



Radical Pragmatism: can we achieve equity in child health and development in a generation?

Professor Sharon Goldfeld

Director, Centre for Community Child Health, The Royal Children's Hospital Melbourne

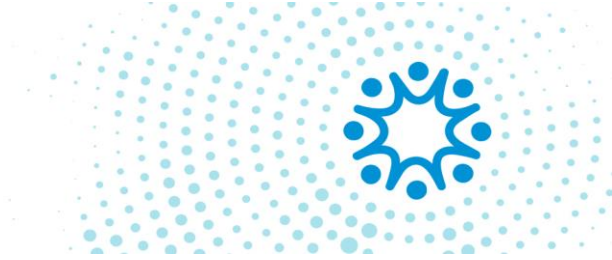
Theme Director Population Health and Co-Group Leader Policy and Equity, Murdoch Children's Research Institute

Professor, Department of Paediatrics, University of Melbourne



@sharon_goldfeld

Changing Children's Chances



- **Investigator team:**

- Professor Sharon Goldfeld - University of Melbourne
- Professor Katrina Williams – Monash University
- Associate Professor Susan Woolfenden – University of New South Wales
- Professor Hannah Badland – RMIT University
- Professor Naomi Priest – Australian National University
- Associate Professor Margarita Moreno-Betancur – University of Melbourne
- Dr Meredith O'Connor – Murdoch Children's Research Institute
- Dr Francisco Azpitarte Raposeiras – Loughborough University, UK
- Dr Alicia McCoy – Beyond Blue
- Dr Timothy Gilley – Brotherhood of St Laurence

- **Partner Organisations:**

- Beyond Blue
- Victorian Health Promotion Foundation
- Australian Government Department of Health
- Australian Government Department of Social Services
- Brotherhood of St Laurence

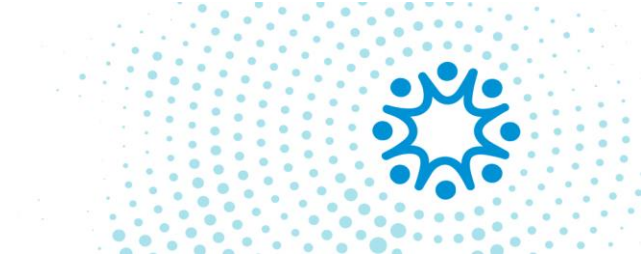
- **Funding:**

- Australian Research Council Linkage Project (LP190100921)

- **CCC team:**

- Dr Sarah Gray
- Dr Elodie O'Connor
- Dr Shuaijun (Jun) Guo
- Ms Cindy Pham





Background

- Early years lays the **foundation** for lifelong health, development, and wellbeing.
- Not every child has an equal start in life.¹
- Early disadvantage carries **immediate and lasting impacts** on individual and societal costs.²
- To address inequity and optimise the health and development of children a starting point is to effectively assess and **measure the disadvantage** experienced by children and families.³
- We also need the specific evidence to inform the development of **precision policy** to redress child inequities.⁴

1. Braveman P, Barclay C. Health disparities beginning in childhood: A life-course perspective. *Pediatrics*. 2009;124(Suppl 3):S163-175

2. Heckman J, Mosso S. The economics of human development and social mobility. *Annual Review of Economics*. 2014;6:689-733.

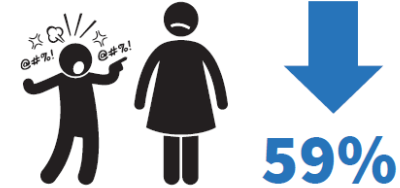
3. Goldfeld S, O'Connor M, Cloney D, et al. Understanding child disadvantage from a social determinants perspective. *Journal of Epidemiology & Community Health*. 2018;72(3):223-229.

4. Goldfeld, S., Gray, S., Azpitarte, F., et al. Driving precision policy responses to child health and developmental inequities. *Health Equity*. 2019;3(1), 489-494.

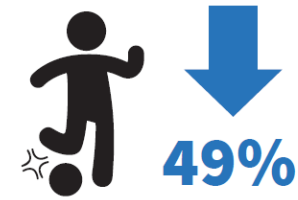
Changing Children's Chances

- Reducing inequities in children's health and development is a **priority**
- Benefits of intervening in the **early years**
- There are many existing policies and services that can help children and families thrive
- Lack of evidence to inform which interventions to prioritise

Socio-emotional
problems



Physical functioning
problems



Learning
problems





Radical pragmatism:

We argue the radical pragmatism of effective crisis response—
a willingness to try whatever works, guided by an experimental mindset
and commitment to empiricism and measuring results —
represents a policymaking model that can and should be applied more widely,
not only in times of crisis

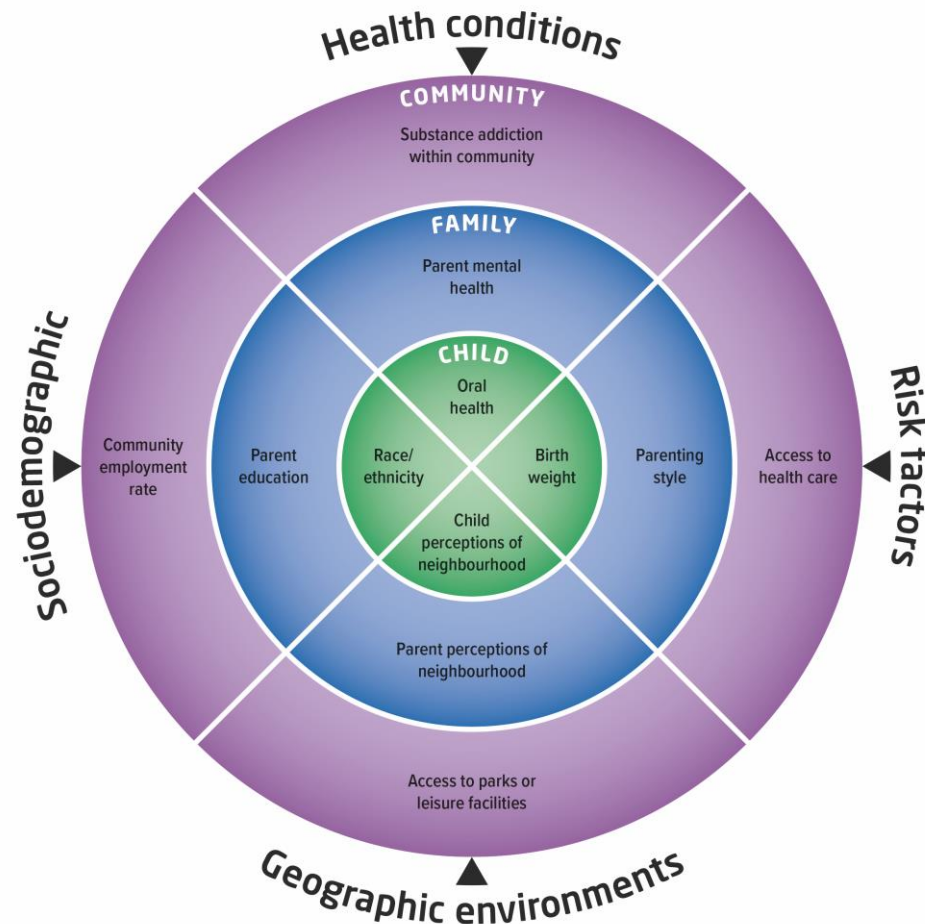


Phase One of Changing Children's Chances

- CCC **aimed** to describe the extent and patterning of inequities in children's health and development
- Child disadvantage is **complex**
- Some national and Victorian datasets used:
 - Longitudinal Study of Australian Children (LSAC) and its data linkages
 - National Assessment Program – Literacy and Numeracy (NAPLAN)
 - Child Health CheckPoint

Our findings so far

Child disadvantage can be best understood through **four social determinants lenses**



Healthy childhood and pregnancy

Understanding child disadvantage from a social determinants perspective

Sharon Goldfeld,^{1,2} Meredith O'Connor,^{1,2} Dan Cloney,^{1,3} Sarah Gray,¹ Gerry Redmond,⁴ Hannah Badland,⁵ Katrina Williams,^{2,6,7} Fiona Mensah,^{2,8} Sue Woolfenden,^{1,9,10} Amanda Kvalsvig,¹ Anita T Kochanoff¹¹

Scan QR to
publication in *JECH*



www.rch.org.au/ccch

Our findings so far

Children's exposure to disadvantage may **change over time**

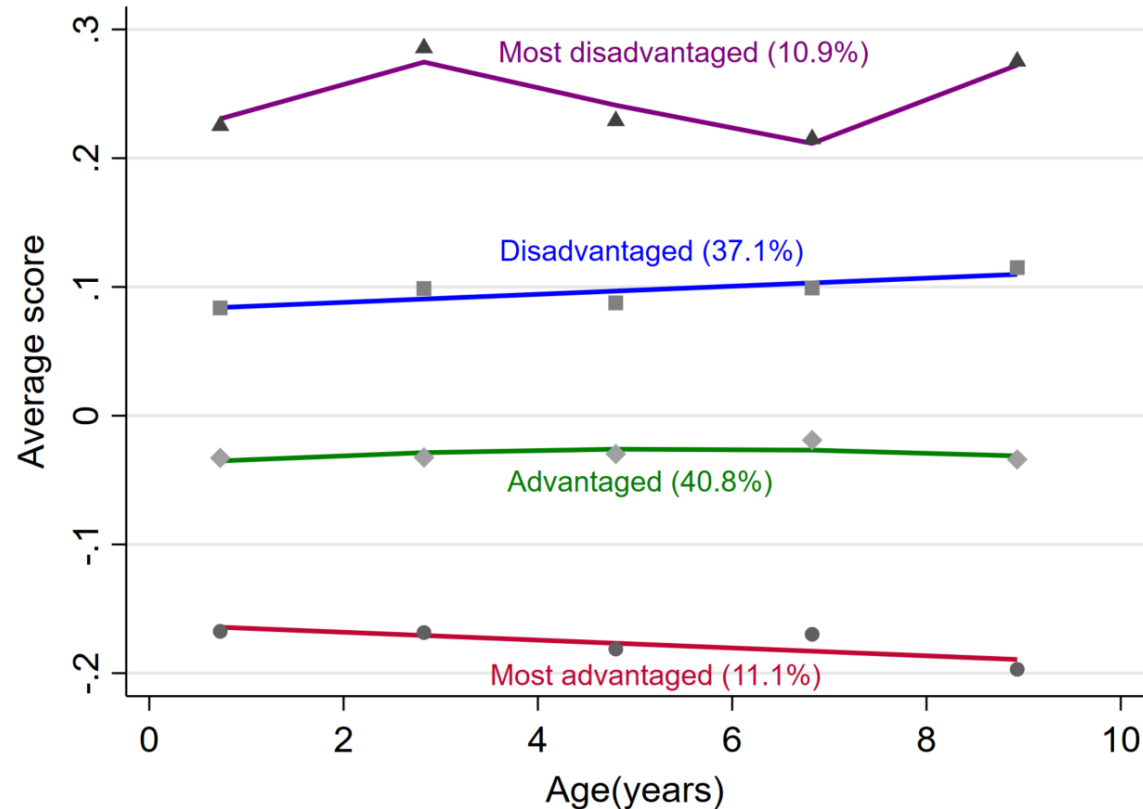


Figure 2. Pathways of overall disadvantage from 0-1 to 8-9 years.
Higher average scores indicate higher levels of disadvantage.

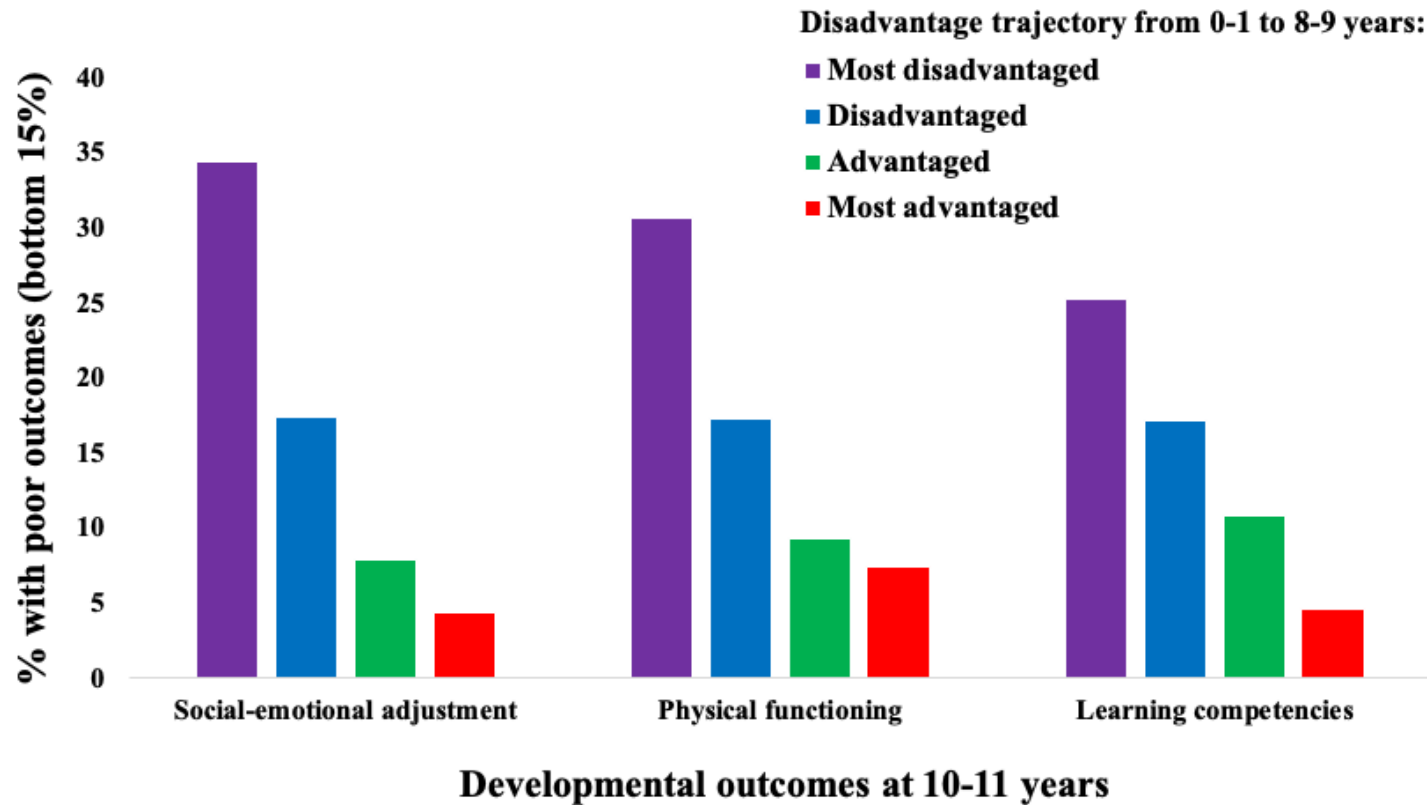


Scan QR to
publication in IJE



Our findings so far

The impact of disadvantage on children's development



Scan QR to
publication in IJE





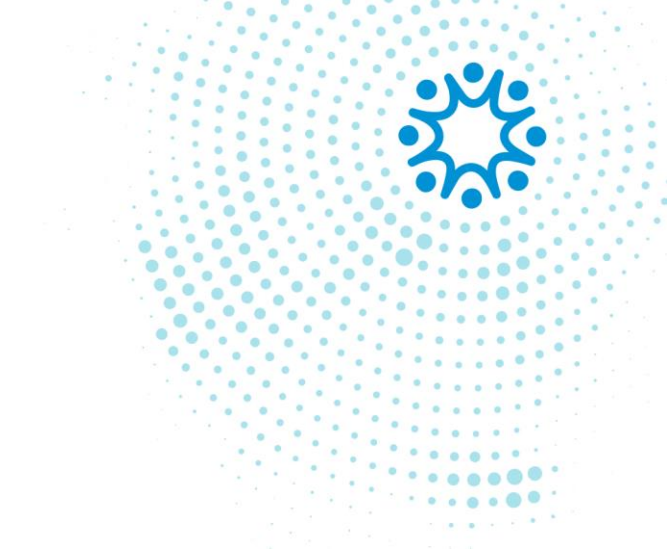
Knowledge translation

- We work collaboratively with our Knowledge Translation Reference Group to generate evidence that is policy-relevant, targets the needs of decision makers and aligns with current policy imperatives
- Project website:
 - [https://www.rch.org.au/ccch/research-projects/Changing Children s Chances/](https://www.rch.org.au/ccch/research-projects/Changing_Children_s_Chances/)



Our findings so far

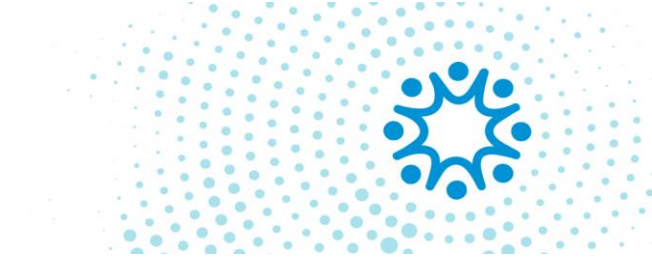
- Developing ethical frameworks to define and prioritise inequities remain a **challenge**
- Need for **precision policy**
- Direct limited public funds to intervention opportunities with **greatest impact**



Scan QR to
publication in *HE*

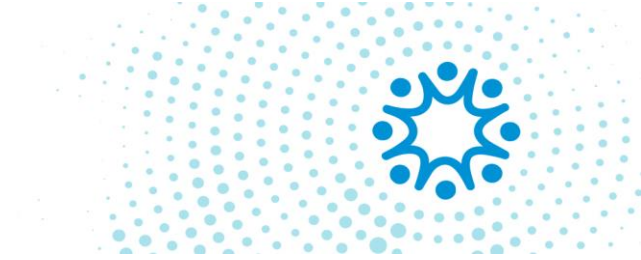


www.rch.org.au/ccch



Phase Two of Changing Children's Chances

- CCC **aims** to understand policy opportunities for reducing inequities in children's mental health, physical health and academic achievement
- We do this by modelling the impact of '**hypothetical**' **interventions in existing data**, including:
 - Longitudinal Study of Australian Children (LSAC) and its data linkages
 - First Five Years (Multi-Agency Data Integration Project)
 - Effect Early Educational Experiences (E4Kids)



Our findings so far

- Reading inequities – children experiencing disadvantage have **20.1% higher risk of poor reading outcomes**
- Interventions that provide these children with the same amount of **home reading** and **preschool attendance** as other children could reduce this increased risk of poor reading outcomes by 1.7%
- While promising interventions, they alone are not sufficient to address reading inequities



Scan QR to
publication in AP





Our findings so far

‘Addressing child mental health inequities through parental mental health and preschool attendance’ - Paper accepted by *Pediatrics*

- Inequities in children’s mental health problems – children experiencing disadvantage have a **11.6% higher risk of mental health problems**
- Interventions that promote the **parental mental health** and **preschool attendance** of these children to the same level as their peers could reduce this increased risk of mental health problems by 0.8%
- While these are promising interventions, they alone are not sufficient to address mental health inequities

Our findings so far

- Single intervention approaches are not sufficient to tackle inequities
- Addressing child inequities requires **stacking/combining multiple complementary interventions** throughout the early years
- Including addressing socioeconomic disadvantage itself



Scan QR to
publication in AP





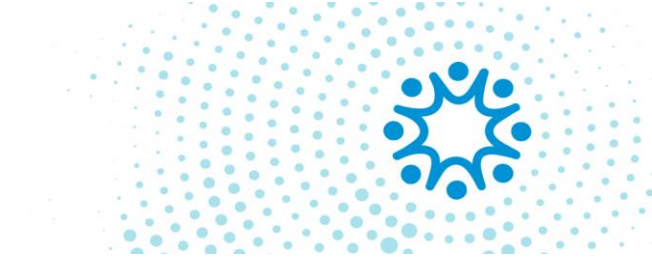
Knowledge translation

- Broad narrative snapshot detailing the Changing Children's Chances project across Phase One and Phase Two



Changing Children's Chances

Reducing disadvantage in early childhood would have immediate and lasting benefits for children, families and communities. The Changing Children's Chances project has already shown that we can almost halve problems with children's health and development if we address disadvantage. Now the Changing Children's Chances researchers are modelling how combining or 'stacking' interventions can reduce inequities in children's health and development – particularly for those experiencing the greatest vulnerability or disadvantage.



Where to next?

- Need to move away from thinking about single policy levers to consider combinations of levers and the system these levers are operating in, to identify optimal **cross-portfolio combinations**
- Likely to require a combination of universal services (available to all) and targeted services (that benefit that children most in need)
- Based on evidence and built on existing foundations
- What interventions should we stack?



Child-level factors

- Poorer mental health
- Poorer child health & development
- Poorer academic achievement



Family-level factors that impact children

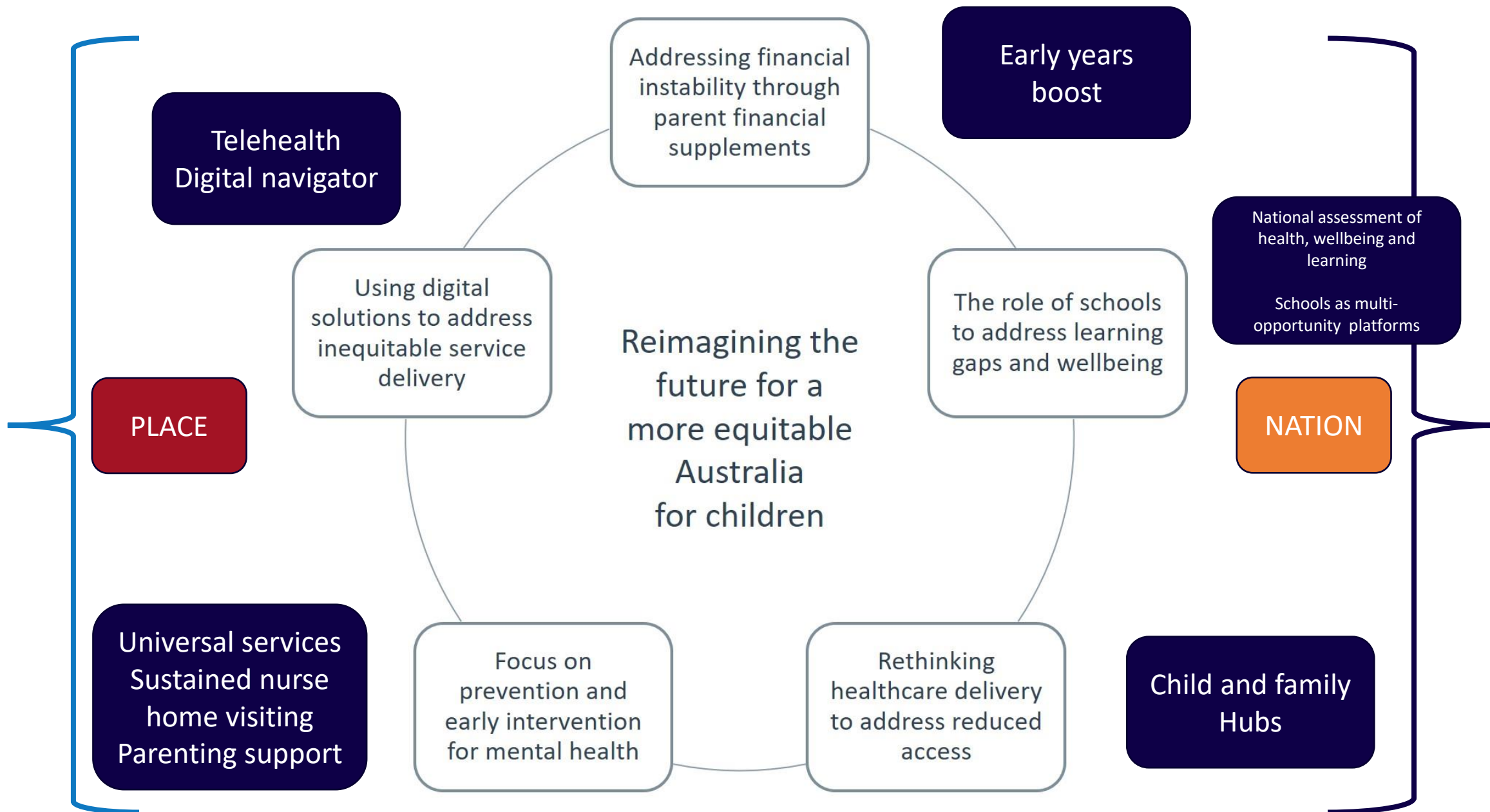
- Poorer parent mental health
- Reduced family income & job losses
- Increased household stress
- Increased abuse & neglect
- Poorer maternal & newborn health



Service-level factors that impact children

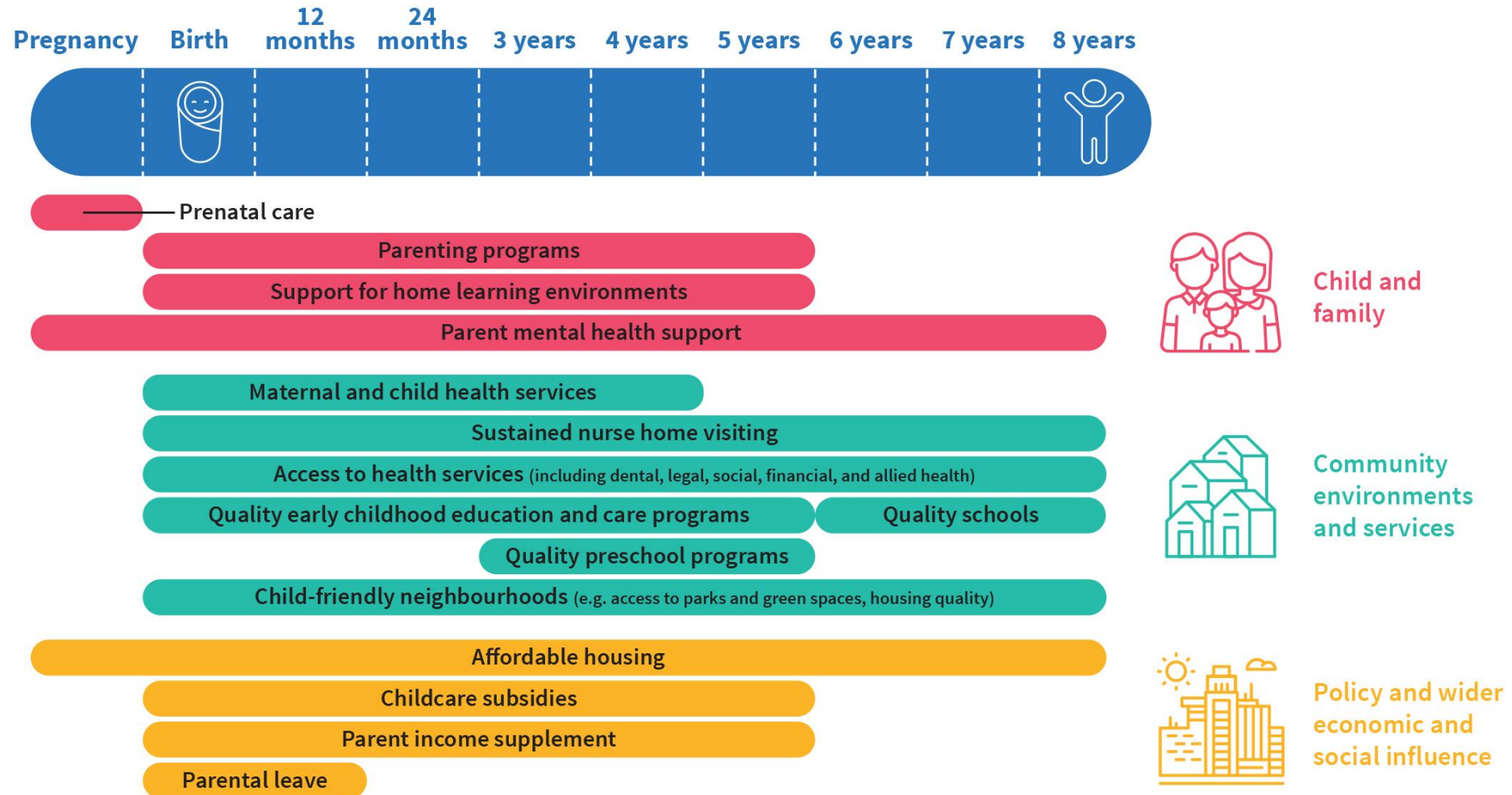
- School closures
- Reduced access to healthcare
- Increased use of technology for learning, connection & healthcare

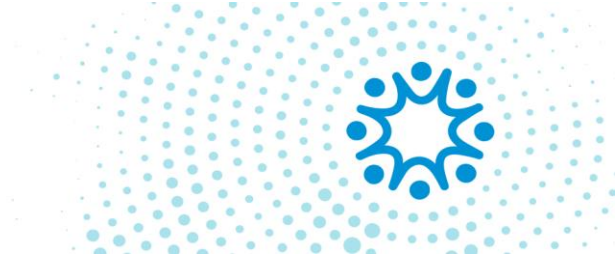
Disproportionate impact on children experiencing adversity








Stacking interventions





Examples of interventions we can stack

			Empirical evidence	
 Child and family	Policy lever	Relevant policies/services	Hypothetical intervention	Positive outcomes
	Parenting	Victorian Early Parenting Centres Outcomes Framework	Parenting skills programs for parents experiencing disadvantage	Child health
 Community environments and services	Attendance at quality ECEC	Access to high quality ECEC (15hr/week) each year before school	Attendance at high quality ECEC for children experiencing disadvantage	Child health and learning
	Parent mental health	Better Access Initiative; National Mental Health Research Strategy	Supporting parents with mental health problems	Child health
	Child mental health	Better Access Initiative; National Children's Mental Health and Wellbeing Strategy	Promoting mental health literacy for children with mental health problems	Child mental health
 Policy and wider economic and social influence	Household income (income supplement)	JobSeeker; JobKeeper; Newborn Upfront Payment	Cash transfer in child's first year of life for families with low income	Child health and development; Parent mental health; Parenting
	Child care subsidy	Labour Government's plan for childcare subsidies change; Child Care and Development Block Grant	Universal subsidy for ECEC for families with low income	Boost GDP by \$27 billion annually at a cost of \$12 billion
	Housing	Help to Buy; Housing Supply Action Plan	Improve housing for families experiencing disadvantage (e.g., tenure type, quality, affordability)	Child health, development and learning



The vision and possibility of GenV

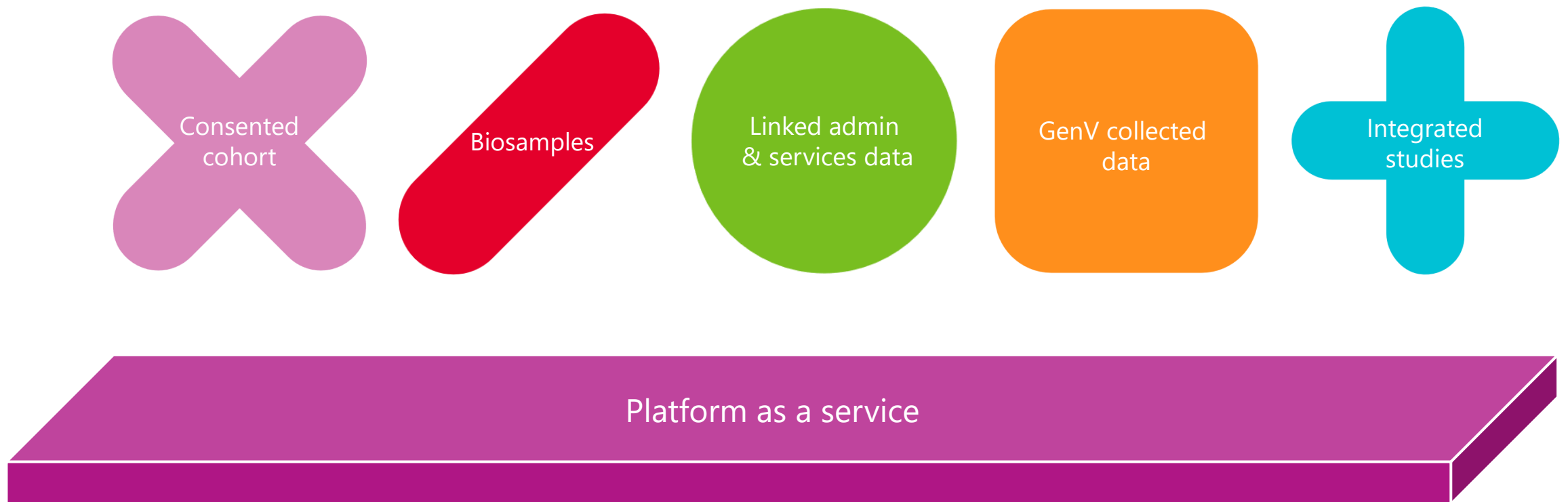
GenV is about the future of the next generation

GenV is designed to address problems:

- Slow pace of discovery and translation in research
- Poor returns on the information that services already collect
- High burden and inequities of modern childhood problems
- The growing threat of adult chronic diseases



What is GenV?



A truly representative Cohort

- 12+ months of recruiting in all 58 Victorian birthing hospitals and in many languages
- 65,000 participants (25,000 babies)
- Australia's largest consented child and parent cohort
- GenV has recruited during COVID making GenV internationally significant
- Closely representative of the state of Victoria's demographics incl First Nations, culturally and linguistically diverse (CALD) and low income/education families



The background of the entire image is a stunning astronomical photograph of a nebula. It features intricate, billowing clouds of interstellar dust and gas in shades of deep orange, rust, and red. These clouds are set against a vast, dark blue space filled with numerous stars of varying brightness. Some stars exhibit prominent diffraction spikes, creating a sparkling effect. The overall composition is dynamic and awe-inspiring, evoking a sense of the grandeur of the universe.

Imagine a world where all children thrive

A world that centres on prevention, early intervention and tailored care for children.

Our shared vision for GenV is making this a reality.



Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.

Suzanna Arundhati Roy



The Centre For Community Child Health
The Royal Children's Hospital Melbourne
50 Flemington Road
Parkville 3052 VIC

www.rch.org.au/ccch

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

**Melbourne
Children's**
A world leader
in child and
adolescent
health

