

## **Keeping up to date- the 23rd edition**

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### **Title The importance of the early years**

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*“...in order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody’s got to be crazy about that kid. That’s number one.”* (Urie Bronfenbrenner)

**Context** For the majority of children in New Zealand, life is good. They have loving, dedicated parents with “good enough”<sup>1</sup> resources, support and skills to give their children a great start in life. But far too many children face conditions that place them at risk: in 2004, one in five children lived in poverty (that’s 212,000 children) and 38% were living in “some degree of hardship” (Ministry of Social Development, 2006, p. 63); every day, 20 more cases of child abuse or neglect are identified by child protection services;<sup>2</sup> nearly one in five children under 10 live in overcrowded homes (Ministry of Social Development, 2005); Maori and Pasifika children continue to experience unequal educational and health outcomes (see Office of the Children’s Commissioner, 2006).

Adverse conditions are not just unpleasant to endure; they can have long-term negative effects on human development, especially when they coincide with children’s earliest years and when disadvantages accumulate. For it is during the first few years that the foundations for so many future capabilities are laid, including physical health and social, emotional, behavioural, cognitive and moral competence

The importance of children’s early years has been known intuitively since time immemorial. However, recent work in diverse fields such as neurobiology and the behavioural and social sciences is providing the evidence to back this intuition, and edging us towards a fuller understanding of the myriad of interrelated ways in which these early years matter and what increase the odds of good – or poor – outcomes.

### **The family environment**

There is a vast body of research showing how children’s physical health is affected by early experiences. Poor conditions can have a long-lasting impact: for example, Poulton et al. have shown that low socioeconomic status in childhood negatively affects physical health, not just during childhood, but right through to adulthood, irrespective of status in later life (Poulton et al., 2002). It is not only physical health that is shaped by the immediate family environment, but practically every aspect of development, including children’s emotional, social and language competence, their capacity for empathy, their readiness for school and motivation to

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learn, the likelihood of their developing behavioural problems including aggression, and their ability to get on with peers.

At the heart of this family environment is the relationship ("attachment") between infants and primary caregiver(s). It is the *quality* of the attachments that counts. A secure attachment is characterised by caregiving which is sensitive to the infant's cues and needs, timely and dependable. Insecure attachments, on the other hand, are associated with caregiving that is "detached, intrusive, erratic, or rejecting" (Shonkoff & Phillips, 2000, p. 233). Infants whose parents are responsive and can interpret cues "...are more advanced on virtually all assessments of developmental and cognitive status" (Shonkoff & Phillips, 2000, p. 245).

When family circumstances are difficult or stressful, the risk of poor attachment and subsequent poor development increases. Study after study has shown that, for example, poverty is associated with a host of negative outcomes including poor physical health, cognitive and socio-emotional functioning, higher mortality rates and poorer educational achievements. The longer and more severe the poverty, the worse the outcomes (Shirley, 2001). Evidence also suggests that the earlier the onset, the worse the effect. As noted earlier, some negative effects last well into adulthood; some are irreversible. It is for reasons such as these that New Zealand's current Working for Families package, which, while offering very positive benefits for children of working parents, does the least for the poorest of children, has been criticised as dangerously short-sighted and discriminatory.<sup>3</sup>

There are manifold ways in which poverty shapes child development, such as via a family's ability to afford health care, good food and decent housing - one need only think of the meningococcal epidemic that swept through the country in the 1990s hard on the heels of escalating child poverty and household overcrowding (Baker et al., 2000). Another route may be via the impact of poverty on parents' mental health. Depression affects around 10-15% of New Zealand mothers (Mental Health Foundation of New Zealand, 2002); US studies report that rates of depression increase as socioeconomic status decreases (Lennon, Blome, & English, 2001, p. 4). Low status is itself a stressor and "poor mental health is related to harsh, inconsistent, and detached parenting" (Shonkoff & Phillips, 2000, p. 290). As with so many risk factors, the effect is not uniform; that is, maternal depression does not necessarily result in impaired parenting. However, when depression is compounded by other sources of stress, the risk of adverse outcomes increases:

Parenting by depressed mothers tends to be disrupted primarily when it occurs in conjunction with other sources of stress or adversity. Accordingly, a child of a depressed mother who also experiences poverty, marital discord, or maltreatment, or whose mother

is also abusing substances or is an adolescent, is much more likely to exhibit some form of compromised development than is the child of a mother whose depression occurs in the context of an otherwise supportive environment. (Shonkoff & Phillips, 2000, p. 253)

The types of compromised development seen in the children of depressed mothers include an increased risk of psychiatric disorders, poorer social skills and academic abilities, poorer physical health and behavioural problems (Lennon et al., 2001, p. 13).

Abuse and neglect similarly increase the odds of poor child development. Physical abuse is associated with aggression in toddlers, lower social competence, less empathy and skill in recognising others' emotions, an increased likelihood of insecure attachment, and deficits in IQ, language abilities and academic performance, irrespective of socioeconomic status (Shonkoff & Phillips, 2000). Chronic abuse may also be a risk factor for psychopathy, perhaps from the impact of trauma on the brain's fear-stress physiology, although it is not yet clear whether these changes in the stress physiology result in permanent impairment (Shonkoff & Phillips, 2000, p. 257). Exposure to domestic violence and family disharmony similarly impact negatively on children (Martin, Langley, & Millichamp, 2006).

In summary, children's early experiences lay the foundation for a vast range of capabilities in later life including those relating to their physical, emotional, social, behavioural and cognitive development. However, the ability of parents and others to provide the sort of care that leads to optimal child development is influenced by a similarly vast range of factors including income, parenting style, education, mental health, and the availability of social support. The temperament of the child can also affect parenting,<sup>4</sup> as can cultural beliefs.<sup>5</sup> The literature stresses that it is not so much the individual risk factors but their *accumulation* that predicts the impact of adversity on child development. The literature also stresses that the presence of risk factors does not automatically lead to poor outcomes, but shifts the odds in that direction.

#### **Early intervention**

The cost to society of poor child development is significant; the cost of interventions to promote positive outcomes is also significant. The question is how to deploy limited funds to best advantage. The answer from Nobel Laureates in Economics through to social workers at the coalface is clear: invest in the early years because prevention is more humane and cheaper than cure (Heckman, 2000; Jacobsen et al., 2002; Kaliil, 2003; Lynch, 2004). It is not that early damage is necessarily irreparable or that we should ignore later stages of development; but when things go wrong early on, early interventions increase the chances of success:

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“Working with a five-year-old to change aggressive and defiant behaviour is estimated to cost \$5,000 and has a success rate of 70 percent; the same behaviour at age 20 costs \$20,000 and has a success rate of only 20 percent.” (Department of Corrections, 2001)

### **The policy environment**

Clearly childrearing is the responsibility of families and communities. However the care of children takes place within a wider social, economic and ideological environment. Government has a role to play in ensuring that wider environment allows families and communities to do their best for their young. This means giving urgent attention to those factors which are known to influence the quality of nurturing children receive.

For example, eliminating child poverty is critical to ensuring a healthy environment for children. Child poverty rates among developed countries range from under 3% in Denmark to over 20% in the US. Government policy accounts for “most of the variation in child poverty levels” (UNICEF, 2005, p. 2).

Initiatives to eliminate child poverty include setting benefits at levels which *prevent* families from falling into poverty when unemployment or other adversities strike. Affordable, decent housing for families with young children is also a priority.

Labour policies must be formulated to increase the economic security of working families and to acknowledge the stresses of combining work with childrearing. For example, a paid parental leave policy could support early child development if:

“...it recognises that the duration of leave can affect breastfeeding rates; if it is long enough to allow parents and their infants develop a secure attachment; if the pay is high enough to alleviate financial stress which we know can lead to impaired parenting; if it recognises the extra stresses faced by parents of infants with special needs.” (Hanna, Hassall, & Davies, 2006)<sup>6</sup>

To this we might add paid, partner leave and family leave that allows parents to tend to children when they are ill.<sup>7</sup> Similarly, if work is to be a viable option for parents, access to high-quality, affordable child care is essential. The literature is clear that day care can have a positive impact on children’s intellectual, emotional and social development, provided that it is of high quality, as characterised by “a qualified and stable staff, a good educational program, good teacher-child and parent-day-care relationships, groups that are not too big, a reasonable amount of safe space, and safe hygiene practices” (Palacio-Quintin, 2000). High-quality child care can be especially beneficial when the home environment is suboptimal (Palacio-Quintin, 2000).

Family support services are another means by which public policy can support healthy child development.

While there can be no cure-all programme, there is much to be said for a portfolio of services that can be tailored to suit the needs and goals of individual families and children (such as antenatal and postpartum support, well child care, timely support for children with special needs and their carers, therapeutic interventions for traumatised children and parents, in-home care and the like).

Given the importance of parent-child relationships, there is also a strong case for investment in parenting education and positive parenting support, with a diverse range of programmes to accommodate the diversity of New Zealand families. As for child abuse and neglect, interventions need to acknowledge the conditions associated with it, such as substance abuse, partner violence,<sup>8</sup> and social isolation.

Bringing initiatives such as these into play will necessarily involve partnerships between government, non-government agencies and communities. To be effective, however, decision-making processes within those partnerships will need to include children themselves as active participants; after all, children are the real experts on their own lives.

### **Conclusion**

The odds of children reaching their full potential are determined by an ongoing, intricate interplay between biology and environment – nature and nurture. Whether the biological and environmental conditions are optimal is influenced by a complex and interrelated array of individual and external factors, some within and some beyond caregivers’ control.

However, we need to look beyond biology, the home and parenting relationships to the broader environmental influences to explain why a given *proportion* of children in a society do well and others do not:

“Almost any social problem can be analyzed from an individual or structural vantage point. ... But individual characteristics are rarely, if ever, the explanation of why one society has ... less than two homicides per hundred thousand population while others have ten times that rate.” (Wilkinson, 2005, pp. 99-100)

So why does New Zealand have on average 12 child maltreatment deaths per year and Sweden, with twice the population, only seven (Duncanson, 2006)? Attitudes are key: while children, children’s rights and childrearing continue to have low political status in New Zealand, while having children is seen as a private indulgence rather than an entry into a broader childrearing culture in which we all play a part, we are unlikely to see sustained improvements in outcomes.

Children have a right to a satisfying, safe childhood; they have a right to claim “first call” on resources, both personal and public; and the most vulnerable must become our priority, for their sake and in the interests of social justice, national sustainability and national self-respect.

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- Footnotes**
- 1 On "good enough" parenting, see <http://adc.bmjournals.com/cgi/content/full/78/4/293#B4>, although the authors do not support this paper's emphasis on targeting.
  - 2 Based on figures for the year ended June 2003 (Ministry of Social Development, n.d., p. 46).
  - 3 See [www.cpag.org.nz](http://www.cpag.org.nz) for excellent, up-to-date publications on child poverty in New Zealand.
  - 4 E.g., the cues of a special needs or preterm child may be harder for parents to read.
  - 5 Cultural beliefs permeate parenting practices. Some cultural differences in parenting are differences in style or goal, but some beliefs support practices which are damaging to child development (Garbarino, 2000), such as female genital mutilation or the use of corporal punishment (Smith, 2006).
  - 6 This paper is also available at [www.everychildcounts.org.nz/resources.php?rid=31](http://www.everychildcounts.org.nz/resources.php?rid=31).
  - 7 Sweden provides 120 days' paid leave p.a. for this purpose. On average, 7 days' leave are used per child p.a. in 2001, 41% of these days were claimed by fathers (Swedish Ministry of Social Affairs, 2003).
  - 8 The co-occurrence of partner and child abuse is said to be between 30% - 75% (Appel & Holden, 1998; Edleson, 1999; Emery & Laumann-Billings, 1998).