



Ready solutions for the challenges facing Australian children and families. Centre for Community Child Health Pre-budget Submission 2024-24

For nearly 30 years, the Centre for Community Child Health ([CCCH](#)) has worked collaboratively with families, communities, practitioners and decision makers for sustainable, equitable improvements in children's health, development and wellbeing.

Our purpose is to see every child thrive. CCCH 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.

Why children and families?

The evidence is clear that not all children have what they need to develop well, to be healthy now and throughout their lives. Our submission presents evidence-based and tested solutions for the current challenges facing children and families. Our solutions seek to ensure that children have healthier lives now and in doing so also address government challenges outlined in the Intergenerational Report 2023 such as growing public hospital and MBS expenditure. Our submission supports the following government strategies and reports:

- National Early Years Strategy
- National Children's Mental Health and Wellbeing Strategy
- National Action Plan for the Health of Children and Young People 202-2030
- National Preventative Health Strategy 2021-2030
- Safe and Supported: the National Framework for Protecting Australia's Children 2020-2032
- Measuring What Matters – Australia's wellbeing framework
- Targeting Entrenched Disadvantage Package
- Intergenerational Report 2023: Australia's future to 2063

Table 1: Summary of ready solutions

These solutions aim to ensure that existing services and government investments work more equitably for all children and make a real difference to the lives of families.

Challenges facing families and Ready Solutions	Investment
<p>Challenge: Many families with young children face cost of living pressures Ensure families access the benefits they're entitled to so children can thrive by investing in Healthier Wealthier Families.</p>	\$1.3 million over 3 years
<p>Challenge: Child development, mental health and wellbeing remains an ongoing concern More children to have access to mental health care by investing in COMPASS – an evidence-based intervention that upskills primary and secondary clinicians to support child and adolescent mental health</p>	\$2 679 230 to scale COMPASS in 10 PHNs.
<p>Challenge: Families are experiencing a fragmented, inaccessible service systems where they live Amplify the National Child & Family Hubs Network to ensure the Australian Government's investment in Hubs reaches its potential.</p>	\$9,758,597 over 5 years
<p>Funding Child and Family E-Hubs – a novel, digital solution to addressing disadvantage and improving navigation and equitable service access for children and families.</p>	\$1,492,353 over 2 years

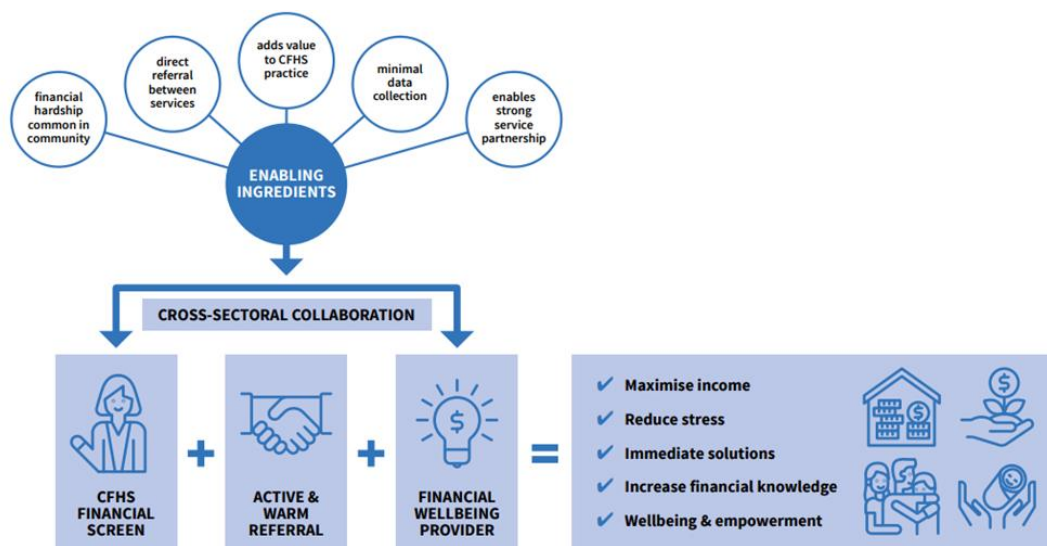


Challenge: Many families are experiencing cost of living pressures

With increasing cost of living pressures, many families are experiencing additional burdens that are impacting on their capacity to provide essentials (such as better food, stable housing, health care) resulting in increased strain on parents to provide a home environment that enables children to thrive.

Solution 1: Improving parents' financial wellbeing and mental health

Healthier Wealthier Families (HWF) is a prevention model that supports Child and Family Health Nursing Services (CFHS) to respond to financial hardship, by identifying and referring clients in need to existing financial wellbeing services.



Key elements of Healthier Wealthier Families (CFHS: Child and Family Health Service)

Adapted from a successful Scottish partnership (running since 2010) between the National Health Service, local government and community sector, HWF has been successfully piloted in Victoria with 44 families. Results showed:

- The financial counsellor helped each family secure another \$6,500 on average in benefits they were missing out on, plus another \$750 in waivers / brokerage / credits / concessions.
- 75% of clients were born overseas and just over half spoke languages other than English at home, so the program captured culturally diverse families that are often excluded from our community-based services.
- 80% of participating families earned less than \$1,000k p/week, so the gain of \$125 p/week is substantial.
- Additional flow on benefits include:
 - avoided loss of utilities (52% of clients)
 - avoided legal action (11%)
 - stabilised housing (14%)
 - organised external referrals (41%)
 - conducted financial literacy activities (66%)



What Next? Extending the benefits of Healthier Wealthier Families

To reduce cost of living pressures for more families, we need to understand the benefits of HWF at scale. The investment required to scale Healthier Wealthier Families to relieve cost of living burdens per jurisdiction:

	Budget
Financial Counselling Funding equivalent to 1 FTE of a financial counsellor, supervision, and on-costs for three years. This funding aims to provide financial counselling services to an estimated 400 clients per year.	\$450,000.00
Implementation and Evaluation: Implementation of a systematic referral pathway (including data sharing, etc) and rigorous evaluation (conducted by CCCH, encompassing financial and mental health benefits, cost-benefit analysis, and scalability factors.	\$1,000,000.00
TOTAL (over 3 years)	\$1,300,000.00

Scaling of HWF has the support of peak financial counselling bodies and CFHS groups in Victoria and South Australia and has the potential to become embedded within BAU as an early childhood investment initiative. For more information and to hear client stories please visit [our website](#).

Challenge: Child mental health and wellbeing remains an ongoing concern

A child's mental health and wellbeing is critical for their overall health and development. Positive mental health enables children to form relationships; learn, play and cope with challenges as they arise; and engage in the world around them. An increasing number of children are experiencing mental health difficulties. Almost 14 per cent of Australian children aged 4-11 years had a mental health diagnosis pre-pandemic,ⁱ and nearly half of all adult mental health conditions begin before the age of 14 years,ⁱⁱ with clear problems emerging from age five.ⁱⁱⁱ

Solution 2: Enabling children to access timely mental health care and support

COMPASS (Connecting Mental health PAediatric Specialists and community Services) is an award-winning¹ children's mental health and wellbeing program that upskills clinicians, such as GPs, to identify and support child and adolescent mental health presentations. COMPASS comprises:

- a regular, online Community of Practice (CoP) that builds practitioner confidence and capability in areas including anxiety, aggression and challenging behaviours, depression, self-harm and suicidality, eating disorders, and autism spectrum disorder +
- primary and secondary consultations with an experienced child psychiatrist

COMPASS is integrated through the existing PHN program, leveraging the expertise and system infrastructure of the PHN and therefore easily scaled across Australia.

¹ COMPASS was awarded Victorian Public Healthcare Award 2023 for Celebrating a strong and sustainable workforce.



Rigorous evaluation of COMPASS showed:

- Reduced waitlist times for families seeking child and adolescent mental health support
- Reduced referrals to Child and Adolescent Mental Health Services
- Prevention of further harm to children and adolescents such as school disengagement, deterioration of children's mental health, and the risk of suicide, through timely access to quality care
- Reduce the out-of-pocket costs to parents experiencing cost of living pressures
- For every \$1 invested, \$1.86 is returned, with total annual saving of \$109, 680 within a PHN catchment area. Considering that on average, child and adolescent mental health service patients receive five consultations, if five consultations are saved the ROI increases to \$9.3 returned for every \$1 invested – an annual saving of \$1.06 M.

What next? Scaling COMPASS to ensure more children receive timely mental health care and support.

COMPASS is ready for scaling and we encourage the Australian Government to provide funding to enable COMPASS to be implemented in all PHNs, starting with 10 priority PHNs in the first year. We recommend prioritising:

- Regional and rural areas to enable children and families in these areas to access care.
- Implementing COMPASS from Head to Health Kids Hubs, leveraging the Commonwealth's investments in child and family mental health and wellbeing.

Total program cost for implementing COMPASS program in a single PHN is \$267 923.00 per annum.

Detailed costing of COMPASS budget is provided in Supplement 1 of our submission.

Challenge: Families are experiencing a fragmented and inaccessible services

Current services and supports do not meet the diverse needs of children and their families. We need better system integration and supports to identify early and intervene effectively to address the underlying needs of children and families in the places where they live, learn, and play.

Solution 3: Seizing the opportunity of the existing momentum and interest in Child and Family Hubs as part of place-based approaches to addressing child disadvantage

The National Child and Family Hubs Network is an existing body represented by researchers, evaluators, and policymakers with an interest and expertise in integrated community-based Hubs for children and families. The Network aims to build collective capacity and accelerate learning of the 460 Hubs across Australia.

The opportunity

Further investing in the National Child and Family Hubs Network over a five-year period will enable the Network to accelerate a national approach to improving the evidence base, coordination and supports for Hubs on a national scale. Funding for the National Child and Family Hubs Network will ensure:

- A coordinated approach to supporting the development, implementation, and evaluation of Hubs across Australia.
- A Hub practice and evaluation framework, supported through Learning Collaboratives.
- A website clearinghouse, including the most up-date evidence-based Hub resources and Community of Practice.
- Three national Child and Family Hub Conferences, bringing together Hubs from across Australia
- Research identifying the effect of Hubs on child health, development, and educational outcomes and the core components of Hubs associated with improved implementation and outcomes.



Investment required: Investment of \$9, 758, 597 M over 5 years

Please refer to Supplement 2: Proposal to address fragmented service system for families - Funding to amplify and sustain the impact of Child and Family Hubs across Australia for a detailed project budget.

Solution 4: Child and Family E-Hubs - a novel solution to improving service access

Our research has found that families are overwhelmed with information, seek simple solutions to solve issues relating to their children's social, emotional and behavioural needs, seek reassurance, practical tips and connection to local services. Digital solutions can provide high reach, low stigma mechanisms to provide information, programs and services tailored to the individual needs of families.

The Child and Family eHub 1.0 is the only Australian digital platform connecting families to information about local services using an online website and app, focused on the specific needs of families with young children experiencing vulnerability. E-Hub 1.0 is currently being evaluated in three sites across Vic and NSW.

The Solution

The eHub 2.0 has been designed to support and guide families through a locally co-designed, tailored approach including increasing tiers of support according to need and level of risk. Testing E-Hub 2.0 would allow enhanced functional capability of the e-Hub 1.0 and scale this model to reach 150k families.

Investment required: \$1, 492, 353 over two years.

Please refer to Supplement 2: Proposal to address fragmented service system for families - Child and Family e-Hub 2.0 – a novel solution to address social determinants and protective factors for the optimal mental health of children (0-12 years) for a detailed project budget.

Challenge: Place-based initiatives require enhanced capability for continuous improvement

Ultimately, all disadvantage is place-based. The children and families facing vulnerability live in hundreds of local communities, spread right across Australia.

Through our work on the Restacking the Odds (RSTO) project, we have identified that while place-based approaches are on the right track to make meaningful change in their communities, additional investment is required to embed a cycle of sustained improvement from local insight to local action. Front-line providers are the only ones who can make operational changes to the way they design and deliver services and encourage participation. Currently many practitioners are overwhelmed with data but unclear how to use it to improve decision making. Gaps in capability and readiness include service-level data, analytical resources, methodologies, simple, standardized metrics and data literacy skills.

Solution 5: Co-design a scalable data-driven continuous improvement model to enable place-based initiatives address inequities.

Restacking the Odds is working with players across the early years system to help them build capability to collect, interpret and act on their data – identifying where to place their efforts to improve outcomes for children and families. In other words, generating data-driven decision making at the front-line.



RSTO provides crucial tools for a targeted, local response in place-based initiatives, yet the core elements of the RSTO learning system can be applied across communities, for example:

- standardised indicators and data structures that allow comparison longitudinally and across service delivery locations and organisations
- software-based algorithms that translate input data into indicators
- common-sense visualisation tools co-designed with end users
- standard privacy protocols and data security.

Additional investment would enable a 12-month process to co-design a scalable model for continuous improvement across place-based initiatives, building on the prototype RSTO learning system and our current momentum and insights.

Funding would support:

- establishing 4 Design Collaboratives with key service providers, place leaders and government representatives in QLD, VIC, NSW and WA to understand conditions, activities and resources for success.

developing operating model options for for a continuous improvement learning system in place-based initiatives, including understanding of need, cost and funding options.

- a scaled learning system for continuous improvement in place-based initiatives will deliver data-driven decision making at the front-line to improve outcomes for children and families in those communities.

Investment required: \$545,040 over 1 year. Please see supplement 4 for detailed costings.

Please refer to Supplement 3: Proposal to co-design a scalable data-driven continuous improvement model to enable place-based initiatives to address inequities.

Conclusion

Our children are our most valuable resource. For children to flourish as adults we must ensure that they have what they need to thrive. 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). Investing in these four solutions presents further opportunity for the Government to shift the dial on children's outcomes and redress the key challenges that many families experience. When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous communities for everyone.

References

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- ⁱⁱ Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627. <https://doi:10.1001/archpsyc.62.6.617>
- ⁱⁱⁱ Mulraney, M., Coghill, D., Bishop, C., Mehmed, Y., Sciberras, E., Sawyer, M., Efron, D., & Hiscock, H. (2021). A systematic review of the persistence of childhood mental health problems into adulthood. *Neuroscience & Biobehavioral Reviews*, 129, 182-205. <https://doi.org/10.1016/j.neubiorev.2021.07.030>



Supplement 3: Co-design a scalable data-driven continuous improvement model to enable place-based initiatives address inequities.

This submission outlines a proposal to co-design a scalable data-driven continuous improvement model to enable place-based initiatives and service providers to address inequities. The solution aligns to and contributes to the goals of the Australian Governments' current investments in tackling entrenched disadvantage and place-based initiatives.

The proposal draws from insights from the Restacking the Odds ([RSTO](#)) initiative which aims to reduce childhood disadvantage through ensuring a combination of evidence-based strategies across the early year and equipping players at all levels with the data to understand how services are being delivered through:

- Standardised indicators and data structures that allow comparison longitudinally and across service delivery locations and organisations
- Software-based algorithms that translate input data into indicators
- Common-sense visualisation tools co-designed

The challenge:

Australian children face disadvantage, with 1 in 5 arriving at school developmentally vulnerable, increasing to 2 in 5 Aboriginal and Torres Strait Islander Children.

Place-based initiatives are a promising solution to redressing community-based disadvantage. However, the success of place-based initiatives to effectively progress toward their goal of tackling disadvantage is hampered without the correct supports in place.

RSTO has already gained substantial insights into what supports are required, through developing prototypes with place-based initiatives and service providers. This work has demonstrated a need to focus on building community readiness, service level data-driven decision-making capabilities and standardised frameworks and methodologies for services providers to align to. These capabilities must be built in both backbone organisations and the services providers operating in their communities.

Resourcing directed to place-based initiatives and service providers in these communities could be harnessed more effectively where all players have a clear and agreed picture of how best to act on these challenges.

We propose to draw on insights gained through RSTO to lead a co-design piece on what is required to transition to scalable solutions that address entrenched disadvantage.

While this approach is primarily focussed on addressing childhood developmental inequities, there is opportunity to apply lessons for other place-based initiatives.



Proposal

Option a. Retain current state

While place-based initiatives are making gains in many communities, their progress may be undermined where the scale of the challenge outstrips their capacity to act. A current state option may entail:

- Continued and incomplete fragmentation of services to meet community needs
- Continued investment in band-aid approaches across early years systems in communities
- Risk of workforce disengagement in place-based and early childhood system improvement initiatives
- Risk that lessons from system investments are not translated to improve understanding across government (state and federal) of how to support communities to improve outcomes

Option b. Develop a co-designed, scalable model to enable cycles of sustained improvement in place

We propose to lead a co-design piece of work to develop a scalable model of working to address community disadvantage based on data-driven decision making and continuous improvement. The model would test and highlight the fundamental resources and activities necessary to alleviate barriers and bolder enablers to effective place-based working. This entails:

- development of budget and operating plan for scaling a learning system applicable beyond initial partner communities, service providers and strategies, including feedback loops to government
- development and testing of scalable frameworks and evidence for communities and decision-makers
- contribute to the development of the governments' suite of resources for place-based initiatives and early years service providers
- assessment of potential funding options.

Option c. Monitor progress in existing initiatives for future investment opportunities

In this option, RSTO would continue supporting place-based initiatives and engage with Government with a view toward identifying and directing funding opportunities as our current funding comes to a close.

We will continue to engage with Government departments responsible for key aligned initiatives, not limited to Tackling Entrenched Disadvantage, the development of the Nexus Centre and the implementation of the National Early Years Strategy. Where available, we will share insights to support design and delivery of these process to meet the needs of the communities they seek to support, and opportunities for investment in the next budget cycle.

However, the outcomes of this option provide a lower output which may be less valuable for informing national-level strategy and frameworks. We anticipate this option would entail:

- limited ability to engage with additional PBI and service providers focused on the early years beyond current partners
- focus prototyping of the learning system across slimmer range of early childhood strategies
- continued synthesis of learnings in implementation and test lead indicators



- continued policy input on stacking and measurement (place / state / federal)
- risk of knowledge and momentum loss if ongoing funding is not secured

Costs of option b: Develop a co-designed, scalable model to enable cycles of sustained improvement in place

Our view is that option B provides the most substantial opportunity to make the most of the Governments' existing commitments.

The approach taken to explore these elements will include:

- establishing 4 x Design Collaboratives to bring together key service providers, place leaders and government in QLD, VIC, NSW and WA
- review of existing and ongoing learnings from implementation of RSTO and other relevant initiatives in communities to drive continuous improvement
- developing a quantitative model of need (i.e. both looking at disadvantage (needs of citizens) as well as needs of PBIs in relation to data and continuous improvement)
- assessment of funding options
- developing options for an ongoing operating model to deliver a continuous improvement learning system in place-based initiatives (focused on early years).

Required resourcing

1. **Staffing:** includes a Collaborative Manager, Research Officers, Government Relations officer and Communications Officer.
2. **Activities:** 4 x Design Collaboratives to bring together key service providers; place leaders and government in Qld; Vic, NSW and WA. The purpose of the design collaboratives would be to:
 - a. Understand conditions required to embark on implementation
 - b. Understand what activities across different stages are required and what resources that takes
 - c. Understand what resources can be centralized and what needs to be local
 - d. Understand costs.

Outputs (12 months):

1. Proposed operating model to deliver a continuous improvement learning system in place-based initiatives.
2. Analysis of need and costs and assessment of potential funding options.
3. Engagement and runway of communities and service providers



Element	Overview	Cost
Staffing:		
1.0 FTE Collaborative Manager	Engage, manage and builds relationships across partners – service providers and PBIs. Establish and lead learning collaboratives .	\$153,600 (salary and oncosts)
0.4 FTE Government Relations Advisor	Builds and sustain relationships with State, Territory and Commonwealth governments to understand connections and influence support.	\$61,440 (salary and oncosts)
1 FTE Research Officer	Research activity to support evaluating needs .	\$100,000 (salary and oncosts)
0.6 FTE Communications Advisor	Responsible for the delivery of collaboratives, synthesising information and ongoing engagement	\$85,000 (salary and oncosts)
Other expenses		
Travel	Travel of key staff to collaborative meetings in four states	\$25,000
Venue and catering	Venue and catering for meetings in four key states	\$40,000
Consulting fees	Support to synthesise findings and complete funding model analysis and options	\$80,000
Total		\$545,040