National Child & Family
Hubs Network

Child and family hubs:
an important 'front door' for
equitable support for families
across Australia

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Background

Ensuring young Australian children have the best possible start to life requires children and families to have equitable access to quality services and supports. Indeed, by the time children start school, research has demonstrated two clear issues: high rates of preventable health and developmental problems, [1] and clear inequities already evident. [2] These inequities track forward to adulthood [3,4] and are socially patterned by family adversity [5] and the broader social determinants of health. [6] Addressing inequities early in life has the potential to fundamentally change children's opportunities and create a healthier and more productive future adult population. [7]

As family adversity and social (non-health) determinants of health, development and learning incorporate intersectionality with a number of services, a multi-sector approach is required to prevent and intervene early on these issues. However, current service offerings do not meet the diverse needs of children and their families or effectively address these inequities. For example, a key finding of the National Children's Mental Health and Wellbeing Strategy is that the children's mental health system is overly complex and fragmented, and the onus is on families to try and navigate the system and access appropriate services. [8] In many localities we don't need to add more services or programs for children and families, [9] but we need better system integration and coordination to identify early and intervene effectively to address the underlying needs of children and families.

One solution increasingly recognised around the world is building connections between existing services to meet the diverse needs of families. [10] This approach is gaining momentum around Australia with models being developed that aim to integrate variations of health, education, social care (including legal and financial), and social support within co-located child and family focused hubs. [11] Enthusiasm for this approach creates an opportunity for coordination, learning and evidence building to ensure a secure and effective policy future.

In this paper we explore what is meant by a child and family hub and identify core components that underpin the delivery of these hubs that have emerged from Australian and international research. The newly established National Child and Family Hubs Network offers the opportunity to consider how hubs can become important 'front doors' to drive equitable access and quality service delivery across Australia.

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What is a child and family hub in the Australian context?

Child and family hubs provide a 'one stop shop' for families to support child development and improve child and family health and wellbeing. They do so via two critical roles:

1. improving equitable access to a range of health, education, and social services using a family centred approach

2. providing opportunities to build parental capacity and for families to create social connections.

Currently there are over 100 hubs across Australia providing a non-stigmatising 'front door' for families to access a range of co-located and virtual services and supports. These hubs are located in early childhood services, primary schools, primary health care, non-government organisations, Aboriginal Community Controlled Health Organisations (ACCHOs) and, or available virtually. Each setting provides a potential equitable service platform to engage a wide population of children and their families, particularly those living with adversities. The services within these settings are then able to identify and respond to emerging developmental issues, and health, education, and social issues early in a child's life. These settings also support the promotion of protective supports such as high-quality education, assisting with the transition to school, supporting and connecting families, promoting positive parenting, supporting culture, and providing other safeguards for children's development, conveniently, all in one place where the benefits of the whole are greater than the sum of its parts.

The evidence for integrated child and family hubs

Integration occurs along a continuum from isolated action to communication, coordination and co-location, collaboration, and ultimately integration. [12] Integrated child and family hubs bring together services and supports in a shared, seamless and united way. Although integration is what hubs aim to achieve, there are still likely benefits from steps along the continuum prior to integration.

There is a growing body of evidence (although variably robust) on the effect of integrated care on a range of both service (i.e., more equitable access) and child and family outcomes. Within early childhood services, integrated care and supports have been associated with improved school readiness and parental knowledge and confidence. [13,14,15,16] Co-located and integrated early years and primary school settings have shown trends toward improved child academic outcomes compared to children attending non-integrated models of care and support. [17] Integrated community-based hubs established by non-government organisations have been associated with improved identification of developmental vulnerability and increased access to care for families who might not otherwise engage with these services. [18,19,20,21]

Integrating care within primary health care settings is associated with improved family engagement, [22] coordinated supports across health, social, and education systems, [23] improved child health outcomes, [24] and reduced health care costs. [25] Additionally, ACCHOs address the social determinants of health and health inequity experienced by Aboriginal and Torres Strait Islander communities by delivering integrated, holistic, comprehensive, and culturally appropriate primary health care to the community who controls it. ACCHOs attract and retain Aboriginal clients significantly more than mainstream providers [26] and are more effective than mainstream health services at improving Indigenous health. [27] Evidence from each of the above settings provides promising support for integrated care, however, the lack of robust research required to sustain and evolve integrated hubs is a significant gap in Australia and internationally.

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Common core components of hubs

Although the front doors of hubs will look different depending on the community and setting they are located in, there are a number of foundational core components that are common across all hubs that are more likely to lead to effective engagement and equitable implementation. Identifying these core components is important to ensure that new and existing hubs embed these within their development, implementation, and evaluation. Common core components of all hubs that are emerging are outlined in Figure 1. Ongoing research is required to establish the link between these core components and hub efficacy related to integrated family-centred care and child and family outcomes.

There are also setting specific hub components, such as a focus on education and social connections within early years services and primary schools and a focus on navigation for families and practitioners to appropriate services within a health setting. These setting specific components support the main purpose of each setting and are outlined in the outer sections of Figure 1.

For hubs situated within early childhood service settings there is evidence supporting the inclusion of setting specific components such as provision of quality education, parenting support and opportunities and facilities enabling families to make social connections as outlined in Figure 1. [28] Some of these setting specific components are echoed in co-located early childhood and primary school settings, whereby engagement and enrichment activities for children and providing adult engagement, volunteering, learning and employment opportunities are identified as important. [29]

Within primary health care hubs best practice indicates setting specific components such as a wellbeing coordinator role to support caregivers to identify the holistic needs of their child and/or family and assist them to navigate relevant services and supports in the community, social and health sectors; co-location of health, social, legal, and financial care practitioners; and mapped referral pathways within and outside of the hub. [30] Hubs based in non-government organisations (NGO) also echo the importance of setting specific components such as care navigation, outreach by child and family health services, engaging with community and NGO partners with clear governance arrangements, documented triage, referral pathways and a commitment to collective impact between services. [31]

Further research will be required to comprehensively identify common core and setting specific components of hubs and enabling factors across each setting in Australia and understand commonalities and differences between these settings and jurisdictions. There is also a paucity of evidence as to how components are implemented and adapted, such as for rural or regional areas of Australia, multicultural or Aboriginal communities, or when focussed on a specific health or development issues, such as mental health. [29, 32]
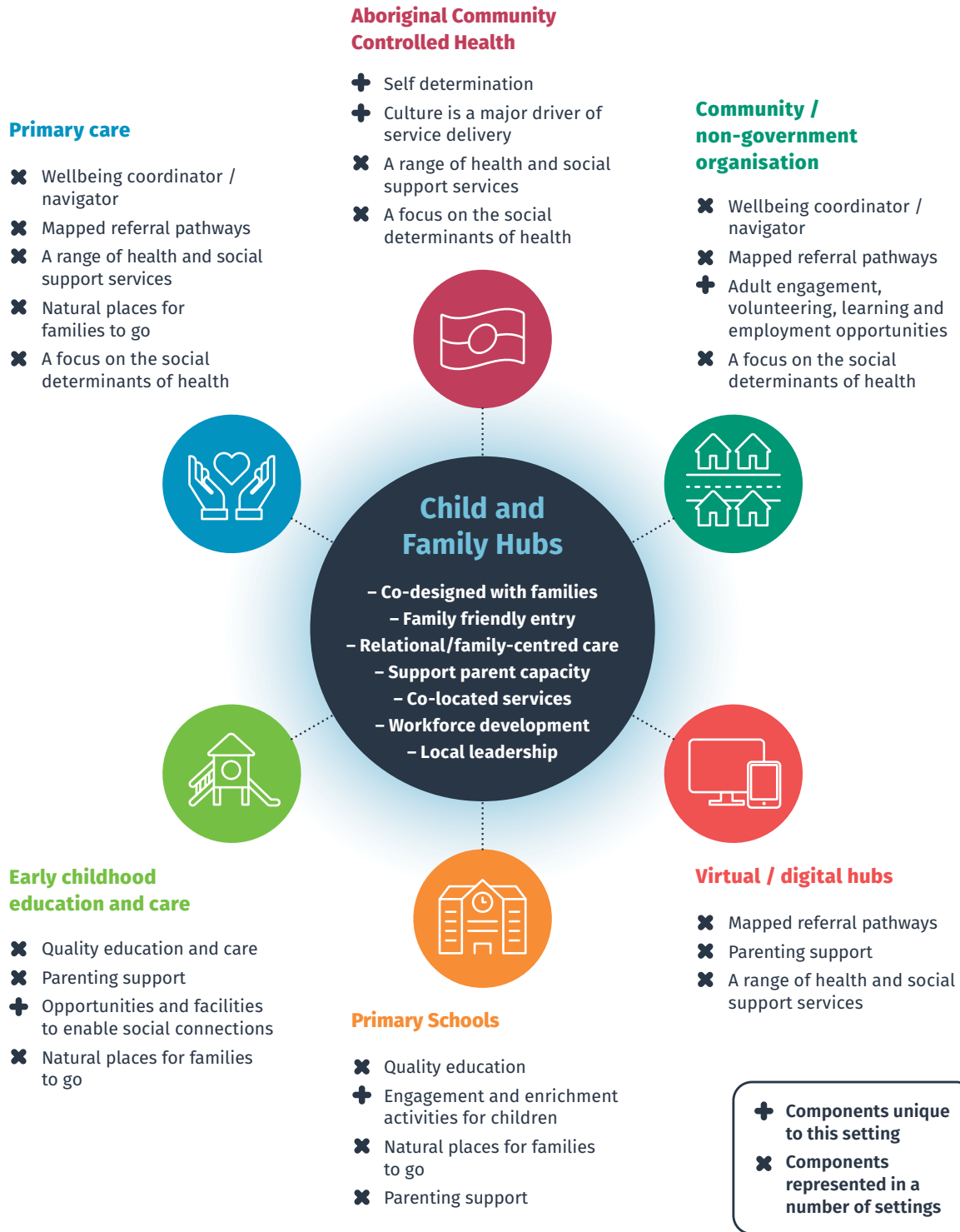
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Aboriginal Community Controlled Health

✚ Self determination
✚ Culture is a major driver of service delivery
✖ A range of health and social support services
✖ A focus on the social determinants of health

Primary care

✖ Wellbeing coordinator / navigator
✖ Mapped referral pathways
✖ A range of health and social support services
✖ Natural places for families to go
✖ A focus on the social determinants of health

Community / non-government organisation

✖ Wellbeing coordinator / navigator
✖ Mapped referral pathways
✚ Adult engagement, volunteering, learning and employment opportunities
✖ A focus on the social determinants of health

Child and Family Hubs

– Co-designed with families
– Family friendly entry
– Relational/family-centred care
– Support parent capacity
– Co-located services
– Workforce development
– Local leadership

Early childhood education and care

✖ Quality education and care
✖ Parenting support
✚ Opportunities and facilities to enable social connections
✖ Natural places for families to go

Primary Schools

✖ Quality education
✚ Engagement and enrichment activities for children
✖ Natural places for families to go
✖ Parenting support

Virtual / digital hubs

✖ Mapped referral pathways
✖ Parenting support
✖ A range of health and social support services

✚ Components unique to this setting
✖ Components represented in a number of settings

Figure 1: Core components of child and family hubs and additional components evident in a range of hubs

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A timely policy environment

A number of Australian state and federal policies support the need to implement and evaluate integrated, or collaborative models of care such as hubs. These policies are positioned within health, education, and social service departments exemplifying the need for a multi-sector approach to integrated hubs. See Table 1 for a number of supportive policies for integrated hubs across Australia.

Table 1. Examples of supportive policies for child and family hubs across Australia

Jurisdiction	Policy
Australian	National Children's Mental Health and Wellbeing Strategy [8]
	Productivity Commission Mental Health Inquiry Report [33]
NSW	NSW Building Strong Foundations Program Service Standards [34]
	New South Wales First 2000 days Framework [35]
	NSW Government Brighter Beginnings Initiative [36]
Queensland	Queensland's Strategy for Social Infrastructure [37]
South Australia	South Australian Mental Health Strategic Plan 2017-2022 [38]
Tasmania	Tasmania's Child and Youth Wellbeing Strategy [39]
Victoria	Royal Commission into Victoria's Mental Health System [40]
Western Australia	Child and Adolescent Health Services, Community Health Hubs [41]

Supporting child and family hubs via the National Child and Family Hubs Network

With increasing interest in child and family hubs across most Australian jurisdictions there is currently no coordinated group of organisations implementing and evaluating integrated community-based hubs. Hence, the National Child and Family Hubs Network has been designed to leverage this interest and create an opportunity for collaborative learning and sustainable and effective practice. Over the coming three years the Network aims to:

- build collective capacity by linking hubs across Australia to support a shared language, networking, and collective learning
- define child and family hubs and develop a common approach across Australia based on evidence informed core components
- develop an implementation and outcomes framework for hubs, and
- develop and advocate for sustainable funding models to ensure optimal investment of Australia's public dollar.

Through this work the Network will enable the vision of all families being able to walk through a hub's welcoming front door and receive the right care and support for their child and family at the right time, leading to improved and equitable health and development outcomes.

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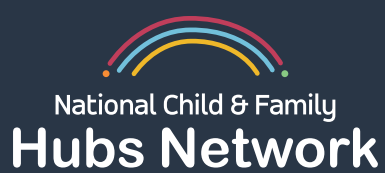
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