SEED FUTURES

# Establishing a National Primary Preventative Framework

## Conditions and enablers for this 2025 imperative

Bernadette Black AM
SEED Futures

Dr Kate Harrison Brennan
Sydney Policy Lab, University of Sydney

Discussion paper for roundtable
hosted at Admiralty House, Sydney by
Her Excellency the Honourable Ms Sam Mostyn AC
Governor-General of the Commonwealth of Australia

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Australia and their continuing connection to both their lands and seas. We also pay our respects to Elders – past and present – and generations of Aboriginal and Torres Strait Islander peoples now and into the future.

We would like to acknowledge, in particular, the way that Aboriginal and Torres Strait Islander communities have provided connected and holistic care for children for millennia.

**SEED Futures** wants to see Australian Families across the first 1000 days get the help they need, when they need it, promoting agency and purpose. SEED Futures does this by convening willing hearts and minds and finding practical opportunities to help the system work better for the people it is intending to help. SEED Futures was established as a not-for-profit entity in October 2024, with Tim Costello AC as Inaugural Patron. Andrew Tyndale, a Social Impact Investment Specialist, is Chair. Churchill Fellowship recipient Bernadette Black AM is Founder and CEO. Bernadette was also the Founder and former CEO of Brave Foundation.

**The Sydney Policy Lab** was created by the University of Sydney to be a multidisciplinary, non-partisan space where the academy and community can come together to investigate and solve complex policy issues that face our world, build community and make progress. It represents a powerful contribution by the University to the common good.


### Acknowledgements

We are very grateful for the generous engagement and contributions of many to the development of this paper, including the Commonwealth Treasury, Productivity Commission, the Victorian Department of Treasury and Finance, the Tasmanian Department of Premier and Cabinet, and the New South Wales Cabinet Office. We also acknowledge that such contribution does not convey any government's formal position. Our thanks to Professor Sharon Bessell, Director of the Children's Policy Centre at the Crawford School of Public Policy at The Australian National University, colleagues at PLACE and Minderoo, and Emily Cormack at Equity Trustees for their feedback.

The paper and our recommended approach to the incremental reform proposed was enriched through conversation with Associate Professor Simon Quinn at Imperial College London and through a workshop and subsequent feedback from members of the Sydney Policy Lab and Charles Perkins Centre's joint Adaptive Policy Systems node, including: Associate Professor Anna Boucher, Professor Simon Bronnitt, Dr Jedidiah Evans, Professor Manfred Lenzen, Dr Zoe Szewczyk and Professor Anne-Marie Thow.

We would like to thank Max Hall at the Sydney Policy Lab for managing this paper's publication.

Special thanks to Jane Dickenson PSM for her analysis and important contributions and Andrew Tyndale for stewarding and championing the vision as Chair of the Board of SEED Futures.

# Table of contents

# Foreword

A few weeks after my eighteenth birthday, I became pregnant. I was living in my mother's unsafe and unliveable house at the time. I spent roughly five days in the hospital after giving birth, and the day before I was scheduled to leave to return home, DHS visited the hospital and informed me that they had been keeping an eye on me during my entire pregnancy and that they had decided to use this day to inform me that I was not permitted to bring my daughter back to my home of 14 years. Leaving me and my baby girl with nowhere, no one and nothing.

For months, I was juggling a new baby and nothing of my own while we were in and out of motels with a million workers with a thousand conditions. If you find yourself in this position you are either left on your own and without anyone to help. Or, like me, you are forced into taking on a lot of case workers, each of whom does different tasks rather than having a rapport with just one. They all have a lot of requirements for their assistance, including meetings, phone calls and goals you must meet to receive assistance. It is almost impossible to navigate, I nearly didn't.

Everyone who has a newborn needs support, but it was one of the worst experiences of my life to have your rights and support system ripped away and to have strangers with their 'must dos' hanging over your head if you want help. From my perspective, there should be a few workers with whom you can establish a bond; they understand what you need, appreciate the goals you have and are there to ensure that you receive the help you deserve without merely doing a task to tick a box for the benefit of their managers.

I find myself wondering if all this hardship could be eased by simply connecting families with organisations earlier on and really working on a relationship together. In this time having someone who understands your lifestyle, goals and disadvantages is imperative. I dream of a time when workers like this are obtainable and don't just abandon you once the baby is born. Somone who doesn't just have a relationship with you but also your child and is there with you from pregnancy to the day your child starts kindergarten.

In conclusion, I think with a clear vision to really see families, Australia will achieve the support for families it needs.

**Destiny Axten Sarpa**
*23 years old and Mum to 5-year-old daughter – Student Youth Worker*

# Preface

The first time I heard of Centrelink was when I was pregnant – I'd just turned 16. My Auntie knew how to navigate Centrelink, so she took me to get some forms. I knew immediately that I didn't want to come back. Fast forward to when my son Damien was six weeks old. I returned to Centrelink, this time with all my forms and my Mum, who had rearranged her workday to come with me. I tried smiling at people – but why didn't they smile back? My attempts to create a friendly environment didn't work. For over three hours, I juggled my baby and waited to reach the end of the line, surrounded by the same atmosphere of agitation and desperation as before. It left me with a withering feeling – the opposite of flourishing.

Another first experience was catching a bus with my newborn and his pram. I looked at the bus driver, assuming he'd help me lift the pram up the stairs. He didn't. Instead, he said something so awful I won't repeat it. I was on my way to a Neighbourhood House – what we now call a place-based support hub – to ask how I could finish my VCE. By the time I got there, I was nearly ready to give up. To be honest, looking back, I don't know how I even made it to the destination. But I did. Wendy, a worker at the house, was waiting for me. She comforted me after my difficult morning, made me a cup of tea and asked if she could cuddle my newborn. It was Wendy who ensured I could enrol in my VCE despite being underage, access onsite childcare and set a start date for year 11.

Wendy showed me that from that point on, there would be no wrong door – only the next right one.

I eventually completed my VCE at that Neighbourhood House, then went on to study nursing at university. Never did I imagine I would one day study social policy, entrepreneurship and systems at the Harvard Kennedy School with a vision to problem solve how Primary Prevention could become a systemic fixture for good.

Imagine if Wendy hadn't been there that day. I don't want to. But what I do think about are the thousands of parents and children across the first 1000 days who won't meet a Wendy on their hardest days – those moments that can deepen disadvantage, even though all they want is to do a good job, to have hope and a vision for themselves and their children.

Like Wendy, the hundreds of people I've convened over the past 20 years – and especially the last three in SEED Futures – are committed to showing families the next right door. But we cannot leave this up to chance. We need to be intentional, coordinated and focused on meeting families where they are at.

My teenage pregnancy story was last century. Sadly, the challenges that entrench disadvantage across the first 1000 days have only compounded since then, as this discussion paper shows.

I co-author this report as a social policy entrepreneur, and primary prevention and systems expert with lived experience as a teenage mother. I continue to convene people with lived

experience, policy, systems thinking, place-based, and academic expertise so that all families can flourish across the first 1000 days – and so future generations can thrive.

I have a dream: That Australia will be the best place in the world for a child to grow up, and for a parent to grow in. This paper is for the families who will benefit from this framework in two, five, 10, 20, even 30 years time – families who will be thriving because Australia chose to truly value and support them at the earliest possible moment. We all benefit when we get this right. Our roadmap is here.

**Bernadette Black AM**
*Founder and CEO, SEED Futures, May 2025*

# Executive summary

SEED Futures seeks to cultivate the conditions for Australia to be the best place in the world to be a child and to parent. SEED Futures' focus is on the first 1000 days of a child's life and a parent's journey. Built on the experience of countless teens and parents across the first 1000 days navigating life with a newborn, SEED Futures seeks out 'the helpers' wherever they are, builds collaboration, and asks individuals, groups and communities to work together to form a responsive 'system' that is focused on families, at the preventative end, rather than waiting for challenges to compound over the course of a child's life.

The purpose of this paper is to put forward for discussion at the roundtable the case for a National Primary Preventative Framework (NPPF), along with the conditions and enablers for such a Framework to operate effectively. The content of this paper has been developed through extensive, focused collaboration over a three-year period (see Attachment 1). It is envisaged that discussion at this Roundtable will enable and promote mutual understanding between the governments, departments, sectors and other key stakeholders whose coordinated collaboration could bring about a NPPF.

This paper sets out the reasons we lack a coordinated, interdepartmental and cross-sectoral approach to primary prevention, articulates why this is needed and argues that a NPPF would enable focused coordination on the preventative end of what matters to children and families experiencing disadvantage in the first 1000 days of a child's life. This paper also outlines the conditions and enablers required to achieve this Framework.

In other words, this paper is concerned with 'why' we need an NPPF and 'how' it could be achieved, including 'who' should be made responsible. It does not specify 'what' it should include, as this should be developed primarily by intergovernmental collaboration in a dedicated program of work. This would include design of the specific architecture of an NPPF and detailed development of its components and mechanisms, creating a vehicle that is a statutory fixture.

Four factors are key to achieving this vision:

- A holistic and integrated focus on children and families at the preventative end of their journeys
- Long-term funding and incentives to unlock the intergovernmental and interdepartmental coordination, as well as collaboration between those in the not-for-profit and philanthropic sectors, necessary to front-end opportunity for children and families. The scale of this, just in terms of government, is nine jurisdictions and at least six portfolios in each of these jurisdictions with important to roles to play
- Delivery that allows funding to evolve with community need and emerging evidence of effectiveness
- Leadership that links this primary prevention vision to existing national reforms already underway e.g. early childhood education and care.

We propose an incremental approach to reform that would operationalise those key elements, identifying the enablers and mechanisms for achieving the overall vision.

The key recommendation is that, within the next 12 months, Government requests that the Productivity Commission, or another suitable body, leads an inquiry largely based on the Early Intervention Investment Framework (EIIF) in Victoria that would enable further development of primary preventative models and a suitable statutory position. The Productivity Commission would develop and identify unit cost across all jurisdictions to enable a pilot by state, territory and federal governments. It is a 2025 national imperative.

A national primary prevention approach aligns directly with Australia's commitment to the United Nations Sustainable Development Goals (SDGs) and provides a clear framework for long-term reform (United Nations, 2015). Primary prevention supports SDG 1 (No Poverty), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education) and SDG 10 (Reduced Inequalities) by targeting the underlying causes of child and family disadvantage. It also contributes to SDG 2 (Zero Hunger) through early nutrition supports and SDG 5 (Gender Equality) by recognising and responding to the disproportionate caregiving and economic pressures experienced by women.

# Recommendations

## Near term action, 6–12 months

Within the next 12 months, propose that the Government requests that the Productivity Commission, or other relevant body, review the economic costs and benefits of primary preventative investment, including:

- Identifying unit cost across all jurisdictions, to correctly ascertain future avoided costs (including learnings from the EIIF with the Victorian Government)
- Inquiring into how to create long-term primary preventative investment models
- Making recommendations for delivery models including peer-to-peer models, navigator models, place-based models and universal parenting programs in late pregnancy and early parenthood
- Investigating the plausibility of reframing an existing statutory office or identifying other national statutory delivery vehicles – e.g. a program of work of National Cabinet or intergovernmental cooperation between States and Territories and a Ministerial Council, Australian Human Rights Commission, relevant departments or portfolios – that could integrate the long-term conditions and enablers identified within the National Primary Preventative Framework as a national fixture, identifying the powers and resources necessary, and a timetable for such reframing or establishment
- The role of other enabling factors, including necessary resourcing, in implementation success.

## Mid-horizon participation and momentum building, 6–18 months

Over the next 6–18 months, until a Productivity Commission or similar inquiry has been delivered, SEED Futures will continue as vision holder and momentum builder, providing social accountability by:

- continuing to convene an interdepartmental and sector advisory committee that will build and promote a united vision with and for families across the first 1000 days
- creating a united vision with and for families with high-level measurable indicators for success across a 10 to 20-year period
- developing its program of community listening and cataloguing proposed policy reforms, sharing thought leadership
- seeking to integrate its efforts with a broad coalition of service groups, including Partnerships for Local Action and Community Empowerment (PLACE), Investment Dialogue for Australia's Children (IDAC), Targeting Entrenched Disadvantage (TED), Measuring What Matters, the Early Years Strategy, the Australian Human Rights Commission, SNAIIC, the Commonwealth, interested state jurisdictions and the Productivity Commission

- contributing its Incremental Reform Catalogue towards a practical evidence bank held by state governments and the Commonwealth.

The Sydney Policy Lab at the University of Sydney will buttress the policy design work, partnering with SEED Futures, and bring together diverse forms of expertise and different forms of knowledge. This work could include developing case studies of where things have been done well (or not), as well as what could be learnt, to inform future policy design.

Partners could include:

- PLACE: Partnering to establish an Incremental Reform Catalogue (IRC). PLACE could collect holistic policy stories of families in their locations and work with SEED Futures to form them into policy recommendations for government and to inform philanthropy's approach for investment through the IRC.
- IDAC: Serving as a long-term primary preventative investment program across the first 1000 days, funding where government does not do so directly and developing a selection criterion for programs that include peer-to-peer models, navigator models, universal parenting programs in late pregnancy and early parenthood. This partnership could potentially begin with the IDAC Early Years Working Group established in 2024.
- SNAICC: Partnering with SEED to bring its rich knowledge and practice to benefit all Australian families across the first 1000 days through the Closing the Gap model.

## Scaling the application, 18 months+

With international interest in primary prevention growing, we will bring together partners for an international forum in 2026. Being able to speak to Australia's early successes could be an encouragement to ongoing collaboration, domestically and internationally. This will be leveraged by Bernadette Black's relationships through her Churchill Fellowship in September to November 2025.

Publish a national report that shows how Australia is tracking against a coordinated vision, meeting primary preventative conditions and enablers.

# I. Introduction

This paper articulates why we need a National Primary Preventative Framework (NPPF), along with the conditions and enablers required to achieve this. Australia is a wealthy country with a long history of social reform, responding to the changing needs of communities and societal norms. In its first term, the Albanese Government introduced a suite of early childhood reforms including increased subsidy rates, removal of the annual subsidy cap, legislation for at least three days of subsidised care each week for each child and federally-funded wage increases for educators.

However, as a country, we are experiencing rapidly accelerating inequality (Productivity Commission, 2024a). Disadvantage is taking hold in a way that makes it further entrenched within particular cohorts and communities, exacerbating existing intergenerational disadvantage.

In Australia, our welfare system integrates government with charitable services and supports. It is a very complex, hybrid, federal system that includes coverage by universal services and supports such as health, education as well as income support and family payments through Centrelink. There are also more targeted services and supports, such as those related to family relationships, mental health, justice and child protection some of which have more complex arrangements between the Commonwealth for funding, policy and delivery. In addition to these, there are a whole array of support services funded by federal, state and local government, as well as by charities. This very complex system is short-term and piecemeal, which makes it difficult and time-consuming for people to access – as well as relatively difficult to reform.

With increasing complexity in the needs of cohorts and communities, the current way of doing things is not working. This is evident when we look at some of the data on Closing the Gap, the developmental vulnerability of children when starting school, child protection and educational attainment, and the persistent gaps in supports and services (Productivity Commission, 2024c; AEDC, 2022; AIHW, 2025a; Social Ventures Australia, 2025). Achieving positive, measurable change on any of these indicators requires a holistic approach that prioritises primary prevention before challenges compound over the life course, with the conditions and enablers necessary to achieve this (Heckman, 2006). Advancing equity requires shifting from deficit-based approaches to redesigning systems that centre cultural strengths, support self-determination and transfer decision-making power to communities. Aboriginal and Torres Strait Islander people have the knowledge and capacity to lead; genuine partnership and resourcing are essential to enable this leadership. Co-designed, culturally-grounded policies not only benefit Aboriginal and Torres Strait Islander communities but strengthen the responsiveness and fairness of systems for all Australians.

In this paper, we define primary prevention as intervention with specialised supports or services aimed at a population which is susceptible to experiencing disadvantage, across multiple dimensions of that disadvantage, designed to make positive changes in the short term, and

avoid challenges (and costs) compounding over the medium- to long-term (Alkire, 2011; Alkire, 2017; Impact Economics and Policy, 2024).

We are interested in an integrated approach to primary prevention that would tackle the root causes of disadvantage, working across sectors to achieve this. Early intervention is a subset of primary prevention concerned with providing specialised supports and services to infants and children with developmental delay, learning support needs or disability, intervening to maximise the benefits to the child in their development, whether physical, cognitive, social or emotional (NSW Department of Education, 2025).

We refer to children and families throughout the paper. At the outset, we wish to state our intention to be inclusive of fathers and the role of extended families and forms of kinship. We affirm the role they can and often do play in the development of babies and young children. It is not always possible to include the nuances of this in the text.

## Structure of this report

| | |
|---|---|
| **Introduction** | We provide the background to the establishment of SEED Futures and outline what the organisation has heard convening stakeholders over the past three years |
| **Section II** | We make the case for why the first 1000 days of a child's life is the place to start for a NPPF |
| **Section III** | We articulate why primary prevention is needed, what it entails and how proactive systems could help to achieve this |
| **Section IV** | We account for why we have not yet had a coordinated approach to primary prevention |
| **Section V** | We outline the conditions for a primary preventative framework and describe how incremental reform connect with them:<br><br>1. Vision<br>2. Addressing lack of trust<br>3. Providing hope<br>4. Place-based approaches<br>5. Closing the gap<br>6. Incremental reform |
| **Section VI** | We describe how these conditions will be operationalised through the enablers:<br><br>1. Place<br>2. Lived experience<br>3. Interdepartmental collaboration<br>4. Funding<br>5. Adaptive approaches to evidence |

6. Storytelling

| | |
|---|---|
| **Section VII** | We reference the Recommendations provided at the beginning of the paper to making a NPPF a reality for the future of Australian children and their families |

## Why SEED Futures was created

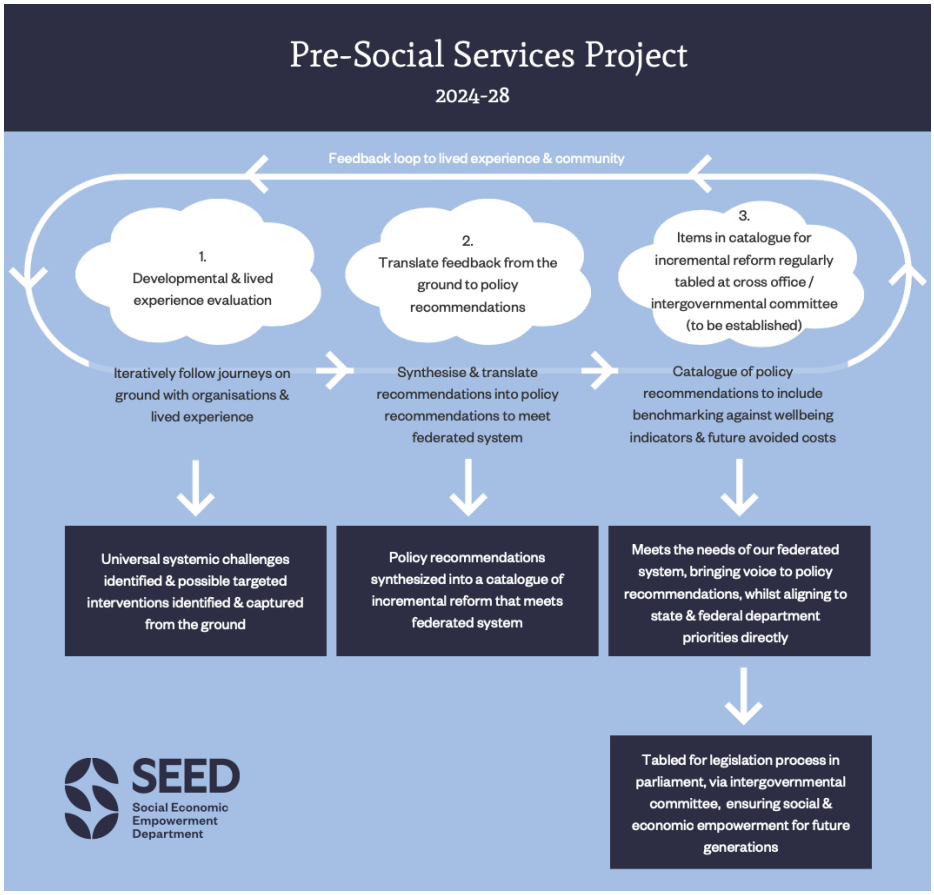
Bernadette Black is the Founder and former CEO of Brave Foundation and current CEO and Founder of SEED Futures. Over two decades, she met with various departments of the Commonwealth and state governments with the question, "Which departments are responsible for the needs of Australia's most complex families, both current and future?"

She learned not one level of government nor department was directly responsible, but rather many across the Commonwealth, state and territory governments. She also discovered that, despite the best of intentions, departments did not collaborate as a whole or across tiers of government, which would otherwise enable a holistic view of an at-risk young person, child or family.

In 2019, Bernadette identified the need for a 'middle system' that brings all actors together at life-stage moments to coordinate and deliver targeted primary prevention programs as well as universal services as early as possible in the first 1000 days. This would be done in a nurturing environment that adopts a proportionate approach to universalism. This would mean that additional primary prevention services are available to all through universal service provision but they would be delivered or targeted in proportion to need (Health and Social Care Committee, 2025). For example, when a mother presents for a 20-week ultrasound, the sonographer could ask questions to ascertain the social supports available to and needed by the parent(s), and then give Centrelink forms, provide pre-filled birth registration forms and refer to further supports as needed.

Recognising the need to improve the middle system or meso-level, the Social Economic Empowerment Department (SEED), within Brave Foundation at the time, worked collaboratively with external stakeholders to develop a 'Pre-Social Services strategy' (figure 1). This strategy takes seriously the structures, organisations and institutions that operate between the macro-level (broad, national policies and systems including social services) and the micro-level (individuals and families). Middle systems are often responsible for implementing policies, coordinating services and translating broad policy goals into practical, localised programs that directly affect individuals and communities.

Figure 1. Pre-Social Services Project mind map (SEED Futures, 2023)




In any middle system, the role of 'vision holder' is critically important to enable the macro-level and meso-level to deliver in a unified way with and for people. Bernadette and SEED, at the time a department of Brave, identified that a vision holder was missing in the middle system as it relates to families in Australia. SEED Futures was established to catalyse this vision – convening the different actors to align the complimentary mechanisms already established, and create any further needed, to advance Australia's families across the first 1000 days.

There is great potential to enable intergovernmental action, coordinate across necessarily siloed government departments and integrate initiatives such as Targeting Entrenched Disadvantage, Investment Dialogue for Australia's Children, the Early Years Strategy, Partnerships for Local Action and Community Empowerment (an independent not-for-profit co-funded by government and philanthropy), Measuring What Matters and the Community Sector Grants Engagement Framework (DSS, 2025b). The risk is, however, that without decisive action the system will replicate itself and its siloes, failing to deliver.

If all tiers of government and other actors, through the help of a middle system, can own a joint vision that prioritises children, families and future generations, this would undergird families with the hope that they can overcome challenges and reach their full potential in Australia. Vision must be balanced with pragmatism – meeting needs incrementally. When incremental change is achieved, a vision is not just aspirational but it is being experienced, little by little, with feasibility proven along the way. Incremental change must be measured to see if the

change achieved is fulfilling the vision over time. A vision carrier is needed to ensure coordination and delivery of a cross-sector and interdepartmental approach, measuring movement toward that vision.

> As I sought stable funding for Brave, I sometimes felt like a tennis ball being slammed between state and federal government departments. However, I was endlessly encouraged by the impact of Brave's program, young parents and their children. In my final three years as CEO, the mighty Brave team supported over 1000 young parents and their children.
>
> Also, during this period, Brave encountered three funding cliffs where all staff faced losing their jobs – me included. Simultaneously, I studied abroad hoping to find an answer to these ever-present funding issues. A seed was planted when I learnt about the Strategic Triangle, developed by Professor Mark Moore (for any fellow Public Value fans out there) that we needed a strategic, systemic approach. From this emerged the idea of a Social and Economic Empowerment Department, or SEED. Even though it looked like we would need to close Brave's doors, we led with vision.
>
> This idea of SEED quickly took a back seat as we approached our third funding cliff in 2021. We started the 'No Stone Unturned Strategy,' to find a lifeline for Brave, while we off-boarded young parents. This was the most difficult of all. We looked under 60 stones, and one was the Paul Ramsay Foundation. They provided a life raft – six months of funding to keep our heartbeat alive as we awaited verdicts from other funding proposals that had been delayed due to Covid.
>
> Through an enormous effort and unwavering belief, Brave secured funding of $13.5 million from federal, state, philanthropic and private sources – part of the funding was to establish SEED. I stepped into this inaugural role in December 2021, reporting to the Brave board.
>
> **Excerpt from speech delivered by Bernadette Black AM to the Philanthropy Meets Parliament Summit, Canberra 2023**

## What we have heard so far

Over the past three years, SEED Futures has engaged in extensive convening, deep listening, and co-creation with experts, government departments at state and federal levels, philanthropy and members of the SEED Futures Advisory Council. A full list of these stakeholders SEED Futures continues to convene can be found in Attachment 1.

In summary, SEED Futures has convened:

- Twelve Advisory Council meetings comprising 24 members, half of these being in-person full day meetings, as well as one-to-one thought partner meetings
- Four SEED Policy Roundtables with the Department of Prime Minister and Cabinet with representation from Senior Government Officials across the departments that have

portfolio responsibilities for families, as well as two state governments, Tasmania and NSW, as well as many one-to-one meetings with each department
- The Tasmanian Roundtable with more than 50 members to devise an implementation plan for incremental systemic reform in the local government areas (LGAs) with the highest concentrations of disadvantage in Tasmania. This strategy has been developed and is awaiting implementation and evaluation. Numerous additional stakeholder meetings have also occurred with these members
- The inaugural Primary Preventative Roundtable with 24 subject matter experts in social and economic primary prevention and contributions from the Commonwealth, three state governments, the Productivity Commission, the Australian Human Rights Commission, academics and philanthropy
- The inaugural Kingborough Community Round Table with 22 stakeholders, beginning the SEED Futures place-based incremental reform strategy
- Meetings disseminating learnings to IDAC and PLACE initiatives.

Collectively, those involved have found that listening to lived experience and working with front line workers, as well as deep collaboration between State and Federal actors, can unlock new ways of intervention that see future generations flourish. It should be noted that while SEED Futures has worked with parents who experienced disadvantage when their children were very young, adults who experienced disadvantage when they themselves were young and service delivery organisations serving children and families have not been directly consulted in the development of this paper.

Throughout the first 1000 days, families in Australia need hope, vision and connection, and to be met with a culture that there is “no wrong door” into a system that nurtures, supports, make it easier and backs families up from conception to two years later.

These SEED Futures convenings have explored and identified the important components that must be considered for a future National Primary Preventative Framework, as outlined in this paper. Across the past three years of SEED Futures work, there has been over 2,465 hours or approximately 308 working days of whole-of-system professional voluntary hours that have been contributed to this important work, and these themes and recommendations. This excludes work led by other initiatives and prior to SEED Futures.

Through these convenings and interactions we have answered collaboratively how a national primary preventative approach would work. That is with an Incremental Reform Catalogue (IRC). This IRC would be for LGAs that include people at the highest risk of disadvantage. The exact boundaries for delivery would be determined with consideration given to other geographical measurements such as SA2 and Indigenous Areas so the most appropriate and meaningful geographic area would be selected. The IRC would:

- Listen and record families and communities’ stories about their interactions with the system, their challenges, opportunities and recommendations to better meet needs
- Design the evaluation mechanism in community, as well as identifying future avoided costs for each recommendation
- Translate these stories into broader, holistic policy stories of families, that clarify which government departments or mechanisms are responsible to meet the recommendations

- Be tabled with the authorising environment, across the Commonwealth and relevant states, to determine policy actions needed across different departments to action the incremental recommendations
- Listen to and record families' and communities' stories about how the actions taken have met families' needs early, enabling them to flourish.

This would all be underpinned by a vision for families developed collaboratively.

# II. Why the first 1000 days is the place to start

The first 1000 days, from conception to a child's second birthday, represents a critical period for the child and for shaping healthier, more flourishing futures (Moore, 2017). Engaging with parents and their children in the first 1000 days enables interaction with two generations. The care, nurture, support and education that parents and children receive during these early years play a vital role in a child's ability to grow, learn and thrive. This is because the first 1000 days are when a child's brain and mind develop at an exponential rate, laying the groundwork for their lifelong health, development and wellbeing.

In 2023 Australia had 286,998 births and around 126,000 births first-time mothers (ABS, 2023b with analysis of AIHW, 2023). When a baby is born, most parents interact with services of various types. For some, this will be the first time they have done so in a long while. This is a key life stage and moment to open wide the window for support through primary prevention, tapping into families' sense of purpose, providing support for parents and the child, as well as building capabilities. What occurs or does not occur in this window of time can create either create personal, social and economic benefits or negative consequences with potential further ramifications.

Although there is a shift, domestic and international, to broaden the field of view to the first 2000 days, this paper will focus on maximising efforts during the first 1000 days as a place to start (DSS, 2024; Danielsdottir, 2020). Given that the approach proposed is characterised by responsive, incremental reform, we begin with a focus on the first 1000 days, knowing there would be an opportunity to tailor this as needed.

During the first 1000 days, lack of support for children and their families, acute incidents, compounding factors and entrenched disadvantage can have outsized negative consequences. One in six Australian children (approximately 761,000) are growing up in living in poverty (Davidson, 2022; Duncan, 2024). These children face challenges such as economic hardship, educational inequality and limited access to healthcare. This group is often at higher risk of experiencing intergenerational disadvantage.

In 2022, more than one child was admitted to out-of-home care each hour. Of 48,900 children in out-of-home care that year, 11,500 were new admissions. Approximately 1400 infants under one year old were in out-of-home care as of 30 June 2021, equating to three infants every day. Nationally, 30 infants per 1000 children in this age group were in out-of-home care (AIHW, 2022).

Despite increased services, we are failing to meet the needs of parents and their children before disadvantage takes hold. Former Prime Minister Bob Hawke's dream that no child need live in poverty in Australia remains an elusive goal (Koziol, 2017). As a nation, we must act to prevent more children from entering out-of-home care alongside other symptoms of long-term disadvantage that our current system exacerbates. For every first-time birth, we have a social

and economic opportunity, where we can ignite potential and open the window of opportunity. Instead, tragically we are failing large numbers of children and their parents across the first 1000 days, when many of the problems could have been avoided in the first place.

Sharon Goldfeld and others, in their 2024 work, emphasise that improving outcomes in the first 1000 days of a child's life requires a multifaceted approach to improve the "equity gap" within a generation. They advocate for "stacking" multiple, complementary interventions within existing service infrastructures to effectively address early childhood inequities. This strategy involves integrating evidence-based programs with universal services such as early childhood education and primary health care, and enhancing them with targeted interventions tailored to local needs. By adopting this approach, resources are allocated universally but with intensity proportionate to the level of disadvantage.

Internationally, other jurisdictions are increasing their focus on the first 1000 days of a child's life as a pivotal. In March this year, in the UK the Health and Social Care Committee of the House of Commons launched a new inquiry into the first 1000 days of life (Health and Social Care Committee, 2025). The inquiry will examine whether progress has been made on the outcomes for children and parents since 2019. Specifically, it will examine how effective family hubs and integrated care system have been at improving outcomes. This inquiry will also consider the principle of proportionate universalism and its possible applications during the first 1000 days of a child's life.

# III. The case for primary prevention

Primary prevention focuses on addressing the root causes of disadvantage before harm occurs. Here, our focus is on the critical first 1000 days of a child's life. It is a time when families, especially parents and caregivers, need consistent, accessible support to provide the safe, nurturing environments children require to thrive. Investing in preventative measures during this window not only supports optimal child development but also strengthens families, reduces intergenerational poverty and helps to mitigate the long-term impacts of entrenched disadvantage. In Australia, where significant disparities persist, the case for primary prevention has never been more compelling.

## Entrenched disadvantage

In Australia, 16.6 percent of children live below the poverty line, defined as households that are 50 percent below median income (Davidson, 2022). For children in this cohort, a greater proportion are beginning school developmentally vulnerable (AEDC, 2022) and educational outcomes are particularly troubling, with children's academic performance depressed, on average, compared to their peers and lower rates of educational attainment (including rates of year 12 completion and higher education attendance). These educational disparities not only limit the individual potential of children but contribute to broader societal inequality.

Aboriginal and Torres Strait Islander children have been harmed by repeated policy failures and experience "disproportionate disadvantage in relation to development and education outcomes in the early years" (SNAICC, 2024, 10). Aboriginal and Torres Strait Islander children were 2.6 times more likely than non-Indigenous children to be developmentally vulnerable in two or more domains (AEDC, 2022).

Professor Glyn Davis, Secretary of the Department of Prime Minister and Cabinet until mid-June 2025, in his book *On Life's Lottery* asks, "if you are born into one of the poorest households in Australia, what are your chances of breaking out, of achieves a more prosperous life as adults?" (2021, 13) Unfortunately, these chances are very slim. Analysis of the most recent HILDA data by the Melbourne Institute demonstrates children born into extreme economic disadvantage are significantly less likely to prosper in adulthood (Melbourne Institute, 2024). In fact, the longer a child spends in poverty the worse their socio-economic outcomes are likely to be. For instance, children from households experiencing poverty are five times more likely to experience poverty as an adult.

The Supporting Expecting and Parenting Teens (SEPT) Trial (Bakhtiar, 2021), commissioned during Bernadette's tenure as CEO of BRAVE Foundation, highlights the power of primary prevention in addressing the complex needs of young parents. With 364 participants, the evaluation found that two-thirds (65 percent) achieved at least one goal – toward health, wellbeing, education, or employment – within an average of 17 weeks. SEPT's strengths lie in its voluntary, place-based model, national coordination and focus on young people. It effectively tackles systemic barriers like insecure housing, transport and financial hardship, laying the foundation for long-term stability. The program continues to operate nationally.

On census night in 2021, more than 122,000 people were estimated to be experiencing homelessness in Australia, up from 116,000 in 2016, an increase of 5.2 percent (ABS, 2023a). Children who grow up in unstable housing conditions are more likely to face long-term consequences including poor health, limited educational opportunities and social isolation (AIHW, 2025b). These early experiences of disadvantage can create a cycle that increases the likelihood of homelessness in adulthood (AIHW, 2020). Housing instability can have profound implications for the wellbeing of entire communities, especially vulnerable populations like children and the elderly. When children experience homelessness or depend on emergency housing "every aspect of a child's wellbeing is undermined, and their human rights are violated; they are denied the material basics, their opportunities are narrowed, and their relationships come under intense pressure" (Bessell, 2024). The More for Children research project has demonstrated the:

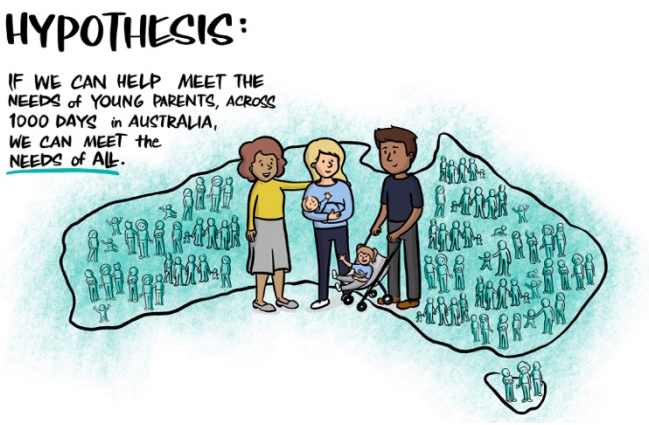
> ... extent to which children are aware of the insecurity of their homes. While parents may try to protect their children from the stress and fear created by housing insecurity, it is not possible to do so .... Most children who have experienced homelessness describe the experience as one of deep deprivation and utter desperation. (Bessell, 2024, 16, 20)

The mental health of young people from disadvantaged backgrounds also warrants attention. Adolescents growing up in poverty or unstable environments face higher rates of depression, anxiety and substance abuse compared to their peers (AIHW, 2023). These issues can negatively affect children's brain development and limit their potential. Addressing these mental health challenges is critical to breaking the cycle of disadvantage as untreated mental health problems often lead to further social and economic difficulties in adulthood (AIHW, 2023).

Children from low socio-economic backgrounds are overrepresented in child protection systems where family violence is a key driver of intergenerational disadvantage. Women and children who experience family violence are at a heightened risk of psychological and developmental harm which only perpetuates the cycle of disadvantage (AIHW, 2023). The effects of family violence are profound and can have lifelong consequences, making it essential for policymakers to implement strategies that address both the immediate and long-term needs of these vulnerable individuals.

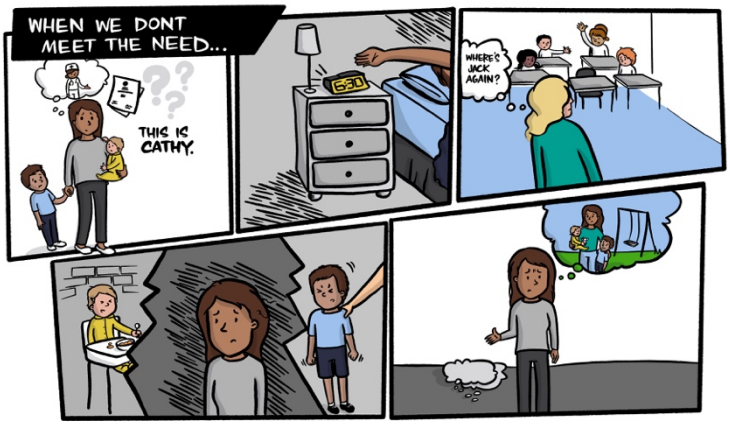
Through Bernadette's work at SEED Futures she met with parents in Brisbane and Melbourne in late 2024 who were experiencing entrenched disadvantage and had experienced significant delays with Centrelink payments. This further exacerbated their circumstances which involved family violence, often meaning parents were not able to successfully remove themselves and their children from violence and into safety. This deepened the experience of disadvantage for these mothers and their children.

## A deep dive into primary prevention



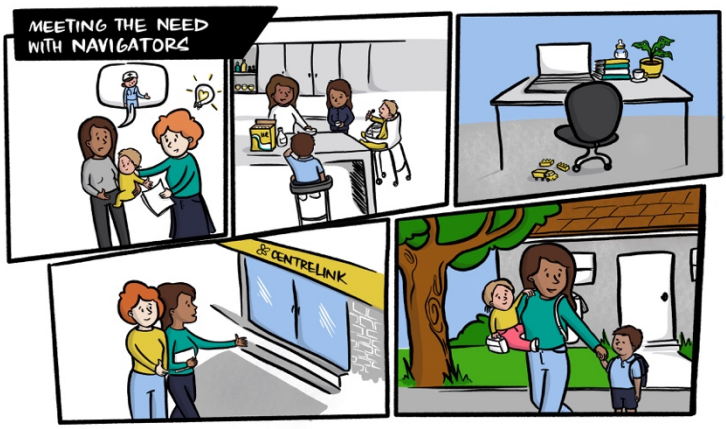

Primary prevention is meeting the holistic needs of families and children across the first 1000 days before disadvantage takes hold. Enduring primary prevention seeks to tackle the root causes of disadvantage across all sectors and guarantee optimal conditions and funding for interventions to work and create benefit. Decisions are made on the basis of intergenerational justice and future avoided costs.

While there is an extensive evidence base for the cost-effectiveness of primary prevention, it is almost always overlooked.



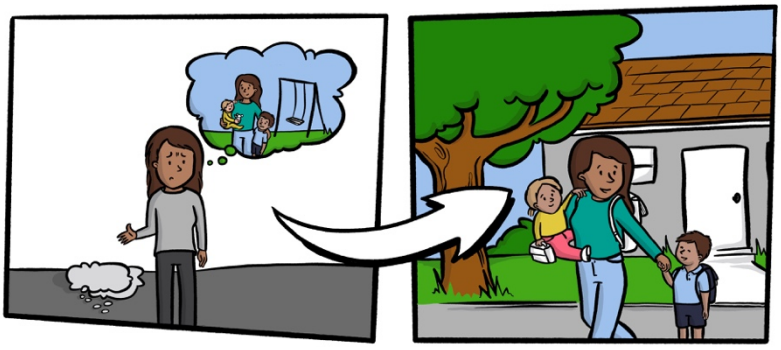

This is largely because those in the relevant systems find it hard to change established ways of doing things, despite the best intentions of public servants. And the conditions and enablers of the reforms needed to effect these changes are less commonly considered than other areas which are the subject of reform.

Research has recently quantified the economic costs of child poverty in New South Wales. The 2024 Impact Economics and Policy report, commissioned by the NSW Council of Social Service, found that child poverty costs the NSW economy approximately $60 billion annually, 7.6 percent of the state's Gross State Product. The report highlights the far-reaching consequences of child poverty, including reduced educational attainment, poor health outcomes and diminished workforce participation, which perpetuate cycles of disadvantage and lead to significant social and government costs.

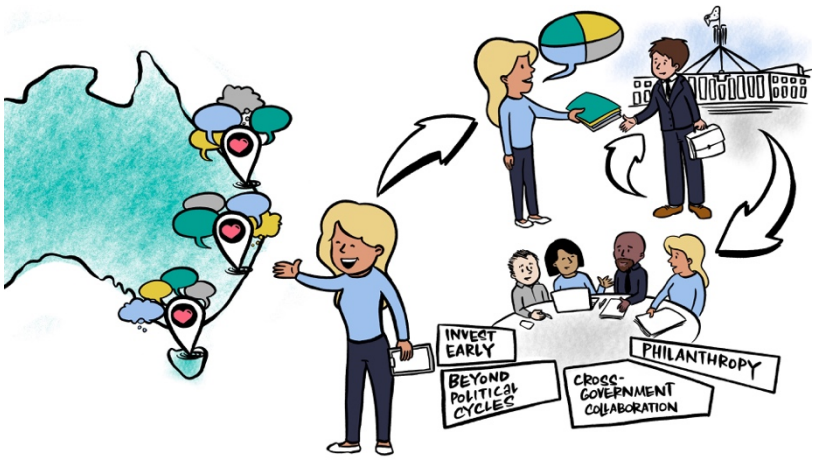



A strengths-based approach to reimagining service systems must also be grounded in primary prevention – creating the conditions that support children, families and communities to thrive from the earliest stages of life. This means moving beyond reactive models and investing in the social, cultural and relational foundations that protect against disadvantage before it takes root. The early years are especially critical, and there is growing recognition that culturally safe, community-led approaches during this period can transform lifelong outcomes – not only for individuals, but across generations.

This framing is reinforced in *How Australia Can Invest in Children and Return More* (Teager, 2019), which highlights that the most effective and equitable returns come when investment is made early and in the systems that wrap around families, not just in individual interventions. Embedding prevention at the system level is essential to unlocking the full social and economic potential of early childhood investment, especially for families facing intersecting forms of disadvantage.



A key part of this preventative lens involves understanding and addressing the mental models – the deeply held attitudes, beliefs and assumptions – that shape how services are designed and delivered, and how families partner with them. As highlighted by the Early Years Catalyst, these mental models can inadvertently reinforce exclusion, stigma, or mistrust, particularly when they reflect dominant norms that fail to value or understand Indigenous worldviews and family structures (Finlay-Jones, 2024).




In Australia, important work is underway to explore these mental models through a partnership with the Frameworks Institute, including research that specifically examines how First Nations families experience and interpret early years systems. By identifying the norms and narratives that may prevent families from accessing the support they need – and reframing those narratives to better reflect community strengths, cultural values and aspirations – this work aims to shift the way early years services are understood, communicated and delivered.


This approach complements the broader goals of system transformation under the *Closing the Gap* Priority Reforms, including support for Aboriginal Community-Controlled Organisations' services (SNAICC, 2024). By changing not only the structure of services but also the underlying beliefs that shape policy and practice, we can create a more enabling environment where all families are seen, valued and supported on their own terms.

When primary prevention is applied to complex public health challenges, success is dependent on clear root causes being identified, causal structures being determined, and the design and implementation of interventions that can manage complexity. Insights gained from implementation science relating to complex interventions in health are yet to be applied systematically to areas of social policy.

Primary prevention relies on analytical approaches that identify factors in an individual or community's experience influencing better or worse outcomes. The use of integrated data sources, combined with advanced analytical techniques such as Bayesian network modelling, enables a nuanced understanding of the complex causal pathways underlying health and social issues. For example, Zhu et al. (2023) employed Bayesian network modelling to uncover key determinants of childhood obesity, highlighting how socioeconomic factors and parental education contribute to outcomes. This approach exemplifies how synthesising diverse data and applying sophisticated methods can enhance preventative health strategies.

## Proactive systems

In social policy, Hilary Cottam OBE, a British social entrepreneur, has been an advocate for rethinking social systems. In *Radical Help: How We Can Remake the Relationships Between Us and Revolutionise the Welfare State* (2018), Cottam presents the findings from 10 years of multidisciplinary action research "experiments" to detail the areas of the original welfare state that were not designed to meet humans where they are. For Cottam, the welfare state is a wondrous post-War invention but is unable, as a "management state" to bear the challenges of complex modern life (twenty-first century problems, care, modern poverty) and associated needs (2018, 21–46).

The solution, Cottam contends, is not to manage need but to build people's capability. This is capability in the normative sense defined by Amartya Sen and Martha Nussbaum which involves an individual's actual capabilities to achieve a life they value and have reason to value (Sen, 1999; Nussbaum, 2013). As a social designer, Cottam's solution focuses on the human in systems, enabling them to "grow their own capabilities: to learn, to work, to live healthily and to connect to one another" (2018, 18). That is, what Sen understood as "conversion factors" that determine how people can convert their beings and doings (or capabilities) into outcomes (Sen, 1992, 9–21). Through small-scale social design experiments, Cottam established how people's agency was improved, and what supports were needed to make this happen, just as they were able to secure positive outcomes to complex challenges. And the state saved money through a reduction in the cost-of-service delivery and future cost savings.

For example, in Swindon, the cost of the state managing the needs of 100 families was estimated to be £31 million a year, a conservative estimate of £170,000 per family excluding indirect costs for the system that surrounded them (Cottam, 2018, 60-61). By contrast, the "Life teams" that were designed to support the capabilities of families cost £19,000 per family for an 18 month period, and helped to avoid costs such as successfully negotiating the suspension of eviction orders (£66,000) and a child who was about to be removed was able to stay with their family (£130,000) (Cottam, 2018, 79, 66).

Measuring the reduction in cost-of-service delivery and future cost savings is one measure. A possible alternative would be to reframe spending as investment in human capital and in social

infrastructure in the sense that government spending is on an asset, whose value accrues over time and has the potential for positive externalities (Himmelweit, 2025). And where "social infrastructure" includes "the policies, resources, and services that ensure people can participate in productive social and economic activities" not just the physical assets used by public services (Gould-Werth, 2023). This is consistent with emerging economic frameworks that integrate market participation with public value creation, as seen in the Treasurer Jim Chalmers' articulation of values-based capitalism in 2023 (Chalmers, 2023).

In *Radical Help*, Cottam demonstrated how the state's most "radical help" could be provided by citizens themselves, shifting from a reactive social welfare system that is transactional to one that is focused on relationships and has the potential to be responsive. There is, importantly, a need to also account for structural inequalities and the barriers they create for citizens to be able to exercise their agency. We will return to this shortly. Practical examples of citizens exercising their agency, providing "radical help" for themselves and others, could include peer-to-peer support models and universal parenting programs in late pregnancy and early parenthood.

### Peer-to-peer support models

Peer-to-peer models are a powerful way to build trust and foster community support. These models allow individuals who have shared similar experiences to guide and support others, creating strong, relatable networks. These can include forms such as:

- Peer mentoring programs: Peer mentors, particularly those who have been through similar challenges like young and first-time parents, can offer guidance and emotional support to families during late pregnancy and early parenthood. This model is especially valuable for disadvantaged families who may feel isolated or marginalised.
- Peer-led parenting support groups: Support groups led by peers who have navigated similar experiences can offer a safe space for new parents to share advice, discuss challenges and receive emotional support. These groups can help reduce the stigma around seeking help, especially for first-time parents or those from disadvantaged backgrounds.

### Universal parenting programs in late pregnancy and early parenthood

Universal parenting programs during late pregnancy and early parenthood are crucial in ensuring that all families have access to the resources they need for successful parenting. These programs can help build strong foundations for children during the first 1000 days of life, which are critical for their development:

- Parenting education: Programs designed to educate expectant parents and new parents on child development, health and parenting techniques can significantly improve long-term outcomes for children. These programs could include topics such as infant care, safe sleep practices, feeding and understanding developmental milestones.
- Access to support networks: Universal parenting programs can also connect families with support networks, providing access to health services, social services and

parenting groups. By offering these programs universally, regardless of socioeconomic status, the government can ensure that all parents have the knowledge and tools they need to provide the best care for their children.

- Early interventions: By providing universal parenting programs during pregnancy and early parenthood, families can receive early interventions for challenges like maternal mental health issues or breastfeeding difficulties. These early interventions can prevent long-term negative outcomes for both parents and children, ensuring better mental and physical health for the entire family.

These all must integrate an incremental reform approach so that we are creating a system that works for all families and meets the needs of families experiencing disadvantage.

Peer-to-peer support models and universal parenting programs exemplify proportionate universalism by providing universal access to services, while scaling support based on need. Peer-led initiatives build trust and engagement across all groups but offer particular benefit to marginalised families through relatable, targeted support. Similarly, universal parenting programs ensure all parents receive essential guidance, while enabling early, intensified interventions for those facing greater challenges. This approach promotes equity by improving outcomes for the most disadvantaged, without stigma, while strengthening support systems for all families.

The challenge in social policy is how to enable human agency and responsiveness to be scaffolded, forming the basis of and providing the direction for a proactive system that can deliver what society values. We argue that taking a proactive systems approach needs to scaffold a human-centred approach in three key ways:

1. Enable observation of more than one outcome variable, or multivariate assessment, of activities that give rise to wellbeing (Sen, 1999).
2. Interpret and make this evidence available to people with lived experience to undertake social design of complex interventions, building capacity and community nurture.
3. Enlist not only multi-sectoral but intersectoral actors and action.

However, points (1) and (2) can only lead to (3) if evidence-generating processes are integrated into systems changes that move towards (3). Since the gap is not merely a knowledge gap, ‘enlisting’ must encompass not only the development of an evidence base but also vision holding and social accountability for outcomes.

# IV. Why don't we already have a coordinated, interdepartmental and cross-sectoral approach to primary prevention?

In 2023, the SEED Advisory Council met for a fourth time to consider why Australia does not have a collaborative and enduring approach to primary prevention of disadvantage for children and their parents. Over the course of day, the Advisory Council was further informed by written materials and those in attendance including experts with lived experience, policymakers, academics and attendees with a whole-of-system view (see Attachment 1). Together, the Advisory Council agreed on a statement of the problem, what holds 'the problem' in place and key components of what we could do to solve the problem. These are summarised below. SEED Futures then convened a subsequent policy roundtable, with participants from 10 Commonwealth Government Departments and two state governments to further test and refine these.

## Problem statement

All families need resources, opportunities, connections and services for a healthy future. Families who benefit the most from support are the ones more likely to miss out, perpetuating intergenerational disadvantage.

## What holds the problem in place?

The current system that supports families and children in the early years is shaped by entrenched attitudes, values and norms that often prioritise economic participation over caregiving. Accessing services typically requires navigating complex systems that demand a high level of functioning, which can inadvertently exclude those most in need. The fragmentation of responsibility across multiple agencies and tiers of government further complicates service coordination and accountability. Funding arrangements are frequently shaped by departmental governance structures rather than being responsive to the actual needs of families, limiting flexibility and innovation. Moreover, the system is constrained by short-term thinking, with limited vision or commitment to long-term, rigorous evaluation that could guide sustainable reform. Service providers often face precarious short-term funding cycles, diverting time and resources away from service delivery toward securing ongoing support. Collectively, these structural issues undermine the effectiveness and equity of the system, particularly in supporting families during the critical first 1000 days of a child's life.

## Solutions

To drive meaningful and sustainable reform in early childhood systems a strategic, evidence-informed investment case must be built by analysing both the immediate costs and long-term

savings, including intergenerational impacts. This requires a shift in how budget options are assessed, incorporating second-order effects and long-term benefits, and doing so across both state and federal levels of government. Policy development should be grounded in the lived experiences of a diverse range of parents, ensuring that services are designed to meet real-world needs and build family and community capacity. Equally, the insights and expertise of frontline workers – those delivering services within communities –must be harnessed to inform and lead system-level reform efforts. A combination of incremental policy reform, alongside universal, life stage and place-based strategies is essential to create a system that is both responsive and enduring. Together, these approaches contribute to a more integrated, equitable and outcomes-focused framework for supporting children and families.

Through this work and subsequent convenings and meetings with thought partners, SEED Futures identified the conditions and enablers required to create a National Primary Preventative Framework.

# V. Conditions for a primary preventative framework

We use “conditions” to refer to the broader structural, social, political or economic contexts that shape how a system functions. They are often pre-existing, slow to change and not directly within the control of any single program or intervention, reinforcing the importance of roundtable participants representing the breadth of the system. Conditions set the environment in which policies are implemented. We can think of these conditions as the ‘rules of the game’ as they define the landscape but are hard to shift quickly.

## 1. Vision

A long-term societal vision represents the underlying values, aspirations and priorities that guide the direction of a society or policy system. It provides the foundational context in which policies are conceived, developed and implemented. Typically articulated through high-level strategies or generational goals, this vision is slow to shift and deeply embedded in political and cultural narratives. By influencing what is viewed as important or urgent, it shapes the scope and direction of potential reforms, acting as a structural condition within which systems operate.

In a rapidly changing world, effective governance hinges on a vision that connects the state with the aspirations of its citizens. The World Bank’s World Development Report (1997) famously underscored the importance of such a vision, noting that effective governance requires proactive, future-oriented policies.

The SDGs are a paradigmatic example of a long-term societal vision embedded within global governance structures (United Nations General Assembly, 2015). Formulated through extensive international negotiation and consensus, the SDGs articulate a normative framework that reflects widely shared values and aspirations concerning human wellbeing, equity, and environmental sustainability. As such, they serve not merely as a set of policy objectives but as a guiding vision that shapes the strategic orientation of national and international policymaking. By institutionalising these priorities across diverse contexts, the SDGs influence the perceived legitimacy and urgency of specific reforms, thereby operating as a structural condition that informs the development, implementation and evaluation of policy interventions over time. Adopting a NPPF could form a part of how Australia is tracking to meet the SDGs, including the first goal which seeks to “end poverty in in all its forms,” so that “no one will be left behind” (UNGA, 2015, 2, 15).

In a domestic system where political leaders are bound by election cycles, it becomes challenging to develop and implement long-term plans that extend beyond the next election. This creates a persistent tension between short-term commitments and the need for enduring, aspirational goals for the wellbeing of families and future generations. Aboriginal and Torres Strait Islander people’s cultures reflect this – being connected to Country and returning to

Country, with all passing through and being connected parts of an ecosystem, as custodians for the next generation.

Despite these challenges, the Commonwealth and state governments, with other key actors in the system must come together to create a clear, unified and long-term vision for families, children and future generations. Without such a vision, the social policies of today may fail to address the root causes of disadvantage, leaving families and communities to face ongoing struggles with no meaningful path forward.

A long-term vision is essential because it creates hope, a powerful motivator for societal progress. When children see that their society is committed to providing them with opportunities – whether through education, healthcare, or social safety nets – they develop aspirations for their own futures. This brings us back to Bernadette Black's experience in Centrelink and on the bus.

According to UNICEF (2019), when families are supported by a government-driven vision, particularly before disadvantage takes root, it empowers children to dream big. This hope for the future becomes the bedrock of social cohesion and economic mobility as children and families are not merely surviving but aspiring to achieve their full potential.

For families, especially those who face socio-economic challenges, a vision that prioritises their wellbeing offers them something invaluable: the belief their dreams are attainable. This belief not only boosts self-confidence but also fuels collective action, as empowered individuals and communities contribute to the progress of society. It's a system where everyone plays a role in shaping the future.

Breaking down silos within government is crucial for developing a unified vision across the Commonwealth, encompassing both Federal and State levels. When all tiers of government collaboratively embrace a shared vision that prioritises children, families and future generations, it provides families with the confidence and support needed to overcome challenges and realize their full potential in Australia. This vision should be complemented by incremental actions that ensure aspirations are translated into tangible experiences. This is important to demonstrate how the vision is being implemented in a way that is bringing about measurable and felt benefits. This shared vision could leverage or align with the Early Years Strategy's vision. Establishing an independent authority or mechanism within the government structure could serve as the optimal instrument to oversee and facilitate this collaborative and evaluative process, towards meeting the vision.

## 2. Addressing lack of trust

When needs have not been met, some families experience the conditions of a system as being characterised by a lack of trust. Trust enhances the relationship between communities, service providers and governments, improving engagement, policy uptake and long-term impact. When systems are transparent, responsive and accountable they foster confidence among users particularly in communities that have historically experienced exclusion or systemic failure. This, in turn, strengthens collaboration, facilitates co-design and supports better implementation of policies and services. Unlike structural conditions that are often difficult to

shift, trust can be built through intentional action, making it a powerful lever for driving system change.

There has been a recent, noticeable global decline in trust in democracies and their institutions. Senator the Hon. Katy Gallagher, while Minister for the Public Service, highlighted this concerning trend in her first term, noting that "winning back people's trust is a key challenge facing our government and its institutions" (Gallagher, 2022). This is not just a political issue but one that goes to the heart of the functioning of democracy itself. Trust between a government and its citizens is fundamental for a stable and prosperous society. Trust is "a confident relationship with the unknown" (Botsman, 2018, iii). This relationship forms the foundation of social cohesion, effective governance, economic growth and the protection of individual rights. Without trust, systems risk fragmentation and Australia's democratic values and institutions can be undermined. Therefore, rebuilding trust is critical for ensuring the long-term stability of the nation, especially during times of crisis or change.

Trust is deeply intertwined with inequality and social dynamics. For the most disadvantaged, trust in government and institutions is often eroded when they feel left behind or marginalised. When people experience economic or social hardship, they may perceive government institutions as unresponsive or, worse, as perpetuating inequality. This is especially true for those who have experienced childhood or adult trauma or exclusion, such as parents whose children have been placed in out-of-home care, a situation that only deepens the mistrust in government institutions. We also know that the effects of trauma are compounding and can ricochet from childhood into adult life (Springer, 2003).

The relationship between trust and inequality has been further examined in Australia through the inaugural OECD survey on the Drivers of Trust in Public Institutions. This new tool measures government performance on reliability, responsiveness, integrity, fairness and openness. According to the survey, disadvantaged groups – those with limited access to opportunities – report significantly lower levels of trust in government. These findings are crucial for Australia, which is striving to address the root causes of disadvantage and inequality. The OECD emphasises the need for countries to urgently reinvest in rebuilding trust to tackle the policy challenges ahead.

Without trust, the policies designed to address disadvantage will falter and the very systems that aim to support society will continue to fall short. In order to move forward, Australia must confront these challenges and begin the work of restoring trust in both government and its institutions.

## 3. Providing hope

Hope fosters a belief in the possibility of progress and motivates collective action. It supports a future-oriented mindset, encouraging persistence and resilience in the face of complex or slow-moving reform. Particularly in communities that have experienced sustained disadvantage, cultivating hope can play a critical role in reengaging people with services and policy processes. When embedded in reform efforts, hope not only builds momentum but also strengthens the relational foundations necessary for long-term, collaborative change.

Hope is an incredibly powerful motivator, not only for individuals but also for entire communities and societies. As Kotter (1996) notes in his work on change management, the encouragement of collective effort through hope can galvanise action, at scale. When a government presents a vision that resonates with the aspirations and dreams of its people, it has the potential to unify them in a shared purpose. This sense of hope can ignite a collective desire to participate, contribute and work towards societal progress. People are more likely to put in the effort when they believe that the goals of the government align with their personal values and aspirations for a better future.

For families, hope is even more crucial. When families have a vision for the future that includes tangible opportunities for growth, they are more likely to invest in their own development and the development of their communities. Hope for the future encourages families to believe that their dreams are achievable, which in turn motivates them to partner more actively in society. This hope strengthens their sense of social and economic empowerment, allowing them to support each other and contribute to the greater good. Without this belief, families can feel disconnected and disillusioned, and they may struggle to see the value in participating in community efforts or contributing to societal progress.

This sense of hope is vital for promoting social cohesion. When families see that they can not only survive but thrive in the future, they are more likely to work together toward a common good. The collective efforts of individuals and families create a ripple effect that strengthens the fabric of society as a whole. Social cohesion leads to stronger communities, where people collaborate and support each other, making it easier to address social challenges and create a more just and equitable society.

Furthermore, hope also has an economic dimension. When people believe they have the opportunity to improve their lives, they are more likely to invest in education, skills development and entrepreneurship. This leads to a more productive society, with individuals contributing to the economy in ways that benefit everyone. A hopeful society is a motivated society. When citizens feel empowered, they are more likely to work hard, innovate and strive to build a better future not just for themselves, but for their communities as well.

A government that provides hope and a vision for the future does more than just offer a roadmap for progress. It ignites the collective potential of its citizens, fostering a culture of empowerment, participation and mutual support. This is why hope, as a motivator, is so critical. It is not simply about creating a vision, it is about making that vision feel achievable and accessible to all people, especially those who are most disadvantaged. When people believe in a better tomorrow and see evidence of that potential coming to fruition, they will be more likely to contribute to the collective effort to make that dream a reality.

## 4. Place-based approaches

‘Place’ is best understood as a condition as it reflects the geographic, social and economic context in which services and policies are delivered. However, when harnessed through place-based strategies, it can act as an enabler by tailoring responses to local needs and fostering more effective, community-driven solutions. This section focuses on ‘place’ as a condition. Later in this paper, we examine ‘place’ as an enabler.

Communities are unique in terms of their cultural, social, economic and geographical characteristics. Understanding these specific factors is essential for crafting solutions that resonate with and are relevant to local populations. A place-based approach ensures interventions address the real needs of the community, not just generic, one-size-fits-all solutions. When programs are tailored to a community's unique context, through a place-based initiative, they are more likely to succeed, and residents feel that the solutions are truly theirs, fostering stronger engagement and ownership.

Place-based initiatives have the potential to build:

- Local leadership: Empowering local leaders and community members can foster a sense of ownership, which is essential for the long-term success of these programs. For example, community hubs can serve as access points for services, particularly focusing on universal parenting programs that support families during late pregnancy and early parenthood.
- Holistic support networks: Creating connected support systems for families, ensuring they have access to healthcare, housing and education in a coordinated manner. This integrated approach can help to prevent issues from becoming entrenched, reducing the need for crisis intervention later. A practical example of this approach is found in Tasmania's Child and Family Centres (CFCs). These centres operate as community hubs that co-locate a range of services including early childhood education, child and maternal health services, parenting programs, and connections to housing and family support. CFCs are designed with strong community input, ensuring the services reflect the needs and strengths of the local population. Evaluations have shown that families using CFCs experience greater access to support and report feeling more confident and capable as parents. This model illustrates how integrated service delivery can not only reduce the need for crisis-driven intervention but also build stronger, more resilient families and communities.
- Remote support: For remote and rural communities, access to services can be a significant barrier. For example, remote support interventions, attached to the closest place-based node, could be provided using digital tools, telehealth and outreach programs, ensuring that even those in isolated areas benefit from preventative services.
- PLACE (2025) is currently undertaking its Roadshow and Listening Tour to better understand community needs and service gaps. As such, it is too early to determine the potential or nature of any backbone support it may provide in these settings. However, these insights will be critical in shaping future directions for integrated support in remote communities.

## 5. Closing the Gap

A commitment to 'Closing the Gap' is a high-level condition that can create enablers in the system. The National Agreement on Closing the Gap came into effect on 27 July 2020 and is a commitment from all Australian governments and Aboriginal and Torres Strait Islander representatives to fundamentally change how we develop policies and programs that impact the lives of First Nations people (NIAA, 2025, 12). The National Agreement "provides a clear roadmap of Priority Reforms to align efforts at all levels of government and different sectors to deliver better outcomes for First Nations people and communities and achieve the Closing the Gap socio-economic targets" (NIAA, 2025, 13). It is designed to influence government priorities,

funding streams, accountability frameworks and data collection practices. The National Agreement on Closing the Gap functions as a macro-level structural condition, shaping the broader environment in which reforms and initiatives are developed and implemented

There has been substantial progress in commitments made in the last Closing the Gap Implementation Plan, however, there is much work to be done. The Productivity Commission's first review of progress on the National Agreement was handed to the Joint Council on Closing the Gap on 24 January 2024. The review found that fundamental changes are needed to deliver on the Agreement (Productivity Commission, 2024b).

Aboriginal and Torres Strait Islander peoples demonstrate enduring strength, cultural vitality, and resilience despite navigating ongoing systemic challenges that continue to affect access to health, education and economic opportunity. These challenges are deeply rooted in historical and structural inequalities, including the impacts of colonisation and policies such as the forced removals during the Stolen Generations. While these events have left a lasting legacy, they have not defined Aboriginal and Torres Strait Islander communities who continue to lead with strength, maintain deep connections to culture and pass on knowledge across generations (NIAA, 2020).

To truly support thriving futures, it is essential to move beyond deficit narratives and acknowledge the interconnected systems that shape opportunity. As at March 2025, progress on several Closing the Gap targets remains mixed, with much work still to be done. For example, data indicates that Target 2 – to increase the proportion of Aboriginal and Torres Strait Islander babies born with a healthy birthweight to 91 percent by 2031 – is "improving but not on track" (Productivity Commission, 2024c). This assessment is based on data from 2017 to 2022, during which the proportion increased from 88.8 percent to 89.2 percent. Nevertheless, 89.7 percent of singleton Aboriginal and Torres Strait Islander babies were born with a healthy birthweight, according to the *Report on Government Services 2025* (SCRGSP, 2025), a strong indicator of progress driven by improved maternal and child health supports.

At the same time, perinatal mortality remains a concern, with data reporting 10.3 deaths per 1000 total births among Aboriginal and Torres Strait Islander families, compared to 8.6 per 1000 for the general population (SCRGSP, 2025). These outcomes highlight both the improvements achieved through targeted investments in maternal and child health and the continued disparities that require sustained, system-level action.

These statistics underscore the importance of addressing social and cultural determinants of health, such as access to culturally safe care, adequate housing, economic participation, and connectedness to culture and Country.

Health outcomes more broadly continue to reflect systemic inequities. For example, life expectancy for Aboriginal and Torres Strait Islander people is 8.6 years lower than for non-Indigenous Australians (AIHW, 2020), and health inequities are particularly pronounced for groups facing compounded disadvantage, including young parents and those who leave school early (PwC, 2019). These outcomes often reflect the generational transmission of social and health inequities, where structural barriers – rather than individual behaviour – shape wellbeing across the life course and across generations (AIHW, 2016).

Importantly, the persistence of these inequities is not due to a lack of strength or capability within communities. Instead, it is the result of systems that have not been designed to reflect the needs, aspirations and cultural values of Aboriginal and Torres Strait Islander peoples. The National Agreement on Closing the Gap (2020) responds to this by establishing four Priority Reform areas.

| | Priority Reform | Outcome |
|---|---|---|
| 1 | Formal Partnerships and Shared Decision Making | Aboriginal and Torres Strait Islander people are empowered to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements. |
| 2 | Building the Community-Controlled Sector | There is a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country. |
| 3 | Transforming Government Organisations | Improving mainstream institutions: Governments, their organisations and their institutions are accountable for Closing the Gap and are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including through the services they fund. |
| 4 | Shared Access to Data and Information at a Regional Level | Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally-relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development. |

These reforms represent a fundamental shift toward self-determination and strengths-based system design. They also align with the work of Hilary Cottam, Amartya Sen and Martha Nussbaum, who advocate for social systems that promote agency, human dignity and collective capability. Cottam (2018), for instance, critiques transactional welfare systems and advocates for relational, community-led models. Similarly, Sen and Nussbaum's Capabilities Approach emphasises enabling individuals and communities to live the lives they value, with access to health, education and economic security seen as foundational entitlements.

This theoretical lens is especially powerful when applied to community-led, place-based solutions, which respect cultural knowledge and enable genuine participation. It also supports calls for data systems that uphold Aboriginal and Torres Strait Islander control and governance. As outlined in the Framework for the Governance of Indigenous Data (NIAA, 2024), true progress requires data sharing that respects both privacy and community ownership, ensuring that information is used to advance community-led priorities rather than merely serving institutional requirements.

Ultimately, the way forward lies not in managing disadvantage, but in making the fundamental adjustments needed to Close the Gap: redesigning systems to amplify strengths, embed culture and transfer decision-making power to communities. Aboriginal and Torres Strait Islander peoples have always had the knowledge and capacity to lead solutions. What is needed now is for systems to genuinely enable and resource that leadership. When policies are built in partnership with Aboriginal and Torres Strait Islander communities and reflect their aspirations, they uplift not only Aboriginal and Torres Strait Islander people, but create more just, responsive and effective systems for all Australians.

## 6. Incremental reform

The Incremental Reform Catalogue (IRC; see Attachment 2) developed by SEED Futures is an innovative approach to gradually reform systems to better meet the needs of families, particularly in the critical first 1000 days of a child's life. The intent of the catalogue is to capture descriptions of effective programs that could be implemented. This tool is designed to address systemic issues and ensure services and supports align with the real needs of families, providing a pathway for incremental change that prioritises inclusivity and responsiveness. The IRC is one incremental reform instrument that could be linked to an evidence bank that would provide a robust way of verifying effectiveness against agreed, measurable outcomes.

We envisage the IRC will:

1. Listen to and record families and communities' stories about their interactions with the system, their challenges, opportunities and recommendations to meet needs better
2. Design the evaluation mechanism in community, as well as identify future avoided costs for each recommendation
3. Translate these stories into broader, holistic policy stories of families, that clarify which government departments or mechanisms are responsible to meet the recommendations
4. Be tabled with the authorising environment, across the Commonwealth and relevant states each of whom would play an important role, to determine policy actions needed across differing departments to action the incremental recommendations
5. Listen to and record families' and communities' stories about how the actions have met family's needs early, enabling them to flourish. This would function as a looped system, informing identification of new opportunities and recommendations for incremental reform.

The IRC places families at the heart of reform, focusing on ensuring that the right support is provided at the right time, in the right place and in a way that values individuals without judgment. By identifying which government departments are responsible for implementing changes, the IRC provides a clear roadmap for reform, complete with estimated costs, long-term savings and timeframes. These changes may not always require financial investment. Instead, they could focus on adjusting the timing, environment or approach of services to better meet families' needs. For example, shifting from a deficit-based model to a strengths-based approach could yield significant improvements without additional costs. This is because it focuses on the existing strengths of families rather than perceived deficits, invites families and communities to take an asset-based approach and build capabilities rather than managing needs. Where focusing on families' priorities is not achieving agreed, measurable outcomes,

options for reform which would increase responsiveness to individual circumstances could be developed for the IRC.

SEED Futures, in partnership with expert co-designers from its advisory, has developed an approach for communities in Tasmania and will expand these learnings to partners in New South Wales and Queensland in 2025. By closely engaging with families and communities, especially those with lived experience, the initiative gathers insights from the ground to inform systems change. The IRC is not just a tool for reform but a way to measure success. It could also contribute to frameworks like Treasury's Measuring what Matters as it reports national level data and Tasmania's Child and Youth Wellbeing Framework, as well as indicating future avoided costs. The IRC's outcomes could align with the Early Years Strategy's outcomes. Although these frameworks have quite different indicators, those relevant to the delivery of the IRC would be selected.

The ability to assess the impact of reforms on both families and governments makes the IRC a powerful instrument for driving long-term positive change. It is important to note that these frameworks have different and complementary indicators, reinforcing the necessity of measuring against a broader national vision to ensure we are creating a healthier society for all families in Australia across the first 1000 days, as well as learn and share. SEED Futures recommends how we can coordinate and disseminate information, learnings, success and challenges through an intergovernmental instrument, discussed in the recommendations.

The Tasmanian model, developed through this work, is proposed as a blueprint for replication in other LGAs, particularly those with high levels of disadvantage and has begun in May 2025 with the convening of the first Kingborough Community Round Table. The model's strength lies in its holistic, systems-based approach, which reflects Bronfenbrenner's ecological systems theory (1979). Bronfenbrenner conceptualised child development as occurring within nested, interrelated systems from immediate family and caregivers to broader societal influences such as policy and culture. This theory underpins The Nest, developed by the Australian Research Alliance for Children and Youth (ARACY, 2013), which positions children and young people at the centre of a network of influencing environments, including their families, communities, services and societal systems.

The Nest framework guides the Tasmanian model by emphasising that outcomes for children are shaped by the quality of interactions across all these systems. Within this ecosystem, both universal and targeted supports are essential. The Integrated Review of Children focuses on enhancing these supports, especially during the critical first 1000 days of a child's life. The Incremental Reform Catalogue – which has commenced as a trial in Tasmania – is being further developed through SEED Futures convenings, reinforcing the importance of collaborative, place-based approaches in creating responsive local ecosystems that support children and families.

The IRC reflects insights gained from community consultations, including a SEED Policy roundtable in November 2024, attended by senior public officials from across the Commonwealth and state governments. The discussions at this roundtable highlighted several important points for advancing the IRC and embedding it into a NPPF. For instance, it was noted that barriers such as transport issues or administrative limitations often hinder access to services, emphasising the need to identify hidden barriers at the community level. Additionally,

the importance of the first interaction families have with government services was stressed, with suggestions to ensure these interactions are positive and supportive from the outset.

Participants from the SEED Policy Roundtable also recognised that past negative experiences with government, such as involvement in the child protection system, can make it difficult for some individuals to partner with authorities. This erosion of trust highlights the need for a more empathetic and understanding approach to service delivery, one that avoids stigmatisation and builds confidence. Identifying and addressing these systemic barriers – such as gender bias, lack of continuity in successful preventative programs, and administrative hurdles – are all part of the incremental reform process.

While one reform may not be revolutionary on its own, many small, well-targeted changes can create lasting improvements. This incremental approach allows the system to absorb change at a manageable pace, while addressing the root causes of disadvantage and inequality. Through the IRC, the aim would be to shift the focus from a top-down, government-centric view to one that centres on the lived experiences of families, creating a more responsive and effective system of support.

The intent of the IRC would be to improve collaboration between state and federal governments, and also between government departments, to better identify opportunities, quantify potential impact and improve data sharing. In addition, improved linkage of data sets between state and federal governments would support a shared-evidence base in the near future. Small test cases developed through a partnership between states and the Commonwealth could provide a very important step towards more joined-up practices and interventions. As an approach, this aligns with the successful policy entrepreneurship led by Hilary Cottam.

# VI. Enablers

Enablers are factors that help drive or support change within a system. They can function as accelerators of reform as they are often more able to be influenced or actioned than other parts of the system and can be leveraged to improve implementation, policy uptake or system functioning. Focusing on the enablers is an active approach that can unlock potential and support system reform.

## 1. Place

While a focus on "place" is not a silver-bullet, a realistic and appropriate focus on place can provide boundaries to a challenge and increase attentiveness to communities, their particularities, strengths and assets (Geatches, 2023). By centring Aboriginal and Torres Strait Islander people's commitment to Country a focus on place can recognise the deep connection between people, culture and land – and help us learn to care for places and communities in more respectful and meaningful ways. We see a focus on place and Country as a key enabler for a NPPF.

The current development of the IRC by SEED Futures focuses on place-based service delivery and is already working with LGAs in Tasmania with diverse populations that include high rates of disadvantage to finalise the approach and first pilot sites.

A community roundtable was held in the Local Government Area of Kingborough in May 2025, with 22 attendees, representing local organisations, including the Child Family Learning Centre, the Neighbourhood House, library, Salvation Army, Kingborough Council, women's and children's shelter, child care centres, Department of Social Services and the B4 Early Years Coalition (an instrument of the Tasmanian Government), alongside academics and data analysts from the state government. Kingborough is the second largest growing municipality of Tasmania and has pockets of entrenched disadvantage and government housing, growing refugee and immigrant populations, alongside other diversities of community. This community does not experience engagement fatigue and was selected using a weighted rubric-based approach that considered all 29 local government areas in Tasmania. Initial engagement has been very high.

The now reasonably common focus on place as an enabler of systems change has been hard-won. Most social policy and attendant social services have traditionally been designed centrally by government, characterised by a high modernism that removes the particularities of the 'local.' Shifting these ways of seeing the world and developing policies and government programs has, in many instances, taken local leadership trying different approaches where centrally designed approaches have failed. These forms of local leadership have included formation of Land Councils and some actions related to Closing the Gap, as well as approaches to collective action. There is now a wide spectrum of place-based approaches that draw on community leadership, strengths and assets to achieve a diverse range of social policy goals and provide services.

Previous federal government approaches to place have been accelerated through the landmark $200 million commitment in the 2023-24 Federal Budget to address disadvantage through an integrated package of programs that reinforce the significance of place as an enabler. Partnerships for Local Action and Community Empowerment (PLACE) was established as an independent not-for-profit supporting community-led, place-based approaches to address social and economic challenges in communities and disrupt entrenched disadvantage (DSS, 2025a).

PLACE will pursue key objectives to strengthen the effectiveness of place-based approaches. Through development of a workforce strategy, it will support place-based initiatives to build long-term capability to support the delivery of these approaches. PLACE will also promote the exchange of relevant research, tools and practices while facilitating collaboration to address systemic challenges of national significance and advance data practices that enable initiatives to access and use information effectively. In addition, PLACE will advocate for policy and funding settings that align with place-based work and support communities to accelerate progress on their locally identified priorities.

Learnings from SEED's IRC could be disseminated through PLACE, to strengthen other LGAs across Australia. PLACE could also share policy themes with SEED Futures that will further assist the sharing of stories to influence authorising incremental change.

## 2. Lived experience

Lived experience is increasingly recognised as vital to effective and inclusive policy development. When embedded in governance and coordination structures, it enhances the responsiveness, legitimacy and coherence of services (Bessell, 2022; Opie, 2023).

Lived experience refers to the personal knowledge and understanding individuals develop through direct involvement in day-to-day life, particularly in relation to challenges such as poverty, trauma or marginalisation (van Manen, 1990). It captures how people make meaning of their circumstances and how these experiences shape their identities, decisions and interactions. Unlike abstract or theoretical knowledge, lived experience reflects the nuanced, emotional and social realities that individuals navigate (Munro, 2011). In policy and community practice, recognising lived experience is increasingly viewed as essential for designing responsive, inclusive and effective interventions (Beresford, 2013). Drawing on lived experience supports co-design, participatory research and strengths-based approaches by shifting power to those most affected and enabling systems to reflect real-world needs and priorities (Bovaird, 2012).

SEED Futures emerged from lived experience. As demonstrated earlier, the lived experience evaluation, *The Supporting Expecting and Parenting Teens (SEPT) Trial* (Bakhtiar, 2021), identified key values and characteristics as: a collaborative approach, responsiveness, documenting progress and outcomes, and celebrating achievements.

Effective policy development and implementation must integrate the voices of those with lived experience to ensure that policies are relevant, effective and trusted by the communities they serve. Engaging individuals directly affected by social issues throughout the policy process – from design to evaluation – enables the creation of people-centred solutions that build trust,

reduce inequality and deliver sustainable outcomes. Here, we consider an important condition to be engaging with people with lived experience as adults parenting or caring for very young children experiencing disadvantage, as well engaging with children who experienced disadvantage when they were very young. The work of Professor Sharon Bessell and the Crawford School of Public Policy demonstrates the ways in which poverty can be rethought when it includes children in research (Bessell, 2022; Bessell, 2020).

To facilitate meaningful participation of individuals with lived experience, it is essential to build their capabilities to engage in governance and management roles. However, governments must invest both in developing public servants' skills and knowledge and in individuals with lived experience (including where there is an overlap between both groups) to contribute effectively to policymaking processes, drawing on such experience. This approach not only empowers communities but also ensures that policies are more attuned to the needs of the populace.

A sustained commitment to primary prevention signals to the public that the government prioritises long-term wellbeing over short-term political gains. Such dedication builds confidence and trust among citizens, as they perceive a genuine investment in addressing systemic issues.

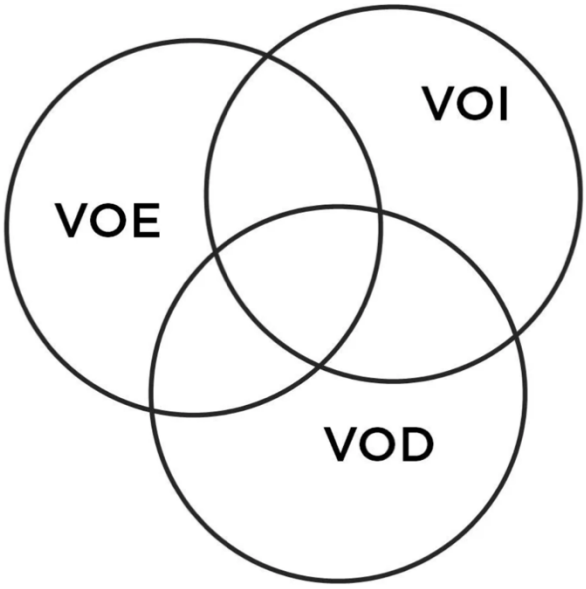
Partnering with individuals who have lived experience through storytelling will be a critical enabler of system reform. This approach not only enhances the authenticity and relevance of policy and service design but also fosters deeper understanding among decision makers by humanising complex issues. It also helps decision makers disseminate actions for incremental reform across their teams, which can often be a challenge. Storytelling enables policymakers and practitioners to engage with the nuanced realities of those directly impacted by the system, thereby promoting empathy, accountability and responsiveness. When embedded within reform processes, these narratives can incrementally challenge entrenched assumptions, shift institutional cultures, and guide more equitable and effective change. As such, the intentional inclusion of lived experience is not simply a participatory exercise, but a strategic mechanism for building more inclusive, transparent and adaptive systems.

## 3. Interdepartmental collaboration

As the design thinking firm Second Road framed, partnership with people with lived experience must extend beyond seeking their "voice of experience" to include partnership in governance and coordination. There are opportunities to seek the "voice of intent" and the "voice of design" (Stillman, 2015).

Applied here, this means people with lived experience should be involved from start to finish in governance and coordination, providing voices of intent and design so that the framework and its delivery can benefit, as a whole, from their experience.

Figure 2. Voices of Experience, Intent and Design (Stillman, 2015)




Given its national significance, it would be beneficial for the development and delivery of a National Primary Preventative Framework to be considered as a program of work within National Cabinet or between States and territories in collaboration with one another, potentially involving a Ministerial Council. This would provide the initiative with a platform for fostering intergovernmental cooperation. If it were a program of work within National Cabinet, by tasking First Secretaries, National Cabinet would be able to guide the progression and reporting of this high-priority, cross-portfolio issue effectively. Alternatively, this role could be played by a Ministerial Council.

The Federal Treasurer could request that the Productivity Commission (or other relevant body) design a sustainable, long-term funding mechanism, considering the potential savings through identifying unit costs across jurisdictions. These and other related considerations will be discussed further in the following sections on evidence and funding enablers.

SEED Futures would play a key role in bridging the intergovernmental program of work and the Productivity Commission (or other relevant body), maintaining the overarching vision and ensuring social accountability. The Sydney Policy Lab at the University of Sydney would provide additional support to the work of SEED Futures, strengthening its impact.

Within an eventual intergovernmental program of work, if this were to eventuate from our recommendations, it would be important to consider a range of governance and coordination issues. These would go to questions about how provision of universal services might be reconsidered and targeted (such as though universal proportionalism) and place-based interventions made.

First, this could include implementation of integrated institutional arrangements, which could serve to enable coordination across portfolios, delivering for children, families and future

generations, such as has been achieved in Wales under the Future Generations Commissioner (Future Generations Commissioner for Wales, 2025).

Second, this could include reassessment of delivery of universal services by reevaluating the timing, environment and delivery methods. For example, initiating services like Centrelink during the last trimester of pregnancy in areas with high disadvantage can prevent delays in necessary support post-birth. Collaborations with organisations such as SEED Futures have shown promise in exploring innovative delivery methods to better serve those in need.

Third, this would then require rethinking how government operates and holds and is held accountable, when more targeted approaches by government are justified.

## 4. Funding

Funding matched to the horizon for prevention and intergenerational change, as well as the outcomes being sought is an essential enabler. This is particularly important given the challenges in coordination and the way in which programs will incur cross-sectoral co-benefits. We consider that securing twenty years of funding for a National Primary Preventative Framework will unlock opportunities in ways that are not possible with current funding.

Our interest in a fund for primary prevention came from our experience at Brave Foundation in 2016 as a grantee under the Commonwealth's Try, Test and Learn Fund. Brave was awarded a grant for the Supporting Expecting & Parenting Teens (SEPT) program, as previously noted. SEPT assisted young parents and other cohorts at risk of long-term welfare dependency into employment. This grant for policy and service innovation allowed Brave to achieve a number of significant outcomes at a critical time for the organisation including trialling eight young parent hubs across Australia and an independent evaluation with 364 participants and their children. However, the risk of innovation was borne by Brave as a small not-for-profit with frontline workers' salaries to pay. After facing several funding cliffs, it became clear that, for us, addressing complex challenges, such as assisting young parents into employment, needs more reliable, longer term and responsive funding backed by a more comprehensive strategy for investment in people's capabilities.

In 2015, the reference group's report on welfare reform to the Minister for Social Services, "the McClure Review," recommended an investment approach that:

> targets resources upfront to build capacity and pathways for jobs for disadvantaged groups. This reduces the future liability associated with group members becoming long-term income support dependent. (DSS, 2015, 121)

The report also noted that:

> Early intervention is a critical feature of an investment approach and involves targeting services and interventions to people at risk of becoming long-term reliant on income support. There is strong evidence that early intervention is effective in preventing social problems, breaking the cycle of intergenerational disadvantage, and in making long-term savings in public spending. This approach is widely recognised across the

> Organisation for Economic Co-operation and Development (OECD) and the European Union (EU). (DSS, 2015, 121)

In 2017, the Productivity Commission recognised the significance of long-term funding which gives, "more stability for providers but also for the people who get the services, because it takes time to build up trust to be able to benefit from that investment" (Productivity Commission, 2017, 47–48; House of Representatives, 2018).

And in 2019, the House of Representatives Select Committee on Intergenerational Welfare Dependence inquiry identified the issues related to short-termism when it comes to funding and recommended long-term funding commitments be made:

> Shorter-term funding contracts (often described as less than five years) and project cycles were consistently identified as limiting the ability of service providers to make long-term commitments. The Committee recognises this is significant and considers that short-term funding has a detrimental impact on the quality of welfare programs. The Committee considers that creating intergenerational change can require planning and implementation on 'intergenerational time frames' in order to support families through key transition periods (20+ years). (House of Representatives Select Committee on Intergenerational Welfare Dependence, 2019)

In the 2024 Federal Budget, the Government announced a $200 million *Entrenched disadvantage package* – a further example of the Australian Government taking an investment approach to address intergenerational disadvantage and improve family and child wellbeing. The package includes a new strategy, the Investment Dialogue for Australia's Children, to partner with philanthropy to direct funding towards long-term outcomes for our most vulnerable communities. The package also includes a $100 million Outcomes Fund to finance organisations that deliver programs addressing long-term community disadvantage. Payment is contingent on programs achieving agreed measurable outcomes, to help address complex social issues while providing benefits to the Commonwealth through cost savings.

To ensure such programs can deliver the desired outcomes, there needs to be long-term funding commitments, with a commitment to measurement and evaluation over the same period. Current budget processes make funding long-term investments difficult, as budget commitments generally focus on the four-year forward estimates period.

The Victorian Government has demonstrated what can be achieved. Victoria became the first Australian jurisdiction to embed early intervention into its budget process when it introduced the Early Intervention Investment Framework (EIIF) in the 2021–22 State Budget (VDTF, 2025). Importantly, as a framework, the EIIF supported a culture shift within the public sector from which a funding shift flowed. The framework, for example, embedded new ways of working and ongoing incentives to continue in that vein. Notably, EIIF enables Government to consider client outcomes across departments and to book avoided cost savings, creating additional funding for reinvestment in new interventions. It avoided the temporality inherent in being primarily a 'fund' as funds need to be re-funded over time, unless they are fully replenished through investment income.

The framework specifically requires those seeking funding to set out successful outcomes and how these outcomes will be measured, and estimate the avoided cost to the government from the reduction in use of acute services. Avoided costs from the system-wide impacts stemming from reduced acute usage over the next decade were estimated at $500 million (VDTF, 2023b).

The EIIF is now recognised internationally as an exemplar and positions Australia as a world leader for wellbeing and social investment policy (OECD, 2024; OECD, 2025; VDTF, 2024b). The proposed NPPF would expand and enhance our national reputation further.

Building on the EIIF, the *2024–25 Victorian Budget* provided $1.1 billion for 28 early intervention initiatives (VDTF, 2024a). This increased funding by more than 50 percent compared to the *2023–24 Budget's* investment in early intervention. These investments have generated outcomes for program participants and additional benefits that include:

- avoided costs of $655–70 million through reduced demand for acute government services including hospitals, family violence services and prisons
- economic benefits of $360–560 million including reduced healthcare costs to individuals and to the Commonwealth, increased earnings and reduced welfare payments.

An example of a program funded through the EIIF is "Victoria's Journey to Social Inclusion." This is an early intervention program that reduced homelessness by 90 percent and hospital admissions by 60 per cent for those in the program, saving the Victorian Government far more than the costs of running the program (VDTF, 2024a).

Over the last four budgets, the Victorian Government has utilised the EIIF to fund approximately 80 early interventions, with these interventions seeking more timely outcomes for program participants and delivering benefits in excess of $3 billion. $2.7 billion of funding was provided to achieve these benefits. Outcomes tracked and reported to date show promising results for the effectiveness of these programs with around 80 percent of those reporting showing their effectiveness.

Since the Victorian Government introduced the EIIF, new budget funding for early intervention has grown from approximately one percent of the budget to total new funding being closer to 10 percent. In addition, budget savings have been realised through annualised dividends, which are then reinvested into new preventative measures. Importantly, the EIIF measures avoided costs for Victoria and the Commonwealth, but only books impact in Victoria as savings.

There is significant opportunity for state and federal governments to collaborate and quantify the avoided costs to both parties, with Victoria open to exploring a proof-of-concept project with the Commonwealth which could build momentum. This would rely on avoided costs being estimated with a high degree of confidence. A positive extension down the track could be implementation of an EIIF-style framework nationally through the Commonwealth Budget or through intergovernmental agreements. This would also present an opportunity for large-scale philanthropy to collaborate effectively, providing risk-capital. If even a small number of other states were to join, this would present an opportunity to be world-leading in a collaborative effort to invest in primary prevention and align governments and public institutions across jurisdictions for a better future for children, families and their communities (Gaukroger, 2025).

Design of funding as an enabler could draw on other analysis in Australia and from models internationally. In Australia, analysis undertaken by SEED when it was a department of Brave Foundation makes the case that a fundamental reimagining of how programs are funded, including accounting for future avoided costs and wellbeing benchmarks, would enhance Australia's future generations and families.

> Some initiatives will have too little return or impact for investors, some will be too much risk for Government, and this will always be the case. But a middle ground exists where returns are sufficiently high enough (e.g. between avoided cost savings/benefits of 1 and 2 times funding) and there's enough evidence of a program's effectiveness for new cohort to reduce risk – this is a middle ground worth exploring further. (Rees, 2023)

Two dollars are saved for every dollar invested to keep children out of the child protection system, analysis by Social Ventures Australia and Deloitte Access Economics found (2025). Although specific application investment in early childhood education and care this work is well aligned with our proposed funding approach.

In Sweden, more than one fifth of municipalities have established social investment funds to provide long-term investments in individual and social capital and seek to redress the failings inherent in short-term horizons for change, short-term budgets and siloed approaches. In Norrkoping and Örebro, funds provided by the government as grants to projects are seen as "investments" (Hultkrantzand, 2017). Culturally, there is an understanding that receiving a grant equates to a commitment to produce results, that projects will be evaluated and must be consequential.

Long-term, outcomes-based funding is essential for achieving intergenerational change and enabling preventive, person-centred approaches to social policy. The evidence from both domestic and international contexts, including the success of Victoria's EIIF, demonstrates the potential of sustained investment in early intervention to generate substantial social and economic returns. These models show that funding structures aligned with long-term horizons and measurable outcomes not only deliver benefits to individuals and families but also create system-wide efficiencies and cost savings. To embed this approach nationally, a coordinated effort is needed one that brings together the Commonwealth, states and territories with philanthropy. A NPPF, supported by long-term funding and informed by collaborative governance, would position Australia as a global leader in social investment and wellbeing policy.

## 5. Adaptive approaches to evidence

At the centre of our proposed approach is the Incremental Reform Catalogue. Incremental change allows for adaptive, context-sensitive responses to complex social challenges. Rather than relying on large-scale interventions, small, progressive steps enable communities to learn by doing and refine their efforts over time (Patton, 2011; Moore, 2017). Delivering agreed measurable, incremental, collaborative and sustained benefits in communities is essential for driving positive and lasting change. This is consistent with strengths-based and systems-informed models of development, which focus on leveraging community assets, promoting

shared responsibility and embedding long-term improvements (Kretzmann, 1993; Preskill, 2014).

A key enabler would be opportunities to meet the measurement challenge, linked to an adaptive experimental approach to interventions made or services delivered. This too would need to be approached in an incremental way and should begin by working with communities to establish the outcomes being sought that could inform outcomes at a macro level of the framework. Some of these outcomes may be captured in Measuring What Matters, but others may not be. Meeting the measurement challenge would likely involve:

- Understanding what evidence does exist for the specific interventions being considered, prior to implementing them. This would enable:
  - building on existing evidence
  - avoiding significant expenditure to generate evidence where quality evidence already exists
- Having baseline measurements before any policies are introduced for these outcomes, which would be beneficial in understanding trends over time and any incremental benefits being achieved
- Ensuring there is systematic data infrastructure, collection and sharing for specified outcomes of interest, to enable evidence generation and rigorous evaluations
- Undertaking high quality evaluations, which should include but not be limited to impact evaluations and adaptive experimental trials, that allow for causal inferences. Such impact evaluations should also be paired with mixed-methods approaches that aim to understand individual's lived experiences of the interventions.

Knowing what works, building on community assets and trust, and being able to adapt delivery of interventions in a complex system would require an integrated approach to data collection that values diverse knowledges and facilitates complementary data capabilities being built for this purpose. Measurability ensures accountability and supports continuous learning. By defining clear outcomes, practitioners can track progress, adapt strategies and demonstrate value to stakeholders (Friedman, 2005; OECD, 2020). Transparent measurement also builds trust and legitimacy within communities (Carman, 2010).

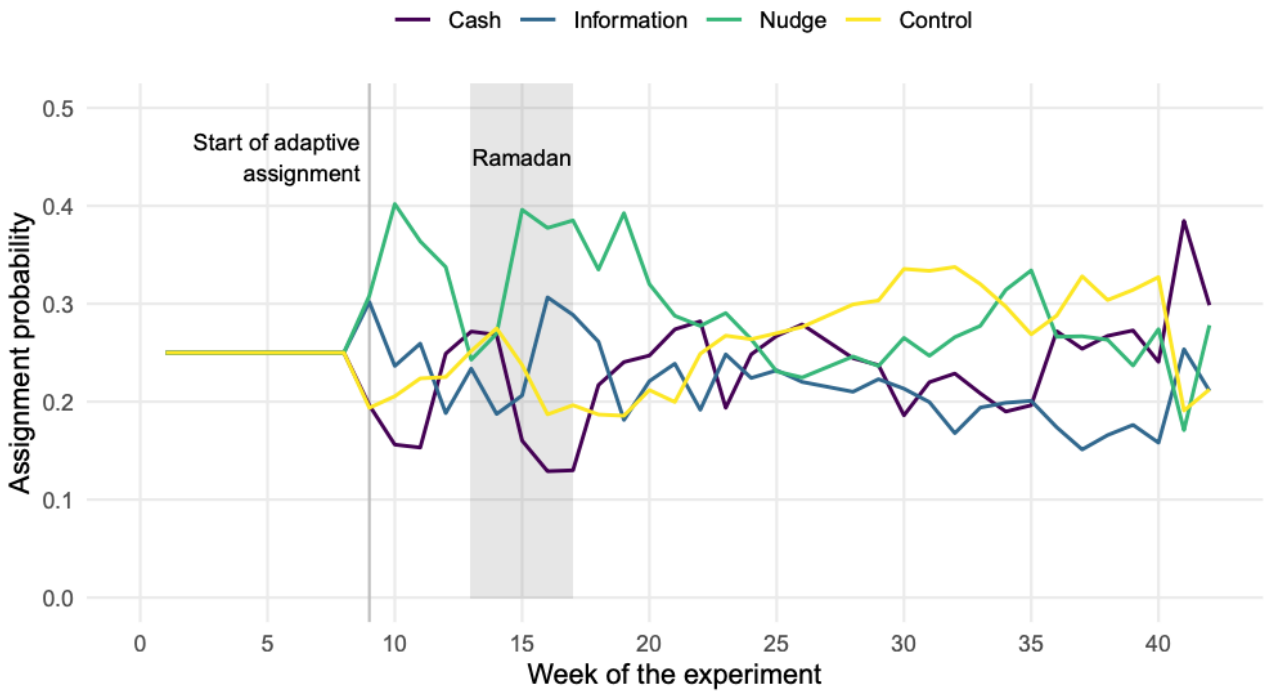
### The adaptive experimental approach

While randomised control trials (RCTs) have become increasingly sought-after in social policy (Duflo and Banerjee, 2017; Leigh, 2018), an adaptive experimental approach would enable the system to 'learn' in a way that goes beyond being responsive to feedback, important as that is.

For example, Australian microeconomist Associate Professor Simon Quinn and others have undertaken an adaptive targeted field experiment in Jordan in which they tested which interventions were most effective in helping Syrian refugees and local jobseekers find work (Caria, 2024). They used a novel targeted treatment assignment methodology to learn in a formal way from earlier participants' success in gaining a job to change who was provided with which services (a small cash grant, information or nudge. This adaptive experimental approach has the distinct benefit of enabling the welfare of participants to be prioritised as interventions

are delivered, while the system learns from earlier participants what is most likely to be effective. Figure 3 depicts how interventions used changed over time.

Figure 3. Assignment Probabilities by Week (Caria, 2024, 32)




While recognising that adaptive trials are not yet widely used in policy evaluation, if such an approach were used in an NPPF, items in the IRC could be delivered for particular cohorts in a way that maximised positive outcomes, without withholding services or "treatments" which we would suspect would be beneficial (which can make an RCT inappropriate or undesirable). This would mean that we could provide "the right support as early as possible" (Impact Economics, 2024). The following adaptive service delivery approaches are examples of what could be done.

- At a 20 weeks scan, in order to maximise the outcomes for children and parents, the expecting parent(s) could be provided with one or more of the following: pre-loaded Centrelink forms to access relevant payments after birth; prefilling of birth registration and MyGov details; and/or peer support program as a targeted intervention.
- At a six week postnatal visit, in order to maximise the likelihood a parent at risk will go on to complete secondary education, the mother of the baby could be provided with one of the following: a small cash grant for education expenses expiring after 12 months; information; or allocation to peer mentoring.

In these examples, with a relatively near-term goal for the child(ren) and parent(s), and a measure for participant welfare (potentially one that relates to child wellbeing), assignment of an intervention would be based on an algorithm which would learn from what was the most effective intervention to achieve that goal for others with similar characteristics.

Given that there are so many potential items to include in the IRC where a positive intervention could be made, where there is a clear opportunity to deliver a service better than the way it is

currently done, some interventions would lend themselves to an RCT because the control group would just experience the status quo. For example, given that all new parents currently wait until after a child is born to register at Centrelink for a Newborn Upfront Payment and Newborn Supplement, pre-loading details to enable pre-registration prior to the birth of the child could be done as an RCT. If timely access to such payments was associated, for example, with parents removing themselves from situations of domestic violence, then there would be compelling evidence to make pre-registration universal.

Examples from the IRC as shown in Attachment 2 are:

- Addressing low rates of birth registration in some population groups
- Addressing delays in Services Australia (Centrelink) payments and ensuring these are timed at the birth of the child
- Consistently assessing transportation and accessibility options for population groups to access support
- Reducing stigma from universal services
- Providing consistency in primary preventative programs across 1000 days.

Other examples could include:

- Providing support and role-modelling to complete birth and Medicare registrations in nurturing locations, relevant to the place
- Expanding access at the 30-week pregnancy check to evidence-based parenting education and support groups during pregnancy and early infancy, tailored to local needs and family contexts
- Offering baby food and budgeting classes at the baby's second immunisation.

An adaptive experimental approach to making interventions would require structured data collection, including, for example structured questionnaires. An area for further exploration would be whether some questions, which would need to be asked to understand the relevance and effect of various interventions, might already be included, for example, in HILDA. If so, this would have the benefit of already having been proven in a field context. A second area for exploration would be the potential to link to administrative data, as occurs, for example, in Scandinavia. Consideration could be given to the extent to which this would be considered helpful. The benefit of being able to link administrative data is that it removes direct reliance on the people delivering and receiving services to give accurate feedback to determine the effectiveness of interventions against agreed outcomes.

## 6. Storytelling

Central to the conceptualisation of evidence as an enabler should be sharing of strengths-based stories of families in a way that is meaningful to them. Such a programmatic approach would highlight resilience and positive change, inspire hope and show others that overcoming adversity is possible. Such stories have the potential to reduce the sense of isolation families can experience, promote a sense of belonging, help break down harmful stereotypes, reduce stigma, foster a sense of community and encourage mutual support. It is important for families to be able to learn from peers. Strengths-based storytelling doesn't mean needing to gloss over realities and things that are hard. Honest and authentic storytelling can be inspiring and

empowering if focusing on how it makes you stronger and more determined, able to triumph over adversity. Families who have overcome challenges inspire others to do the same, creating a ripple effect that strengthens the entire community with a transformative impact. It is a powerful tool for building stronger, more resilient communities. This environment also contributes to raising up local champions and role models.

Additionally, strengths-based stories provide valuable insights for improving community services. They help service providers understand what works in real life, leading to more effective, human- and family-centred programs. They would also provide directional insights for targeting adaptive experimental interventions.

Collaboration strengthens inclusion and sustainability. Engaging local voices leads to more relevant and equitable solutions, while integrated efforts across sectors reduce fragmentation and increase impact (Warren, 2017; Willis, 2012). Collaboration also enhances social capital and shared ownership of outcomes (Head, 2008).

Strengths-based storytelling is not just about celebrating success. By fostering hope, connection and understanding, strengths-based storytelling can create lasting, positive change for all. Supporting such a programmatic approach and ensuring that diverse knowledges are integrated as evidence could be a key role for philanthropy to enable impact.

Sustained benefits are critical for long-term transformation. Initiatives that embed change into local systems and build capacity beyond short-term funding cycles are more likely to shift entrenched patterns of disadvantage (Moore, 2017; Kretzmann, 1993).

Delivering agreed measurable, incremental, collaborative and sustained benefits reflects a holistic and strengths-based vision of community development. It affirms the dignity, capability and potential of communities while ensuring that interventions are responsive, effective and enduring. In a time of increasing social complexity and inequality, such an approach offers a principled and practical pathway for fostering inclusive and lasting transformation.

# VII. Conclusion

This paper has focused on the compelling need for a National Primary Preventative Framework – the 'why,' 'how' it might be achieved and 'who' must take responsibility to lead and sustain this work. We have not prescribed the precise 'what' of the framework but sought to spark the collective imagination and resolve needed to co-create it. The path forward demands shared vision, courageous leadership and coordinated action so that, together, we can build a future where every child, family and community can thrive.

The consequences of systemic fragmentation are tangible and profound. Destiny's story as a young mother shows the impact of these consequences. Shortly after giving birth, she was informed by child protection services that she could not return to her longstanding family home. This decision, made without prior engagement or planning with her, left her and her newborn without safe housing or a stable support network. What ensued was a disjointed experience of temporary accommodation, multiple service providers and complex bureaucratic requirements, all in the absence of a single, trusted relationship to provide continuity and guidance. This all happened to a young mother who wanted to do well for herself and her child in these earliest moments. Destiny's story exemplifies the human cost of an uncoordinated system and underscores the critical need for a more relational, integrated and sustained primary preventative approach to supporting families during the first 1000 days.

The conditions identified are critical because they provide the structural and motivational foundation for achieving lasting, systemic change. Developing, communicating and sustaining a long-term vision ensures that all stakeholders – policymakers, community leaders and philanthropic partners – are aligned in their goals and actions, creating a unified force for progress. This will advance our nation, opening up the real possibility for social and economic empowerment for all. In addition, maximising these conditions will fortify and liberate already existing primary prevention efforts, by accelerating and coordinating existing initiatives like IDAC, TED, PLACE, the Early Years Strategy, Measuring What Matters, and investments by state and territory governments.

Addressing the lack of trust, particularly in families and organisations that have encountered negative experiences, is essential for building credibility and fostering the partnerships needed to drive change. Providing hope and taking a proactive, positive approach to place ensures that strategies are not only grounded in local context but also infused with optimism and possibility, even in the face of limitations, and can also identify community champions. A commitment to Closing the Gap provides a high-level, unifying framework that can activate key enablers within the system, while incremental reform allows for a realistic, step-by-step approach to progress that is experienced by families. Together, these conditions clearly show a powerful pathway toward lasting systemic transformation, where equity and opportunity flourish, and every family has the chance to thrive in a future shaped by valuing intrinsic purpose and collective possibility.

The enablers outlined are essential because they provide the practical mechanisms for turning vision into action. Place-based approaches can ensure that solutions are locally driven and

tailored to the specific needs and strengths of communities, fostering ownership and engagement. By prioritising partnerships with people with lived experience, policies and programs can be more responsive, authentic and impactful, ensuring that people directly affected by issues are central to shaping and receiving solutions. Governance and coordination are crucial to align efforts across sectors and departments, preventing fragmentation and ensuring resources are efficiently directed toward long-term goals. Long-term funding approaches allow for sustainable impact by focusing not only on immediate needs but also on future cost savings and benefits. An adaptive experimental approach to gathering evidence and evaluating ensures that strategies remain flexible and responsive to changing circumstances, fostering continuous improvement. Finally, strengths-based storytelling shifts the narrative from deficit models to one that celebrates resilience and potential, empowering communities and inspiring collective action. Together, these enablers create a cohesive, dynamic framework that supports sustainable and transformative change.

Since 2006 when Bernadette asked “which department is responsible for our most at risk families in Australia?” the number of Australian children who have entered poverty over the years would be in the millions.

Despite significant investments by government and philanthropic initiatives, there is currently no unifying mechanism to connect efforts to prevent children and their families from entering poverty and compounding disadvantage. This absence represents a critical gap. If left unaddressed, it risks reinforcing fragmentation within the system and perpetuates the status quo.

Mitigating these risks is urgent. There are far too many children, parents and members of future generations whose lives are at stake. A clear and consistent vision holder and convener of these initiatives that advance primary prevention for families is essential for maintaining holistic understanding, momentum, coherence and accountability across a complex reform landscape.

As vision holders, SEED Futures ensures that the long-term goals remain central and visible, anchoring efforts across sectors and preventing drift or fragmentation over time. As convenors, they bring together diverse partners, governments, philanthropy, communities and service systems. By fostering alignment, collaboration and shared responsibility, everyone wins in their own strategies and, most importantly, so do those we are all serving: families across the first 1000 days. By providing social accountability, SEED Futures acts as a steward of progress, holding stakeholders to account and ensuring commitments translate into action across this long-term work. This continuity of leadership and coordination is critical for delivering on the vision until such time that responsibility can be fully embedded within the system itself.

SEED Futures and our partners across the system know that governments alone cannot solve this social, economic and cultural issue.

This paper has set out a carefully developed pathway to achieve holistic, incremental reform that would endure so that children in their first 1000 days, their families and future generations can flourish.

We must maximise the current, open policy window and draw on Australia's proud history of achieving social progress through reform. Mobilising to deliver a National Primary Preventative Framework is our collective imperative and responsibility for 2025.

# References


Australian Bureau of Statistics (ABS, 2023a), "Estimating Homelessness: Census," ABS, https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release

ABS (2023b), "Births, Australia," ABS, https://www.abs.gov.au/statistics/people/population/births-australia/latest-release.

Australian Early Development Census (AEDC, 2022), *National Report 2021,* Commonwealth Department of Education.

Australian Institute of Health and Welfare (AIHW, 2016), *Australia's health 2016*, AIHW.

AIHW (2020), *Australia's health 2020: data insights*, AIHW.

AIHW (2022), *Child Protection Australia 2020–21*, AIHW.

AIHW (2023), "Mothers and babies," AIHW, https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/data.

AIHW (2025a), *Child Protection Australia 2022-23*, AIHW.

AIHW (2025b), "Health of people experiencing homelessness," AIHW, https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness.

Australian Research Alliance for Children and Youth (ARACY, 2013), *The Nest Wellbeing Framework*, ARACY.

Alkire S & Foster J (2011), "Counting and multidimensional poverty measurement," *Journal of Public Economics* 95: 476–487.

Alkire S, Apablaza M, Chakravarty S & Yalonetzky G (2017), "Measuring Chronic Multidimensional Poverty," *Journal of Policy Modelling* 39, no. 6: 983–1006.

Bakhtiar, A, Te Riele, K & Sutton, G (2021), *Supporting Expecting and Parenting Teens (SEPT) Trial*, Hobart, BRAVE Foundation.

Beresford, P (2013), "From 'other' to involved: user involvement in research: an emerging paradigm," *Nordic Social Work Research* 3, no. 2: 139–148.

Bessell, S (2022), "Rethinking Child Poverty," *Journal of Human Development and Capabilities* 23, no. 4: 539–561.

Bessell, S, O'Sullivan, C & Lang, M (2024), "More for Children Issues Paper 2: Housing," The Children's Policy Centre, Australian National University, https://childrenspolicycentre.org/latest-news/more-for-children-issues-paper-2-housing.

Bessell, S, Siagian C & Bexley A (2020), "Towards Child-Inclusive Concepts of Childhood Poverty: The contribution and potential of research with children," *Children and Youth Services Review* 116, 116, September 2020: 1–14.

Botsman, R (2018), *Who Can You Trust?* Penguin Random House.

Bovaird, T, Loeffler, E, Taylor-Gooby, D, Hine-Hughes, F & Wilkes, L (2012), *Making Health and Social Care Personal: From mass-production to co-production*, Governance International and Local Governance Information Unit, Birmingham.

Bronfenbrenner, U (1979), *The Ecology of Human Development: Experiments by nature and design*, Harvard University Press, Cambridge MA.

Caria, S, Gordon G, Kasy, M, Quinn, S, Shami, S &. Teytelboym A (2024), "An Adaptive Targeted Field Experiment: Job search assistance for refugees in Jordan," *Journal of the European Economic Association* 22, no. 2: 781–836.

Carman, C (2010), "The process is the reality: Perceptions of procedural fairness and political trust in the Scottish Parliament," *Political Studies* 58, no. 4: 731–751.

Chalmers, J (2023), "Capitalism After the Crises," *The Monthly*, February.

Cottam, H (2018), *Radical Help: How We Can Remake the Relationships Between Us and Revolutionise the Welfare State*, Virago.

Davidson, P, Bradbury, B & Wong, M (2022), *Poverty in Australia 2022*, ACOSS/UNSW Poverty and Inequality Partnership.

Danielsdottir, S & Ingudottir, J (2020), *The First 1000 Days in the Nordic Countries: A situation analysis*, Copenhagen, Nordic Council of Ministers.

Davis, G (2021), *On Life's Lottery*, Hachette, Melbourne.

Department of Social Services (DSS, 2015), *A New System for Better Employment and Social Outcomes - Report of the Reference Group on Welfare Reform to the Minister for Social Services*, DSS.

DSS (2024), *The Early Years Strategy 2024–2034*, Commonwealth of Australia.

DSS (2025a), "Partnerships for Local Action and Community Empowerment," DSS, https://www.dss.gov.au/supporting-community-

change/partnerships-local-action-and-community-empowerment.

DSS (2025b), "Community Sector Grants Engagement Framework," DSS, https://ministers.dss.gov.au/media-releases/17836

Duflo, E, & Banerjee, A (2017), *Handbook of Field Experiments*, Elsevier.

Duncan, A, Twomey C (2024), *Child Poverty in Australia 2024: The lifelong impacts of financial deprivation and poor-quality housing on child development*, Bankwest Curtin Economics Centre, https://bcec.edu.au/publications/child-poverty-in-australia-2024/.

Finlay-Jones, A, Gregory, A, Penny, J, Cahill, R, Mitrou, F & Harman-Smith, Y (2024), *Mental models underpinning early child development systems and outcomes in Australia*, Social Ventures Australia on behalf of the Early Years Catalyst.

Friedman, M (2005), *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*, Booksurge, Charleston.

Future Generations Commissioner for Wales (2025), "Commissioner," https://futuregenerations.wales/discover/about-future-generations-commissioner/commissioner-for-wales/.

Gallagher, K (2022), "Albanese Government's APS Reform Agenda," Australian Government, https://ministers.finance.gov.au/financeminister/speech/2022/10/14/institute-public-administration-australia-albanese-governments-aps-reform-agenda.

Gaukroger, C, Koh, E & Phillips, T (2025), *Embedding Progress: How to align public institutions with a better future*, Centre for Policy Development.

Geatches, L, Preston, C, & Putnis, A (2023), *Where are we? Place-based approaches to tackling community challenges in Australia*, Equity Economics for Paul Ramsay Foundation.

Goldfeld, S, O'Connor, E, Pham, C, and Gray, S (2024), "Beyond the Silver Bullet: Closing the equity gap for children within a decade," *Medical Journal of Australia* 221, no. 10: 508–511.

Gould-Werth, A, Abbott, S, & Openchowski E (2023), "What is social infrastructure, and how does it support economic growth in the United States?" The Washington Center for Equitable Growth, https://equitablegrowth.org/what-is-social-infrastructure-and-how-does-it-support-economic-growth-in-the-united-states/.

Head, B (2008), "Collaboration: A New Way of Working?," *Collaboration: A New Way of Working?* Australian National University Press, Melbourne.

Health and Social Care Committee (2025), "The First 1000 Days: A Renewed Focus," UK Parliament, https://committees.parliament.uk/work/9017/the-first-1000-days-a-renewed-focus/.

Heckman, JJ (2006), "Skill formation and the Economics of Investing in Dis-advantaged Children," *Science* 312: 1900–1902.

Himmelweit, S (2025), "Care as investment in infrastructure," *Oxford Review of Economic Policy* 41, no. 3, forthcoming special issue on The Economics of Care.

House of Representatives Select Committee on Intergenerational Welfare Dependence (2019), "Welfare dependence of families and outcomes for children," Australian Government, Hansard, https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=committees/commrep/86f53f9a-2d13-4904-b80e-a51c980a28c7/&sid=0006.

House of Representatives Select Committee on Intergenerational Welfare Dependence (2019), *A Better Way: Reforming the Welfare System to Support Intergenerational Welfare Dependence*, Australian Government.

Hultkrantzand, L & Vimefall, E (2017), "Social Investment Funds in Sweden: Status and Design Issues," *Scandinavian Journal of Public Administration* 21no. 3: 85–107.

Impact Economics and Policy (2024), *The economic costs of child poverty in New South Wales*, prepared for New South Wales Council of Social Services.

Koziol, M (2017), "No child will live in poverty? 30 years on, Bob Hawke's promise remains an elusive goal," Sydney Morning Herald, https://www.smh.com.au/politics/federal/no-child-will-live-in-poverty-30-years-on-bob-hawkes-promise-remains-an-elusive-goal-20170621-gwvdya.html.

Kotter (1996), *Leading Change*, Harvard Business School Press, Boston.

Kretzmann J & McKnight J (1993), *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Asset*, Center for Urban Affairs and Policy Research, Northwestern University.

Leigh A (2018), *Randomistas: How radical researchers are changing our world*, La Trobe University Press, Melbourne.

Melbourne Institute of Applied Economic and Social Research (2024), *HILDA Statistical Report 2024*, University of Melbourne.

Moore, TG, Arefadib, N, Deery, A, Keyes, M & West, S (2017), *The First Thousand Days: An Evidence Paper – Summary*, Centre for Community Child Health, Murdoch Children's Research Institute.

Munro, E (2011), *The Munro review of child protection: Final report – A child-centred system*, Department for Education, UK.

National Indigenous Australians Agency (NIAA, 2020), *Closing the Gap Report 2020*, Commonwealth of Australia.

NIAA (2024), *Framework for Governance of Indigenous Data*, Commonwealth of Australia.

NIAA (2025), *Commonwealth Closing the Gap 2024 Annual Report and 2025 Implementation Plan*, Commonwealth of Australia.

NSW Department of Education (2025), "Early Intervention," https://education.nsw.gov.au/teaching-and-learning/curriculum/early-learning/early-intervention.

Nussbaum, M (2013), *Creating Capabilities*, Harvard University Press, Cambridge MA.

OECD (2020), *Development Co-operation Report 2020: Learning from Crises, Building Resilience*, OECD.

OECD (2024), "Summary of Highlights and Key Messages," *7th OECD World Forum on Well-Being: Strengthening Well-Being Approaches for a Changing World*, OECD, https://www.oecd.org/content/dam/oecd/en/networks/oecd-well-being-world-forums/7wf/7wf-summary-key-messages.pdf/_jcr_content/renditions/original./7wf-summary-key-messages.pdf.

OECD (2025), "Victoria State Government's Early Intervention Investment Framework," OECD, https://www.oecd.org/en/publications/well-being-knowledge-exchange-platform-kep_93d45d63-en/victoria-state-government-s-early-intervention-investment-framework_349cc7db-en.html.

Opie JE, Vuong A, Macafee A, Khalil H, Pearce N, Jayakody E, et al. (2023), "Practice, governance, and culture characteristics of lived experience organisations, and evidence of efficacy: A scoping review protocol," *PLoS ONE* 18, no. 5: e0283178.

Patton, MQ (2011), *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*, Guilford Press.

PLACE (2025), "Partnerships for Local Action and Community Empowerment," https://www.placeaustralia.org/.

Preskill, H & Gopal, S (2014), *Evaluating Complexity: Propositions for Improving Practice*, FSG, https://www.betterevaluation.org/sites/default/files/Evaluating_Complexity.pdf.

Productivity Commission (2017), *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, Productivity Commission.

Productivity Commission (2024a), *A snapshot of inequality in Australia*, Productivity Commission, https://apo.org.au/sites/default/files/resource-files/2024-05/apo-nid326869.pdf.

Productivity Commission (2024b), *Review of the National Agreement on Closing the Gap, Study report, Volumes 1 and 2*, Productivity Commission.

Productivity Commission, (2024c), "Closing the Gap Dashboard" Productivity Commission, https://www.pc.gov.au/closing-the-gap-data/dashboard.

PwC (2019), *The first thousand days: A case for investment*, Strong Foundations collaboration, https://www.pwc.com.au/health/first-1000-days-report-apr19.pdf.

Rees, N & Jones, K (2023), *Potential impacts of early interventions for young parents and children,* Think Impact and Equity Economics.

Sen, A (1992), *Inequality Re-examined*, Clarendon Press, Oxford.

Sen, A (1999), *Development as Freedom*, Random House, New York.

SNAICC (2024), *Funding model options for ACCO integrated early years services: final report*, SNAICC.

Social Ventures Australia, Deloitte Access Economics and Mitchell Institute, Victoria University (2025), *Targeting Investment Where it Counts: Identifying communities for priority investment in integrated early learning models*, Social Ventures Australia, Sydney.

Springer K, Sheridan J, Kuo D & Carnes M (2003), "The long-term health outcomes of childhood abuse. An overview and a call to action." *J Gen Intern Med* 18, no. 10: 864–70.

Steering Committee for the Review of Government Service Provision (SCRGSP, 2025), *Report on Government Services 2025*, Productivity Commission, https://www.pc.gov.au/ongoing/report-on-government-services/2025/health.

Stillman, D (2015), "Is Design Too Important to Leave to Designers?" Medium, https://daniel-stillman.medium.com/is-design-too-important-to-leave-to-designers-dea853ccd9a2.

Teager W, Fox S, Stafford N (2019), *How Australia can invest in children and return more: A new look at the $15b cost of late action*, Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute, Australia.

UNICEF (2019), *The State of the World's Children 2019: Children, food and nutrition – Growing well in a changing world*, UNICEF.

United Nations General Assembly (2015), "Transforming our World: the 2030 Agenda for

sustainable development," resolution 70/1, United Nations General Assembly.

Van Manen, M (1990), *Researching lived experience: Human science for an action sensitive pedagogy*, State University of New York Press.

Victorian Department of Treasury and Finance (VDTF, 2023a), "EIIF Initiatives funded in 2021-2022 and 2022-2023 budgets," VDTF, https://www.dtf.vic.gov.au/sites/default/files/2024-10/2021-22-and-2022-23-early-intervention-initiatives.pdf.

VDTF (2023b), "The Early Intervention Investment Framework: A Considered and Collaborative Approach," VDTF, https://www.dtf.vic.gov.au/sites/default/files/2024-10/Early-Intervention-Investment-Framework-A-considered-and-collaborative-approach-FINAL-PDF.PDF.

VDTF (2024a), "EIIF Initiatives funded in 2024-2025 budget," VDTF, https://www.dtf.vic.gov.au/sites/default/files/2024-11/2024-25-BP3-Appendix-B.docx.

VDTF (2024b), "EIIF Presentation and Toolkit for 7th OECD World Forum on Well-being," VDTF, https://www.dtf.vic.gov.au/sites/default/files/2024-11/OECD-Wellbeing-Forum_-EIIF-Presentation-and-Toolkit.pptx.

VDTF (2025), "The Early Intervention Investment Framework," VDTF, https://www.dtf.vic.gov.au/early-intervention-investment-framework.

Warren, D & Edwards, B (2017), *Contexts of Disadvantage*, occasional paper no. 53, Department of Social Services.

Willis CD, Riley, BL, Best, A. & Ongolo-Zogo, P (2012), "Strengthening health systems through networks: the need for measurement and feedback," *Health Policy and Planning* 27: iv62–iv66.

World Bank (1997), "Development and the Next Generation," *World Development Report*, World Bank. Washington D.C..

Zhu W, Marchant R, Morris RW, Baur L, Simpson SJ, Cripps S (2023), "Bayesian network modelling to identify on-ramps to childhood obesity," *BMC Medicine* 21: 105.

**Attachment 1**

SEED FUTURES

*We convene willing hearts and minds.*

*We find practical opportunities to help the system work better for the people they are intending to help.*

**SEED Futures Board**

**Primary Preventative Round Table (PPRT)**
Dec 2024, then annually in August
To oversee the creation of a National Primary Preventative Framework (NPPF)

**Developmental Evaluation (DE)** including **lived experience**

**Tasmanian sites**
Round Table (June 2024) followed by 6 monthly updates of local stakeholders

**Site 1: Kingborough**

**Site 2: Launceston**

**Site 3: TBA**

**Site 4: TBA**

***Incremental Reform Catalogue* (IRC)** to be created by SEED Futures

**Policy Round Table (PRT)**
Nov 2024 then annually in August

**Advisory Council (AC)**
Oct 2024 then 6-monthly, May and November

Share thoughts, provide thought leadership to stakeholders in NSW and Qld to mirror local strategies.

**SEED Futures Data Group (SFDG)**

**UNDERPINNED BY:**

~*Measuring what Matters* (Comm Govt)
~Child and Youth Wellbeing Strategy (Tas Govt)
~The Entrenched Disadvantage Package (Comm Govt)
~Early Intervention Investment Framework (Vic Govt)
~The Early Years Strategy
~Tasmania Together Plan
~National Child and Family Hubs Network (MCRI)
~Tasmanian Child and Family Learning Centres
~ANU work on the Story of SEED
~Investment plan for human services (NSW Govt)

| **Syndey Policy Lab Node – Sydney University** |
|---|
| Dr Kate Harrison Brennan, Jedidiah Evans, Lenzen Manfred, Anna Boucher, Louise Beehag, Anne-Marie Throw, Zoe Szewczyk and Simon Quinn |

| **Advisory Council** | |
|---|---|
| Dept of Premier and Cabinet, Tasmania | Treasury |
| Dept of Premier and Cabinet, NSW | Wesley Mission |
| Brand Tasmania | Uniting Australia |
| Aust Human Rights Commission | Karitane |
| Social Ventures Australia | Foyer Foundation |
| Caroline Chisholm Society | Equity Trustees |
| Australian National University | Clear Horizon |
| Brotherhood of St Laurence | The Smith Family |
| Murdoch Children's Research Institute | Brave Foundation |
| Sydney Policy Lab | CAAPS Aboriginal Corp |

| **Primary Preventative Round Table** | |
|---|---|
| Dept of Premier and Cabinet, Tasmania | Treasury |
| Dept of Premier and Cabinet, NSW | Productivity Commission |
| Dept of Treasury and Finance, Vic | Impact Investing Australia |
| Dept of Communities & Justice, NSW | Neighbourhood Economics |
| Centre for Policy Development | Paul Ramsay Foundation |
| SEED Futures Board Directors | ARACY |

| **Policy Round Table** | |
|---|---|
| Dept of Prime Minister and Cabinet | Treasury |
| Office for Women, PM&C | Department of Education |
| Dept of Employment & Workplace Relations | Dept of Social Services |
| | Services Australia |
| Dept of Health and Aged Care | Aust Human Rights Commission |
| Dept of Premier & Cabinet, Tasmania | |

| **Tasmania project stakeholders** | |
|---|---|
| Dept of Premier and Cabinet | Treasury |
| Tasmanian Children's Commissioner | Dept of Social Services |
| Service Tasmania | Services Australia |
| Brand Tasmania | Karitane |
| Dept of State Growth | The Smith Family |
| Dept for Education, Children & Young People | Sydney University |
| | ANU |
| Department of Health | Clear Horizon |
| Department of Justice | Social Ventures Australia |
| Burnie Child & Family Learning Centre | Brave Foundation |
| University of Tasmania | Equity Trustees |
| Murdoch Children's Research Institute | ARACY |
| Tasmanian Aboriginal Centre | Burnie Works |
| Playgroup Tasmania | Hobart City Mission |
| Tassie Mums | |

## Attachment 2. SEED Futures Incremental Reform Catalogue

### Introduction

SEED Futures Incremental Reform Catalogue (IRC) sets out a **blueprint to reform services and supports for families**.

Focussing on the first 1,000 days, SEED Futures listens and records families and communities' stories about their interactions with the system, their challenges, opportunities, and recommendations to better meet needs.

These stories will be translated into broader, holistic policy stories of families, that clarify which government departments or mechanisms are responsible to meet the recommendations.

SEED Futures will design the evaluation mechanism in community, as well as identifying future avoided costs for each recommendation.

The IRC will be tabled with the authorising environment, across the Commonwealth and relevant states to determine policy actions needed across differing departments to action the incremental recommendations.

SEED Futures will continue to listen and record families and communities' stories about how the actions have met family's needs early, enabling them to flourish, the IRC will do this by:

- Listen to and record families and communities' stories about their interactions with the system, their challenges, opportunities and recommendations to meet needs better.
- Design the evaluation mechanism in community, as well as identify future avoided costs for each recommendation.
- Translate these stories into broader, holistic policy stories of families, that clarify which government departments or mechanisms are responsible to meet the recommendations
- Be tabled with the authorising environment, across the Commonwealth and relevant states to determine policy actions needed across differing departments to action the incremental recommendations.
- Listen to and record families' and communities' stories about how the actions have met family's needs early, enabling them to flourish.

The IRC puts families at the centre, aims to strengthen accountability to families and look at the extent to which services and supports (i.e., systems) meet two key principles:

1. The right support in the right place at the right time; and
2. Non-judgemental support that values people.

See **Attachment 2A** for a snapshot of families with children aged up to two years, using Kingborough Local Government Area in Tasmania as an example and **Attachment 2B** for outcome measurements.

## Families as part of an ecosystem

The SEED Futures approach recognises children and families as part of a complex ecosystem such as that described by Bronfenbrenner[1], and used by the Australian Research Alliance for Children and Youth (ARACY) in developing The Nest[2]. Within this ecosystem, universal and targeted supports and services play a significant role. It is these supports and services that are the main focus of the IRC.

## Journey of families over 1,000 days

In consultation with a range of stakeholders, SEED Futures has developed a journey of families that shows services and supports likely to be used during the period of pregnancy until the child is two years old, the first 1,000 days. **Attachment 2C** shows this journey from a Tasmanian perspective and positions this journey within the broader ecosystem.

## Costs over first 1,000 days

**Attachment 2D** is a summary of estimated costs of supporting families in Australia over the first 1,000 days.

[1] Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge, Massachusetts: Harvard University Press.
[2] The Nest action agenda (aracy.org.au)

## Incremental Reform Catalogue

**ISSUE: Low rate of birth registration in some population groups**

- For example, 15-18 per cent of births to Indigenous mothers were not registered in 2014 in Queensland compared to 1.8 per cent for births to non-Indigenous mothers.[3]
- Birth registration is a requirement under law in Australia (e.g., within 60 days of birth in NSW).
- Families must register the birth of a newborn child to receive some payments from Services Australia (Parental Leave Pay/ Newborn Supplement part of Family Tax Benefit Part A).
- While there is no cost for registering a birth as such, there is for a birth certificate. There seems to be a misunderstanding of this.

| Suggested reform | Number of families | Impact of change | Estimated cost | Estimated timeframe | Responsibility | Measure |
|---|---|---|---|---|---|---|
| Add a birth registration reminder to the 2-week checklist used when meeting with new mums | Ninety-nine percent of new mums in Tasmania access the 2-week check. | Increase birth registration.<br><br>Improve access to Services Australia payments.<br><br>Improve data on births to assist long term planning.<br><br>Help people fully participate in society. | Negligible | Short term | Child Health and Parenting Service (CHaPS), Department of Health, Tasmania.<br>Department of Justice, Tasmania | Proportion of births registered within a particular timeframe with a focus on some population groups |
| Include birth registration information in the child Personal Health Record (commonly referred to as the 'blue baby book') | All families receive a 'blue book' at the time of the birth. | | | Next version of the child Personal Health Record (blue baby book) | Department of Health, Tasmania.<br>Department of Justice, Tasmania | |

**ISSUE: Delay in Services Australia (Centrelink) payments**

- >= 90 per cent of Paid Parental Single claims processed within 21 days of claim lodgement[4]; 76.9 per cent of welfare claims processed within timeliness standards in 2021-22[5]
- Delays in payments can cause financial hardship for families. May be caused by factors such as:
  - Difficulty providing documentation for claim such as identity documents
  - Difficulty with administrative processes such as reliable access to online processes
  - Claim processing time in Services Australia

| Suggested reform | Number of families | Impact of change | Estimated cost | Estimated timeframe | Responsibility | Measure |
|---|---|---|---|---|---|---|
| Increase awareness of pre-birth claim timeframe (3 months pre-birth) through providing | Up to 300,000 families each year have a baby in Australia | Ease stress immediately post-birth and reduce risk of financial hardship | Moderate | Various | Services Australia<br><br>Department of Health, Tasmania | Ease of claim processes |

[3] The Indigenous birth registration report.pdf.aspx (ombudsman.qld.gov.au)
[4] Services Australia, Commonwealth of Australia, Annual Report 2023-24, page 40
[5] Australian National Audit Office, Auditor-General Report No.4 2023-24, Performance Audit, Accuracy and Timeliness of Welfare Payments, Department of Social Services, Services Australia

## Incremental Reform Catalogue

| | | | | | | |
|---|---|---|---|---|---|---|
| material to health professionals and others interacting with pregnant women | | | | | Other agencies interacting with pregnancy women | Timeliness of claim processing |

**ISSUE: Transportation limitations**

- Australians in the bottom income quintile are much more likely to experience transport difficulties than those in the top income quintile (9.9 per cent compared to 1.3 per cent).
- Transport disadvantage is experienced by specific sub-groups in the population, for example, families with young children, people with a disability and Indigenous Australians.
- Transport disadvantage is also common in specific geographical locations such as outer-urban (or "fringe") areas, rural and remote Australia.
- Young mothers and sole parents are particularly vulnerable to transport disadvantage and can play a key role in social exclusion. [6]

| Suggested reform | Number of families | Impact of change | Estimated cost | Estimated timeframe | Responsibility | Measure |
|---|---|---|---|---|---|---|
| Consider location of services and bringing services to families where they are. | A significant number of families are likely to experience transport disadvantage. | Improve access to services and support for families with transport difficulties. | Significant | Various | Key delivery agencies such as state government health departments and Services Australia | Proportion of families with transport difficulties who are accessing appropriate levels of support. |

**ISSUE: Stigma from universal services**

- Families may face negative stigma and stereotypes that impact the community they live in as a whole and the people within the community.
- For example, interviews conducted for the Connected Beginnings evaluation (Brighton, Bridgewater and Gagebrook) identified that families and community members have a history of not identifying their Aboriginality as a protective strategy against stigma.[7]
- Similarities found in case study communities included in the Dropping off the Edge report were lack of mental health services, issues of stigma, importance of community connections, the role of local leadership and governance.[8]

| Suggested reform | Number of families | Impact of change | Estimated cost | Estimated timeframe | Responsibility | Measure |
|---|---|---|---|---|---|---|

[6] Australian Bureau of Statistics (2008), *Public transport use for work and study*, cited in Australian Institute of Family Studies, Communities and Families Clearinghouse Australia, resource sheet, *The relationship between transport and disadvantage in Australia*, Kate Rosier & Myfanwy McDonald

[7] *Connected Beginnings Mid-Term Evaluation: Final Report*, Inside Policy for the Department of Education and the Department of Health and Aged Care, 18 July 2023

[8] Tanton, R., Dare, L., Miranti, R., Vidyattama, Y., Yule, A. and McCabe, M. (2021), *Dropping Off the Edge 2021: Persistent and multilayered disadvantage in Australia*, Jesuit Social Services: Melbourne

## Incremental Reform Catalogue

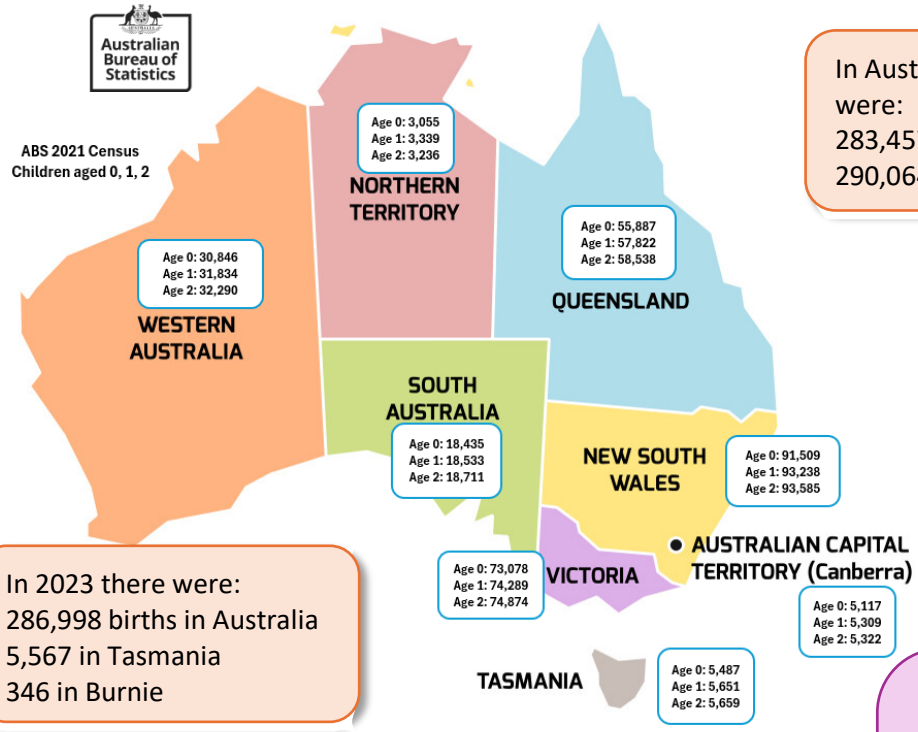
| | | | | | | |
|---|---|---|---|---|---|---|
| Training of frontline service delivery staff in relation to the importance of equality of access and overcoming barriers.<br><br>Broader community level education | A significant number of families are likely to experience stigma issues. | Reduce barriers to accessing services. | Unknown | Various | Key delivery agencies | Families accessing services without barriers. |
| **ISSUE: Primary Preventative programs across the first 1000 days are inconsistent**<br>• Absence of consistently applied triage vehicles<br>• Absence of enduring funding or investment opportunities for organisations that serve families intersecting many portfolios of the system<br>• Future avoided costs are not consistently measured<br>• Need to identify unit cost across all jurisdictions, to correctly ascertain future avoided costs<br>• Consistency in place based; peer supported funded opportunities | | | | | | |
| **Suggested reform** | **Number of families** | **Impact of change** | **Estimated cost** | **Estimated timeframe** | **Responsibility** | **Measure** |
| Creation of an interdepartmental mechanism at commonwealth and state levels, enabling holistic view of families<br><br>Identification of early triage moments for proportionate universalism, e.**g.**: parenting program. Could be identified at 20-week scan | Approx 800,000 children experienced disadvantage in 2022 | Value the holistic view of families<br><br>Nurtures a collaborative society between philanthropy and governments<br><br>Reduces future avoided costs<br><br>Releases purpose and agency at the earliest possible moment | Unknown | Various | Key delivery agencies<br>Philanthropy<br>Intermediary agencies<br>Philanthropy<br>Intermediary<br>Place based orgs<br>Peer support orgs | Families accessing services without barriers.<br><br>Less children are entering disadvantage<br><br>More parents are supported. |

## Incremental Reform Catalogue

| | | | | | | |
|---|---|---|---|---|---|---|
| Philanthropy partners with governments in primary preventative initiatives, seeing community and future generations flourishing | | Harness vision and hope in society.<br><br>Philanthropy can align to specific areas of primary prevention to invest into<br><br>Harness place<br><br>Enables enduring peer support models | | | | |

## Snapshot of families with children under 2

## Attachment 2A




In Australia in 2021 there were:
283,457 children aged zero
290,064 children aged 1

In Tasmania, there were:
5,487 children aged zero
5,461 children aged 1

In Kingborough, there were:
371 children aged zero
415 children aged 1
418 children aged 2

In 2023 there were:
286,998 births in Australia
5,567 in Tasmania
346 in Burnie

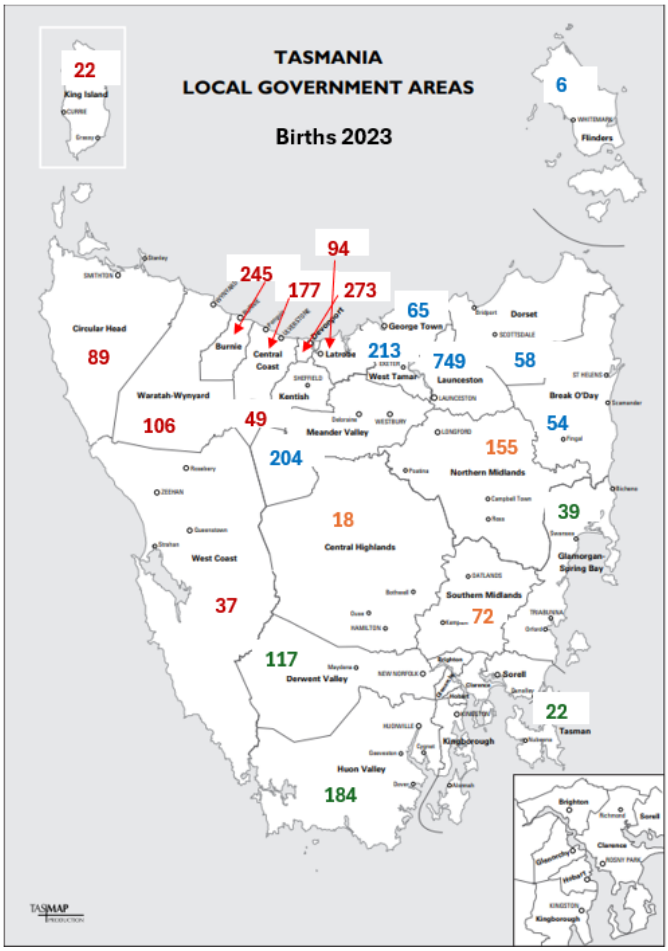
In Kingborough, for 2,075 children aged 0-4:

- 6.6% are First Nations
- 95% were born in Australia
- 1% have need for assistance

For 4,150 families with children under 15:

- 80% are couple families
  - (74% Tasmania, 80% national)
- 20% are single parent families

In Tasmania:
Births to mothers under 25: 14.8 per cent (11.3 per cent nationally)
First Nations births: 12.2 per cent* (8.6 per cent nationally)
Median age of mothers: 30.9 (31.9 nationally)
First baby for 45.5 per cent of new mothers



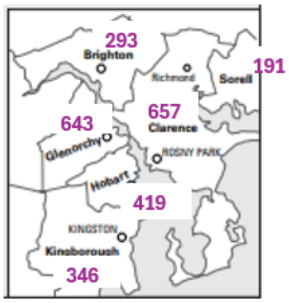

For mothers who gave birth in Tasmania in 2022:

- 65% lived in inner regional, 33% in outer regional, rest remote
- 42.5% lived in most disadvantaged SEIFA IRSD* quintile
- 62% gave birth in a public hospital; 38% private
- 87% had first antenatal visit at less than 14 weeks gestation
- 93% had 5+ antenatal visits
- 84% did not smoke at any time
- 87% did not drink alcohol in first 20 weeks; 95% after 20 weeks
- 27% were overweight; 27% obese

For babies:

- 8.9% of babies born pre-term; 6.7% low birth weight
- 96.7% had an apgar score of 7-10 at 5 minutes post birth

For children:



## Snapshot of families with children under 2

## Attachment 2A

Tasmanian Government | Department of Health

**Health checks and immunisation, Tasmania**

The Department of Health, Tasmania, reported in 2022-23

- Ninety-three per cent of mothers attended the 8-week Child Health Assessment
- Child Health and Parenting Service (CHaPS) supported families with children aged 0-5 on 51,729 occasions

**Children in the NDIS, national and Tasmania**

National Disability Insurance Agency data shows that in 2023-24, Quarter 4:

- There were 103,293 children 0-6 in the NDIS
- Of these 1,651 were in Tasmania
- The most common disability type for 0- to 6-year-old participants is developmental delay (including Global Developmental Delay) (48%) followed by Autism (33%).

**Out-of-home care, national and Tasmania**

- At 30 June 2023, there were 45,273 children in out-of-home care, 975 in Tasmania (8.5 per 1,000)
- In 2022-23, 10,899 children were admitted to out-of-home care, 158 in Tasmania
- Of the 158 in Tasmania, 65 were Indigenous, 65 non-Indigenous, 28 unknown
- Of the 158 in Tasmania, 44 (28%) were <1, 36 (23%) aged 1-4

**Early Childhood Education and Care, national and Tasmania**

Report on Government Services (ROGS) data shows that that in 2023:

- Nationally, 34,518 (11.4%) children <1 and 154,014 (50.8%) children aged 1 attended approved child care services
- In Tasmania, 728 (13.2%) children under 1 and 2,716 (46.4%) children aged 1 attended approved child care services
- In Tasmania, for children 0-12 attending approved child care, 60.3% attended centre- based care, 9.4% family day care and 37.6% OSHC

**Centrelink payments, Tasmania**

Department of Social Services data shows that in the December quarter 2023:

- In Tasmania, 33,255 families received Family Tax Benefit Part A (FTB-A) & 26,125 received Family Tax Benefit Part B (FTB-B)
- In Tasmania, 1,365 families received Parenting Payment Partnered (PPP) & 8,385 received Parenting Payment Single (PPS)

## Snapshot of families with children under 2 Attachment 2A

| Australian Early Development Census (AEDC) 2021 - Kingborough | | | | | |
|---|---|---|---|---|---|
| Children measured | 447 | | Parent/s engaged with school | 95.7% | |
| Special needs status | 18 | | Read to/encouraged at home | 92.6% | |
| Developmentally vulnerable on 1+ domain | Kingborough | 13.1% | Developmentally vulnerable on 2+ domains | Kingborough | 6.8% |
| | Tasmania | 23.2% | | Tasmania | 11.9% |
| | National | 22.0% | | National | 11.4% |

Outcome measures relating to the wellbeing of children and families will be drawn from sources such as ***Measuring What Matters***, ***Tasmania's Child and Youth Wellbeing Strategy*** and ***Tasmania Together***. Below are examples.

| **Measuring What Matters framework – wellbeing themes** | | | |
|---|---|---|---|
| *Healthy* | *Secure* | *Cohesive* | *Prosperous* |
| 1. Access to care and support services<br>2. Access to health service<br>*3.* Mental health | 4. Childhood experience of abuse<br>*5.* Experience of violence<br>*6.* Feeling of safety<br>*7.* Homelessness | *8.* Social connections<br>*9.* Trust in Australian public services | 10. Childhood development<br>11. Education attainment<br>12. Literacy and numeracy skills at school<br>13. Secure jobs<br>*14.* Skills development |

| **Tasmania's Child and Youth Wellbeing Strategy - domains** | |
|---|---|
| **Loved, Valued and Safe**<br>○ % living with both their mother and father in one home<br>○ Rate of children in out of home care | **Learning**<br>○ Percentage of 0-2 years attending formal childcare<br>○ % 'on track' for language and cognitive skills domain of the AEDC |
| **Material Basics**<br>○ % of families with dependent children in overcrowded housing<br>○ % of households with children with no parent in employment | **Participating**<br>○ % of dwellings with a car<br>○ % 'on track' for communication skills in the AECD |
| **Healthy**<br>○ % of mothers smoking during pregnancy<br>○ % attended antenatal visit in first trimester | **Culture and Identity**<br>○ % 'on track' for social competence in the AEDC |

| **Tasmania Together Plan – measures of progress** |
|---|
| • Proportion of children living in families where no resident parent is employed<br>• Proportion of children who are on track in their development of social competence upon entering full-time school (from AEDC data)<br>• Proportion of children who are developmentally vulnerable in their language and cognitive skills (including literacy and numeracy) upon entering full-time school (from AEDC data)<br>• Proportion of live-born infants of low birth weight<br>• Exclusive breastfeeding at four months<br>• Teenage fertility rates<br>• Measures relating to NAPLAN results |

## Costs of supporting families in the first 1,000 days Attachment 2D

This is early work towards estimating costs of supporting families with children under two years of age. Information here is for all children, not just those under two.

**Australian Government payments to families with children** The information in the table below is from the Social Services Portfolio Budget Statements 2024-25, Budget Related paper No. 1.14.

| Payment | 2023-24 Estimated actual ($ thousands) | Age of child eligibility |
|---|---|---|
| Parental Leave Pay | 2,983,159 | Newborn, within 2 years of birth or adoption |
| Child Care Subsidy | 13,932,710 | Age 13 or under |
| Family Tax Benefit Part A (includes newborn supplement) | 12,872,685 | 0-15; 16-19 in full-time study |
| Family Tax Benefit Part B | 3,716,685 | Youngest under 13 for couples; end of calendar year turns 18 for single parents, grandparent carers |
| Rent Assistance with FTB | 1,992,236 | Paid with FTB for those in receipt of income support |
| Parenting Payment Single | 6,325,355 | Youngest child under fourteen |
| Parenting Payment Partnered | 876,238 | Youngest child under six |
| Rent Assistance with PPP | 1,761 | Paid with PPP or PPS |
| Rent Assistance with PPS | 68,632 | |

**Child protection**

The information in the table below is from the Productivity Commission's Report on Government Services, 2024, for 2022-23.

| Cost component | Australia | Tasmania |
|---|---|---|
| | ($ thousands) | |
| Protective intervention services | 2,011,349 | 32,075 |
| Care services | 5,920,437 | 97,511 |
| Intensive family support services – Australian Government | 10,977 | |
| Intensive family support services – state and territory governments | 562,423 | 13,383 |
| Family support services | 870,586 | 30,795 |
| TOTAL | 9,375,772 | 173,764 |
| Per child aged 0-17 (all children) | $1,638.40 | $1,516.05 |

**Children in the NDIS**

The information in the table below is for NDIS participants aged 0-6 from *Young People in the NDIS*, 30 June 2020.

| Annualised committed supports in approved plans | Average annualised committed supports | Average utilisation of committed supports |
|---|---|---|
| $1.5 billion | $24,080 | 60% |

**Maternity care in Tasmania.**

The information below is from the Tasmania Department of Health's Annual Report 2022-23.

| | 2023 ($ thousands) | 2022 ($ thousands) |
|---|---|---|
| **Maternity Services** | 4,847 | 26,084 |