



Centre for Community Child Health Submission to the Putting Queensland Kids First Consultation Paper

Introduction

For 30 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 and our mission is to achieve real-life improvements in children's health, development and wellbeing within a generation. 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 (MCRI), a clinical department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.

We bring to our submission established relationships within Queensland, drawn from the variety of pioneering projects we've collaborated on with Queensland communities. This includes:

- our [Restacking the Odds \(RSTO\)](#) initiative, collaborating with [Logan Together](#) and [Gladstone Region Together](#) and working closely with Queensland Health Reform Office to provide input into evidence-based practice;
- working with Health and Wellbeing Queensland to develop a data map to inform planning and delivery of First 2000 Days initiatives for Health and Wellbeing Queensland;
- collaborating with the Department of Education (Far North Queensland) to support ongoing monitoring, evaluation and learning training program as part of the Connect 4 Children initiative; and
- Children's Health Queensland and Thriving Kids Queensland who are members of the [National Child and Family Hubs Network](#), convened by CCCH and MCRI.

We congratulate the Queensland Government's vision of better outcomes and stronger life trajectories through prevention and targeted earlier intervention as part of the Putting Queensland Kids First paper (the Paper).

The evidence is clear that not all children have what they need to develop well, to be healthy now and throughout their lives. Nearly 25 per cent of Queensland children begin school developmentally vulnerable.¹ Although this figure has been declining in Queensland since 2009, this figure is above the national figure of 22 per cent. Children who experience disadvantage and vulnerability are at increased risk of starting school behind their peers and find it harder to catch up. For example, children who live in the

¹ Department of Education, Skills and Employment (2022). Australian Early Development Census National Report 2021. Commonwealth of Australia.



most disadvantaged areas are two times more likely to be developmentally vulnerable on one developmental domain and three times more likely to be developmentally vulnerable on two developmental domains by the time they start school.

As acknowledged in the Paper, if we set children up to thrive from birth we can change these trajectories, creating benefits for children and families now and into the future. The early years are also the time when investment into prevention and early intervention is most effective and cost-effective.^{2 3 4} When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous societies.

We commend the Queensland Government's, Department of Premier and Cabinet, for charting the course for improved outcomes and opportunities for all Queensland children via the Putting Queensland Kids First package. Please find enclosed our response to the Consultation Paper. We welcome the opportunity to discuss our submission further.

² Heckman, J. (2023). Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. <https://www.heckmanequation.org>

³ O'Connor, M., Slopen, N., Becares, L., Burgner, D., Williams, D. R., & Priest, N. (2020). Inequalities in the distribution of childhood adversity from birth to 11 years. *Academic pediatrics*, 20(5), 609-618.

⁴ Strong Foundations collaboration. (2019). The first thousand Days: A case for investment <https://www.rch.org.au/uploadedFiles/Main/Content/cchdev/The-First-Thousand-Days-A Case-for-Investment.pdf>



Consultation Question	Response and Recommendations
Question 1. What are the core principles you think should inform our approach to supporting children, young people and families?	CCCH supports the core principles and recommends Putting Queensland Kids First adopts an overarching goal to address the 'core care conditions' necessary for parents and families to be able to meet the needs of children.
Question 2. What are the key protective factors in keeping children and young people on positive trajectories, and how can we further boost these?	<p>To boost positive trajectories for children and young people, CCCH recommends:</p> <ul style="list-style-type: none"> • The establishment of a universal Child and Family Health service system that includes models of care delivered proportionate to need • Investment in Integrated Child and Family Hubs as a place-based response to integrated services and supports across health, education and social care. • Increased access to culturally safe and appropriate developmental checks for First Nations children.
Question 3. Are there any other priorities you think that Putting Queensland Kids First should consider?	Queensland Government work with the Australian Government to implement a First 2000 Days model of care.
Question 4. How can we best support connection to culture and community for children, young people and families?	<p>Place-based initiatives that are responsive to local community needs are one opportunity to support connection to culture and community.</p> <p>Integrated Child and Family Hubs should also be considered as a place-based response to build connection to culture and community given the opportunity to act as both service and social hubs.</p>
Question 5. What would it look like for us to work together as partners, all committed to improving outcomes for children and young people?	<p>There is the opportunity for the Queensland Government to be nation leading and establish a Queensland Childhood Guarantee. A Childhood Guarantee would unite departments, services and communities around a shared, long-term goal for improving children's outcomes.</p> <p>A common indicator framework would provide a central focus for service providers and community to work together to identify practical, local solutions.</p>
Universal child and family health service system – supporting children and families from birth to when a child starts school.	<p>Develop a statewide child and family health service system capability framework, practice guidelines and model of care.</p> <p>Develop a universal child and family health indicators and outcomes framework to monitor and measure success.</p> <p>Trial the delivery of universal child and family health service response with 3-4 communities in Queensland with a view to translate and scale.</p>



Response to Consultation Questions

Question 1. What are the core principles you think should inform our approach to supporting children, young people and families?

We support the principles outlined in the consultation paper. The principles enable a line of sight to be established where the principles are shared with national and community level efforts to improve early childhood. For example, we note consistency with Logan Together’s principles: Children at the heart, community-led and First Nations first.” This facilitates a shared understanding of opportunities for collaboration and the way these collaborations should be implemented.

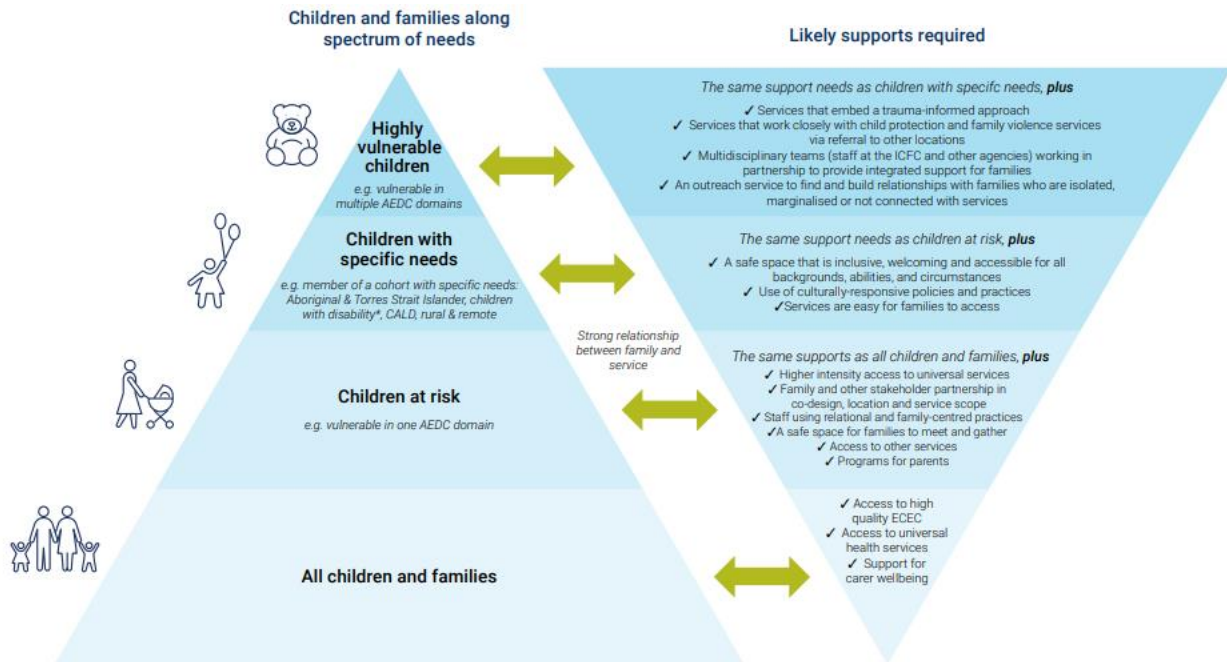
In terms of operationalising these, we recommend that the overarching goal of the early years system is to address the **‘core care conditions.’** The [core care conditions](#) are the conditions that are necessary for parents and families to be able to meet the needs of children. It is these conditions that make the greatest impact on children’s outcomes and life trajectories. These conditions must be met if children are to thrive.

To address the core conditions, universal health, education and social care are both the opportunity and backbones of success. Committed and sustained approaches that seek to increase access, quality and inclusiveness of universal systems, sets children and families up from birth to when a child starts school. Figure 1⁵ provides the framework for structuring a universal early years system that can be used to design as well as assess the comprehensiveness and completeness of responses across health, education and social care. We encourage the Queensland Government to strengthen approaches within the consultation paper, that achieves a universal early years system that addresses the core care conditions.

⁵ Social Ventures Australia (2021). *Developing holistic integrated early learning services for young children and families experiencing socio-economic vulnerability*. Report Brief. Published in partnership with Social Ventures Australia and the Centre for Community Child Health. [Integrated-child-and-family-services_paper-2_SVA_CCCH.pdf](#) (socialventures.com.au)



Figure 1: Framework for structuring a tiered, universal early years system for Queensland.



For all families there needs to be a strong and empowering relationship between the child, family, and service that supports identification of additional needs and linkages to the required tier of relevant support

This structure for tiered service needs can be used as a tool to assess the completeness of responses across a system, as shown in the next pages

*Supports required for children with a disability need to be further developed, with strong potential to provide them through a universal service model. To be explored at a later stage.



Question 2. What are the key protective factors in keeping children and young people on positive trajectories, and how can we further boost these?

We welcome the focus of the importance of enhancing protective factors and reducing risk factors in keeping children and young people on positive trajectories. We note of the risk/protective factors provided extend or are sustained across the life course from conception to adolescence and we recommend the consultation paper is updated to reflect this. For example, positive parenting is a significant protective factor during early childhood in addition to childhood, and safe and stable living environments (listed as a protective factor under ‘adolescence’) is an important condition to enable children to thrive from birth.

The recognition of universal health and social care as a protective factor under ‘early childhood’ (pg 12). should also be included as a protective factor that underpins all stages listed, from before birth to adolescence.

In high-income countries with universal healthcare such as Australia, there is a social gradient in healthcare access and use known as the ‘inverse care law’. This is a where individuals and families with the greatest need are least able to access sufficient services and supports, or those of highest quality. Moreover, it is exceptionally difficult to reach 100 per cent of the population. However, we will only make gains in children’s health and development if we design a system that meets the needs of families with the greatest to gain. To reach all families, wherever they are on the social gradient, a universal approach is needed, providing ‘soft entry’ points into more intensive services.

To ensure the Queensland Government deliver on its vision and achieve universal health and social care, we suggest:

- 1. The establishment of a universal Queensland Child and Family Health service system that is delivered proportionate to need.**
- 2. Investment in Integrated Child and Family Hubs as a place-based response to integrated services and supports across health, education and social care.**
- 3. Increased access to culturally safe and appropriate developmental checks for First Nations children.**

More information on each of these recommendations are provided in Supplement 1.

Question 3. Are there any other priorities you think that Putting Queensland Kids First should consider?

As part of universal health response to improving children’s outcomes, we need a mechanism to identify families who would benefit from support and services but may not actively seek them out/be empowered to do so, with many families currently fall through the cracks. We understand that the Australian Government’s Department of Social Services and the Department of Health and Aged Care have been considering a First 2000 Days model of care and led a roundtable in November 2023 with state and territories. The First 2000 Days model of care would improve early access and support, connect families in a more equitable manner and be delivered by the universal platform of primary care. We recommend this First 2000 Days model be included in the Putting Queensland First strategy as part of universal, integrated response to improving life trajectories for Queensland children.



Question 4. How can we best support connection to culture and community for children, young people and families?

Place-based initiatives apply principles which align closely to Putting Queensland Kids First, for example a remit to centre community voice and local lived expertise, First Nations first principles in their approaches. Place-based initiatives provide a response to the opportunities listed pg 16 to enable connection to culture and communities, especially when co-designed with families and communities.

Working in place also provides place-based teams with a critical lens for efficient investment in child and family supports, highlighting:

- which programs or initiatives (or components of these) suit local needs
- application of strength-based principles to program implementation that centres community skills and knowledge
- ability to design responses that align with community and cultural values and practices
- ability to create culturally safe services and supports
- an existing base of trust and relationships within the community

To do this work effectively, place-based initiatives and Integrated Child and Family Hubs (as part of a place-based response) require adequate investment in their integration function.

Place-based approaches and Integrated Child and Family Hubs have strong support including from The Bryan Foundation, Thriving Kids Queensland and Logan Together - all supportive of Hubs as an approach and working in this area.

Question 5. What would it look like for us to work together as partners, all committed to improving outcomes for children and young people?

A QUEENSLAND CHILDHOOD GUARANTEE

Given the multiple drivers of poor child and adolescent health and social outcomes and the need for a coordinated Queensland Government response that unites Government departments, communities and services together to impact change, we recommend the Queensland Government commit to a Queensland Childhood Guarantee.

A Guarantee would ensure every child in Queensland has access to the most basic rights and supports, prioritising Queensland's commitment to children and young people and reducing the intergenerational experience of disadvantage and poor life trajectories. The Guarantee would involve establishing an agreed set of policy priorities across Government Departments that impact the key drivers of childhood outcomes – the core conditions such as finance, 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. Focused on childhood development and ensure children have what they need to thrive, the Guarantee is a very strong starting point for the



Queensland context. The Queensland Government can learn from the experience of the European Commission and the Centre for Policy Development in developing a Childhood Guarantee that is both responsive to Queensland's circumstances and nation leading.

A COMMON INDICATOR FRAMEWORK THAT SUPPORTS SHARED OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

The Putting Queensland Kids First paper calls for integrated ways of working to connect Queenslanders' through integrated services offerings focussed on seamless access.

This requires stakeholders to speak the same language, with shared agreement what outcomes they aspire to, what they will measure, and how they will determine where effort is needed to make change. Priority investments supported through Putting Queensland Kids First should be supported with enhanced availability and coordination of critical data and evidence with a common lead indicator framework embedded through reporting, and evaluation mechanisms.

A critical component of implementation of a data framework should be a focus on continuous improvement that involves those delivering services on the ground. Restacking the Odds work with service providers and communities has laid bare the fact that there is currently little capability and capacity to take action in response to data.

Restacking the Odds is working with two place-based approaches in Queensland - Logan Together and Gladstone Region Together - to provide a consistent framework across early childhood services and potentially Hubs, placing data in the hands of local practitioners. This framework provides a central focus for service providers and community to work together to identify practical, local solutions.



Supplement 1: Universal child and family health care – strengthening protective factors for all Queensland children and their families – from birth to when a child starts school.

UNIVERSAL QUEENSLAND CHILD AND FAMILY HEALTH SERVICE SYSTEM

Many families are struggling to access the support and guidance they need, due to a lack of a coordinated, statewide universal child and family service system in Queensland. Communities are indicating that there is limited support for parents to develop positive parenting strategies in early childhood, and few mechanisms to identify a need for this support early on. As a result, early childhood education and care (ECEC) and schools report increased rates of children presenting with challenging behaviours that they feel ill-equipped to support. This then increases the number of children referred for assessment of potential developmental delays or additional needs, placing undue pressure on health waitlists. Providing earlier identification of, and intervention support for families from before birth would increase parent strategies, help direct relevant support, reduce pressure on services and workforces who support children and increase children's positive engagement in learning.

To redress these challenges and realise improved outcomes for children, universal Child and Family healthcare is a necessary platform for engaging with and supporting families experiencing vulnerability, and a mechanism for integration and defragmentation of services. In Australia, universal Child and Family Health services are known as CFH, CaFHS, CHAPS or Maternal and Child Health, and are typically staffed by a mix of nurses, allied health practitioners and support workers. They operate in all Australian states and territories as well as in many countries comparable to Australia in terms of demographic, social, political, and economic profile.

The aim of the universal Child and Family health service system is to ensure that every child receives regular health and development checks from birth to when a child starts school and that families receive support they need during this crucial time. It provides an opportunity to identify when supports are needed, and to better enable families to connect to other elements of the child development system.

All programs have the intention of reaching all (100%) children. However, despite the aim of universal reach, families who experience disadvantage may have lower uptake of services, and all jurisdictions have a rate of 'drop-out' across the service that is difficult to conquer.

Sustained Nurse Home Visiting (SNHV)

One well-established model of care, for families experiencing vulnerability is sustained nurse home visiting (SNHV). As part of a universal child and family service response, SNHV provides targeted and intensive child and family services at home and removes common barriers to accessing high quality health and social care.

However, not all SNHV programs are beneficial. Programs vary according to when they begin, how long they are offered for, the types of practitioners involved, the practitioner training, and the evidence behind the program. These qualities matter and determine a program's effectiveness in addressing the impacts of early adversity. For SNHV to be successful in Queensland, it must be implemented with a clear, evidence-based framework for measuring progress and supporting continuous improvement.



Solution 1: right@home – a Australian, evidence-based sustained nurse home visiting program

[right@home](#) has been designed to optimise the key qualities of an effective SNHV program for Australian families: this distinguishes it from other SNHV programs currently delivered in Australia. Offered from pregnancy until children turn 2 years old, the program provides parents with easy access to health and social support during this extremely important time. Evaluated through Australia's only real-world randomised controlled trial of SNHV, right@home has demonstrated both immediate and long-term benefits to women, children and their families. right@home has shown to improve parenting skills and confidence, designed for very early intervention (before birth), and potential to reduce flow on effects outlined in the points above. Figure 2 summarises the benefit of right@home. right@home is also recognised internationally by USA's Home Visiting Evidence of Effectiveness (HomVEE) Platform, reviewed by US Department Health Human Services to assign funding for effective nurse home visiting programs.

Restacking the Odds has also developed an evidence-based framework for SNHV of [lead indicators](#) across quality, quantity and participation, enabling services to understand whether they are on track to achieve improved outcomes for children and families. Specifically, these indicators support practitioners and communities to understand whether:

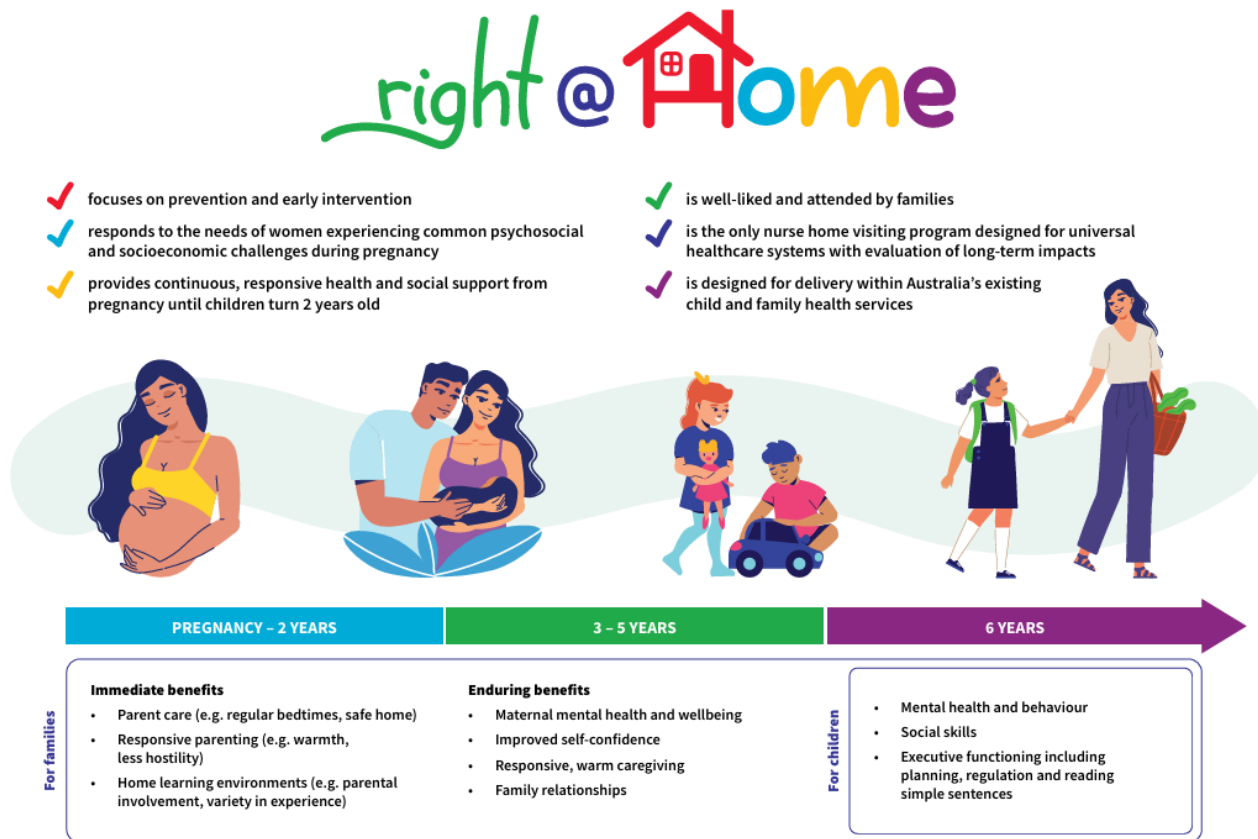
- There are enough programs available locally in sufficient quantity, relative to the size of the target population? (Quantity)
- The program delivered effectively relative to evidence-based performance standards? (Quality)
- Are children and families participating, and at the right dosage levels? (Participation)

To ensure programs are being delivered in line with the evidence and to support practitioners to continuously improve upon delivery we recommend that the Queensland government embed indicators of quality, quantity and participation, supported by a learning system, which includes a data dashboard and continuous improvement program, into SNHV implementation.

SNHV is consistent with the principles of the Putting Queensland Kids First paper.



Figure 2: immediate and long-term benefits of right@home



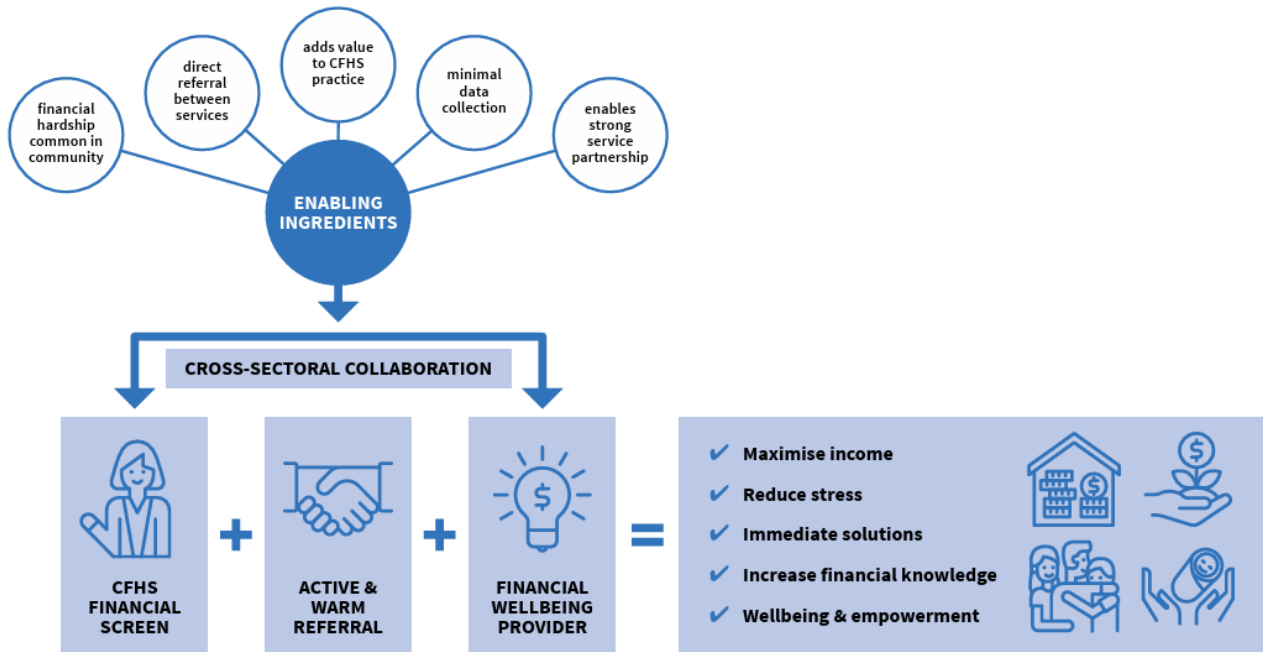
Solution 2: Healthier Wealthier Families (HWF) – Opportunity to integrate services to support wellbeing

[HWF](#) is an early intervention program that supports families experiencing financial hardship, e.g. from cost-of-living pressures. It is adapted from a successful Scottish model that has been running since 2010, HWF involves a Child and Family Health practitioner asking families about common experiences of financial hardship and connecting families in need with a financial wellbeing provider. Both services are already freely available to families across Australia. HWF has been successfully piloted in Victoria, with results showing that HWF families secured an average \$6500 in annual benefits they had been missing, and another \$750 in additional payments. Using Australia's existing universal health and social care platforms, HWF was also found to have additional benefits including increased financial literacy, stabilised housing, and avoided legal action and loss of utilities.

HWF offers a tested solution for reducing financial hardship experienced by many families, using existing workforce and services to provide integrated and connected care. Figure 3 provides an overview of the HWF model.



Figure 3: key elements of the Healthier Wealthier Families model of care.



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



Solution 3: Building a universal child and family service system in Queensland

To support the Queensland Government to enhance the protective factor of universal health and social care, we propose initially trialling a coordinated, universal child and family health care service system. Three components to this coordinated approach to testing and scaling universal child and family health include:

Component 1 – develop child and family health capability framework, practice guidelines and model of care.

Working with key partners across government, workforce, families and key service/program providers, co-develop a universal child and family service capability framework that sets out the vision of universal child and family health system and its core components. Given the evidence and insights from other jurisdictions that provide universal child and family health services, a Queensland system should include:

- system where every child gets access to regular health and development checks
- enhanced child and family health programs that engage with families who may be experiencing vulnerabilities, to engage with child and family health services and receive both regular health and development checks, along with evidence-based supports to enable parents/carers to support their child's health, development and learning
- evidence-based sustained nurse home-visiting (SNHV) for families who need ongoing, additional support.

Component 2 – develop outcomes and indicators framework to measure impact and success

As part of the development of the Capability Framework, the Queensland Government develop a n outcomes and indicators framework to measure reach, impact and success. CCCH's RSTO initiative has already developed lead indicators for SNHV and can bring expertise to inform and/or undertake the development of universal lead and outcome indicators.

Component 3 – partner with 3-4 communities to test, monitor and evaluate the universal child and family model of care, incorporating SNHV.

Trial, monitor and evaluate the universal Child and Family Health Service response with three-four communities across Queensland.

The benefits of universal child and family health service response, coupled with SNHV, against the Putting Queensland Kids First Investment Priorities are outline in Table 2.



Putting Queensland Kids First - Investment Priorities	Universal child and family health care	
	Universal child and family health care including increased access to child health and development checks	Sustained Nurse Home Visiting
Wellbeing from conception and the earliest years of life	✓	✓
Supporting families and strengthening communities	✓	✓
Identifying and responding to needs for healthy development and positive life courses	✓	✓
Supporting confident transitions into learning, education and training	✓	✓
Partnering for integrated, place-based and First Nations-led delivery	✓	✓

INTEGRATED CHILD AND FAMILY HUBS AS A PLACE-BASED RESPONSE ACROSS HEALTH, EDUCATION AND SOCIAL CARE

As identified in the consultation paper, there is an opportunity to support families to access integrated services and other specialist supports for their wellbeing (pg 17). Part of the challenge is that parents and carers are often left alone to navigate a complex health, education and social care system, with families who experience socio-economic disadvantage and/or live in regional, rural and remote areas, much less likely to receive help. Integrated Child and Family Hubs (see Figure 4) play an important role in meeting the many needs of young children and their families, particularly for families experiencing vulnerability. By bringing together supports across health, education and social care, as well as providing families with the opportunity to build social connections, Hubs can help to identify emerging issues before they become entrenched and difficult to address.

We recommend the Queensland Government invest in a statewide approach to integrated Child and Family Hubs including:

- Establishing new Hubs, targeted to areas of significant disadvantage. Funding for these new Hubs would not only include opportunities to integrate existing funded services into a Hub as well as a



child and family health care workforce, as referenced above. Investment in these Hubs to encompass establishment, infrastructure and funding for ‘the glue’⁶ to facilitate greater integration and ensure Hub success.

- Support existing Hubs to improve integration via funding for ‘the glue’.
- Building in guidance and support for ongoing quality improvement and evaluation of Hubs through a harmonised set of process, lead and impact indicators and measures.
- Agreed core components and appropriate governance structures for Child and Family Hubs based on evidence.

Figure 4: overview of Integrated Child and Family Hubs



Aligning with the prevention and early intervention agenda of the ‘Putting Queensland Kids First’ vision, integrated Child and Family Hubs provide an appropriate and evidence-based model.

INCREASING ACCESS TO DEVELOPMENTAL CHECKS FOR FIRST NATIONS CHILDREN

ASQ-TRAK – Supporting child development pathways for First Nations children

[Strong Kids, Strong Future](#), is a national initiative with the vision of an enduring commitment to enhancing developmental outcomes for Aboriginal and Torres Strait children, and to actively promote self-determination in developmental care. In partnership with Aboriginal and Torres Strait Islander communities, Strong Kids, Strong Futures researches and develops culturally appropriate developmental measuring tools for Aboriginal and Torres Strait Islander children.

To realise its vision, Strong Kids, Strong Future has developed the only developmental screening tool ([ASQ-TRAK](#)) that has been culturally adapted for Aboriginal and Torres Strait Islander children in Australia. ASQ-TRAK is a developmental screening tool for observing and monitoring the developmental progress of Aboriginal and Torres Strait Islander children from two months and 5 1/2 years. The ASQ-TRAK is an easy-to-

⁶ ‘Glue’ funding allows greater integration of services and supports across Hubs and can be broadly grouped into funding for business oversight, staff supports, community engagement and shared information and technology systems.



use, family centred tool which highlights a child's strengths as well as catching delays early. It is designed to be administered by interview, making caregivers co-observers in the process while supporting and teaching them about child development and their own child's skills.

With the core mission to improve equitable access to child development support, ASQ-TRAK has been developed and adapted in partnership Aboriginal and Torres Strait Islander communities and the [ASQ-STEPS Indigenous Reference Group](#), to enable early identification and therefore early access to intervention and support programs to improve developmental outcomes.

ASQ-TRAK is ready for scale, with tools, resources and practitioner training already developed and available.

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