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Early Childhood Education and Primary Care - a Growing Partnership - Concurrent Workshop Repeated
Sunday, 23 June 2013
Start 8:30am
Duration: 55mins
Da Vinci
Start 9:35am
Duration: 55mins
Da Vinci
Presentation to the GPCME Conference Sunday 23 June 2013

Early Childhood Education and Primary Care - a Growing Partnership

Peter Reynolds
CEO
June 2013
Summary

- A little about the health and early childhood education contexts
- Some information about the ECE sector
- How we line up
- The connection with the wider determinants of health
- Why it’s important
- The evidence supporting quality ECE
- Quality ECE
- Government priorities
- What General Practice can do
- Some scenarios
- Your questions
A little context…

The health environment:
• We have 20 DHBs, 31 PHOs, and approximately 1,000 General Practices
• The public health system is providing primary health services to an enrolled population of 4,275,828 individuals, of whom 302,871 are aged 0 to 5 inclusive.

The Early Childhood Education environment:
• We have 4,275 licensed ECE services, of which there are 2,327 childcare centres
• There are 15,287 qualified teachers working in the sector
• There were 196,535 children aged between 0 and 5 inclusive enrolled in some level of licensed ECE as at Dec 2012
The ECE Sector at a glance - it’s complicated!

- Education & Care Centres: 2326
- Home-Based Networks: 452
- Public Kindergartens: 643
- Playcentres: 464
- Kohanga Reo: 362
- Other: 33

11% 15% 54%
Our goals…

Health
• Primary Health Strategy
• Better, sooner, more convenient healthcare

ECE
• 98% participation target
  – Vulnerable children

Not as clear!
Other centre characteristics...

• All centres are required to ensure their teaching staff maintain health details on the child’s enrolment records
  – This includes what to do if the child requires urgent medical attention
• All centres are required to ensure their teachers hold a current first aid certificate
• Most centres subsidise flu shots and other vaccinations for their staff each year
The average childcare centre

- is privately-owned rather than community-owned
- is likely to have 11 under two-year-olds and 36 over two-year-olds enrolled
- is likely to employ around 11 staff, of whom nine are teachers
- is likely to offer 20 Hours ECE, but also likely to “invite” a voluntary top-up payment

Assuming no siblings, that’s 58 families!
So, where’s the connection?
Why is this link important?

• The evidence…
  – Professor Sir Peter Gluckman
  – ECE Taskforce
  – OECD
  – Children’s Commissioner Dr Russell Wills
  – and a truckload of other national and international evidence!
Education and Health Inextricably Linked

• “My taskforce concluded that the evidence is compelling that to promote non-cognitive development in early years is far more effective than attempts at remediation of conduct disorders later in the life course.”

Improving the Transition – Reducing Social and Psychological Morbidity During Adolescence – A report from the Prime Minister’s Chief Science Advisor, Professor Sir Peter Gluckman
ECE Taskforce

A bio-developmental framework for understanding the origins of disparities in learning, behaviour, and health
What the Taskforce had to say...

• The first years last a lifetime (conclusion drawn by researchers from a range of disciplines, including education, economics and paediatrics).

• Studies have shown various on-going benefits. Where children attended for at least one full year, and generally for longer, involved services that worked with parents as well as focusing on children, the teachers are highly qualified, child-to-teacher ratios are relatively low and the classroom sizes limited, the findings are that for every dollar invested, the resulting returns fall within the range of $US3 to $US16 ($NZ11 avg)
OECD

• The Programme for International Student Assessment (PISA), the OECD’s long running study into reading, maths and science achievement by 15 year olds, found in 2009 that, in all 34 OECD countries studied, including NZ, those 15 year olds who had attended pre-primary education for more than one year when under five, outperformed those who had not. This finding remained unchanged after socio economic background was taken into account.

• Articles 26 and 27 of the United Nations Convention of the Rights of the Child (UNCROC) to which New Zealand is a signatory refer to children’s rights to social security, and to a standard of living adequate for a child’s physical, mental, spiritual, moral and social development.
Children’s Commissioner

“Reducing child abuse and rheumatic fever, and improving the proportion of children receiving immunisations, attending early childhood education and achieving NCEA are all objectives we should get behind. However, until we address the underlying social and economic determinants of these issues, we will continue to see poor outcomes for children and the adults they become.”
A word about quality in ECE...

- Parental choice is critical
- Diversity is fine too

BUT

- The evidence supports the benefits preschool-aged children obtain as a result of spending time in a teacher-led environment where that teacher has specialist, early childhood skills
What should ECE quality look like?

Quality ECE involves the child, parent and teacher working in a partnership to maximise the opportunity for child learning and development.
Government’s response

- Food in Schools
- Nurses in Schools
- Incredible Years (PB4L)
- Welfare reforms
- Vulnerable Children strategy
- Before School Health Checks
Budgets and Priorities

• The government has outlined four key priorities for this term:
  – responsibly manage the Government's finances
  – build a more competitive and productive economy
  – deliver better public services
  – rebuild Christchurch.
Budgets and priorities
– Health

• Both education and health are impacted by “Better Public Services” goals
• For health that means:
  – New Zealanders live longer, healthier and more independent lives
  – The health system is cost-effective and supports a productive economy.
Budgets and Priorities - Education

• For ECE that means:
  – Education provision of increasing quality and value to all
  – Every student is achieving education success
  – The education system is a major contributor to economic prosperity and growth
  – Investment in education is providing higher returns
  – Priority students are experiencing improved outcomes
Budget 2013

- Universal fee increase of 2%
  - non-wages-related costs only, so the real increase is 0.69%!
- More money into targeted initiatives
- Money into “support” initiatives for poor performing ECE services
- Removal of PD grant for new ECE teachers
PB4L

• Positive Behaviour for Learning (US model)
• Came out of “bullying” epidemic and tendency for schools to suspend or expel
• Includes Incredible Years teacher and parent training, additional resources to schools
• Very high ECE uptake of teacher training
Welfare Reforms

- Targeted at “vulnerable” children and getting people off benefits
- From July 15th parents who have dependent children aged 3 to 5 years will be “encouraged” to have their children enrolled in and attending some form of approved ECE
  - Estimated at approx. 3,000 children
Vulnerable Children
- it’s a whole-of-family solution!

- The White Paper solutions include:
  - legislative changes
  - information sharing
  - tracking vulnerable children
  - tougher penalties & monitoring of child abusers
  - screening those who work with children
  - a free child protect phone line
  - public awareness campaigns
  - local children’s teams and shared responsibilities for all New Zealanders.
But…

- What is vulnerable?
- Will the “excitement” get in the way of practical solutions?
- Is it about the child or about parenting?
- How are existing resources better co-ordinated?
What the Children’s Commissioner had to say…

• “We like to believe that New Zealand is a great place for children. For the majority of our children this is true. But it is not true for children living in poverty. As many as 25% of children – about 270,000 currently live in poverty.”
B4School Health Checks

• a free health check for pre-school children when they turn 4

• Includes:
  – child health questionnaire
  – behavioural/developmental screening – Strengths and Difficulties Questionnaire (SDQ) and Parental Evaluation
  – Developmental Status (PEDS) tools
  – hearing and vision screening
  – measurement of height and weight recording
  – oral health assessment – Lift the Lip
  – health promotion and education
  – referrals to appropriate health, education or social services and follow up
  – immunisation (if overdue) where possible
B4 School Health Checks - issues for ECE

• Expectation of contracted nurse
• Separate assessments (health, parent, teacher) versus wholistic approach
• Time
• Referrals to services
ECE response

- Community Hubs
  - Pen Green in Corby, Northamptonshire, established in 1983, regarded as the international benchmark for community hubs
  - Living & Learning Foundation, Mangere
Challenges for ECE moving forward

• Be more accountable (to parents, govt and self)
  – Demonstrate achievements of children
  – Demonstrate value for money
  – Demonstrate effective governance and management practices

• Continue to influence govt policy to create a positive, child-focused environment for quality ECE delivery

• Explore growth and diversification opportunities that meet the needs of parents
More challenges for ECE moving forward

• Need to seize on the opportunity to partner with primary care
  – To promote and advocate for better children’s and family health outcomes
  – To educate families
  – To be open to joint initiative opportunities at the community level
What can General Practices do?

• How many childcare centres do you have in your community? How could you get to know them better?
• Do the centres in your community know they can call on you/your team for advice/urgent support?
• Maybe host a get together to discuss establishing a closer relationship?

• How many pre-school-aged children do you / your team see at your practice? How many are enrolled in a childcare centre? How many might fit the government’s definition of “vulnerable”? 
Questions