Delivering quality care more efficiently inquiry

Questionnaire response 93

Name: Centre for Community Child Health (CCCH), Murdoch Children's Research Institute

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an organisation that provides or coordinates care services

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Our response draws on exploratory, qualitative research undertaken with 21 stakeholders consisting of policy makers, advisors and service providers across health, education, treasury and philanthropy to understand the barriers to investing in a specific evidence-based prevention program focused on the early years. The confidential research was undertaken to identify barriers to scaling for this initiative and although the barriers identified are specific to a particular intervention, we hope that by presenting the broad themes identified we can support the Commission's inquiry.

The overarching barriers identified to investing in prevention programs were:
• Concerns about value-for-money in delivering prevention at scale
• The need to have cost-benefit analysis undertake to support investment in a program. By demonstrating the avoided costs associated with preventive interventions, such as reduced future healthcare spending or increased workforce productivity, policymakers may find it easier to justify upfront investments.
• Ensuring fidelity but building in adaptability to ensure prevention programs are flexible to be implemented in and meet the needs of other services, settings, sectors and communities.
• Despite strong support and awareness of the importance of prevention, there is no urgency for governments to invest, unlike crisis or acute needs.
• Considerations relating to the upfront costs required to deliver prevention programs and return on investment for government.
• There may be broader factors that can impact investment in prevention at scale, such as workforce readiness, capability and capacity that need to be considered.
• The need to engage policymakers early in the development, design and implementation of prevention programs. Early engagement can assure policy makers about the evidence, rigour and results of a successful prevention program, and how the program aligns with policy priorities.
• Political considerations of short-term cycles mean prevention programs can be overlooked due to long-term implementation and success can take a long time to be realised.
• Prevention initiatives often involve cross sector collaboration and a coordinated approach involving multiple sectors, including health, education, and social services. Establishing shared priorities and partnerships across sectors takes time but are critical to prevention success.

Suggested Enablers to support Government Investment in Prevention – the example of a Roadmap for a Child Mental Health and Wellbeing Prevention System

In response to the significant burden of poor mental health that many children (0-12 years) and their families experience, CCCH, convened a "Prevention Roundtable for Child Mental Health and Wellbeing: Strategy to Action." The aim of the roundtable was to start a dialogue for reconceptualising a child mental health and wellbeing prevention system that both reduces the incidence of child mental health challenges and promotes mental wellbeing. A focus on prevention is simultaneously effective in reducing the burden of children's mental health and cost-effective in the long-term.

In May 2023, 60 stakeholders with extensive experience and expertise including with people with lived experience came together to participate in a Prevention Roundtable for Child Mental in Victoria. Sectors represented included the early years, government, social care, research and peak bodies, with the remit of considering strategy to action. The intention of the roundtable was to develop a roadmap focused on achieving the best possible outcomes for children's mental health and wellbeing.
As part of this roadmap, the roundtable participants developed six recommendations for realising a prevention and promotion system that enables all children to achieve good mental health and wellbeing. Drawing on the outcomes of the roundtable, we present the suggested enablers for government to invest in evidence-based prevention programs, taking a systems approach to change, acknowledging that not one prevention program alone can change outcomes for children and families, in this instance relating to children's mental health and wellbeing.

The report outlines six recommendations identified to achieve a child mental health and wellbeing prevention system were:
1. Develop a child mental health and wellbeing prevention roadmap with lived experience and co-design at its core.
2. Invest in evidence-based, flexible, long-term funding models.
3. Improve mental health and wellbeing literacy.
4. Work together across sectors to respond to the social determinants of health.
5. Drive a whole-of-government focus on children's health and wellbeing.
6. Equip the workforce to respond to children's health and wellbeing.

The recommendations could be the start of an overarching prevention framework that can deliver a prevention system in Australia as it relates to children's mental health and wellbeing.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Example 1 – Right@home: Australia's own nurse home visiting program

1. Funding and Provision of the Program

The right@home program is a collaboration between the Australian Research Alliance for Children and Youth (ARACY), the Translational research and Social Innovation (TReSI) Group at Western Sydney University, and the Centre for Community Child Health. The right@home trial was funded by Victorian and Tasmanian Governments, the Ian Potter Foundation, Sabemo Trust, Sidney Myer Fund, Vincent Fairfax Family Foundation, and the National Health and Medical Research Council (NHMRC).

2. Outcomes Achieved
Evaluation of right@home at 2, 3, 4-5 and 6 years follow-up has demonstrated:

Improved Child Health and Development: Children participating in the program demonstrate enhanced health and developmental outcomes by age two. These benefits are sustained at age 6 years when a child starts school.

Immediate and Sustained Benefits for Mothers: Mothers experienced increased confidence in warm parenting and providing a positive home learning environment.

Lasting improvements included mental health and self-confidence, maintained routines and parenting warmth and less likely to experience emotional abuse from partner.

3. Evaluations Conducted

right@home is Australia's largest and longest randomised controlled trial of nurse home visiting. Lifetime cost benefit modelling of SNHV in the United States shows that benefits accrue to participants and taxpayers over a child's lifetime. The economic evaluation of right@home supports a similar pattern of high upfront costs increasingly balanced by ongoing benefits over time.

4. Potential Reasons for Discontinuation

Impact of broader early years issues: this includes workforce shortages across maternal and child health nursing; government funding challenges; and competing reforms in the early years.
Barriers for continuing sustained nurse home visiting include a lack of awareness of the benefits of sustained nurse home visiting by policymakers; concerns about implementation, fidelity monitoring and how right@home can adapt to local contexts; and uncertainty about return on investment.

Example 2: Healthier Wealthier Families: Reducing money worries to improve caregiving, and health and wellbeing.

1. Funding and Provision of the Program

The HWF program is a collaboration led by CCCH and BEST START-SW, in partnership with Victorian Maternal and Child Health Services, NSW Child and Family Health Services, Uniting Vic.Tas, Upper Murray Family Care, Wesley Mission, the Melbourne Institute: Applied Economic & Social Research, the University of Melbourne, RMIT University, Western Sydney University, and the University of New South Wales.

The initiative received support from the Helen Macpherson Smith Trust, the Corella Fund, the Ian Potter Foundation and the National Health and Medical Research Council (NHMRC).

2. Program Overview and Outcomes Achieved

HWF involves Child and Family Nurses identifying financial challenges early and connecting families to support, benefiting parenting, child-parent relationships and the home environment.

The HWF pilot has demonstrated:

Improved Financial Outcomes and Family Wellbeing: Families reported substantial increases as a direct result of financial counselling. On average, caregivers experienced an increase of $6,504 income from government entitlements and an additional $784 from other sources, such as grants and concessions.

Delivered within existing health and social care platforms, HWF is designed to be

delivered within existing Child and Family Health Services and Financial Counselling platforms.

3. Evaluations Conducted

HWF pilot program was a mixed-method study that examined both feasibility and effectiveness. The evaluation combined quantitative data from surveys and financial assessments with qualitative feedback from participants.

The next phase of HWF is to understand the benefits of HWF at scale. HWF is currently being trialled in select sites in Queensland, with support from philanthropy and the Queensland Government.

Example 3: Child and Family Hubs: Ensuring children and families get the support they need at the right place, at the right time

Child and Family Hubs (Hubs) provide a ‘one stop shop’ for families to support child development and improve child and family health and wellbeing. Currently there are over 400 Hubs across Australia providing a non-stigmatising ‘front door’ for families to access a range of co-located and virtual services and supports. These Hubs are in early childhood services, primary schools, primary health care, non-government organisations, Aboriginal Community Controlled Health Organisations (ACCHOs) and, or available virtually.

The services within these settings can identify and respond to emerging developmental issues, and health, education, and social issues early in a child’s life.

Funding and Provision of the Program

Hubs are funded through a variety of sources, including federal and state government, philanthropy, and partnerships with community-based organisations, such as Aboriginal Community Controlled Organisations (ACCOs). The National Child and Family Hubs Network facilitates a coordinated approach across jurisdictions, ensuring that Hubs are effectively designed and implemented.
This collaborative funding model is vital for the sustainability of Hubs.

Outcomes Achieved

Improved Access to Services: Hubs enable families to access multiple services within a single location, lowering barriers to care that often prevent vulnerable families from seeking help. This integrated model has been associated with improved engagement and satisfaction among families.

Enhanced Child Development: Children who participate in programs delivered through Hubs, are better prepared for school, exhibiting higher levels of cognitive and social-emotional skills. Hubs can also facilitate early identification and intervention for developmental vulnerabilities, leading to timely support for children.

Support for Parental Wellbeing: Parents who engage with Hubs report improved wellbeing, from increased confidence and enhanced parenting practices.

Short and medium-Term Benefits: Studies suggest, particularly recent evaluation of the UK Sure Start initiative, that the benefits of Hubs can extend into a child's later school years and into secondary school, with positive impacts on academic performance, social development, behaviour, and overall health.

Example 4: Mental Health in Primary Schools

Mental Health in Primary Schools (MHiPS) aims to equip schools with the resources and training necessary to manage mental health challenges.

Funding and Provision of the Program

MHiPS is a collaboration between the Murdoch Children's Research Institute and the Melbourne Graduate School of Education at the University of Melbourne. Launched as a pilot in 10 schools in 2020 with philanthropic investment, MHiPS has now reached more than 900 Victorian schools, and is on track to expand to all 1800+ government and low-fee non-government Victorian primary schools by 2026, due to support from the Victorian Government.

Outcomes Achieved

Increased Teacher Confidence in addressing mental health issues.

Enhanced Student Outcomes: Children report improvements in mental health and wellbeing, including enhanced emotional literacy and stronger school connectedness.

Parental Engagement and Mental Health Literacy: The program has positively influenced parental knowledge regarding child mental health.

Reduction in Stigma relating to mental health: Increased openness to discussing mental health has fostered a culture of support within the school community.

Evaluations Conducted

Comprehensive Evaluation Framework: A robust evaluation framework examines the program's effectiveness, with a mix of quantitative assessments.

Longitudinal Studies: Following its implementation, MHiPS is being evaluated over several years, allowing researchers to observe the sustained impacts of the program on both teachers and students.

Feedback Mechanisms: Evaluation efforts also focus on obtaining feedback from parents, teachers, and students to refine the program delivery.

Potential Reasons for Discontinuation

Funding Sustainability: If resources become limited or political priorities shift, the sustainability of MHiPS may be jeopardised.

Implementation Barriers: The transition to larger-scale implementation may face logistical challenges, including resource allocation and the need for training more staff to deliver the program effectively.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

Positioned within the health context of the care economy, the National Preventive Health Strategy 2021-2030, sets out both the case for investment in prevention and provides a framework for mobilising a prevention system in Australia. The seven enablers identified as being critical to mobilising a prevention system identified in the Strategy are (pg 34-47):

- Leadership, governance and funding
- Prevention in the health system
- Partnerships and community engagement
- Information and health literacy
- Research and evaluation
- Monitoring and surveillance
- Preparedness

The seven enablers within the National Preventive Health Strategy 2021-2030 provides an opportunity to inform the Productivity Commission's recommendations in how government can support investment in prevention activities.

To highlight how the "Research and evaluation" enabler for mobilising a prevention system, is realised in practice, we provide the example of Changing Children's Chances.

Changing Children's Chances - Research and evaluation to drive precision prevention policy in the early years.

What is Changing Children's Chances?

A child's experiences and environments in their early years provide the foundation for lifelong health, development and wellbeing. When children are supported from conception onwards, they have the best opportunity to thrive. When children experience disadvantage however, it undermines their immediate and future health, development and wellbeing. This inequity is unfair and avoidable.

The Changing Children's Chances (CCC) project seeks to understand the best ways to address the inequity facing Australia's children. Eliminating inequities provides substantial benefits for children and families. Through CCC research it is projected that redressing disadvantage in the early years could reduce socio-emotional problems by up to 59%, physical functioning problems by 49% and learning problems by 55%.

How does Changing Children's Chances use research and evidence to inform prevention policy?

CCC researchers use innovative analytic approaches using existing population and administrative data sets to test the impact of different combinations of policy interventions on reducing inequities in children's health, development and wellbeing.

This includes modelling a combination of universal services (available to all) and targeted services (for those experiencing the greatest vulnerability or disadvantage) can make a difference to children's outcomes. By evaluating different 'what if' policy intervention scenarios, CCC can rapidly and cost-effectively generate new evidence to inform future real-world interventions and policy decision making.

CCC has applied this approach to a range of issues impacting children's outcomes, including:
• Inequities in children's reading skills and potential solutions
• The impact of parent mental health and preschool attendance on children mental health inequities
• The role of household income supplements in early childhood to reduce inequities in children's development

CCC works collaboratively with policy experts from Australian state and federal governments and non-government organisations. This ensures that our investigations are relevant and accessible to decision makers. By helping decision makers understand which combinations of interventions are beneficial, findings can help to direct limited public funds towards opportunities that will have the greatest impact. This can inform more effective and precise prevention policies to reduce inequities in children's health, development and wellbeing.

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