

Tasmanian Child and Youth Wellbeing Strategy

ARACY Response to Discussion Paper

March 2021

Who We Are

ARACY is a not-for-profit organisation with the aspiration that all children and young people are loved and thriving. We catalyse change by bringing people and knowledge together for the benefit of children and young people in Australia. We believe that all children and young people in Australia should have every opportunity to thrive. To thrive, children and young people need to be valued, loved and safe, they need their basic material needs met, they need to be healthy, learning, participating in family, community and decision making, and have a positive sense of their identity and culture. We know this because we have listened to thousands of children, young people, parents and experts to develop The Nest; a wellbeing framework for children and young people. To the benefit of all Tasmanian child and young people, the Tasmanian government has embraced The Nest. ARACY congratulates the Tasmanian Government for using an evidence-based framework. Our recommendations are below.

Overview of Submission

This submission will cover several key areas. The first part outlines how updates to The Nest can be applied throughout the wellbeing strategy. The remaining five sections include our suggestion for a unifying vision, our recommendation for a priority program in the First 1000 Days, additional initiatives that can support children and youth wellbeing, how The Nest can be utilized to inform a whole-of-government approach to child and youth wellbeing, and our suggestions for indicators to monitor improvement.

1. The Nest Refreshed

The Nest is an evidence-based framework developed in broad consultation with children and young people themselves, their families and experts across multiple child focused sectors. The Tasmanian government has ensured the improved wellbeing of all Tasmanian children and young people by embracing The Nest to inform the wellbeing strategy. Given the fundamental importance of The Nest to children and young people across the country, our work has continued to expand and update The Nest to ensure it remains relevant and representative of today's children, young people and the evidence. There are several updates that can be applied throughout the Tasmanian Child and Youth Wellbeing Strategy. These include:

- The renaming of the 'Loved and safe' domain to include 'Valued'. The concept of 'valued' was part of the initial process of the Nest development, however, the domain was originally labelled 'Loved and Safe'. The feedback from various stakeholders, particularly from the Education sector, has resulted in the adding of 'Valued' into the domain name.
- Under the 'Healthy' domain, the explicit split of Mental, Emotional and Physical health so each aspect is considered separately, and when drawn together creates the high level 'Healthy' domain.
- Under 'Participating' broadening 'social media use' into 'Appropriate online activity'
- Under 'Material Basics' including 'access to green spaces' as a sub-topic.
- Under 'Learning' including 'Unstructured play' as a sub-topic.

ARACY is able to provide further information on these updates if required, and can be reached on the contact details provided with this submission.

2. A Unifying Vision

4) In the knowledge of the existing domains of the Child and Youth Wellbeing Framework what should be our unifying vision for the Child and Youth Wellbeing Strategy?

Given the overlap between the six focus areas of the Child and Youth Wellbeing Framework and the six wellbeing domains of The Nest (see table below), a useful unifying vision would be aligned with ARACY’s vision:

That all young people are loved, thriving and realising their potential.

ARACY wellbeing domains	Child and Youth Wellbeing Framework Focus Areas
All Australian children and young people are loved, valued and safe	Tasmanian children and young people are loved and safe;
All Australian children and young people have material basics	Tasmanian children and young people have material basics
All Australian children and young people are healthy	Tasmanian children and young people are healthy
All Australian children and young people are learning	Tasmanian children and young people are learning;
All Australian children and young people are participating	Tasmanian children and young people are participating
All Australian children and young people have a positive sense of identity and culture	Tasmanian children and young people have a positive sense of culture and identity

3. The First 1000 Days – Highest priority program and why

12) Given the importance of the first 1,000 days what is the program you would put in place as your highest priority to support children up to 2 years and/or families?

13) Why have you identified this as your priority?

We would recommend the right@home sustained nurse home visiting program as the highest priority for children from the antenatal period until age 2. As Tasmania participated in the initial randomised control trial of right@home, an investment in wide scale implementation would build on the previous activity.

Right@home is a rigorously evaluated method of addressing health and developmental inequities in children born into vulnerable families. The program involves recruitment of women during the antenatal period based on the presence of risk factors for adverse child outcomes. Once enrolled, visits are delivered by child and family nurses within the existing health infrastructure into the homes of recruited women. Approximately 25 home visits occur from the antenatal period until the child turn 2, with flexible modules on topics such as mental health, wellbeing, parenting, and the home environment delivered to participants and tailored to their needs.

We recommend this as our highest priority for improving the wellbeing of children for multiple reasons, the most important of which is the compelling evidence supporting effectiveness of the program. right@home has been evaluated via a large randomized controlled trial initially conducted in both Tasmania and Victoria. Benefits were seen for both mothers and children, many of which were sustained several years beyond program completion. Compared to usual care, key outcomes included:

- At program completion (child age 2), mothers reported higher global health scores, were more confident in their parenting skills, and reported better ability to cope as a result of the program¹
- At program completion, children in the program had more regular bedtimes, had more stimulating home learning environments, and were in safer home settings¹
- Improved parenting behaviours in the form of warmer, less hostile parenting were seen at program conclusion, and were sustained at 1 and 3 years following program completion (child age 3 and 5)^{2,3}
- Improvements to maternal mental health were seen in the form of lower depression and anxiety scores at 1 and 3 years following program completion (child age 3 and 5)⁴
- Improvements in child development outcomes were seen at 3 years following program completion (child age 5), with children showing statistically significant improvements in mental health and behaviour as well as a trend toward improved language skills³

Other strengths of the program include high fidelity and retention (85% in the pilot trial) where loss to follow up can be an issue for vulnerable families⁵. The program is also well-received by families, with mothers in the program rating their relationship with their child and family nurse an average of 39.5/40.

¹ Goldfeld, S., Price, A., Smith, C., Bruce, T., Bryson, H., Mensah, F.,... & Kemp, L. (2019). Nurse home visiting for families experiencing adversity: A randomized trial. *Pediatrics*, 143(1).

² Goldfeld S, Bryson H, Mensah F, Gold L, Orsini F, Perlen S, Price A, Hiscock H, Grobler A, Dakin P, Bruce T, Harris D, Kemp L. Nurse Home Visiting and Maternal Mental Health: 3-Year Follow-Up of a Randomized 2 Trial. Accepted in *Pediatrics*. In press. 2021.

³ Preliminary data

⁴ Bryson H, Perlen S, Price A, Mensah F, Gold L, Dakin P, Goldfeld S. Patterns of maternal depression, anxiety and stress symptoms from pregnancy to 5 years postpartum in an Australian cohort experiencing adversity. Submitted to *Archives of Women's Mental Health* 1 Dec 2021

⁵ Kemp, L., Bruce, T., Elcombe, E. L., Anderson, T., Vimpani, G., Price, A., ... & Goldfeld, S. (2019). Quality of delivery of "right@ home": Implementation evaluation of an Australian sustained nurse home visiting intervention to improve parenting and the home learning environment. *Plos one*, 14(5), e0215371.

Right@home is a variation of the Miller Early Childhood Sustained Home-visiting (MECSH) program developed by Professor Lynn Kemp of Western Sydney University. ARACY discloses a financial interest in the right@home variant of MECSH, but has no financial interest in the core MECSH program, which operates in multiple sites in Australia and overseas.

4. Short and long-term structures to implement and support a whole-of-government approach to child and youth wellbeing

38. *What are your suggestions for short-term (1-2 year) structures to implement a whole of government long-term Child and Youth Wellbeing Strategy?*

39. *What are your suggestions for longer term (3 years +) structures to support a whole of government long term Child and Youth Wellbeing Strategy?*

Continue to use the Nest and look to the New Zealand Child and Youth Wellbeing strategy implementation as a potential model. New Zealand uses a 'Programme of Action' which encompasses 75 actions and 50 supporting actions across 20 Government agencies.

To develop a Tasmanian Program of Action, it would be worth looking to ARACY's 2014 document The Nest Action Agenda, which identified a number of priority areas and actions to improve child wellbeing nationally. Many of these priority areas remain live issues in the Australian context and would benefit from policy and program focus.

5. Indicators for domains and outcomes

42. *What is most important to measure against the Tasmanian Child and Youth Wellbeing Framework Domains/outcomes and why?*

Given the Child and Youth Wellbeing Framework Domain's have been adapted from ARACY's Nest domains, an excellent starting point for useful indicators can be sourced from our most recent Report Card⁶, which provides a snapshot of the wellbeing of young Australians based on indicators within each Nest domain (see Appendix 1 for a sample page). Where possible, these indicators have been compared to OECD data to give an indication of how Australia performs relative to other high-income countries. Additional features include the inclusion of trend data where possible to give an indication of how Australia has fared over time (as measured by indicators taken from previous Report Cards), as well as comparator statistics for Aboriginal and Torres Strait Islander young people.

While this data is taken from national indicators which may not always be available or appropriate for a state-level analysis, there is scope for alternative indicators to be used to give a snapshot of wellbeing. ARACY has specialised expertise in this area and would be open to exploring and supporting the Tasmanian Government in developing a state level Report Card. We are experienced in working with jurisdictions, regional organisations and individual service providers to develop indicator pathways that move from child-centred individual client measures through to state and national outcome measures.

⁶ Australian Research Alliance for Children and Youth. (2018). *Report Card: The wellbeing of young Australians*. Canberra. Retrieved from <https://www.aracy.org.au/the-nest-in-action/report-card-the-wellbeing-of-young-australians>

ARACYs national report card has been well received due to its accessible and visual representation of wellbeing. A few examples of indicators within each domain are included in the table below.

Domain	Examples of Indicators
Valued, Loved and safe	Youth incarceration, neighbourhood safety, bullying
Material basics	Youth employment, housing stress, income inequality, food security
Healthy	Youth smoking, infant mortality, teenage pregnancy, suicide
Learning	Literacy performance, feeling of belonging in school, cost of childcare
Participating	Youth voting, youth interest in politics, online social networking
Positive sense of identity and culture	Born overseas, religious affiliation, tolerance of diversity

6. Additional initiatives to improve outcomes

48. Are there other starting points, models or approaches to achieve outcomes and measure progress for the wellbeing of children and young people that you would like to tell us about?

The Common Approach®

An approach that improves wellbeing outcomes for children and young people is ARACYs The Common Approach®. The Common Approach is an evidence-based way of both thinking about and communicating with children and young people about wellbeing (see Appendix 2 for descriptive diagram). The Common Approach is designed to be used by professionals and non-professionals (e.g., allied health workers, school administrative staff, sports coaches), at both frontline and policy level. The Common Approach is founded on four evidence-based practices: it is strengths-based, holistic, collaborative, and child-centred. The Common Approach has been implemented and evaluated in a variety of settings across Australia, with outcomes including:

- Earlier detection of problems for children and families⁷
- Improved relationships between families and services⁸
- Increased understanding of working in a preventative way⁹
- Increased referrals to both formal and informal community supports¹⁰

Ideally, Common Approach training would be implemented at a state-wide level across schools and early education centres, as well as through healthcare, community services, and other professional services that interact directly with children and young people. At a policy level, the Common Approach can help inform government and service providers on how to frame policies that influence wellbeing of children and youth.

Given the holistic nature of Common Approach, widespread uptake could also be considered an additional initiative to improve individual wellbeing domains, and is therefore also relevant to discussion questions 15, 19, 23, 27, 31, and 35.

⁷ Hilferty, F., Newton, B.J. and Katz, I. (2012). Preventing child abuse and neglect through a Common Approach to Assessment, Referral and Support: Evaluating the trial (Stage 2). Social Policy Research Centre, UNSW

⁸ The Common Approach to Assessment, Referral and Support: Working together to prevent child abuse and neglect – Final report, (2013). Australian Research Alliance for Children and Youth (ARACY) Canberra, ACT.

⁹ See 1

¹⁰ Australian Research Alliance for Children and Youth. (2014). Launceston to George Town Pilot of The Common Approach – Final Report. Canberra, ACT

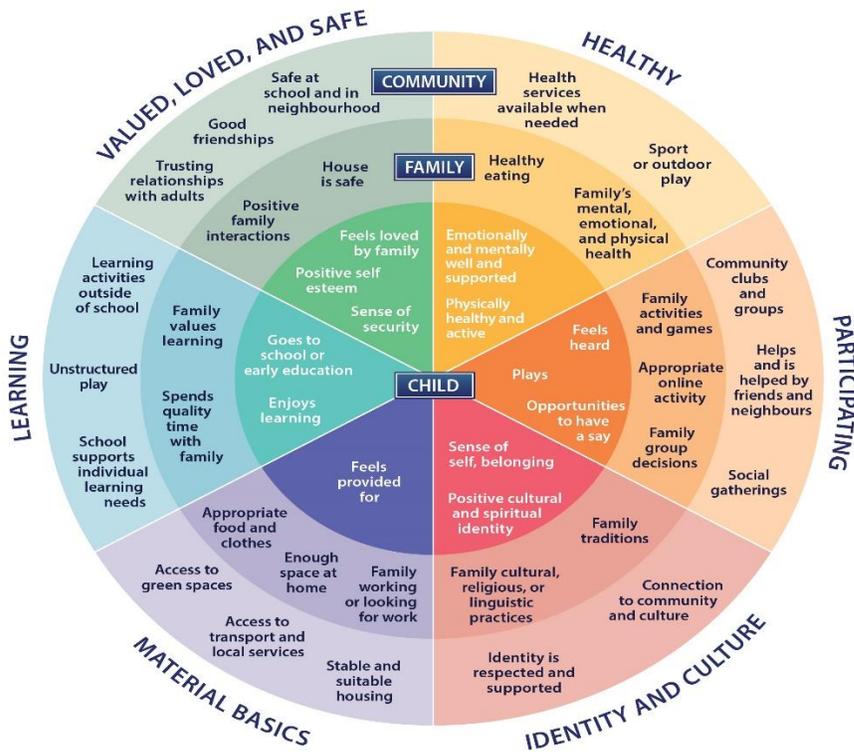
Educator Impact (EI) Pulse

A final suggestion to improve outcomes relates specifically to the Education sector. ARACY has partnered with Educator Impact to develop a wellbeing check in tool called EI Pulse. Pulse complements the traditional approach of anonymous, long-form, annual surveys, with an online check-in that takes students one minute per week to complete providing actionable leading data rather than lagging data. As well as collecting information about wellbeing, it allows students to ask for help at any time, and for responses to be actioned and tracked. Pulse is designed around the Nest framework, based on questions from The Common Approach[®] meaning it would align with the wellbeing domains of the Tasmanian child and youth wellbeing strategy. Please see appendix 3 for sample screenshots from Pulse.

Appendix

NATIONAL LATEST MEASURE AND TREND		ABORIGINAL AND TORRES STRAIT ISLANDER LATEST MEASURE AND TREND	AUS RANKING FOR OECD EQUIVALENT INDICATOR	
<p>% 0-14 yrs in relative poverty (<50% national median income)</p>	17.4%	31.6%	LAST REPORT N/A	THIS REPORT N/A
<p>% 0-14 yrs in relative poverty (<60% national median income)</p>	24.9%	N/A	LAST REPORT 15/35	THIS REPORT 13/41
<p>Gini coefficient (measure of inequality between 0 and 1 where 0 indicates complete equality and higher values indicate greater inequality)</p>	0.32	N/A	LAST REPORT 18/29	THIS REPORT 22/33
<p>% 0-14 yrs in jobless families</p>	12.8%	N/A	LAST REPORT 22/27	THIS REPORT 29/32
<p>% dependent students aged 15-24 yrs in jobless families</p>	6.9%	N/A	LAST REPORT N/A	THIS REPORT N/A

Appendix 1: Excerpt from ARACY's most recent Report Card, 2018



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Common Approach® resources may only be used following official Common Approach Training®. Please visit www.aracy.org.au for training details.

Appendix 2: The Common Approach® Wellbeing Wheel 2021

Student Check-In



Help Individual Students



Collective Statistics



Appendix 3: Example screenshots of Pulse: Student wellbeing check in tool.