Beyond the silver bullet: closing the equity gap for children within a generation

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Director Population Health and Co-Group Leader Policy and Equity, Murdoch Children's Research Institute
Professor, Department of Paediatrics, University of Melbourne

@sharon_goldfeld





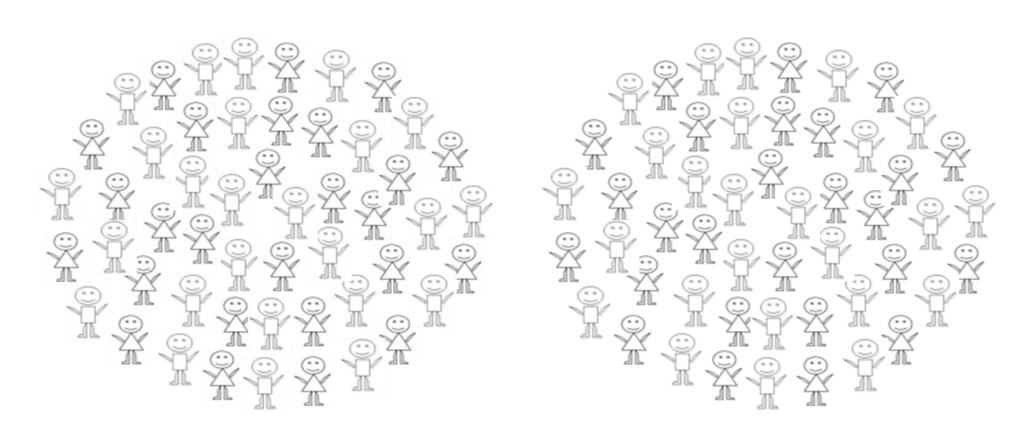








How can we keep populations of children healthy and developing well?







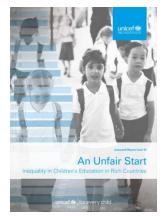


Figure 2: League Table Inequality across three stages of education

		Preschool (rank)	
1	Latvia	4=	2
2	Ireland	33	16
3	Spain	22	4
4	Denmark	17-	12
5	Estonia	31	
6	Poland	4=	15
7	Croatia	24=	
8	Japan	34	
9	Canada	27	18
10	Slovenia	28	17
11	Finland	14	3
12	Portugal	8	8
13	Italy	15	6
14	Romania	39	
15	Lithuania	1	13
16	United Kingdom	20	23
17	Republic of Korea	35	
18	Switzerland	4=	
19	Hungary	32	19
20	Norway	17=	7
21	Greece	29	
22	Iceland	2=	
23	Germany	23	20
24	United States	40	22
25	Sweden	16	11
26	Netherlands	10=	1
27	Czech Republic	38	10
28	Belgium	10=	9
29	Austria	10=	5
30	Australia	36	25
31	Cyprus	26	
32	Slovakia	37	21
33	New Zealand	30	28
34	Luxembourg	13	
35	France	2=	14
36	Israel	4=	27
37 38	Bulgaria	24-	26
38	Malta	17=	29
	Chile	21	24
	Mexico	9	
	Turkey	41	





UNICEF Innocenti Rank		Most recent rate of child poverty (Average 2019–2021)		Change in child poverty rate (2012–2014 to 2019–2021)	
		%	Rank	%	Rank
1	Slovenia	10.0	2	-31.4	2
2	Poland	14.1	8	-37.6	1
3	Latvia	16.3	16	-31.0	3
4	Republic of Korea	15.7	15	-29.0	5
5	Estonia	14.8	9	-23.4	6
6	Lithuania	18.3	22	-30.6	4
7	Czechia	11.6	4	-14.5	16
8	Japan	14.8	11	-18.7	11
9	Ireland	14.8	10	-18.5	12
10	Croatia	16.6	17	-21.8	10
11	Canada	17.2	19	-22.7	7
12	Belgium	14.9	12	-17.0	15
13	Portugal	19.3	25	-22.5	9
14	Finland	10.1	3	0	26
15	Denmark	9.9	1	+3.5	30
16	Malta	19.8	26	-18.2	13
17	Netherlands (Kingdom of the)	13.5	7	+0.7	27
18	Greece	22.3	31	-17.2	14
19	New Zealand	21.1	29	-11.7	17
20	Norway	12.0	5	+10.1	35
21	Slovakia	18.9	23	-4.9	21
22	Sweden	18.0	20	-2.4	23
23	Iceland	12.4	6	+11.0	38
24	Cyprus	15.6	14	+4.0	32
25	Germany	15.5	13	+5.0	33
26	Australia	17.1	18	+1.7	29
27	Chile	21.6	30	-7.7	19
28	Romania	29.0	37	-22.5	8
29	Austria	19.2	24	+5.3	34
30	Switzerland	18.0	21	+10.3	36
31	Bulgaria	26.1	34	-8.3	18
32	United States	26.2	35	-6.7	20
33	France	19.9	27	+10.4	37
34	italy	25.5	33	-0.8	25
35	Luxembourg	24.5	32	+3.7	31
36	Spain	28.0	36	-4.0	22
37	United Kingdom	20.7	28	+19.6	39
38	Türkiye	33.8	38	+1.5	28
39	Colombia	35.8	39	-2.1	24

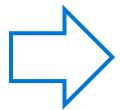


Figure 3: A league table of child well-being outcomes: mental well-being, physical health, a and social skills

Overall ranking	Country	Mental well-being	Physical health
1	Netherlands	1	9
2	Denmark	5	4
3	Norway	11	8
4	Switzerland	13	3
5	Finland	12	6
6	Spain	3	23
7	France	7	18
8	Belgium	17	7
9	Slovenia	23	11
10	Sweden	22	5
11	Croatia	10	25
12	Ireland	26	17
13	Luxembourg	19	2
14	Germany	16	10
15	Hungary	15	21
16	Austria	21	12
17	Portugal	6	26
18	Cyprus	2	29
19	Italy	9	31
20	Japan	37	1
21	Republic of Korea	34	13
22	Czech Republic	24	14
23	Estonia	33	15
24	Iceland	20	16
25	Romania	4	34
26	Slovakia	14	27
27	United Kingdom	29	19
28	Latvia	25	24
29	Greece	8	35
30	Canada	31	30
31	Poland	30	22
32	Australia	35	28
33	Lithuania	36	20
30 31 32 33 34 35 36	Malta	28	32
35	New Zealand	38	33
36	United States	32	38
37 38	Bulgaria	18	37
38	Chile	27	36









"Many things we need can wait, the child cannot.

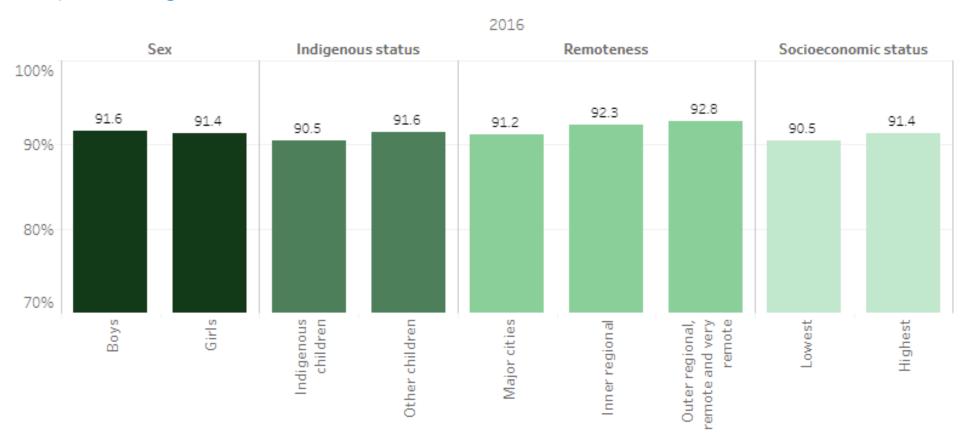
Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today."

Gabriela Mistral (1889-1957)





Proportion of children on the Australian Childhood Immunisation Register who are fully immunised at 2 years of age





Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically, or geographically.

- International Society for Equity in Health [http://www.iseqh.org]
- Venkatapuram S, Bell R, Marmot M: The right to sutures: social epidemiology, human rights, and social justice. Health Hum Rights 2010, 12:3-16.



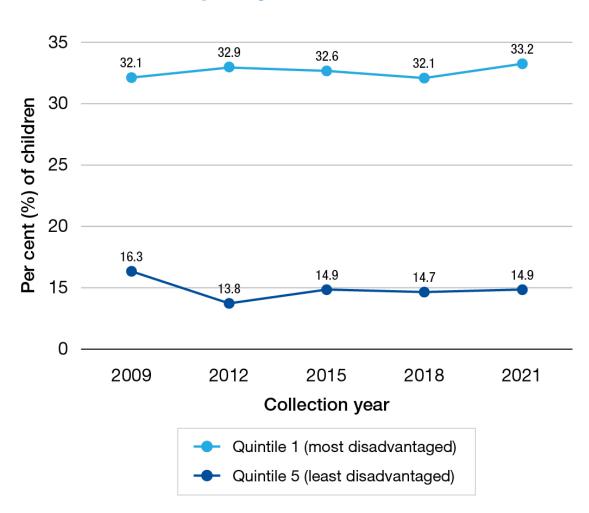


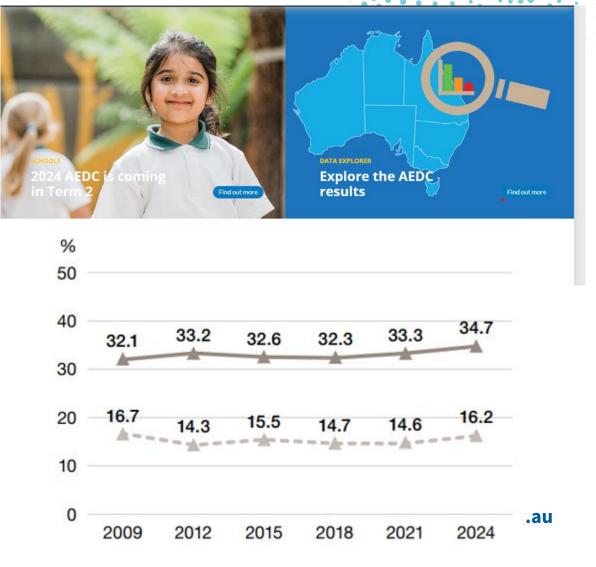




ECD and **Equity**

National trends in developmental vulnerability on one or more domains by community socio-economic position 2009-2021/24

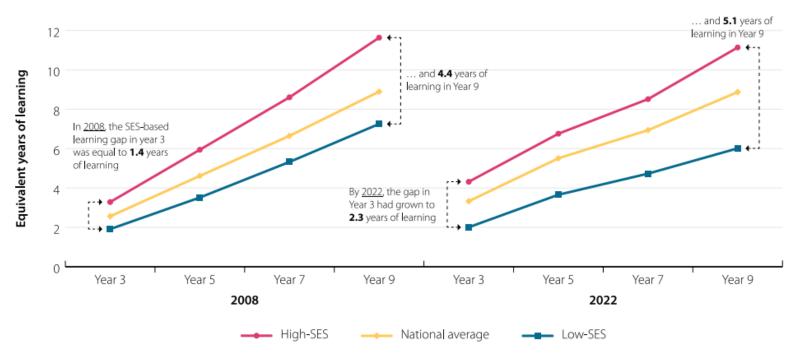




Literacy and equity





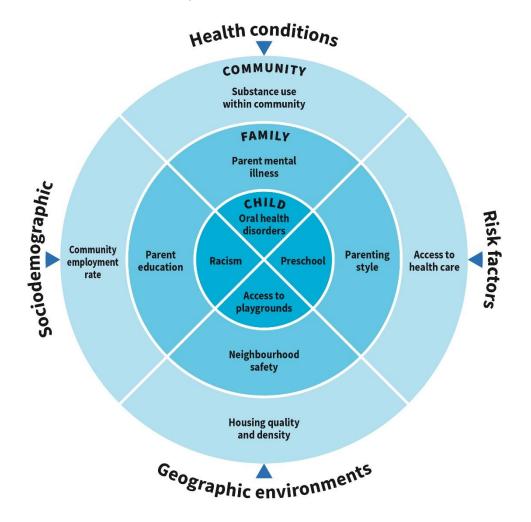


Source: Department of Education analysis of NAPLAN 2008–2022 (NAPLAN data accessible via ACARA, <u>National Report on Schooling Data Portal</u>. (www.acara.edu.au/reporting/national-report-on-schooling-in-australia) ²¹)

^{*} SES = socio-economic status

Key social determinants and inequitable child development

Framework for understanding the four key social determinants that contribute to inequities in children's health and development







Physical functioning problems



Learning problems

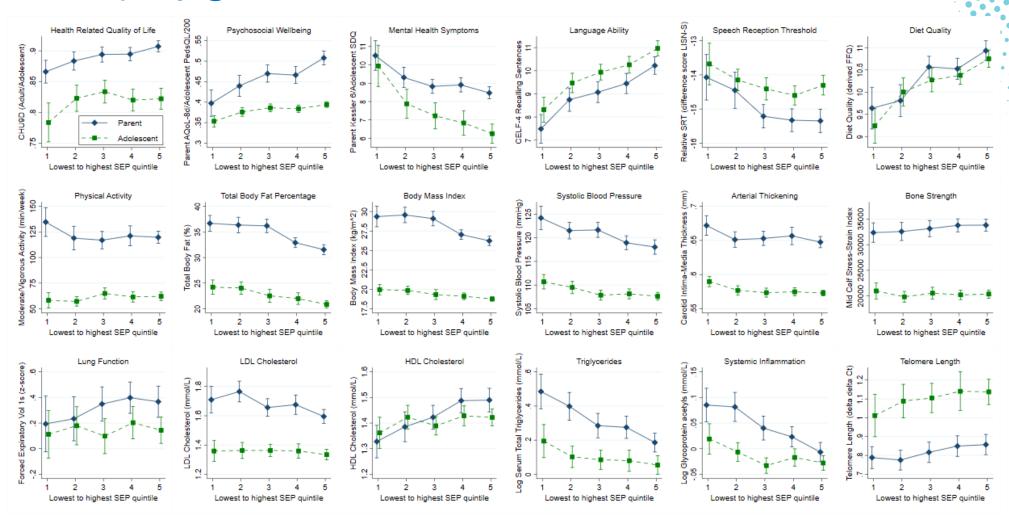


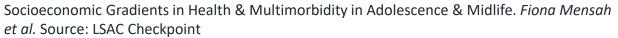
Understanding child disadvantage from a social determinants perspective

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 Kvalsvio, ¹ Anita T Kochanoff ¹¹

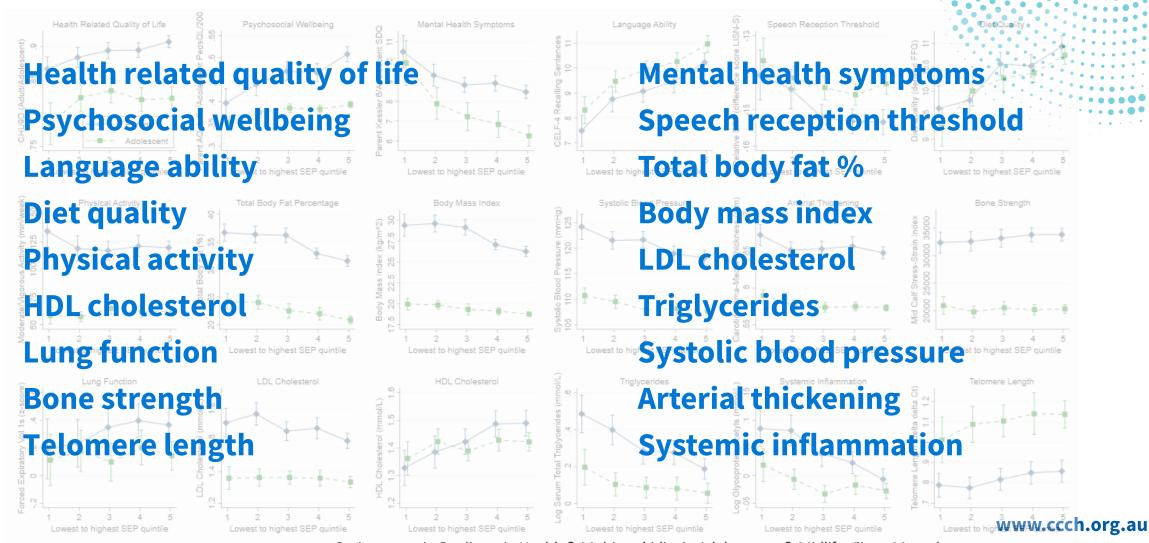
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How equity gets under the skin









Socioeconomic Gradients in Health & Multimorbidity in Adolescence & Midlife. *Fiona Mensah et al.* Source: LSAC Checkpoint



Inequitable Medicare spending

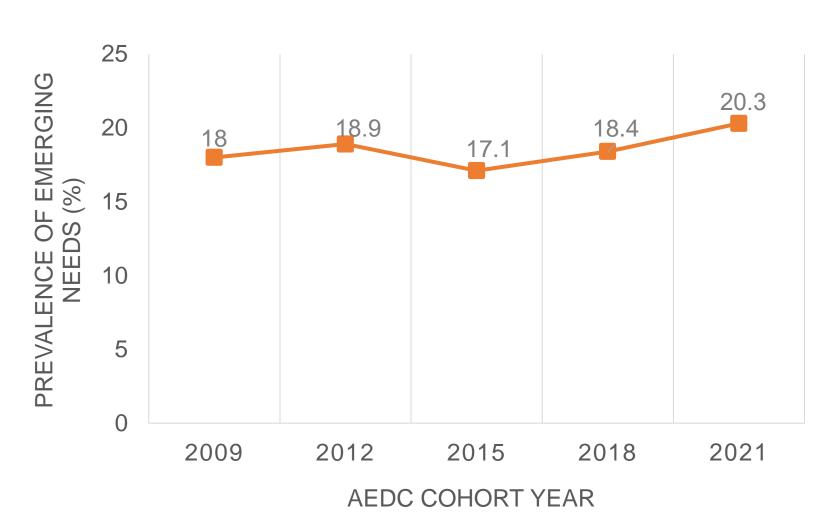
Shares of the Medicare spending by income quintile, birth to 11 years of age						
Income quintile	Total spending	GP		Specialist		Imaging & pathology
Lowest	18%	20%		15%		16%
Second	19%	19%		18%		18%
Third	20%	20%		19%		20%
Fourth	21%	21%		22%		22%
Highest	22%	20%		26%		24%

Data source: LSAC
Dalziel et al https://doi.org/10.1016/j.socscimed.2018.04.037

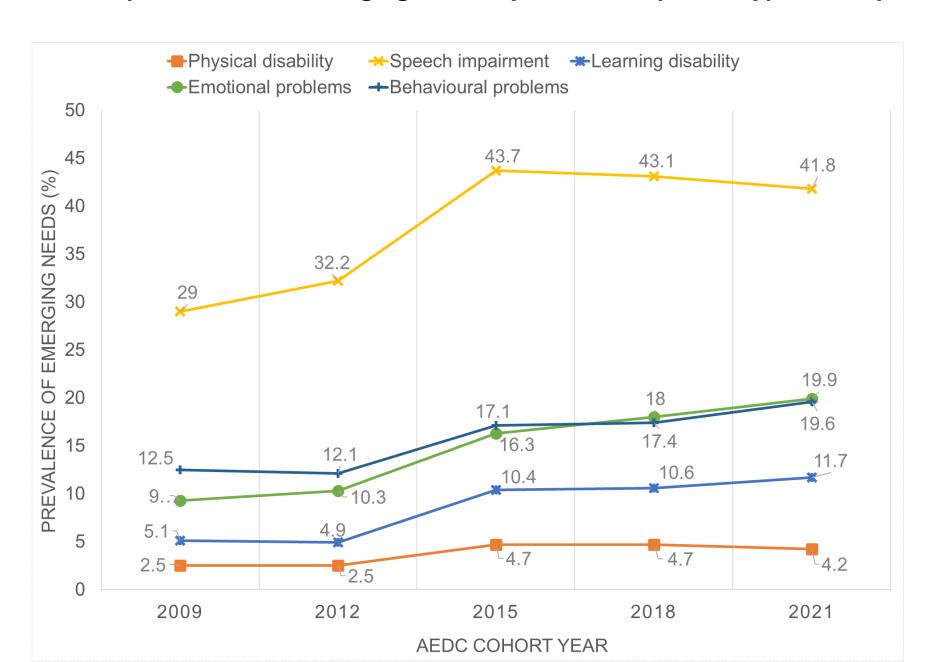


The growing rates of additional needs

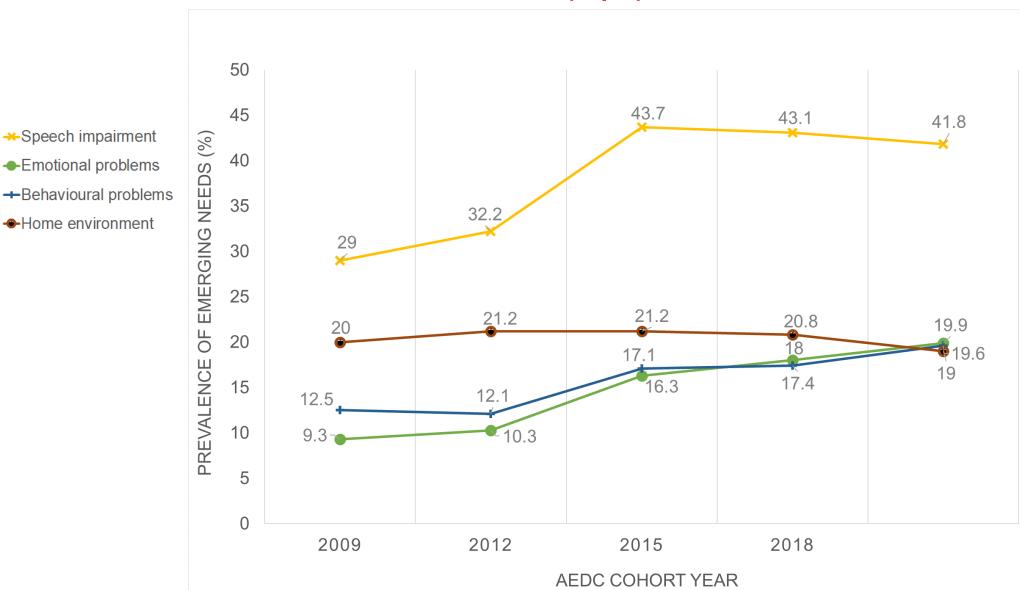
Trends in the prevalence of emerging needs overall in AEDC over time



Trends in the prevalence of emerging needs by teacher-reported types of impairment



Trends in the prevalence of emerging needs by teacher-reported types of impairment (Top 4)



→Speech impairment

Emotional problems

Home environment



The road to equity needs to be paved with more than good intentions





What should we do? What could we do?



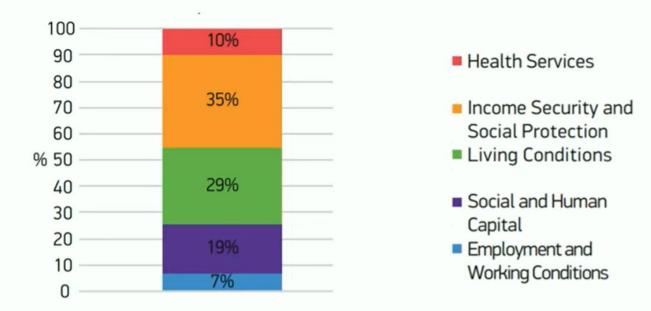


Social Determinants of Health



Evidence from the WHO Health Equity Status Report showed only 10% of the inequality in health status is due to health services.

Income, Living Conditions, and Social Capital have a wider impact on the health of citizens across Europe.



Decomposing the Gap in health status between poorest and richest income quantiles over 36 EU countries

Howe, S. (2023, April 18). Can a Wellbeing Economy Deliver? [Conference Presentation]. John Menadue Oration. https://cpd.org.au/2023/04/menadue-oration-2023/





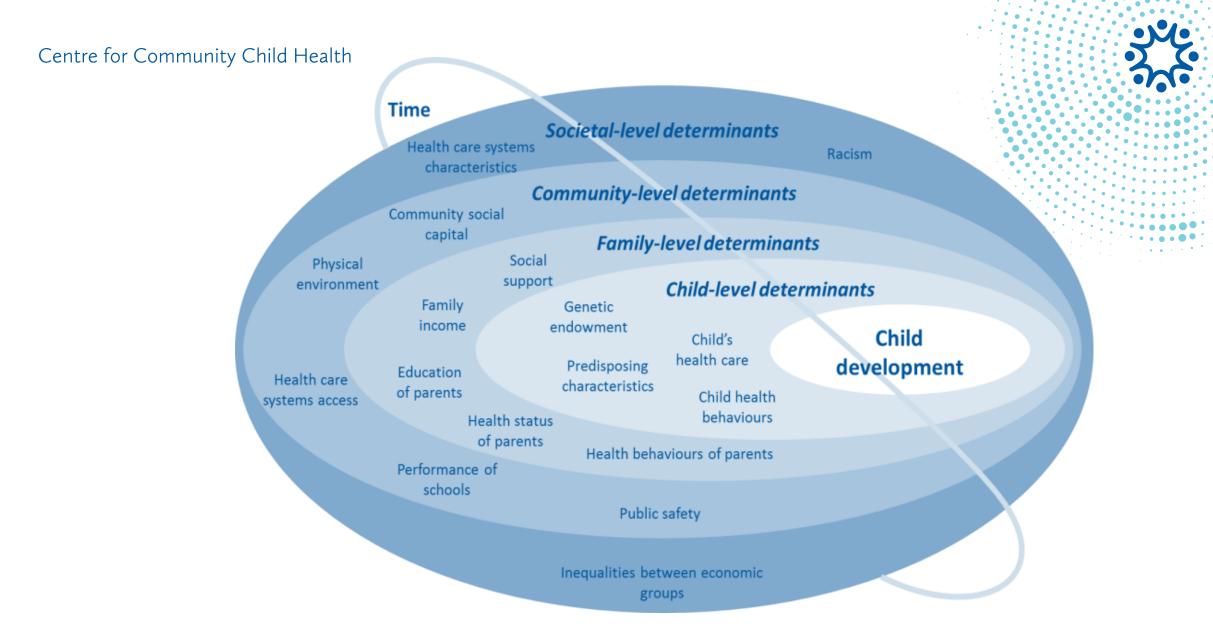
Health & Place

Volume 90, November 2024, 103346



"They're not mentally ill, their lives are just shit": Stakeholders' understanding of deaths of despair in a deindustrialised community in North East England

Timothy Price ^a ス ⋈, Victoria McGowan ^a, Shelina Visram ^a, John Wildman ^b, Clare Bambra ^a



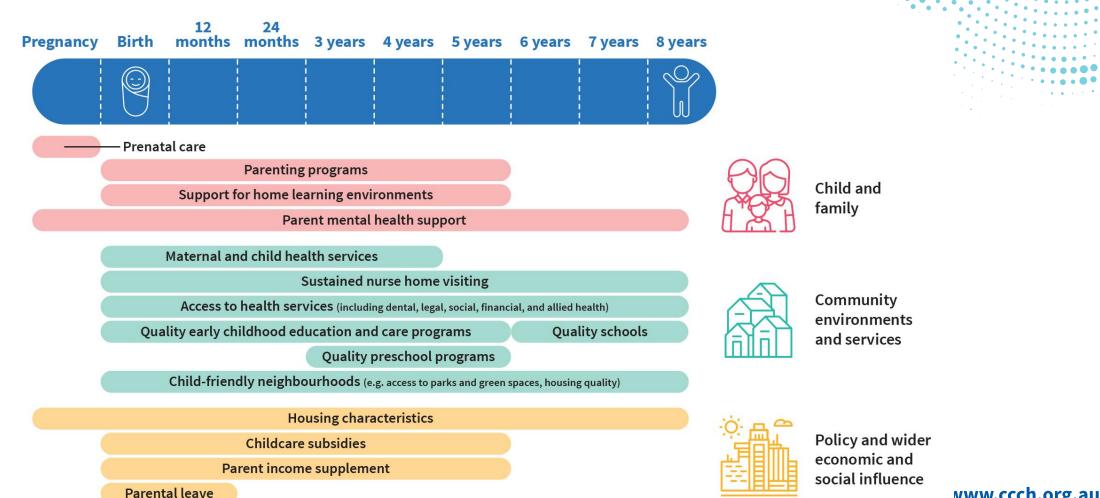








Stacking interventions



Starting with the basic stack: the spine of a universal ECD system

The spine of a universal ECD system: MCH + ECEC + school

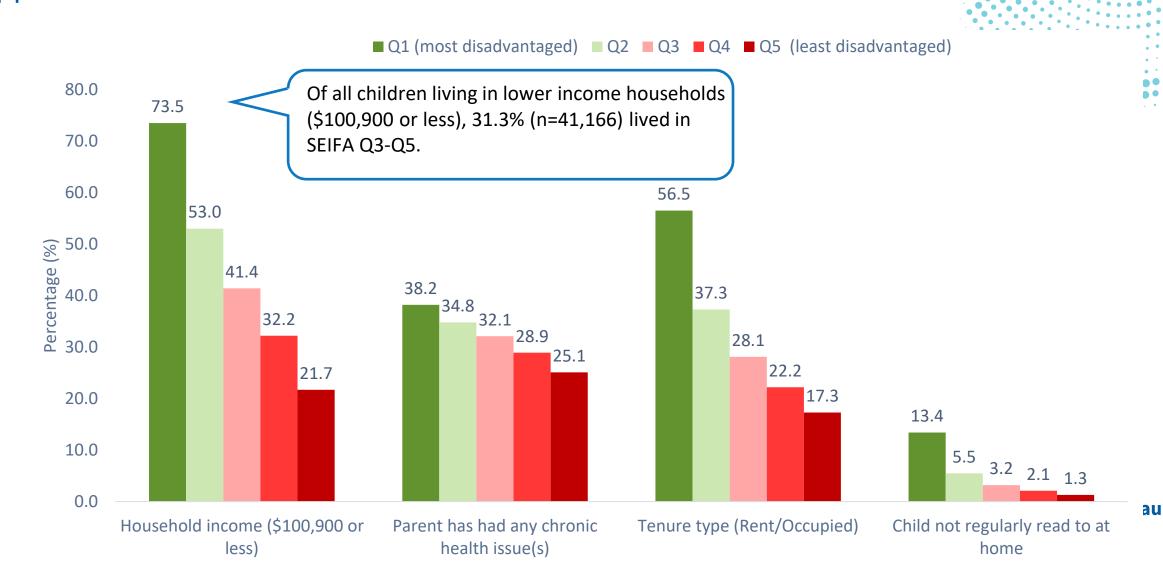






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Not all poor children live in poor areas: universal AND targeted approaches





Projected benefits of addressing disadvantage

Socio-emotional problems



Physical functioning problems



Learning problems





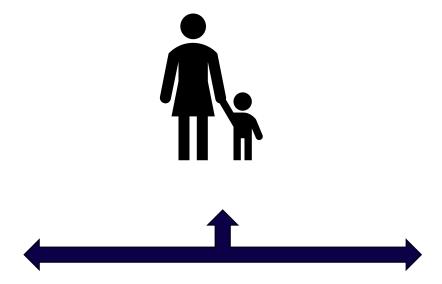


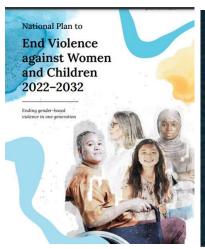


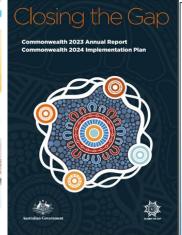
What should we do? What could we do?

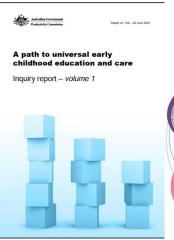


Current policy opportunities





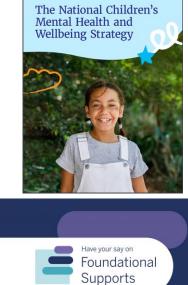








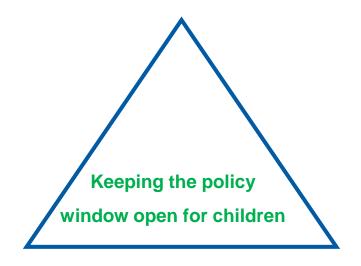




Creating sustainable policy long enough to effect change

Recognition of the problem

DATA



Identification of the solution through policy

EVIDENCE

Political imperative

FUNDED POLICIES



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.



What should we do? What CAN we do?



Five ideas...

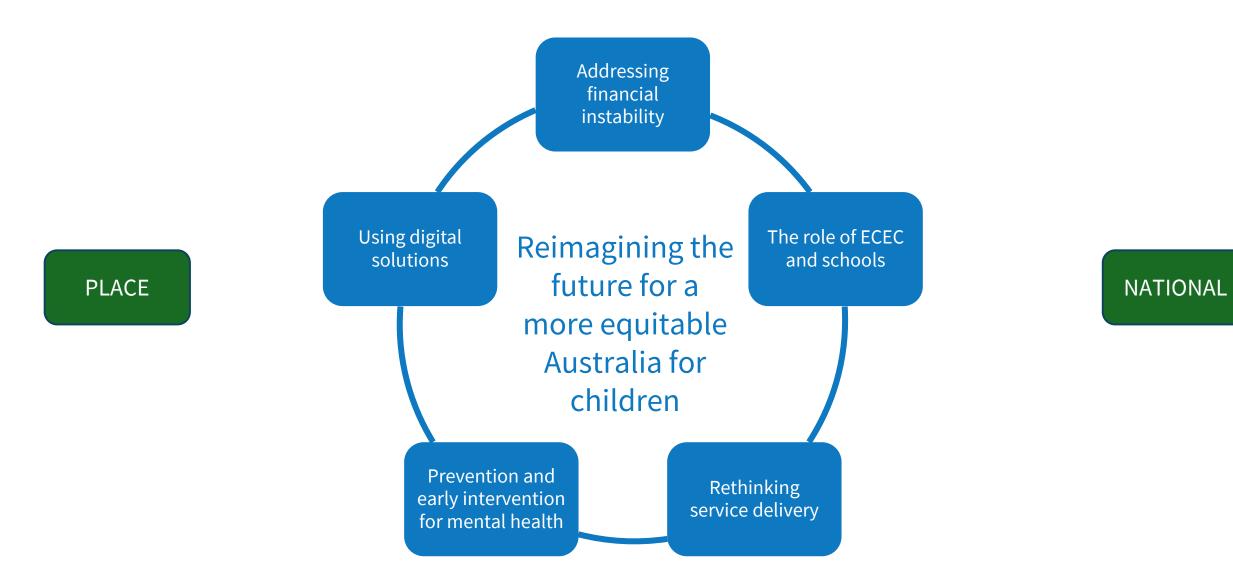




"For every complex problem there is a simple solution... and it is wrong"

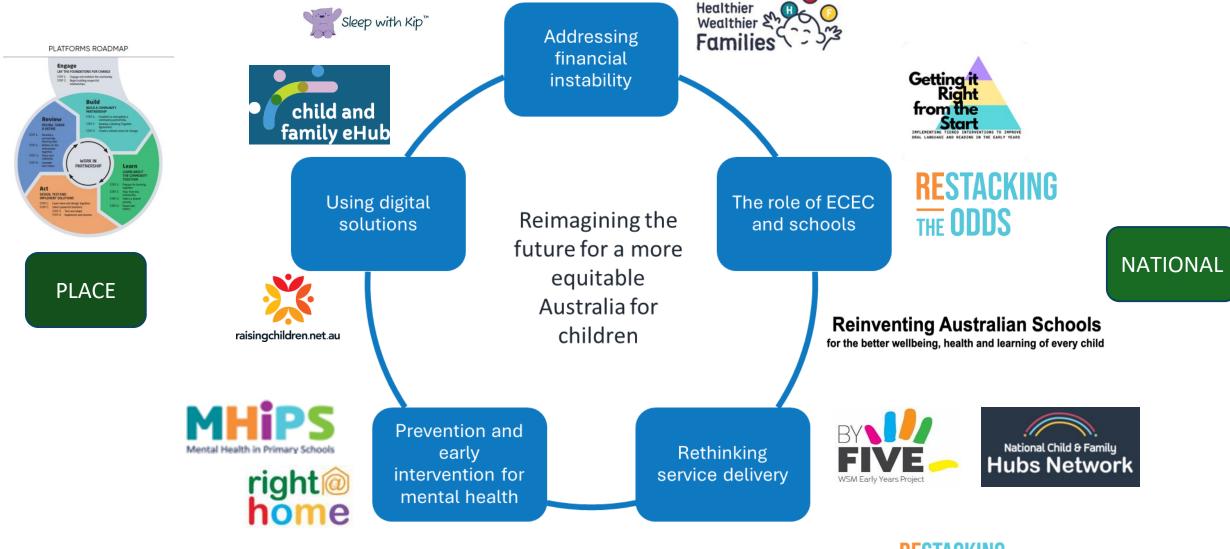
H.L. Mencken (1880-1956)

Goldfeld S, O'Connor E, Sung V, Roberts G, Wake M, West S, Hiscock H. A narrative review of the potential indirect impacts of the COVID-19 pandemic on children using a community child health lens. *Medical Journal of Australia*.



Underpinned by data and indicators to drive and evaluate system change

Goldfeld S, O'Connor E, Sung V, Roberts G, Wake M, West S, Hiscock H. A narrative review of the potential indirect impacts of the COVID-19 pandemic on children using a community child health lens. Medical Journal of Australia.



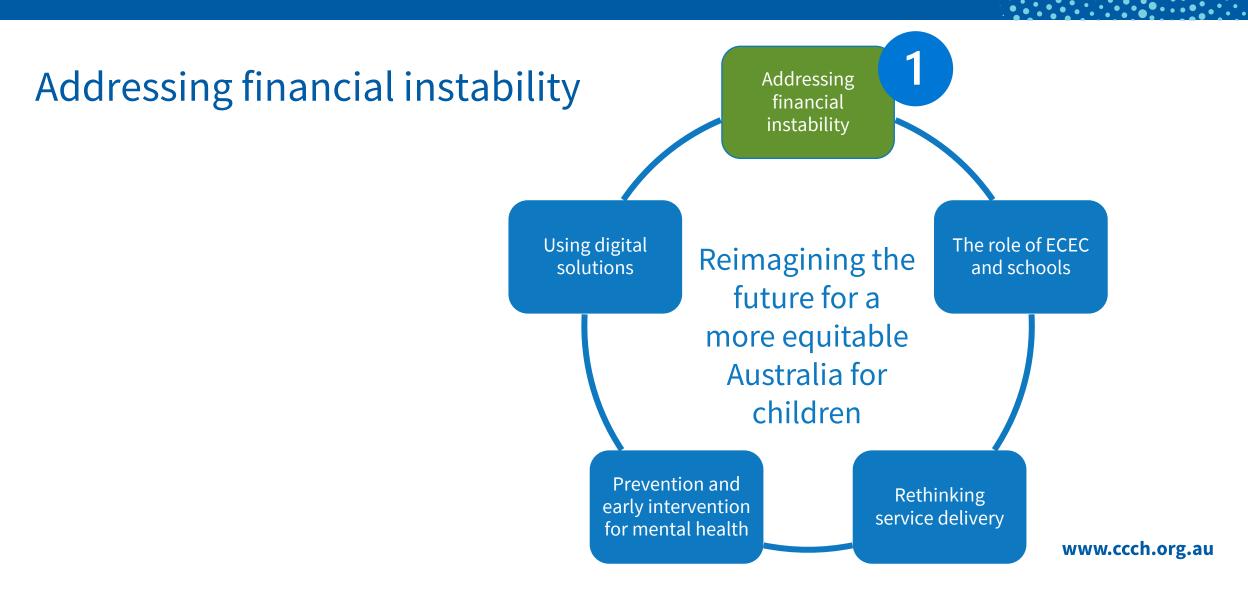








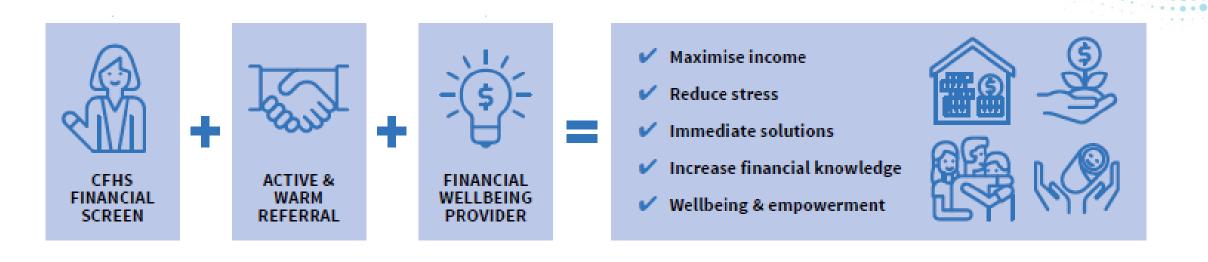




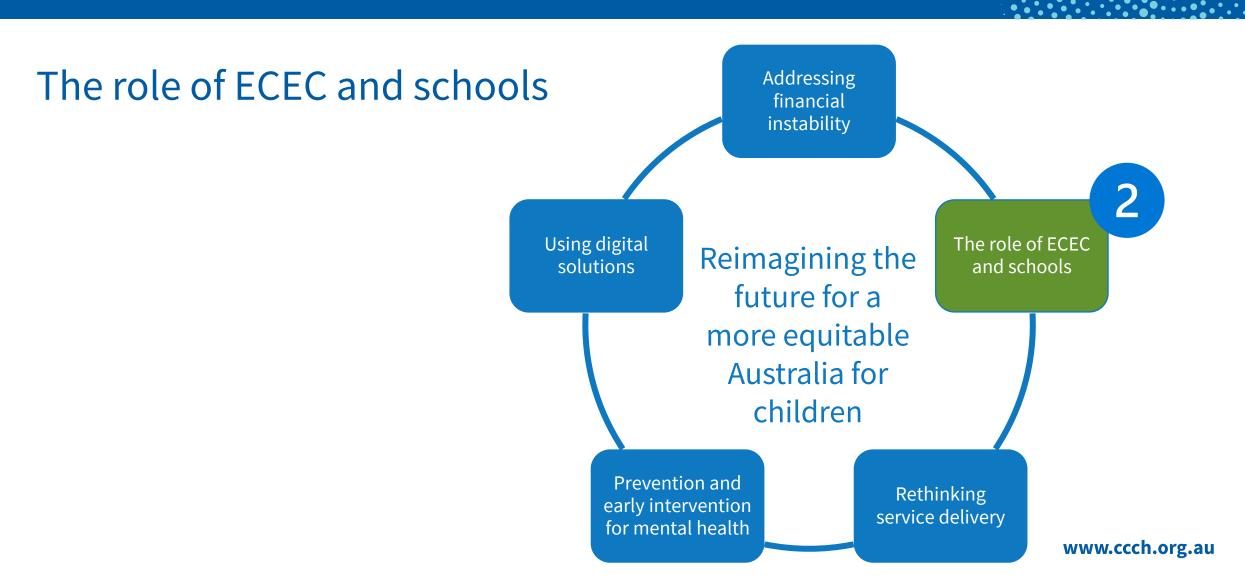
Parent financial supplements







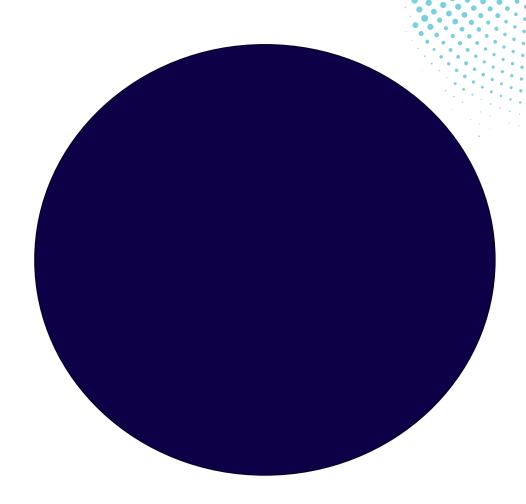




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Pasi Sahlberg Conversation Series

With Sharon Goldfeld, Ann King and Will Osborne

Imagine if health was a 21st skill taught in every school



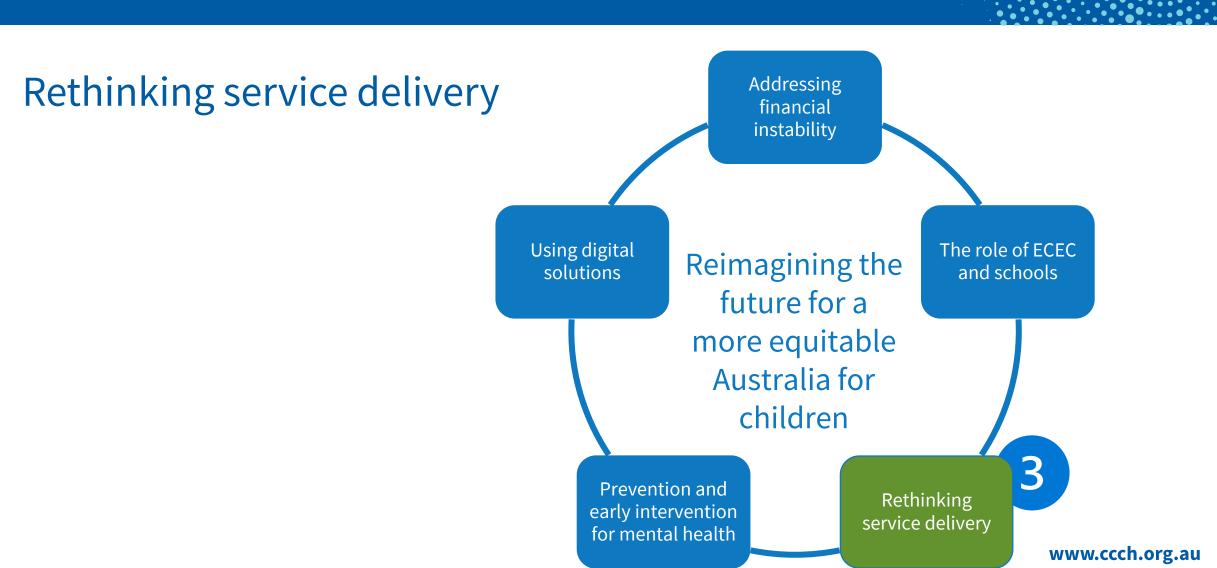
Reinventing Australian Schools for the better wellbeing, health and learning of every child





key principles to improve the wellbeing. health and learning outcomes of every child in every community:







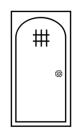




What is the evidence for Child and Family Hubs?



Improved school readiness and parental knowledge and confidence. Improved educational outcomes, reduced hospitalisation and serious crime.

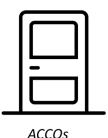


Primary care

Improved family engagement, coordinated supports across health, social, and education systems, improved warm parenting, child mental health and health outcomes, and reduced health care costs.



Trends toward improved child **academic outcomes** compared to children attending non-integrated models of care and support.



Attract and retain Aboriginal clients significantly more than mainstream providers and are more effective than mainstream health services at improving Indigenous health.



Improved identification of developmental vulnerability and increased access to care for families who might not otherwise engage with these services.



Provide a social return of \$3.5 for every \$1 invested in Hubs.

Moore TG 2021. Developing holistic integrated early learning services for young children and families experiencing socio-economic vulnerability. https://doi.org/10.25374/MCRI.14593890
Taylor et atl 2017. Tasmania's child and family centres: a place-based early childhood services model for families and children from pregnancy to age five. Early Child Dev Care. 2017;187(10):1496-510.
IFS. Sure start Impacts 2021-2024. https://ifs.org.uk/publications/effect-sure-start-youth-misbehaviour-crime-and-contacts-childrens-social-care

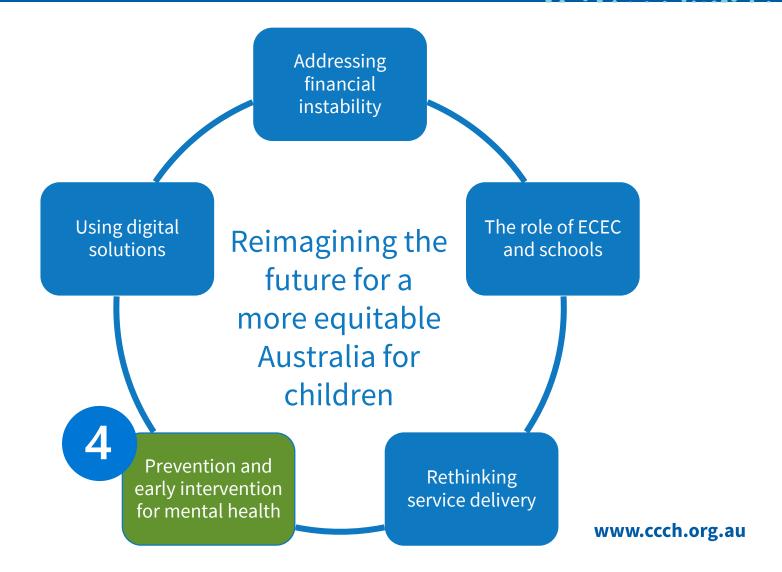
Mendoza et al 2021. School-based integrated healthcare model: how Our Mia is improving health and education outcomes for children and young people. Australian Journal of Primary Health. March 2021 DOI:10.1071/PY20177

Edwards et al. Improving access to early childhood developmental surveillance for children from culturally and linguistically diverse (CALD) background International Journal of Integrated Care 2020 Apr;20(2).

Campbell MA. Hurst I. Scrippens M. Davie M. Intervallan Health Series Australian Health Series (CALD) background International Journal of Integrated Care 2020 Apr;20(2).

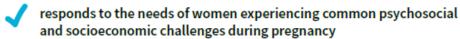


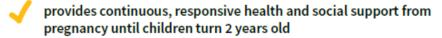
Prevention and early intervention for mental health





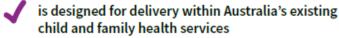








 is the only nurse home visiting program designed for universal healthcare systems with evaluation of long-term impacts











PREGNANCY - 2 YEARS

3 - 5 YEARS

6 YEARS

Immediate benefits

- · Parent care (e.g. regular bedtimes, safe home)
- Responsive parenting (e.g. warmth, less hostility)
- Home learning environments (e.g. parental involvement, variety in experience)

Enduring benefits

- · Maternal mental health and wellbeing
- Improved self-confidence
- · Responsive, warm caregiving
- Family relationships

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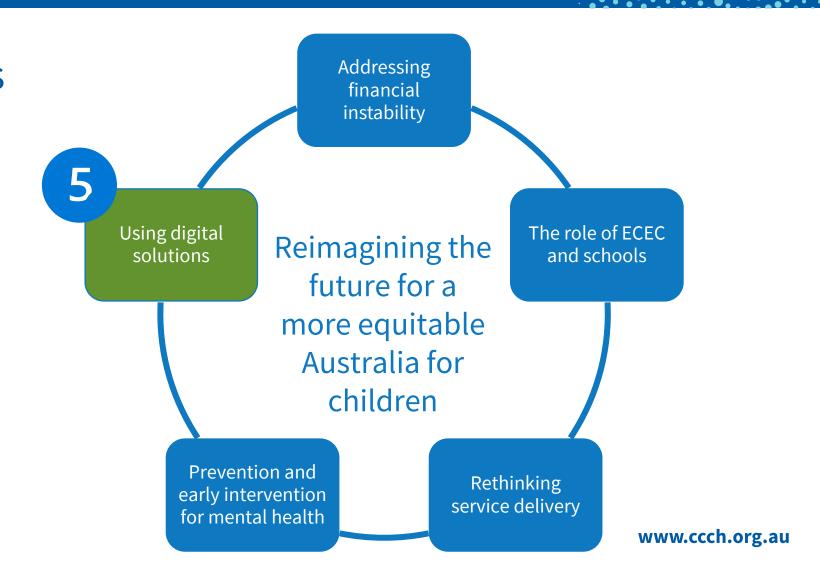
For children

- · Mental health and behaviour
- Social skills
- Executive functioning including planning, regulation and reading simple sentences

For families



Using digital solutions





Digital solutions to Improve access to paediatric care











Digital solutions to Improve access to paediatric care









High levels of professional engagement and confidence

Children now able to see a paediatrician as quickly as 2-3 weeks compared to the previous 2-3 year wait.



Underpinned by data and indicators to drive and evaluate system change



"Not everything that is faced can be changed, but nothing can be changed until it is faced."

James Baldwin







www.ccch.org.au















Data is collected and used at the beginning and end of programs and services. We don't have good data to tell if we are on track to achieve outcomes



1 .06511

Centre for Community Child Health





Noise Data

- -Lag data + indicators
- -Aggregated data at population level
- -Non-contextual data

Lead data at right level + in context:

- Frontline data that generates signals of + from people's experiences
- -Identification of patterns, concentrations +
- -Contextual data at a level that inspires action



Collective Interpretation at right level

- Interpretation by groups who are close to the context + can generate action at the frontline
- Potential for coordinated + coherent responses to the signals from data



Insights that are collectively actionable at a human scale

- -Strong + weak signals are responded to by those who are closest to the experience
- Responses that are human + systemic in nature, for the benefit of those experiencing the issues



Burkett, I. (2024) Learning Towards Zero: Learning in and from Practice in Systems Innovation, **Good Shift Publications**

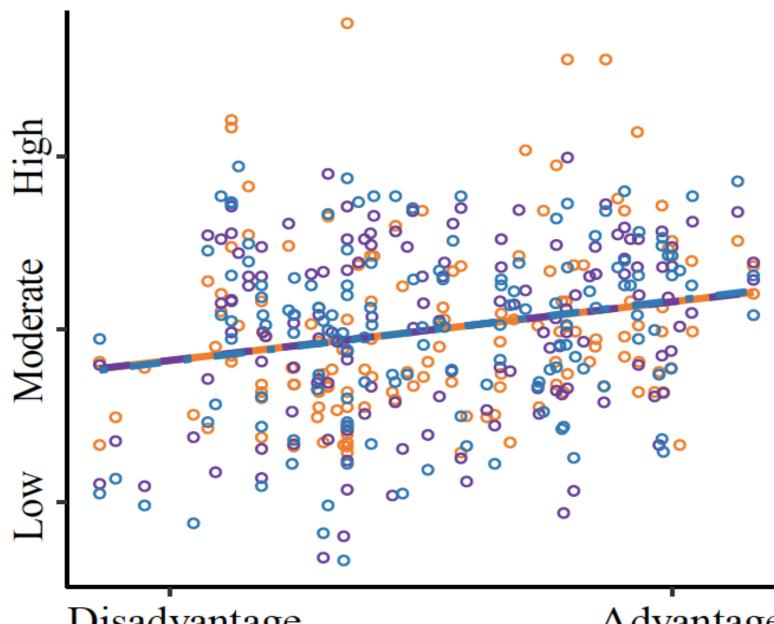
Quality is unevenly distributed



Technical report

Linking quality and child development in early childhood education and care





Disadvantage

Advantage



Overview

COLLECT AND INTERPRET THE DATA

Regular service data **uploads**

Data visualisations in dashboard

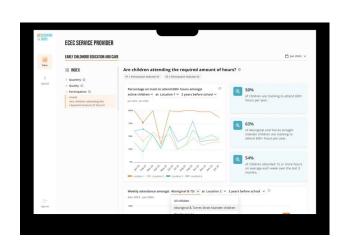
Data benchmarking against Lead indicators

ACT ON THE DATA TO IMPROVE SYSTEM PERFORMANCE

Continuous improvement and data literacy support

Implementing and testing approaches

Sharing learnings across communities and service providers







RSTO Lead Indicators

Services cannot meet the needs of children and families when they are unavailable, underused or inconsistent in quality.

QUANTITY

Are there sufficient services available?

QUALITY

Are we delivering high-quality services?

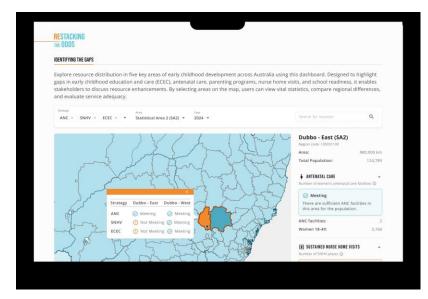
PARTICIPATION

Who is accessing our services?



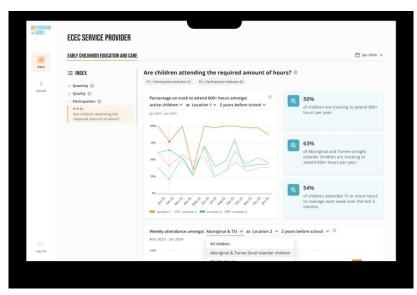
The data platform provides flexibility for several use cases

For Hub/ Community



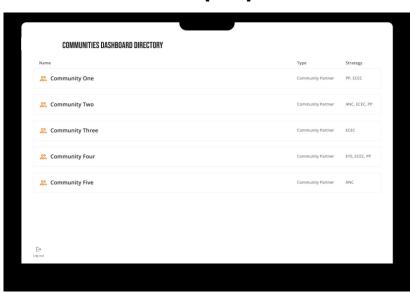
Community leaders can aggregate data across service providers by strategy and indicators to identify gaps/ patterns; support shared decision making; and prioritise actions.

For Service Provider



Service providers can review performance against all indicators. They can search on time periods, review trends longitudinally and identifying gaps to support action.

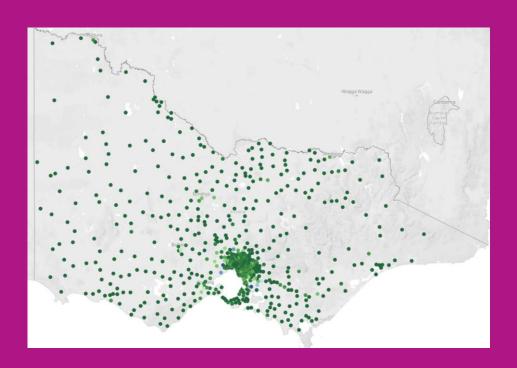
For Government/ Philanthropic partner



Government of philanthropic partners can review data across communities/ strategies and indicators to identify key patterns, opportunities for shared learning and investment.



Australia's largest and most inclusive child and parent longitudinal cohort





more than

121,000

participantsincluding48,000 children73,000 parents



more than

95,000

saliva samples

stored securely at the Melbourne Children's Campus



with over

26,000

participants

from Regional Victoria including over **10,000** children



from families speaking

72 languages including

7,500 families

whose primary spoken language at home is not English



more than

800

parents

who identify as First Nations



more than

32,000 participants

who are the most or 2nd most disadvantaged (SEIFA)









"It is the burden on good leadership to make the currently unthinkable thinkable, to question the obvious, to make the present systems unavailable as options for the future.

The boundaries in our minds create fear about the consequences of crossing over to the undiscovered country. But the possibilities we really need do not lie on this side of our mental fences.

Once crossed, these fences will look as foolish in retrospect as the beliefs of other times now often look to us."

Don Berwick - 1998