



GUEST EDITORIAL

Improving the developmental health of Australian children

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Why is it that current social and economic circumstances appears to be making life more difficult for an increased proportion of children? In seeking to address this question, the emerging concept of ‘developmental health’ is proving to be particularly useful. This term is being used in research, policy and service contexts to describe those aspects of children’s development which significantly affect their quality of life, health and opportunities across the life cycle. These include physical growth, susceptibility to disease, cognitive, behavioural, and social development, as well as learning and education. Each of these aspects of human development is influenced by the proximal social and physical environments of childrearing, which are in turn affected by the more distal economic, cultural, political and spiritual influences of our contemporary society. The developmental health model is proving particularly useful in explicating the causal dynamics of childhood vulnerability by exploring the interrelation of all of these factors.

Until quite recently, our main approach to the understanding of childhood vulnerability was the study of how specific risk and protective factors within individuals and populations were related to various undesirable life outcomes. This *risk and protective factor model* of enquiry, which has its roots in descriptive epidemiology, has served medicine particularly well – particularly where it has been applied to conditions having just one, or only a few causal risk factors, or where the magnitude of these risk is large. However, this approach has been of much less value in addressing the heterogeneity and multi-causal nature of the commonly occurring and high burden ‘complex’ diseases of adulthood such as mental health problems, type II diabetes, cancer and cardiovascular disease. These complex disorders are now acknowledged to be determined by the joint interaction of genes, biology and environment.

The traditional risk and protective factor approach to prevention has had limited success in reducing the population prevalence of commonly occurring childhood problems such as disruptive behaviour disorders, attention and learning problems and problems which increase in frequency during the teenage years, such as eating disorders, drug and alcohol misuse, depression and suicidal behaviour. One of the limitations to the utility of this approach with these disorders has been a failure to recognise that most risk factors for childhood vulnerability have relatively weak effects when considered in isolation, but their combined effect can be strong (Doll, 1996). The finding that a risk

factor is by itself only a weak cause of disorder (i.e. odds ratio of 3 or less) typically results in little if any effort being spent either in determining the nature of the association or in attempting to prevent it. Childhood developmental disorders typically involve the interplay of several such 'weak' causal factors which together can have a powerful cumulative effect on outcome. The important implication is that preventive efforts that target causal factors that are 'weak' in predicting outcomes at the individual level can nevertheless secure a large benefit to the community (Rose, 1992). In other words, the benefits of prevention are best seen and best understood by their effects on whole populations, not just at the individual level.

The other dominant prevention and promotion approach is based on *social context research*. This approach has its origins in sociology and focuses particularly on the characteristics of the society, communities and groups to which children belong. It places particular emphasis on the importance of the social context in shaping, constraining and redirecting individuals' actions. Sociologists have long stressed the importance of the resources inherent in social relationships and how these resources can be used to realise particular goals. Bourdieu's (1977) concept of *cultural capital* emphasises the importance of the values, forms of communication, and organisational patterns possessed by the dominant class. Economists have also used the term *human capital* to describe the skills and cumulative learning essential to economic growth (Coleman, 1998).

More recently the construct of *social capital* was given prominence by Putnam (1993) who examined regional differences and the association between the strength of communities and their economic well-being. He described this as the processes and conditions among people and organisations such as trust, cooperation, civic engagement, and reciprocity that lead to accomplishing goals of mutual benefit. This concept was very effectively popularised in the Australian context by Eva Cox in her 1995 ABC Boyer Lectures (Cox, 1996). Since then there has been strong bipartisan support for policies and programs seeking to support community building initiatives and locally based programs and activities which seek to strengthen social capacity to address the declining social cohesion and economic stresses which many communities have experienced. This public policy response has political appeal because it reflects what the average person in the street has always known – that is, what is good for children is also good for society and this is likely to make for a more sustainable future. However, as a policy response this may well fail in the longer term unless there is a commensurate effort put into addressing what has produced the loss of human and social capital in the first place.

There is now a growing convergence of prevention approaches based on social context and individual risk and protective factors research. This appears to have come about through public health approaches to prevention moving towards a greater emphasis on the utility of universal or population based prevention. This convergence has also been stimulated by the 'discovery' of the 'biological embedding' of disadvantage and the extent to which social gradients early in life contribute to later inequities of health, education and other outcomes.

Current approaches to prevention aim to identify the critical 'leverage' points in human development and to create opportunities in the environments most proximal to children. This includes policies and initiatives to build the capacity of communities and services to ensure that families and schools are properly supported in their shared task of child

rearing. Such initiatives need to be informed by an accurate understanding of causal pathways and risk environments if they are to be effective in influencing children's *average* developmental trajectories in a more favourable direction.

In Australia until quite recently we have not had the kind of population data needed to inform public policy or to influence the practices of parents, educators and other practitioners in optimising developmental outcomes. Over the past decade several population based cross-sectional studies of Australian child and adolescent health, mental health and educational competence have been conducted (Sawyer, Arney, Baghurst et al, 2000; Zubrick, Silburn, Garton et al, 1995; Silburn, Zubrick, Garton et al, 1996; and Zubrick, Silburn, Gurrin et al, 1997). These have documented the prevalence, burden and risk factors associated with some of the above mentioned commonly occurring childhood and youth problems. More recently, findings from large scale longitudinal studies such as the Victorian Adolescent Cohort Study have become available (Patton, Coffey, Carlin et al, 2002).

It is in this context that the importance of Australia having commissioned the Longitudinal Study of Australian Children (LSAC) can be appreciated. The early findings from this landmark national study, due to commence later this year, can be expected to bring a new era of understanding of what is needed to ensure a better future for our children (Sanson, Nicholson, Ungerer et al, 2002). It will provide much needed information to inform the practical steps which are needed to make our society more enabling of families, schools and communities. This is critical if we wish the next generation of Australian children to develop the health, competency and emotional resilience to manage the challenges of an increasingly uncertain future.

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