

# Laying the foundations for a healthy and prosperous society: Investing in early childhood development:

*2017 Asia-Pacific regional ECD Conference  
Siem Reap, Cambodia  
March 1-3, 2017*

*Professor Frank Oberklaid  
Director, Centre for Community Child Health  
Royal Children's Hospital Melbourne*

# **‘It takes a village to raise a child.’**

‘What the best and wisest parent wants for his own child must be what the community wants for all its children’.

*- John Dewey*

‘Today’s children will drive growth and development in the societies of tomorrow.’

- *Chan (WHO), Lake (UNICEF), Hansen (World Bank) – Lancet 2017*

# Outline of presentation



- **Survive and thrive** – *the rationale for focus on ECD*
- Brain development research - *the science tells us that the early years are critical in shaping a child's health, learning and behaviour*
- Life course research - *what happens in the early years has consequences right through the life course into adult life*
- The biology of adversity – *the environmental risks to ECD*
- Action to promote children's development - *We need to close the gap between what we know and what we do*

# Sustainable Development Goals (SDGs)



- UN - September 2015
- Follow on from Millenium Development Goals (MDGs)
- 17 Goals, 169 Targets
- Apply from January 2016 - Goals set for 2030



# SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



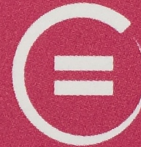
8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



# SDG Target 4.2

‘By 2030 countries should ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.’

# But strengthening ECD...

*Is key to achieving most of the 17 goals, especially:*

- Poverty
- Hunger
- Good health and wellbeing
- Education
- Gender
- Clean water and sanitation
- Inequality



‘Early childhood development; the foundation of sustainable development.’

- *Lancet 2017*

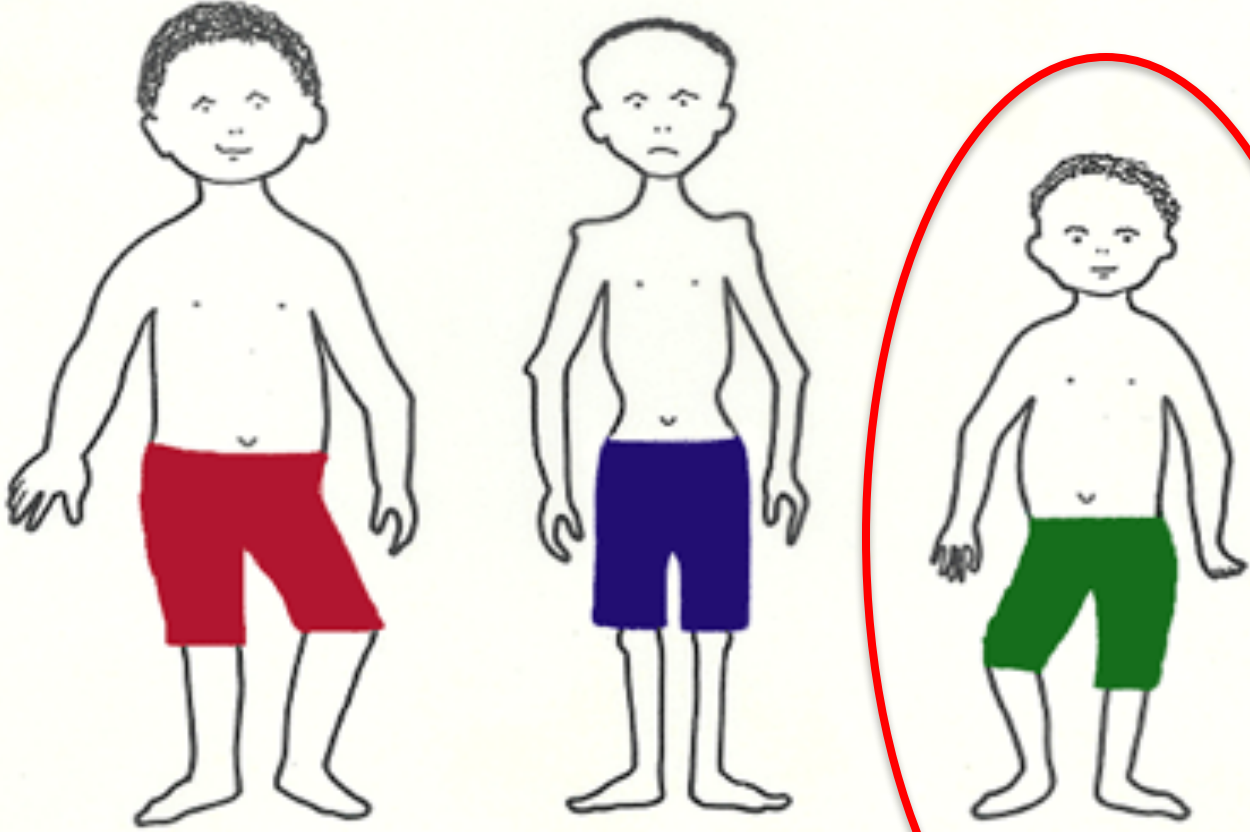
# Survive and thrive

- Great improvements in child survival – under 5 child mortality has dropped by 53% between 1990 and 2015
- BUT risk for poor developmental outcomes high – 250 million children under 5 (43%) in low and middle income countries \*

\* *estimates based on **poverty** and **stunting**; figure would be higher if other risks (low maternal education, child abuse) were added*

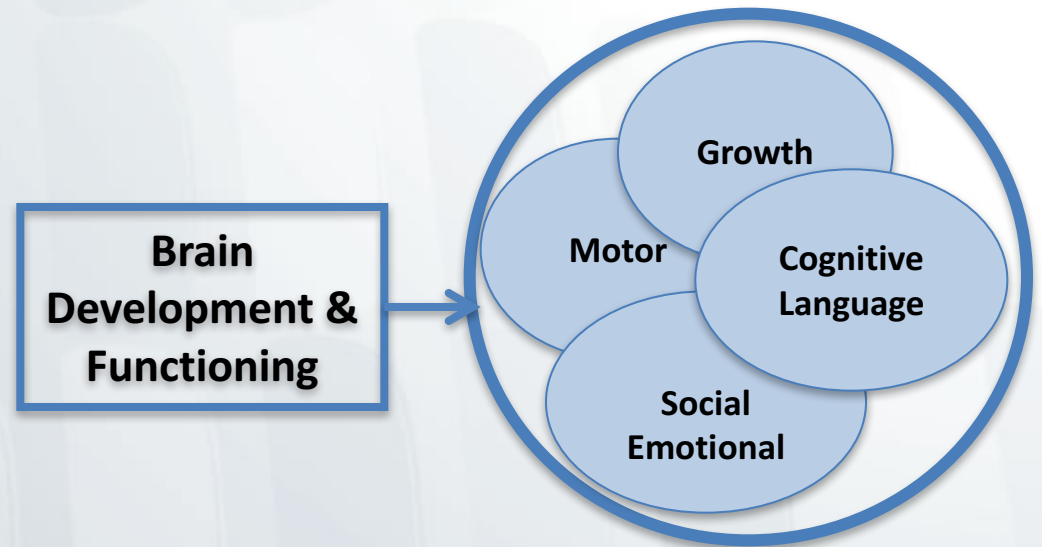
# Wasting & stunting in children

Stunting occurs < age 2, first 1000 days

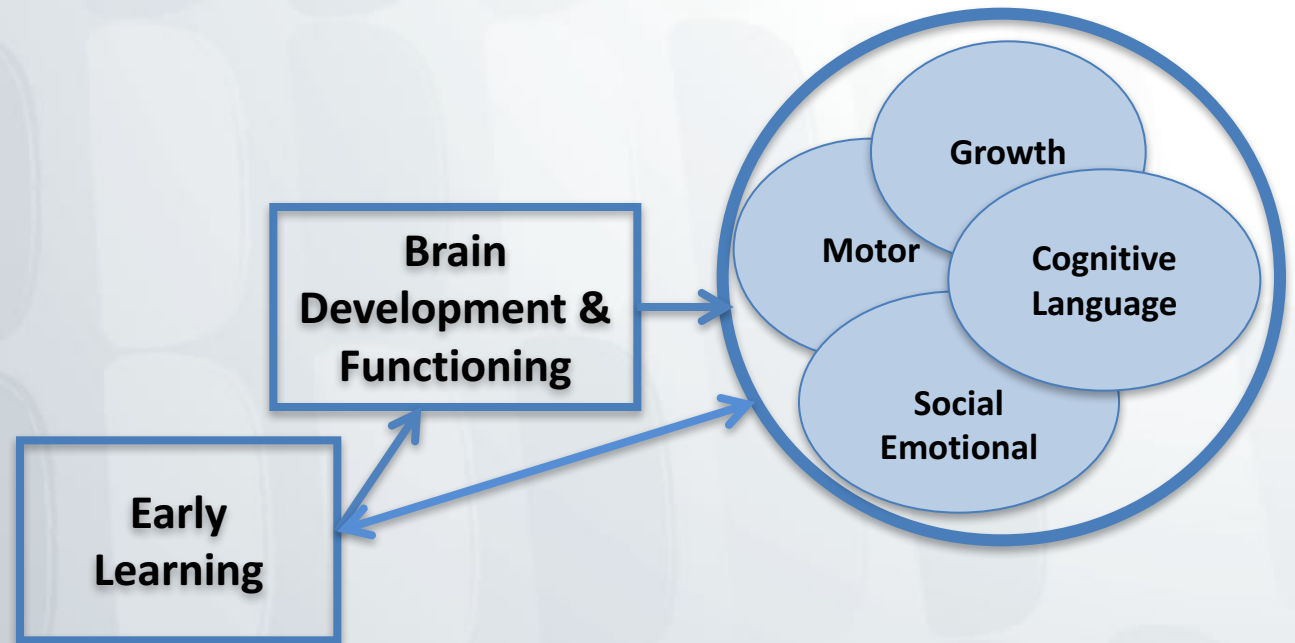


Wasted	No	Yes	No
Stunted	No	No	Yes
Underweight	No	Yes	Yes

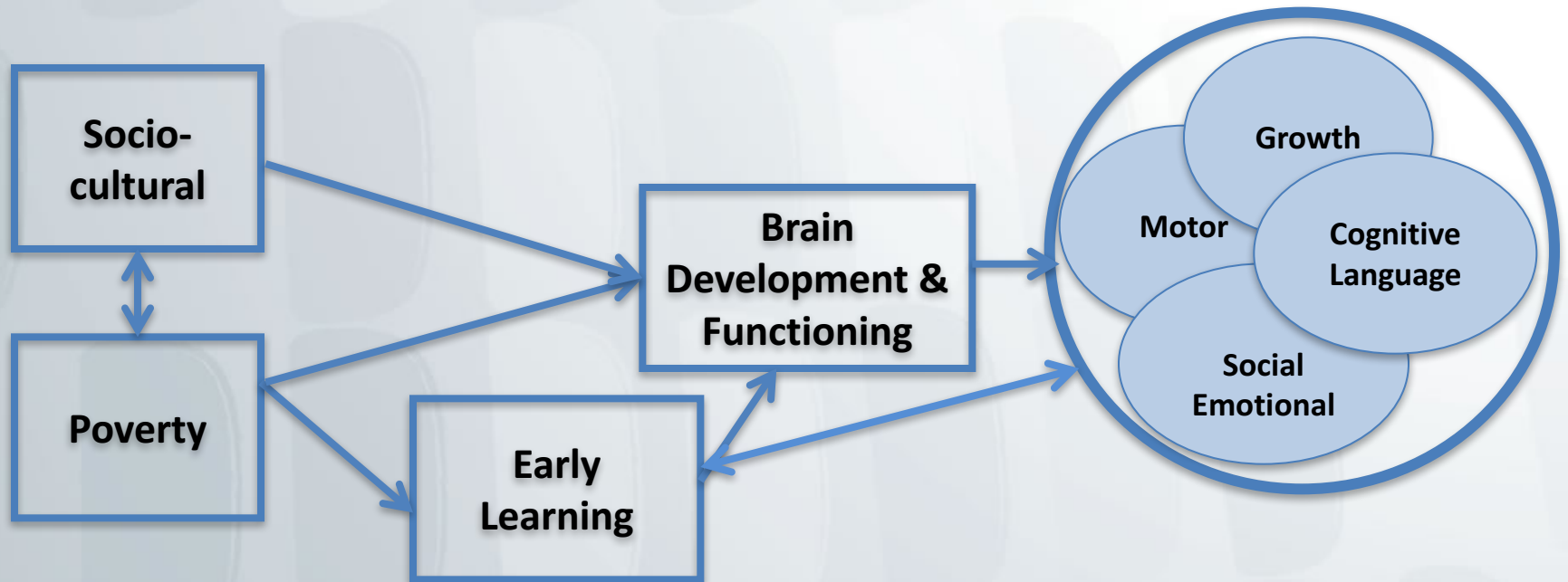
# Conceptual framework: Early Child Development



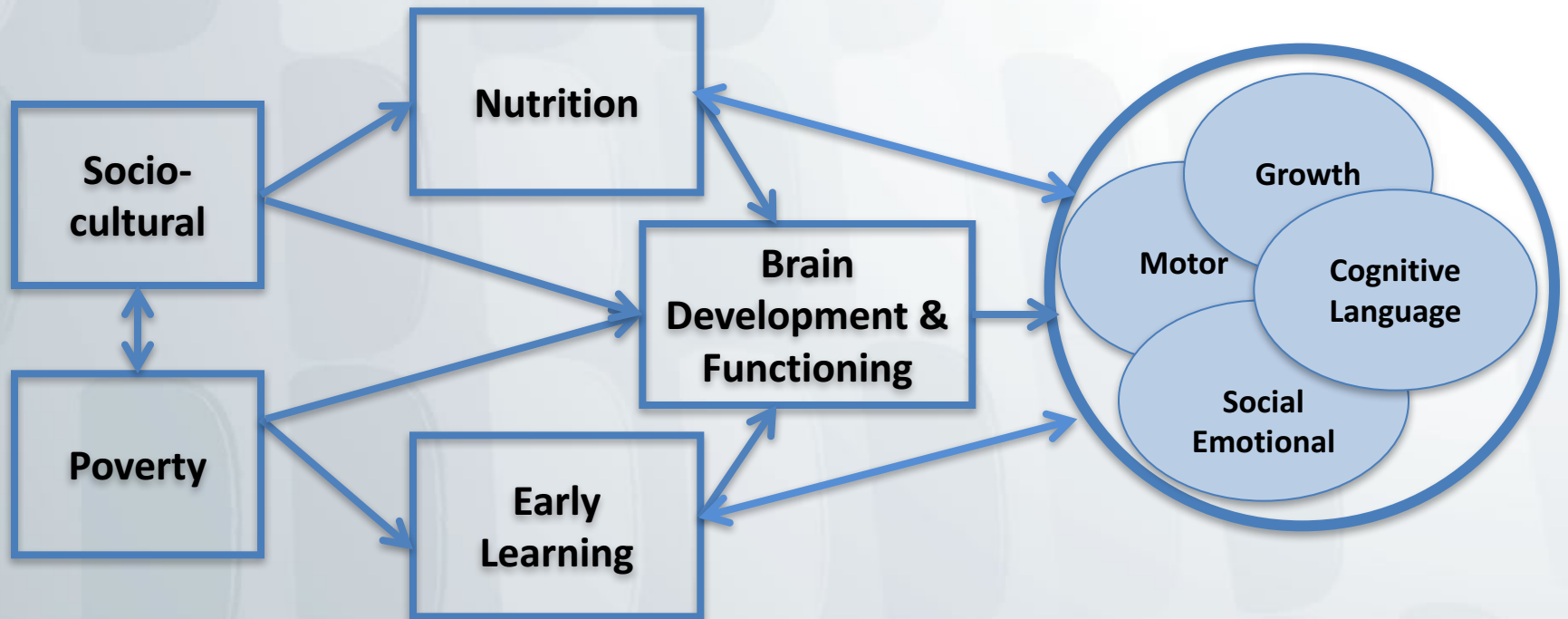
# Conceptual framework: Early Child Development



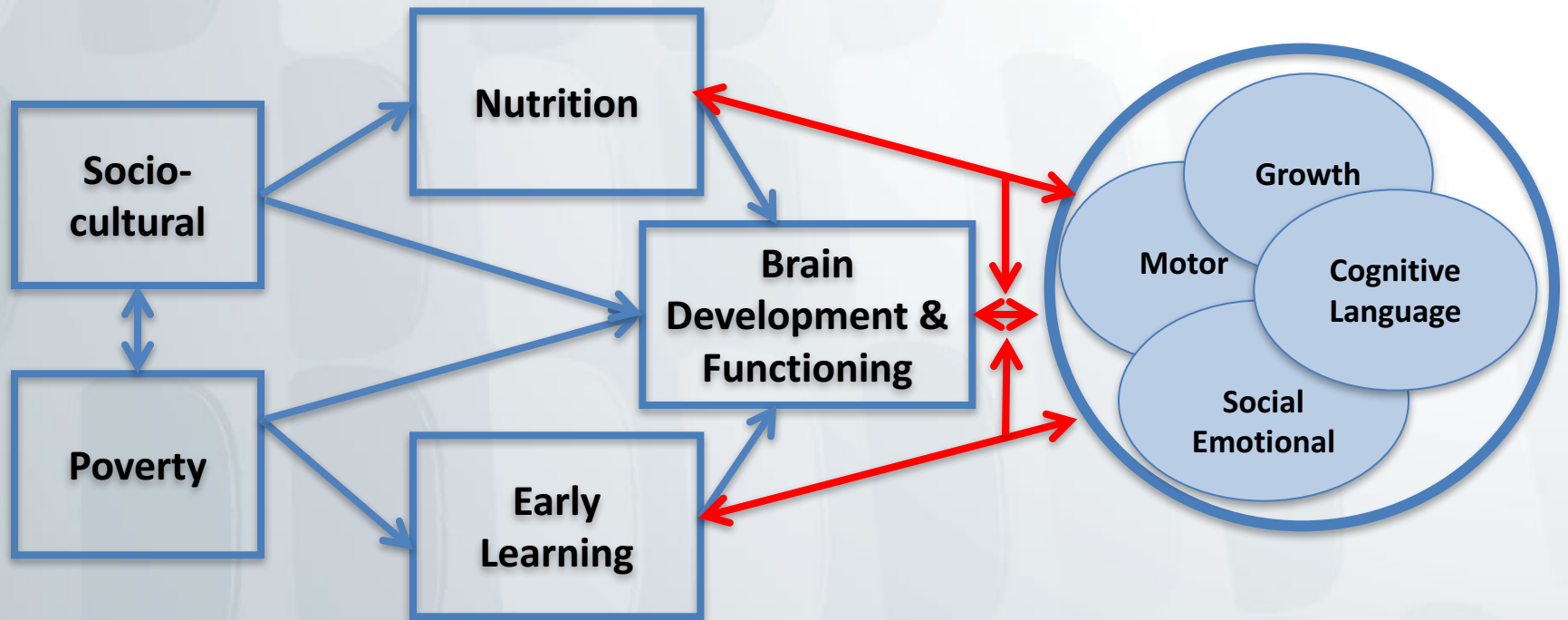
# Conceptual framework: Early Child Development



# Conceptual framework: Early Child Development



# Conceptual framework: Early Child Development





# What the research tells us

- The early years of a child's life are critical in impacting on a range of outcomes through the life course
- The early environments experienced by a young child establishes the trajectory for long term cognitive and social-emotional outcomes
- If we want to improve outcomes in adult life we have to focus on the early years - this has profound implications for public policy
- Investing in early childhood is a sound economic investment ( 'the best investment society can make' )

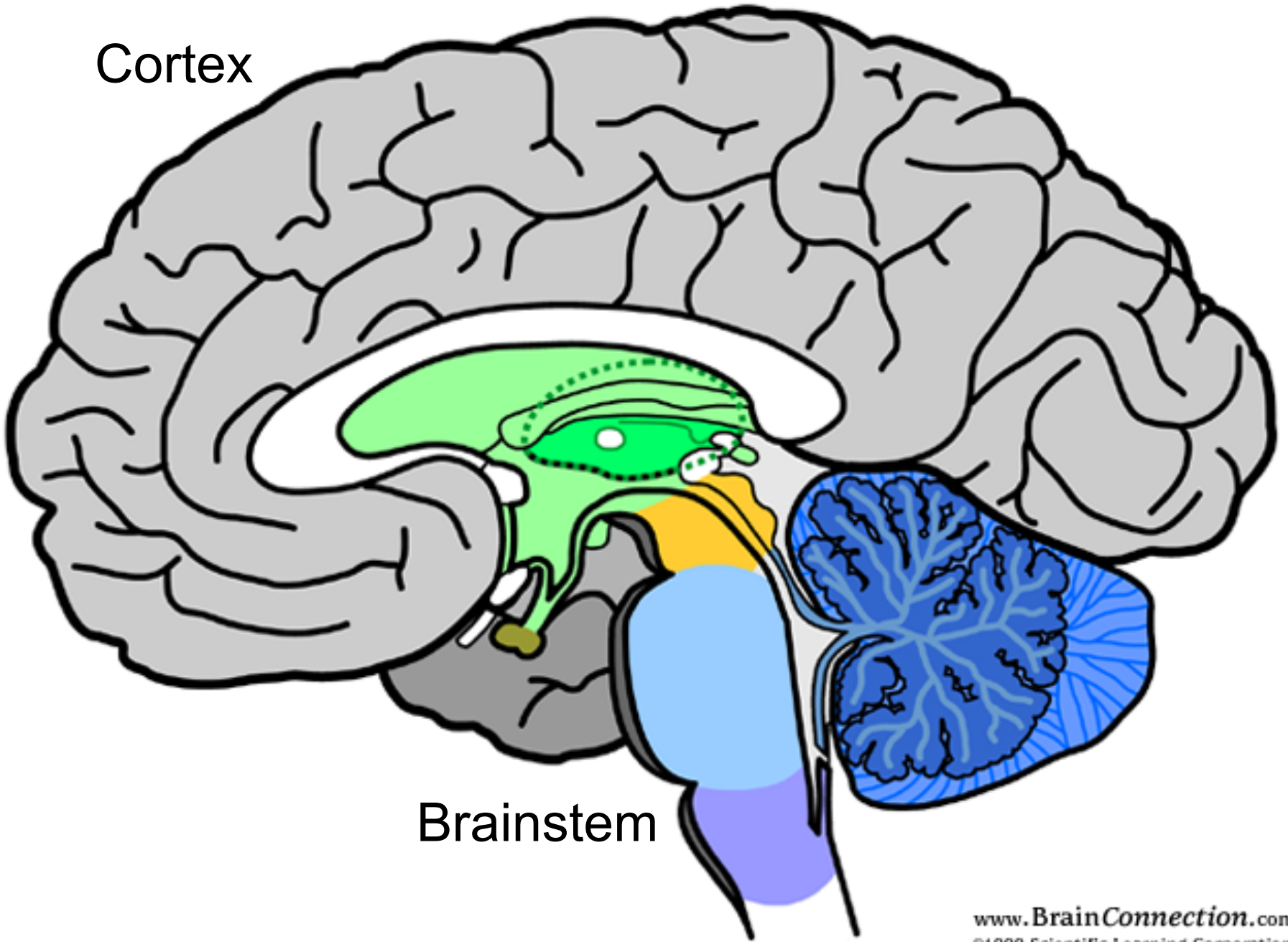
# Children's development

- Development is the result of complex, ongoing, dynamic transactions between nature and nurture - a dance between biology and experience
- We cannot do much to change biology - but we can change the environment in which young children grow and develop
- Optimal development dependent on good environment – safety, protection from infections and injury, nutrition, good health, nurturing parenting, etc

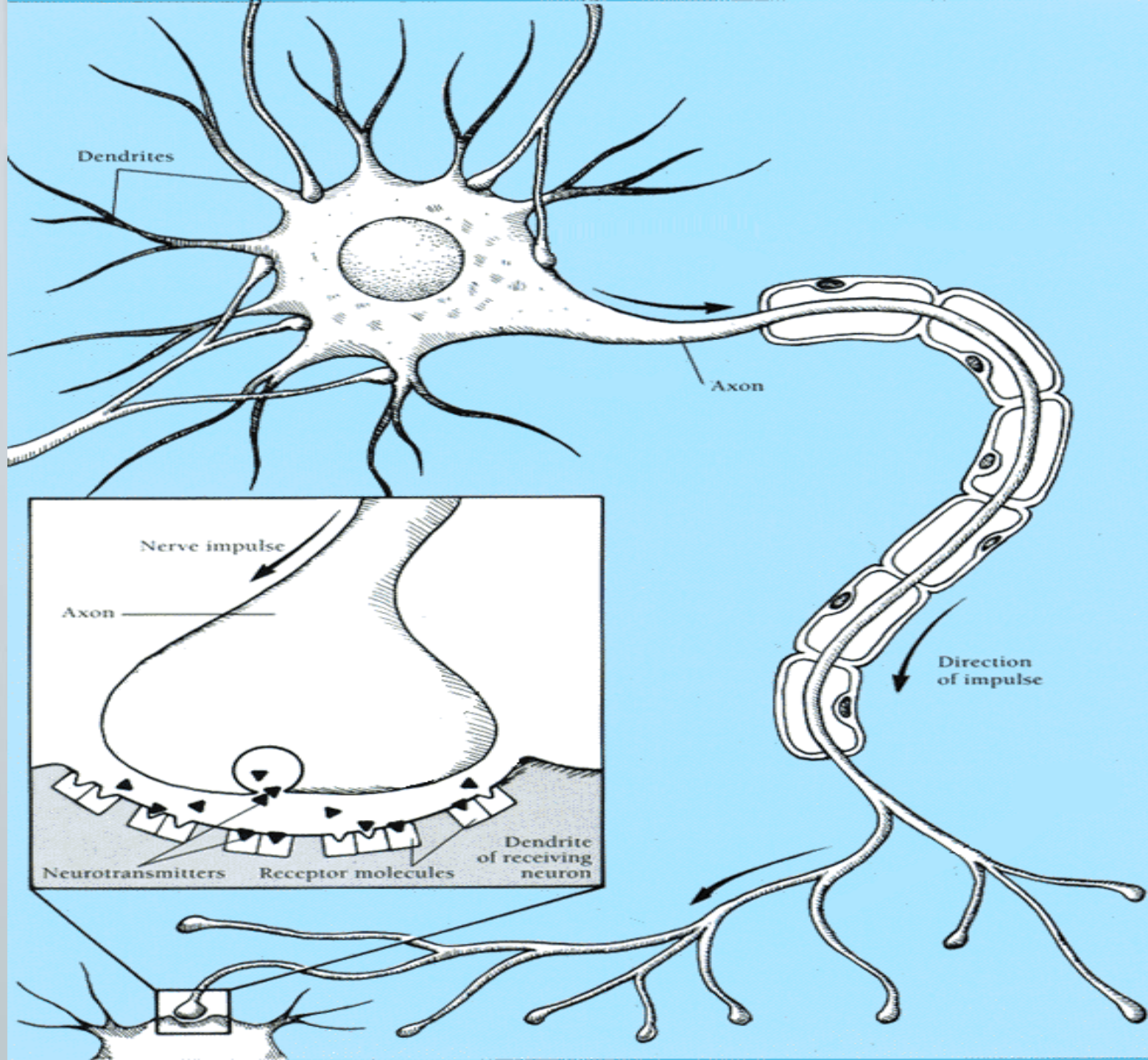
# The neuroscience of brain development

- 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

Cortex



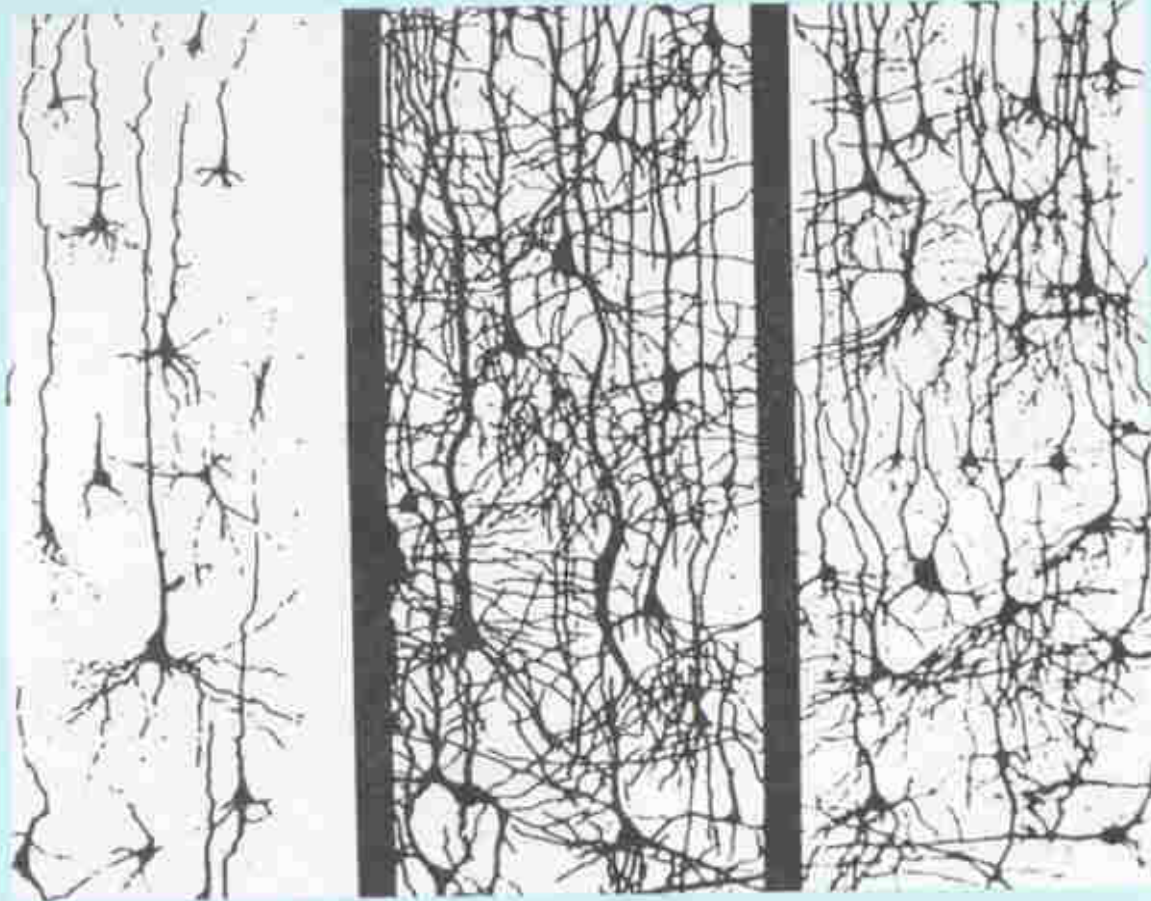
Brainstem



At Birth

6 Years Old

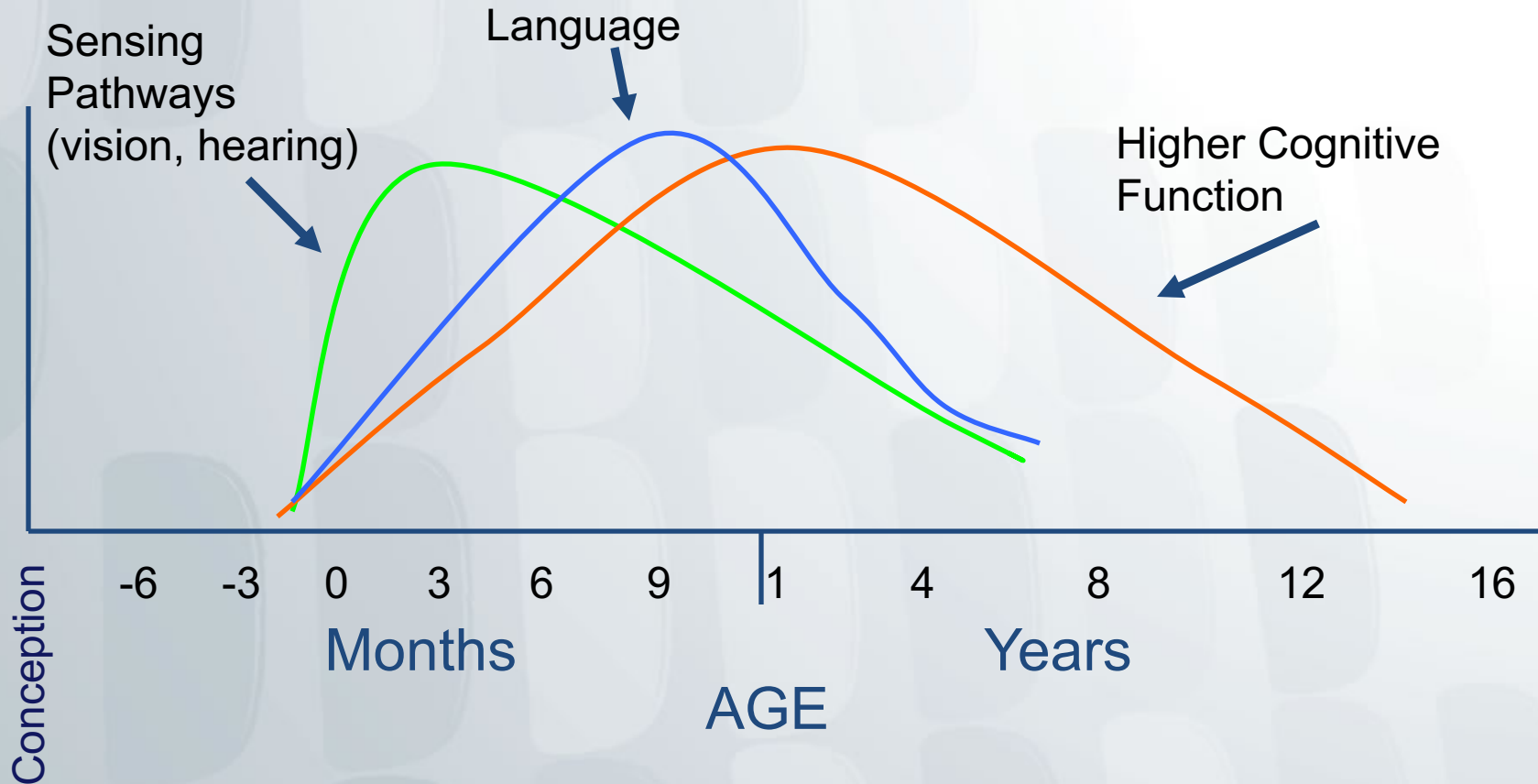
14 Years Old



*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.

# Human brain development - synapse formation



- C. Nelson, 2000

# Adversity

Any adversity in the child's environment has the potential to have a negative impact on brain development in the young child, and therefore acts as a risk factor for the health and development of the child



# Biology of adversity

- Begins in utero
- Adaptation to environment
- Short term advantages – responds to immediate threat - but long term consequences in face of prolonged activation
- ‘Biological embedding of environmental events’  
(*Hertzmann*)
- Leads to changes in DNA (methylation)
- Affects the development of biological systems
  - immune; cardiovascular; metabolic regulatory – with long term consequences

‘Growth failure in the first 2 years of life has harmful effects on adult health and human capital, including chronic disease, and lower educational attainment and adult learning...Deficits and disadvantage persist into the subsequent generation, producing a vicious intergenerational cycle of lost human capital and perpetuation of poverty. These findings shine light on the transformative potential of early child development programmes...Only by breaking this cycle will the Sustainable Development Goals be accomplished.’

*- Daelmans et al, Lancet 2017*

# Relationships are important

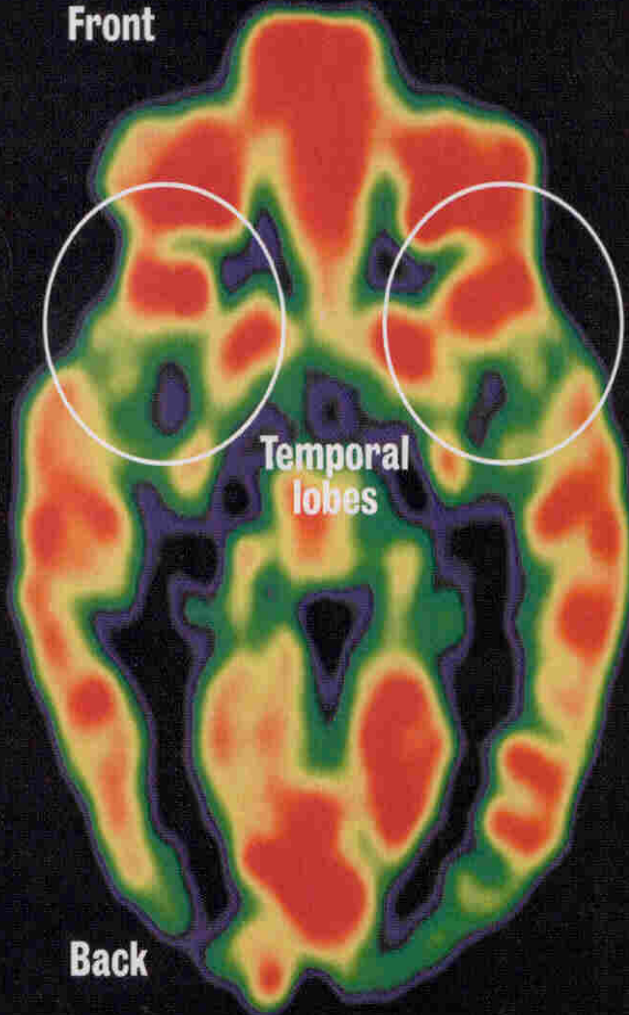
- Nurturing and responsive relationships build healthy brain architecture that provides a strong foundation for learning, behaviour and health
- The relationships a young child has with their caregiver(s) literally sculpts the brain and influences the development of neural circuits
- When relationships are dysfunctional, levels of stress hormones increase - this interferes with formation of healthy neural circuits, disrupts brain architecture, and interfered with body's physiological regulatory systems

# Persistent or 'toxic' stress

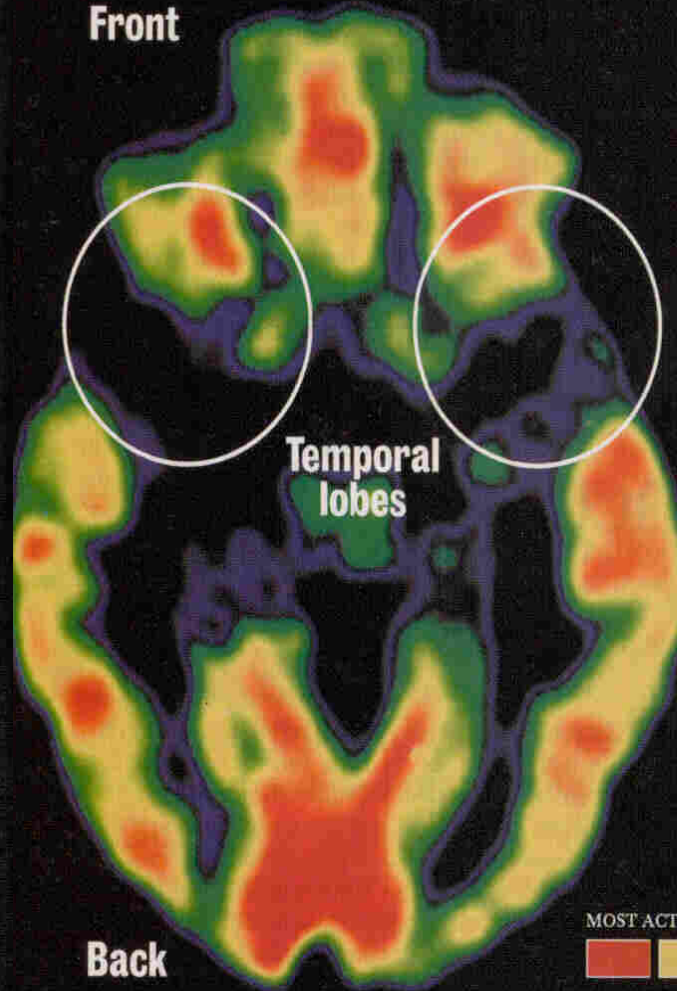
- Strong and prolonged activation of body's stress response - in absence of buffering protection of adult support
- Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, family violence
- Disrupts developing brain architecture
- 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

## Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



## Front



## An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



# Long term effects of stressful environments in early childhood

- Early developmental and behavioural problems persist and become more entrenched
- Robust body of research suggesting that many problems in adult life have their origins in pathways that begin in early childhood
- Studies both retrospective (*Adverse Childhood Events Studies*) and prospective - longitudinal studies with study subjects enrolled at birth or shortly afterwards

# Some adult problems with roots in early childhood

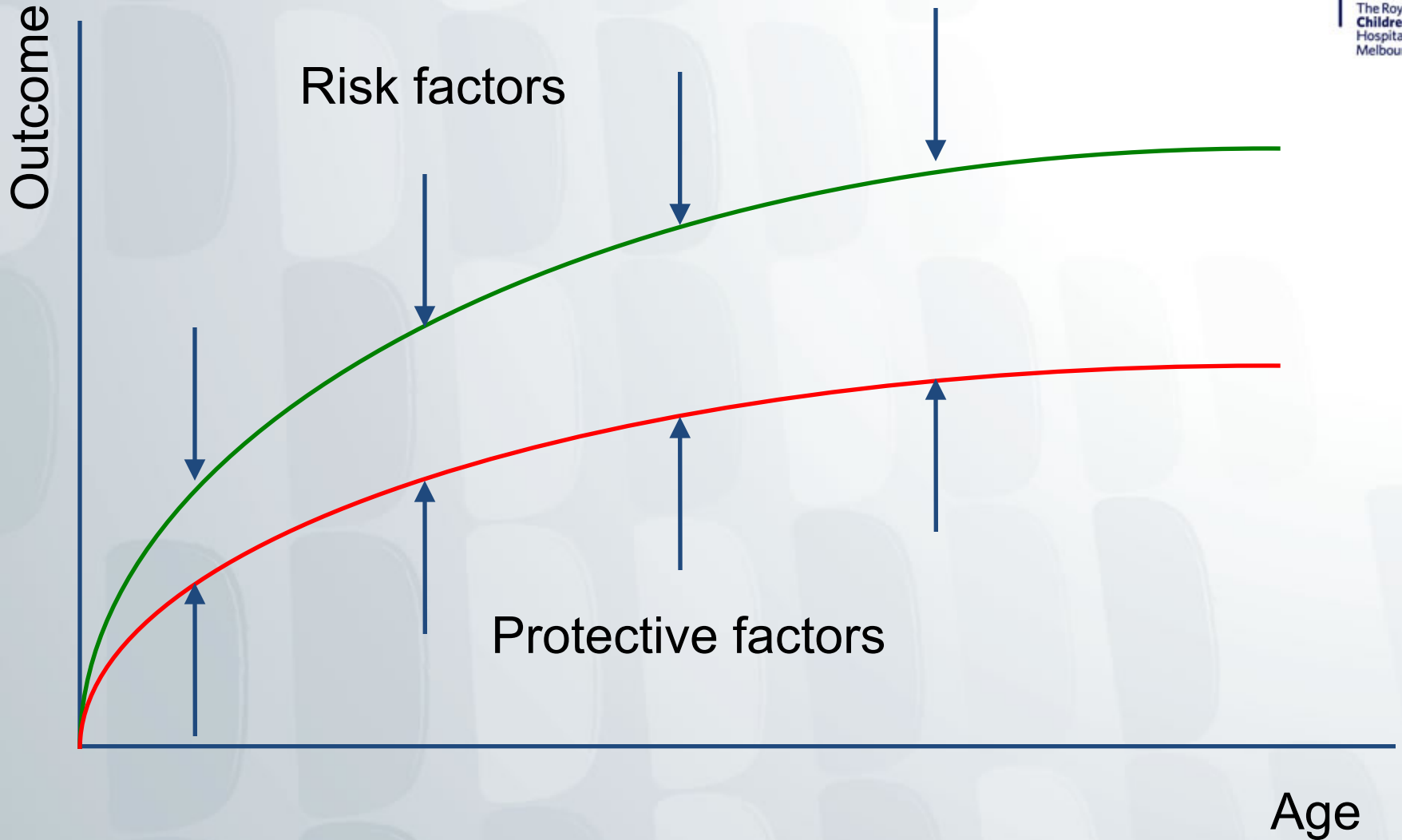
- Obesity
- Cardiovascular disease
- Diabetes
- Substance abuse
- Mental health problems
- Family violence and anti-social behaviour
- Crime
- Poor literacy
- Chronic unemployment and welfare dependency

# Risk and protective factors

- Human development is shaped by the ongoing interplay among sources of risk (vulnerability) and sources of protection (resilience)
- Exposure to adversity does not inevitably lead to poor outcomes, but does significantly increase the risk
- Children exposed to risk factors at an early age are more likely to experience problems in later life
- The earlier in life risk factors occur and the longer they are sustained the greater the risk of poor outcomes



# The developmental trajectory and life course



# Risks - pregnancy

- Maternal undernutrition
- Maternal anaemia
- Maternal depression
- Infections – malaria, HIV, CMV, Toxoplasmosis
- Substance abuse – tobacco, alcohol, drugs
- No or minimal antenatal care
- Prematurity
- Low birthweight – Intrauterine Growth Retardation

# Risks – infants and young children

- Poor nutrition and stunting
- Infections
- Anaemia – iron deficiency
- Micronutrients, iodine deficiency
- Low stimulation and lack of nurturing care
- Environmental toxins – food, water, house dust, soil, air (or via breastfeeding)

# Risks – children with disabilities

- Limited physical, cognitive and/or social potential because of disability
- Increased caregiver and family stress
- Increased drain on family resources – financial, logistic
- Social isolation
- Decreased access to and opportunities for learning
- Increased risk of child abuse

# Inequality

- Increased biological and environmental risk
- Begins prenatally and in early years
- Cumulative exposure over time
- Disparities widen as child gets older
- Trajectory gets harder to change over time

# 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 - including the cardiovascular and immune systems - increasing vulnerability to wide range of diseases and health conditions
- 'Double jeopardy' - have the least access to supports such as consistent health care, quality childcare and preschool, good schools, and family supports

# Consequences of poverty

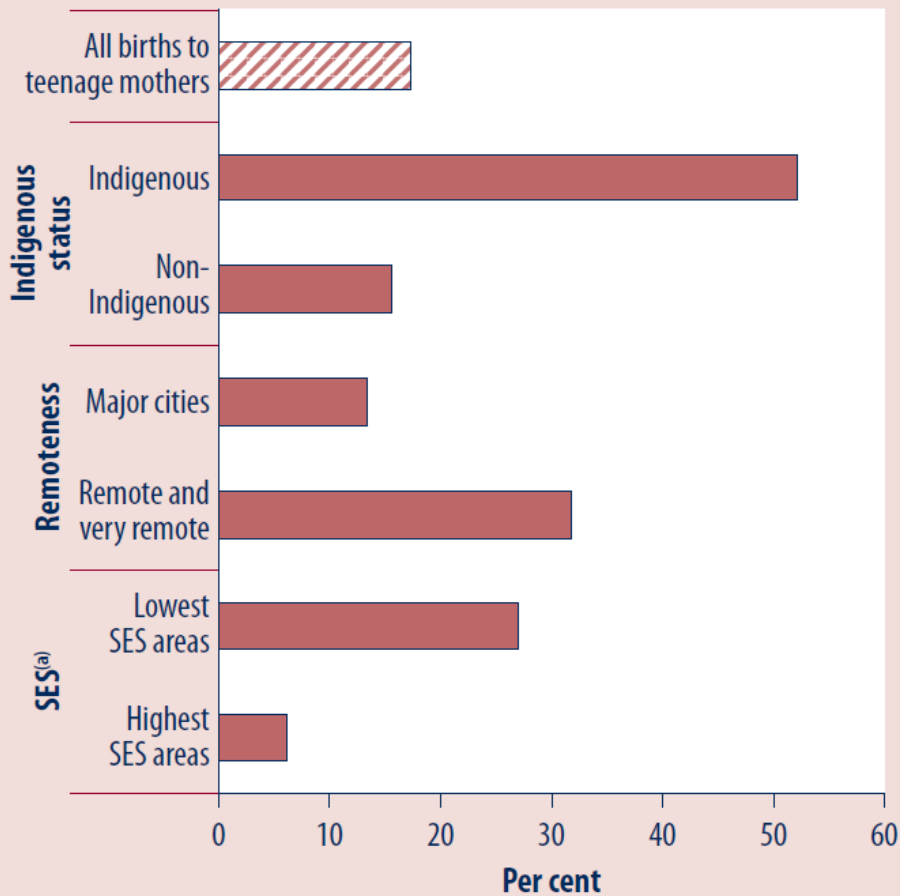
- Poverty and undernutrition in preschool years leads to:
  - Loss of 2 years in grade school
  - Reduction of 30% in adult income

- *Grantham-McGregor et al Lancet, 2007*

# Health and developmental inequalities (Australia)

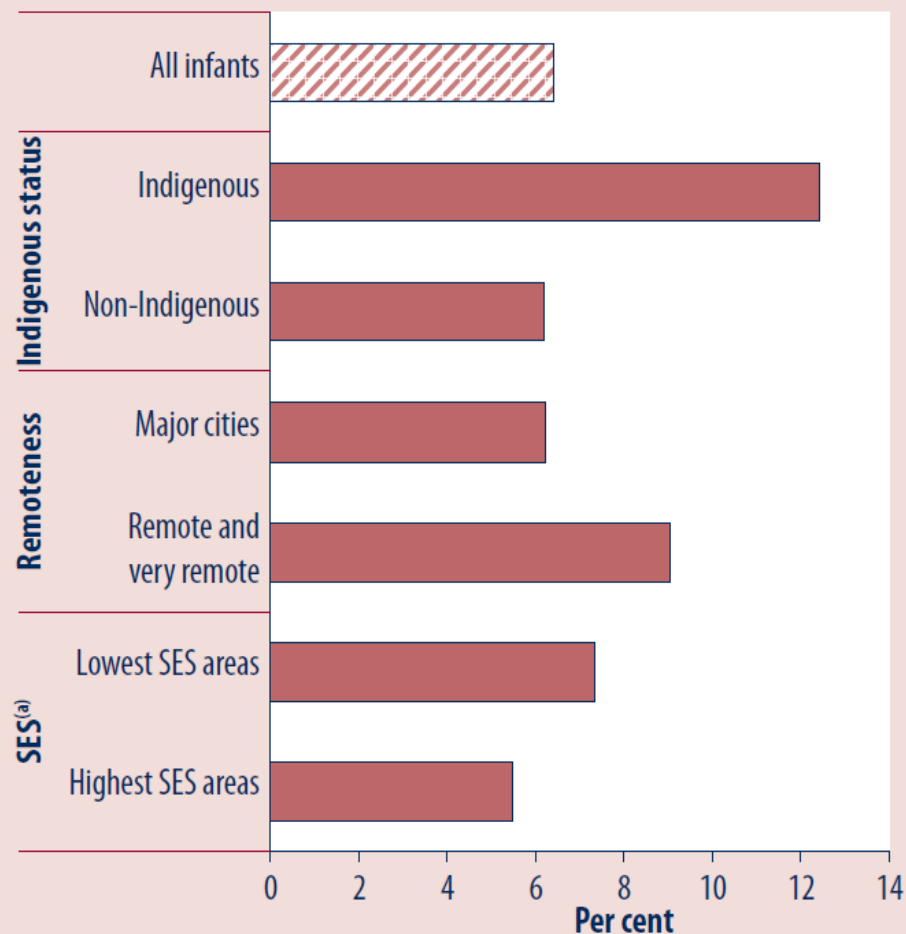


# Antenatal



(a) See Appendix 1 Methods for explanation of socioeconomic status (SES).  
 Note: Remoteness and socioeconomic status based on mother's usual place of residence.  
 Sources: Laws & Hilder 2008; AIHW National Perinatal Data Collection, unpublished data.

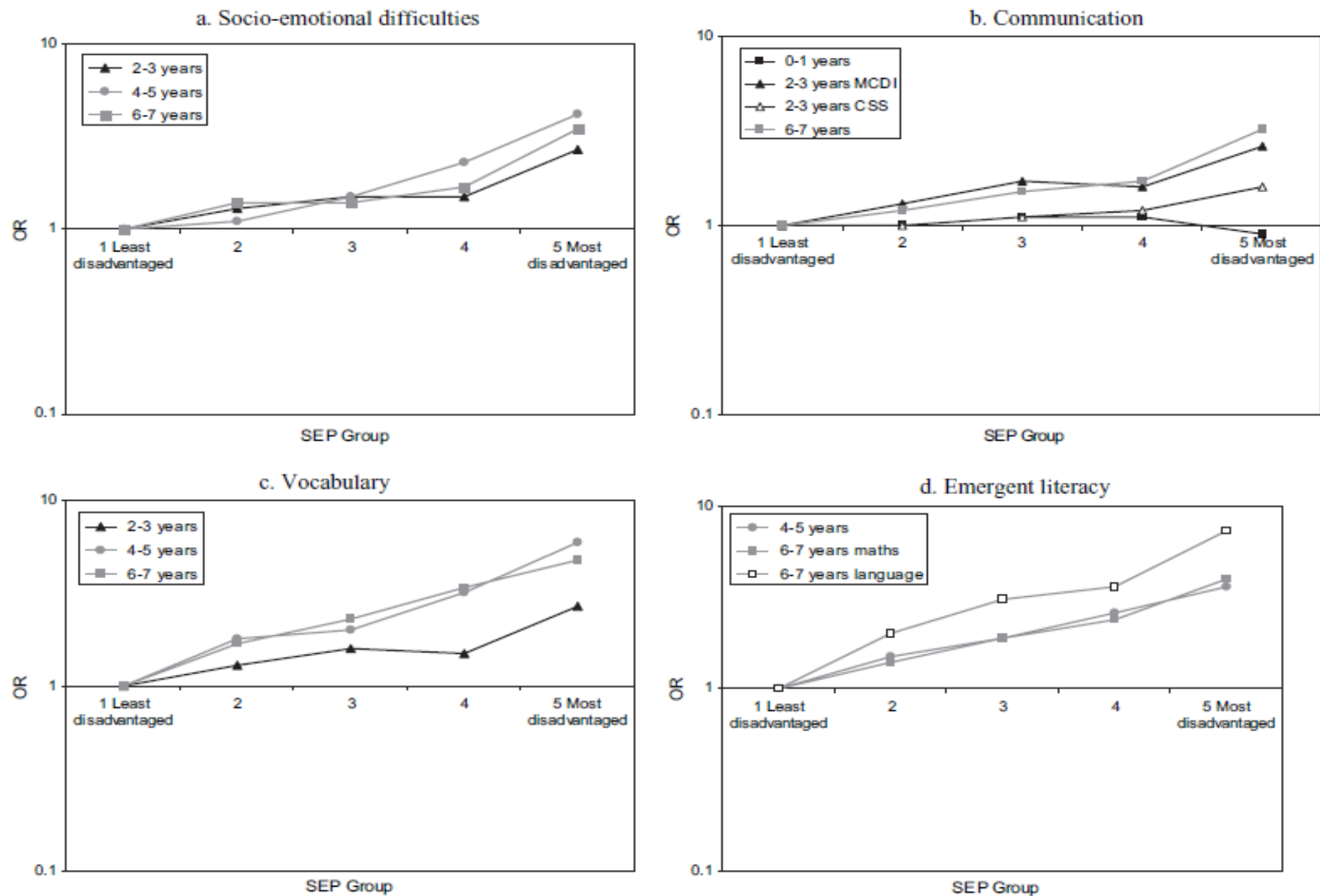
**Figure 19.2: Women who smoked during pregnancy, by population group, 2006**



(a) See Appendix 1 Methods for explanation of socioeconomic status (SES).  
 Source: AIHW National Perinatal Data Collection.

**Figure 21.3: Low birthweight infants, by population group of mother, 2006**

# Preschool



**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

# Australian Early Development Index (AEDI)

- A population based measure which provides information about children's health and wellbeing
- 100+ questions covering 5 development domains considered important for success at school
- Teachers complete the AEDI online for each child in their first year of full-time schooling
- Results are provided at the postcode, suburb or school level and not interpreted for individual analysis

## Five AEDI 'subscales'

- The AEDI measures a child's development in 5 areas:
  - physical health and well-being
  - social competence
  - emotional maturity
  - language and cognitive development
  - communication skills and general knowledge

# AEDI National Rollout 2009

- Number of communities 660
- Number of schools 7,423
- % of schools completed 95.6%
- Number of teachers 15,528
- Number of students 261,203
- % of students completed 97.9%



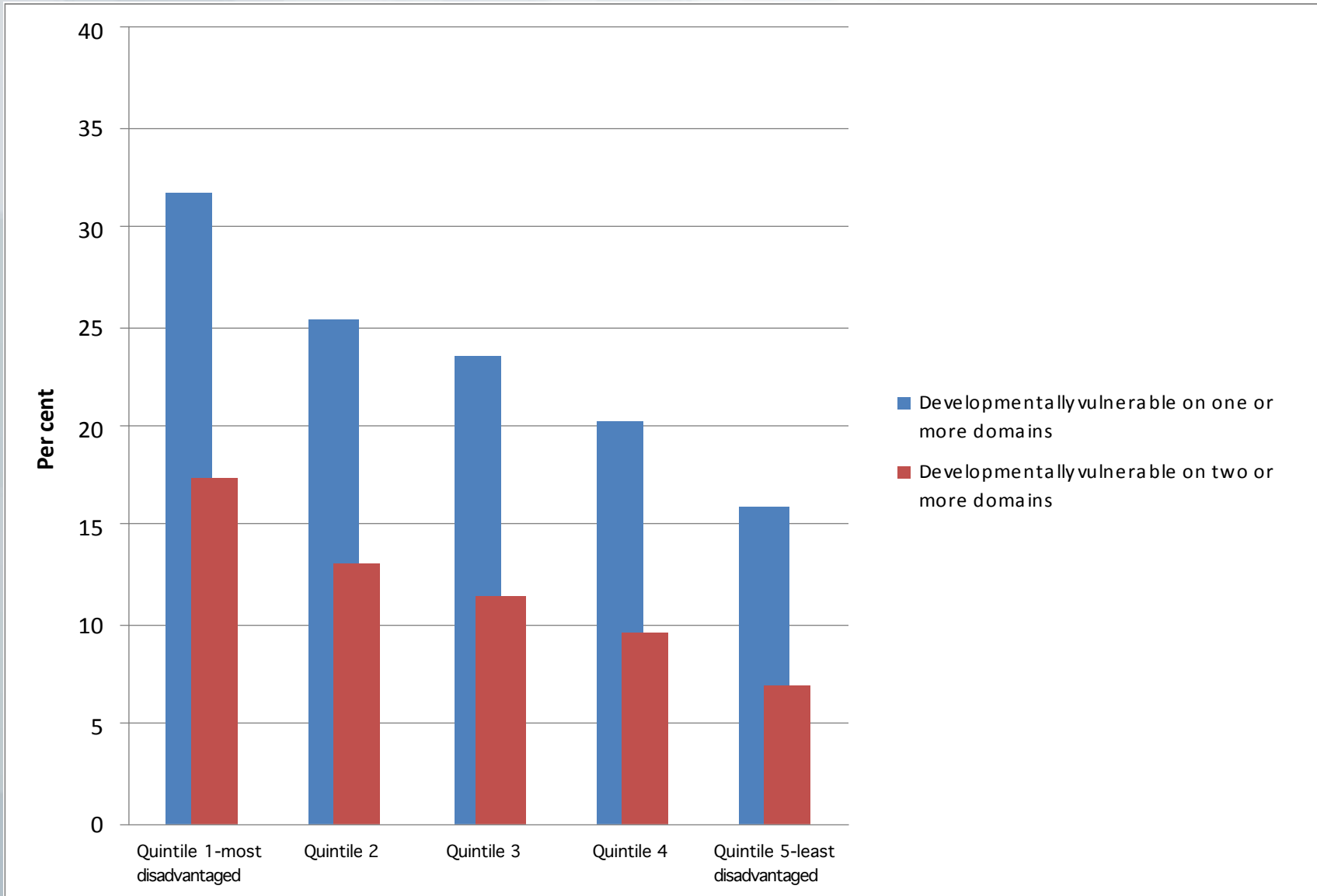
# Key findings



Percentage of children developmentally vulnerable (DV) across Australia by jurisdiction

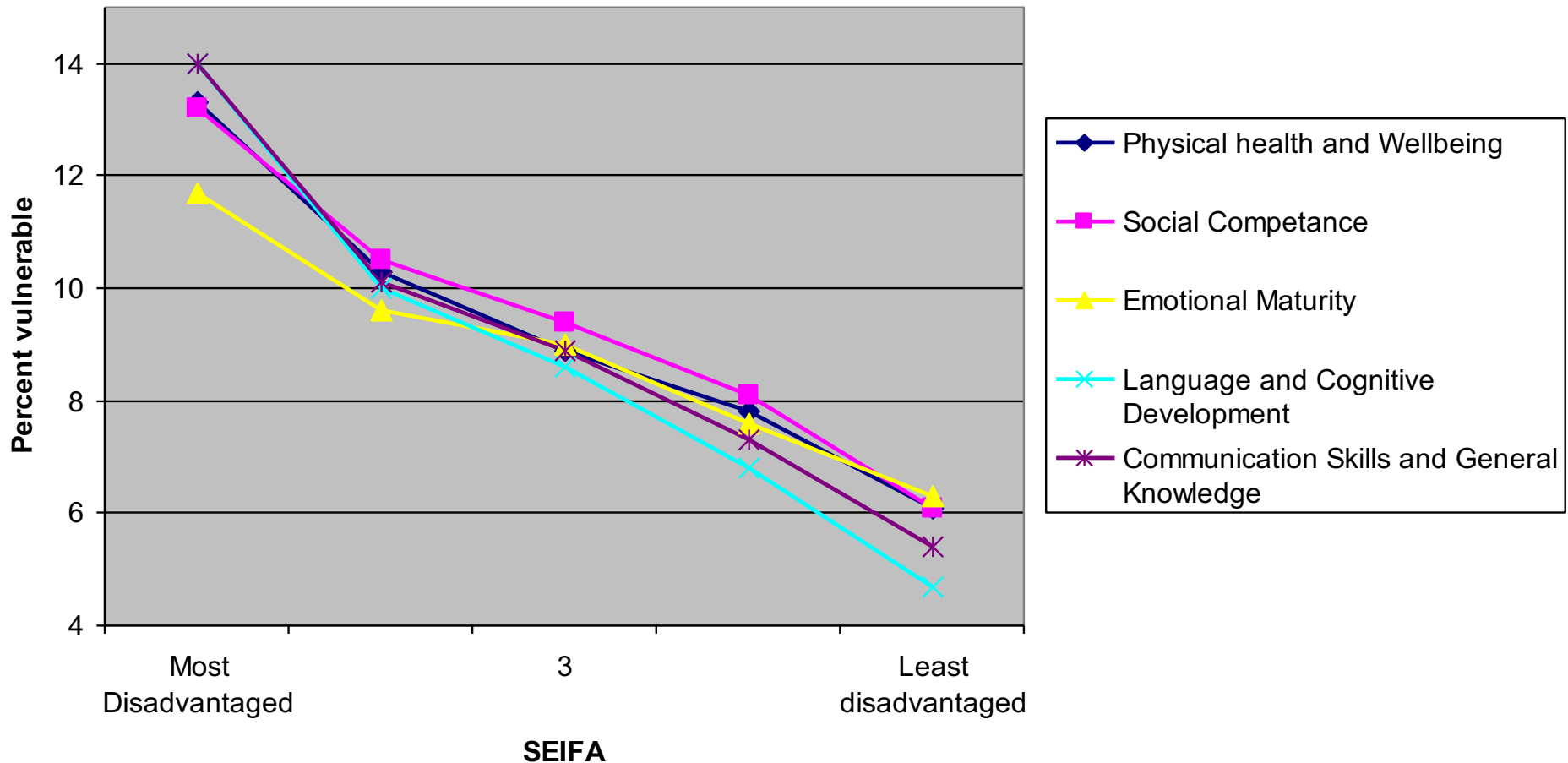
	DV $\geq$ 1 domains (%)	DV $\geq$ 2 domains (%)
<b>Australia</b>	22.0	10.8
New South Wales	19.9	9.2
Victoria	19.5	9.5
Queensland	26.2	13.8
Western Australia	23.0	11.2
South Australia	23.7	12.2
Tasmania	21.5	10.1
Northern Territory	35.5	20.9
Australian Capital Territory	22.0	9.8

# Results: Socio-economic status



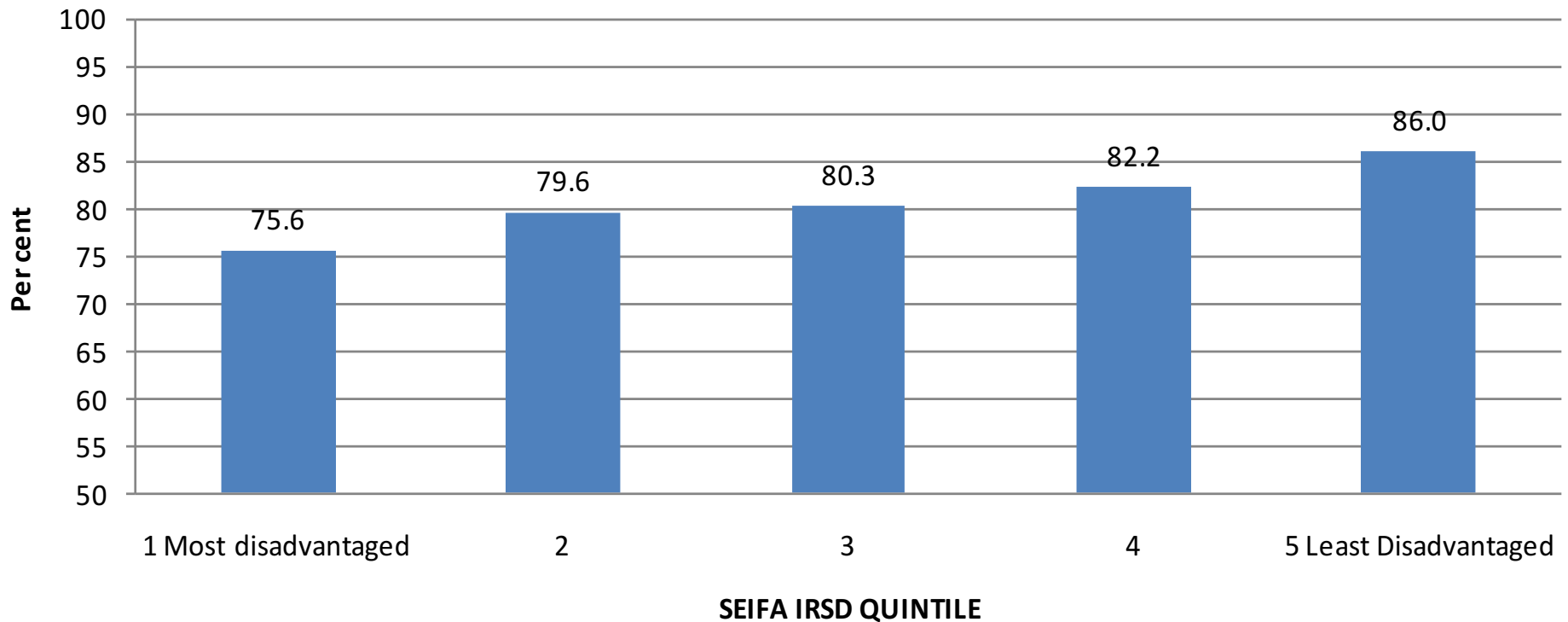
# AEDI domain comparison – vulnerability by SEIFA

Domain Vulnerability by SEIFA



# Disadvantage and preschool participation

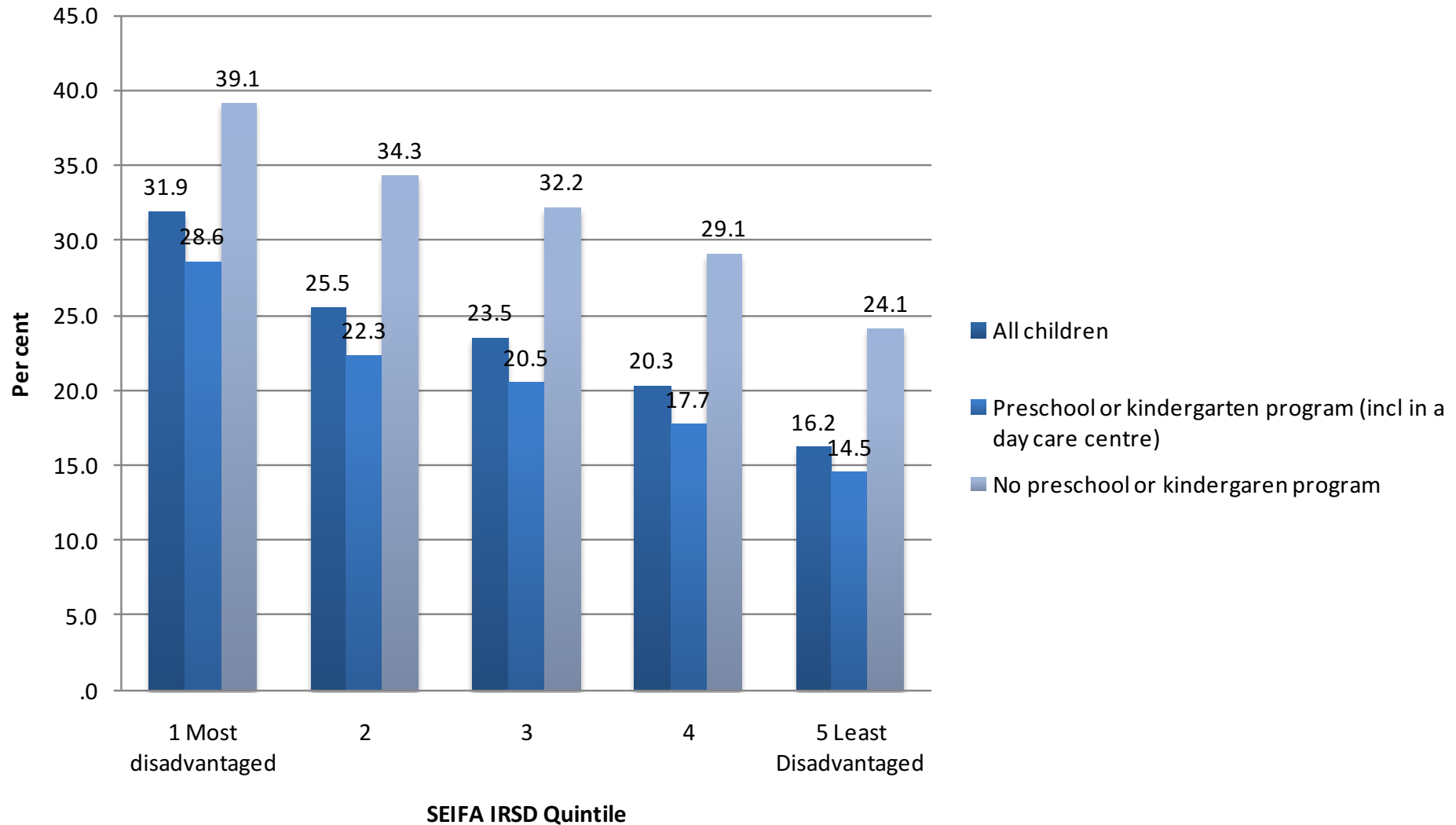
Preschool or kindergarten program (including in a day care centre)



# AEDI results and preschool participation



## Developmentally vulnerable on one or more AEDI domain



# So we now have...

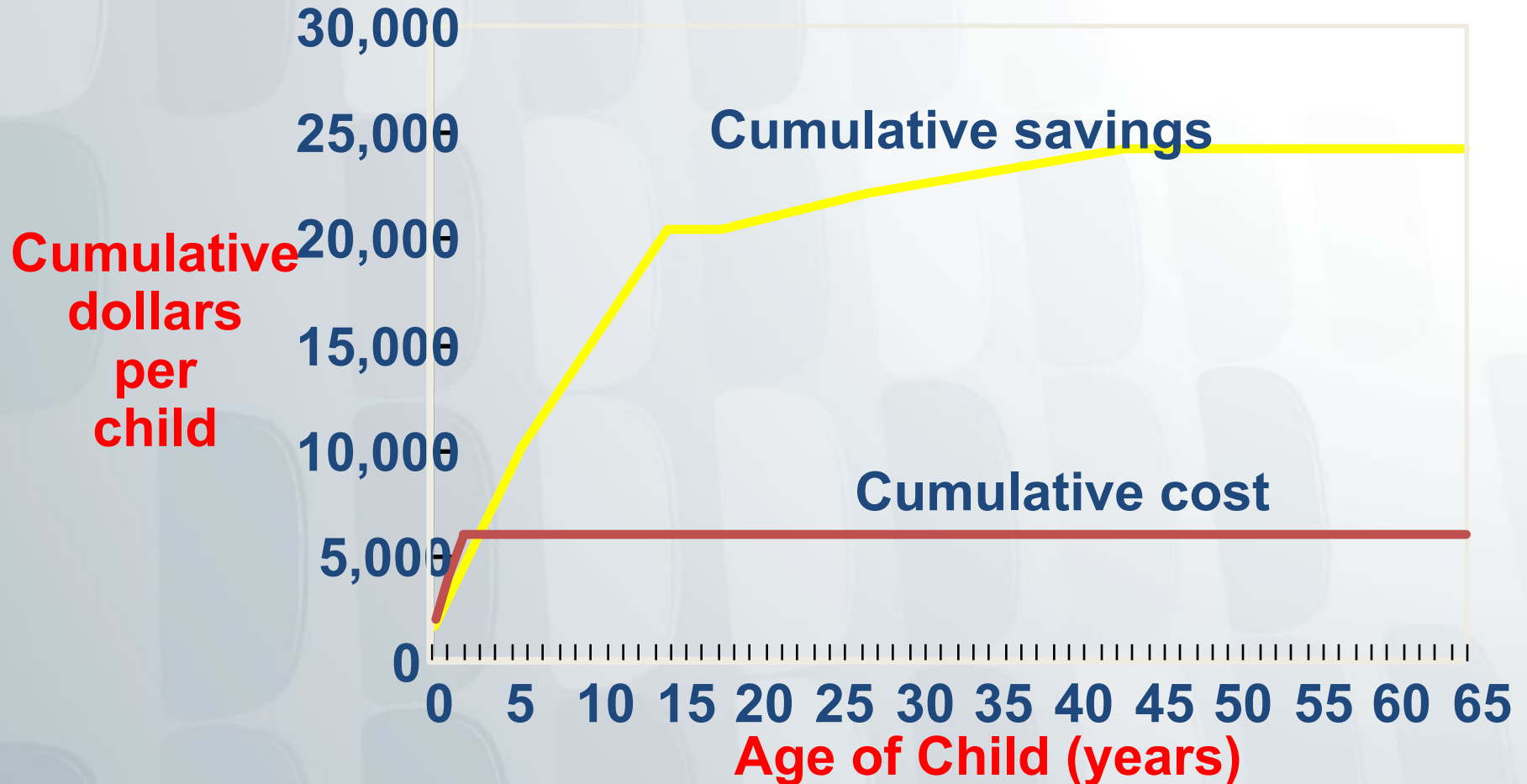
- A good understanding of early influences on the brain, children's development and risk factors
- Research showing that patterns established early in life can have long term consequences
- Research demonstrating that early intervention programs can significantly improve outcomes later in life
- Now add to this the economic/business case for investment in early childhood programs...

# Long term benefits of ECD interventions

- Improved health and wellbeing
- Increased lifespan
- Improved literacy
- Increased adult wage earning
- Decreased mental health problems
- Decreased violence and criminality
- Improved growth in next generation

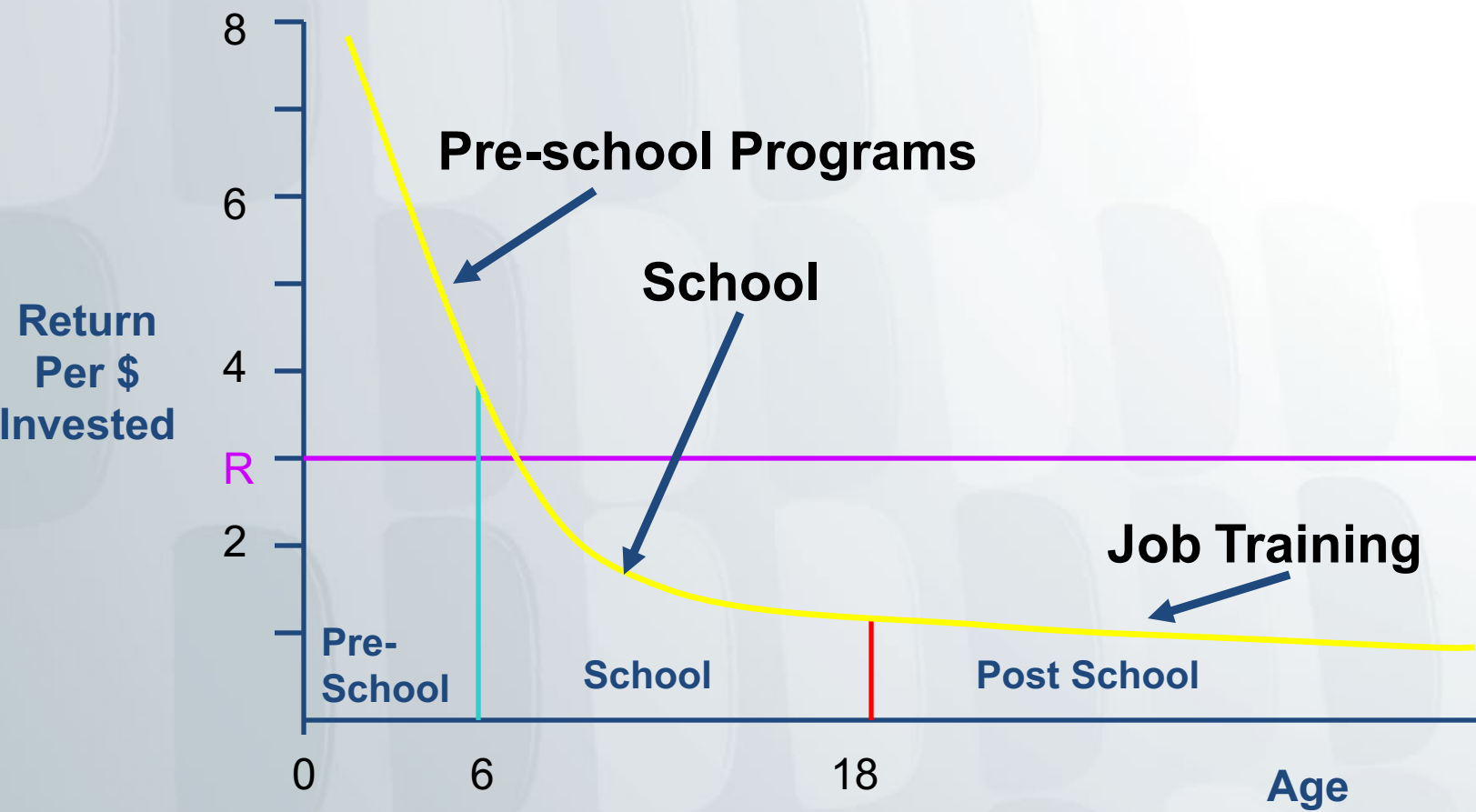
***Strong economic justification for investment in ECD***

# Cumulative Cost and Savings





# Rates of return to human development - Investment across all ages



Pedro Carneiro, James Heckman, Human Capital Policy, 2003

- The best investment in economic development that government and the private sector can make is in the healthy development of children...
- Society should adopt the perspective of *'child-development-as-economic-development.'*
- 'In our view, the economic case for *why* we should invest in early childhood development is closed.'

- *Arthur J. Rolnick*  
*Senior Vice President and Director of Research*  
*Federal Reserve Bank of Minneapolis*

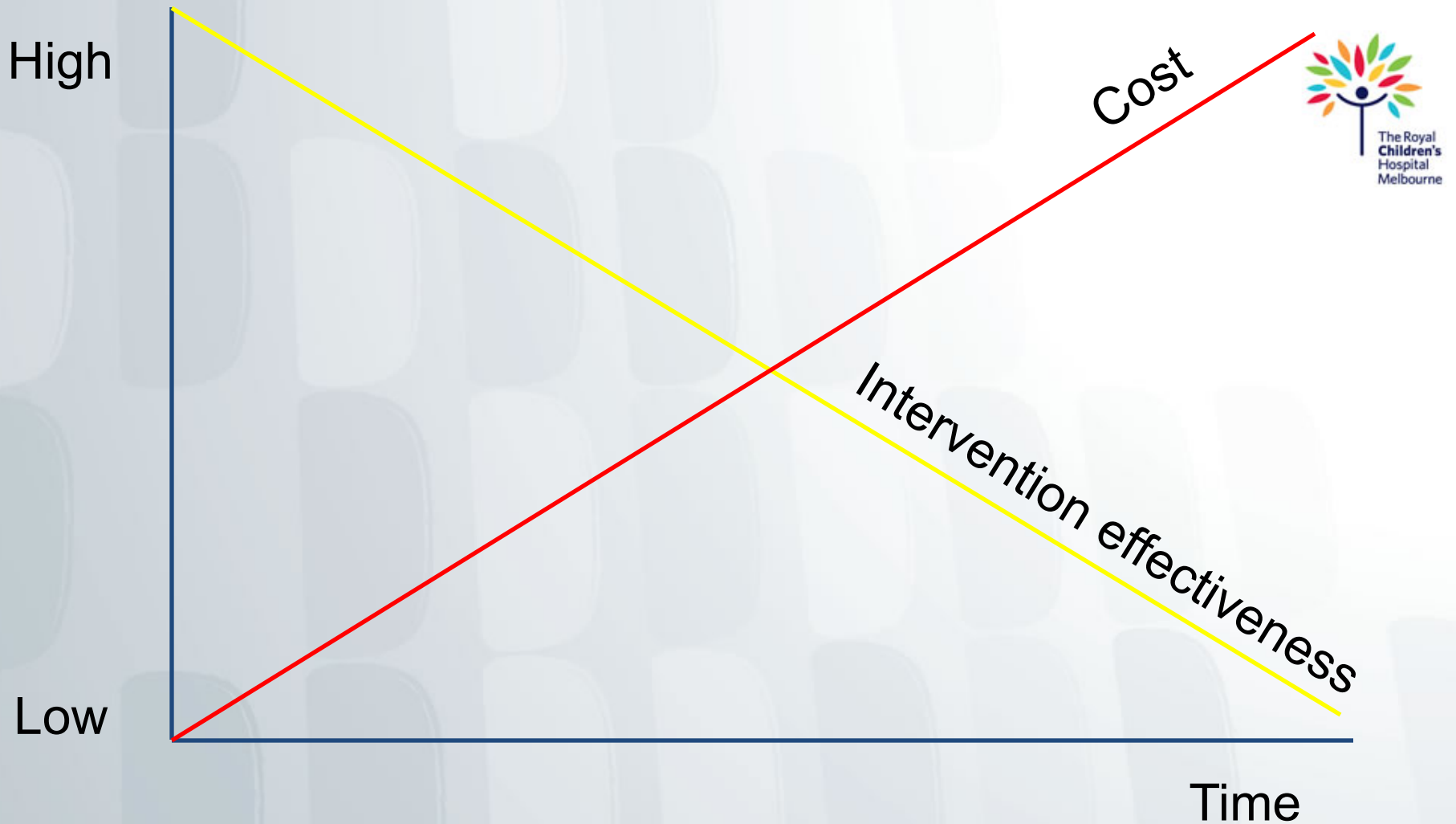
# The cost of inaction

‘If children are unable to fulfil their social and developmental potential, this not only harms their futures, but also the societies in which they live. The economic case to invest in the early years is clear.’

- *S.Lo et al, Lancet 2017*

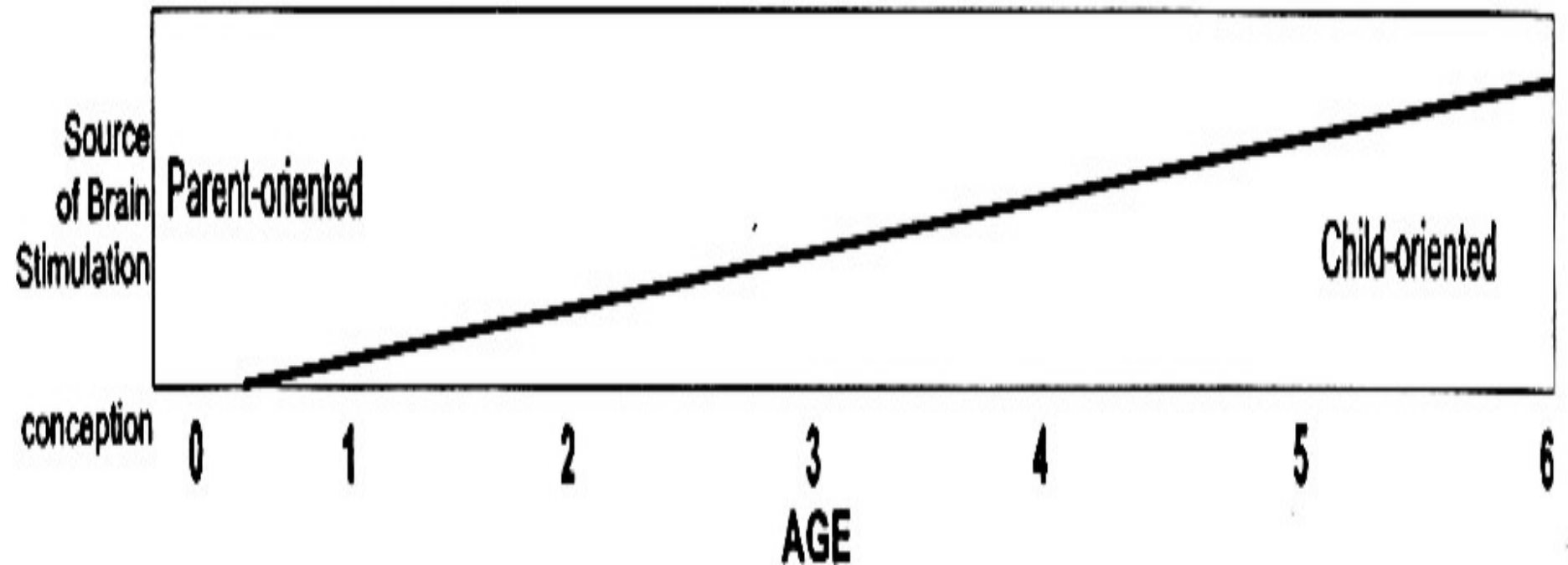
# What can we do to make a difference?

- Identify and address risk factors
- Goal is to diminish or remove risk factors and strengthen protective factors, so improving chances of good outcome
- Identify and act on emerging difficulties *before* they become entrenched problems
  - Parent knowledge and awareness
  - Skills of professionals
  - Service system for children and families
- The earlier the better - more leverage in younger years



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

**FIGURE 6.1 FRAMEWORK FOR EARLY CHILD DEVELOPMENT & PARENTING**



# Need multisectoral interventions

- ECD care cannot be fragmented across different sectors, but should be provided as integrated, multisectoral evidence-based interventions
  - Nutrition – to support growth and health
  - Health – immunisation and early detection of problems
  - Child protection – for violence prevention and family support
  - Social protection – financial security, capacity to access services
  - Education – quality early learning opportunities

# Improving ECD

1. Social, economic and political
2. Enabling environments for caregivers, families and communities
3. Nurturing care



# Improving ECD

1. Social, economic and political
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3. Nurturing care

# Social, economic and political

- Political commitment – recognition of issue and adequate funding
- Relevant public policy – evidence based
- Whole of government approach - multisectoral
- Coordination, integration of services
- Adequate workforce – numbers, training, supervision
- Monitoring frameworks - data
- Security – physical, financial, housing
- Employment
- Gender parity

# Improving ECD

1. Social, economic and political
2. Enabling environments for caregivers, families and communities
3. Nurturing care

# Enabling environments for caregivers, families and communities



- Parental health – physical and mental
- Parental education
- Age of marriage
- Nutrition and health during pregnancy
- Antenatal care
- Delivery, birth spacing
- Safe and clean neighborhoods
- Absence of stigma

# Supporting parents

- Support parents directly
- Support practitioners to support parents
- Support communities to support parents

# Supporting parents

- Information about child's health, development and behaviour - what to expect
- Nurturing parenting
- What to do in certain situations - 'responsive' parenting
- Why, when and where to receive help
- Services available in community
- Relating to professionals

# Information for parents

- Credible source
- Up to date
- Content and style
- Preferred mode - print (reading level), radio, TV, CD, video, phone, social media
- Translations, culturally specific
- The teachable moment - during consultation with professional

# Supporting practitioners to support parents

- Knowledge of child development, behaviour and its deviations
- Ability to engage, support and work with parents - family centered practice
- Ability to elicit and assess any problems, and know what to do about them
- Knowledge of resources in community
- Understanding and taking advantage of the 'teachable moment'



# Supporting communities to support parents

- Create child friendly communities
  - Information
  - Access to services - eg children's centres
  - Child oriented workplaces, organisations, community settings (shopping malls, libraries, parks, transport...)
- Target fathers, grandparents, isolated parents, single mothers, children with special needs, refugee and hard to reach groups

# Family centered community

‘Extent to which a community can provide the resources, relationships and capacities to allow families to realise their potential, satisfy needs, and continuously develop and enhance their capacity to provide a nurturing environment for children.’

# Improving ECD

1. Social, economic and political
2. Enabling environments for caregivers, families and communities
3. Nurturing care

# Nurturing care

1. Health
2. Nutrition
3. Security and safety
4. Responsive caregiving
5. Early learning

- *Adapted from Black et al, Lancet 2017*

# Nurturing care

## 1. Health

- Disease prevention and treatment
- Immunisation and well child visits
- Water, sanitation and hygiene

## 2. Nutrition

- Dietary diversity
- Complementary food
- Macronutrients and micronutrients
- Breastfeeding

# Importance of the health system

- Prenatal care
- Breastfeeding promotion
- Well child visits
- Parent education at immunisation sessions and during visits for minor illnesses

*Health professionals are making contact with young children and their families in the early years, before they begin preschool and early learning*

# Nurturing care

## 3. Security and safety

- Reduce violence, abuse and neglect
- Non-institutional and family care for vulnerable children (orphans, disabilities)
- Birth registration

## 4. Responsive caregiving

- Responsive parenting and feeding
- Home visiting, parenting programs
- Support emotional development
- Caregiver nurturance and continuity

# Nurturing care

## 5. Early learning

- Continuity to primary school
- Access to quality childcare and preschool
- Home opportunities to explore and learn
- Books, toys and play materials
- Home visits, parenting education



# Fragmentation of services and supports

- One of the major issues is that efforts to improve ECD are often fragmented
- Policy – horizontal and vertical
- Services – primary, secondary and tertiary
- Professionals – work in isolation
- Services delivered in silos

# Many communities have an infrastructure of existing services



- Child care
- Family day care
- GPs
- MCH nurses
- Preschool
- School
- Specialist services
- Family support
- Telephone counselling
- Family violence
- Child protection
- Adoption/foster care
- Mental health services
- Parenting programs

Just because you have a service system in place does not mean that all families use it.

# Barriers to using services



## Structural barriers:

- Not aware service exists
- Cost
- Long waiting lists
- Transport
- Hours of opening

## Relationship or interpersonal barriers

- *Professionals:* cultural sensitivities; poor listening and helping skills
- *Parents:* lack of trust in services; fear of child protection; easily intimidated by professionals or other parents

# Fragmentation of services



Family doctors

Family support

Childcare

School

Early intervention programs

Child protection agency

Parenting programs

Kindergarten

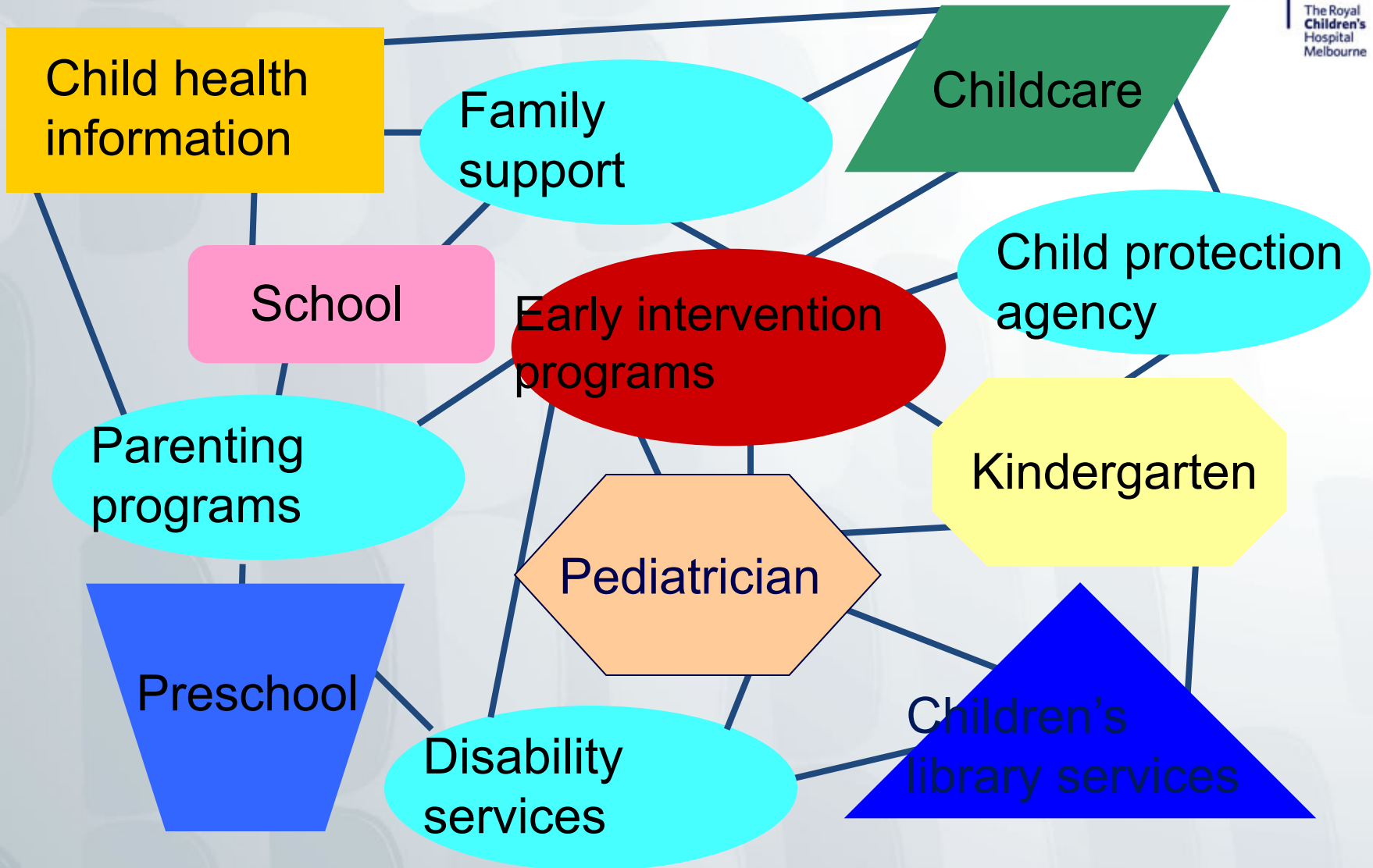
Preschool

Pediatrician

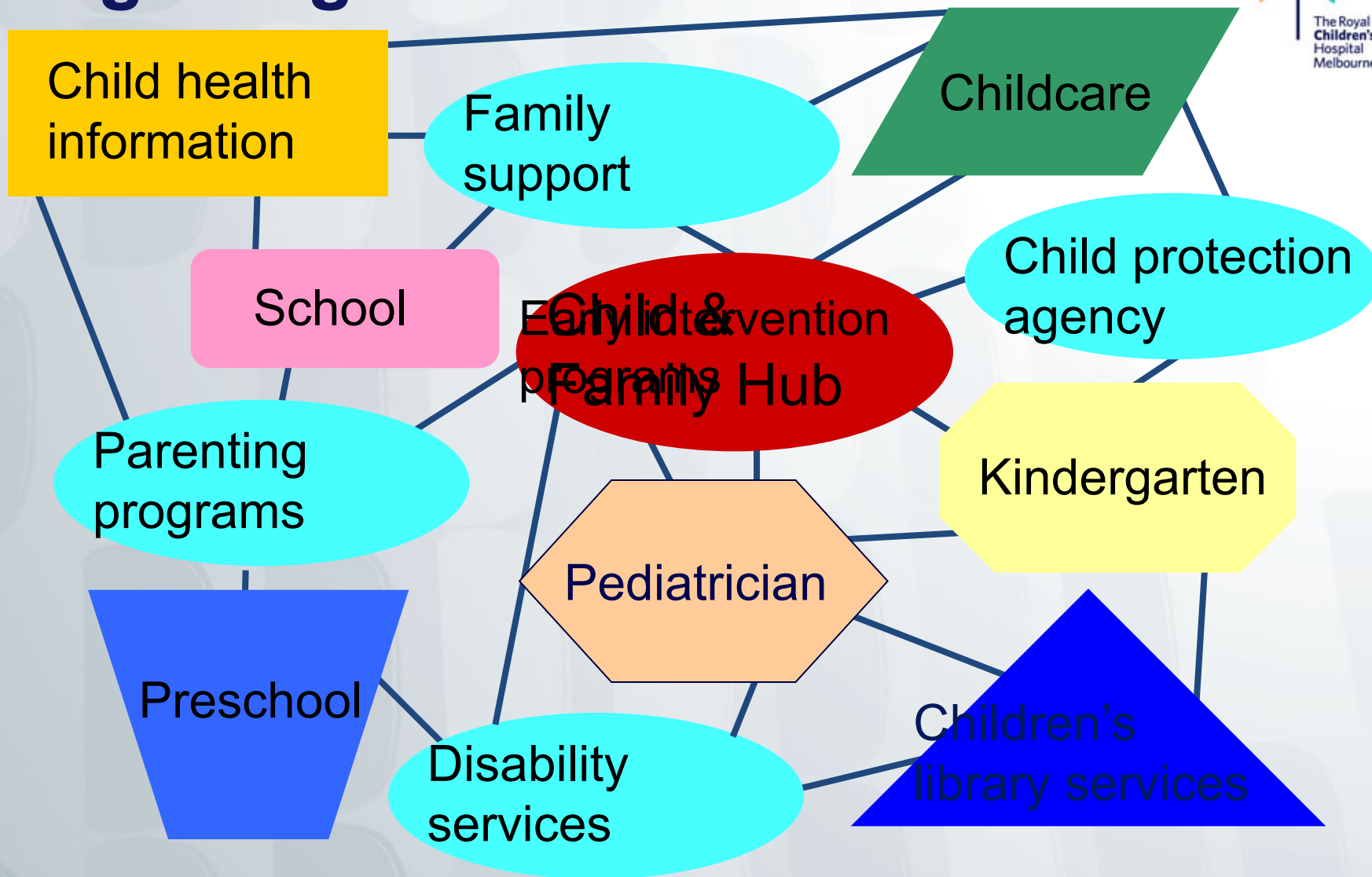
Disability services

Children's library services

# Linking services



# Integrating services



# Translating the research to improve ECD



Materials from Australia available for translation and adaptation



# CCCH translation

Aimed at

- Governments and policy makers
- Service managers - local government, NGOs
- Professionals - GPs, paediatricians, MCHNs, child care workers, teachers
- Parents
- Media

*'Closing the gap between what we know and what we do'*

# Advocacy with government and policy makers

# Policy Brief

Translating early childhood research evidence to inform policy and practice



Centre for Community Child Health

No. 25 July 2013

## Assessing the quality of early childhood education and care

In December 2009 the Council of Australian Governments (COAG) agreed to a unified National Quality Framework (NQF) for Early Childhood Education and Care (ECEC). The quality reforms—which include clear standards, streamlined regulatory approaches, an assessment and rating system and a national learning framework—are being implemented over the period 2012 to 2020 as an initiative of the National Early Childhood Development Strategy. The vision of the strategy is that “by 2020 all children have the best start in life to create a better future for themselves, and for the nation” (COAG, 2009).

The purpose of this Policy Brief is to consider the implications of current research and the role of quality assessment in delivering the National Early Childhood Development Strategy vision. Specifically, the Brief discusses the ECEC policy environment in Australia and outlines international evidence regarding the impact of ECEC quality components related to adult-child interactions and relationships.

### Why is this issue important?

The care of young children is increasingly a shared responsibility of families, communities, governments and private enterprise. In 2008, UNICEF reported that in industrialised countries, approximately 80% of three- to six-year-olds and 25% of children under the age of three participate in formal early childhood education and care (ECEC). What happens in this care matters: neuroscience research is providing evidence about the vital importance of early environments on children's learning and development trajectories (National Scientific Council on the Developing Child, 2010). Participation in ECEC impacts directly upon children's educational and social development, and this impact has a lasting effect (Vandell et al., 2010; Ramey, Sparling and Landesman, 2012). It is participation in high quality programs, however, that delivers the greatest benefit for children (Taylor, Cleveland, Ishimine, Cloney & Thorpe, 2012).

On the basis of international research, the UNICEF report (2008) emphasised that “improving the quality of early childhood education and care remains the most potent of all available opportunities for reducing the entrenchment of disadvantage.” The report concluded by stressing the importance of measuring progress toward the goal of

improved quality in ECEC, and the need for monitoring to inform evidence-based policy, effective advocacy and public accountability.

Australian governments have increased investment in ECEC significantly over the last decade (DESWR, 2010). Most children in Australia participate in one or more ECEC programs (long day care, terrify day care, limited hours or occasional care, kindergarten/preschool) before they start school (Centre for Community Child Health and Patathan Institute for Child Health Research, 2009). However, increasing access is not sufficient to deliver the intended gains for children. A commitment to program quality improvement is essential to tackling the disparities in outcomes associated with disadvantage (Britto, Yoshikawa and Lokar, 2010).

Empirical evidence about the essential components of quality within ECEC services for young children in an Australian context is scarce. In order to develop a clear picture of the role of ECEC quality in delivering the desired outcomes, we need measures to understand the components of quality and research to understand how they contribute to the advancement of human capabilities and social inclusion objectives, and the costs associated with achieving positive effects (Harrison et al., 2010).

# Professional development

# Community Paediatric Review

A national publication for child and family health nurses and other professionals



Centre for Community Child Health

Vol.21 No.2 May 2013

## Promoting child and family social and emotional wellbeing

**The foundations of good social and emotional development are formed in early infant-parent and caregiver relationships (Centre for Community Child Health, 2006). In developing these relationships, families and caregivers ensure that their child develops on a healthy trajectory. With strong foundations, each child can go on to develop the capacity to manage life's struggles and celebrate the joy that life brings.**

The child and family health nurse also has a role in helping families and caregivers to develop and maintain the relationships that enhance children's development. Good social and emotional development, which stems from these early relationships and plays a role in children's lifetime mental health, is fundamental.

For some children, issues with social and emotional development in early childhood can be an indicator of mental health problems. Around half of all childhood mental health problems continue into adulthood (Gadow et al., 2009) and are associated with subsequent social, educational and financial costs for the individual and the community. As the costs, both financial and other, can be so significant, helping children and families to encourage healthy social and emotional development is essential.

Children all deserve the opportunity for healthy social and emotional development, the foundation of good mental health. One of the ways child and family health nurses support children's healthy development is by working with children and their families to develop and maintain good social and emotional development and ultimately, mental health.

### Risk and protective factors

In the course of their growth and development, all children will experience things that can either pose a risk or have a protective effect in terms of mental health and social and emotional development.

Risk factors include:

- a birth injury or very low birthweight
- a disability—their own, a sibling's or a parent's
- early childhood illness
- a challenging temperament (as perceived by the parent or carer)
- poor living conditions (e.g. poverty, overcrowded housing)
- natural disasters (e.g. floods, drought)
- traumatic events (e.g. catastrophes or accidents)
- being new to the country, city, town
- living in a new culture; communicating in a new language
- family break-up
- early separation from the main caregiver
- the birth of a new sibling (especially when under two years old)
- frequent changes in life (e.g. home address, caregivers)
- illness or death of a parent, sibling or other close relative or friend
- violence or tension in the home
- abuse (physical, sexual, emotional) or neglect.

(Gadow et al. Early Childhood, 2010)

# Grow & Thrive

Learning, health and development in the early years (0 - 8 years old)

Centre for Community Child Health



Vol 2 No. 2 | May 2013



## Supporting oral health—early childhood educators

Maintaining dental health goes beyond twice daily toothbrushing and early childhood educators have an important part to play. You can help children and families at your service to make good oral health part of their routines by supporting them to learn more about the important role of dental health.

[Read more »](#)



## Supporting oral health—early primary teachers

At the start of each day, and just before bed at night, many children that you work with brush their teeth to help maintain a healthy smile. In your role as an early primary teacher you can take oral health even further by introducing some simple routines in your school, and helping children and their families to learn about the importance of oral health.

[Read more »](#)

Share us:   

## About Grow & Thrive

[Grow & Thrive](#) is a free online publication from The Royal Children's Hospital Centre for Community Child Health. Grow & Thrive supports early childhood educators and school teachers working with young children – from infants to primary school-aged kids.



## Parent information

Your child's gummy—or toothy—grin can brighten the day of everyone who crosses their path. Beyond that winning smile, your child's oral health plays an important role in their health and wellbeing. Read more in our helpful parent fact sheets on:

- [Healthy food for healthy teeth](#)
- [Looking after teeth and gums](#)

[Read more »](#)

# Information for parents



**GROWN-UPS**  
all ages

Looking after yourself  
Family management  
Returning to work  
Stress

**NEWBORNS**  
0-3 months

Breast or bottle?  
Colic  
Baby equipment  
Sleep patterns

**BABIES**  
3-12 months

Night feeds  
Ready for solids?  
Crying  
Talking

**TODDLERS**  
1-3 years

Discipline  
Toilet training  
Fussy eating  
Play ideas

**PRESCHOOLERS**  
3-5 years

Praise  
Healthy food  
Nightmares  
Television

**SCHOOL AGE**  
5-8 years

Bedtime routines  
Breakfast  
Lunch boxes  
Activities for school kids



**Parenting in pictures**

Visual guides on essential information such as how to put baby to bed safely.

**Parents like me**

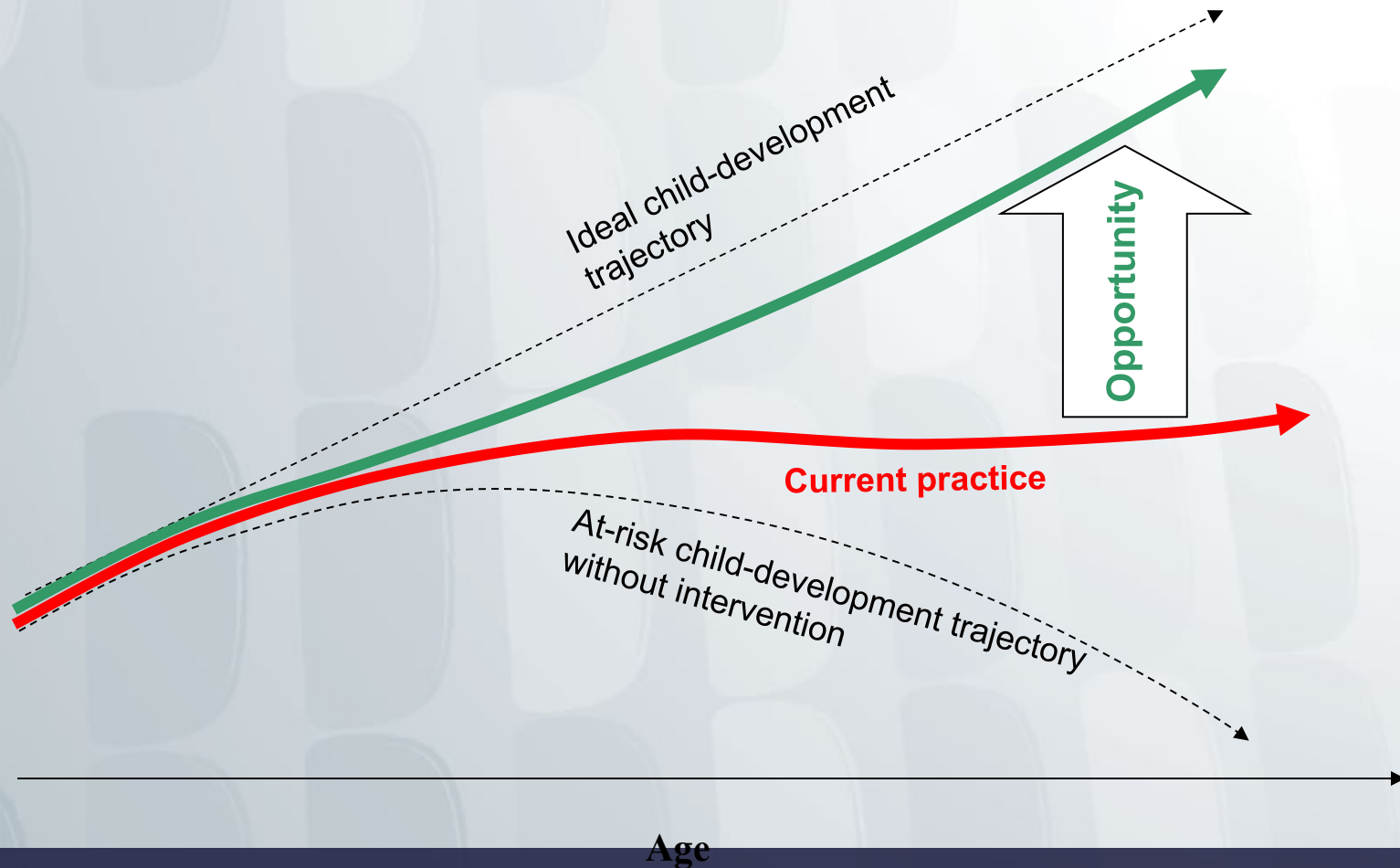
- ▶ Indigenous parents
- ▶ Dads

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# Developmental health - Aims



‘Early childhood development can help drive the transformation we hope to achieve over the next 15 years. This is a pivotal time... Too many countries have yet to make ECD a priority. We need to invest more, not just in education, but in health and protection. We need to target our investments and interventions to reach children at greatest risk of being left behind.’

- *Ban Ki-moon, 2016*

# Disadvantage

‘ ...neglect of young children most in need is an outrage – and a serious strategic mistake. Focusing on reaching these children is not only the right thing to do, it is a highly cost-effective investment that countries can and must make for their long term growth.

- *A. Lake (UNICEF), Lancet 2011*

# Conclusion

- Promoting the healthy development of children is both an ethical imperative and a critical economic and social investment
- Our agenda for the 21st century has to be the application of research to inform policy and practice - *to close the gap between what we know and what we do*

# Finally...

- The science is irrefutable
- The moral case is strong
- The investment case is persuasive
- The power to act is in our hands

*- Pia Britto (UNICEF)*

***Thank you***

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[www.rch.org.au/ccch](http://www.rch.org.au/ccch)

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