

Centre for Community Child Health

Celebrating 25 years
of working to improve
the lives of children
and families

OCTOBER 2019



 murdoch
children's
research
institute

At the Centre for Community Child Health, we're striving for equitable health and developmental outcomes for all children.

By the time children start school, we already see differences in their health, development and wellbeing. Children exposed to adverse conditions in their earliest years, including within the womb, are at greater risk of starting behind their peers — and once they have fallen behind, it is difficult and more costly to make up lost ground. The impact of these lost opportunities is borne by individual children and their families, and by our greater society.

The good news is, we can turn things around. Many of the factors that influence children's development can be modified to bring about better outcomes. What is needed to achieve this is good use of high quality evidence and the public and political will to make necessary changes.

The Centre has been committed to improving the lives of children and families for the past 25 years and we will continue to lead efforts to achieve equitable outcomes until this vision becomes reality.



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From the Director



Professor Sharon Goldfeld
Director, Centre for
Community Child Health

If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.

Antoine de Saint-Exupéry

One of the great joys and privileges of working at the Centre for Community Child Health is that we are values based, driven by shared ideals of a world where there are equitable health and developmental outcomes for all Australian children.

While these aspirations seem so natural and clear to us now, it took vision and a leap of faith to establish the Centre for Community Child Health as a department within The Royal Children's Hospital Melbourne in the early 1990s. This was a time when the primary focus of hospitals was on the children who attended them, and the concept of a hospital being responsible for children's health in their homes and their communities was a radical one.

The foresight of that vision under the leadership of Founding Director Professor Frank Oberklaid, and first Deputy Director Associate Professor Jill Sewell has led to the thriving Centre we see today — focused on preventive care, early intervention, and the health and wellbeing of all children. Frank and Jill understood the power of prevention and considered every admission to the hospital a potential failure of community care; a lost opportunity to strengthen care close to people's homes. They understood that to prevent unnecessary tertiary care, the focus had to shift to developing better models of support in the community. This meant not only thinking about health care, but thinking about all systems — working with families, communities and governments to improve outcomes for children.

Bringing others along on this journey has not been easy: 'prevention' is a difficult sell. While the success is largely invisible, the evidence is indisputable: in order to make the greatest difference to the lives of children and families over the long term, a focus on prevention is the only way forward. This is the view on which all of us who have joined the Centre over the past 25 years are united.

This year we celebrate the collective impact of our successful partnerships across so many settings — from national efforts such as the Australian Early Development Census through to local partnerships in regional Victoria. We also look forward optimistically, as we develop new innovations that move us closer to a future where all children thrive.

Who we are

The Centre for Community Child Health is a leading innovator of child health, development and wellbeing research, policy, systems and practice.

We sit within the broader Melbourne Children's campus, as a department of The Royal Children's Hospital (RCH), a research group of the Murdoch Children's Research Institute (MCRI), and affiliate of the University of Melbourne's Department of Paediatrics.

We are a multidisciplinary team of child health, development and wellbeing experts that span clinical practice with individual children through to research projects targeting populations of children. We:

Look after individual children

Our paediatric consultants help children and their families manage challenges associated with common developmental and behavioural problems, including ADHD, learning difficulties, anxiety and aggression.

Train the professionals of the future

We coordinate and facilitate the Victorian Training Program in Community Child Health for advanced paediatric trainees and also deliver an Australian-wide professional development program for a range of professionals including GPs, child and family health nurses, early years educators and other early childhood professionals.

Conduct innovative research

With our focus on prevention and reducing inequities at a population level, our research must navigate complex health, social and economic systems, governance and policy. We have developed world-leading expertise in the use of research methods that contend with complexity while still striving for robust and relevant outcomes.

Bring together existing research

We specialise in synthesising existing research for advancing knowledge or providing practical guidance on specific issues.

Translate and apply knowledge to inform parenting, practice and policy

For evidence to make a difference, it must be applied. We use our translation and implementation expertise to help parents, communities and other decision makers understand and apply the best evidence to promote children's health, development and wellbeing.

Evaluate for learning and innovation

We need to understand what works and what still requires attention to achieve the best outcomes for children. We use rigorous, innovative evaluation methods to test strategies and interventions for learning and continuous improvement.

Advocate for children

We know that inequities exist and that there is much more to be done to ensure all Australia children have the opportunity to realise their potential. We use evidence to drive change for a better future for all.

How we work

The Centre for Community Child Health is uniquely placed in Australia to focus on the health, development and wellbeing of children, with clinical, research, training, implementation and evaluation expertise. We work directly with families, services, communities and governments to advance equitable child health and developmental outcomes and our impact extends from the individual child to populations of children. A number of key principles drive our approach. We:

Begin with the end in mind

We begin everything we do with a goal in mind. We know that any quest for improvement requires a clearly articulated plan and pathway. We also know genuine engagement and effective relationships build the foundations for greatest impact long term.

Adopt an ecological approach

Children's development is influenced by multiple factors in their immediate (e.g. family/household) and wider environment, with factors closest to the child having the strongest influence. We understand that to improve child outcomes, these factors need to be considered through a multi-level or 'ecological' approach.

Emphasise prevention

We aim to shift Australia's reliance on costly interventions for established problems. We seek to direct focus, effort and investment to promoting children's healthy development and to identifying problems early when intervention is more effective.

Work collaboratively with a range of partners

We value the expertise of others and believe that collaboration leads to better outcomes. We particularly value the experiences and expertise of children, families and community members.

Embed sustainability

Planning for long-term sustainability is an ongoing consideration in our work. Through our partnerships with stakeholders and our commitment to co-production, co-design and systems change, we strive to make improvement sustainable.

The Centre helps deliver on the strategic aspirations of the three organisations that make up the Melbourne Children's:

The Royal Children's Hospital: The Royal Children's Hospital's vision of *Great Care, Everywhere* places equal emphasis on the provision of great care in the hospital, in the home and in the community.

Murdoch Children's Research Institute: The Murdoch Children's Research Institute's vision is for every child to have an equal opportunity for a healthy, fulfilled life, and to achieve this by moving towards precision child health as the standard of care.

The Department of Paediatrics, University of Melbourne: The Department of Paediatrics is committed to improving clinical care and health outcomes for children and adolescents via their extensive education, research and engagement activities.



Our foundations

In 1993, Professor Frank Oberklaid was appointed Founding Director of the newly established Centre for Community Child Health. Five years later, Associate Professor Jill Sewell was appointed his deputy. These two very considered appointments were made on the basis of Professor Oberklaid's and Associate Professor Sewell's training and work in the decade leading up to the Centre's establishment, and it is this combined experience that has shaped the Centre's vision, values and accomplishments over the last quarter of a century.

Frank's journey to inaugural leadership of the Centre began in Boston, where he and his peers were investigating the 'new morbidity' — a term coined by Dr Robert Haggerty and referring to the noticeable rise in children's behavioural, developmental and psychosocial problems.

Upon his return to Australia, Frank was appointed to the role of Director of the newly established Department of Ambulatory Paediatrics at The Royal Children's Hospital Melbourne. Over the coming years, the department would be renamed 'Ambulatory Paediatrics and Community Child Health' and finally 'Centre for Community Child Health' in recognition of the need to invest in children's health at a population level in order to tackle these new morbidities.

Frank commenced his directorship with two clear areas of focus: 1) to improve the knowledge and skills of community GPs and paediatricians in the area of children's developmental and behavioural problems; and 2) to establish public outpatient clinics to assist children and their families experiencing developmental and behavioural problems. His success in both these areas established the Centre as a leader in clinical paediatric excellence and knowledge translation, long before the term knowledge translation was coined.

Frank's commitment to research and evidence-informed policy and practice has formed the basis of the Centre's credibility and achievements.

In 1984, Jill commenced working alongside Frank as a Paediatric Fellow. Jill's career to that point had been influenced by her exposure to international programs examining the influence of social and environmental conditions and circumstances on children's early development. She had undertaken advanced paediatric training with a focus on developmental and behavioural paediatrics in non-hospital settings.

Jill shared Frank's drive to support children and families through the hospital's outpatient clinics, and to engage other equally passionate paediatric trainees in the task of providing better support to families in the community. The two would become a formidable team for the next 35 years.

The Centre has achieved many great successes throughout its 25+ years, a selection of which are highlighted in this report. These successes would not have been possible however, without the conviction, drive, passion and tireless advocacy of our founders. We wish to acknowledge the significant achievements of Frank and Jill throughout both of their illustrious and impactful careers, and we look forward to their ongoing association with the Centre into the future.



Professor Frank Oberklaid

AM, OAM, MD, FRACP, DCH



Associate Professor Jill Sewell

AM MBBS D MED SCI (HON)
FRACP FRCP FRCPC (HON) FAICD



Key milestones on our journey

1975 Professor Robert Haggerty coins the term **'the new morbidity'** referring to a rise in paediatric developmental and behavioural problems.

1975

1981 Professor Oberklaid co-designs the first **paediatric training curriculum** for trainees in general practice, accredited by the Royal Australian College of General Practitioners.

1981

1983 Professor Frank Oberklaid initiates the **Australian Temperament Project** in conjunction with Professor Margot Prior.

1983

1988 Professor Oberklaid **publishes two seminal papers** in the Australian Paediatric Journal, drawing attention to the changing nature of Australian paediatric practice, and the limitations of the existing training programs for paediatricians.

1988

1993 Professor Peter Phelan (Chair of the University of Melbourne's Department of Paediatrics) initiates the **establishment of the Centre for Community Child Health** and Professor Oberklaid is appointed as Founding Director.

1993

1995 Professor Oberklaid establishes the **Australian Paediatric Review Training Program for GPs**, followed by national professional development programs for community nurses, pharmacists and hospital emergency room doctors.

1995

1998 Associate Professor Sewell is appointed **Deputy Director** of the Centre for Community Child Health.

1998

2001 The Commonwealth Government commences provision of **funding for paediatric fellowships in community child health**.

2001

1980 Professor Oberklaid returns to Australia from his US fellowship and is appointed **Inaugural Director**, RCH Department of Ambulatory Paediatrics.

1980

1981 Professor Oberklaid establishes the **first outpatient clinics** at the RCH to support children and their families dealing with **developmental and behavioural** challenges.

1981

1984 Associate Professor Jill Sewell is appointed as a **Paediatric Fellow** with the RCH Department of Ambulatory Paediatrics, commencing what was to become a 35-year partnership with Professor Oberklaid.

1984

1988 Partly in response to these papers, the Royal Australian College of Physicians institutes a **mandatory 6-month training period in community child health** and the Victorian Department of Health commences provision of funding for paediatric training in community child health.

1988

1993 Associate Professor Sewell is appointed **Chair of the Australian Board of Paediatric Censors**, Australian College of Paediatrics, which later set up the Advanced Training Committee in Community Child Health.

1993

1994 Professor Oberklaid and Associate Professor Sewell launch the **Victorian Training Program in Community Child Health** (VTPCCH).

1994

1998 The Medical Board of Australia recognises **'community child health'** as a specialist area of medicine.

1998

2003 Professor Harriet Hiscock leads the development of the **Infant Sleep Study**. The study wins a Victorian Government Early Years Award.

2002

2003

2005 The Centre rolls out the statewide **Victorian Infant Hearing Screening Program** (VIHSP). VIHSP screens over 98.5% of all Victorian newborns by one month of age, detecting hearing loss at the earliest possible time.

2005

2005 The Centre commences **Family Partnership Training** based on the Family Partnership Model developed by the UK Centre for Parent and Child Support.

2005

2006 The Centre forms a consortium with the Parenting Research Centre and the Smart Population Foundation and wins a government tender to **develop and implement raisingchildren.net.au** — an Australian Government funded online parenting information resource.

2006

2010 Professor Frank Gilliam is invited to the Centre to explore the benefits of using strategic framing in our advocacy efforts for early childhood. The visit begins **ongoing and sector-wide use of strategic framing to support communications and advocacy**.

2010

2002 Professor Melissa Wake is appointed **lead of the Growing Up in Australia's** Health Design Team.

2002

2004 Professors Frank Oberklaid and Sharon Goldfeld and Associate Director Mary Sayers lead the national implementation of the Australian Government funded **Australian Early Development Index** (now the Australian Early Development Census) in partnership with Telethon Kids Institute.

2004

2005 The Centre partners with The Smith Family to implement the **Let's Read** literacy program in communities across Australia. Since 2005, Let's Read has been delivered in more than 100 disadvantaged communities with over 200,000 children participating in the program.

2005

2005 The Centre develops **Platforms**: an evidence-based approach to improving children's health, development and wellbeing. The approach has been used in several states across Australia and has informed model development in other countries.

2005

2007 Professor Harriet Hiscock leads the establishment of the **Australian Paediatric Research Network** (APRN), designed to engage paediatricians in research and advance knowledge about common child health problems.

2007

2007 The Centre commences the 6-year **Linking Schools and Early Years** initiative, to ensure all children are ready for school and schools are ready for all children.

2010

2011 Dr Paul Prichard works with the UK Centre for Parent and Child Support to implement the highly successful **Empowering Parents Empowering Communities** peer-led parenting initiative in Australia.

2011

Key milestones on our journey *(continued)*

- 2012** Led by Professor Goldfeld, the Centre enters into a research collaboration with the Australian Research Alliance for Children and Youth (ARACY) and Western Sydney University to **develop and implement right@home**, a sustained nurse home visiting program for at-risk parents.
- 2012** The Centre holds a series of roundtables on **place-based transformation for communities**, contributing to vital new thinking on how to solve complex challenges.
- 2013** Professor Wake seeds the ambitious idea of turning the state of Victoria into a single, dynamic health solutions platform for children. The resulting multi-million dollar **GenV** (Generation Victoria) initiative commences in 2017.
- 2014** Under the direction of Professor Goldfeld, the Centre joins several university, government and NGO partners to deliver the **Kids in Communities Study**.
- 2015** Professor Goldfeld leads a Centre partnership with Social Ventures Australia and Bain & Company to develop the **Restacking the Odds** research project to reduce intergenerational disadvantage.
- 2015** Professor Wake leads a national health and wellbeing study of 11-12 year olds using sophisticated technology not previously possible in research studies - Growing Up in Australia's **Check Health CheckPoint**.
- 2015** The Centre partners with the Victorian Department of Education and Training to refocus the **Best Start initiative** and embed data-informed planning to improve early childhood services for children and families in 30 locations across Victoria.
- 2016** Led by Associate Director Sue West, the Centre forms a Strong Foundations partnership with ARACY, Bupa, the Bupa Health Foundation, and PwC Australia to draw attention to the **first 1000 days** (conception to age two).
- 2016** Led by Sue West, Professor Goldfeld and Vikki Leone, the Centre launches the **Knowledge Translation and Research Impact initiative**, designed to improve the efficiency and effectiveness by which research evidence underpins policy and practice change.
- 2017** The Centre extends its work with the **Victorian Department of Education and Training's Best Start initiative** to support three innovation sites to advance their impact.
- 2018** Facilitated by Rachel Robinson, the Centre commences working with the Wimmera Southern Mallee early years trial, now called **BY FIVE**.
- 2019** Professor Hiscock and Dr Emma Sciberras edit **Sleep and ADHD**, the first book to address this topic.
- 2019** Professor Hiscock and Dr Sciberras produce an **MCRI podcast on sleep**, which is downloaded 15,000 times in the first month.
- 2019** Professor Oberklaid **steps down as Director**, Centre for Community Child Health.
- 2019** Professor Goldfeld is **appointed the Centre's new Director**.



Our impact

We are proud of the impact we have achieved over the past 25 years.

The Centre has been instrumental in raising national and international awareness of the significance of early childhood development, and this has had a significant influence on government policies and legislation.

We are also proud of the major innovations we have brought to the Australian child and family research and implementation context, many of them world-leading. Our success derives from a strong commitment to grounding our work in evidence, a constant striving for excellence, and the development of strong, trusting relationships with our partners and stakeholders.

Over the following pages we share with you a number of case studies that illustrate some of our achievements over the last quarter of a century.

Driving a world-first national early child development census

Australian governments — local, state, and federal — make substantial investments in early childhood. Without data, it is difficult for governments to know whether their investment is making a difference.

Our response

In 2003, the Centre for Community Child Health hosted a two-day invitation only national meeting of researchers, policymakers and clinicians from the health and education sectors to determine if the Canadian-developed Early Development Instrument (EDI) would be a useful tool if it was adapted for Australia. The Canadian EDI was designed to measure the developmental health and wellbeing of populations of young children at school entry.

Following strong encouragement from stakeholders at the meeting, the Centre was supported to conduct a trial of the adapted EDI, named the Australian Early Development Index (AEDI), in over 60 communities throughout the country.

During the period 2004–2008, the Centre led the implementation of the AEDI in Australia, in partnership with the Telethon Kids Institute and supported by the Australian Government. In 2009, Australia became the first country in the world to collect national data on the developmental health of all children starting school. The success of the 2009 collection laid the foundation for the Australian Government’s commitment to ongoing AEDI data collection cycles every three years.

In addition to adapting, trialling and rolling out the AEDI, the Centre built and managed the first secure web-based data-entry system for the AEDI, established the AEDI National Support Centre, and built an AEDI website to display community results.

In 2014, the AEDI was renamed the Australian Early Development Census (AEDC).



Impact

The AEDC reports on the percentage of developmentally vulnerable, at risk, and on track children across five key developmental areas, giving communities a clear snapshot of children’s development as they arrive at school. The results support communities to understand where vulnerability exists within their community so that they can direct responses accordingly.

AEDC results have informed the design and application of a large number of programs across the health, mental health, education, early childhood, planning, community and family services, disability, Indigenous and housing sectors. The AEDC also provides strong data evidence to inform, support and evaluate national priorities and policies to improve early childhood development.



“The AEDC has been a real game changer in Australia. It’s put data in the hands of those who can take action to reduce childhood vulnerability levels in communities.”

Sue West



“The unique data from the AEDC has given us a snapshot of how Australian children are developing, and a shared language for talking about child development.”

Dr Meredith O'Connor



50+

decision makers, researchers and professionals united at a Centre-led workshop to advocate for a tool to measure Australian children’s health and development at school entry.

60

communities trialled the AEDI (now the AEDC).

549

communities had an individual profile of AEDC results in 2018.

#1

In 2009, Australia became the first country in the world to collect national data on children’s health and development at school entry.

Unlocking the mysteries of chronic disease

Chronic diseases (or diseases of ageing) — including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes — are increasing. We know that the seeds of these diseases are sown in childhood via interactions between a child’s biology and their experiences. Fortunately, the precursors of these diseases can be seen and measured in healthy children, and investigation of these precursors can identify areas for intervention.

Children’s health markers at age 11–12 can help predict future health in adulthood.

Our response

In response to this ‘public health emergency in slow motion,’ a group of senior researchers from the Centre for Community Child Health designed an ambitious initiative embedded within Growing Up in Australia, the Longitudinal Study of Australia’s Children (LSAC) that is following the development of 10,000 children and families from all parts of Australia.

This initiative became known as the Child Health CheckPoint, and its aim was to assess the health and development of 11-12 year olds from the original LSAC baby cohort using a purpose-built, nation-wide travelling assessment centre. By 11-12 years of age, children already show wide variations in their health measurements, and these differences can predict future adult health.

The Child Health CheckPoint team proceeded to travel a phenomenal 16,896 kilometres around Australia, setting up assessment centres in 16 cities, and conducting home visits in 18 cities. During the assessments, each child and their accompanying parent participated in multiple state-of-the-art health measurements, including anthropological measurements, lung function tests, dental, bone and retinal imaging, audiology, cardiology assessments and more, and provided biosamples (blood, saliva, hair, urine) over a three-hour period.

By the conclusion of the initiative, almost 2000 parents and children had taken part, and the resulting digital and biological resources are housed at the Murdoch Children’s Research Institute.

Impact

The Child Health CheckPoint targeted multiple Australian health priorities, including obesity, asthma and diabetes. Analysis of the results will show how the mix of biology, environment and social circumstances affect development during childhood, resulting in physiological adaptations that ultimately lead to the major causes of death and morbidity. These findings will inform public health and service strategies aimed at lessening the future of chronic diseases.

Data from the Child Health CheckPoint has been added to the *Growing up in Australia* dataset, and can be used by researchers and policymakers to answer a wide range of research questions for many years to come.



“Data from the Child Health CheckPoint will enable us to examine how a child’s first decade of life impacts their health, and the potential for this to lead to new methods of preventing and treating illness in Australia is really exciting. ”

Professor Melissa Wake



“It was a huge effort travelling around Australia for the Child Health CheckPoint, but I’m so proud of what was achieved.”

Dr Susan Clifford

Supporting parents at home

More than 20 per cent of Australian children start school without the developmental capabilities to take advantage of the learning and other opportunities schools provide. Only a small number of programs in Australia are designed to specifically meet the learning and development needs of young children before they enter school, and a shortage of evaluation evidence means that we do not know if these programs are truly effective in improving outcomes for children.

Our response

The Centre for Community Child Health partnered with the Australian Research Alliance for Children & Youth and the Translational Research and Social Innovation Group at Western Sydney University to design, implement and evaluate an Australian model of sustained nurse home visiting, known as right@home.

right@home is a relationship-based model, delivered by highly trained professionals and embedded in the universal health service. Designed to support families experiencing adversity, right@home aims to improve outcomes for children and their families by building parents' capacity to provide safe, responsive care and a home environment that supports children's learning.

Based on the Maternal Early Child Sustained Home Visiting program, it is designed for the Australian context to integrate with and sustainably strengthen the existing universal Maternal and Child Health service. Beginning during pregnancy and continuing until the child reaches the age of two, parents who take part in right@home receive 25 home visits by a specially trained maternal and child health nurse, who is further supported by a social worker.



The Centre's role included leading the research — study design, recruitment, data collection and analysis — and conducting a rigorous evaluation of right@home to determine whether the program should be scaled and rolled out across Australia.

Impact

Results from the evaluation of right@home showed positive outcomes for parents. For example, the use of warm parenting practices increased, children were more likely to have a regular bedtime, there were fewer safety risks in the home, children had more opportunity for varied social interaction with adults, and mothers felt more capable as parents and were more likely to support their child's learning.

The right@home trial has played a critical role in filling a gap in the research by providing robust evidence on how sustained nurse home visiting can improve children's readiness for school by helping to shape their home, parenting and learning environments. right@home has now been implemented in other Victorian sites, in the Northern Territory and in Queensland — a further testament to the quality of the research.

right@home was the largest trial of nurse home visiting to be delivered through the existing Australian universal health service.

Provided mothers facing adversity with 25 extra home visits from specially trained maternal and child health nurses

Improved parenting

Created opportunities for children's learning at home

Enhanced mothers' mental wellbeing



"It's exciting and encouraging that projects like right@home can improve opportunities for children and parents through the services and supports available to Australian families."

Dr Anna Price



"The right@home project is a wonderful example of collaboration, rigour and impact — it gives families a voice and a chance to improve outcomes."

Dr Susan Perlen



Detecting hearing loss in the first weeks of life

In Victoria, around 110 babies are born each year with a moderate or greater degree of hearing loss in both ears. Without some form of early identification, a baby with a hearing loss is often not diagnosed until at least 1 year, and sometimes up to 3 years of age. This is past the critical period for speech and language development, putting these children at a much higher risk of language, social and academic delays and impairments later in life. Early identification and assistance for children with a hearing loss is vital so that children can have access to language as early as possible.



Our response

Despite a Victorian Working Party recommending statewide screening for congenital hearing loss back in 1991, the road to universal newborn hearing screening was a long one. It took years of research, networking, facilitation of committees, and advocacy by senior researchers at the Centre for Community Child Health before an ongoing commitment to fund statewide screening was provided by the Victorian Government in 2004.

Between 2005 and 2008, the Victorian Infant Hearing Screening Program (VIHSP) was rolled out to all public metropolitan hospitals in Victoria. At the same time, the Centre commenced work on building VicCHILD — a Victorian Children with Hearing Impairment Longitudinal Databank, which aimed to track all children diagnosed with congenital hearing loss in order to monitor outcomes, improve the quality of screening and intervention, and support further research.

Between 2009 and 2011, VIHSP rolled out to all rural and private metro hospitals, reaching close to 100 per cent of the Victorian population of newborns. The following year, data collection for the VicCHILD databank commenced. VIHSP now screens more than 98 per cent of all newborns born across Victoria in the first few weeks of their life, and collects (with parental permission), maintains and interrogates data on children and families that receive a diagnosis.



100+

babies are born in Victoria each year with a moderate or greater degree of hearing loss in both ears.

~2 years

The median age of diagnosis of hearing loss before the introduction of newborn screening

<1 month

The current median age of diagnosis of hearing loss in Victoria.

>98

The percentage of newborns screened in Victoria each year.

Impact

Introducing a statewide newborn hearing screen into Victoria has reduced the median age of diagnosis of hearing loss from around 2 years to just under 1 month of age. Current research suggests that children born with a moderate or greater degree of hearing loss in both ears are most likely to receive the best outcomes if the hearing loss is diagnosed and early intervention commences before the child is six months old. The earlier detection resulting from roll-out of VIHSP means that families can seek advice, support and intervention at a much earlier stage, giving their children the best opportunity to maximise their speech and language development.

In addition, the VicCHILD register is helping researchers understand why some children with a hearing loss do well, while others experience greater difficulties. This important databank has the potential to improve early intervention, and ultimately improve the lives of children with hearing loss.



“The thing that motivates me the most is of the many factors that can happen early in life to influence a child’s life for the better, early detection of hearing loss enabled by VIHSP is a small but fundamental one.”

Dr Zeffie Poulakis



“VIHSP has an impressive team of dedicated hearing screeners across the entire state, all working diligently to give every baby in Victoria the best possible start in life when it comes to their communication and language development. That’s over 200 babies every day, almost 80,000 babies a year.”

Dr Melinda Barker

Sleeping sound with ADHD

Behavioural sleep problems are common in children with Attention Deficit/Hyperactivity Disorder (ADHD). Research has shown that sleep problems are associated with poorer child and family functioning.

Stimulant medications can assist in the treatment of sleep and other concerns for children with ADHD, but many families welcome non-pharmacological interventions.

Our response

In 2008–09, the Centre for Community Child Health piloted a sleep program for children with ADHD to determine if it was feasible to deliver and acceptable to parents. In the pilot, it was determined that an extended intervention (2–3 sessions) appeared to be more helpful than a brief intervention (1 session).

Up to 70 per cent of children with ADHD will experience difficulties falling asleep, will resist going to bed, will wake frequently overnight and/or will experience tiredness in the morning.

In 2010–12, the Centre conducted the Sleeping Sound with ADHD research project. Sleeping Sound with ADHD was a randomised controlled trial that aimed to determine whether treating sleep problems in children with ADHD improved child wellbeing, ADHD symptoms, behaviour, working memory, quality of life, school attendance, and parental wellbeing, including mental health and work attendance.

During the study, a small group of clinicians delivered sleep behavioural strategies during two face-to-face consultations spaced a fortnight apart. Families were also given a tailored behavioural sleep management plan specific to their child's sleep problem.

Impact

The study found the sleep intervention to be effective in improving child sleep and in reducing ADHD symptoms and improving behaviour, quality of life, school attendance, working memory and functioning. Most of the benefits seen were sustained to six months after the study began. Many of the children in the study were taking stimulant medication, but the benefits from the sleep strategies made a difference over and above the effects of the medication.

The benefits of the intervention were not limited to the children. The Centre's researchers found that parents involved in the study reported increased work attendance, and the children's teachers reported improved child behaviour.

The findings suggest that clinical management of sleep symptoms can reap great benefits for the considerable number of children with ADHD who have moderate to severe behavioural sleep problems.



“It’s really gratifying to be able to bring evidence-based care to the many children struggling with ADHD and sleep problems.”

Professor Harriet Hiscock



“We are really proud of the Sleeping Sound with ADHD program which shows lasting benefits in terms of children’s sleep, behaviour, and quality of life .”

Associate Professor Emma Sciberras

Help for parents — anytime, anywhere

With the exponential growth in online information, around 80 per cent of parents now use the internet as a source of parenting information. Due to the commercial nature of the internet, not all online information is evidence-based, and a substantial amount is biased towards the sale of products or services.

While it is fairly simple for parents to find information relating to a parenting question or concern, it is often difficult to judge how trustworthy that information is or what to do if information on different sites conflicts.

Our response

In 2005, the Centre for Community Child Health partnered with the Parenting Research Centre and Smart Population Foundation to build an evidence-based online parenting resource, funded by the Australian Government. The result was the Raising Children Network — *raisingchildren.net.au* — which has been funded continuously by successive governments since 2006.

Raising Children Network was the first Australian website to draw on a network of national experts to translate research and best practice into practical parenting support. It has no commercial affiliations and a no-advertising policy.



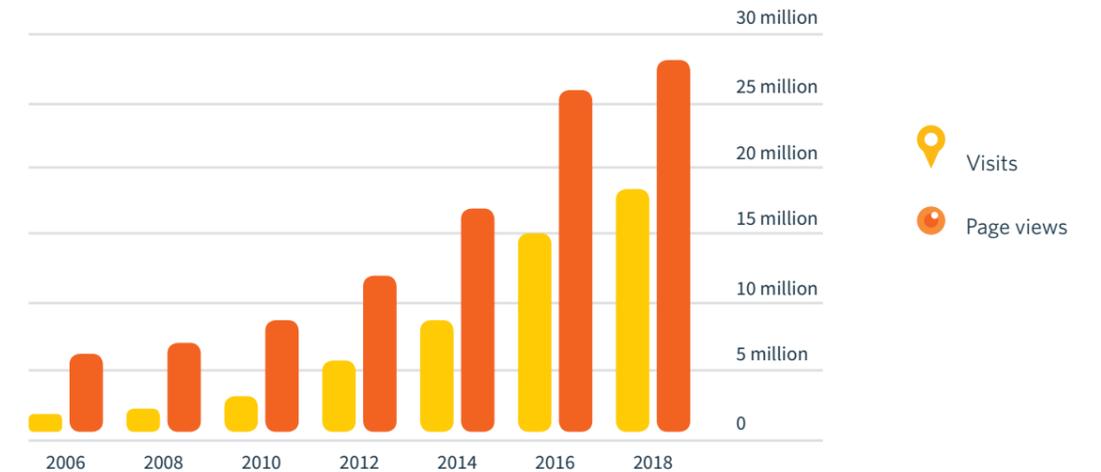
The philosophy behind *raisingchildren.net.au* is that parents are in the best position to make good decisions about parenting and supporting children's development when they have information based on the latest science on what works and why. This means that *raisingchildren.net.au* does not tell parents what to do. In describing and explaining the many dimensions and stages of physical, social and emotional development, it provides parents and carers with options, tools and practical ideas they can explore and apply in their own circumstances. Parents rate the resource as highly credible and trusted.

Over time, *raisingchildren.net.au* has expanded to include information on older children and teens, children with additional needs, pregnancy and birth, and parent self-care.

With the original design of the site for desktop, subsequent re-designs have enabled a wider reach of the resources to new parent and professional audiences via multiple channels — mobile, apps, social media, webinars and e-learning courses.



raisingchildren.net.au
the Australian parenting website



Impact

From its earliest days, *raisingchildren.net.au* has experienced strong annual growth. Visits to the site have increased from 2 million visitors reading 5 million pages (in 2009) to 18 million visitors reading 27.5 million pages (in 2018). Today, almost 70,000 visitors each day read 100,000 pages of content.

The rise of the smartphone, and popularity of apps and social media have been transformative in opening up access to the platform anytime, anywhere. Introducing the mobile site in 2012 was a particularly significant milestone.

Audience research tells us that the website helps parents and carers make decisions and build their confidence, feel reassured, seek support and look after themselves. Parents actively share, tag and comment on content.

The website's resources are used by governments, hospitals, local health districts, early childhood education and care centres and general practices right throughout Australia.

Raising Children Network's expertise and deep knowledge in communicating with parents online and reaching mass parent audiences has been acknowledged by royal commissions and parliamentary inquiries.

International recognition of the quality of the content has been increasing since 2014. Governments, professional bodies and parent-facing services in many other parts of the world— including Singapore, Canada, Israel, Brazil, the United States and West Africa — are using Raising Children Network content.



“It’s a privilege to be such a trusted information partner for parents and carers. We take inspiration from that and from knowing we make a difference for families every single day.”

Associate Professor Julie Green



“The *raisingchildren.net.au* site is a wonderful example of what can happen when you bring evidence to life.”

Dominica Ryan

Leading local solutions

Australian Early Development Census data reveal that in six of the local government areas of the Wimmera Southern Mallee (WSM) region of Victoria, children were arriving at school without the skills they needed to make the most of the school environment.

Local communities were aware of the need to act early to enhance equity and close the gap between WSM children and their urban counterparts, and so the BY FIVE initiative was established. BY FIVE is community-led and aims to help children have every opportunity for success in learning and life.

BY FIVE is working in partnership with communities to: identify gaps in local early years services and programs; develop equitable local solutions to service and program gaps; create and trial new approaches to early years services and programs for families and children in WSM; and build community capacity to use evidence and findings to improve services and programs across regional, rural and remote communities in Victoria.

Our contribution

The Centre for Community Child Health is involved with the BY FIVE initiative to support consultation, data literacy, evidence, planning and evaluation.

The project initiated with an extensive consultation process led by the Centre, which involved speaking with more than 300 people across the WSM to understand local experiences and ideas. This process enabled communities to identify what the local issues were and why action is needed.

Insights gained through the consultation were used by the Department of Education and Training, the Department of Health and Human Services, the Centre and 15 townships across WSM to co-design and tailor local plans as a direct response to the issues raised by local communities.

The co-design process is integral to the project as it means that no idea is off limits and all ideas raised by communities are regarded as legitimate. Evidence from local knowledge, practice and research is used to question existing practice and provide leadership, support and scaffolding to try new ideas.

Impact

BY FIVE, a well-targeted investment from government, has unlocked an enormous sleeping giant — the power of local communities to identify and resolve their own issues.

The project provides an opportunity to call on and activate a range of opportunities and relationships. Rather than seeking funding to do more, the WSM are working with what they have, growing local expertise, implementing tailored approaches and questioning the status quo.

BY FIVE has been shortlisted as a finalist in the 2019 Victorian Early Years Awards.

The project has already enabled 90 members of the local communities to participate in the Bastow Centre for Educational Excellence Continuity of Early Learning training; an opportunity that will enhance the quality of early learning for children in the WSM.

Over the coming years the initiative seeks to improve children's health and development by: building on community social capital and relationships to take advantage of the opportunity to reach all families; using RCH analytics to help build capacity for paediatric telehealth and prime the area for digital solutions to paediatric health care needs; improving care and expertise close to home; responding to the diverse complex needs of a highly dispersed and disadvantaged community; and sharing knowledge and expertise across local health, education and human services.

We are excited to be on this journey with our WSM colleagues and friends.



“It’s an honour to work in such a focused, dynamic and multidisciplinary group. The expertise and generosity of colleagues at the Melbourne Children’s is contributing really tangible benefits for the By Five team in the Wimmera Southern Mallee.”

Rachel Robinson



“It has been a fantastic opportunity to be a part of the By Five project. I have learnt a great deal from the community and I hope to continue to collaborate with the amazing people involved to ensure that all children thrive and are supported in their health, development and wellbeing.”

Dr Billy Garvey



The first 1000 days

The period between conception and the end of the second year of life — the first 1000 days — is the most rapid period of development in one's life. While early years experts have long been aware of this important period of development, researchers have only recently started to unlock some of the mysteries surrounding the processes by which genes, experiences and environments interact to influence development. New knowledge that has been unveiled suggests an urgent need to reform our policies, practices and systems in response to the evidence.

Our response

With new evidence of the significance of the first 1000 days rapidly emerging, the Centre for Community Child Health formed a partnership with the Australian Research Alliance for Children & Youth, Bupa, the Bupa Health Foundation, and PwC Australia to undertake the *Strong Foundations: Getting it Right in the First 1000 Days* project, funded by the Bupa Health Foundation. The partnership aims to effect change in policy, practice and parenting to optimise support for children in the first 1000 days and promote better health and developmental outcomes.

The Centre for Community Child Health led the partnership's first ambitious task – to collate and analyse evidence of the factors that influence development in the first 1000 days across a considerable range of sectors and disciplines, and to synthesise this into an accessible report.

The resulting report and associated papers — *The First Thousand Days: An Evidence Paper*, *The First Thousand Days: An Evidence Paper — Summary*, and *The First Thousand Days: A Snapshot* — provide a robust foundation of evidence to support strong, well targeted investments in the health and wellbeing of Australia's children.

The project team at the Centre also developed a Policy Brief — *The First One Thousand Days — Our Greatest Opportunity* — to facilitate greater policymaker understanding of the evidence and its implications.

Media coverage of the *First Thousand Days Evidence Paper* included news reports on channels 7 and 10, a feature article in the *Herald Sun* — *Early Days, Baby* — and an interview on ABC Radio National's *Health Report*.

Impact

The Centre for Community Child Health received a phenomenal response following the release of the Evidence Paper. There was significant media uptake of the report and its findings across television, print, radio and social media. There were also numerous requests for the report's authors to provide presentations and briefings to practitioner and policymaker audiences in a number of Australian states and internationally.

The presentations and briefings allowed the report's authors to explore the evidence in more detail, and to explore the reactions of audience members to the information presented. Feedback gathered from these events determined that the majority of audience members were not aware of the new evidence presented, and agreed that it had significant implications for policy and practice.

The Centre's Evidence Paper also provided the foundation for the partnership's second report, led by PwC Australia — *The first thousand days: A case for investment*. The partnership continues to work together to focus attention on this significant period in the life of children and their families.



“This paper makes a significant contribution to our understanding of the influences on development during the first 1000 days. Unpacking the implications of this evidence will help to drive policy and practice change.”

Dr Tim Moore



“Working in partnership really brought this project to life. We drew on each other's strengths to ensure the Evidence Paper was comprehensive and of the highest quality, and that its key messages were accessible to our audiences..”

Noushin Arefadib



Developing the paediatricians of the future

The Royal Australasian College of Physicians (RACP) is responsible for paediatric training in Australia and New Zealand. Following strong advocacy by members of the Centre for Community Child Health and others over many years and the results of Professor Oberklaid's studies, the RACP recognised the community need for assessment and management of children with developmental and behavioural problems, and instigated a mandatory requirement that all paediatric trainees, no matter what their eventual specialty, must undertake at least six months of training in community paediatrics.

Our response

As a leader in developmental and behavioural paediatrics, the Centre for Community Child Health recognised its responsibility to provide theoretical and clinical training for paediatric trainees that would enable them to complete their training and serve their community into the future. The Victorian Training Program in Community Child Health was developed.

From a small teaching program at The Royal Children's Hospital, the program scaled rapidly, and the Centre now provides this specialist training annually to paediatricians from 14 Health Services across Victoria.

The Centre's unwavering dedication to building the evidence, advocating for childhood behavioural and developmental concerns, and training clinicians has led to changes in training requirements for all paediatricians and has improved the quality of care provided to children in the community.

Since 1995, the Centre has also facilitated an annual Professional Development Program for community paediatricians. Covering a wide range of topics with a multidisciplinary focus, this program has grown from 25 participants in its early years to over 70 in recent years, indicating the strong community need for advanced knowledge and skills in developmental behavioural paediatrics.

The almost 300 paediatricians who have graduated from the Victorian Training Program in the last 25 years have highly developed developmental paediatric clinical skills, as well as a new understanding and focus on the importance of providing equitable care for the most vulnerable children in our community, on local capacity building, and on multidisciplinary team care approaches.

Around 10–15 per cent of the children in our communities experience developmental or behavioural issues, and these children make up over 50 per cent of the caseload in general paediatric care (the recent increase in children diagnosed with Autism Spectrum Disorder is an excellent example of this area of need). The paediatricians trained at the Centre are at the forefront of providing assessment, management and long-term care for these children and their families.

The Centre's training program has altered the professional direction of many of the trainees, with some developing a special interest in clinical research in community child health, and all of them learning a holistic approach to addressing the often complex problems these children face. Our graduates have contributed to service development, research, and policy and program advocacy and development, and influenced government priorities around early childhood, the impact of health on learning, and prevention and early intervention in child mental health.



“Teaching and mentoring our wonderful trainee paediatricians is the highlight of my job: our children’s health and developmental care is in safe hands!”

Associate Professor Gehan Roberts



“It’s really amazing that the Victorian Training Program in Community Child Health program allows us to be in outreach clinics so that we have the opportunity to work with families and communities more closely.”

Nadia Coscini



Our 2020+ priorities

At the Centre for Community Child Health, we have an ambitious plan to target five key areas for change. Our research and knowledge of the factors that influence children's development indicate that investing our efforts in these five priority areas will result in the greatest improvements to child and family outcomes.



Thriving communities

Where people live shapes their health, development and wellbeing. We want children to be conceived, born and raised in communities that support healthy development.

Our team is working on achieving significant reform in the way community leaders, and local, state and federal governments, work with families to enable more effective design and implementation of physical environments, supports, services and facilities, to achieve better outcomes for children.



Equitable services

Inequities in children's health and development are differential outcomes that are unjust and preventable. From conception, children in Australia do not start on a level playing field. One of the factors that contributes to and perpetuates this inequity is the lack of access many Australian families have to high quality services and supports.

To achieve equity, families must be able to access the services and supports they need, when they are needed, and at a quality that will make a difference. Our team is working on a number of exciting initiatives that seek to redress inequity.



Schools and health working together

For around six hours a day, 40 weeks a year, children of school age attend school. Around 20 per cent of these children have health or developmental issues that will affect their ability to learn, yet once these children reach school, their challenges are viewed through an education lens, not a health one.

Our team views health and education as inseparable, and our ambitious goal is to bring the two systems together and realise the benefits that could be reaped if schools were viewed more holistically as public health as well as educational institutions.



Connected and confident parents

Parents and carers have the most profound influence on the health and development of their children. When parents and carers are properly supported, connected to formal and informal support networks and feel confident in their parenting, they are more likely to make decisions that are in the best interests of their children's healthy development.

Our highly skilled team of training and development professionals are translating the best evidence into practical programs and are helping practitioners and families realise the benefits of working together in partnership to support children's healthy development.

Online, our Raising Children Network team's ability to embrace new technologies as they emerge continues to engage a growing audience seeking current and reliable information on parenting.

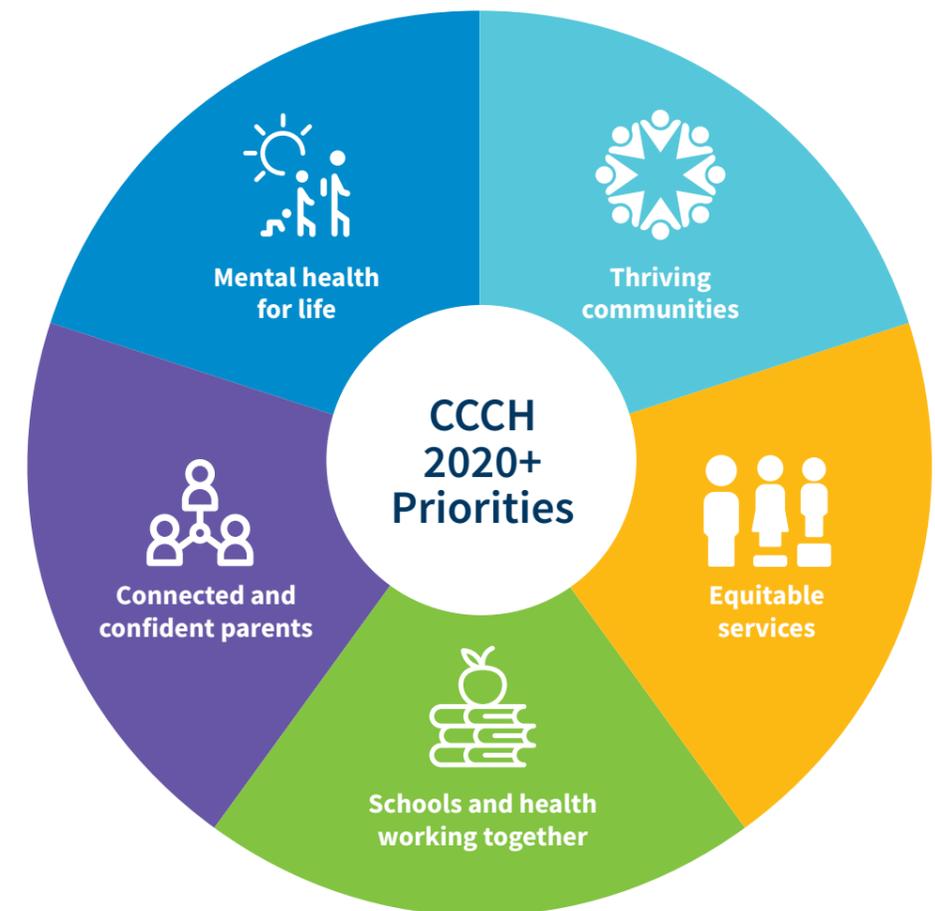


Mental health for life

Mental health has long been viewed as an issue affecting only adults and, more recently, teenagers. In reality, mental health starts at conception. Babies born into adverse circumstances involving neglect, abuse or high levels of stress adapt in a way that is helpful in the short term (for survival) but unhelpful in the longer term (for positive health, development and wellbeing).

It is far more effective to support families to promote positive mental health than it is to treat mental illness, yet resources continue to be poured into the tertiary end of the care spectrum, at the expense of prevention initiatives.

We seek to drive awareness and action on child mental health, and our researchers are passionately pursuing this agenda, helping to move the focus from treating established problems to building resilience and early detection and intervention.



The Centre for Community Child Health leadership team and staff would like to extend our appreciation and gratitude to those who have supported our work over the past 25 years. It is your generosity that allows us to do the work we are so passionate about, to accomplish the goals we set out to achieve, and to continue to strive for future impact.

Thank you for your dedication to improving the lives of Australian children and their families. We look forward to continuing on this journey together.





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

