National Child & Family Hubs Network

# Integrated Child and Family Hubs – A Plan for Australia

## Who we are - the National Child and Family Hubs Network:

The National Child and Family Hubs Network (the Network) is a multidisciplinary group established in 2021 that brings together Australian universities, research centres, medical research institutes, non-government community-based organisations, Commonwealth, and state government departments. The Network's members are actively involved in conducting research, training, communication, and advocacy related to innovative (and sustainable) integrated Child and Family Hubs, to support the health and wellbeing of children and families. Importantly, the philanthropic sector is a key stakeholder in the early years space and a Network partner with a critical role to play shaping investment in child and family initiatives.

An integrated Child and Family Hub provides a 'one stop shop', where families can access a range of supports that improve child development as well as child and family health and wellbeing. Integrated Child and Family Hubs have two critical roles:

- improving access to a range of health, education, and social services using a family centred approach; and
- providing opportunities to build parental capacity and for families to create social connections.[1,2]

The social function of a hub means that there is a natural and safe place for families with young children to meet and connect with other parents and children in their community.[2]

The Network's vision is that across Australia:
*"families are able to walk through a Child and Family Hub's welcoming front door and receive the right care and support for the child and family at the right time, leading to improved and equitable health and development outcomes".*[1]

National Child & Family Hubs Network

## Recommendations:

Investing in integrated Child and Family Hubs across Australia should be a priority area for policy reform within the Early Years Strategy. They have the potential to significantly improve outcomes for children and families, particularly those experiencing disadvantage. This submission, by the National Child and Family Hubs Network, recommends:

**The Commonwealth Government should invest in integrated Child and Family Hubs nationally as a priority area, with specific financial investment to include:**

1. **A national approach to implementing, funding, and evaluating Hubs (outside the services themselves) including:**
   - 1.1. Agreed core components and appropriate governance structures for Child and Family Hubs based on evidence.
   - 1.2. Support existing Hubs to improve integration via funding for the 'glue'[*]. The 'glue' is a vital component of Hubs funding that supports the integration of services and supports to reduce fragmentation.
   - 1.3. Establish new Hubs, targeted to areas of significant disadvantage, including establishment, infrastructure, and 'glue' funding to ensure success.
   - 1.4. Build in guidance and support for ongoing quality improvement and evaluation of Hubs through a harmonised set of process and impact measures.

2. **Build on the National Child and Family Hubs Network, as an existing national coordinating body, to build capacity, reduce fragmentation, and identify best practice by undertaking research, evaluation, and quality improvement to support and scale integrated Child and Family Hubs across Australia.**

*The recommendations of the National Child and Family Hubs Network support the National Early Years Strategy intention to reduce silos and create an integrated approach to the early years, subsequently increasing the accountability for the wellbeing, education, health (including mental health), safety and development of Australia's children.*

[*] 'Glue' funding allows greater integration of services and supports across Hubs and can be broadly grouped into funding for business oversight, staff supports, community engagement and shared information and technology systems.

By the time children start school, research has demonstrated two clear issues: high rates of preventable health and developmental problems[3] and clear inequities already evident.[4] **Child and Family Hubs** are one solution to this problem, outlined in the Early Years Discussion Paper and presented in Appendix 1. Hubs are increasingly recognised around the world as a means of building connections between existing services and supports to meet the diverse needs of families.[5] This approach is gaining momentum around Australia with models being developed that aim to integrate variations of health, education, social care (including legal and financial), disability support, and social support within co-located and integrated child and family focused Hubs.[1]

Integrated Child and Family Hubs provide a non-stigmatising 'front door' for families to access a range of integrated and co-located services, supports and social connections. These hubs are located in early childhood services, primary schools, primary health care, non-government organisations, Aboriginal Community Controlled Health Organisations (ACCHOs) and, or available virtually. Each of these settings provides a potential equitable platform to engage a wide population of children and their families, particularly those living with adversities. Critically, Child and Family Hubs have dual roles - acting as a social hub, providing a local place where families can go to build social networks; and they can act as a service hub for the delivery of a wide range of integrated child and family services. These Hubs have the capacity to:

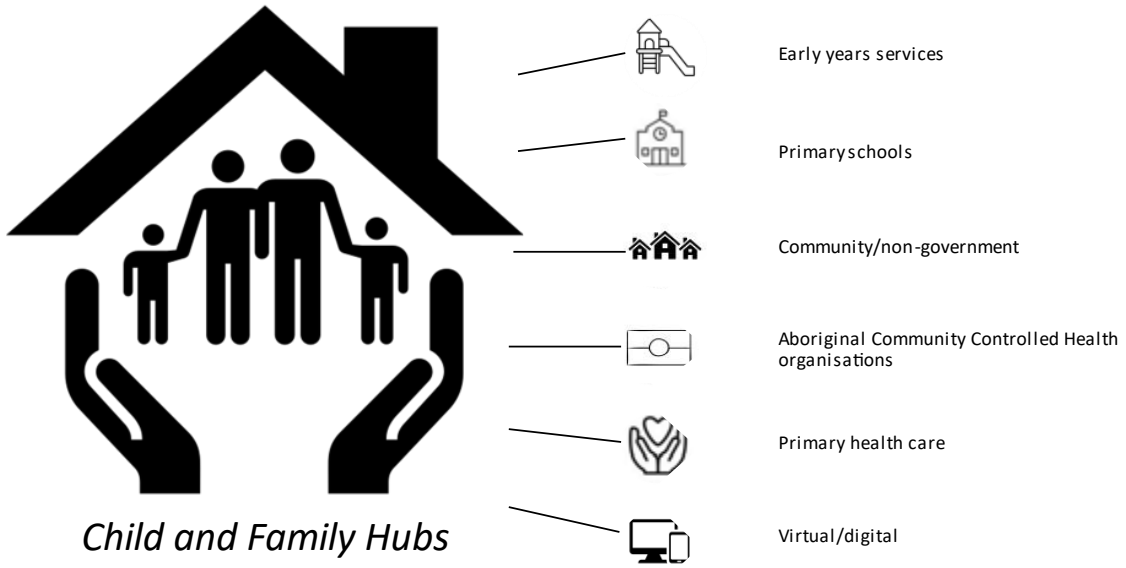
- Identify and support a child's learning and development needs.
- Engage families early and provide access to prevention and early intervention supports.
- Identify broader issues that may be affecting a child's wellbeing, such as poverty, family violence and marginalisation.
- Assist families to navigate support, via referrals and appropriate service pathways.
- Engage families and children in the co-design and ongoing implementation and governance of the Hub to improve self-determination; and
- Provide a safe and convenient space for families to build social connections.

There are a number of Australian state and federal policies that support the need to implement and evaluate integrated, or collaborative, models of care such as Child and Family Hubs (see Appendix 2).

## Recommendation 1: Develop a national approach to implementing, funding, and evaluating Hubs.

There are approximately 460 Hubs operating across Australia. These Hubs provide a local and welcoming 'front door' for families within their community, with these 'front doors' situated across early years centres, primary schools, community/non-government organisation, Aboriginal Community Controlled Health Organisations, primary health care, and virtual/digital settings (Figure 1.). See Appendix 3 for a list of Australian Hubs.[6]

*Figure 1. Child and Family Hubs provide a 'front' door for families across a variety of settings.*




Although this existing capacity provides significant potential to support child health and wellbeing, these Hubs have developed mainly independently and are variably robust in their implementation and evaluation. In addition, there is often insufficient funding for these Hubs to support the integration of services and supports to best promote the health and wellbeing of families and their children. Creating a coordinated national approach by embedding evidence-based core components, ensuring appropriate and sufficient funding and robust quality improvement and evaluation would utilise and amplify this existing capacity, reducing the siloed effort across Australia and create a coordinated and joined up approach in the post-COVID re-set of services. [7]

A national approach for integrated Child and Family Hubs should link with the National Centre for Place-Based Collaboration (Nexus Centre), presenting an opportunity to address the wide range of social determinants that affect the health and wellbeing of children and their families locally.

*"A siloed approach risks duplicating functions, unnecessary competing for resources and missing opportunities to work collaboratively to improve outcomes". (National Early Years Discussion Paper)*

## Recommendation 1.1 – A national approach to implementing, funding, and evaluating Hubs, including agreed core components and appropriate governance structures for Child and Family Hubs based on evidence.

### Agreed core components:

There are a number of core components of integrated Child and Family Hubs, identified through research[2,8] and stakeholder consultation[1] that are likely to lead to effective engagement and equitable outcomes for children and families shown in Figure 2.

*Figure 2. Core components of Child and Family Hubs*

***Community level:***
- A welcoming and safe space for families
- Participatory approaches to service design and implementation
- Ongoing family/community input and involvement in governance*
- Strong links with community services outside of the Hub

***Individual/family level:***
- Outreach services to connect high need families
- Culturally safe policies and practices
- Support to build parenting capacity

***Service level:***
- High quality services with quality frameworks and standards
- Relational practice/family centre care
- Workforce development and ongoing support*
- Local leadership and administration to support integration*
- Coordination/Navigation/Link staff*
- A focus on social determinants of health
- A multi-disciplinary approach*
- Mapped referral processes

* Indicates element of 'glue' that promote and support integration

Further research will be required to comprehensively understand how these core components are implemented and adapted, such as for rural or regional areas of Australia, multicultural or Aboriginal communities, or when focussed on a specific health or development issues, such as mental health.

*Settings in which integrated Child and Family Hubs operate and current evidence.*

Integrated Child and Family Hubs operate across a range of settings. Core components of integrated Child and Family Hubs are essential to all variations and settings and there is promising evidence on the effect of these integrated care and support models within a range of settings. [1] For example:

- In the ***early years setting***, the evidence demonstrates that integrated care and supports are associated with improved school readiness, parental knowledge, and confidence. [9,10,11,12] When comparing non-integrated models of care and support with co-located and integrated models of care in early years and primary school settings there is a trend toward improved child academic outcomes in the latter settings. [13] An evaluation of NSW Aboriginal Child and Family Centres demonstrated improvements in health checks and immunisation rates among children as well as first time engagement with early childhood education and care services for 'hard to reach' families. [14]

- In the ***primary school setting***, Hubs draw otherwise disparate early learning, child health, playgroup, and community services into one place where they are more easily accessed by families requiring them and can result in improved health and educational outcomes.[15] They provide a place for families to forge connections that have the potential to endure throughout their child's primary schooling and beyond. The focus is "on engaging families with early childhood development needs, contributing to a home environment in which young children can thrive, and providing a supported transition into schooling and subsequent sustained participation". [16]
- In integrated community-based Hubs established by ***non-government organisations***, the evidence suggests association with improved identification of developmental vulnerability and increased access to care for families that might not otherwise engage with services. [17,18,19,20]
- Integrated care delivered by ***Aboriginal Community Controlled Health Organisations (ACCHOs)*** address health inequity experienced by Aboriginal and Torres Strait Islander communities by delivering integrated, holistic, comprehensive and culturally appropriate primary health care. ACCHOs attract and retain Aboriginal clients significantly more than mainstream providers [21] and are more effective than mainstream health services at improving Indigenous health. [22]
- In ***primary health care settings***, integrated care is associated with improved family engagement,[23] coordinated supports across health, social and educational systems, [24] improved child health outcomes [25] and reduced care costs. [26]
- ***Digital/virtual Hubs*** are currently in development as a model of support for families. Digital solutions can provide high reach, low stigma mechanisms to provide information, programs and services[27], which can be tailored to a family's need. This rapidly deployable approach will capitalise on the existing high level of digital penetration in the community.[25] Digital solutions can overlay physical Hubs and provide a comprehensive hybrid model of support to families.

*"Integrated Child and Family Centres (ICFS) have the potential to play an important part in meeting the needs of children and their families. They provide a local place where children and families can go, build social networks, and get support from other parents and young children. ICFS can also provide a safe and positive relational environment where the child is protected from abuse or neglect. They can support children in building secure attachments and in the development of self-regulation and other skills."* [2]

See Appendix 4 for case studies presenting parents' perspectives on the value of Child and Family Hubs.

### Appropriate governance structures:

Clear governance structures for Child and Family Hubs will assist in the development of Hubs locally to ensure efficient, effective, and sustainable practice. Co-design and participatory approaches to service design and implementation are critical and governance structures should include local community and family members to ensure they participate in decisions that affect their lives.

## Recommendation 1.2: Future investment required to support existing Hubs to improve integration via funding for the 'glue'. The 'glue' is a vital component of Hubs funding that supports the integration of services and supports to reduce fragmentation.

Despite many services being funded to co-locate, we know this is not sufficient to deliver a high quality, effective integrated Hub that can support the needs of children and their families. It's clear that delivering the core components of ANY Hub requires **funding for 'glue'**† and this funding is particularly relevant to the existing 460 Child and Family Hubs currently in operation across Australia**.** Stakeholder consultation, research[10] and Network members all converge around the need for 'glue' funding for success - this vital ingredient provides the perfect contribution by the Commonwealth for the success of these Hubs. 'Glue' funding can be broadly grouped into business oversight, staff supports, community engagement and shared information and technology systems:

*Business oversight:*

- A clear governance framework incorporating all partners and family representatives.
- Contracting with a single lead agency who is accountable for all performance measures and sub-contracts any partnership-related work.
- Dedicated funding for social care to avoid further fragmentation of services.

*Staff Supports:*

- Coordinator position to lead collaboration/integration within the hub and a 'navigator' role to establish and support networks and referrals with other relevant services.
- A workforce which includes staff with either lived experience and/or cultural background that is shared with the families the Hub services and supports.
- Funding time for each Hub practitioner to support workforce development and ongoing learning, professional supervision and allow collaboration across disciplines.
- Funding time for each Hub practitioner to support ongoing Hub quality improvement and development.
- Other business and operational supports that staff need to perform their jobs properly.

*Community engagement:*

- Funding to support co-design with the local community, families, children, and Hub staff, which is then continuously improved upon with ongoing community, family and child involvement and guidance.
- Resources required to support families to attend a Hub or to be able to participate in a broader range of supports offered. This includes resources such as, the use of artworks to humanise, enliven and engage families with the Hub, additional staff, vehicles and brokerage of client supports such as emergency housing.

*Shared information and technology systems:*

- The necessary hardware, software, and capability that a Hub needs, including a data capture system, data sharing capability between services and supports to build data collection and analysis capabilities.

† 'Glue' funding allows greater integration of services and supports across Hubs and can be broadly grouped into funding for business oversight, staff supports, community engagement and shared information and technology systems.

- Dedicated funding and support for harmonised impact measurement data for monitoring and evaluation.

Without funding for 'glue', undue administrative complexity, ongoing fragmentation rather than integration, and eventual unsustainability of Hubs occurs. This type of funding is essential for sustainability and requires flexibility to account for the maturity of a Hub and to meet the community's unique needs. This funding could come from any level of government and is outlined in Table 1 below.

Prioritisation of geographical areas and existing Hubs to receive glue funding will be addressed in the next recommendation (1.3).

*Table 1. Cost drivers and estimates for Child and Family Hubs*

| ***Hub component*** | ***Description*** | ***Key cost drivers and considerations*** | ***Cost components for a medium-sized Hub*** |
|---|---|---|---|
| **Upfront costs** | | | |
| Establishment process | Participatory processes to plan for, design and establish a Hub | • Size and demographic complexity of community<br>• Size of centre<br>• Length of process | • 1-2 EFT social and community services staff.<br>• Operational costs.<br>*Assuming a one-year process* |
| Infrastructure – upfront | Establishment of the Hubs capital (buildings and equipment), this may be a new building or redesign of an existing building. | • Size and demographic complexity of community<br>• Size of centre | • New building/s and equipment OR refurbishment of an existing building/equipment.<br>• Inclusion of budget allocation for co-design and artwork integration costs, with an emphasis on community needs and cultural safety |
| **Ongoing costs** | | | |
| Infrastructure – ongoing | Maintenance of the Hub capital (buildings and equipment) | • Size of community and centre | • Operational costs -maintenance and other 'glue' operations outside of staffing (25% of ongoing costs) |

| | | | |
|---|---|---|---|
| **"Glue" -** Foundations of integration | Leadership and administration required to operationalise the Hub, including a Navigator/Link worker. | • Size of community and centre<br>• Service need and complexity<br>• Number of staff required<br>• Salaries/wages of staff | Two to four full-time equivalent staff e.g.:<br>• 1 EFT to lead collaboration/integration within the Hub, and with external supporting organisations and a workforce which includes staff with either lived experience and/or cultural background that is shared with the families the Hub serves.<br>• 1 EFT to support the collection and use of data for ongoing monitoring, evaluation, and improvements - this would ideally be someone with change management experience who could conduct Plan-Do-Study-Act cycles, use data to bring about change, and ideally move towards a learning health/social care system model.<br>• 1 EFT of dedicated funding for social care to avoid further fragmentation of services - e.g., a social prescriber/ care navigator/link worker.<br><br>(Approximately 75% of ongoing costs) |
| Flexible bucket for community designated services | Funding for services outside of core services | • Ability to leverage existing funding streams<br>• Whether services are community-driven or appointment-based<br>• Relationship to core services<br>• Complexity and magnitude of services | • Assumed to be funded through existing funding streams.<br>• Potential for Paediatric support as a clinic lead for the Hubs to support child health and wellbeing and training across other Hubs staff.<br>• |
| Core services | Early learning programs, Maternal Child Health, family services and allied health services | • Ability to leverage existing funding streams<br>• Complexity and magnitude of services | • Assumed to be mostly funded through existing funding streams.<br>• Funding needed to support the national approach to Hubs and work through unlocking the barriers higher than just at the local Hub level (Systems governance) |

Source: Deloitte Access Economics (2023). Adapted to reflect advice of the National Child and Family Hubs Network.

Note: These cost estimates are illustrative only. They do not reflect the exact costs of any existing centre or model, but a triangulation of different estimates from consultation. We recommend the Commonwealth Government work with us to define appropriate funding formulas for different sized new and existing Hubs.

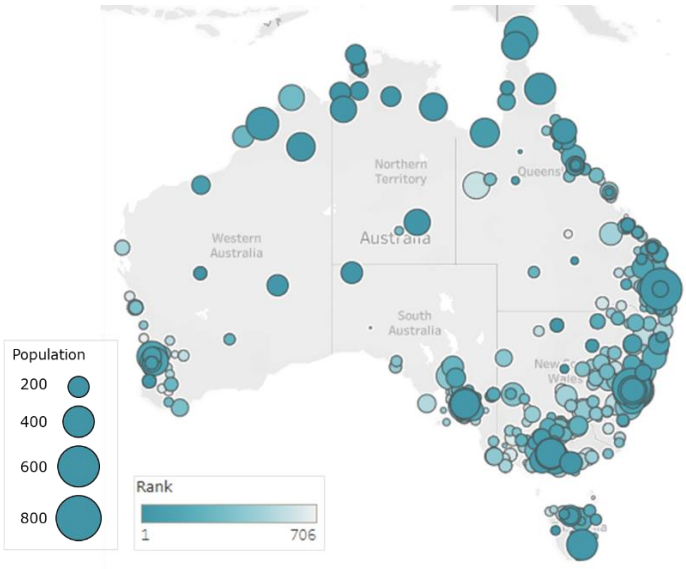
## Recommendation 1.3: Future investment required to establish new Hubs, targeted to areas of significant disadvantage, including establishment, infrastructure, and 'glue' funding to ensure success.

Although integrated Child and Family Hubs provide a universal platform that can benefit all children and families, the evidence on the impact of disadvantage on children's development and wellbeing suggests prioritisation should go to areas experiencing greatest disadvantage. However, it will be important to understand areas of highest need across Australia to ensure that Child and Family Hubs are best placed to equitably support the children and families who need it the most.

A recent needs analysis undertaken by Deloitte Access Economics[10] provides an initial indication of the communities across Australia that would benefit from either the development of new (either via a new build or a refurbishment of an existing building) or improvement of existing Hubs through the provision of 'glue' funding, if not already present. This needs analysis focused two key assessments to inform future Hub work:

1. Assessment of need: Mapping geographic locations across Australia with high levels of socioeconomic disadvantage and vulnerability of children (0-6 years) and families (based on Australian Early development Consensus and Socio-economic Index for Area).
2. Assessment of Population: Map population levels of children aged birth to six in the shortlisted areas of need (identified above) that meet criteria for disadvantage (e.g., children with parents who are unemployed, have low income, or live in social housing).

*Figure 3. below shows the map of current need against population.*




Areas of highest need demonstrate the most significant share of children aged birth to six in need or experiencing disadvantage/vulnerabilities. This needs analysis undertaken by Deloitte Access economics is an initial insight into potential future funding for Hubs across Australia.

*Need versus current provision.*

The existing 460 Child and Family Hubs across the Australia were subsequently mapped against need, based on level of disadvantage, and population levels of children experiencing disadvantage (identified above). Further work will be required to ensure that significant areas of disadvantage/vulnerability are captured through this process e.g., areas of significant migrant or Aboriginal and Torres Strait Islander communities and that communities are engaged to ensure that a Child and Family Hubs are appropriate for the needs of that community.

Funding for new, or newly refurbished, Child and Family Hubs should be based on the upfront and ongoing funding costs outlined in Table 1. These costs are based on stakeholder interviews and desk-top research undertaken by Deloitte Access Economics [10] and represent a starting point to determine levels of funding.

## Recommendation 1.4 Future investment to build in guidance and support for ongoing quality improvement and evaluation of Hubs through a harmonised set of process and impact measures.

The national approach to integrated Child and Family Hubs should include guidance for the ongoing quality improvement and evaluation of Hubs, including the identification of harmonised impact measures, to ensure the collective impact of investment in integrated Child and Family Hubs can be evaluated. In addition, a broader economic analysis on cost-benefit and social return on investment should be undertaken.

## Recommendation 2: Build on the National Child and Family Hubs Network, as an existing national coordinating body, to build capacity, reduce fragmentation, and identify best practice by undertaking research, evaluation, and quality improvement to support and scale integrated Child and Family Hubs across Australia.

With increasing interest in Child and Family Hubs across most Australian jurisdictions up until now there has been no coordinating group of organisations implementing and evaluating integrated community-based Hubs. The National Child and Family Hubs Network fills that gap and has been designed to leverage this interest and create an opportunity for collaborative learning and sustainable and effective practice. The Network is a multidisciplinary group that brings together Australian universities, research centres, medical research institutes, non-government community-based organisations, Commonwealth, and state government departments. The Network is guided by 20 state and national organisations on the Steering Committee, and includes a growing membership base, all actively involved in conducting research, training, communication, and advocacy related to innovative (and sustainable) integrated community-based Hubs, to support the health and wellbeing of children and families. Over the coming three years the Network aims to:

- build collective capacity by linking Hubs across Australia to support a shared language, networking, and collective learning,
- define child and family Hubs and develop a common approach across Australia based on evidence informed core components,

- develop an implementation and outcomes framework for Hubs, and
- develop and advocate for sustainable funding models to ensure optimal investment of Australia's public dollar.

This established Network provides an ideal existing platform to continue supporting Hubs, and recently received seed funding from the Ian Potter Foundation to provide a concise range of capacity and capability building activities to support Hubs nationally. However, to engage in all the activities required and to significantly accelerate this work additional funding will be required.

It is recommended that the National Child and Family Hubs Network be funded recurrently as an existing national coordinating body, to build capacity, reduce fragmentation, and identify best practice by undertaking research and evaluation to support integrated Child and Family Hubs across Australia. There is also the potential for the Network to develop a rolling national program of hub future infrastructure in well considered locations and play a commissioning role in funding of these Hubs.

## A 10-year plan to scale.

Significant community input and decision-making are required prior to establishing a Hub to ensure it reflects community needs. The needs of the community and the existing services and supports available are often diverse, therefore, this relationship-based work to establish a Hub – building relationships between and with community - takes time.

Even with investment interests and support coming from both government and philanthropy, it's likely that initially, there could be about 10-15 communities 'at the ready' – i.e., with the prerequisite community readiness in place for Hub implementation. Like a 'flywheel', the momentum, knowledge, communities of practice, and community capacity building will amplify rapidly within the 10-year period, eventually creating a higher number of 'at the ready' communities in any one year. The initial rollout over 10-15 communities, supported by evaluation, also serves to support the framework for wider-scale and faster rollout. This initial scaled wave will also provide the opportunity to sort through the policy and investment coordination reforms that are needed to support the integrated delivery. So, the plan to scale needs to acknowledge both community need and readiness, as well as providing the insights and scoping the funding policy reforms necessary for larger-scale implementation.

- Tranches based on community need and readiness to identify priority locations and 'at the ready' communities.
- Using the first tranche of 10-15 communities 'at the ready' to identify, incorporate and trial the supporting enabling policy/funding reforms (such as flexing of funding of existing programs).
- Identifying a forward pipeline of communities likely to be ready to incorporate Hubs, considering issues such as population growth and workforce availability.

Sequencing the local implementation of initiatives to be expanded at a faster pace of scale, based on the scoping, trialling and timeliness of enabling policy reforms identified in the first tranche.

## Contacts:

Dr Suzy Honisett,
Manager National Child and Family Hubs Network
Email: Suzy.Honisett@mcri.edu.au

## Champions – Members of the National Child and Family Hubs Network supporting this proposal.

- Centre for Community Child Health, Royal Children's Hospital and Murdoch Children's Research Institute (Prof. Sharon Goldfeld, Prof. Harriet Hiscock, and Dr Suzy Honisett, Rebecca Fry)
- University of New South Wales/ Early Life Determinants of Health, Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) (Prof. Valsamma Eapen)
- University of New South Wales/ Population Child Health Research Group (Dr Katarina Ostojic, Michael Hodgins)
- University of Sydney / Sydney Health Partners Child and Adolescent Clinical Academic Group (Prof. Sue Woolfenden)
- Children's Health Queensland, Queensland (Nicola Callard, Dr Dana Newcomb, Dr Teresa Hall)
- University of Tasmania, Menzies Institute for Medical Research (Dr Kim Jose)
- ARC Centre of Excellence for Children and Families Across the Life Course and the Telethon Kids Institute (Dr Rosemary Cahill)
- Australian Research Alliance for Children and Youth (Sophie Morson and Michael Hogan also representing Thriving Queensland Kids Partnership)
- Social Ventures Australia (Emma Sydenham, Caitlin Graham)
- National Children's Commissioner, Human Rights Australia (Anne Hollonds)
- Karitane (Grainne O'Loughlin)
- OurPlace (June McLoughlin)
- Benevolent Society (Felicia Dingle)
- The Bryan Foundation (Gayle Evans, Matthew Cox)
- FamilyLinQ (Luke Baker)
- Community Hubs Australia (Dr Sonja Hood).

## Appendix 1:

### Problem statement – Why Integrated Child and Family Hub models?

Ensuring young Australian children have the best possible start to life requires children and families to have equitable and convenient access to quality services and supports. Indeed, by the time children start school, research has demonstrated two clear issues: high rates of preventable health and developmental problems,[3] and clear inequities already evident. [4] These inequities track forward to adulthood[28],[29] and are socially patterned by family adversity [30]and the broader social determinants of health.[31] Addressing inequities early in life has the potential to fundamentally change children's opportunities and create a healthier and more productive future adult population.[32]

As family adversity and social (non-health) determinants of health, development and learning incorporate intersectionality with a number of services and supports, a multi-sector approach is required to prevent and intervene early on these issues. However, current service offerings do not meet the diverse needs of children and their families or effectively address these inequities. For example, a key finding of the National Children's Mental Health and Wellbeing Strategy is that the children's mental health system is overly complex and fragmented, and the onus is on families to try and navigate the system and access appropriate services.[33] In many localities we do not need to add more services or programs for children and families [34] but we need better system integration and coordination to identify early and intervene effectively to address the underlying needs of children and families.

The recently released Australian Childhood Maltreatment Study[35] provides a stark profile of the prevalence and long-term impact of harm inflicted on our youngest citizens. Mathews, Thomas and Scott[36] note the significant cost of not intervening and provide a compelling call to action inclusive of an ecological approach to building capacity in the individual, community and societal domains. The authors close by noting "we can and must invest more, and wisely, in universal prevention at the population level, and in targeted, effective interventions for subpopulations at high risk" (p. S50). This more timely, integrated response to children and families is very much aligned with our recommendation for increased investment in Hubs as a priority area for policy reform.

### Economic returns of acting early

There is a clear need for Australia to prioritise investment in effective early intervention services and supports for children and young people.[37] The benefits of effective investment in the early years can extend from improving health and wellbeing for children and families in the short term, and reduced inequity and disadvantage in the long term. A focus on prevention and early intervention is critical as the cost to government of not intervening early is significant and estimated at $15.2 billion annually in high-intensity and crisis services. [36]

Early intervention is a smart investment in a stronger Australia. When we identify and tackle the challenges children and young people face earlier in life, their chances of resilience and recovery are much greater, so their need to rely on services throughout their life is significantly reduced. [36]

A breakeven analysis, conducted for the Benevolent Society showed that it takes only one single child attending Early Years Places to be 'better off' in terms of wellbeing domains for early years places to 'break even' or recover their costs. The analysis suggests that even if a small number of children benefit from systematic offerings in Early Years Places, then the costs of running centres will be covered by the cost savings created over time. [38] In addition, the National Community Hubs Program identified for every $1 invested in the Hubs program, there were $2.2 in social benefits realised in Australia. This indicates that Hubs, such as these are an efficient use of investment. [39]

## Appendix 2: Australian policy context

There are a number of Australian state and federal policies that support the need to implement and evaluate integrated, or collaborative, models of care such as Hubs, shown below in Table 3.
In the state and territory context, both Victoria and New South Wales have invested in early childhood education service delivery and introduced a universal offering of free early childhood education for all children in the year before commencing school.

*Table 2. Supportive policies for child and family hubs across Australia.*

| Jurisdiction | Policy |
|---|---|
| Australia – Federal | National Early Years Strategy (*in development*)<br>National Children's Mental Health and Wellbeing Strategy<br>Productivity Commission Mental Health Inquiry Report<br>Productivity Commission review of the universal early childhood education and care sector<br>Australian Competition and Consumer Commission inquiry into the market for the supply of childcare services |
| NSW | NSW Building Strong Foundations Program Service Standards<br>New South Wales First 2000 days Framework<br>NSW Government Brighter Beginnings Initiative<br>Joint Commitment to Transform Early Education (with Victorian Government) |
| Queensland | A Great Start for all Queensland Children: An Early Years Plan for Queensland<br>Kindergarten program reform package<br>State Delivered Kindergarten policy<br>Communities 2032 Strategy<br>Queensland's Strategy for Social Infrastructure |
| South Australia | South Australian Mental Health Strategic Plan 2017 – 2022<br>Royal Commission into Early Childhood Education and Care |
| Tasmania | Tasmania's Child and Youth Wellbeing Strategy |
| Victoria | Royal Commission into Victoria's Mental Health System<br>Joint Commitment to Transform Early Education (with NSW Government) |
| Western Australia | Child and Family Adolescent Health Services, Community Health Hubs |
| ACT | Set up for Success: An Early Childhood Strategy for the ACT |
| Northern Territory | Great Start Great Future — Northern Territory Early Years Strategic Plan |

## Appendix 3: Current Child and Family Hubs models

| Child and Family Hubs | | |
|---|---|---|
| **Model** | **Jurisdiction** | **Scale** |
| Early years Hubs | | |
| Aboriginal and Torres Strait Islander integrated early years centres | National | 75<br>- 44 Aboriginal and Torres Strait Islander Child and Family Centres (ACFCs) (with commitment for another 6 in NSW)<br>- 31 Multifunctional Aboriginal Children's Services (MACS)<br>Note: Some of these are counted in other models |
| Child and Family Centres | ACT | 3 |
| Child and Family Centres | Northern Territory | 6 with plans to build 2 more |
| Early Years Places | Queensland | 56 |
| Children's Centres | South Australia | 47 |
| Child and Family Learning Centres | Tasmania | 13 centres with commitment and plan to build 5 more (2 were originally funded with a focus on Aboriginal families and children.) |
| OurPlace | Victoria | 10 |
| Health Hubs | | |
| National Aboriginal Community Controlled Health Organisations | National | 145 |
| Primary Health Care Hub | National | 13 |
| Non-government led Hubs with health partnerships | NSW | 7 |
| School Hubs | | |
| Child and Parent Centres | Western Australia | 22 |
| Our Place | Victoria | 10 |
| Family LinQ | Queensland | 2 |
| Yarrabilba Family & Community Place | Queensland | 1 |
| Challis Primary School Early Childhood Education Centre | Western Australia | 1 |
| Community Hubs | National | 98 |
| Other notable Hub models which focus on integrated service delivery in the early years | | |
| Enhancing Children's Outcomes (EChO) Centres | National | 40 |
| Connected Beginnings | National | 25 |
| Safe Haven | Victoria | 2 |

Note: The information in this table was developed by Deloitte's and adapted to reflect the advice of National Network members.

# Appendix 4: Child and family impact stories

**Case Study 1 - Holistic and integrated care for an Aboriginal Family in Townsville**[40]

A Townsville Aboriginal and Islander Health Service (TAIHS) Family wellbeing worker brought an Aboriginal mother and Aboriginal father who were expecting their first child to Yamani Meta in 2021. The parents were experiencing high levels of stress and the mother feared her baby would be removed by child services because her first born child, now aged in their teens, was removed from her care. The family was provided with case management support and referral though the TAIHS Wellbeing service to address the domains of parenting, family interactions, health, connections (with culturally appropriate services) and material wellbeing.

Both parents were supported to begin attending Bubba Yarns, a program co-facilitated by Yamani Meta midwifery group practice with midwives from the Townsville Hospital. Both parents attended the Bubba Yarns group regularly and were supported to strengthen their relationship, parenting skills and develop a positive outlook on the birth of their child. Weekly engagements for the family also included support to develop their social and emotional wellbeing and antenatal care. Mum returned to Bubba Yarns with her newborn baby days after giving birth having had a positive and complication free birth. Her continued attendance meant that the Yamani team and hospital midwives were able provide information, support and referrals on any questions on her newborn baby's development. Mum has built a strong support network across TAIHS and other health services. Mum joined the Book of the Week program which supports her family to build a home library, enjoy reading at home, connect with the Yamani Early Childhood teacher and learn about the role of parents as first teachers.

Mum continues to seek information and support from staff at Yamai Meta for her child's development and her own postnatal care. The family have strong connections to the Yamani team and have built trust with other services including Townsville Hospital. Although the family have achieved their case plan goals and do not need case management support Mum and Bub continue to attend Bubba Yarns each week and also started attending Yamani Play. On the Parent Empowerment and Efficacy Measure (PEEM) Mum assessed herself as the highest score of 10 and observed that Yamani Meta is the reason for her high score.

Importantly, the ongoing healing journey for Mum continues with the care and support of the Yamani Meta team. Mum experienced extreme domestic violence as a young mother when her first born child was removed from her care. The family have reconnected as a step towards family healing and Mum's firstborn, a young teenager, travelled to Townsville during school holidays to meet and spend time together. The healing and connection to Yamani Meta continues for the family. (SNAICC 2022 p14.)

Note: This case study has been adapted from the full case study provided in the SNAICC publication on good practices of early intervention and family support programs that are being delivered by Aboriginal community-controlled organisations across Australia. The case study was published in the Townsville Aboriginal and Islander Health Service Yamani Meta Family Wellbeing House publication. The case study used the language of 'Mum and 'Bub' and the same language has been used in this example for consistency.

**Case Study 2 – Early Years Place run by the Benevolent Society** [36]

30-year-old Sarah is in a de facto relationship and has a daughter, Michelle (3 years old) and a son, Jack (5 years old). They live in social housing. Both the children and their father identify as being of Aboriginal descent. Michelle and Jack are both experiencing developmental delays. Sarah left school in Year 9 and does not currently have a paying job. She has a long history of experiencing domestic family violence (DFV) in the home, which has been regularly observed by her children. She wanted to separate from her partner but has struggled to navigate that process. Her partner controls the money, her phone and her access to family and friends. Sarah spends most of her time at home and is very cautious of people she doesn't know.

Sarah found out about The Benevolent Society Early Years Program (EYP) when her doctor at the local Aboriginal and Torres Strait Islander health service suggested she make contact. After calling the service, Sarah was invited to bring Jack and Michelle to the Explorers Playgroup which is specifically designed for children experiencing developmental delays. Michelle and Jack love playing with the other kids and Sarah has felt great relief that she can talk about her parenting experiences with other parents going through similar challenges – suddenly she doesn't feel so different. It feels like a safe place she can come to where there is no judgement, just friends and staff who support her.

Sarah quickly realises the staff are an amazing resource– with an occupational therapist, a speech pathologist and a child and family practitioner all under the same roof. And the support continues, with the EYP providing ongoing targeted support to help Sarah and her children stay on track. In addition to regular supervision provided to all staff, the Team Leader in charge of Sarah's case actively seeks the views from both Sarah and staff about how well the interventions are working and what they could do differently next time. This includes support seeking affordable housing, help finding a school that can best support Michelle's needs and then help to get Sarah a reduction in school fees. Over time, Sarah and her children experience secure housing, improved community connection and Michelle successfully transitions to school.

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