



# Submission to Select Committee on Cost of Living

28 March 2024

## Executive Summary

Money matters in the first 2000 days of life (conception to age 5 years). During this period, our brains develop more rapidly than any other time, and a family's financial wellbeing affects their child's lifelong health, development, wellbeing, and educational opportunities. A paradox of this time is that household income drops at childbirth and takes many years to recover. With Australia's increasing cost of living, more children and families are experiencing financial hardship (material deprivation and poverty). Inequitable outcomes harm society by increasing health service costs and reducing economic productivity. The early years are when investment into prevention and early intervention is most effective and cost-effective. The Centre for Community Child Health (CCCH) is one of Australia's leading research and policy centres focused on understanding and redressing childhood inequities. Our submission focuses on the impact of cost of living and financial hardship in the first 2000 days. It recommends four mechanisms to buffer Australian children and families from the negative impacts of financial hardship during this critical period.

## Summary of responses addressing the terms of reference (ToR)

### The cost of living pressures facing Australians (ToR A)

- At least 1 in 3 Australian families are unable to afford items essential for health (material deprivation).
- 2 in 3 Australian families with children under 5 years of age are finding it hard to make ends meet.

**RECOMMENDATION 1. Monitor, improve:** Ensure monitoring, quality improvement, and accountability of Government investments in reducing the financial hardship caused by cost of living pressures, by including a measure of financial hardship in Australia's Wellbeing Budget and Measuring What Matters Framework.

### Ways to ease cost of living pressures through the tax and transfer system (ToR C)

- While the mechanisms are complex, increased household income benefits children directly through better food, stable housing, and healthcare (the 'investment' model), and indirectly through improved parent mental health and capacity (the 'family stress' model).
- Australia's current parenting payments halve the levels of poverty, and could do much more.

**RECOMMENDATION 2. Prevention:** Trial an increase to income supplements for families with young children as an investment strategy into children's health and development now and into the future.

### Measures to ease cost of living pressures through existing services (ToR D)

**RECOMMENDATION 3. Early intervention:** Use existing universal early years services to identify and connect families experiencing financial hardship to existing financial wellbeing services.

### Other related matters: the impact on children and parents (ToR E)

- Financial hardship in the first 2000 days of life translates to increased risks of poorer socioemotional functioning, school failure, chronic disease, mental illness, reduced economic opportunity, and intergenerational adversity.
- Poor parent/caregiver mental health triples for caregivers experiencing material deprivation.

**RECOMMENDATION 4. Prioritise children:** Commit to an Australian Childhood Guarantee that ensures every child in Australia experiencing financial hardship has access to the most basic rights.



## Introduction

The Centre for Community Child Health (CCCH) is one of Australia's leading research and policy centres focused on understanding and redressing childhood inequities. Our submission focuses on **the extent and impact of costs of living in the first 2000 days of life (birth to five years)**. We recommend four mechanisms to address and reduce the increasing financial hardship caused by cost of living during this foundational period. Our submission recognises that the conditions in which a child is born and grows have significant impacts on their lifelong health, development, wellbeing, and educational outcomes. Financial wellbeing is a fundamental determinant of child and family health and development, which supports children and families to thrive. Our submission recommends that the Australian Government prioritise the financial wellbeing of families by implementing and committing to policies and programs that directly reduce the financial hardship experienced by children and their families in the first 2000 days of life.

## Response to the terms of reference

### The cost of living pressures facing Australians (ToR A)

The [Royal Children's Hospital \(RCH\) National Child Health Poll](#) is the only nationally representative, cross-sectional survey of families with children aged 0-17 years, with data on material deprivation (unable to afford essential items). In six surveys collected from over 12,000 parents and 20,000 children from 2020-23:

- 1 in 3 families with children were unable to afford essential items in the last month; that is, one or more of: mortgage or rent repayments; electricity, gas, water bills; food; healthcare; prescription medicines; home or car insurance; mobile phone bills; and internet.
- Material deprivation appears to be increasing, from 30% in June 2020 to 35% in April 2023.

The Taking The Pulse of the Nation Survey, conducted by the Melbourne Institute: Applied Economic & Social Research, is a nationally representative survey of Australian adults repeated weekly. Data from June 2020 to September 2021, for adults aged 18-54 years, found:

- 2 in 3 (68%) of Australian families with children younger than five had difficulty paying for essential goods and services or were only 'making ends meet'.
- 63% of families with older children and 60% of families without children experienced the same level of financial stress (Gamara et al., 2021).

The Australian Government's commitment to a wellbeing budget is an opportunity to ensure monitoring, quality improvement and accountability of Government investments in reducing the negative impacts of the cost of living. The inclusion of a measure of financial hardship within Department of Treasury and Finance 's 'Measuring what matters' Wellbeing budget, will achieve two main objectives:

- Ensure that cost of living and childhood financial hardship is measured and monitored. This allows Government, services and programs to monitor the impact of policy decisions for reducing childhood financial hardship and adapt/respond accordingly – now and for future generations. The only annual data on material deprivation have been collected by the RCH Poll (2020-23), and this requires funding to continue from 2024 onwards.
- Ensure the long-term monitoring of Australia's investment in redressing childhood financial hardship across a lifetime. This enables an assessment of how current policies have impacted future outcomes of the people they were intended to support as children.

**Recommendation 1: Monitor, improve. Ensure monitoring, quality improvement, and accountability of Government investments in reducing the financial hardship caused by cost of living, by including a measure of financial hardship in Australia's Wellbeing Budget and Measuring What Matters Framework.**



## Ways to ease cost of living pressures through the tax and transfer system (ToR C)

A substantial body of research demonstrates that income supplements and increasing household income can effectively buffer families from financial hardship and improve outcomes for children and families. This includes evidence from international systematic reviews, which have shown:

- Cash transfer program in high- and low-to-middle income countries that were not attached to conditions tended to yield positive effects on outcomes such as birth weight and infant mortality (Siddiqi et al., 2018). Programs that were conditional on use of health services also carried positive effects, while those that carried labour-force participation conditionalities tended to yield no positive effects (Siddiqi et al., 2018).
- Household income has a positive causal effect on children's outcomes, including their cognitive and social-behavioural development and their health, particularly in households with low income to begin with (Cooper & Stewart, 2020). There is also clear evidence of a positive causal effect of income on 'intermediate outcomes' that are important for children's development, including maternal mental health, parenting and the home environment which found strong evidence that income has causal effects on a wide range of children's outcomes, notable cognitive and physical, and especially for households on low incomes to begin with (Cooper & Stewart, 2020).

Analysis of the effects of Australia's COVID-19 pandemic income supplements introduced in 2020-21 demonstrate that:

- In 2020, income inequality and poverty declined during despite the deepest recession in a century and an effective unemployment rate reaching 17%, due to the extraordinary pandemic income supplements (Davidson, 2022). However, by September 2021 there were 1.7 million people on the lowest income support payments (25% more than before the pandemic) and those payments sat below the poverty line (Davidson, 2022).
- In parallel, child poverty rose from 16.2% in the September quarter of 2019 to 19% in the March quarter of 2020, then fell dramatically to 13.7%, a two-decade low, in June 2020, due to income supplements (Poverty in Australia, 2022).
- These findings are supported by data from Australia's RCH Poll which investigated the impacts of Victoria's extended lockdown in 2020 for families with children. This research showed that while the extended lockdown was associated with negative experiences of unemployment and low income, it was not associated with material deprivation, likely due to the income supplements introduced early in 2020 (Price et al., 2022b).

Recent experimental research from the [Baby's First Years study](#) in the United States has shown that financial supplements promote babies' brain activity. Infants of mothers in low-income households receiving \$333 in monthly cash support were more likely to show faster brain activity after one year, in a pattern associated with learning and development at later ages. This is some of the first evidence to demonstrate the direct impact that income supplements can have on child brain development.

Australia's parenting payments are already doing a great deal to reduce poverty in the first 2000 Days. Analysis of 20 years of data from the Household Income and Labor Dynamics in Australia Survey (HILDA Survey) show that, without family payments, the average poverty rate increases from 26% for one-parent households and 10% for two-parent households before the first childbirth, to 63% and 20%, respectively, in the following years (Gamarra & Price, 2023). With family payments, the average poverty rates after childbirth are 37% and 11%, respectively. While family payments do help reduce poverty among households with a first baby, these payments do not protect them from falling into poverty. And, even with family payments, a substantial number of Australia families are starting a family and raising their children in poverty (Gamarra & Price, 2023).



### **Recommendation 2 (Prevention). Trial an increase to income supplements for families with young children as an investment strategy into children's health and development now and into the future.**

We propose that the Australian Government trial increases to income supplements for families with young children to evaluate the impact of financial investment on infant and child health and development. The cash supplement would need modelling based on existing Australian and international evidence. As the Poverty in Australia (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.”

Work to model the impacts of income supplements is being led by groups such as the [Changing Children's Chances](#) initiative at CCCH, and the aforementioned [Baby's First Years study](#). In terms of the infrastructure required to monitor the child and family impacts of such an investment, the Murdoch Children's Research Institute has already established [Generation Victoria \(Gen V\)](#) – **a large-scale, responsive, representative and policy-driven child and parent cohort research initiative**. Gen V offers the platform for rapidly and effectively testing the impact of initiatives such as income supplements, both now and long-term.

### Measures to ease cost of living pressures through existing services (ToR D)

#### **Recommendation 3 (Early intervention). Use existing universal early years services to identify and connect families experiencing financial hardship to existing financial wellbeing services.**

Despite the known impacts of financial hardship on children's lifelong health and wellbeing, no Australian service systematically identifies and responds to this risk. Australia's universal, early years services, such as antenatal care, child and family health nursing, and early childhood education and care, offer untapped platforms for systematically identifying and responding to childhood financial hardship. This 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).

Two pre-post evaluations conducted between 2010 and 2013 reported average annual gains per caregiver of £1661 (n=2516) and £1919 (n=2289) (Naven et al., 2012, 2013). The authors reported positive spill-over effects including improved health, housing and quality of life. 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 gain 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 the design aspects that contribute a feasible model for Australian practitioners and families.

In the successful Australian pilot, the financial counsellor helped each family secure another an average \$6,500 in benefits they were missing, plus another \$750 in waivers / brokerage / credits / concessions. Three quarters (75%) of clients were born overseas and just over half spoke languages other than English at home, so the program captured supported culturally diverse families who are often missed from community-based services. Furthermore, 80% of participating families earned less than \$1,000k p/week, so the gain of \$125 p/week is substantial. Additional benefits of financial counselling included: avoiding loss of utilities (52% of clients), avoiding legal action (11%), stabilising housing (14%), organising external referrals (41%),



and financial literacy activities (66%). In interviews, caregivers reported flow on benefits including reduced financial stress, immediate solutions and financial knowledge, and wellbeing and empowerment.

We recommend the Australian government invest in trialling the benefits of HWF across various service settings and with a variety of population groups. There is interest from key stakeholders in Victoria and South Australia in scaling this model.

## Other related matters: the impact on children and parents (ToR E)

International research into financial hardship has established that:

- While the mechanisms are complex, increased household income benefits children's directly through better food, stable housing, and healthcare (the 'investment' model), and indirectly through improved parent mental health and capacity (the 'family stress' model) (Cooper & Stewart, 2020).
- Poverty negatively affects infant brain growth (Hanson et al., 2013) and increasing household income increases infant brain activity (Baby's First Years, 2022).
- Childhood poverty translates to increased risks of poorer socioemotional functioning, school failure, chronic disease, mental illness, reduced economic opportunity, and intergenerational adversity (Shonkoff & Garner, 2012; Moore et al, 2017; Brinkman et al, 2013).
- In Australia, the Australian Early Development Census (AEDC) is a nationally representative survey of early childhood development conducted in the first year of school. An Australian Government initiative, it is collected every three years, for the past 12 years. The AEDC considers five domains fundamental to early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.
  - The most recent AEDC data (2021) show that by the time Australian children start school, those living in the poorest Australian suburbs are twice as likely to be vulnerable in one or more AEDC domains (33.2% versus 14.9% respectively) and three times more likely to be vulnerable on two or more domains (19.1% versus 6.7% respectively). This is expected to increase due to the COVID-19 pandemic.
  - There has been a widening of the developmental vulnerability gap between children living in the most and least disadvantaged areas on four of the five domains (all but communication and general knowledge).
  - Analysis of linked Australian educational data shows that children who are developmentally vulnerable when they start primary school are more likely to remain behind in education outcomes and are at higher risk of school disengagement and disadvantage (CAH, 2018).

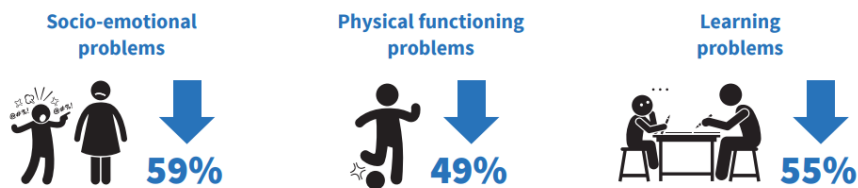
Research with Australian families has shown that:

- Poor caregiver (parent) mental triples for caregivers experiencing material deprivation<sup>1</sup> (35% versus 10%) (Price et al., 2022a).

Furthermore, if early disadvantage including financial hardship is redressed, half of child health and developmental problems in middle childhood can be reduced (Goldfeld et al., 2018). This includes:

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<sup>1</sup> Defined by the inability to afford items that are deemed essential for health.



Research shows that money invested in the early years offers the best economic and social return (Heckman & Mosso, 2014; Moore et al., 2022). Furthermore, efforts that prioritise families experiencing social adversity (i.e. financial hardship) achieve the greatest impact and cost-benefit (Heckman & Mosso, 2014). Globally, governments in high-income countries are increasingly understanding the problems of financial hardship and inequitable policy. “Public expenditure incurred to correct the consequences of childhood poverty throughout a person life is significantly higher than the necessary investments to improve their life chances by supporting them during childhood” (European Commission).

**Recommendation 4: Prioritise children. Commit to an Australian Childhood Guarantee that ensures every child in Australia experiencing financial hardship has access to the most basic rights.**

As a signatory to the United Nations Sustainable Development Goals, Australia has committed to reduce by half the proportion of children of all ages living in poverty. Achieving this requires the Australian Government to prioritise children who experience financial hardship in its policy priorities and investments. Given the multiple drivers, a coordinated Government response is required that unites Government departments and jurisdictions in reducing financial hardship. To realise this, we recommend the Australian Government commit to an **Australian Childhood Guarantee**. A Guarantee would ensure every child in Australia at risk of financial hardship has access to the most basic rights. The Guarantee would involve setting an agreed baseline percentage of Government expenditure in reducing childhood financial hardship and establishing an agreed set of policy priorities across Government Departments that impact the key drivers of childhood financial hardship, such as household income, housing, early childhood education and care, education and health.

The [European Commission](#) is leading the way in this area, having established the European Child Guarantee. As part of the European Child Guarantee, member states have developed national action plans on how they will implement the child guarantee, including key targets and timelines, enabling countries to re-focus efforts to reduce child poverty and monitor progress. Australia’s [Centre for Policy Development](#) has also developed a guarantee for young children and families. Although focused on childhood development and ensure children have what they need to thrive, the Guarantee is a very strong starting point for the Australian context. The Australian Government can learn from the experience of the European Commission and the Centre for Policy Development in developing a Childhood Guarantee that is responsive to Australia’s circumstances.



## Alignment between our recommendations and existing Government policies

Our recommendations support existing Government policies and strategies that aim to redress child financial hardship and improve child health and wellbeing. The Table below summarises how our recommendations align with and support these national policies and strategies, including the relevant priority area contained within each strategy that our recommendations support.

National Policy & Strategy	Policy or Strategy Priority	CCCH Recommendation that aligns with the policy
<b>Draft Early Years Strategy</b>	<p><b>Priority Focus Area 2:</b> Empower parents and caregivers.</p> <p><b>Priority Focus Area 3:</b> Support and work with communities</p> <p><b>Priority Focus Area 4:</b> Strengthen accountability and coordination including data, research and evaluation.</p>	<p>Recommendations 2-4</p> <p>Recommendations 2-4</p> <p>Recommendation 1</p>
<b>National Action Plan for the Health of Children and Young People 2020-2030</b>	<b>Priority Area 1:</b> improving health equity across populations	Recommendations 1-4
<b>National Children's Mental Health and Wellbeing Strategy</b>	<p><b>Focus Area – Family &amp; Community</b> Objective 1.1 Supported families Objective 1.3 Community-driven approaches</p> <p><b>Focus Area – The Service System</b> Objective 2.2 Collaborative Care</p> <p><b>Focus Area – Evidence and Evaluation</b> Objective 4.1 Meaningful data collection</p>	<p>Recommendations 2-4</p> <p>Recommendation 3</p> <p>Recommendation 1</p>
<b>National Preventative Health Strategy 2021-2030</b>	<b>Focus area</b> – promoting and protecting mental health	Recommendations 2-4
<b>Safe and Supported: the National Framework for Protecting Australia's Children 2020-2032</b>	<b>Focus Area 1</b> – national approach to early intervention and targeted supported for children and families experiencing vulnerability and disadvantage	Recommendations 2-4
<b>Measuring What Matters – Australia's wellbeing framework</b>	<p><b>Wellbeing Theme:</b> Secure (sub-theme Making ends meet)</p> <p>Prosperous (sub-theme household income and wealth)</p>	Recommendation 1
<b>Targeting Entrenched Disadvantage Package (Dept of Social Services)</b>	<p><b>Life Course Data Initiative</b></p> <p><b>Framework to Address Community Disadvantage</b></p>	<p>Recommendation 1</p> <p>Recommendations 2-4</p>



## About the Centre for Community Child Health

The [Centre for Community Child Health \(CCCH\)](#) is part of the world-class Melbourne Children's Campus, which unites community and clinical care, research, and education. CCCH 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. Our purpose is to **see every child thrive**. To achieve this, we have established a multidisciplinary team of researchers, paediatricians, managers, evaluators and educators with expertise in children's health, development and wellbeing. For over 25 years, the CCCH has worked collaboratively with families, communities, practitioners, organisations, and decision makers to drive sustainable improvements in children's health, development, and wellbeing.

### Submission Authors:

**Dr Anna Price** is the Erdi Foundation Child (COVID-19) Health Equity Scholar at the Centre for Community Child Health; Senior Research Fellow and Team Leader at the Murdoch Children's Research Institute; and Honorary at the University of Melbourne. Through partnerships with services such as Child and Family Health Nursing, government and non-government organisations, Anna evaluates ways to promote the social conditions that are necessary for equitable and lifelong health. Her current projects seek to understand and address the financial hardship caused by increasing cost of living, poor parent mental health and low social support. Her research methods include large community-based randomised controlled trials, informed by population-level data.

**Ms Rachel Whiffen** is the Mental Health Advocacy Lead and Danielle Besen Scholar in Mental Health at the Centre for Community Child Health at the Murdoch Children's Research Institute. Rachel focuses on advancing policy research in child mental health and wellbeing to ensure equitable child health outcomes and that every child can thrive. This includes CCCH's initiatives spanning parental support, extended nurse home visiting programs for vulnerable families, building the capacity of schools to support mental health and wellbeing, increasing access to mental health care for children, and indirect impacts of COVID-19 on children. Rachel experience spans over 17 years in the health and not-for-profit sectors including senior leadership roles at cancer and tobacco control. Prior to that Rachel roles were in community health settings leading community-level health promotion initiatives.





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