CREATING THE CORE CARE CONDITIONS FOR CHILDREN AND FAMILIES TO FLOURISH: THE ROLE OF EARLY CHILDHOOD INTERVENTION SERVICES

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Creating Early Childhood Intervention Together – Building Bridges
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OUTLINE

- Core care conditions for children, parents / caregivers and families

- Core care conditions for children

- Core care conditions for parents / caregivers

- Core care conditions for families

- The relationship between ECI and other services: further considerations

- The relationship between ECI and other services: conclusions

- Final reflections

CORE CARE CONDITIONS FOR CHILDREN, PARENTS / CAREGIVERS AND FAMILIES

- Why focus on the core needs – need to remind ourselves periodically of what we know about how children and families develop and what conditions they need in order to flourish

- *There has been a greater focus on the needs of children and less on the needs of parents / caregivers and families*

- There a number of frameworks describing the core conditions that children need to flourish. A prime example is the *Nurturing Care Framework* (World Health Organization, United Nations Children's Fund, and World Bank Group, 2018).

- *My most recent attempt has drawn on these frameworks and other research to identify*
  - *the core care conditions that children need to flourish,*
  - *the core care conditions that parents / caregivers need in order to be able to provide their children with the conditions they need, and*
  - *the core care conditions children, parents and families share (Moore, 2021a).*
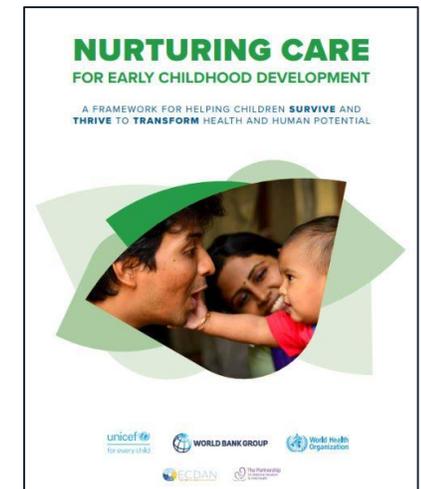
CORE CARE CONDITIONS FOR CHILDREN AND FAMILIES
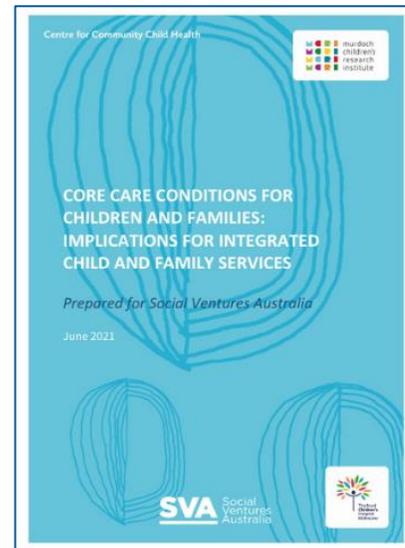
Moore, T.G. (2021). **Core care conditions for children and families: Implications for integrated child and family services.** Prepared for Social Ventures Australia. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital. https://doi.org/10.25374/MCRI.14593878

Core care conditions for children and families
(Moore, 2021)

Children's needs	Parental / caregiver needs	Shared child and family needs
• Secure relationships with primary caregivers able to provide the responsive caregiving needed to build secure attachments	• Secure time to build relationship with the newborn (paid maternity/paternity leave)	• Secure and affordable housing
• Support for developing emotional and self-regulation skills	• Positive social support networks (including support from family, friends, fellow parents and neighbours)	• Financial / employment security
• Positive early learning environments, in the home as well as in ECEC and community settings	• Safe and easily accessible places to meet other families	• Healthy physical environment (clean air and water, freedom from environmental toxins, green spaces)
• Opportunities to mix with other children of different ages, and to build social skills	• Access to relationally-based family-centred services	• Safe and easily navigable built environments
• Adequate and appropriate nutrition from conception onwards	• Access to universal services during antenatal / perinatal / postnatal periods	• Ready access to family-friendly recreational and other facilities (libraries, swimming pools, sporting facilities, playgrounds)
• Support to establish regular sleep patterns	• Access to specialist support services to address additional personal needs (e.g. mental health issues, relational violence)	• Healthy food environments that provide access to fresh food outlets
• Physical opportunities to play and explore	• Information about child care and development , and support for managing the challenges of parenting	• Access to support services to address exceptional family needs (e.g. financial counselling, housing services)
• Protection from relationship stresses – abuse and neglect by caregivers, exposure to family or community violence	• Availability of learning opportunities to build personal capabilities	• Inclusiveness of the wider society – absence of racism or discrimination
	• Inclusiveness of the immediate social environment – absence of racism or discrimination	
	• Employment opportunities and family-friendly employment conditions	

CORE CARE CONDITIONS FOR CHILDREN
(Moore, 2021)

- Secure relationships with primary caregivers able to provide the responsive caregiving needed to build secure attachments

- *Support for developing emotional and self-regulation skills*

- Positive early learning environments, in the home as well as in ECEC and community settings

- *Opportunities to mix with other children of different ages, and to build social skills*

- Adequate and appropriate nutrition from conception onwards

- *Support to establish regular sleep patterns*

- Physical opportunities to play and explore

- *Protection from relationship stresses – abuse and neglect by caregivers, exposure to family or community violence*

CORE CARE CONDITIONS FOR CHILDREN

- ***The early caregiving environment is crucial for long-term development and learning.*** The single most important factor in promoting positive psychosocial, emotional, and behavioural well-being is having a strong, secure attachment to their primary caregivers. Responsive caregiving is the means through which secure attachments develop.

- *As Urie Bronfenbrenner said, "Every child needs at least one adult who is irrationally crazy about him or her."*

- ***Children with developmental disabilities need the same core conditions that all children need*** – needs for nurturance, care, emotional responsiveness, safety and security, consistency, and so on – and these crucial relationships qualities have the same impact on their development as they do on other children.

CORE CARE CONDITIONS FOR CHILDREN (cont)

- However, children with disabilities may have difficulty having these needs realised because of the nature of their disabilities.

- *Such children often initiate interactions less frequently and give cues that are more subtle and difficult to read, and parents may tend to compensate by becoming more directive in their interactions*

- An important goal of intervention is to help parents become good observers of their own babies so that they can recognise their cues and respond contingently.

- Recent work by Andrew Whitehouse and colleagues in Western Australia used *iBASIS– Video Interaction to Promote Positive Parenting (iBASIS-VIPP)* therapy as a preemptive intervention for infants displaying early behavioral signs of autism (Whitehouse et al., 2021).

IMPLICATIONS FOR ECI SERVICES

- ECI services need to be based on a clear understanding of the core care conditions that children need in order to flourish

- Promoting attachment and responsive caregiving should be a major goal when working with families of very young children with developmental challenges

- Techniques include video-based feedback focusing on the positive interactions
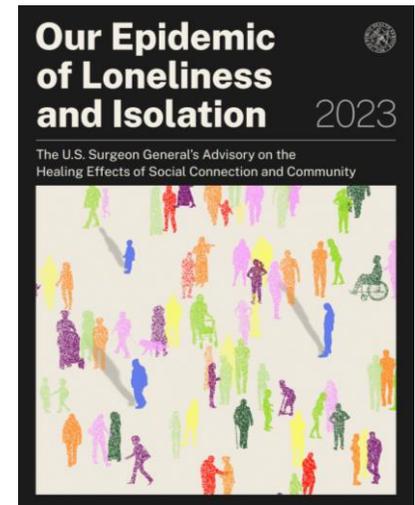
CORE CARE CONDITIONS FOR PARENTS / CAREGIVERS
(Moore, 2021)

- Positive social support networks (including support from family, friends, fellow parents and neighbours)

- *Safe and easily accessible places to meet other families*

- Secure time to build relationship with the newborn (paid maternity/paternity leave)

- *Access to relationally-based family-centred services*

- Access to universal services during antenatal / perinatal / postnatal periods

- *Access to specialist support services to address additional personal needs (e.g. mental health issues, relational violence)*

- Information about child care and development , and support for managing the challenges of parenting

- *Availability of learning opportunities to build personal capabilities*

- Inclusiveness of the immediate social environment – absence of racism or discrimination

- *Employment opportunities and family-friendly employment conditions*

CORE CARE CONDITIONS FOR PARENTS AND CAREGIVERS

- Relationships are not only essential for children's development but for our health and wellbeing throughout our lives.

- *Biologically, we are a relational species, built for attunement and engagement with others of our kind – we have neurobiological circuits devoted to reading and connecting with each other.*

- Positive personal relationships and social networks are a critical aspect of the social conditions in which we live.

- Loneliness and social isolation are major contributors to mental health, physical health, and social problems. Just last week, the US Surgeon General published an advisory paper entitled *Our Epidemic of Loneliness and Isolation* focusing on the healing effects of social connection and community (US Surgeon General, 2023).

Our Epidemic of Loneliness and Isolation 2023
The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

www.rch.org.au/ccch

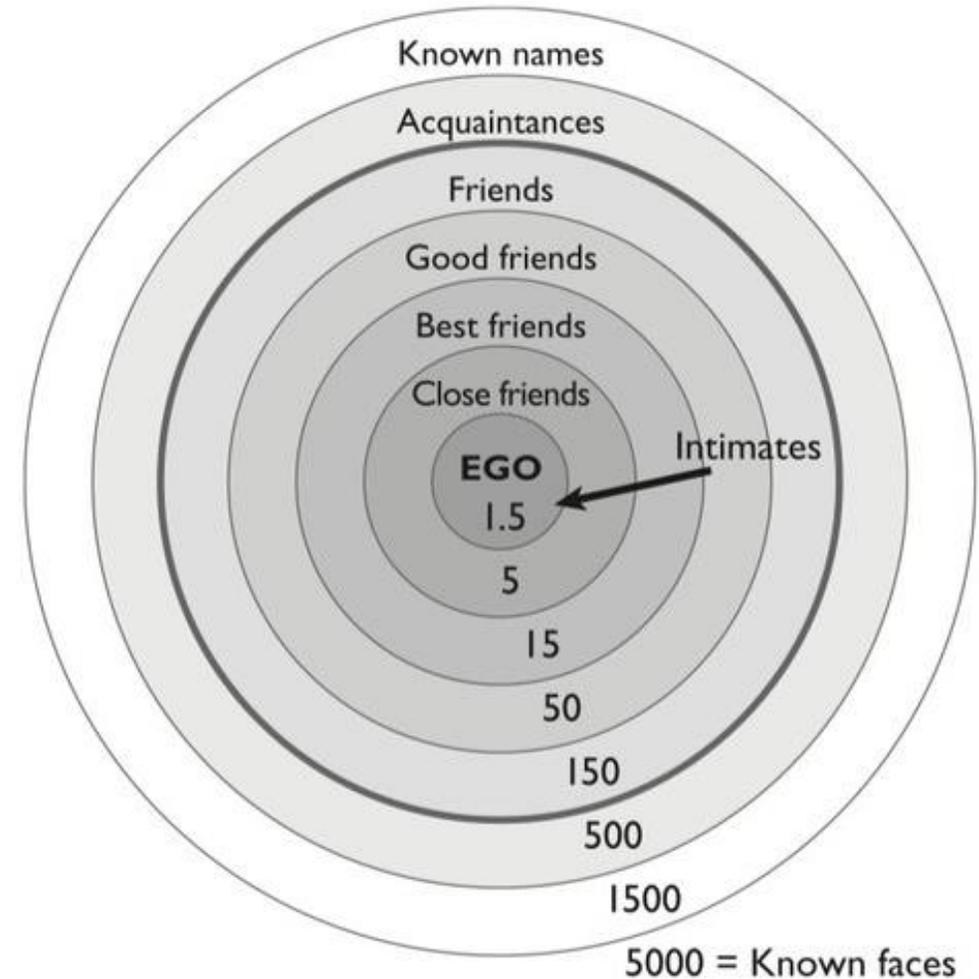## CORE CARE CONDITIONS FOR PARENTS AND CAREGIVERS (cont)

- Positive social support has many beneficial effects on parenting, promoting positive mental health and resilience and reducing the likelihood of child maltreatment, especially for those families experiencing multiple challenges

- Just as children depend upon the nurturing care they receive from parents, so **parents' capacity to provide their children with nurturing care is in turn shaped by the nurturing care they receive from others**: in order to be able to provide responsive caregiving to their children, parents need to be provided with responsive caregiving themselves

- Urie Bronfenbrenner also said, 'To help meet a child's needs, the primary caregiver should also have the support of another adult, such as a spouse or grandparent' – in other words, someone has got to be irrationally crazy about the parent.

LAYERS OF SOCIAL SUPPORT AND FRIENDSHIP
(Dunbar, 2021)

Two levels of social support are important for parents:

- intimate support from a partner / extended family / close friends, and

- social support from core social partners

CORE CARE CONDITIONS FOR PARENTS AND CAREGIVERS (cont)

- ***Families of children with developmental disabilities have the same core needs as other families*** – for nurturing care and support – but may have difficulty having these needs realised because of the nature of the child's disabilities and the constraints that these place upon the family's ability to work and to participate in community activities.

- *Importance of social support for families of children with developmental disabilities has long been recognized, particularly important during the early years.*

- We have evidence of importance of family support for families of children with developmental disabilities, most recently summarized by Marilyn Espe-Scherwindt and Ana Maria Serrano (2020).

IMPLICATIONS FOR ECI SERVICES

- ECI services need to be based on a clear understanding of the core care conditions that parents and caregivers need in order to be able to provide the core care conditions that their children need

- Focusing on parent's personal support needs should be a major focus of ECI services

- Linking parents with other parents of children with developmental disabilities is one option

- How to build broader support networks

RELATIONSHIPS BETWEEN PARENTS AND PRACTITIONERS

- *Human services are fundamentally relational, dependent upon the quality of the relationships between service provider and client* .

- *In the case of helping relationships – between professional and parents – the evidence also indicates that the quality of the relationships between practitioners and parents are central to achieving the objectives of services*

- There is convergent evidence from multiple sources that how services are delivered is as important as what is delivered, and that how helpers relate to clients is as important as what we can do for them and with them

- ***Training in the key skills of relational-practice is needed*** . The skills needed to establish collaborative partnership relationships are well understood and eminently trainable, although not necessarily easy to sustain.

RELATIONSHIPS BETWEEN PARENTS AND PRACTITIONERS

- While it is beneficial for parents to have positive relationships with their support practitioners, these relationships are no substitute for personal positive networks.

- *Relationships between practitioners and parents have a dual quality or function: they are both a means to an end and an end in themselves: they are a means to an end in the sense that it is through relationships that children (and adults) learn, develop and change. And they are an end in themselves in that relationships do not just lead to a better quality of life, they are quality of life.*

- ECI work is emotionally demanding – helping services involve what has been called emotional labour and is demanding work – challenges of maintaining authentic engagement with families

- **Professionals also need positive support networks** – from partners and friends, colleagues and managers – in order to able to consistently respond authentically to parents

IMPLICATIONS FOR ECI SERVICES

- How services are delivered is as important as what is delivered, and that how helpers relate to clients is as important as what we can do for them and with them

- Training in the key skills of relational-practice is needed to maximise the effectiveness of services as well as the dirnct benefits for parents

- Professionals also need positive support networks in order to able to consistently respond authentically to parents

CORE CARE CONDITIONS FOR FAMILIES
(Moore, 2021)

- Secure and affordable housing

- *Financial / employment security*

- Healthy physical environment (clean air and water, freedom from environmental toxins, green spaces)

- *Safe and easily navigable built environments*

- Ready access to family-friendly recreational and other facilities (libraries, swimming pools, sporting facilities, playgrounds)

- *Healthy food environments that provide access to fresh food outlets*

- Access to support services to address exceptional family needs (e.g. financial counselling, housing services)

- *Inclusiveness of the wider society – absence of racism or discrimination*
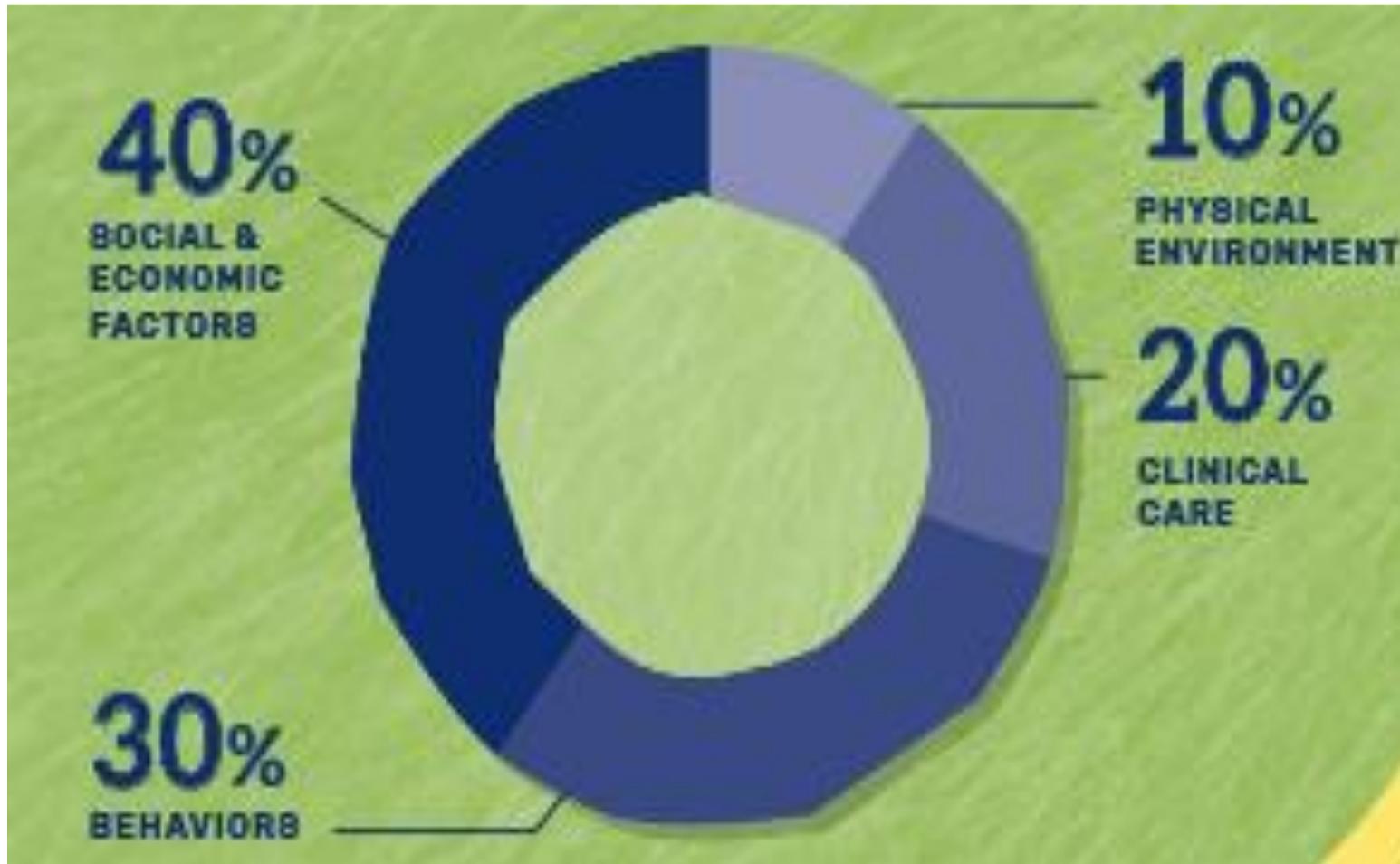
CORE CARE CONDITIONS FOR FAMILIES

- Children's health and development are strongly shaped by the social, economic and environmental conditions into which they are born and grow

- These social conditions, known as the **social determinants of health,** ultimately work through biological pathways to shape our health and wellbeing.

- Key social determinants include: socioeconomic status, parental/carer educational attainment, parental/carer employment status, poverty, geographic location, disability, gender, and social connectivity.

- ***The social conditions in which people live have a greater impact on their health and development than the health and other services they receive***

- This is especially true for those living in the most challenging circumstances, including families with young children.

ROLE OF SOCIAL DETERMINANTS

Role of social determinants – social conditions have greater impact on outcomes for children and families than do the services they receive

CORE CARE CONDITIONS FOR FAMILIES (cont)

- Finding ways of improving these conditions under which such families are raising their children must become a major goal for communities and service systems

- *These wider core needs of parents can easily be neglected by service providers who are focusing on the child's needs*

- Parents need their core needs to be met in order to be able to provide their children with the conditions they need to flourish

- *Parents' ability to provide their children with the conditions they need to flourish can be compromised by the other challenges that they face*

EUROPEAN CHILD GUARANTEE

The objective of the European Child Guarantee is to prevent and combat social exclusion by guaranteeing effective access of children in need to a set of key services:

- free early childhood education and care

- free education (including school-based activities and at least one healthy meal each school day)

- free healthcare

- healthy nutrition, and

- adequate housing

CORE CARE CONDTIONS OF FAMILIES OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

European Commission (2020).
Feasibility study for a child guarantee: target group discussion paper on children with disabilities.

Despite normative frameworks, most children with disabilities in the EU Member States still have very different life experiences from their peers without disabilities:

- they still do not have adequate access to nutrition that fits their needs and is of high quality;

- they still lack opportunities to attend and participate in inclusive Early Childhood Education and Care (ECEC);

- they largely remain separated from their peers without disabilities in education settings, being placed in special schools or in special classes in regular schools;

- they still have difficulty accessing quality healthcare – both primary healthcare and specialised care; and

- they still live in environments that do not adequately respond to their needs.

DEVELOPMENTAL SYSTEMS APPROACH
(Guralnick, 2011, 2019)

Figure 1.5 The three levels of the systemic developmental approach, its interactions, reciprocal influence and the effects of risk factors and protection factors
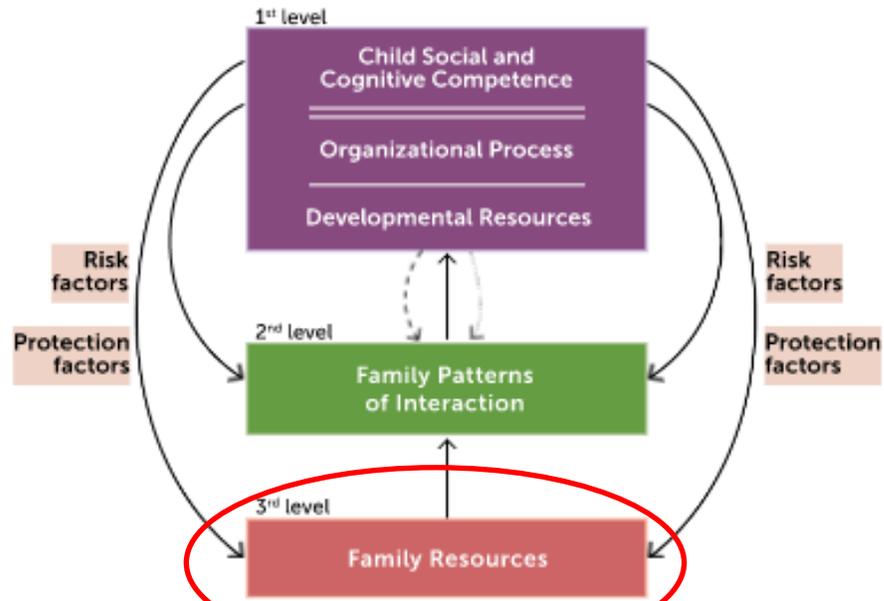
Source: Guralnick, M. J. (2011). Why early intervention works? A systems perspective. Infants & young children, 24(1), 6-28. Adapted and reproduced with permission of the author.
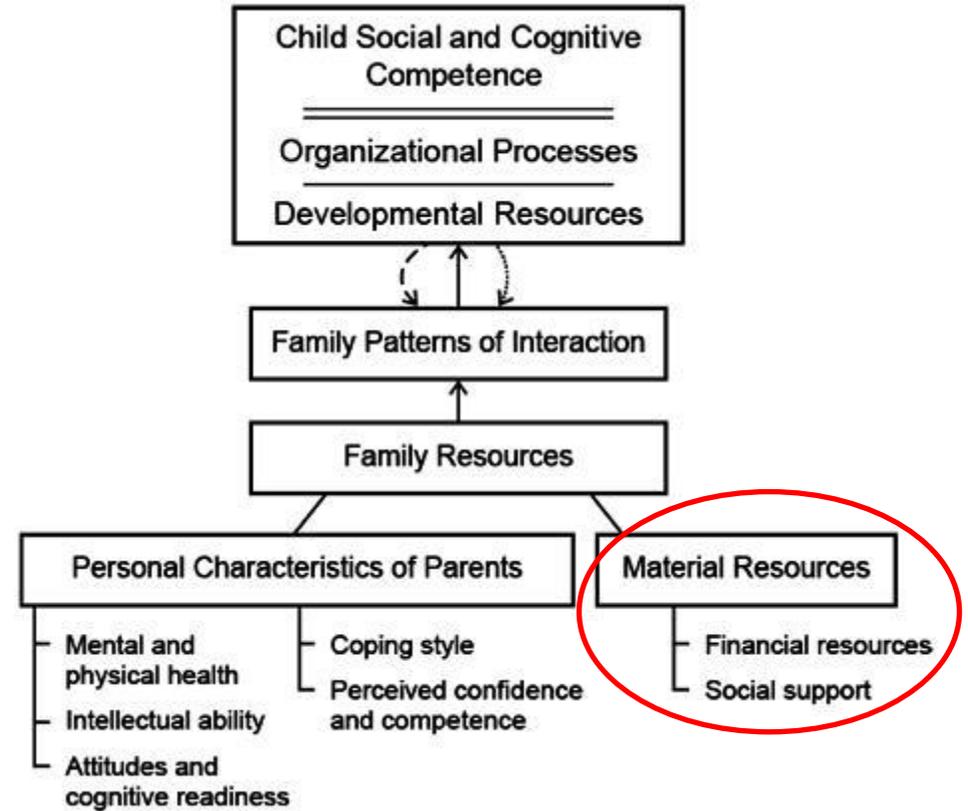
INTEGRATED SYSTEMS APPROACH TO EARLY CHILDHOOD INTERVENTION
(Dunst, 2000, 2017)

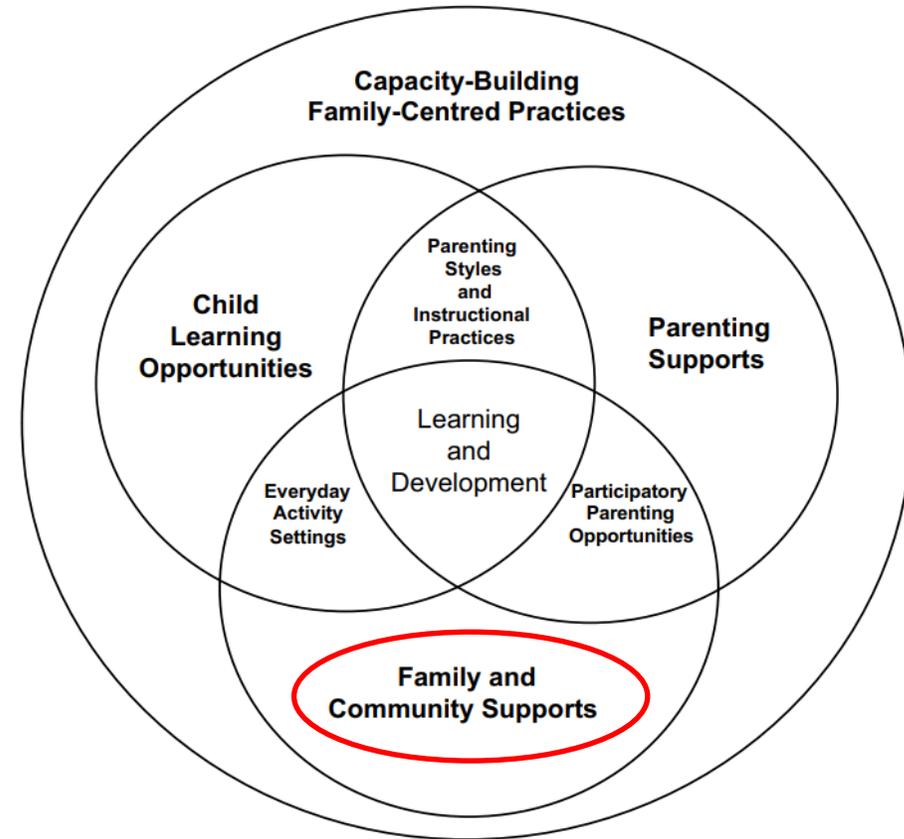Figure 3.1 Illustration of the ECI integrated model (adapted from Dunst, 2000)

Figure 3.4 Major components and practices of an integrated systems approach to early childhood intervention

IMPLICATIONS FOR ECI SERVICES

- ECI services need to be based on a clear understanding of the core care conditions that families need in order for children and their parents to have the core care conditions they need to flourish

- ECI services are unable to provide all the core conditions that families need

- ECI providers practitioners need ways of learning about the conditions under which families are living

- ECI services need to be linked to a wider set of community-based supports and services that are able to provide these conditions

THE RELATIONSHIP BETWEEN ECI AND OTHER SERVICES: FURTHER CONSIDERATIONS

Consideration 1: *Most developmental disabilities are present at birth*

- The most common developmental disabilities – autism, cerebral palsy, developmental delays – occur in the womb or at birth

- *This means that we are missing many opportunities to support children and parents during the most sensitive periods of development*

FURTHER CONSIDERATIONS (cont)

Consideration 2: *There are no absolute cut-off points for any disabilities*

- All disabilities form continua - disability lies on a continuum from no to complete disability.

- In discussing the WHO's ongoing work on understanding and managing disability, Cieza, Sabariego, Bickenbach and Chatterji (2018) state that:.

  The lesson learned from WHO's activities is that disability is a universal human experience, in the sense that everyone can be placed on a continuum of functioning and either currently experiences or is vulnerable to experiencing disability over the course of their lives. This understanding of disability is the key to mainstreaming disability within the public discourse.

FURTHER CONSIDERATIONS (cont)

Consideration 2 (cont)

- If all forms of disability form continua, this means that the cut off points for determining whether people have a disability are arbitrary

- *Therefore determining eligibility for disability services is problematic and likely to be contested, especially if eligibility gives access to money and services*

- It also means that those who a marginally less severe form of impairment get no services

FURTHER CONSIDERATIONS (cont)

Consideration 3: *There is no such thing as normal*

- We are all on multiple spectrums of ability, functioning and health (Chaney, 2022) – as the population becomes more diverse and problems become more complex, those who have no health or functional challenges become an even smaller proportion of the population.

- *Therefore we should not try to provide services that cater mainly for 'normal' people or people with normal functioning, nor should we try to make people normal, whatever that is*

- Even if we consider children with developmental disabilities, there is much diversity

FURTHER CONSIDERATIONS (cont)

Consideration 3 (cont)

- Co-morbidities are common - they will often have more than one developmental disability as well as health and other problems.

- *These require the services of multiple specialists, which are likely to be delivered separately unless coordinated via a key worker or a team-around-the-child approach.*

- There are also overlaps between different disabilities, both in their symptoms, their causes and their needs.

- *This has led some to argue that we need a non-categorical approach to childhood neurodisability (Miller et al., 2023) – doing away with the traditional disability categories and focusing on functioning.*

FURTHER CONSIDERATIONS (cont)

Consideration 4: *The extent to which a child or person is able to participate is largely a function of what the social and physical environment allows them to do and to be*

- The extent to which a child or person is able to participate is largely a function of what the social and physical environment allows them to do and to be, rather than their gender, sexual identity, race, or whether they have a developmental disability

- *We need to design community environments and service systems that provides all children and families – regardless of their race, gender, age, disability, location etc. – with the social and physical environments that do not place any restriction on what they can do and what they can become.*

FURTHER CONSIDERATIONS (cont)

Consideration 5: *Relationships are as important for practitioners as they are for parents*

- We have already discussed the importance of relationships for young children and for their parents

- *Other relationships include: professional to professional (teamwork and peer support), manager to professional, and relationships with other services*

- The service system in which professional operate shapes our ability to deliver relational-based support – how the service is funded and how it is managed

FURTHER CONSIDERATIONS (cont)

Consideration 6: *Children learn in every environment in which they spend time*

- This means that all environments can be considered early childhood intervention environments – ECI is not restricted to the time ECI practitioners spend with families.

- *Children's development and learning are shaped by the nature and quality of these environments, and the physical, social and learning opportunities these environments provide.*

- Hence the core aim of ECI is to promote the capacity of parents and other caregivers to provide positive learning environments

- *That principle extends to the other environments in which young children spend time – community and ECEC settings*

FURTHER CONSIDERATIONS (cont)

Consideration 6 (cont)

- This is usually framed as inclusion Importance of having same experiences of other children - hence need to attend mainstream ECEC services

- *There is a problem with this idea of inclusion – the very word implies that we have to include something that is not normally part of the service*

- But the EC programs will already have children who have milder versions of the same developmental challenges – how do they cater for these children?

- *We need to go beyond inclusion – what is needed is a universal design for learning / tiered approach that caters for the full spectrum of abilities*

FURTHER CONSIDERATIONS (cont)

Consideration 7: *Participation is the engine of development*

- We develop though the early reciprocal interactions with parents and caregivers and through subsequent

- *Having a voice – building agency over the course of childhood*

- Meaningful participation in the home, community and early childhood services activities

FURTHER CONSIDERATIONS (cont)

Consideration 8: *The conditions under which families are living have altered dramatically*

- Rapid and unprecedented social, economic, demographic and technological changes over the past half century or so have dramatically altered the conditions under which families are raising young children.

- *These changes have resulted in enormous improvements in general prosperity, standards of living, health and longevity, but the benefits have not been equally distributed, and there is a widening gap between those who are benefitting and those who are not.*

- These social changes have also altered the nature of the problems society is facing: these are now more likely to be complex or 'wicked' problems that are not able to be effectively addressed through the traditional policies and services.

- *Many families feel disconnected from their neighbourhoods and communities - this has weakened the informal social support and safety net for a lot of families,*

FURTHER CONSIDERATIONS (cont)

Consideration 9: *Society has become more diverse*

- Due to globalisation and other factors, society has become more diverse – there is a greater variety of family structures, cultural backgrounds, languages

- *What was once the common or default pattern (what was considered 'normal') has become less common*

- In the general population, *intersectionalities* have become more common (or more evident) - these are overlapping identities

- *Previously marginalized or voiceless groups are increasingly asserting their right to be recognised and validated*

FURTHER CONSIDERATIONS (cont)

Consideration 10: *The service system has not kept pace with the changing conditions*

- The service system is still planned, funded and administered in ways that were originally designed decades ago when society was less diverse and social conditions were simpler.

- *The way in which policies are planned and services are delivered – in departmental 'silos' – prevents services being delivered in a holistic integrated fashion.*

- This makes it difficult for services to address all the factors we have been considering – social determinants, social supports etc. – in a consistent and coordinated way.

- *The default approach has been to focus on services rather than on the conditions under which families are raising young children.*

- The bottom line is that the existing system has not yet made a major difference at population level to the main complex problems we are seeking to address – school readiness, child protection, family violence, intergenerational poverty etc.

THE RELATIONSHIP BETWEEN ECI AND OTHER SERVICES: CONCLUSIONS

THE RELATIONSHIP BETWEEN ECI AND OTHER SERVICES: CONCLUSIONS

- ***We need to address the conditions under which families are raising young children.*** The core care conditions for families include services, but even more important are the social, physical and community environments in which they live.

- ***We need to cater for complexity.*** There are more families experiencing multiple challenges and more children with multiple health and developmental problems. Rather than continuing to provide services that are targeted at the average family and the normal child, we need to design systems that cater for the full range of families and children.

- ***We need to cater for cultural diversity.*** Services need to be open to diversity and consider cultural differences in family support

THE RELATIONSHIP BETWEEN ECI AND OTHER SERVICES: CONCLUSIONS (cont)

- ***We need to re-envision the early years environment for young children and their families.*** We need to go beyond trying to improve the services for those affected and rethink the environments in which families are raising young children.

  We need to view the early years landscape from the perspective of families and design a social and service environment that is easy to navigate and supports all families.

- ***We need to create spaces and places that act both as social and services hubs,*** providing families with opportunities to connect with other families and to access integrated early childhood and family support services.

- There is a potential of integrated child and family services to perform this role

CORE CARE CONDITIONS FOR CHILDREN AND FAMILIES
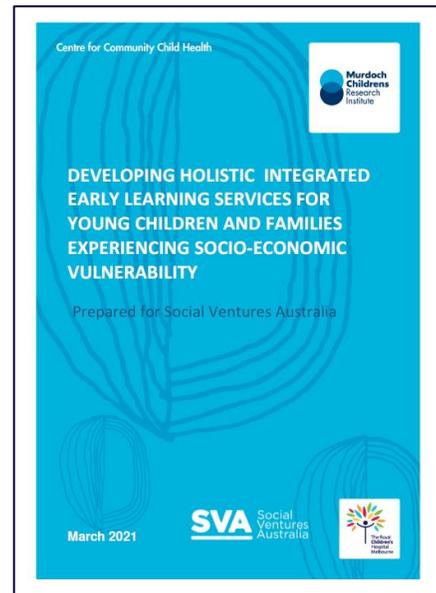
Moore, T.G. (2021). **Developing holistic integrated early learning services for young children and families experiencing socio-economic vulnerability**. Prepared for Social Ventures Australia. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital. https://doi.org/10.25374/MCRI.14593890

Integrated child and family centres (ICFCs) can address a range of family needs but need to form part of a whole-of-society approach

Integrated child and family centres are a community-based service and social hub for children and families
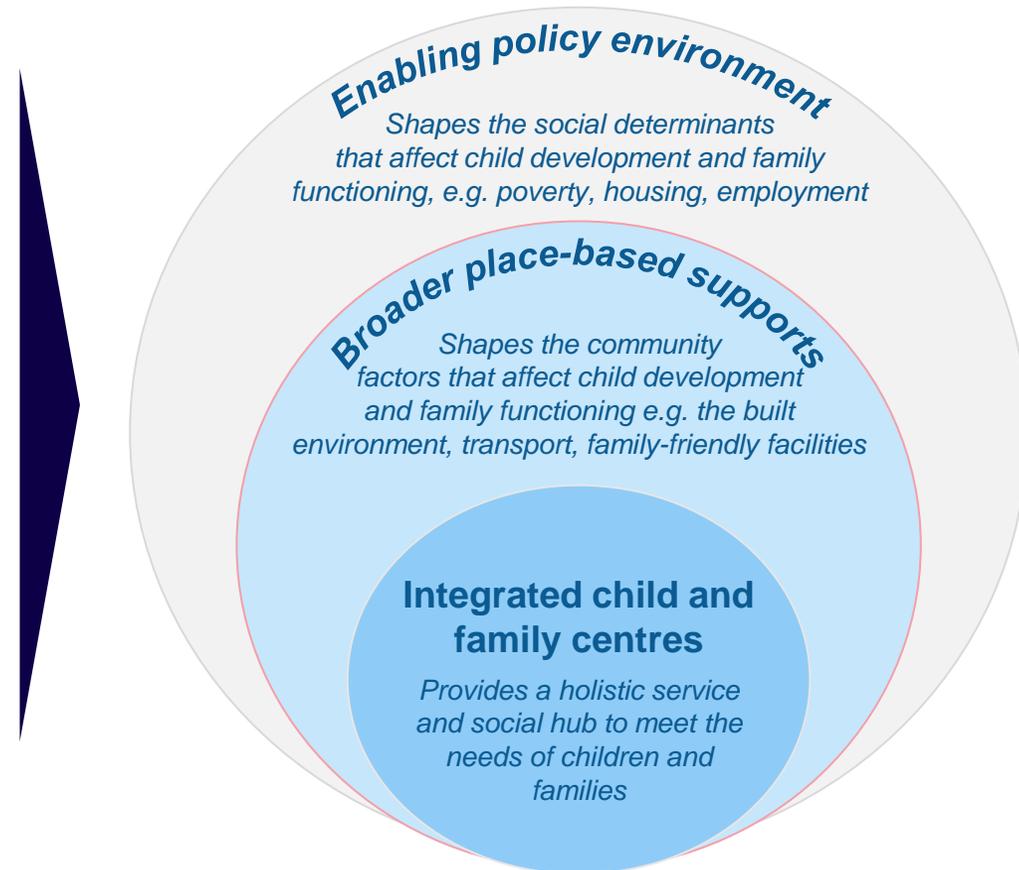
Role as a social hub
- Acts as a natural and safe place within a local community for families with young children to go where they can **meet and connect with other parents and children**
- Is **inclusive** and uses **culturally-responsive** policies and practices
- Helps build community capacity to care for children through networks and civil society

Role as a service hub
- Delivers a **wide range of child and family services on site based on local needs**, including high quality child care and early childhood education programs, preschool parenting programs, community / supported playgroups, and core health services
- Provides **access to other services** including mental health, financial counselling and housing services
- Is staffed by **multi-disciplinary teams** working together with other agencies to provide **integrated holistic support for families**
- Has **tiered systems of support** to match the level of need of the children family

To truly support all children and families to thrive, they require broader place-based supports and an enabling policy environment

Enabling policy environment
Shapes the social determinants that affect child development and family functioning, e.g. poverty, housing, employment

Broader place-based supports
Shapes the community factors that affect child development and family functioning e.g. the built environment, transport, family-friendly facilities

Integrated child and family centres
Provides a holistic service and social hub to meet the needs of children and families

CONCLUSIONS (cont)

- ***We need to develop a tiered system of support for children and families*** that is able to meet the emerging concerns and additional challenges that families face. We need smoothly graded services to match the gradations in functioning and need, not eligibility cliffs that have to be climbed.

- ***ECI services need to be embedded in a comprehensive and inclusive ECD service system*** that provides all families with the conditions they need to raise their children as they (and we) would wish, and that provides with ready access to the services they and their children need

- Stand-alone ECI services will always struggle to meet all the multiple needs of diverse families. Specialist services for children with developmental disabilities are important but should not be set up as separate service systems.

- This conveys a message to mainstream services that they cannot meet the needs of children and that children with developmental disabilities need specialist support in segregated settings. This is misleading and not consistent with the evidence.

- Moreover, once you set up separate disability services (eg. special schools) it is very hard to get rid of them.

FINAL REFLECTIONS

- The theme of the conference is *Creating Early Childhood Intervention Together – Building Bridges*

- *Relationships are the bridges between us, connections across the spaces between us*

- We need to help parents build bridges with their children and with other parents and communities

- *ECI services cannot be fully effective as stand-alone systems but need to be part of a wider effort to improve the conditions under which all families are raising young children*

- ECI services need to building bridges with other professionals (transdisciplinary teams supporting families) and other services (providing material basics and other conditions that families need)

Centre for Community Child Health

THANK YOU!

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