



Centre for Community
Child Health



The Early Years Strategy Submission Summary

April 2023

Centre for Community Child Health Early Years Strategy submission recommendations

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The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

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The Centre for Community Child Health acknowledges the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.



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Executive summary

For over 25 years, the Centre for Community Child Health (CCCH) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our purpose is to **see every child thrive**. The Centre is part of the world-class Melbourne Children's Campus that unites clinical care, research and education. We are a research group of the Murdoch Children's Research Institute, a department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.

The evidence is clear that not all children have what they need to develop well, to be healthy now and throughout their lives. We know that:

- By the start of primary school, Australian children living in the poorest areas have three times the developmental vulnerability of those in the richest (18.5% versus 6.5%). As adults, they are 60% more likely to have two or more chronic health conditions and will die 6-10 years earlier (AEDC, 2021).
- A child's health, wellbeing and development is shaped by the complex circumstances in which they are born, live, learn and grow. These circumstances are not equally distributed across society, meaning many children experience disadvantage that impacts the opportunity they have to thrive. See Figure 1 (Goldfeld et al., 2018; Moore, 2017; O'Conner et al., 2019).
- Many Australian children and their families experience barriers to accessing affordable, inclusive, high-quality health and social care, early education and care, and schooling (Beatson et al., 2022).
- Solutions exist that, when combined, can change the conditions in which children are raised and improve child development outcomes (Honisett et al., 2022; Molloy et al., 2019).

The early years are the time when investment into prevention and early intervention is most effective and cost-effective (Heckman, 2023; O'Conner et al., 2019; Strong Foundations collaboration, 2019). When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous communities for everyone.

Given the above, we welcome the establishment of an overarching National Early Years Strategy 'to ensure that all children, wherever they live, enjoy the same opportunities to learn, develop and thrive.' We support the key considerations of the Discussion paper: Commonwealth Government focus, a focus on breaking down silos, relationships with other Commonwealth Government strategies, how the Commonwealth connects to broader supports in the early years, international obligations, strengths-based, child and family centred, First Nations, respectful of diversity and inclusivity and Data.

Our submission takes into consideration:

- our multidisciplinary team's expertise in children's health, development and wellbeing
- significant early years research and evidence



- the current early years environment including the multiple sectors, departments and services such as health, social, education, legal, and disability
- the central role of the Commonwealth Government
- the need to move quickly so that we can see improvements for children within five years.

Our emphasis is on prevention, early intervention and **redressing inequity and disadvantage to deliver the greatest benefits to children now and into the future.**

Our submission provides:

- five key recommendations that are fundamental to ensuring *every Australian child has what they need to thrive*
- responses to each of the questions outlined in The Early Years Strategy Discussion Paper, February 2023. (Australian Government, 2023).



Recommendations

We propose five key recommendations that are fundamental to ensuring every Australian child has what they need to thrive.

Centre for Community Child Health recommendations	
Recommendation 1 <i>Advance national leadership and governance</i>	1.1 Ensure a truly national overarching Early Years Strategy that unifies and builds upon existing national policy, strategies, and programs
	1.2 Develop a National Childhood Guarantee that is embedded in a sufficiently robust legislative framework, e.g. an Act, that commits to ensuring that every child in Australia has the conditions and services they need to thrive and anchors the approach for longevity to ensure time for substantial and thoughtful policy gains
Recommendation 2 <i>Enable data and evidence for learning and improvement</i>	2.1 Develop an Early Years Dataset linked to the National Childhood Guarantee to ensure that our national commitment is measured and met through both system and population outcomes
	2.2 Embed a Performance Monitoring Framework across the early years system to measure quantity, quality, and participation in early years services
	2.3 Build capacity and capability across the early years sector to collect and use all forms of effective evidence
	2.4 Invest in GenV, Australia's largest child and parent nationally representative consented cell-to-society cohort, to speed up research and translation
Recommendation 3 <i>Innovate in place</i>	3.1 Invest in national coordination and support to improve the quality, sustainability and scaling of Integrated Child and Family Hubs
	3.2 Invest in the piloting of stacked services in 'social innovation zones' in 20 communities to address systemic inequity
Recommendation 4 <i>Strengthen universal early years health services for prevention and early intervention</i>	4.1. Trial innovative funding models to increase access to community paediatricians and multi-disciplinary paediatric health care teams
	4.2 Invest in the co-development, implementation and evaluation of an integrated primary care led model to better detect and respond to family adversity early
Recommendation 5 <i>Address the social determinants and create the conditions for thriving children and families</i>	5.1 Invest in a trial of an Early Years Boost: test the impact of increasing income supplements for families with young children on family social and economic wellbeing as well as on child development
	5.2 Use existing universal early years services to identify and connect families experiencing or at risk of poverty to financial wellbeing services



Centre for Community Child Health

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To see every child thrive, CCCH have established a multidisciplinary team of researchers, paediatricians, managers, communicators, evaluators and educators with expertise in children's health, development and wellbeing. Our paediatricians see over 1300 new families each year; our research expertise spans prevention, health services and population health, and translational research; our programs and consultancy initiatives include policy development, community engagement, co-design, and evaluation; and in 2022 we provided over 70 training and development opportunities across many early years sectors.

Every child thrives

Our children are our most valued resource. They are the future of our nation. For children to flourish as adults we must ensure that they have what they need to thrive. Children's health, development and life opportunities are powerfully influenced by social determinants (Marmot, 2005) – the conditions in which they are born, live, learn and grow. Poor trajectories that begin in infancy often continue into adulthood (Hertzman et al., 2010). They can be difficult and costly to change once established and can contribute to lifelong social, educational and economic consequences for the individual (Brinkman et al., 2020).

The early years is also characterised by rapid social-emotional, cognitive and physiological development that is crucial in laying the foundation for health and wellbeing into adulthood. It is also a time when the surrounding socio-ecological environment (family, community, service, physical and built/natural environments) significantly impacts this developmental stage (Moore, 2017). Taking this into account, the wellbeing of children and young people is fundamentally different to the wellbeing of adults and requires responses that reflect this (Molloy et al., 2020).

The evidence is clear that not all children have what they need to develop well, to be healthy now and throughout their lives. We know that:

- By the start of primary school, Australian children living in the poorest areas have three times the developmental vulnerability of those in the richest (18.5% versus 6.5%). As adults, they are 60% more likely to have two or more chronic health conditions and will die 6-10 years earlier (AEDC, 2021).
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- Many Australian children and their families experience barriers to accessing affordable, inclusive, high-quality health and social care, early education and care, and schooling (Beatson et al., 2022).
- Solutions exist that, when combined, can change the conditions in which children are raised and improve child development outcomes (Honisett et al., 2022; Molloy et al., 2019).

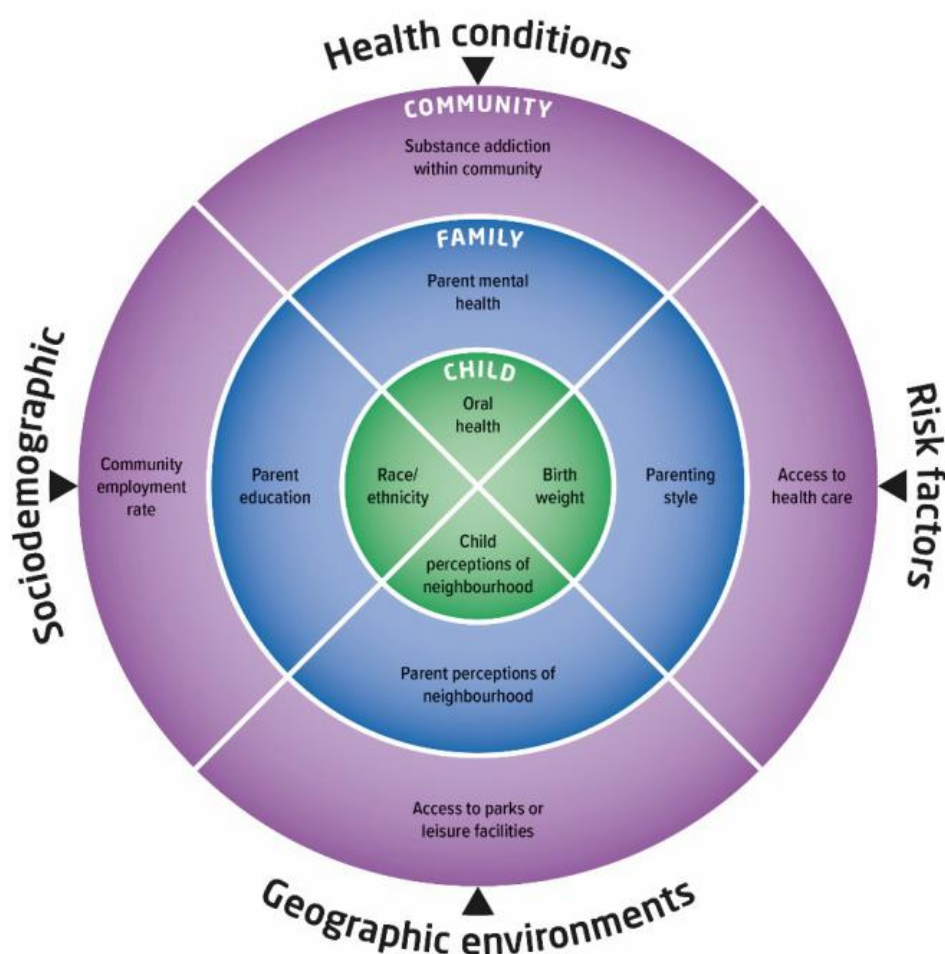


Figure 1: Framework for understanding the four key determinants that contribute to inequities in children's health and development.

In addition to disadvantage being a problem for the individual, disadvantage harms society. It increases health service costs and reduces economic productivity. Currently, Australian governments are spending \$15.2 billion a year on crisis driven, acute, high-intensity services and programs (Teager et al., 2019). The early years are the time when investment into prevention and early intervention is most effective and cost-effective (Front Project, 2019; Heckman, 2023; Moore & McDonald, 2013; O'Conner et al., 2019; Shonkoff et al., 2009; Strong Foundations collaboration, 2019). When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous communities for everyone.



We welcome the establishment of an overarching National Early Years Strategy ‘to ensure that all children, wherever they live, enjoy the same opportunities to learn, develop and thrive.’ We support the key considerations of the Discussion paper: Commonwealth Government focus, a focus on breaking down silos, relationships with other Commonwealth Government strategies, how the Commonwealth connects to broader supports in the early years, international obligations, strengths-based, child and family centred, First Nations, respectful of diversity and inclusivity and Data.

Our submission takes into consideration:

- our multidisciplinary team’s expertise in children’s health, development and wellbeing
- significant early years research and evidence
- the current early years environment including the multiple sectors, departments and services such as health, social, education, legal, and disability
- the central role of the Commonwealth Government
- the need to move quickly so that we can see improvements for children within five years.

Our emphasis is on prevention, early intervention and **redressing inequity to deliver the greatest benefits to children now and into the future.**

Our submission provides:

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Recommendations

1. Advance national leadership and governance

Challenge

Fragmentation, duplication and gaps in current national and state policies, programs, service delivery and practices create inefficiencies, waste resources and undermine efforts to improve children's health, development and wellbeing.

Solution

1.1 Ensure a **truly national overarching Early Years Strategy** that unifies and builds upon existing national policy, strategies and programs.

Improvements in early years outcomes is dependent on the combined action and investment in the early years across many sectors; health and wellbeing (including mental health), social care, early education and care, justice, disability and the environment. Attachment A of the Early Years discussion paper identifies 18 national strategies, initiatives and reforms that focus on or interact with the early years. Given the extent of the commitment to the early years and the need for joined-up action across sectors to achieve improvements for early years outcomes, CCCH strongly recommends the Early Years Strategy becomes an overarching strategy that unites these initiatives and articulates the shared commitment to improving outcomes for all Australian children. Of note from existing strategies and frameworks we commend:

- The National Children's Mental Health and Wellbeing Strategy
- National Action Plan for the Health of Children and Young People 2020-2030
- Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031
- The National Agreement on Closing the Gap

Further, the NDIS currently lacks a clear vision for children with disabilities and the role of their families. Children with disabilities should be considered in the development of our National Early Years Strategy.

1.2 Develop a National Childhood Guarantee that is embedded in a sufficiently robust legislative framework, e.g. an Act, that commits to ensuring that every child in Australia has the conditions and services they need to thrive and anchors the approach for longevity to ensure time for substantial and thoughtful policy gains.

As with the [European Commission](#) and Australia's Centre for Policy Development (2021) child guarantees and the appointment of a [Future Generations Commissioner for Wales](#), an Australian Guarantee would be an accountability mechanism for our national early years commitment. These approaches firmly codify government effort and don't relegate early childhood to one department nor allow for the strategy to languish as aspiration. A Guarantee would include legislation, an agreed baseline percentage of Government expenditure, national agreements between the Commonwealth and states, and reporting obligations.



A National Childhood Guarantee would ensure every child in Australia has access to the most basic rights and directly work to improve outcomes for children—particularly those who are at risk of or are experiencing disadvantage. We know the most disadvantaged children do not all live in the most disadvantaged areas but can be found all over Australia (AEDC, 2021). A Guarantee could also help us meet Australia’s commitment to the United Nations Sustainable Development Goals to reduce by half the proportion of children of all ages living in poverty. It could achieve this by setting an agreed baseline percentage of Government expenditure in reducing childhood disadvantage for an agreed set of policy priorities across Government Departments that affect the key drivers of childhood disadvantage, such as finance, housing, early childhood education and care, education and health, and parent wellbeing.

The European Commission is leading the way with the European Child Guarantee. As part of the European Child Guarantee, member states have developed national action plans outlining how they will implement the child guarantee, including key targets and timelines, to enable countries to re-focus efforts and monitor progress. Australia’s Centre for Policy Development has also developed a guarantee for young children and families; it is a strong starting point for the Australian context. The Australian Government can learn from the experience of the European Commission, Wales and the Centre for Policy Development in developing a Childhood Guarantee that is responsive to Australia’s circumstances.

2. Enable data and evidence for learning and improvement

Challenge

Currently many governments, services and programs operate in an evidence void, unable to adequately measure impact, performance and real-time improvement. Conventional approaches to policy research, design and translation are often stymied by critical data gaps including under-represented population groups, a lack of generational data and poor knowledge of family wellbeing prior to interactions with government services. They fail to progress at a responsive rate or be evaluated to know true impact over time and in conjunction with other policies.

Solution

2.1 Develop an Early Years Dataset linked to the National Childhood Guarantee to ensure that our national commitment is measured and met through both system and population outcomes.

2.2 Embed a Performance Monitoring Framework across the early years system to measure quality, quantity and participation in early years services.

2.3 Build capacity and capability across the early years sector to collect and use all forms of effective evidence.

2.4 Invest in GenV; Australia’s largest child and parent nationally representative consented cell-to-society cohort to speed up research and translation.



An Early Years Dataset, Performance Monitoring Framework and capability building is vital to improve our understanding of impact and implementation, and drive rapid continuous improvement. To ensure we meet the needs of all children it is also critical that we value the knowledge of communities, families, practitioners and children, and use their expertise as a legitimate form of evidence to inform action.

Combined these would enable us to:

- understand how we are tracking at a population level so that we know if we are delivering on our Childhood Guarantee and making a difference for all Australian children
- identify children, families and communities that require targeted support, and make good investment decisions
- use data to drive rapid learning and continuous improvements across systems, services and the workforce
- deliver our services equitably. This means ensuring:
 - that services are available locally in sufficient quantity
 - that services are of high quality, delivered effectively relative to evidence-based performance standards especially to those families/areas that are most likely to benefit
 - that children and families who would benefit are participating in the services – i.e. attending frequently enough to realise the benefits.

While outcome data is the ultimate arbiter of success, the very long gap between outcome and action measurement makes it almost impossible to discover what is effective and to apply continuous improvement. A Performance Monitoring Framework needs to use lead indicators to measure quantity, quality and participation. Lead indicators can provide tailored, quantitative and timely guidance on important gaps in early childhood services and can be used to measure progress over time.

Building capacity and capability across the early years workforce to use both lead indicators and the expertise of communities, families, practitioners and children about what families and children are experiencing, allows practitioners and service providers to make adjustments and accumulate learning regularly, rather than waiting years to see outcomes. We commend the Restacking the Odds Early Years Strategy submission (2023).

MCRI's GenV cohort has the capacity to transform on a national scale how we do research i.e. test policy, practice and medical interventions. The work for GenV is already underway. It has three years of active field work and \$60 million worth of existing investment. GenV has nationally representative parent and child cell-to-society data including priority cohorts offering valuable insights into support, planning and programs for place-based approaches particularly among rural and regional, CALD and First nations cohorts. It is also uniquely positioned to explore intergenerational disadvantage and chronic disease with known intergenerational links. With more accurate, timely and longitudinal data GenV can speed up research and translation to benefit Early Years public policy and practice.



3. Innovate in place

Challenge

The evidence is clear that not all children have the conditions that they need to live, learn and grow. At least 1 in 6 Australian child lives in poverty and one-quarter experience deprivation due to financial hardship. In addition, the existing service system is too complex for many to navigate and does not meet the needs of many children, their families and communities.

Solution

Evidence for addressing entrenched disadvantage supports strategies that are tailored, localised and collaborative (Harris et al., 2023). Intergenerational community disadvantage can be reduced with placed-based approaches (Harris et al., 2023; Moore et al., 2014). Many Australian jurisdictions have used place-based approaches to address the complex layers of disadvantage experienced by some Australian communities (Harris et al., 2023).

Innovative mechanisms, services and funding models are required to support families to better use the service system and connect with early intervention, health, social care, and early learning opportunities.

Greater access, quality and participation can be achieved by trialling innovations in place, learning alongside families and communities, identifying and implementing solutions, and transforming physical, social, community, and economic environments for improved child development outcomes.

3.1 Invest in national coordination and support to improve the quality, sustainability and scaling of Integrated Child and Family Hubs.

Families need opportunities to connect with other families and to access integrated early childhood and family support services. There are approximately 460 child and family hubs operating in Australia in a range of settings providing a non-stigmatising ‘front door’ for families to access co-located as well as virtual supports and services (Honisett et al., 2023). These hubs are created in response to local community needs (place-based and co-designed), are non-stigmatising and culturally safe.

Integrated Child and Family Hubs have the capacity to:

- identify and support a child’s health, development and learning needs (Honisett et al., 2022)
- provide access to early intervention supports
- identify broader issues that may be affecting a child’s wellbeing, such as poverty, family violence and marginalisation
- assist families to navigate support, referral and appropriate service pathways; and
- provide a safe and convenient space for families to build connections.

The National Child and Family Hubs Network was launched in 2022 and has been designed to leverage increasing interest and create an opportunity for collaborative learning and sustainable and effective practice. The Network is a multidisciplinary group that brings together Australian universities, research centres, medical research institutes, non-government community-based organisations and state government departments. The MCRI and RCH are both members. We



commend the National Child and Family Hubs Network 's Early Years Strategy submission (2023) and its recommendations to:

- develop a National Framework for Integrated Child and Family Hubs, which outlines a national approach to implementing, funding and evaluating Hubs. This includes supporting existing hubs to improve integration via funding for the 'glue' that unites the Hubs vision and binds services and supports in an integrated way to reduce fragmentation. It also requires establishing new Hubs, targeted to areas of significant disadvantage, including establishment, infrastructure and 'glue' funding.
- build on the National Child and Family Hubs Network, as an existing national coordinating body, to build capacity, reduce fragmentation, and identify best practice by undertaking research and evaluation to support integrated Child and Family Hubs across Australia.

3.2 Invest in the piloting of stacked services in 'social innovation zones' in 20 communities to address systemic inequity.

Inequity and disadvantage are complex; they cannot be addressed through single interventions, no matter how well they are scaled. Our work has identified that improving children's health, development and wellbeing requires combining or '**stacking**' multiple effective evidence-based strategies across the early years (0-8 years) (Price et al., 2021). Our approach is informed by the evidence-based research of economist James J. Heckman who has suggested that greater investments in early childhood development bring greater returns through better health outcomes and increased productivity.

Heckman also identified that applying multiple, complementary services across the early years will amplify the effect on a single strategy/service.

Our solution implements 10 interventions in 20 disadvantaged communities to transform the physical, social, community, social and economic environments for children. These 10 multi-sectors, multi-level Interventions would meet rigorous standards of evidence for improving children's outcomes:

- antenatal care
- sustained nurse home visiting
- playgroups
- childcare
- safe playgrounds
- green spaces/built environment
- parenting programs
- child and family hubs
- parent financial supplements
- digital navigator.

We will 'stack' these 10 interventions (ensuring every child/family receives every intervention across the antenatal period to school entry) to accelerate equitable outcomes. This co-designed, data-driven approach will address systemic barriers – including financial – that prevent families accessing high quality programs. Working with 20 communities will also provide an opportunity to learn alongside families and communities to identify and adapt the core components of place-based solutions to



meet the needs of individual communities. A robust world-first evaluation will ensure sustainability and enable development of a template for global implementation.

Further recommendations for consideration

3.3 Investing in the continuation and expansion of initiatives such as Stronger Places, Stronger People and Connected Beginnings to enable connected solutions to the issues that matter most to communities. These initiatives can strengthen social capital - tackling complex problems that engage families and communities in co-design, power-sharing and continuous learning.

3.4 Developing a universal family and community early years resource centre or portal.

3.5 Adapting existing Australian Government platforms, such as Primary Health Networks (PHNs), to the early years sector to realise place-based responses in the early years. A national platform of 'Early Years Networks' could become the coordinating nexus bridging national responses tailored to local needs. The Early Years Networks would be area-based responses to:

- provide localised analysis and interpretation of a national early years data set
- drive area-based service planning, integration and delivery
- plan and deliver local workforce capacity and capability building
- facilitate local partnerships to reduce fragmentation across early years sectors.

4. Strengthen universal early years services for prevention and early intervention

Challenge

There are more families experiencing multiple challenges and more children with multiple health, developmental and behavioural problems. Complexity is now the norm. Universal services such as primary care services (GPs and nurse practitioners) and maternal and child health services are well developed (albeit not universally accessible or well-integrated), but many sectors lack a coherent second tier set of services. (This has been dubbed the problem of the 'missing middle'). The lack of a second tier of services leads to increased demand on scarce and more expensive third tier services which struggle to meet the demand. For example, if a child has complex health, development and/or behavioural needs that cannot be met by primary and community health providers, and their families cannot afford private specialist care, they are either placed on long public hospital waiting lists and/or resort to tertiary care. Wait lists are often extending beyond 12 months. Failing to address health and developmental needs in a comprehensive and timely way contributes to deteriorating wellbeing, poorer outcomes and increased remediation costs.

Solution

We can **use Australia's existing universal early years services more effectively**. Universal early childhood programs and services, such as kindergarten and the maternal and child health service, deliver services for all families. To be truly universal however, families, parents and carers should have access to programs and services when and where needed. Intensive support to those families with the



greatest needs helps to mitigate early disadvantage, and a focus on prevention and early intervention reduces the likelihood of more costly future treatment. For example, many common paediatric conditions could be addressed by primary and community health providers with the right support. Locating more paediatricians in community settings as part of a multidisciplinary service would improve primary care by providing expert understanding of children's medical, developmental or behavioural concerns. This would enable more timely assessment, improved care planning and practical support to improve children's health and development and reduce the need for specialist support.

4.1 Trial innovative funding models to increase access to community paediatricians and multidisciplinary paediatric health care teams. New models would increase access to an otherwise predominantly private specialist workforce enabling increased and earlier access to care for children experiencing disadvantage. Funding models would also integrate capacity building functions of community paediatricians. Research from CCCH has shown that paediatricians play an important role in improving the capacity and capability of GPs and the primary care workforce to respond to emerging child development concerns and reducing the demand on acute care services.

4.2 Invest in the co-development, implementation and evaluation of an integrated primary care led model to better detect and respond to family adversity early.

Further recommendations for consideration

4.3 Investing in national coordination and support to improve quality, sustainability and scaling of Integrated Child and Family Hubs.

4.4 Investing in evidence-based sustained nurse-home-visiting as part of a proportionate offering to enhance child development outcomes and ensure children are ready to engage in learning.

The **right@home program** begins in pregnancy and continues throughout a child's first two years. It enables families to access the support they need early via the existing maternal and child health (MCH) service which provides 25 structured home visits to vulnerable families. **right@home** has demonstrated that support from a trained MCH nurse increases a mother's capacity to provide warm parenting practices, a safe home environment, support for their child's learning as well as improve their own mental health. These changes are sustained for both mothers and children, until when a child starts school resulting in benefits to children's development (Goldfeld et al., 2022; Goldfeld et al., 2021).

We recommend the Australian Government work with state and territory jurisdictions to scale **right@home** to accelerate translation and practice change in a model that has been shown to improve child development outcomes. Scaling right@home would include working with Aboriginal and Torres Strait Islander communities to adapt the model.



5. Address the social determinants and create the conditions for thriving children and families

Challenge

Addressing the social determinants provides the greatest opportunity to improve children's health, development, learning and wellbeing in the early years (Marmot, 2005; Moore, 2014; Moore, 2021; ARACY, 2014). At various points in life, many Australians face a period of crisis that can result in financial challenges. These challenges can result in long-term negative outcomes such as spiralling into disadvantage, not being able to pursue opportunities, changes in family structure. One period where financial challenges can arise is around the period of having a child. A lack of financial security for families can undermine wellbeing (Sherman & Mitchell, 2017).

Solution

5.1 Invest in a trial of an Early Years Boost: test the impact of increasing income supplements for families with young children on family social and economic wellbeing as well as on child development.

Ensuring that families have the economic security to meet their needs provides both immediate and long-term benefits for children and families. Work to model the impact of income supplements is underway in Australia with [Changing Children's Chances](#) initiative, and in the United States with the [Baby's First Years study](#). In Australia we have an opportunity to undertake a demonstration study. The MCRI's Gen V is the largest child and parent cohort asset in Australia, recruiting families in every single birthing hospital in Victoria. It offers an immediate platform for rapidly and effectively testing the impact of income supplements, both now and long-term.

A cash supplement could be modelled on existing Australian and international evidence. As the Poverty in Australia (Australian Council of Social Services, 2022) report notes, *'Australia's COVID-19 income supplements had inconsistent impacts on different families due to the simplistic design...which took little account of the relative needs of different-sized families. For the same budget outlay, poverty could have been reduced more if the Supplement was better tailored to the needs of different-sized families.'*

5.2 Use existing universal early years services to identify and connect families experiencing or at risk of poverty to financial wellbeing services.

Australia's universal early years services offer untapped platforms for systematically identifying and responding to childhood poverty. One approach has been successfully developed and implemented in Scotland for over a decade. Starting in 2010, the NHS Greater Glasgow and Clyde (NHS GGC) engaged health workers in early years services to identify and refer eligible caregivers to money advice workers (equivalent to Australia's existing financial wellbeing services) (Naven et al., 2012). Since the original evaluations, implementation of the service model has been sustained and integrated into the Scottish Government policy. By 2020, it had generated 27,000 referrals and over £36 million in financial gains for families and is now cited as a requirement of Scotland's Child Poverty action plan.



In Australia, Healthier Wealthier Families (HWF) has sought to adapt the Scottish model to the Australian context since 2019 (Price et al., 2021). HWF supports Australia's existing universal child and family health nursing services to identify families experiencing financial hardship who could benefit from early referral to existing freely available, independent financial wellbeing services, before they reach financial crisis. HWF has been developed and pilot tested for feasibility and acceptability in five sites across metropolitan and regional Victoria and New South Wales since 2020-22 and identified a feasible model for Australian practitioners and families. A new partnership with South Australia's health and social sectors will evaluate the model at scale, with the intention to start in late 2023. The HWF model could also be trialled across various service settings with a variety of population groups, such as piloting a model to support Aboriginal and Torres Strait Islander practitioners and families.

Further recommendations for consideration

5.3 Investing in a trial of Housing Plus: test the impact of providing low or no-cost housing to pregnant women who have recently been notified to the child protection system in conjunction with a minimal package of targeted, universal supports.

With Australia experiencing a 'housing crisis', more families are unable to meet their basic need for secure housing, and the costs to government of supporting vulnerable families continues to escalate (NSW Government, 2015). A new approach is needed to empower those families experiencing disadvantage to get back on track and 'shift' the system towards earlier intervention. Stable housing is a powerful upstream determinant, which may provide families with the level of stability required for other interventions to work and reduce need for other tertiary services (Strong Foundations collaboration, 2019).

Housing Plus will leverage the opportunity of GenV to robustly test this approach. Through a synthetic randomised controlled trial we can test the impact of this prevention investment on a range of health, wellbeing and social outcomes for mothers and their children, with the primary outcome being that women still have their babies at 12 months of age. This single outcome will have the greatest impact in terms of benefits to the child, the current system and the longer terms impacts to society



Additional considerations to improve outcomes for children who experience the most disadvantage.

Despite our wealth as a nation and the range of services available, we are not achieving positive outcomes for all children and their families. To achieve better returns on investments in the early years and better results for children and families, we need to reconsider the nature of these investments and reconfigure the supports and services provided to children and families.

A focus on those likely to be born or raised in more vulnerable and/or disadvantage circumstances should be a priority. Policies and strategies that address the needs of priority groups should also align with focus areas for improving coordination and collaboration in the development of policies for children and families.

We believe the Centre's 5 key recommendations will improve outcomes for children – particularly those who are born or raised in more disadvantaged circumstances – and facilitate improved coordination and collaboration. These would be complemented by efforts to incorporate the voice of children and families, build greater workforce capacity and ensure adequate incomes and stable housing for families with young children.

Incorporate the voice of children and families

A key component for thriving children and families is agency. Governments and services need to share decision-making power with families and communities so that they are enabled to actively participate in decision making that affects their lives and have the power to inform change (Moore et al., 2016). For example, engaging and partnering with parents and families for co-design, and to implement evidence-based programs can empower parents and communities. This is particularly important for those most likely to experience discrimination or exclusion. Incorporating the voice of children and families can be actioned at all levels of the early years system. Consideration should be given to:

- focusing on **priority populations** – those mostly likely to experience discrimination, exclusion or adverse health or developmental outcomes
- delivering children-centred and family-centred services to help overcome some of the barriers to service engagement, participation and access
- establishing a universal family and community early years resource centre or portal to provide a single entry point for early years information and support
- addressing knowledge gaps with children and families through quality research and analysis. We should seek to understand the causes, barriers and enablers of the complex issues affecting children and families and ways to address these. For example, what are the barriers and enablers to access and participation of EY services?
- integrating early years services into service and social hubs/places.



Build workforce capacity

The health, education, social care, disability and legal support workforce should have the knowledge and skills to support children to thrive. We need a workforce strategy that supports existing and future workforces. Of particular emphasis should be:

- building workforce with capability in:
 - **relational practice.** All human services are relational and their success depends on positive and trusting relationships between service providers and those they support (Moore, 2017).
 - **data and evidence for continuous improvement.** Building capacity to learn faster and respond rapidly, enabling services and government at all levels to implement tailored, evidence-informed responses to improving early years outcomes.
- using the **best models of professional development and learning to upskill existing providers** in evidence-based care in the early years. For example, communities of practice and learning collaboratives have been shown to promote practice change, help to prevent practitioner burnout and foster connectedness across disciplines.

Building workforce capacity in relational practice and the application of evidence-based practice is important for ensuring that services provided to children and families contribute to positive outcomes (McDonald et al., 2015).

Evidence-based practice draws on research, experience and expertise. It's vital that evidence about what works to make a difference for children and families guides action and informs sustainable improvement. We cannot know beforehand what actions or strategies will be most effective in helping families and communities address the complex challenges they face. Rather than trying to predetermine what services and supports are most appropriate, we need to engage families and communities in jointly exploring ways of improving their circumstances, using a continuous learning approach to trial different strategies.

Building the capacity of services and programs to access and apply evidence-based practice in the early years helps to ensure that investments in the early years are effective and cost-efficient. Capturing, monitoring and reporting on data should routinely inform policy, practice and programs, and support continuous improvement to improve outcomes for children in the early years – particularly those more likely to experience disadvantage or vulnerability.



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