



Centre for Community
Child Health



The Early Years Strategy

Changing Children's Chances submission

May 2023

Changing Children's Chances
addressing health and developmental inequities

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.





The Early Years Strategy – Changing Children's Chances submission

Version 1.0

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.

Centre for Community Child Health

The Royal Children's Hospital Melbourne

50 Flemington Road, Parkville

Victoria 3052 Australia

Telephone: +61 9345 6150

Email: enquiries.ccch@rch.org.au

www.rch.org.au/ccch

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.



Contents

List of figures	iii
Executive summary	1
Changing Children’s Chances	2
Recommendations	6
Vision and structure	7
Q1: Do you have any comments on the proposed structure of the Strategy?	7
Q2: What vision should our nation have for Australia’s youngest children?	7
Q3: What mix of outcomes are the most important to include in the Strategy?	7
Policy priorities	7
Q4: What specific areas/policy priorities should be included in the Strategy and why?.....	7
1. Enable data and evidence for learning and improvement	8
2. Address the social determinants in a combined or ‘stacked’ interventions approach	9
Q5: What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?.....	10
Q6: What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?	10
Q7: What principles should be included in the Strategy?.....	10
Q8: Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?	11
References	12



List of figures

Figure 1. Framework for understanding child disadvantage from a social determinants perspective that contribute to inequities in children's health, development and wellbeing.

Figure 2. Stacking approaches for equitable early childhood health, development and wellbeing.



Executive summary

The Changing Children's Chances (CCC) project, based at The Centre for Community Child Health (CCCH), works collaboratively with organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our project is focused on making sure every child has a fair chance to grow and thrive. We want to help children who may face challenges early in life. Reducing these challenges will help children, their families, and their communities in the short- and long-term. Our research has shown that if we reduce these challenges, we can improve children's health, development and wellbeing. We are now looking at ways to combine different types of approaches to help children. Especially those who are most at risk of facing these challenges.

Aims and Objectives

The project aims to use cutting edge analytic approaches applied to existing data to identify how policy interventions related to parental mental health, preschool programs, and the built environment can be optimised to reduce inequities in children's mental, academic, and physical health outcomes. The project will be informed by our partners and advisers from across government portfolios and service delivery, ensuring that the evidence generated has contemporary policy relevance. The project expects to identify clear and actionable policy pathways to reduce child inequities in Australia, which can benefit decision makers by helping them to direct limited public funds towards intervention opportunities that will have the greatest impact. Our specific objectives are to:

- Determine how policy and program interventions related to parents' mental health, preschool participation, and the built environment can reduce inequities in children's health, development and wellbeing alone or in combination.
- Ensure that the evidence generated is policy relevant and targets the needs of decision makers by working in partnership with the Australian Government Department of Social Services, Australian Government Department of Health and Aged Care, The Victorian Health Promotion Foundation, Beyond Blue, Brotherhood of St Laurence, University of Melbourne and Murdoch Children's Research Institute.

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% (Goldfeld, O'Connor, Chong, et al., 2018). The early years are the time when investment into prevention and early intervention is most effective and cost-effective (Heckman, 2023; O'Connor et al., 2019; Strong Foundations collaboration, 2019). When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous communities for everyone.

Given the above, we welcome the establishment of an overarching National Early Years Strategy 'to ensure that all children, wherever they live, enjoy the same opportunities to learn, develop and thrive.' We support the key considerations of the Discussion paper: Commonwealth Government focus, a focus on breaking down silos, relationships with other Commonwealth Government strategies, how the Commonwealth connects to broader supports in the early years, international obligations, strengths-based, child and family centred, First Nations, respectful of diversity and inclusivity and Data.

Our emphasis is on prevention, early intervention and redressing inequity and disadvantage by **generating evidence that can inform precision policy responses** to reduce child health, development and wellbeing inequities. Our submission provides:

- i. two key recommendations that are fundamental to ensuring *every Australian child has what they need to thrive*; and
- ii. responses to each of the questions outlined in The Early Years Strategy: Discussion Paper (Australian Government, 2023).



Changing Children's Chances

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. To achieve this, powerful existing data and new analytic approaches are being used to examine the many contexts in which children and their families live and grow.

We are working collaboratively with policymakers and practitioners to find the most promising short to medium-term leverage points for interventions to reduce child inequities in Australia. CCC unites leading national and international child equity researchers and child health clinicians:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

The project is based at the [Centre for Community Child Health](#) (CCCH), Murdoch Children's Research Institute, a department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics. The CCC project is funded by the Australian Research Council Linkage Program (LP190100921).

The [University of Melbourne](#) and [Murdoch Children's Research Institute](#) are partnering with:

- [Beyond Blue](#)
- [The Victorian Health Promotion Foundation](#)
- [The Australian Government Department of Health and Aged Care](#)
- [The Australian Government Department of Social Services](#)
- [Brotherhood of St Laurence](#)

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. Unfortunately, some children face more vulnerability or disadvantage than others. This might be because of their family's social or economic situation. When children experience disadvantage (Goldfeld, O'Connor, Cloney, et al., 2018), it limits their potential and creates a social and economic burden for all. 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% (Goldfeld, O'Connor, Chong, et al., 2018).

Currently more than one third of children in Australia experience some form of vulnerability or disadvantage (Goldfeld, O'Connor, O'Connor, et al., 2018). This number is likely to rise because of the COVID-19 pandemic, which has disproportionately affected children who were already experiencing vulnerability and disadvantage. These **inequities are unfair and avoidable**.



Phase one of the CCC project (2016-2020)

We described the complex circumstances in which children are born, live, learn and grow – known as social determinants (see Figure 1). These social determinants shape children's health, development and wellbeing.

The framework used four lenses to understand children's experience of disadvantage across the different contexts in which it can arise:

- **Sociodemographic:** belonging to subpopulation groups that are at risk of poorer outcomes (e.g., ethnicity).
- **Geographic environments:** characteristics of the places in which children live that drive inequities through processes such as socioeconomic segregation and barriers to services (e.g., proximity to transport).
- **Health conditions:** diagnosable health conditions that drive inequities due to being unevenly distributed across social groups (e.g., caregiver diabetes).
- **Risk factors:** attributes, characteristics and exposures that increase the likelihood of poor child health, development and wellbeing outcomes, unevenly distributed across the population (e.g., caregiver smoking).

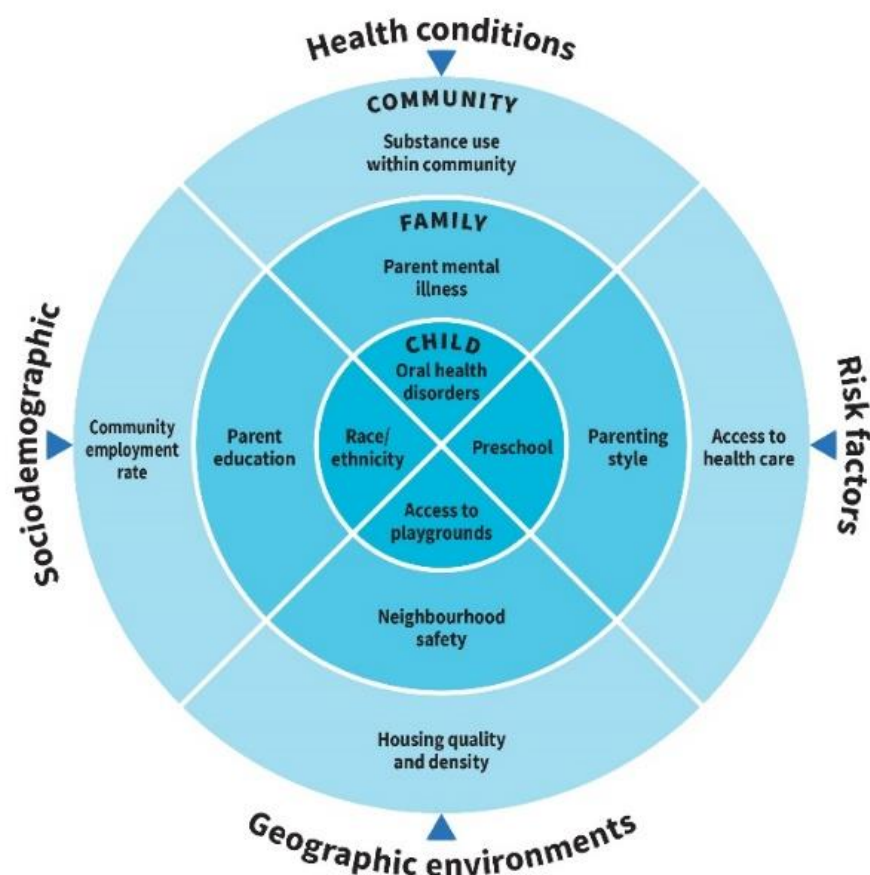


Figure 1. Framework for understanding child disadvantage from a social determinants perspective that contribute to inequities in children's health, development and wellbeing.



Phase Two of the project (2021-2024)

We extend 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. Interventions are likely to include a combination of universal and targeted services. Universal interventions are available to everyone and designed to help all children. Targeted interventions are specific services, designed to help children who are facing more challenges than others. By testing different combinations of interventions, we can figure out which ones work best in the real world. This information can be used to inform more effective and precise policies to reduce inequities in children's health, development and wellbeing.

Action can be taken at the family, community and policy level (Figure 2). The CCC project proposes that simultaneous action at all three levels can best optimise children's health, development and wellbeing (Goldfeld, Gray, et al., 2022). 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 (Goldfeld et al., 2019) to reduce inequities in children's health, development and wellbeing.

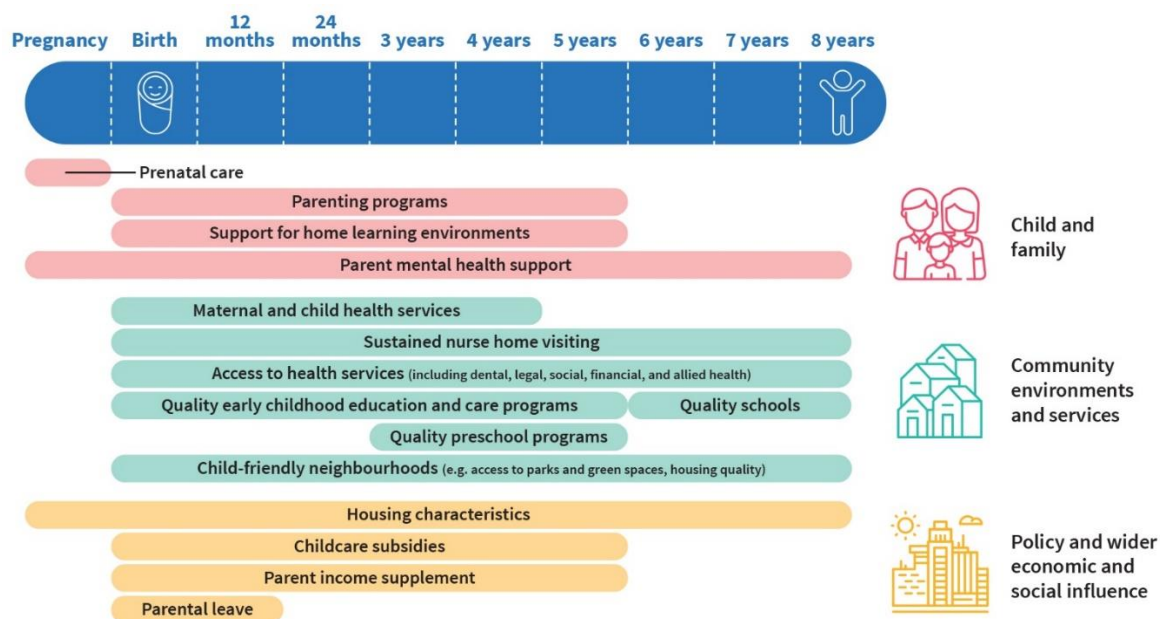


Figure 2. Stacking approaches for equitable early childhood health, development and wellbeing (Goldfeld, O'Connor, et al., 2022).

Given the resource-intensiveness of randomized trials – The CCC researchers utilise both **cutting-edge modern 'causal' analytical approaches** and **high-quality existing longitudinal datasets** – including the nationally representative data on Longitudinal Study of Australian Children (LSAC); Multi-Agency Data Integration Project Five First Years (MADIP-FFY) linked with the Australian Early Development Census (AEDC); and the Effective Early Educational Experiences (E4Kids), to model the impacts of how combining or '**stacking' interventions can reduce inequities**– particularly for those experiencing the greatest vulnerability or disadvantage (Goldfeld et al., 2023; Goldfeld et al., 2021).



Through our collaboration with the Australian Government Department of Education (2021 – Present) the CCC project is the first research project to use the administrative MADIP-FFY dataset, made up of approximately 290,000 children and their families. Whilst noting the data limitations and challenges (described further in the next section), our work enhanced the Department's early childhood data collections with data on children's multifaceted experiences of disadvantage which enabled policymakers to better understand the extent of inequities in children's developmental outcomes and the key drivers of these inequities – Phase 1 report (Gray et al., 2023). This data could be leveraged to inform more **precise policy decisions** to redress child inequities, that is, identifying the most effective interventions for specific populations of children and their ideal time point(s), duration, and intensity to **maximise impact** (Goldfeld et al., 2019).

Our team works closely with a group of policy experts in the *CCC Knowledge Translation Reference Group* to make sure that our research is useful and understandable. This group is made up of Australian state and federal governments and non-government organisations. By sharing our findings with decision-makers (i.e., via presentations to government departments (Goldfeld, 2022, 21 October) and the development and publication of research snapshots (Goldfeld, O'Connor, et al., 2018a, 2018b; Goldfeld, O'Connor, et al., 2022). We can help them understand how to use limited public funding in the most effective way, this can lead to more precise policies that make a bigger impact. Our common goal is to work together to make sure that **all children have the best opportunity to thrive.**

This submission draws on our research, focusing on issues where we have the most relevant insights. We have commented on the Discussion Paper questions regarding the vision and structure for the strategy, specific policy actions and evidence and research.



Recommendations

We propose two key recommendations that are fundamental to ensuring every Australian *child has what they need to thrive*.

Changing Children's Chances project: Recommendations	
<p>Recommendation 1</p> <p><i>Enable data and evidence for learning and improvement</i></p>	<p>1.1 Further investment in linked datasets, which should include a breadth of areas relevant to the Early Years – health and wellbeing (including mental health), social care, early education and care, justice, disability and the environment – so that researchers, services, communities and policymakers can make the most of our data assets</p>
	<p>1.2 Develop an Early Years Dataset linked to a National Childhood Guarantee to ensure that our national commitment is measured and met through both system and population outcomes</p>
	<p>1.3 Invest in critical data and learning systems to collect, track and act on lead indicator data. This is needed at a service level, community level (including in geographic-based initiatives) and system level to embed a culture of continuous improvement.</p>
<p>Recommendation 2</p> <p><i>Address the social determinants in a combined or 'stacked' interventions approach</i></p>	<p>2.1 Address the structural social determinants that drive child inequities by using existing early years services to identify and connect families experiencing or at risk of poverty</p>
	<p>2.2 Model how combining or 'stacking' interventions at the family, community and policy level can reduce inequities – particularly for those experiencing the greatest vulnerability or disadvantage, to best optimise children's health, wellbeing and development and maximise policy impact</p>



Vision and structure

Q1: Do you have any comments on the proposed structure of the Strategy?

Q2: What vision should our nation have for Australia's youngest children?

Q3: What mix of outcomes is the most important to include in the Strategy?

The Early Years Strategy should have a vision of establishing the conditions that **young children need to thrive**. Supporting children and families experiencing disadvantage and vulnerability needs to be *a priority*, given the significant disparities in early childhood health, development and wellbeing outcomes.

Improvements in early years outcomes are dependent on the combined action and investment in the early years across many sectors; health and wellbeing (including mental health), social care, early education and care, justice, disability and the environment. Attachment A of the Early Years discussion paper identifies 18 national strategies, initiatives and reforms that focus on or interact with the early years. Given the extent of the commitment to the early years and the need for joined-up action across sectors to achieve improvements for early years outcomes, CCC strongly recommends the Early Years Strategy becomes an overarching strategy that unites these initiatives and articulates the shared commitment to improving outcomes for all Australian children. Of note from existing strategies and frameworks we commend:

- The National Children's Mental Health and Wellbeing Strategy
- National Action Plan for the Health of Children and Young People 2020-2030
- Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031
- The National Agreement on Closing the Gap.

Currently, there is a lack of measures on the child's ethnicity, refugee or asylum seeker status, whether the child has a disability or special health care need, the child's family composition and care arrangements (e.g., non-parental care), and parent education and occupation. Where possible, it would be practical to draw on information already collected in school, preschool and early childhood education and care enrolment records discussed further in the policy priorities.

Policy priorities

Q4: What specific areas/policy priorities should be included in the Strategy and why?

Our children are our most valued resource. They are the future of our nation. For children to flourish as adults, we must ensure that they have what they need to thrive. Children's health, development and life opportunities are powerfully influenced by social determinants (Marmot, 2005) – the conditions in which they are born, live, learn and grow (Goldfeld et al., 2019). Poor trajectories that begin in infancy generally persist into adulthood. They can be difficult and costly to change once established and can contribute to lifelong social, educational and economic consequences for the individual.

Early years strategy priorities

1. Enable data and evidence for learning and improvement
2. Address the social determinants in a combined or 'stacked' interventions approach



1. Enable data and evidence for learning and improvement

Evidence, data, knowledge and lived experience, should be used to guide the Strategy, policy, practice and programs. High-quality evidence should be used to design the system, and the ongoing use of data should be used to monitor and improve system performance. This can be achieved by:

- 1.1** Further investment in linked datasets, which should include a breadth of areas relevant to the Early Years – health and wellbeing (including mental health), social care, early education and care, justice, disability and the environment – so that researchers, services, communities and policymakers can make the most of our data assets.

Why?

- Data linkage is important because there is no single data source that captures all aspects of child disadvantage. Leveraging existing multisectoral data linkages with strong existing data infrastructure and governance arrangements would provide the most practical option. This would overcome some of the challenges associated with linking data across multiple sources, including multiple lengthy application processes to data custodians and negotiations around data sharing, usage and governance.
- Data linkage with existing datasets may capture specific information, such as linking MADIP to the such as National Assessment Program – Literacy and Numeracy (NAPLAN) data, which can provide serial measures of the child's academic achievement trajectory from primary to secondary years.
- Investment in the data infrastructure of the national-wide longitudinal Generative Victoria dataset to be linked to other administrative datasets, such as MADIP-FFY, may have the ability to address specific data limitations and challenges that would arise that administrative datasets cannot capture, e.g., distinguish between primary carer.

- 1.2** Develop an Early Years Dataset linked to a National Childhood Guarantee to ensure that our national commitment is measured and met through both system and population outcomes.

- 1.3** Invest in critical data and learning systems to collect, track and act on lead indicator data. This is needed at a service level, community level (including in geographic-based initiatives) and systems level to embed a culture of continuous improvement.

Why?

- Currently, many governments, services and programs operate in evidence void, unable to adequately measure, monitor or evaluate whether benefits for children and families are being obtained – This is based on our analysis of the LSAC, MADIP-FFY and E4Kids datasets.
- Evidence-informed approaches and a focus on continuous improvement are necessary to create the environments and practices that enable efficient and effective outcomes.
- Data gaps and challenges include limited data available at the national level that provide insight into the 'voice of the child', children's own experiences of disadvantage, the child's primary carer and parent-child relationships and mental health data. A number of limitations around data access and timeliness of data collection, such as periodic data collections, e.g., Census (every four years).
- Currently, the data are not well captured in Australia for some priority population groups, including children from ethnically diverse groups, children with a disability, children of refugee and asylum seeker families, children from lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQ+) families and children living in out of home care. Improving the collection of data for children from these priority population groups requires further work to identify high-quality, rigorous and contextually appropriate measures.



2. Address the social determinants in a combined or 'stacked' interventions approach

Inequities are driven by the circumstances in which children live, learn and grow (social determinants). Disadvantage is multifaceted and affects children's long-term health, development and wellbeing. The impact of disadvantage on children's development has lasting social, economic and health implications for Australia. Exposure to disadvantage impacts children's health, development and wellbeing (Goldfeld, O'Connor, Chong, et al., 2018). We, therefore, need to focus not just on those children living in the most disadvantaged circumstances but across the full continuum of disadvantage. Addressing the social determinants provides the greatest opportunity to improve children's health, development, learning and wellbeing in the early years (Goldfeld et al., 2019; O'Connor et al., 2019). Recent international research suggests that just focusing on child development (while necessary) is insufficient support if we want long-term positive outcomes for the child, her parents, and her community. Interventions that target economic security and stable housing hold great promise in the short, medium, and long term. This can be achieved by:

- 2.1** Address the structural social determinants that drive child inequities by using existing early years services to identify and connect families experiencing or at risk of poverty.

Why?

Our analysis from the Growing Up in Australia: the LSAC data indicated that identify the many ways in which disadvantage can emerge in children's everyday lives (Figure 1). The study illustrates that many children experience some form of disadvantage that can have a lasting impact on their development. It also highlights those aspects of disadvantage that are likely to have a greater impact on different domains of child development and the potential value of efforts to reduce disadvantage.

- 2.2** Model how combining or 'stacking' interventions at the family, community and policy level can reduce inequities – particularly for those experiencing the greatest vulnerability or disadvantage, to best optimise children's health, wellbeing and development.

Why?

- Some children have a high and enduring exposure to disadvantage that has a substantial impact on their development. Knowing how disadvantage arises and their impact on children's development can help policymakers to address disadvantage and better utilise the existing social, health and education infrastructure to reduce their impact on children's development.
- While some factors, such as sociodemographic characteristics, may be difficult to modify, others, such as geographic environments, health conditions and risk factors, maybe more modifiable. Policy efforts directed at minimising children's exposure to early disadvantage are extremely important, and the findings suggest that successfully addressing disadvantage early could potentially have a significant impact on the reduction of child inequities in health, development and wellbeing.
- Evidence suggests that no single intervention approach in isolation is sufficient to address inequities in children's development, but rather what is required is an approach that 'stacks' multiple complementary interventions throughout childhood, targeting a range of social determinants that shape inequitable outcomes.



Q5: What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

Q6: What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

Despite our wealth as a nation and the range of services available, we are not achieving positive outcomes for all children and their families. To achieve better returns on investments in the early years and better results for children and families, we need to reconsider the nature of these investments and reconfigure the support and services provided to children and families. A focus on those likely to be born or raised in more vulnerable and/or disadvantaged circumstances should be a priority. Policies and strategies that address the needs of priority groups should also align with focus areas for improving coordination and collaboration in the development of policies for children and families. A key component for thriving children and families is agency. Governments and services need to share decision-making power with families and communities so that they are enabled to actively participate in decision-making that affects their lives and have the power to inform change. Considerations should be on:

- Focusing on **priority populations** – those most likely to experience discrimination, exclusion or adverse health or developmental outcomes
- Delivering children-centred and family-centred services to help overcome some of the barriers to service engagement, participation and access
- Establishing a universal family and community early years resource centre or portal to provide a single-entry point for early years information and support
- Addressing knowledge gaps with children and families through quality research and analysis. We should seek to understand the causes, barriers and enablers of the complex issues affecting children and families and ways to address these. For example, what are the barriers and enablers to access and participation in EY services?
- Integrating early years services into service and social hubs/places.

Evidence-based practice draws on research, experience and expertise. It's vital that evidence about what works to make a difference for children and families guides action and informs sustainable improvement. We cannot know beforehand what actions or strategies will be most effective in helping families and communities address the complex challenges they face. Rather than trying to predetermine what services and supports are most appropriate, we need to engage families and communities in jointly exploring ways of improving their circumstances, using a continuous learning approach to different trial strategies.

Building the capacity of services and programs to access and apply evidence-based practice in the early years helps to ensure that investments in the early years are effective and cost-efficient. Capturing, monitoring and reporting on data should routinely inform policy, practice and programs and support continuous improvement to improve outcomes for children in the early years – particularly those more likely to experience disadvantage or vulnerability.

Q7: What principles should be included in the Strategy?

The following principles should be included in the Strategy and align with the principles of the National Children's Mental Health and Wellbeing Strategy:

- **Start early and adopt a whole-of-life-course approach:** recognise that the early years are intertwined with other life stages and the lives of past and future generations.



- **Equity focused:** action should be inclusive and advance equity, prioritising and engaging those who are underrepresented or excluded to ensure all families can and do access the health, education and social services that they need.
- **Child-centred:** prioritising the interests and needs of children.
- **Strengths-based and family-centred:** beginning with the needs of families, building on child and family strengths, and valuing their knowledge, skills and experience.
- **Prevention-focused:** universal and targeted approaches to promoting health, development, learning and wellbeing in the early years.
- **Universal system:** developmentally appropriate, culturally safe and inclusive programs and services that respond to the needs of children in the context of their families and communities.
- **Evidence-informed:** using data and evaluation for continuous improvement. Responding and adapting to the needs of children and families.

Q8: Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

In addition to the existing materials, the following should be considered in the development of the Strategy:

- **Data and evidence for learning and improvement**
 - Gray, S., Pham, C., Guo, S., Downes, M., O'Connor, E., Priest, N., & Goldfeld, S. (2023). Measuring vulnerability and disadvantage in early childhood data collections. Centre for Community Child Health. Melbourne, Australia. <https://doi.org/10.25374/MCRI.21974780>
 - GenV, <https://www.genv.org.au/>
- **Social determinants in a combined or 'stacking' interventions approach**
 - Goldfeld, S., O'Connor, E., Gray, S., O'Connor, M., on behalf of the Changing Children's Chances investigator team. (2018). Addressing disadvantage to optimise children's development in Australia. Research snapshot #2. Centre for Community Child Health. Melbourne, Australia. <https://doi.org/10.25374/MCRI.21556644>
 - Goldfeld, S., O'Connor, E., Gray, S., O'Connor, M., on behalf of the Changing Children's Chances investigator team (2018). Understanding child disadvantage. Research snapshot #1. Centre for Community Child Health. Melbourne, Australia. <https://doi.org/10.25374/MCRI.21556617>
 - Goldfeld, S. (2022, 21 October). Radical pragmatism: Can we achieve equity in child health and development in a generation? Presentation to the Australian Government Department of Health and Aged Care, <https://vimeo.com/792446924>.

The capacity to collect high-quality data on a range of potential intervention targets is essential to building an evidence base that can inform more **precise policies to redress child inequities** (Goldfeld et al., 2019).



References

- Australian Government. (2023). *The Early Years Strategy: Discussion Paper*. <https://engage.dss.gov.au/wp-content/uploads/2023/02/early-years-strategy-discussion-paper.pdf>
- Goldfeld, S. (2022, 21 October). Radical pragmatism: Can we achieve equity in child health and development in a generation? Presentation to the Australian Government Department of Health and Aged Care, <https://vimeo.com/792446924>.
- Goldfeld, S., Gray, S., Azpitarte, F., Cloney, D., Mensah, F., Redmond, G., Williams, K., Woolfenden, S., & O'Connor, M. (2019). Driving precision policy responses to child health and developmental inequities. *Health Equity*, 3(1), 489-494. <https://doi.org/https://doi.org/10.1089/heq.2019.0045>
- Goldfeld, S., Gray, S., Pham, C., Badland, H., Woolfenden, S., Schor, E., & O'Connor, M. (2022). Leveraging research to drive more equitable reading outcomes: An update. *Academic Pediatrics*, 22(7), 1115-1117. <https://doi.org/https://doi.org/10.1016/j.acap.2022.04.001>
- Goldfeld, S., Moreno-Betancur, M., Gray, S., Guo, S., Downes, M., O'Connor, E., Azpitarte, F., Badland, H., Redmond, G., Williams, K., Woolfenden, S., Mensah, F., & O'Connor, M. (2023). Addressing Child Mental Health Inequities Through Parental Mental Health and Preschool Attendance. *Pediatrics*. <https://doi.org/10.1542/peds.2022-057101>
- Goldfeld, S., Moreno-Betancur, M., Guo, S., Mensah, F., O'Connor, E., Gray, S., Chong, S., Woolfenden, S., Williams, K., Kvalsvig, A., Badland, H., Azpitarte, F., & O'Connor, M. (2021). Inequities in children's reading skills: The role of home reading and preschool attendance. *Academic Pediatrics*, 21(6), 1046-1054. <https://doi.org/https://doi.org/10.1016/j.acap.2021.04.019>
- Goldfeld, S., O'Connor, M., Chong, S., Gray, S., O'Connor, E., Woolfenden, S., Redmond, G., Williams, K., Mensah, F., Kvalsvig, A., & Badland, H. (2018). The impact of multidimensional disadvantage over childhood on developmental outcomes in Australia. *International journal of epidemiology*, 47(5), 1485-1496. <https://doi.org/https://doi.org/10.1093/ije/dyy087>
- Goldfeld, S., O'Connor, M., Cloney, D., Gray, S., Redmond, G., Badland, H., Williams, K., Mensah, F., Woolfenden, S., Kvalsvig, A., & Kochanoff, A. (2018). Understanding child disadvantage from a social determinants perspective. *Journal of Epidemiology & Community Health*, 72(3), 223-229. <https://doi.org/http://dx.doi.org/10.1136/jech-2017-209036>
- Goldfeld, S., O'Connor, M., O'Connor, E., Chong, S., Badland, H., Woolfenden, S., Redmond, G., Williams, K., Azpitarte, F., Cloney, D., & Mensah, F. (2018). More than a snapshot in time: Pathways of disadvantage over childhood. *International journal of epidemiology*, 47(4), 1307-1316. <https://doi.org/https://doi.org/10.1093/ije/dyy086>
- Goldfeld, S., O'Connor, E., Gray, S., O'Connor, M., & on behalf of the Changing Children's Chances investigator team. (2018a). *Addressing disadvantage to optimise children's development in Australia. Research snapshot #2*.
- Goldfeld, S., O'Connor, E., Gray, S., O'Connor, M., & on behalf of the Changing Children's Chances investigator team. (2018b). *Understanding child disadvantage. Research snapshot #1*.
- Goldfeld, S., O'Connor, E., Guo, S., Pham, C., Gray, S., & on behalf of the Changing Children's Chances investigator team. (2022). *Changing Children's Chances Project Overview*.
- Gray, S., Pham, C., Guo, S., Downes, M., O'Connor, E., Priest, N., & Goldfeld, S. (2023). *Measuring vulnerability and disadvantage in early childhood data collections*.
- Heckman, J. (2023). *Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy*. Retrieved 24 May 2023 from <https://www.heckmanequation.org>
- Marmot, M. (2005). Social determinants of health inequalities. *Lancet*, 365(9464), 1099-1104. [https://doi.org/10.1016/S0140-6736\(05\)71146-6](https://doi.org/10.1016/S0140-6736(05)71146-6)
- O'Connor, M., Chong, S., Quach, J., & Goldfeld, S. (2019). Learning outcomes of children with teacher-identified emerging health and developmental needs. *Child: Care Health and Development*, n/a(n/a). <https://doi.org/10.1111/cch.12737>



Strong Foundations collaboration. (2019). *The first thousand Days: A case for investment.*

<https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/The-First-Thousand-Days-A-Case-for-Investment.pdf>