

Changing Children's Chances

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

A chance to thrive

A child's experiences and environments in their early years provide the foundation for lifelong health, development and wellbeing. When children are supported from conception onwards, they have the best opportunity to thrive.

When [children experience disadvantage](#) however, it undermines their immediate and future health, development and wellbeing. This inequity is unfair and avoidable.

Health inequalities are differences in health status between population groups.

Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

(Source: VicHealth, Our Work: Health Equity. Accessed 5 Sept 2022.
<https://www.vichealth.vic.gov.au/our-work/health-equity-health-inequalities-health-inequities>)

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Currently more than a [third of Australian children](#) experience some form of disadvantage. This is likely to increase, as the COVID-19 pandemic has disproportionately affected those already experiencing vulnerability and disadvantage. This inequity undermines the wellbeing of children and families. It also limits their potential and creates a greater social and economic burden for all.

Eliminating inequity

The Changing Children's Chances (CCC) project seeks to understand the best ways to address the inequity facing Australia's children. Eliminating inequities provides substantial benefits for children and families. It is [projected that redressing disadvantage](#) in the early years could reduce socio-emotional problems by up to 59%, physical functioning problems by 49% and learning problems by 55% (Figure 1).

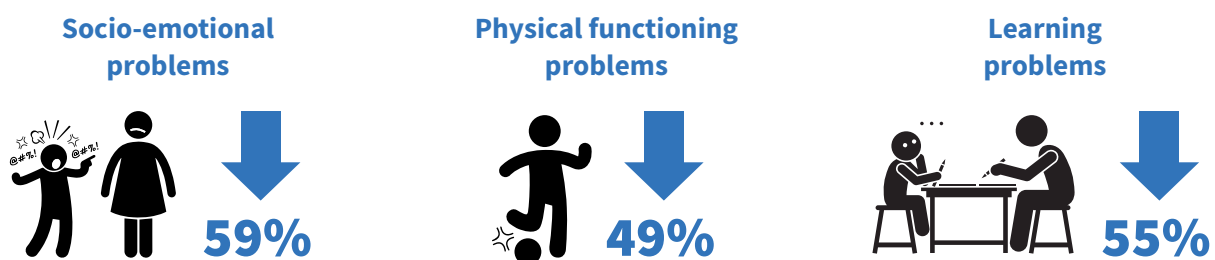


Figure 1: Projected benefits of addressing disadvantage early

Improving children's chances

Phase One of the CCC project (2016-2020) described the complex circumstances in which children are born, live, learn and grow – known as social determinants. These social determinants shape children's health, development and wellbeing (Figure 2).

The Framework recognises four key social determinants that affect the environments in which children are born, live, learn and grow.

- **Health conditions:** diagnosable medical conditions for parents/carers and children.
- **Geographic environments:** characteristics of the environments in which children and families live.
- **Sociodemographic factors:** a combination of social and demographic factors that place children and families at risk of experiencing disadvantage.
- **Risk factors:** attributes, characteristics or exposures that increase the likelihood of poor outcomes for children.

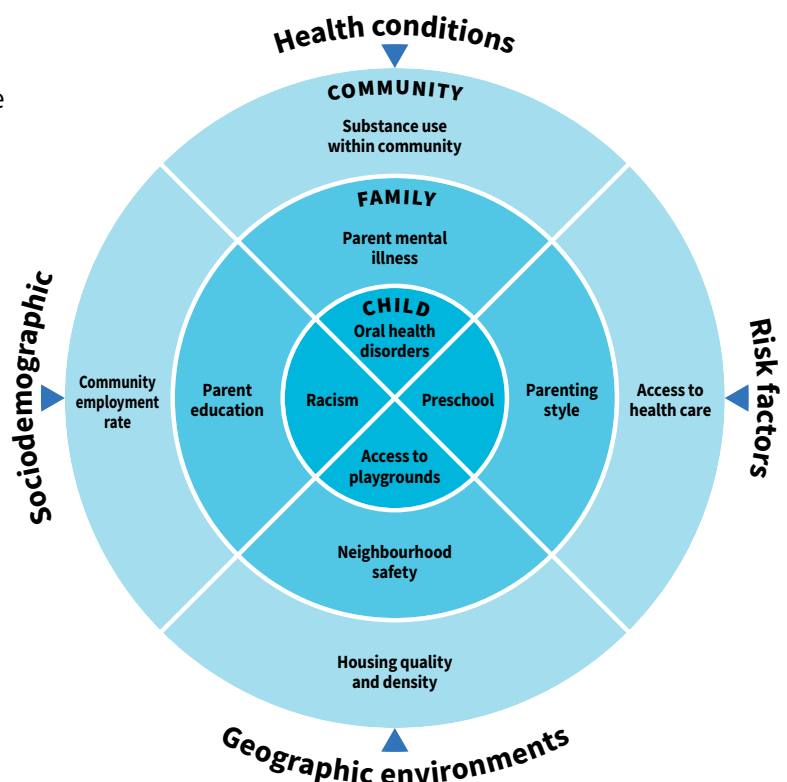


Figure 2: Framework for understanding the four key social determinants that contribute to inequities in children's health and development



Phase Two of the project (2021-2024) extends on this foundation. This phase of the research aims to better understand policy opportunities for reducing inequities in children's mental health, physical health and academic achievement.

There are many existing policies and services across education, health and social care portfolios that can help children and families to thrive. However, no single intervention alone is sufficient for tackling inequities. CCC researchers are modelling how combining or 'stacking' interventions can reduce inequities – particularly for those experiencing the greatest vulnerability or disadvantage (see Figure 3). To date, we have found that stacked interventions can reduce child inequities in [reading skills](#), [mental health](#) and [physical health](#) at school-age.

Action can be taken at the family, community and policy level. The CCC project proposes that [simultaneous action at all three levels](#) can best optimise children's health, development and wellbeing.

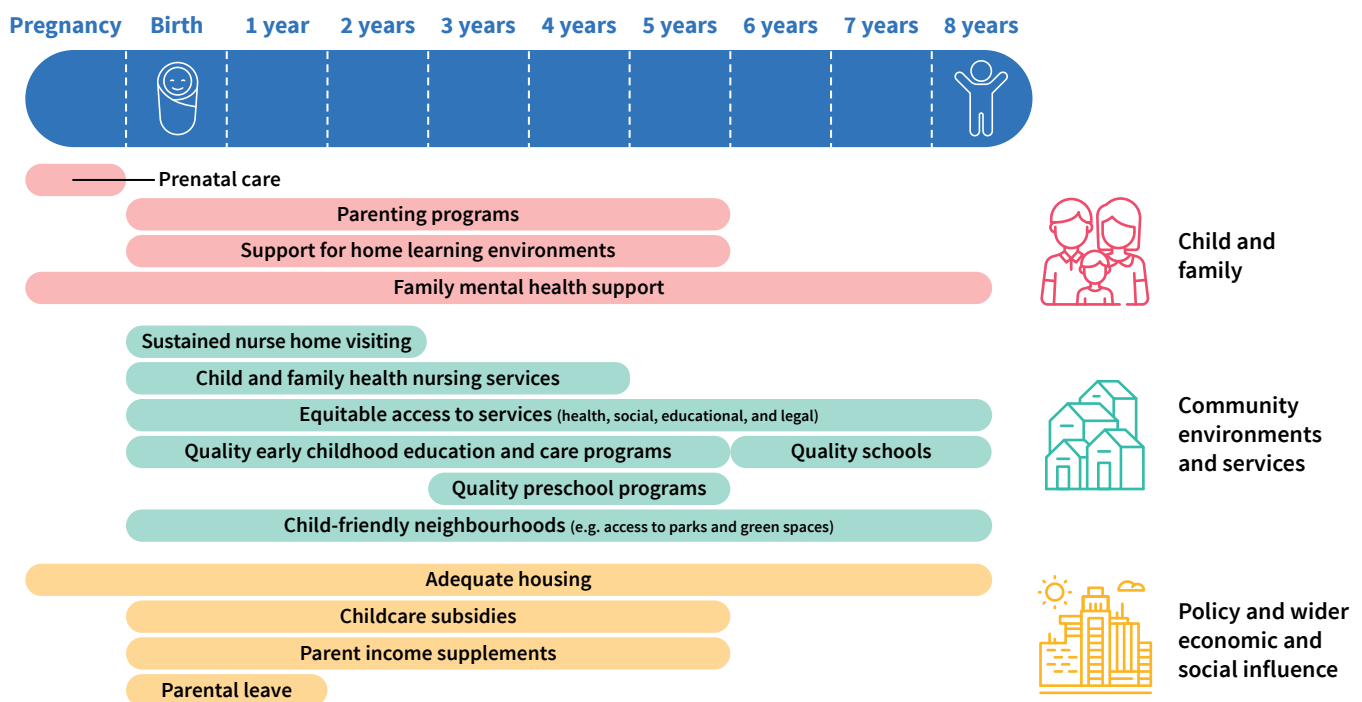


Figure 3: Stacking approaches for equitable early childhood health, development and wellbeing

How can we reduce inequity?

The CCC project models strategies for reducing the impact of early childhood disadvantage.

CCC researchers use innovative analytic approaches with existing data sources – including Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) and the Multi-Agency Data Integration Project (MADIP). The CCC project tests the impact of different combinations of interventions on reducing inequities in children's health, development and wellbeing. This is likely to include a combination of universal services (available to all) and targeted services (for those experiencing the greatest vulnerability or disadvantage). By evaluating different 'what if' policy intervention scenarios, the CCC project can rapidly and cost-effectively generate new evidence to inform future real-world interventions and policy decision making.



The CCC team works collaboratively with our Knowledge Translation Reference Group, made up of policy experts from Australian state and federal governments and non-government organisations. This helps to ensure that our investigations are relevant and accessible to decision makers. By helping decision makers understand which combinations of interventions are beneficial, our findings can help to direct limited public funds towards opportunities that will have the greatest impact. This can inform more effective and [precise policies](#) to reduce inequities in children's health, development and wellbeing.

What needs to happen next?

There are clear benefits and significant challenges to working with existing data sources. So far our work has used two complementary data sources: LSAC provides richness of information but lacks population coverage; while MADIP provides great breadth of coverage of the Australian child population but lacks some important information about children and the environments in which they live. In the future there will be opportunities to also draw on data from Generation Victoria, which will provide both the richness and breadth of information needed to support the evaluation of policy interventions across the child's entire ecological system.

Our team

Changing Children's Chances unites leading national and international child equity researchers and child health clinicians. Our team includes:

- Professor Sharon Goldfeld (lead investigator), 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
- Associate 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.

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The Centre for Community Child Health acknowledges the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.

