



From poverty to investment: what's really needed for families to close the child equity gap.

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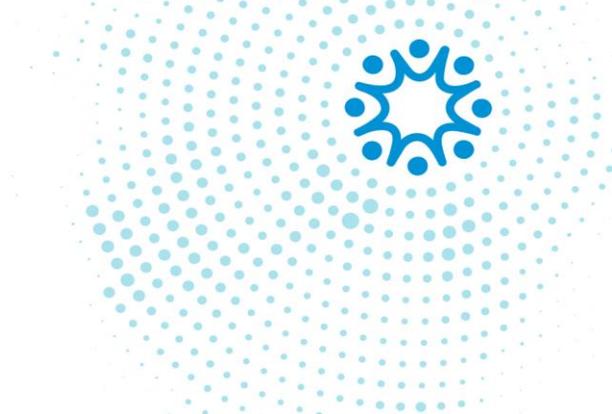


@sharon_goldfeld

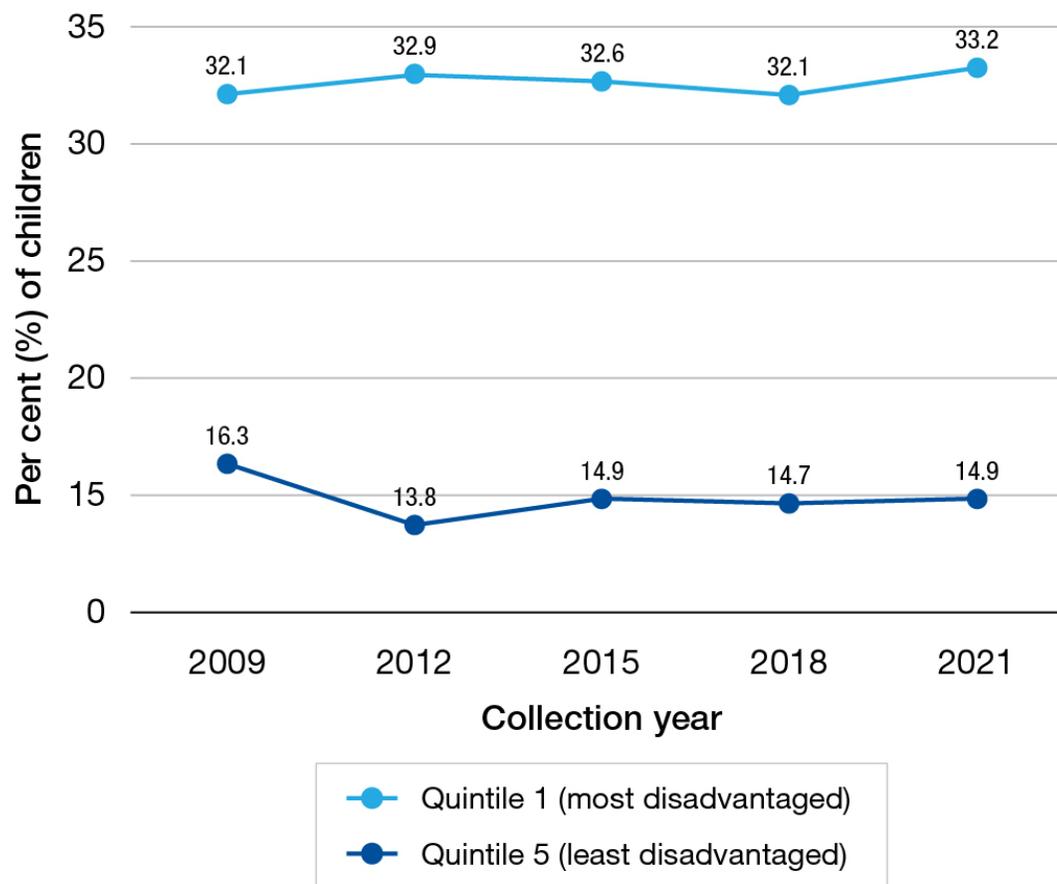
INRICH, May, 2024

Acknowledgement of Country





AEDC and Equity



Gray, S., McDonald, M., Guo, S., Leone, V. & Goldfeld, S. How can we improve equity in early childhood? (AEDC 2021 Data Story). Australian Government Canberra. www.aedc.gov.au

Figure 4: National trends in developmental vulnerability on one or more domains by community socio-economic position 2009-2021



Centre for Community Child Health

The First Thousand Days

AN EVIDENCE PAPER

September 2017



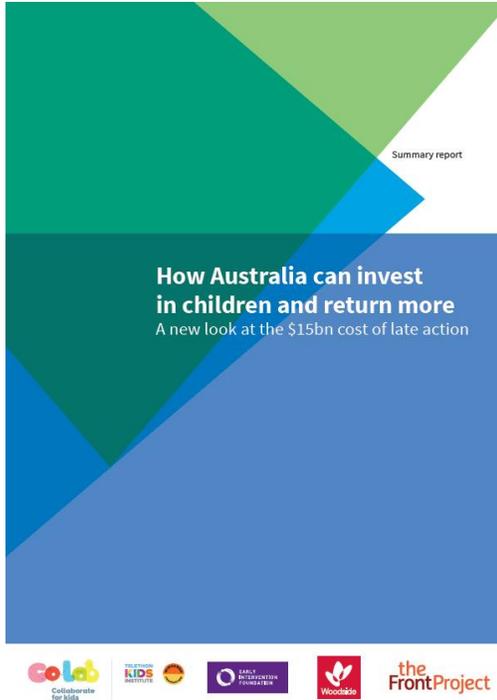
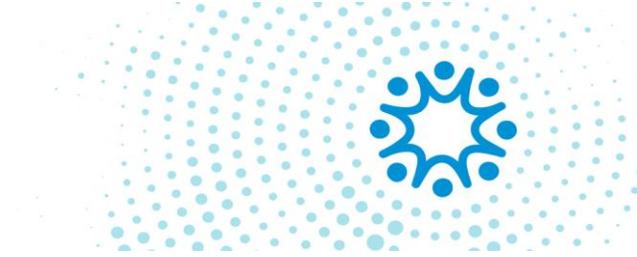
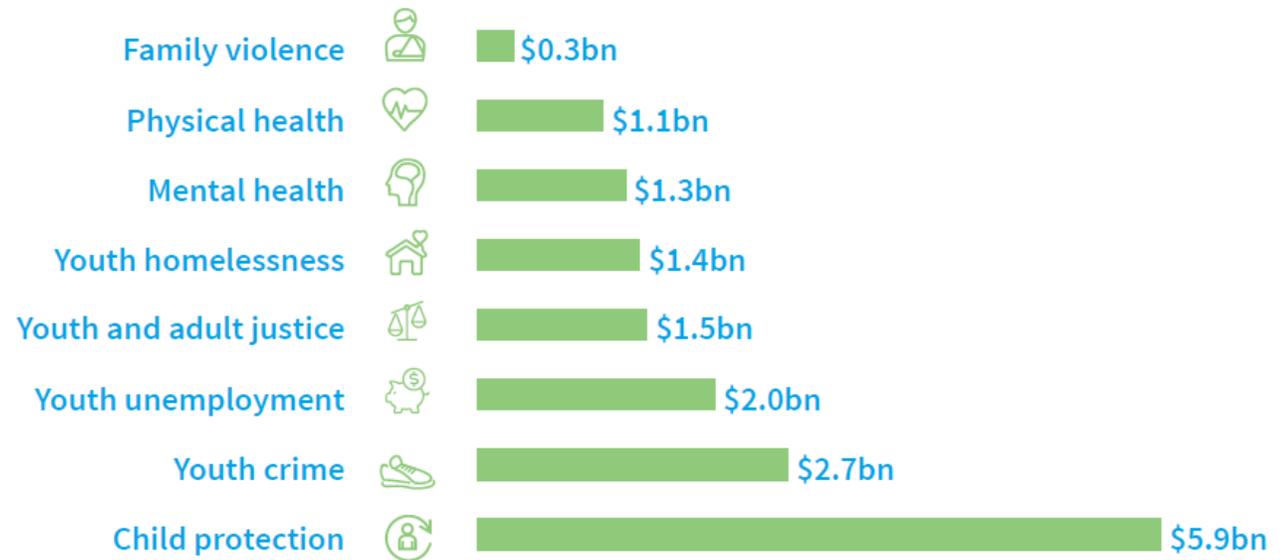


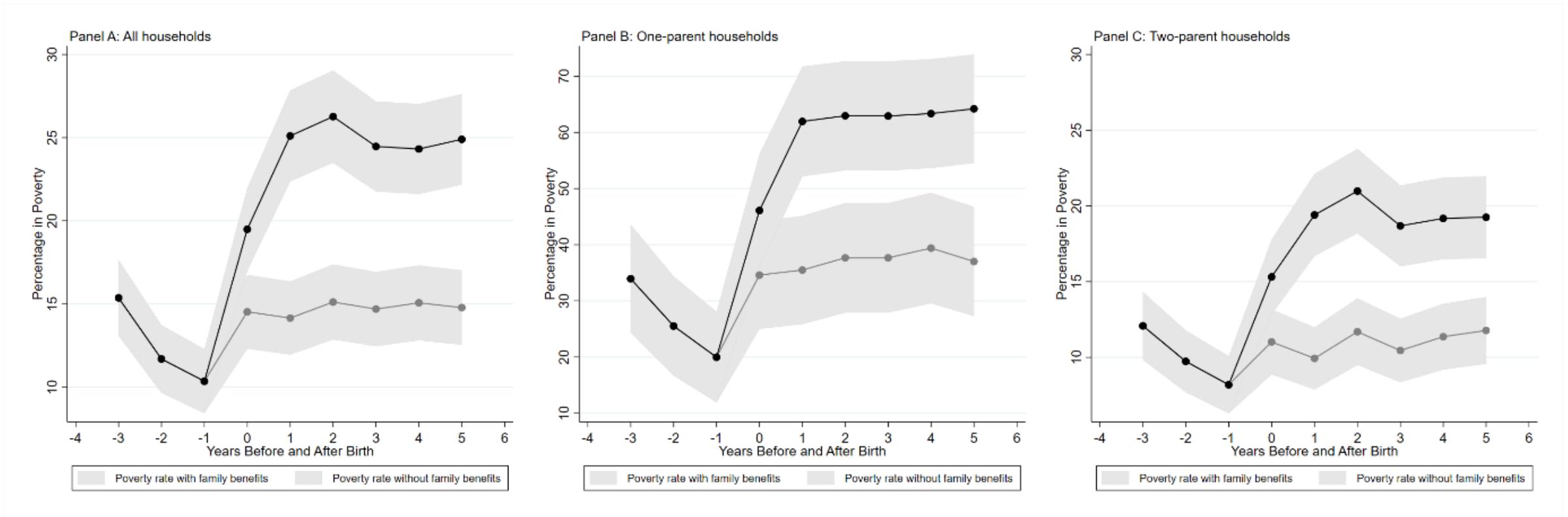
Figure 1: Annual cost of late intervention in Australia by issue (2018-19 prices, \$bn)



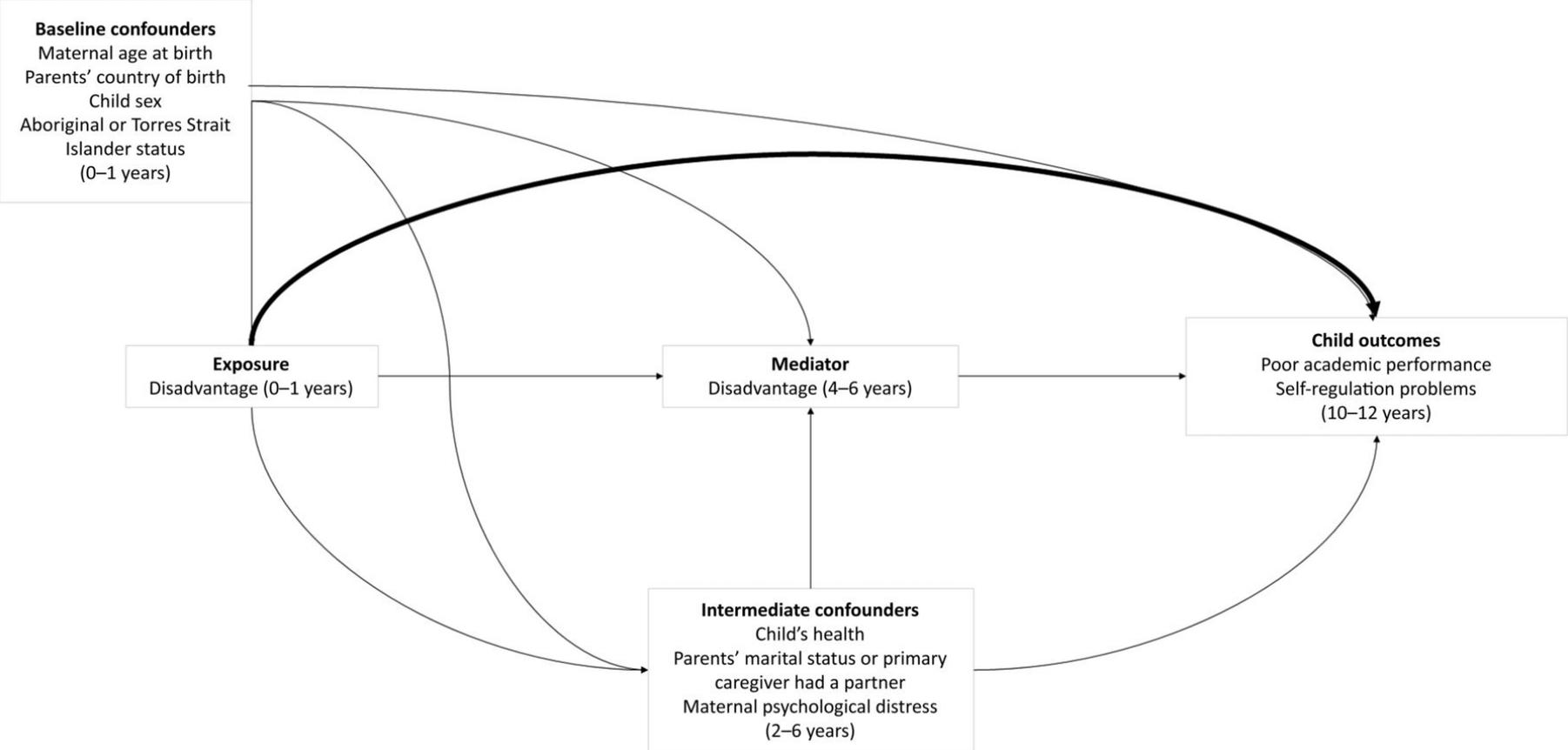
This chart presents spending on each issue experienced by children and young people. The total figure of \$15.2bn accounts for double counting.



Poverty and pregnancy



Lasting impact of early disadvantage



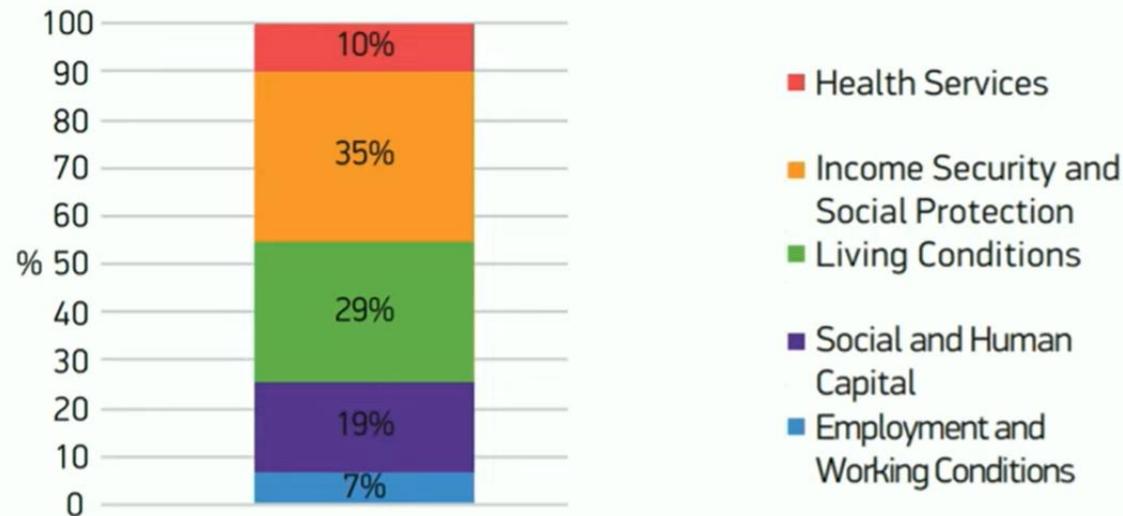
O'Connor M, Chong S, Hutchinson D, et al. Socioeconomic Disadvantage in Infancy and Academic and Self-Regulation Outcomes. Pediatrics 2019;143(5).

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.



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

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



Research Insights

Which families are feeling the pinch of the pandemic the most?

The unprecedented disruption to family income caused by the COVID-19 pandemic is limiting children's opportunities during a crucial time in their health and development.

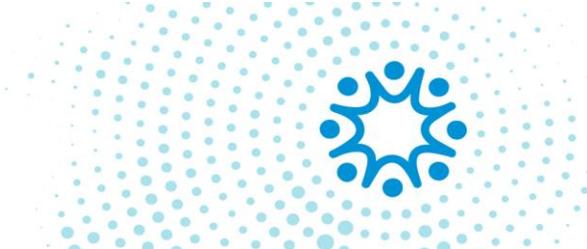


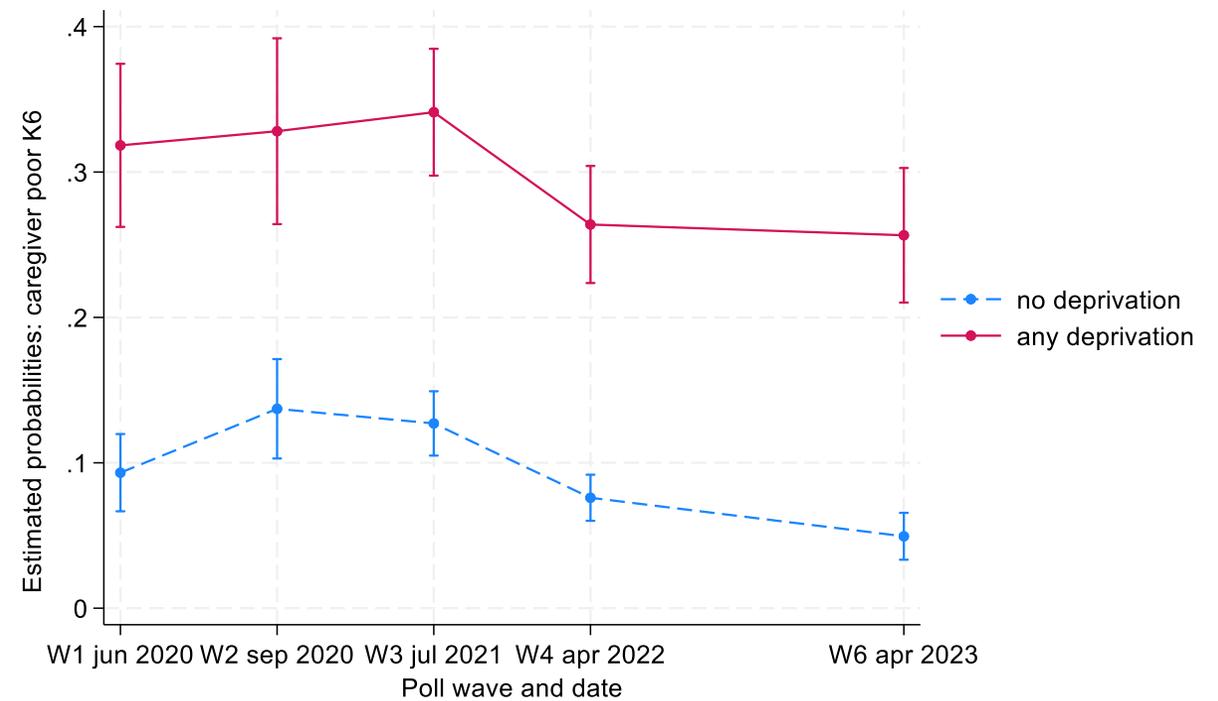
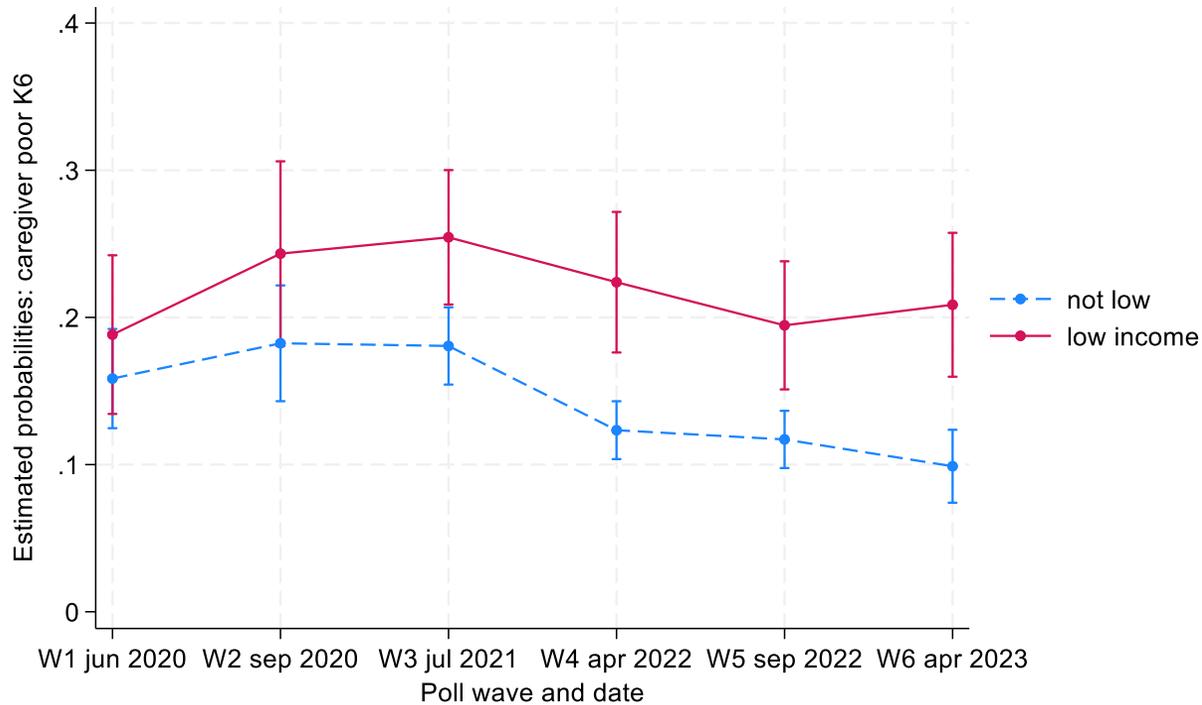
Figure 2: Financial stress
Respondents with children less than 5 years of age at home



Source: Data from *Taking the Pulse of the Nation Survey* (June 2020 – September 2021). Respondents are aged 18 to 54. Older respondents are excluded because a very low share of those 55 and above report having children under the age of 18. Figure 2 compares the levels of financial stress for families with young children over the period.



Parent mental health





What should we do?
What could we do?





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





1. Maximise the current system



<https://www.ccch.org.au/our-work/project/healthier-wealthier-families/>

Project

Healthier Wealthier Families

Improving family health and wellbeing by reducing financial hardship.

Overview

Our team

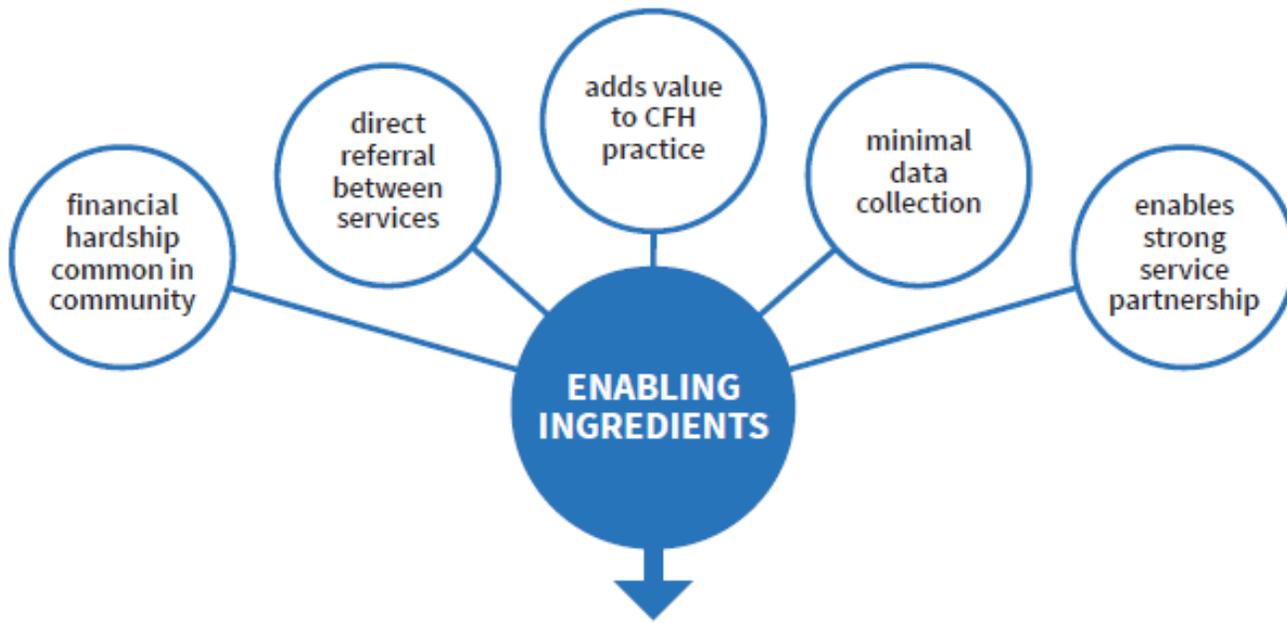
Partners and funders

Resources

Contact us

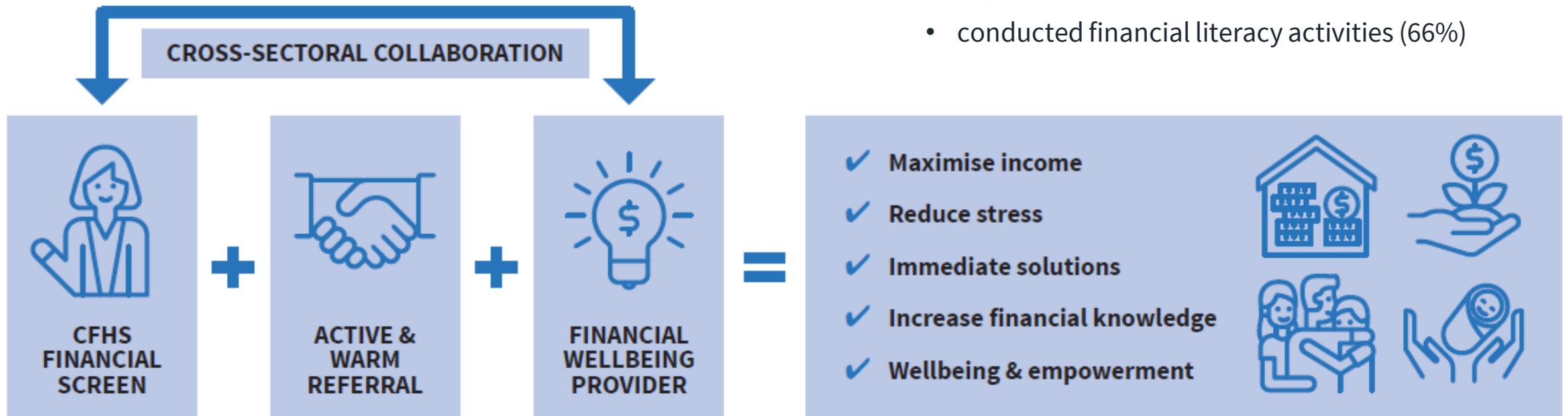
Resources

1. Explore our [Combatting child poverty resources](#)
2. Read our client stories snapshot '[Reducing money worries to improve caregiving, and health and wellbeing](#)'
3. Watch our [presentation](#) at the International Congress on Evidence-Based Parenting Support (I-CEPS)



Additional benefits include:

- avoided loss of utilities (52% of clients)
- avoided legal action (11%)
- stabilised housing (14%)
- organised external referrals (41%)
- conducted financial literacy activities (66%)





Australian pilot: Findings

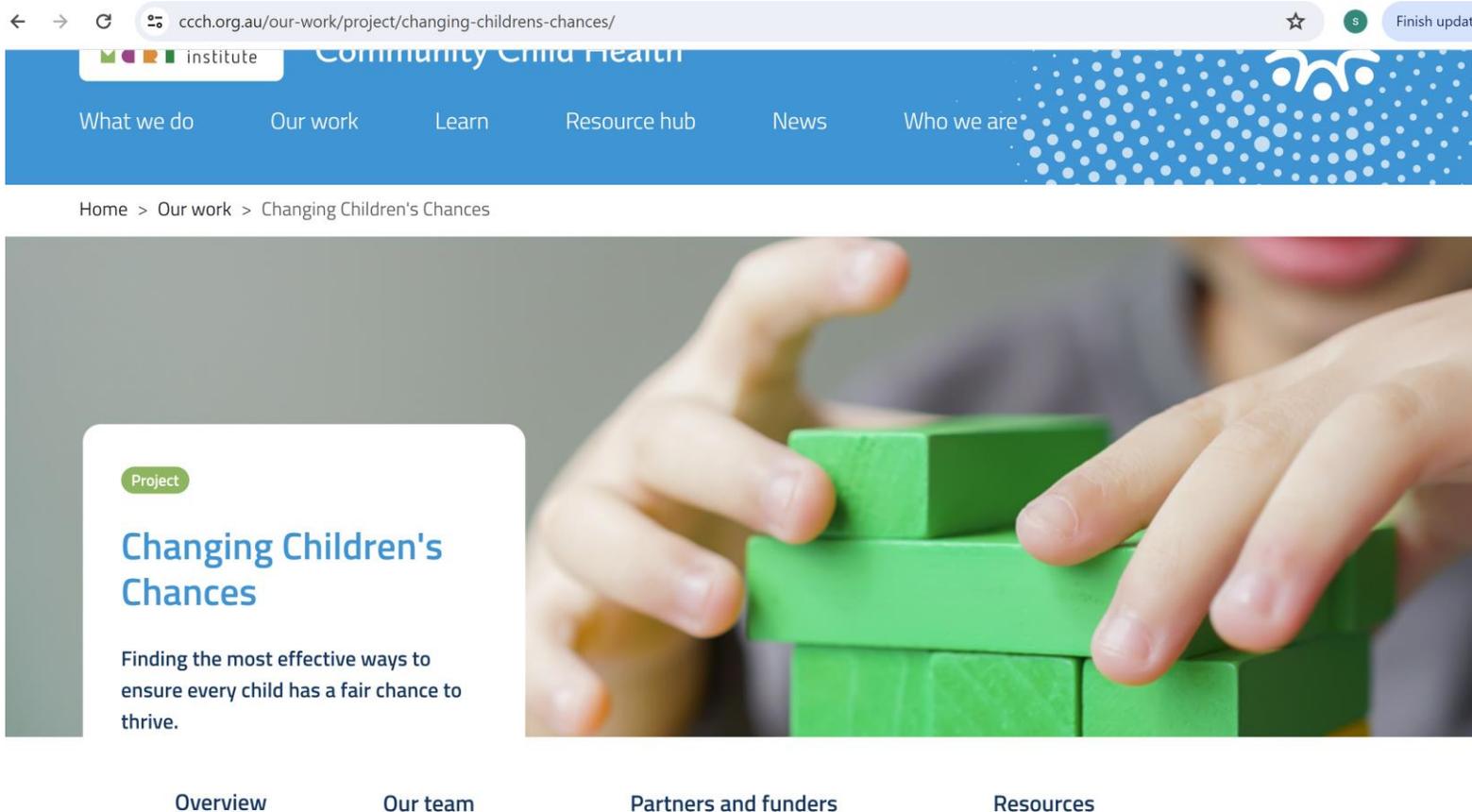
- The financial counsellor helped each family secure another **an average AU\$6,500** in benefits they were missing, plus **another AU\$750** in waivers / brokerage / credits / concessions
- 75% of clients were born overseas and just over half spoke languages other than English at home, so the program **captured culturally diverse families** that are often excluded from our community-based services.
- 80% of participating families earned less than AU\$1,000k p/week, so the **gain of AU\$125 p/week** is substantial.





2. Model giving a lot more families more money

Centre for Community Child Health



ccch.org.au/our-work/project/changing-childrens-chances/

institute Community Child Health

What we do Our work Learn Resource hub News Who we are

Home > Our work > Changing Children's Chances

Project

Changing Children's Chances

Finding the most effective ways to ensure every child has a fair chance to thrive.

Overview Our team Partners and funders Resources



Professor Sharon Goldfeld, The University of Melbourne

Associate Professor Margarita Moreno-Betancur,

The University of Melbourne

Dr Meredith O'Connor,

Murdoch Children's Research Institute

Professor Katrina Williams,

Monash University

Professor Susan Woolfenden,

The University of New South Wales

Professor Hannah Badland,

RMIT University

Professor Naomi Priest,

The Australian National University

Dr Francisco Azpitarte-Raposeiras,

Loughborough University, UK

Dr Sarah Tayton, Beyond Blue

Dr Timothy Gilley,

The Brotherhood of St Laurence



Our question

To what extent could **supplementing household income** in a child's **early life** reduce **inequities** in children's developmental outcomes (social-emotional, physical, and learning domains) and parental mental health?

Hypothetical intervention – ‘what if?’

We modelled a hypothetical intervention using data from **The Longitudinal Study of Australian Children**

- 5107 infants followed since 2004



Created by Peter van Nieuwenhuis

Parent's self-reported weekly gross income

Annual household income
(0-1 year)



Created by MUHAMMAD ALKHAMIS
from Noun Project

A hypothetical AU\$26,000 supplement provided to lower-income families

Household income supplement
(0-1 year)



Created by Noun Project

Primary carer's level of psychological distress

Parental mental health
(2-3 years)



Parent-reported child behavioural and emotional problems

Child social-emotional adjustment
(4-5 years)



Parent-reported physical functioning problems

Child physical functioning
(4-5 years)

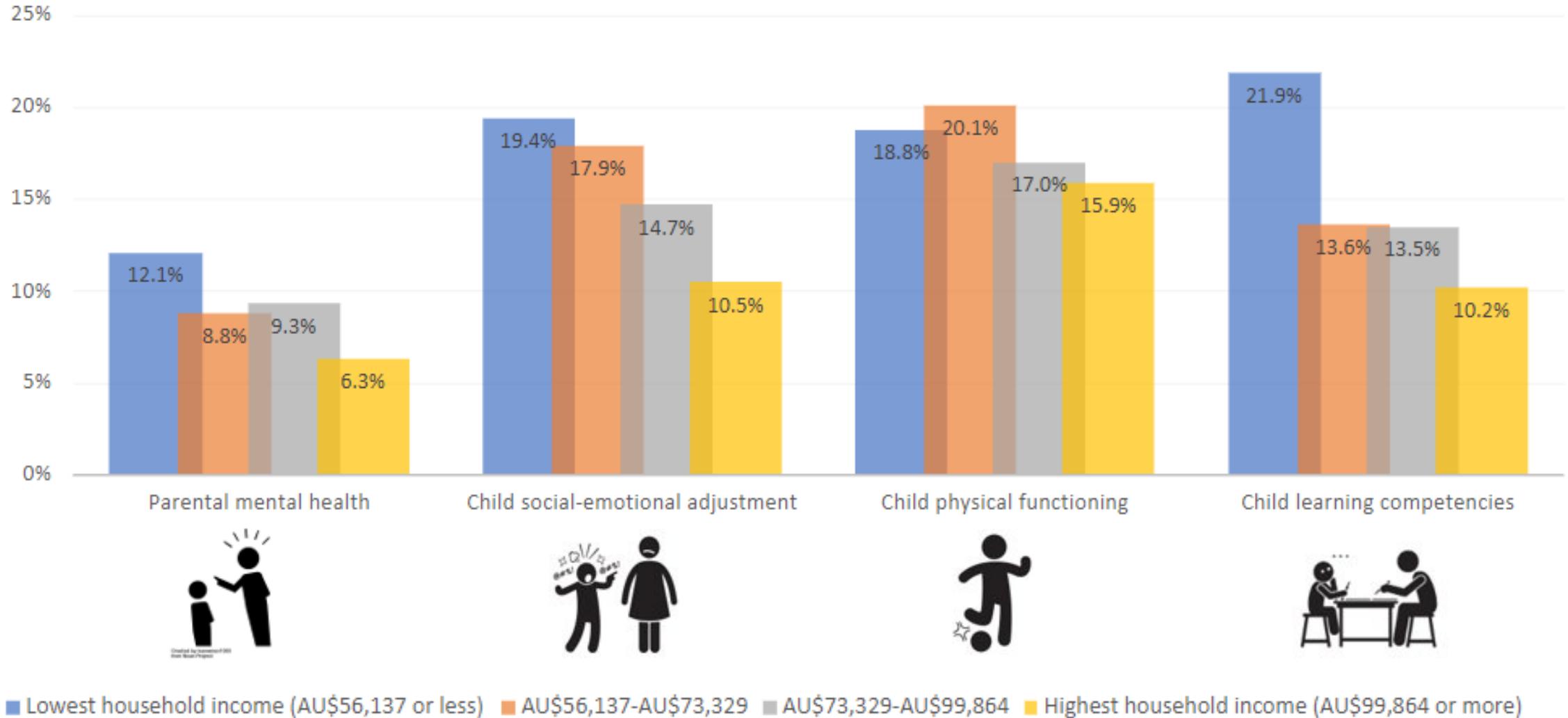


Derived from measures of language, literacy, numeracy and approach to learning

Child learning competencies
(4-5 years)

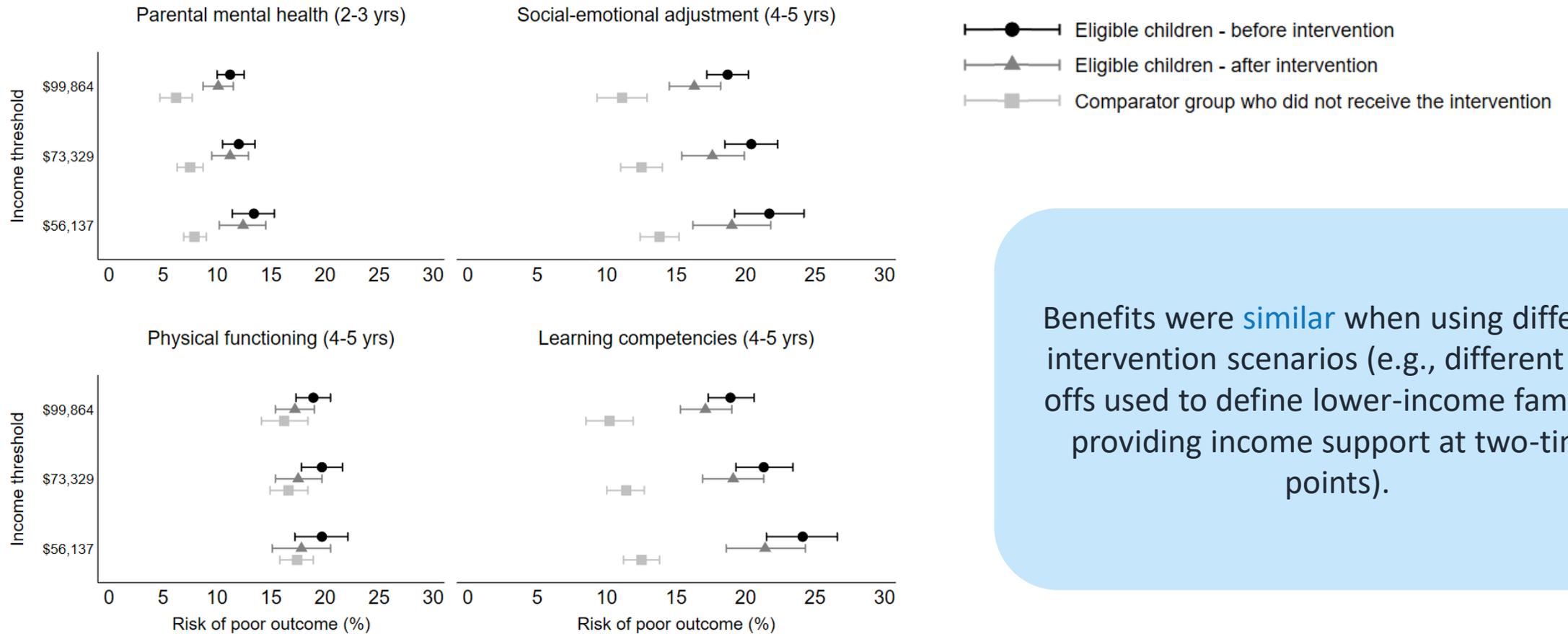


What did we find? – Distribution of each outcome





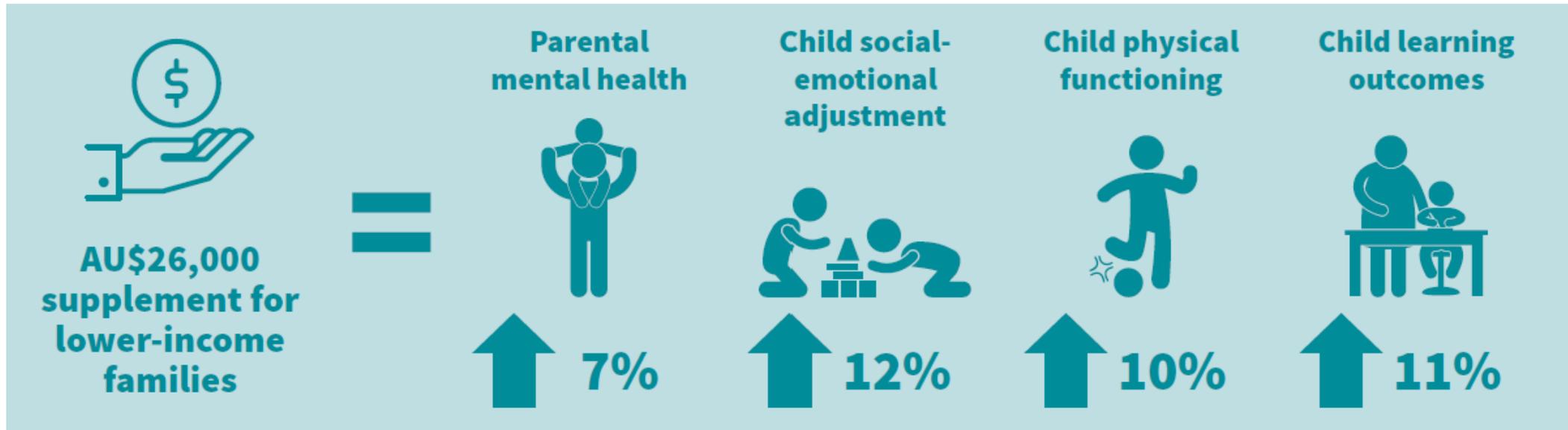
What did we find? - Potential benefit of income supplement



Benefits were **similar** when using different intervention scenarios (e.g., different cut-offs used to define lower-income families; providing income support at two-time points).



What did we find? – Potential benefit of income supplement



Relative improvement in equity for developmental outcomes at 4-5 years and poor parental mental health at 2-3 years for families with household income below \$56,137 after receiving an income supplement of \$26,000



3. Test in real life giving more families more money



The Early Years Boost: Today's investment for tomorrow's thriving families Project Proposal: Phase 1

What is the Early years "boost" for families proposing?

Exploring the impact of investing in young families through a randomised control trial.

Treatment group:

600-1,000 randomly selected families



to receive:

minimum \$750-\$1,000 per month



for a period of:

2 years



Participant selection to leverage GenV

GENV + ● ● ●

Benefits:
+ existing infrastructure
+ agreements for linking admin. data to records

Allows testing of impact of investments on:

family social and economic well-being as well as child development

allowing us to understand the short, medium, and long-term impacts

It's the right time.

Investing in families at the start to build human capital and reduce the risk of long term economic disadvantage

We are the right people.

Our partnerships brings together strengths in economics, child development, research and a deep understanding of the social sector.



What should we do? What could we do?





Home / Events /

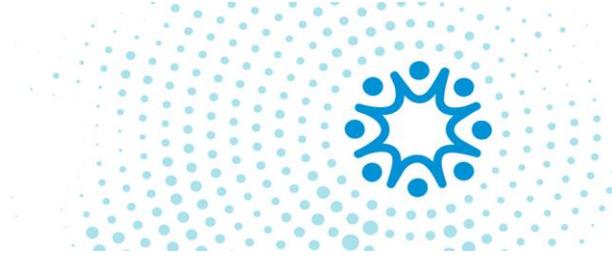
Addressing early-years disadvantage and poverty: is cash the solution?

Nesta talks to... Professor Sharon Goldfeld and Dr Anna Price

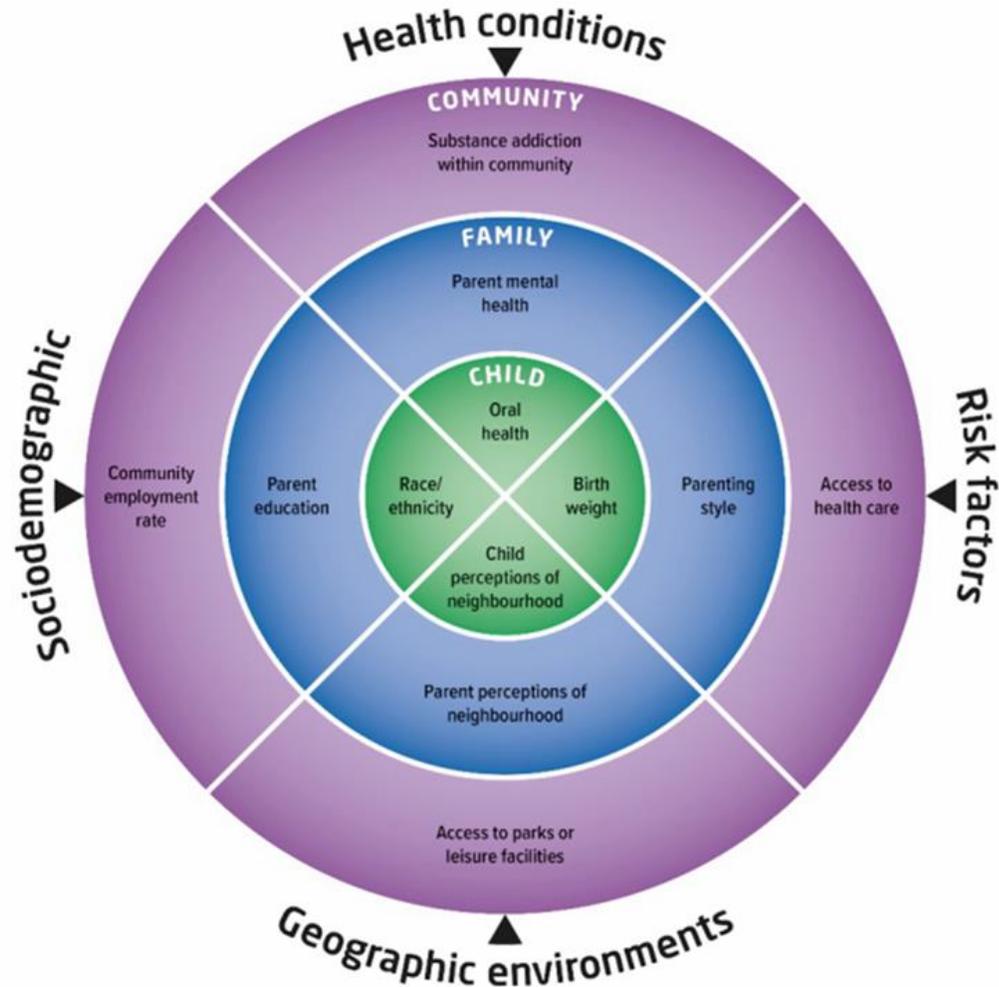
In [A fairer start](#) |  4 Oct 2023 09:30 – 10:30 |  Online



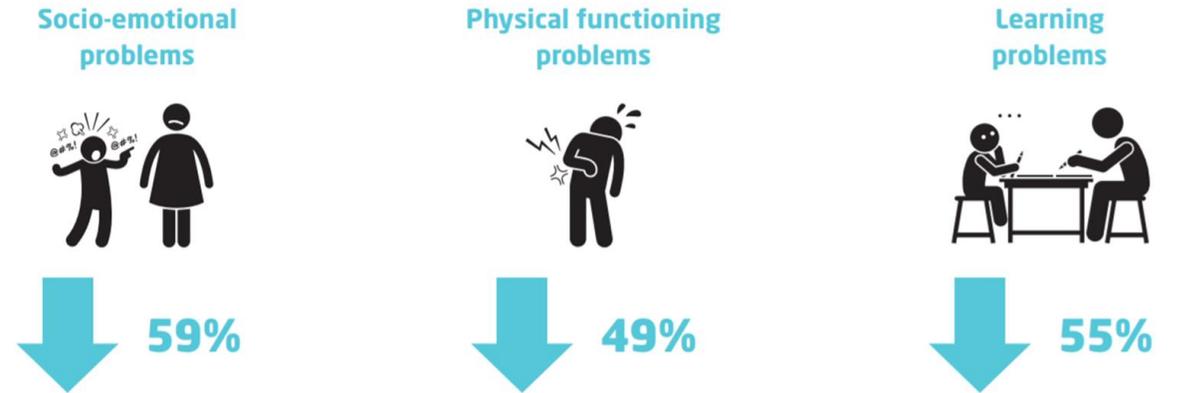




Changing Children's Chances Disadvantage Framework



The projected benefits of addressing disadvantage early



Healthy childhood and pregnancy
 Understanding child disadvantage from a social determinants perspective
 Sharon Goldfield,^{1,2} Meredith O'Connor,^{1,2} Dan Cloney,^{1,3} Sarah Gray,¹
 Gerry Redmond,² Hannah Badiand,³ Katrina Williams,^{2,4,7} Fiona Mensah,^{2,8}
 Sue Woolfenden,^{1,8,10} Amanda Kvalsvig,¹ Anita T Kochanoff¹¹



For families living in adversity it may be that the mutual benefit of both continuity and complementarity of services will be necessary to promote human capital.

Heckman JJ, Mosso S. The economics of human development and social mobility. Annual Review of Economics 2014;6(1):689-733

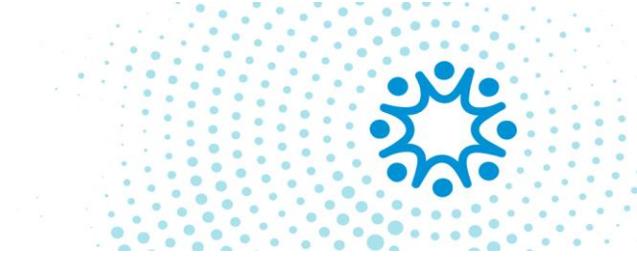
Prevention or patch-up? Lack of political will behind failure to build healthy communities

By [Geoff Edwards](#)

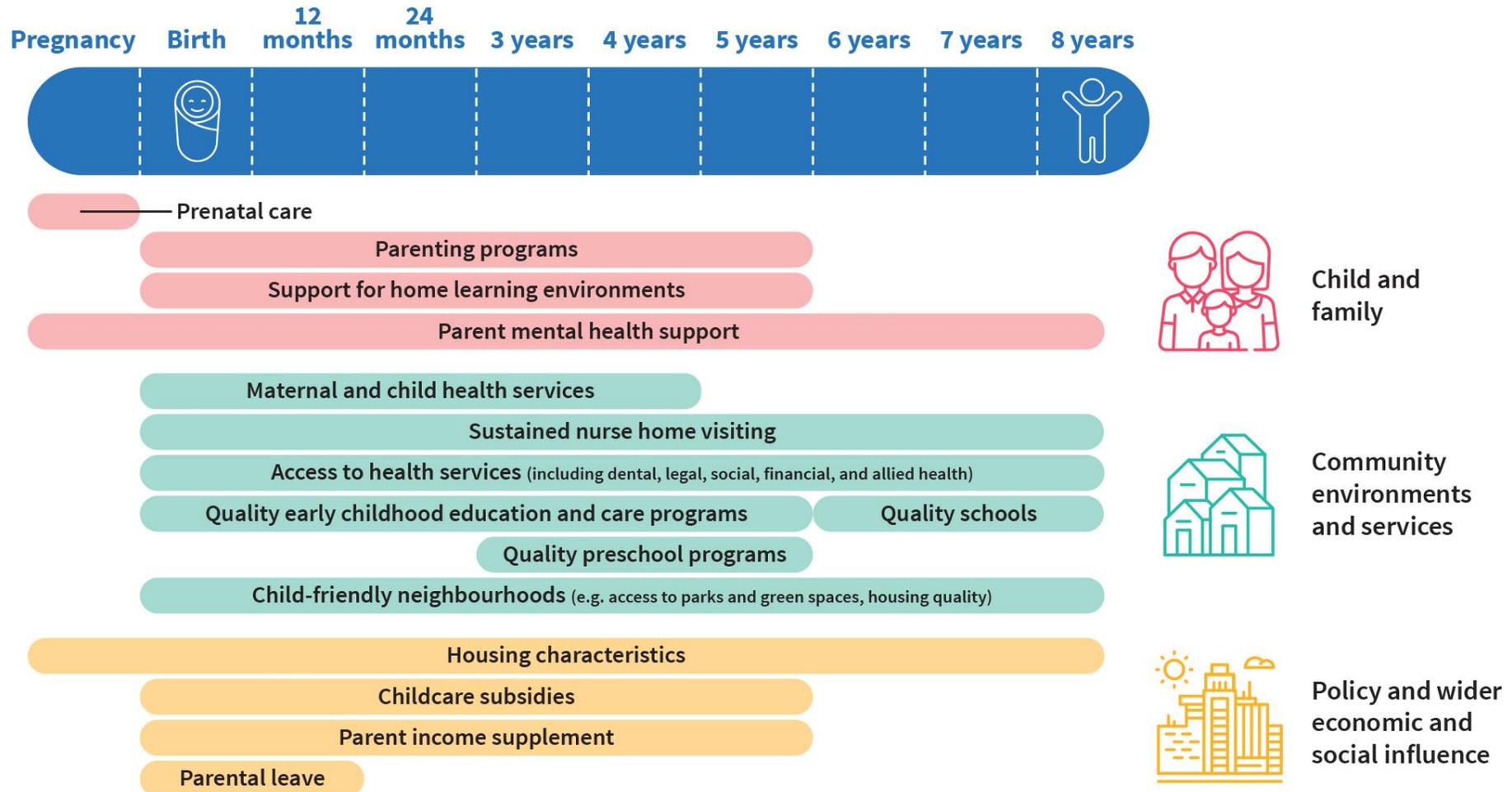
May 22, 2024

Money is the universal lubricant for delivering programs.

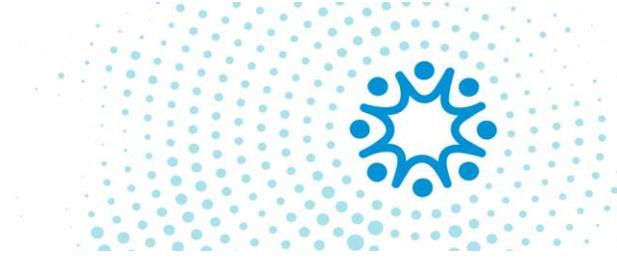
Everything is easier with a sufficient budget allocation. Sometimes a program can cruise along without dedicated funds, by chewing up volunteers or cross-subsidisation from some other program that is well-funded, but sooner or later any program at scale will require an allocation of funding.



Stacking interventions







‘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



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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.

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