

Healthy children: Getting the first steps right

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Conceptualizing children and childhood

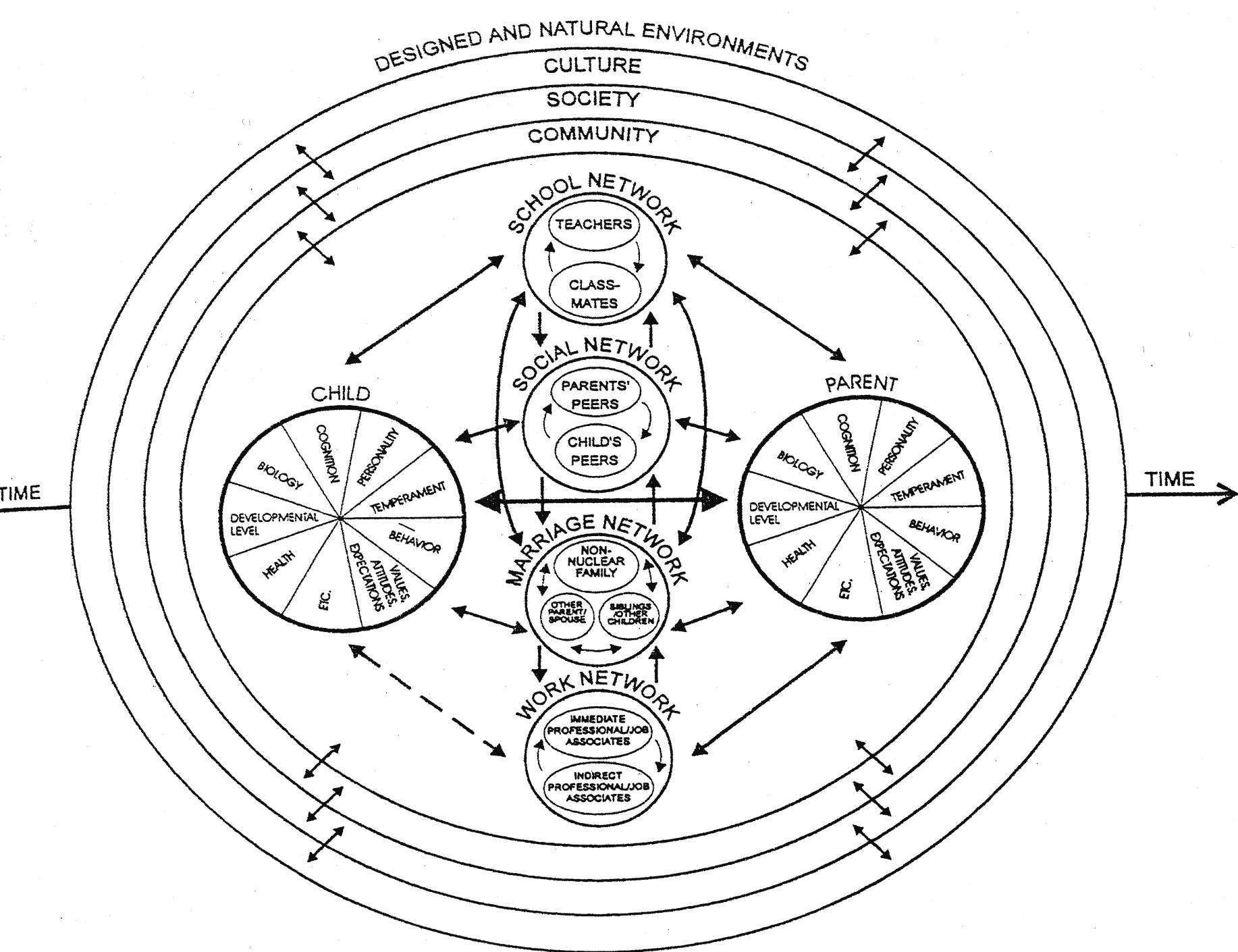
There has been a sea change over past twenty years in how children are conceptualized.

Key principles:

- 1) Children are active agents not passive objects
- 2) Children are persons with rights.
[Ireland's ratification of UN Convention on the Rights of the Child 1993]
- 3) We must acknowledge the diversity in children's experience and needs.
['The Child' or a standard childhood do not exist.]

How children develop and what influences development

- Development is influenced both by heredity and environment, involving many complex transactional processes
- At individual level, there is interconnectedness of the physical, the psychological and the behavioural
- There are multiple influences on health: biological, psychological and social; proximal and distal



Or more simply!

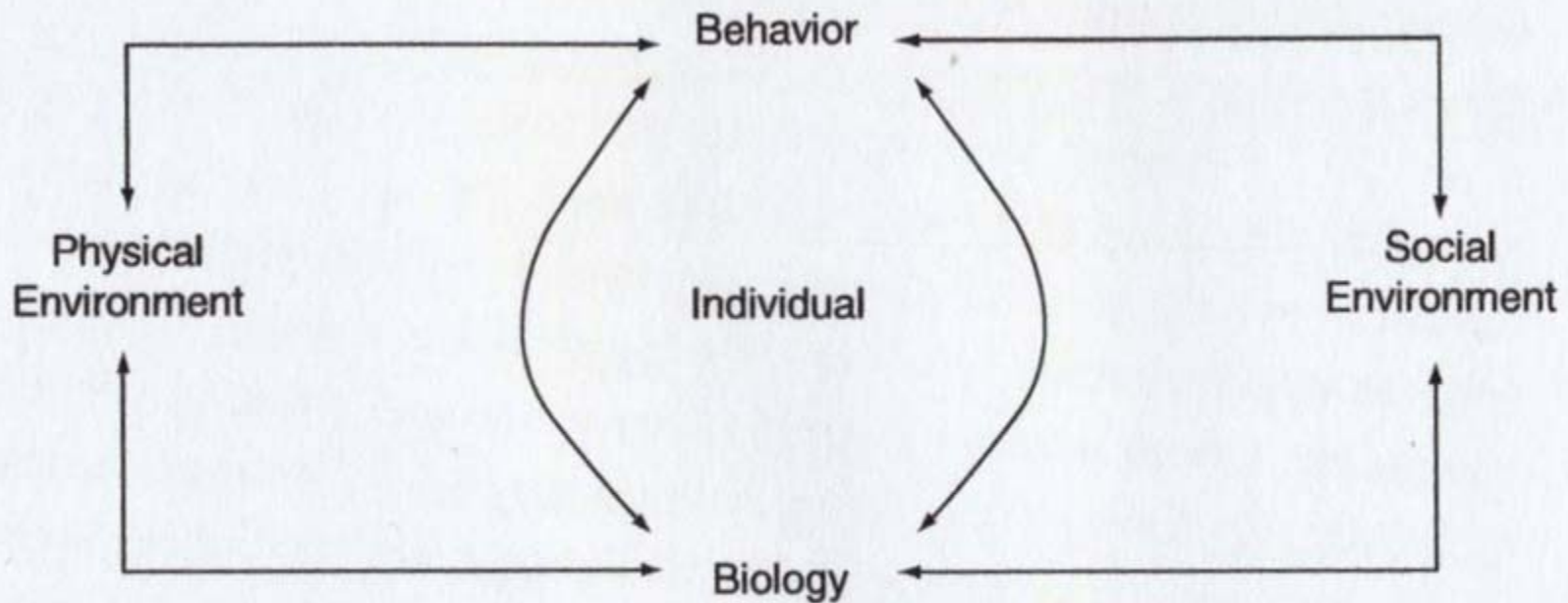


FIGURE 2-1 Ecological Model. Determinants of Health (Detail). (From U.S. Department of Health and Human Services.)

What else do we know?

While acknowledging huge advances in medical knowledge, epidemiology, social and developmental sciences emphasize the following insights

- Very early events and exposures can create problems that carry forward into later life
- Poor children have higher likelihood of poor outcomes
- Health outcomes for children are socially structured
- Many of these poor outcomes are preventable
- Respectful treatment of children enhances their health outcomes (Coyne et al. 2006: Donnelly & KilKelly, 2006)

The importance of the early years

Attention to the early years and their place in development is not new: *And the first step...is always what matters most, particularly when we are dealing with the young and tender.*

This is the time when they are taking shape and when any impression we choose to make leaves a permanent mark.

The recent renewed impetus in this area has been driven by the results of intervention (often RCT) studies, developments in neuroscience and the work of economists, notably James Heckman

Taking a life course perspective, longitudinal research confirms the links between events in the prenatal period and in the early years and adult health outcomes

Do Irish children get the best start?

Many of them get a good start. **But:**

- ❖ Social gradients in child health and well-being are very evident in research
- ❖ There are high levels of income inequality and children living in consistent poverty (1 in 5 at risk of poverty in 2006) – this may well get worse in the current recession
- ❖ Two tier health system and two tier educational system at second level.

Implications for intervention

There has been growing Investment in early intervention programmes for disadvantaged children - in USA, UK and Ireland

To date we know that effective EI programmes are:

- Intensive
- Comprehensive
- Long-lasting
- Expensive
- Context-sensitive

However, we cannot rely on targeted EI programmes alone to adjust social inequalities and prevent their ill effects

Irish data and research on children's health and well-being

Summary: OMCYA State of the Nation's Children 2006, 2008, 2010

Specific sources of data :CSO
Health Behaviour of School-aged Children
Growing Up in Ireland
Lifeways
Perinatal Statistics Report
etc

PLUS Learning from international research and international comparisons
e.g. 19th out of 21 countries on child health and safety -
UNICEF Child well-being in rich countries (2007)

Growing Up in Ireland: The national longitudinal study of children in Ireland

First national child cohort study, started in 2006.
8,500 9 year-olds and 11,100 9 month-olds & their families



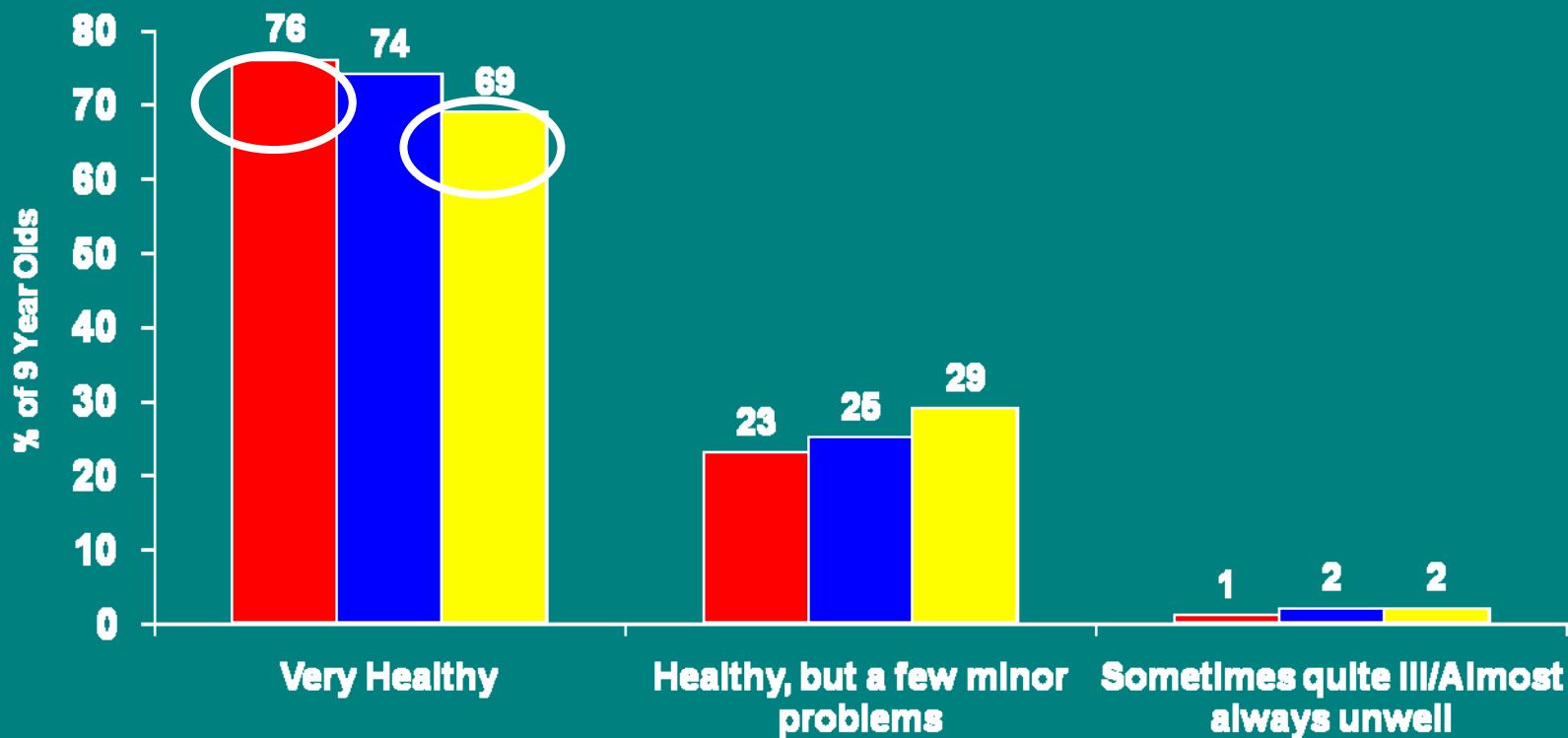
See www.growingup.ie

Breastfeeding

Percentage of infants ever breastfed by mother's educational attainment and whether or not she was born in Ireland



What do mothers think of their child's health?

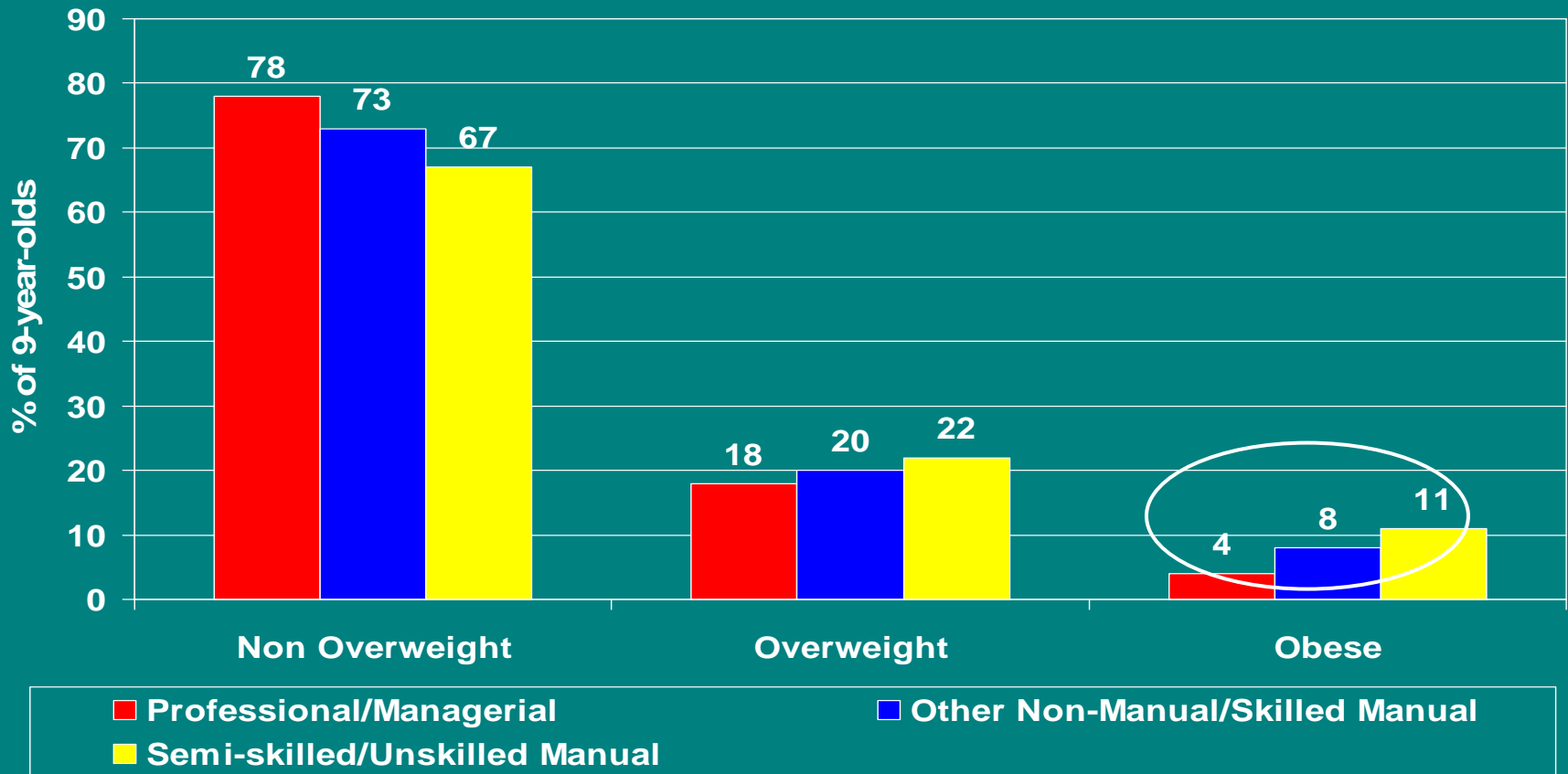


Professional/Managerial

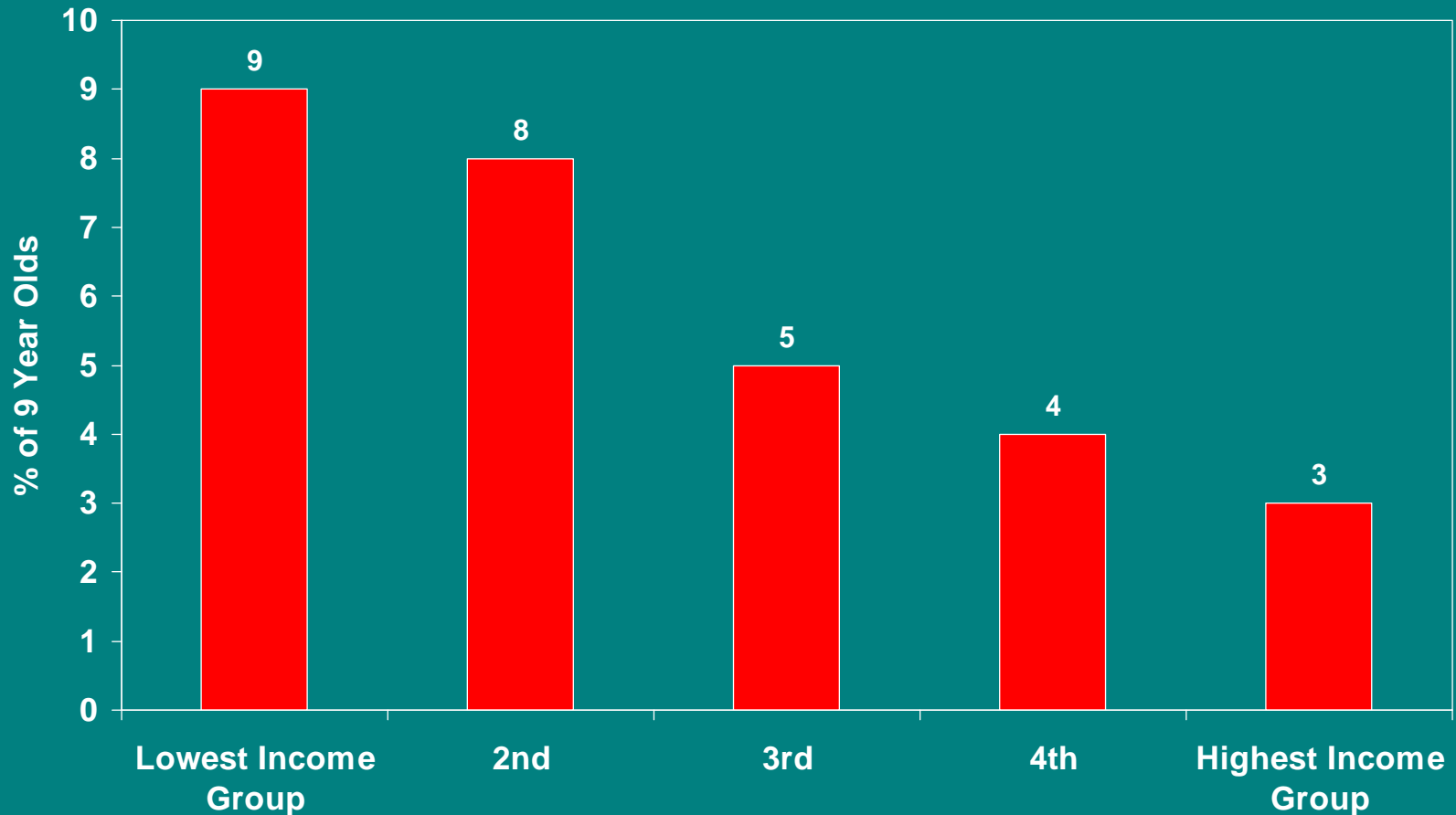
Other Non-Manual/Skilled Manual

Semi-Skilled/Unskilled Manual

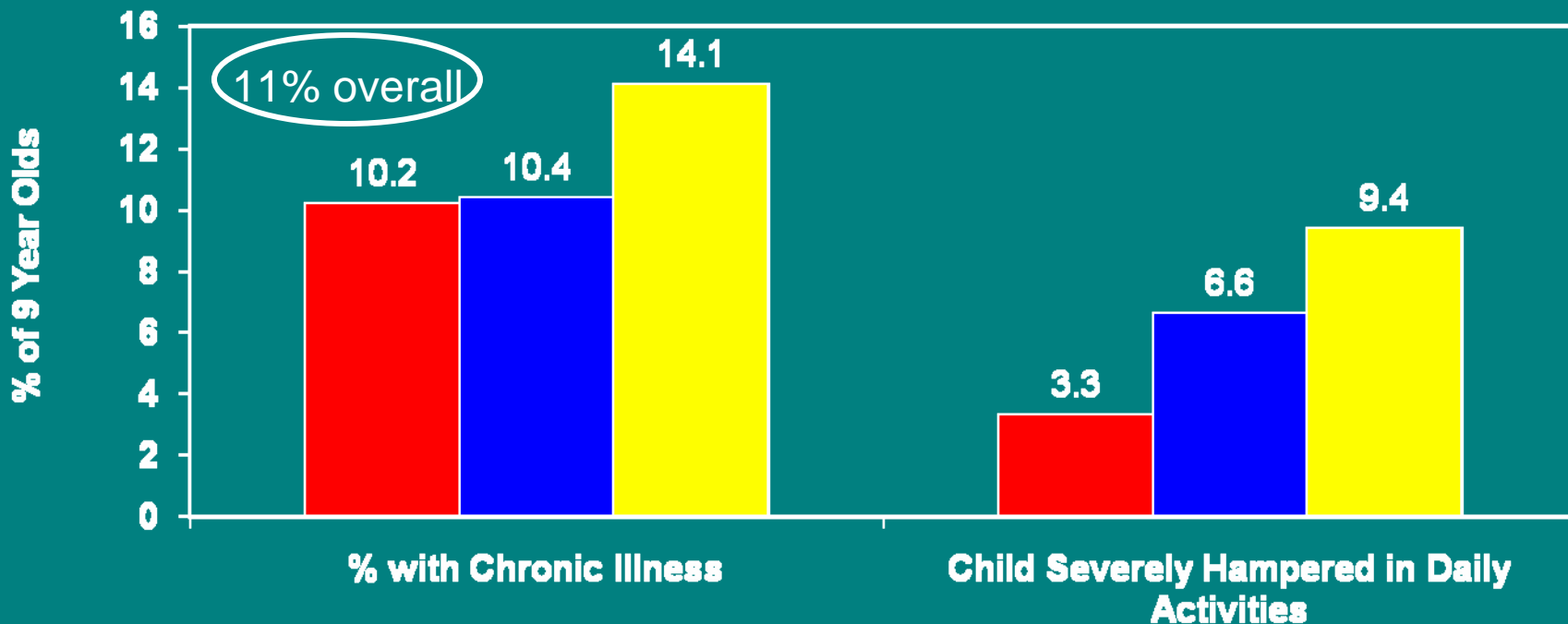
Child's weight and BMI



Chronic illness & mother's education



Prevalence of chronic illness and impact on daily activities



■ Professional/Managerial ■ Other Non-Manual/Skilled Manual ■ Semi-Skilled/Unskilled Manual

Building on existing positives

SERVICES

- Primary Care Teams
- New Children's Hospital
- Children's Services Committees
- Numerous individual programmes

POLICIES

- New National Children's Strategy
- National Children's Strategy Implementation Group
- The Agenda for Children's Services (2007)

RESEARCH AND DATA

- OMCYA National Data and Research Strategy

Within the new public health policy a specific child health policy is needed

A child health policy should be:

- Premised on a multi-dimensional definition of health
- Situated within a life course perspective (Kuh et al '03)
- Ecological, recognising the many layers and types of influence
- Adopting agreed, well-defined outcomes
- Respecting children's rights and agency
- Recognising the importance of supportive relationships and a strong family life

A specific child health policy should be:

- Embedded in and associated with a commitment to reduce child poverty and social inequalities (See, e.g. Tackling health inequalities, CPA/IPH 2008)
- Employing evidence-informed public health programmes & services, universal and targeted
- Adhering to clear objectives & implementation strategies at national and local levels.
- Encouraging cross-departmental collaboration and commitments and inter-agency working.

IN CONCLUSION

First steps?

The importance of a good start for all children is clear:

For their quality of life now
and
To help prevent later ill health

But, we also need to
invest early and keep investing.

New problems emerge as children
develop and the good effects of early
support can fade.

