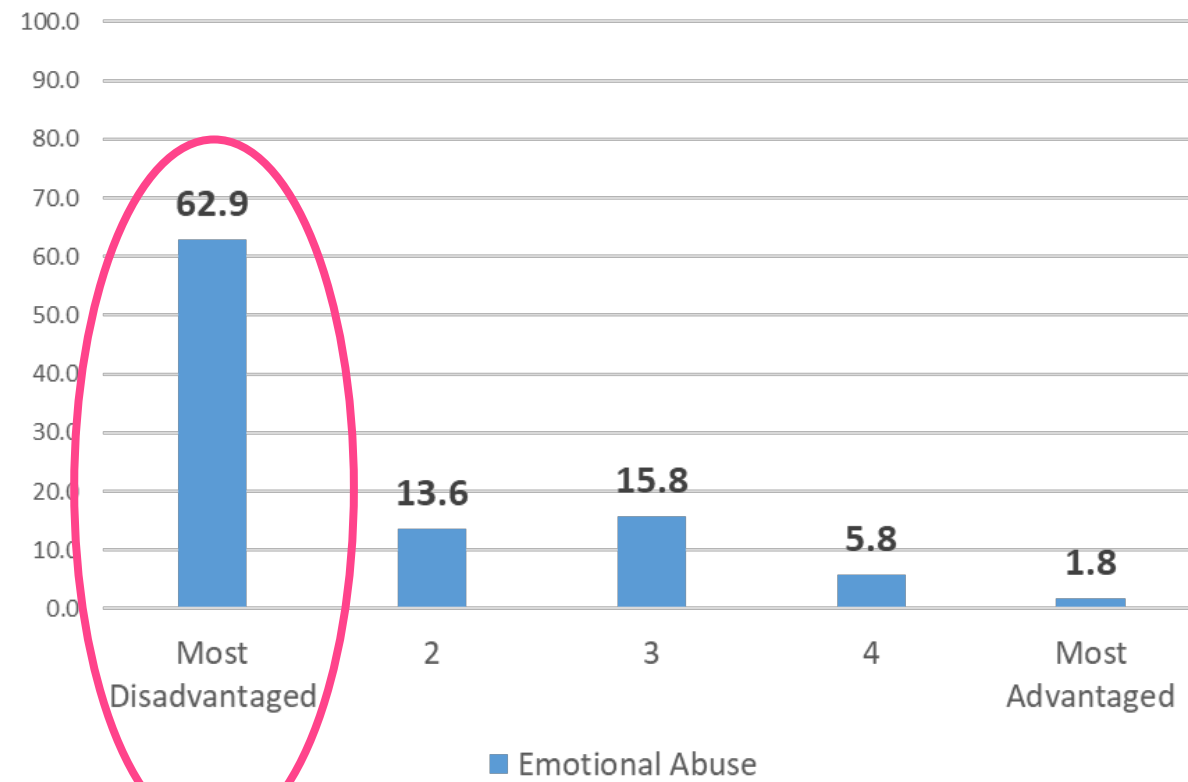
Child poverty during COVID income supplements (\$275 pw and \$750 lump sum) reduced poverty

Socioeconomic disadvantage and substantiated child maltreatment

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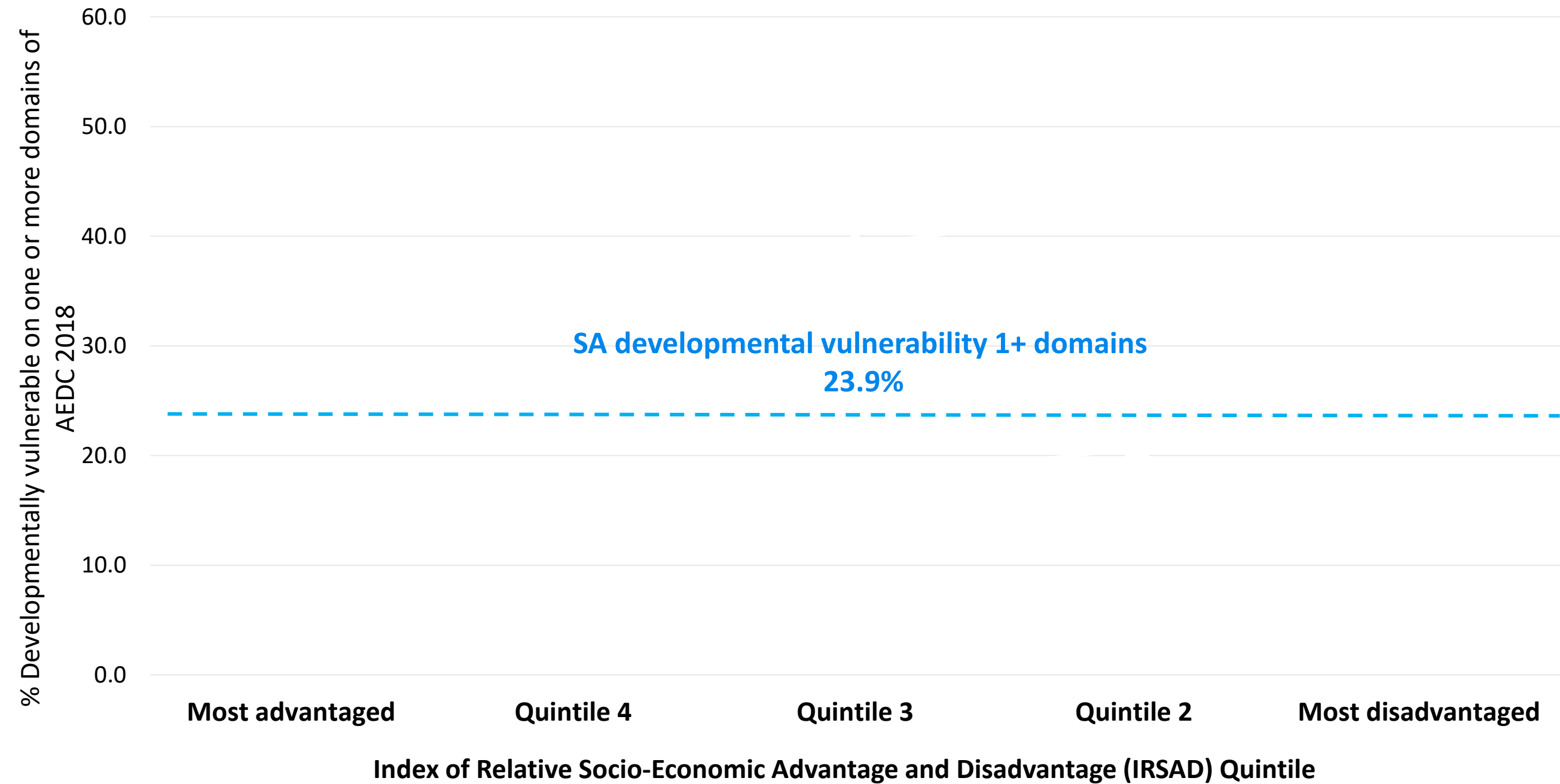
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Maltreatment is deeply intertwined with socioeconomic disadvantage – 50-70% of child maltreatment substantiations come from the most socioeconomically disadvantaged areas



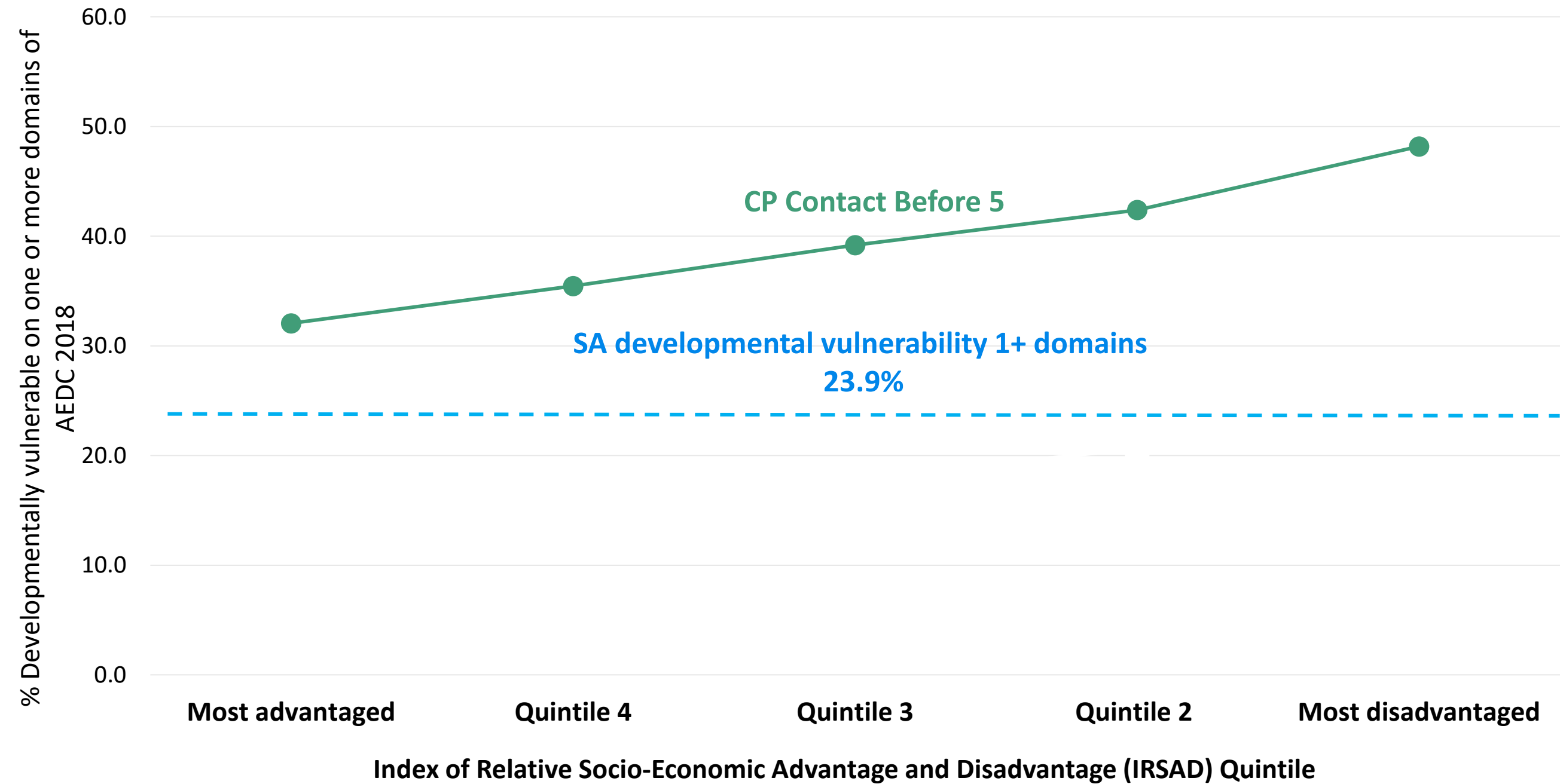
Developmental vulnerability on the AEDC by disadvantage and child protection

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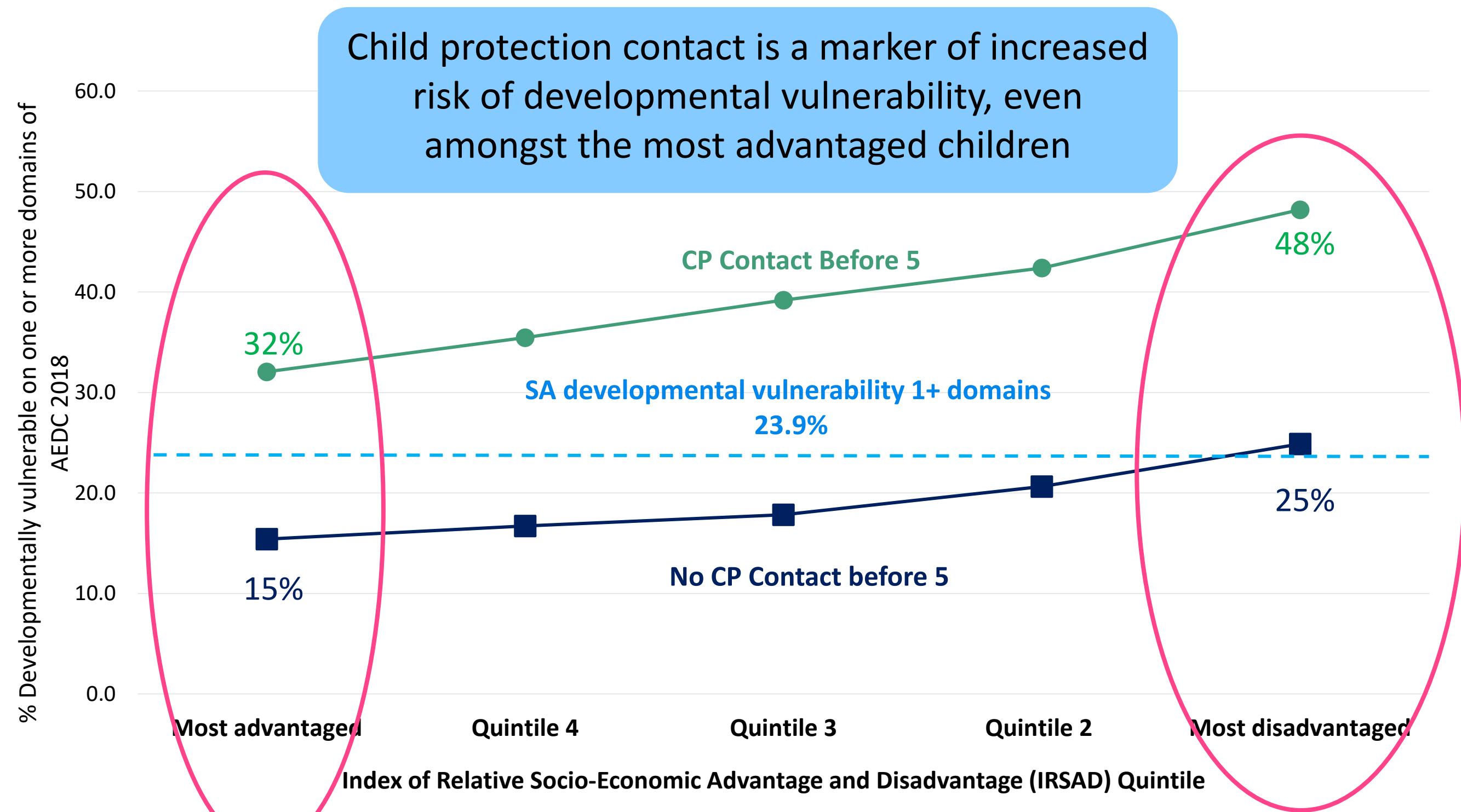
Developmental vulnerability on the AEDC by disadvantage and child protection

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Developmental vulnerability on the AEDC by disadvantage and child protection

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A public health approach

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It takes a whole service system to support children to reach their full potential

- Provision of universal ECEC needs to support families dealing with complex circumstances that lead to child protection risk
- Without effective, well resources and integrated universal and targeted services we will not 'turn the curve' to improve child outcomes



Early Years in South Australia as a multi-tiered system of support

South Australia's Early Learning Strategy 2021 to 2031

Earliest feasible prevention opportunity: child protection contact by age 1

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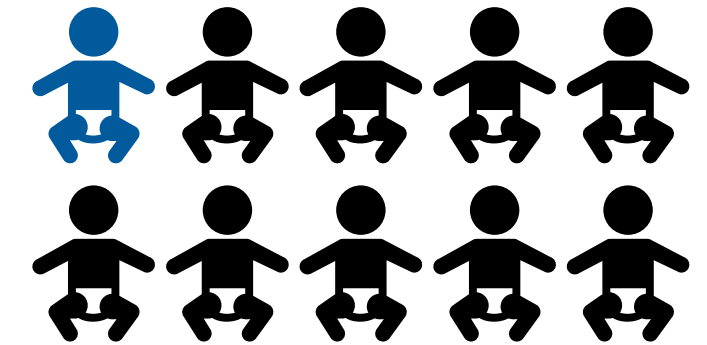
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Priority populations – children under age 1

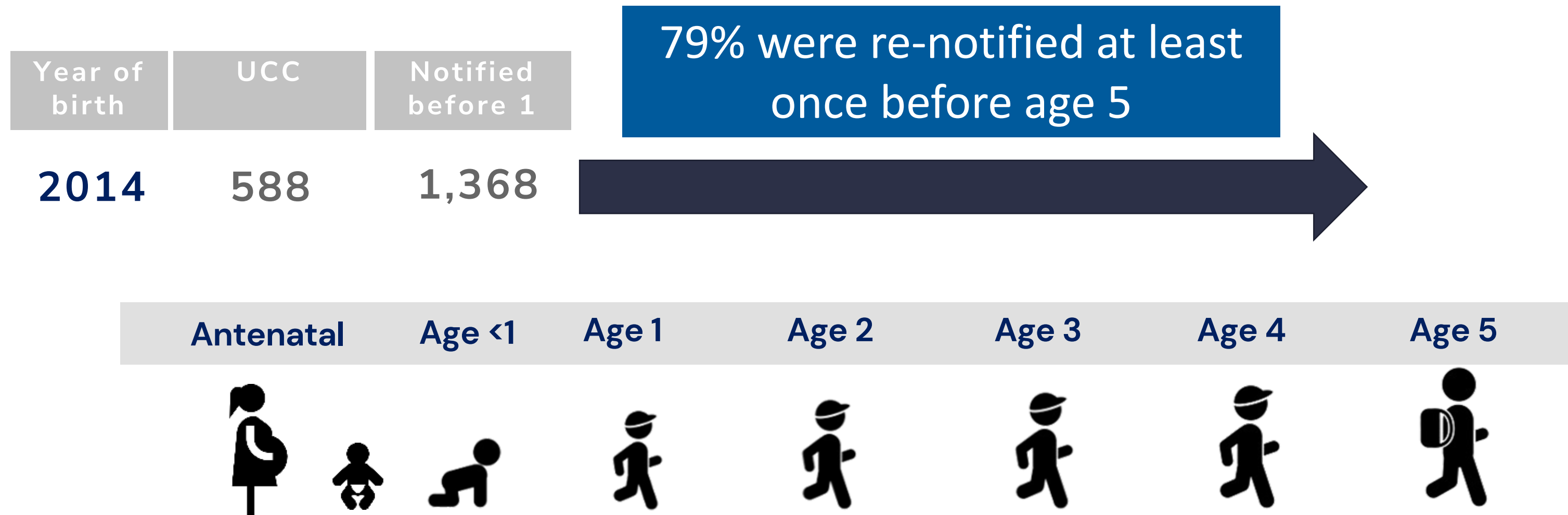
Year of birth	Unborn Care Concern (UCC)	Notified before 1	Total
2014 -20,747 births	588	1,368	1,956
2015 -20,154 births	659	1,367	2,026
2016 -20,067 births	707	1,216	1,923
2017 -19,485 births	802	1,170	1,972
2018 -19,332 births	905	1,192	2,097
2019 -19,526 births	1,062	1,040	2,102
Antenatal		Age <1	



**1 in 10 children are
known to child
protection before age 1**

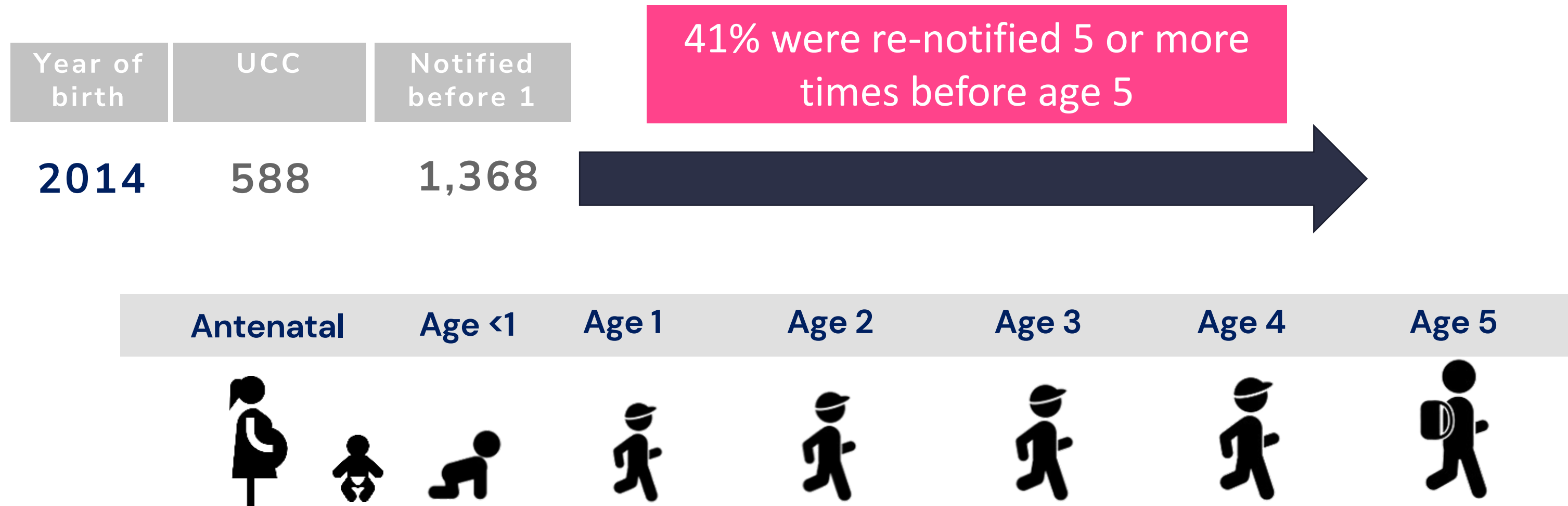
Priority populations - re-notifications before age 5

31



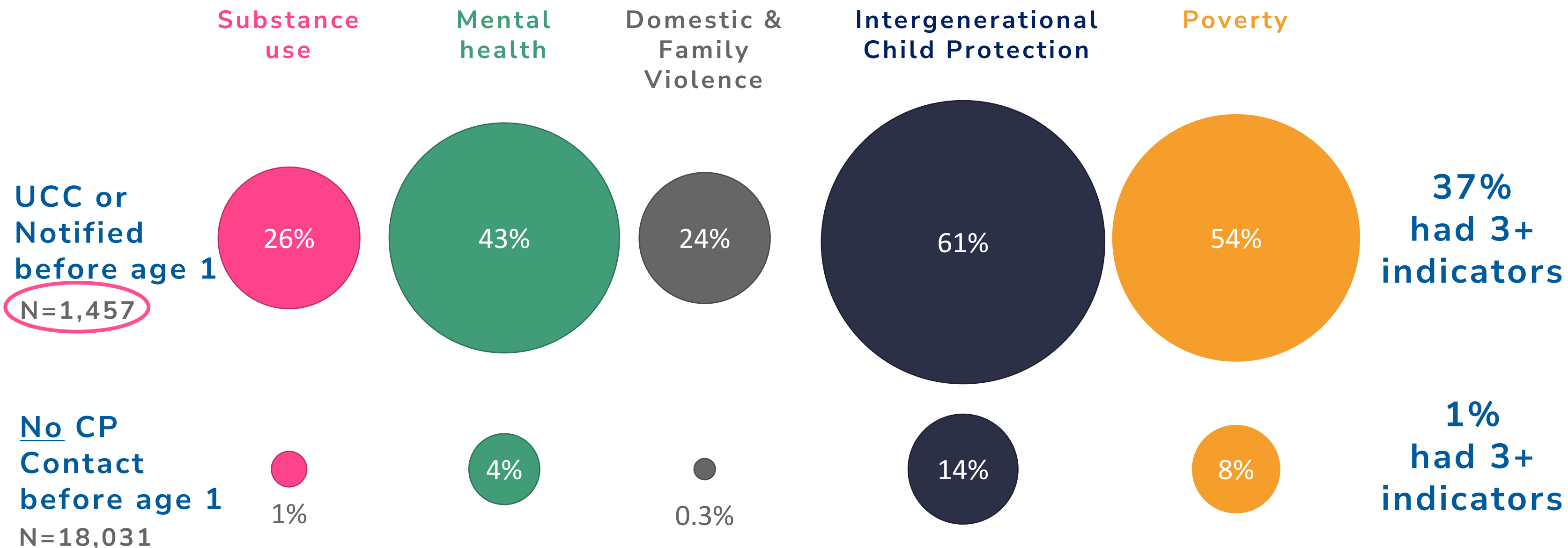
Priority populations - re-notifications before age 5

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Complexity – indicators from acute services

These children and families have complex service needs and require support from multiple agencies

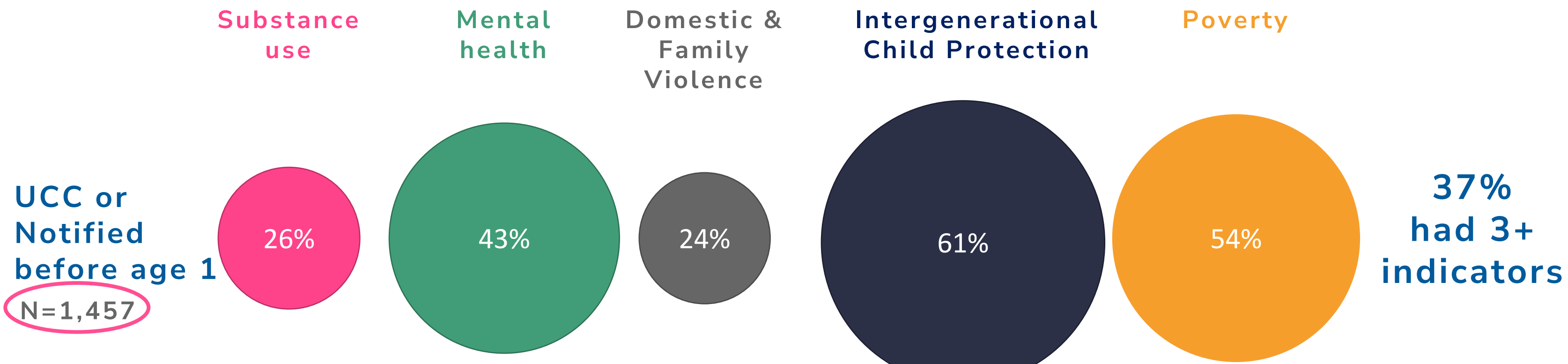


Includes children born & linked to family file in 2016 with and without a UCC or notification to CP before age 1.
96% of children with UCC or notification under 1 were born in SA and could be linked to family file.

Complexity – indicators from acute services

34

These children and families have complex service needs
and require support from multiple agencies



This has implications for ensuring equitable universal service delivery.

How do we improve the capacity of ECEC services to support families experiencing disadvantage?

Improving outcomes

How will we know what works?

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Finding high quality “evidence-based” programs is hard

There are many high quality reviews

Early Intervention Foundation, HomVEE (2021), and SuPERU (2014)

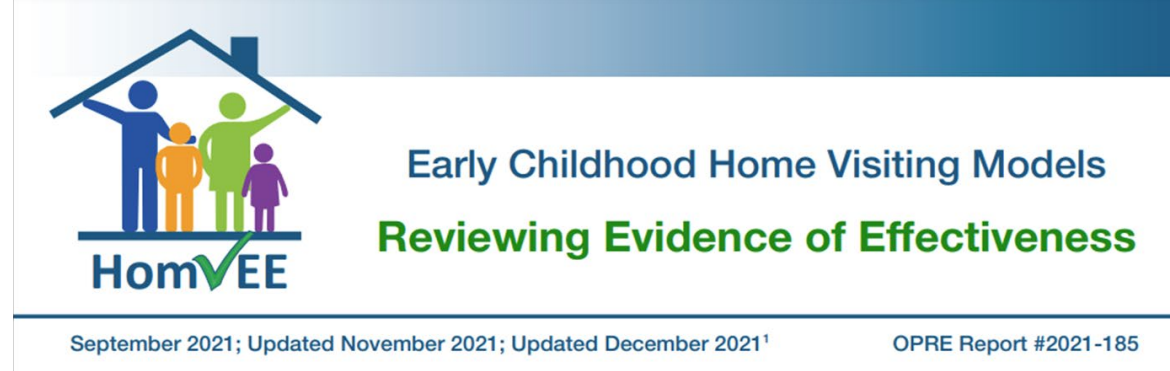
At very best, only 40% of research evidence around early interventions
is of moderate to high quality

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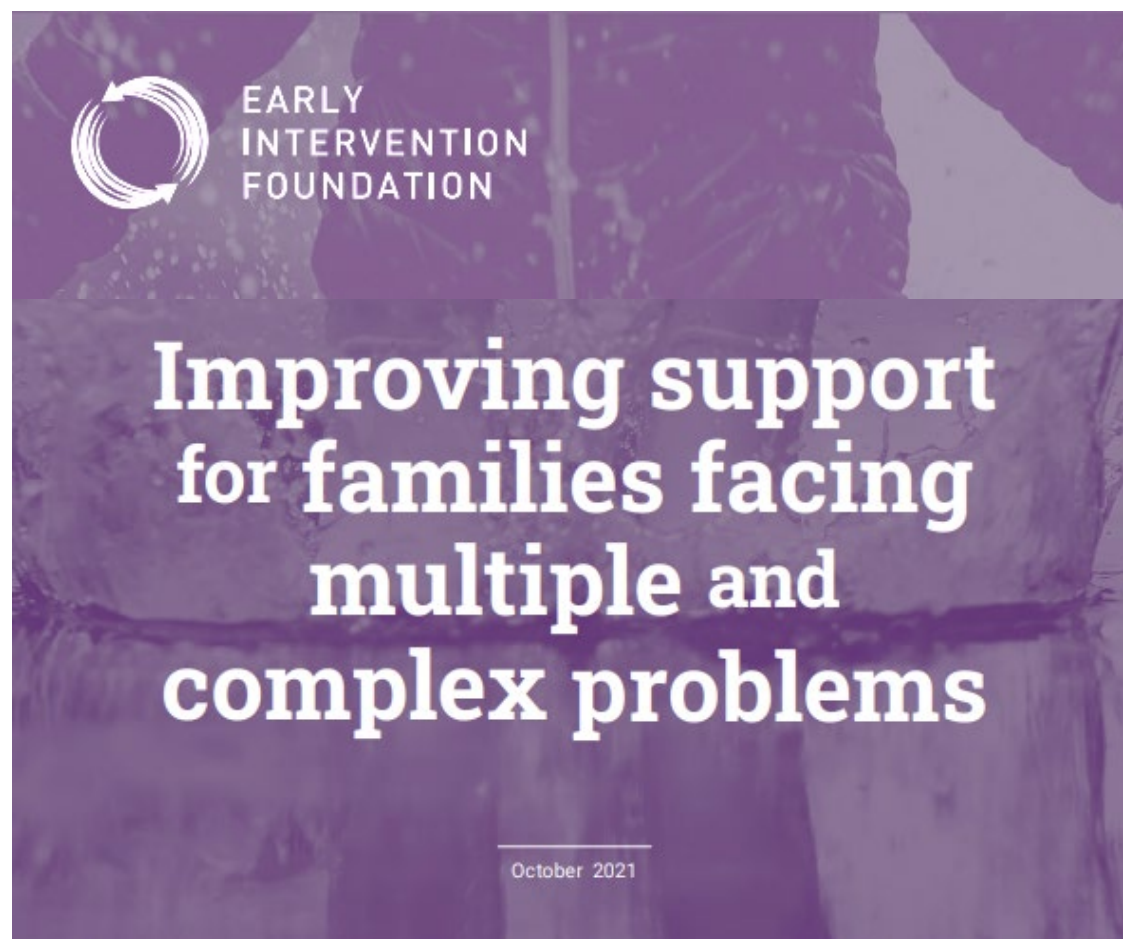


Of the 50 home visiting models reviewed, 22 meet the criteria for an evidence-based early childhood home visiting service delivery mode

Summarizing the Results

As of December 2021, HomVEE has reviewed the available evidence on 50 home visiting models, including impact reviews of 472 manuscripts about impact research. HomVEE has also identified 333 manuscripts describing implementation research about these models.^{8,9} Some manuscripts are included in both counts because they contain information on both impacts and implementation.

Evidence of effectiveness. Of the 50 home visiting models that were reviewed, 22 meet the HHS criteria for an evidence-based early childhood home visiting service delivery model (Table 1).



“Put simply, we do not yet have the evidence we need to inform national and local decision-making about how best to reduce the risk of abuse and neglect in families where there are multiple and complex needs.”

“We need to use what we know to support local service improvement – ensuring that different types of evidence, knowledge and data are available and used to inform local decision-making.”



Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial



Michael Robling, Marie-Jet Bekkers, Kerry Bell, Christopher C Butler, Rebecca Cannings-John, Sue Channon, Belen Corbacho Martin, John W Gregory, Kerry Hood, Alison Kemp, Joyce Kenkre, Alan A Montgomery, Gwenllian Moody, Eleri Owen-Jones, Kate Pickett, Gerry Richardson, Zoë E S Roberts, Sarah Ronaldson, Julia Sanders, Eugena Stamuli, David Torgerson

Summary

Lancet 2016; 387: 146–55

Published Online

October 14, 2015

[http://dx.doi.org/10.1016/S0140-6736\(15\)00392-X](http://dx.doi.org/10.1016/S0140-6736(15)00392-X)

See Comment page 105

Background Many countries now offer support to teenage mothers to help them to achieve long-term socioeconomic stability and to give a successful start to their children. The Family Nurse Partnership (FNP) is a licensed intensive home-visiting intervention developed in the USA and introduced into practice in England that involves up to 64 structured home visits from early pregnancy until the child's second birthday by specially recruited and trained family nurses. We aimed to assess the effectiveness of giving the programme to teenage first-time mothers on infant

Interpretation Adding FNP to the usually provided health and social care provided no additional short-term benefit to our primary outcomes. Programme continuation is not justified on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge.



“In this UK-based trial, the extent of care provision accessible to the usual care group might have diluted any effect of FNP...” (p.153)

Evidence from the US has a vastly different local context.

Usual care and local context matters.

“The time has now come for a different approach to early childhood investment that catalyzes innovation, seeks far greater impacts, and views best practice as a baseline, not a solution.”

Shonkoff. *JAMA Pediatrics* (2014)



“ . . . we must embrace a spirit of **constructive dissatisfaction** with best practices, continually **design and test new ideas, learn from things that do not work,** and settle for nothing less than breakthrough impacts on important outcomes.”



Service delivery

Referrals
Warm handover
Therapeutic contact



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South Australian data asset to underpin monitoring and evaluation



We have an opportunity to build a self-learning system with privacy protections in place to support monitoring and evaluation of early years investment to improve the life chances for children in South Australia

Acknowledgements



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The material presented here does not necessarily reflect the views of our government partners.

