



## ARACY and TQKP joint response to the Queensland Parliamentary Inquiry into Mental Health.

### Overview

ARACY and TKQP present the following recommendation regarding the Queensland Parliamentary Inquiry into Mental Health. Our key points of difference from other submissions include:

- A focus on child and youth outcomes
- A focus on prevention and upstream determinants of mental health
- An emphasis on a holistic approach and conceptualisation of mental health, particularly throughout the life course and especially regarding brain development in the early years
- An emphasis on mental health as a spectrum, and the importance of fostering positive mental health in addition to providing mental health treatment and services
- The need for a systems approach to enable all the relevant services, sectors and systems that support child, youth and caregiver mental health and wellbeing in Queensland to work in more integrated, responsive and effective ways.

There exists an abundance of practical literature which can be used to guide government to enhance mental health and wellbeing outcomes for Queensland children and young people. These have been highlighted in the body of the response below.

### About ARACY

ARACY – Australian Research Alliance for Children and Youth seeks to catalyse change by bringing people and knowledge together for the benefit of children and young people in Australia. We strive to achieve this by advocating for evidence-based policy and practice, focusing on prevention and early intervention. Our consultations with over 4000 children and young people, their families, and experts have shown us what wellbeing means to them: to be loved, valued, and safe; to have material basics; to be physically and mentally healthy; to be learning; to be participating; and to have a positive sense of identity and culture. These six domains are reflected in ARACY's wellbeing framework for children and young people — [the Nest](#).<sup>i</sup>

### About Thriving Queensland Kids Partnership (TQKP)

TQKP is a systems-focused coalition and intermediary committed to all children and young people having a great start and journey in life. TQKP was instigated by ARACY in 2020, and has garnered support from a wide-range of Queensland Government agencies, not-for-profit organisations, philanthropic entities and tertiary institutions. The purpose of TQKP is 'to catalyse systems to change the odds for Queensland children and young people to thrive'.

To achieve this, we are:

- bringing people, organisations and sectors together,
- using what we know and learn,

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- supporting leaders and catalysts, and
- facilitating collaborative action, innovation and development.

We believe by doing this, we can build better connections, capabilities and capacities in the key areas of: concerted leadership, smarter investment, enabled caregivers and communities, integrated and developmental delivery, and putting data, evidence and experience to work.

This means an eco-system better equipped and stewarded, and working together well, to:

- reduce the experience and consequences of inequity and adversity, and
- improve opportunities, capabilities.

A short presentation about TQKP is attached.

We note a number of organisations and entities that TQKP is engaging with have made submissions. We appreciate the consistency in the recommendations being advanced for a more concerted, dedicated, and integrated systems focus on child, adolescent and caregiver well-being, including brain and mental health.

## Recommendations

1. Health system navigation and accessing health services is a challenge for many children and young people, with barriers including cost, unsuitable opening hours, embarrassment, and discrimination being cited among others. There are multiple mechanisms to help support and facilitate children and young people overcoming these barriers which can largely be achieved by consultation and collaboration with children and young people when designing services. There is an opportunity to expand and embed digital health pathways and platforms such as Navigate Your Health.
2. The perinatal period represents a critical opportunity for intervention by supporting the mental health of mothers, which can have significant and lasting positive implications for their children regarding health, development, and mental wellbeing. State-wide uptake of right@home or a similarly effective nurse home visiting, and additional investment in community-based outreach / service navigators and integrated child and family service hubs, is recommended in conjunction with additional supportive measures throughout the life-course.
3. Meaningfully improving mental health outcomes in Queensland requires investment beyond mental health treatment and support for at-risk individuals. Key concepts underpinning mental health include that mental wellbeing is:
  - a. A continuum, ranging from well through to illness.
  - b. Determined by a range of holistic factors
  - c. Influenced during pregnancy and even prior to conception by clear biological mechanisms

4. Implement a multisectoral approach to mental wellbeing beyond the mental health service system. A range of strategies are required including universal strategies fostering positive brain development, healing and mental health through to targeted supports and mental health treatment. These supports must be available life-course, from pre-conception, pregnancy, childhood and adolescence, through to parenthood.
5. Fostering healthy brain development in children underpins lifelong physical, mental, social, developmental and economic outcomes. All policies affecting children and young people should be reconceptualised to consider what will optimise healthy brain development, enable healing and recovery from trauma, and break the inter-generational transmission.
6. Key strategies for supporting children and families to foster healthy brain development include:
  - a. Addressing childhood poverty
  - b. Supporting maternal mental health and wellbeing during the perinatal period
  - c. Supporting the early childhood education and care sector
  - d. Interrupting the intergenerational transmission of disadvantage
7. Adverse childhood experiences are highly disruptive to healthy brain development and are a specific risk factor for mental illness including suicide. This can in part be addressed at a government level through intersectoral collaboration among other policy improvements. For example, TQKP is currently advancing proposals for a Thriving Qld Kids Brain Builders Program.

## Response to Terms of References

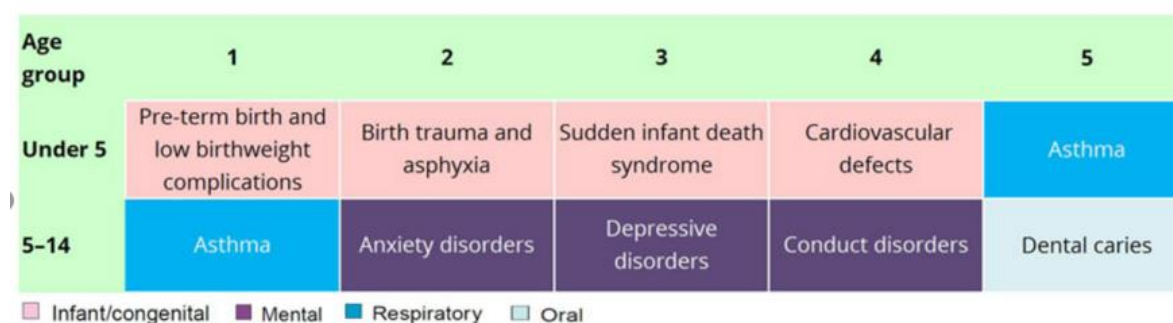
### a) The economic and societal impact of mental illness in Queensland

Mental illness has a significant economic and societal impact on children and young people in Australia. The Australian Institute of Health and Welfare identifies mental disorders as three of the top five contributors of burden of disease to children and young people aged 5-14 years nationally (see Figure 1)<sup>ii</sup>. “Burden of disease” is quantified by calculating the years of lives lost (or equivalent years of life lost) due to premature death or living with an illness.

In the most recent Mission Australia Youth Survey, 41.9% of 15-19 year old Australians reported being “extremely concerned” or “very concerned” about mental health<sup>iii</sup>. Mental health was identified by young people in the same survey as the number one barrier impacting work or study goals. Mental health indicators in the survey showed enhanced impact of mental health on gender diverse young people.

ARACY/TQKP also notes the evidence, experience and data emerging about the impacts of the COVID pandemic on children, young people and their caregivers over the past two years. We

encourage the Select Committee to pay particular heed to this emerging evidence of the impacts and consequences, and in particular, the voices of children and young people themselves, such as been highlighted in the work and submissions of bodies such as Mission Australia, YourTown, the Queensland Family and Child Commission and the Queensland Mental health Commission.



Note: Excludes 'other' residual conditions.

Source: AIHW Burden of Disease database.

Figure 1: Burden of disease in Australians aged 0-14 years. (AIHW, 2020)

#### e) The mental health needs of people at greater risk of poor mental health

##### *The perinatal period.*

The perinatal period is a critical time for childhood development, with poor maternal mental health a predictor of adverse child outcomes. These adverse child outcomes extend from infancy into adolescence and include mental illness, as well as a variety of risk factors for poor mental health such as cognitive issues, behavioural problems, and problems with social and emotional development. The perinatal period represents an opportunity to improve mental wellbeing of mothers and in turn long term mental health outcomes for their children. In this regard, we are supportive of the submission made to the Select Committee by MICA Services and accompanying material on 'Give All Our Children a Healthy Start'.

Sustained nurse home visiting is an evidence-based intervention designed to improve wellbeing of mothers and infants. right@home is a rigorously evaluated Australian nurse-home visiting program protecting mental health of vulnerable mothers and has shown a trend towards early benefits for their children at school entry compared to standard care. right@home has been evaluated in diverse Australian populations and is designed to be delivered within the existing health service infrastructure. Further information can be found here<sup>iv, v</sup>:

- Goldfeld, S. et al (2019). Nurse home visiting for families experiencing adversity: A randomized trial. *Pediatrics*, 143(1).
- Goldfeld, S. et al (2021). Nurse Home Visiting and Maternal Mental Health: 3-Year Follow-Up of a Randomized Trial. *Pediatrics*, 147(2).

We note TQKP has commenced work on a ‘better systems’ roadmap for early childhood development in Queensland that will draw on parents and caregivers voices. The roadmap will consider what works and what’s not working as well as it should, the best available science and evidence about what is most impactful, and policy and review work being done across Australia on early child development. This will encompass maternal and child health, parenting and family support, and early childhood development and care, and other ‘adult’ systems. The ‘better systems’ roadmap will also draw on recent reports from work underway by bodies such as the Centre for Policy Development<sup>vi</sup>:

- Centre for Policy Development (2021). *Starting Better: A guarantee for young children and families*

#### *Children and young people at particular risk of poor mental health.*

Children and young people at particular risk of mental health problems include gender and sexually diverse children and young people, Aboriginal and Torres Strait Islander young people, young people with disabilities, and females<sup>vii</sup>. Gender and sexually diverse children and young people specifically experience very high levels of mental health problems. For example, a survey of young trans Australians indicated that approximately 75% had ever been diagnosed with depression, 80% had ever self-harmed, and approximately 50% had ever attempted suicide<sup>viii</sup>. The latest Mission Australian Youth Survey indicated that 7 in 10 gender diverse adolescents are highly concerned about their personal mental health<sup>ix</sup>. Another report by Mission Australia indicated Aboriginal and Torres Strait Islander young people, young people with disabilities, and females are also more likely to experience psychological distress<sup>x</sup>. The full report can be found here<sup>xi</sup>:

- Brennan, N. et al (2021). *Psychological Distress in Young People in Australia Fifth Biennial Youth Mental Health Report: 2012-2020*. Mission Australia, Sydney.

#### *Health service access and navigation for children and young people.*

Children and young people experience multiple barriers to accessing health services including issues such as cost, opening hours, embarrassment, logistical barriers (such as lack of Medicare card or transport issues). Discrimination, judgement, and fear of not being taken seriously have also been identified as barriers by children and young people. These access barriers are compounded for children and young people who are gender and sexually diverse. Health service navigation is challenging for children and young people who should be supported in navigation by health professionals, systems, and services. Collaborative service design in direct consultation with diverse children and young people is one mechanism to overcome this. An outline of the barriers to accessing mental health and the mechanisms which can help overcome these can be found here<sup>xii, xiii</sup>:

- ARACY (2021). *Response to the Primary Health Reform Steering Group Draft Recommendations*. Unpublished.
- Kang M. et al. (2018). *Access 3: young people and the health system in the digital age - final research report*.

Children and young people experience multiple barriers to accessing and navigating health services and should be supported to do so through collaborative service co-design and by well-connected health professionals, service navigators, and readily accessible and integrated digital platforms.

For example, the Navigate Your Health (NYH) initiative is one of the most significant innovations in Queensland in recent years. A result of a joint work by the Children's Health Queensland, the Department of Children, Youth Justice and Multicultural Affairs, the Brisbane Aboriginal and Islander Community Health Service, and others such as primary health networks (PHNs), this initiative commenced with a focus on improving health care and outcomes for children in care and has been extended to young people involved in youth justice. NYH is also linked to digital health assessment and pathways initiative. More information about this work can be found at [Navigate Your Health](#)<sup>xiv</sup>.

#### f) How investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support

**Meaningfully improving mental health outcomes in Queensland requires investment beyond mental health treatment and support for at-risk individuals.**

Mental health, like physical health, is a spectrum of wellbeing ranging from mentally well through to diagnosable mental illness (see Figure 2). Furthermore, the state of an individual's mental health is determined by a range of holistic factors including experiences over time. Indeed, experiences during the antenatal period (e.g. maternal stress during pregnancy) and epigenetic factors (e.g. trauma experienced by the Stolen Generation) affect a child's risk of mental health problems prior to birth and even prior to conception. These factors are then compounded or mitigated by further experiences during infancy, childhood, and adolescence.

Addressing upstream determinants of mental health – i.e. the modifiable factors that precede the onset of mental illness or psychological distress – is vital to improving mental health outcomes for children and young people. Understanding mental wellbeing is a continuum, determined by a range of holistic factors throughout and even prior to the life course, necessitates an integrated, multisectoral approach to mental wellbeing beyond the mental health service system.

This approach should incorporate universal strategies fostering positive mental health among the entire population, through to targeted supports for vulnerable people and those living with mental illness. Additionally, individuals, families, and communities must be supported throughout the life-course, from pre-conception, pregnancy, childhood and adolescence, through to parenthood. A comprehensive and holistic approach to supporting mental wellbeing throughout the life-course is detailed here<sup>xv</sup>:

- National Mental Health Commission (2021). *The National Children's Mental Health and Wellbeing Strategy*. Commonwealth of Australia.

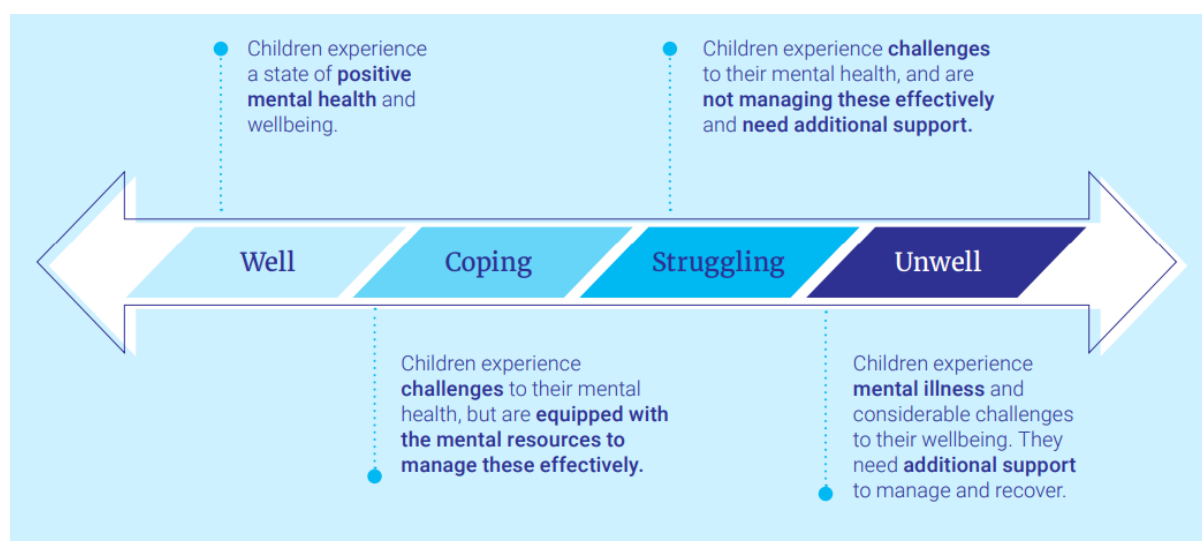


Figure 2: Mental health continuum. Source: National Mental Health Commission (2021).

Developing a multidisciplinary, integrated approach to mental health requires a multi-system workforce development strategy. There is a need for better alignment of national, state and local efforts, including investment reform and the opportunity to build on existing platforms such as those provided by Emerging Minds, the National Workforce Centre for Child Mental Health. A national framework that could serve as a starting point for a state level approach can be found here<sup>xvi</sup>:

- The National Workforce Centre for Child Mental Health. (2019). *Keeping child mental health in mind: A workforce development framework for supporting infants, children and parents*. Adelaide: Emerging Minds.

**State and federal government must recognise that early childhood development – i.e. the nurturing and support of young brains – is a critical predictor of lifelong mental health and other outcomes, and ensure this is reflected in policy.**

Children’s brains are rapidly developing and highly adaptable. They are poised to learn and respond to their environment. Early adversity can elicit both physical and behavioural maladaptive responses that may benefit the child in the short-term, at the expense of long-term mental, physical, and developmental outcomes<sup>xvii</sup>. It is critical to appreciate these mental, physical, and developmental outcomes are deeply enmeshed and profoundly impacted by early adversity such as poverty and violence. Indeed, early adversity such as childhood poverty has been associated with reduced academic attainment and long-term adult income<sup>xviii</sup>. Similarly, adverse childhood experiences such as abuse and neglect directly correlate with suicidal thoughts later in life<sup>xix</sup>. It has been argued that with increasing automation, high level brain function such as cognitive skills and emotional regulation are becoming increasingly economically valuable at an individual and national level<sup>xx</sup>. Brain health must be supported throughout the life-course from pre-conception through to adulthood to foster optimal mental health. The following resource provides additional details<sup>xxi, xxii, xxiii</sup>.

- National Scientific Council on the Developing Child. (2020). Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined: Working Paper No. 15.
- National Research Council 2000. From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: The National Academies Press.
- Smith, E et al (2021), A Brain Capital Grand Strategy, Molecular Psychiatry (2021) 26:3–22

Ideally, all policies affecting children and young people should be reconceptualised to consider what will foster optimal brain development. There exist a variety of specific evidence-based policy intervention that can be implemented to support brain health. Several of these are listed below:

- **Supporting maternal mental health and wellbeing during the perinatal period.** Evidence-based interventions to support mothers and babies throughout the perinatal period. Postpartum depression and poor maternal mental health are well known risk factors for adverse outcomes for children. The right@home Australian nurse home visiting program provides in-home education and support for vulnerable mothers during pregnancy through to child age 2 years. Evaluation via a randomised controlled trial showed statistically significant benefits to maternal mental health, with trends towards longer term improvements in children’s language and social and emotional wellbeing at the child’s entry to school<sup>xxiv, xxv</sup>. State-wide adoption of this or a similarly evidence-based program would be one critical element of a life-long approach to supporting mental health in Queensland.
- **Addressing childhood poverty.** Poverty in early childhood is associated with lifelong consequences, including lower childhood educational achievement and reduced income in

adulthood. Furthermore, higher family income is associated with larger surface area of brain regions controlling language and executive function and higher scores on social and emotional functioning. A recent American study demonstrated a causal relationship between cash transfers to low-income mothers and enhanced infant brain activity<sup>xxvi</sup>. In short, addressing childhood poverty has potential to significantly impact brain development in infancy.

- **Supporting the early childhood education and care sector.** Children's developmental capabilities at school entry have been shown to predict subsequent outcomes in health, wellbeing, and academic performance<sup>xxvii</sup>. Participation in quality early childhood education has been associated with improved school readiness, improved developmental performance at school commencement, a reduction in developmental vulnerability, and improved academic performance in later primary school years<sup>xxviii</sup>.
- **Interrupting the intergenerational transmission of disadvantage.** This means providing targeted, evidence-based support to vulnerable and at-risk cohorts. For example young parents with experience in the out-of-home care system are more likely to have children at a young age, and their children are more likely to enter the child protection system<sup>xxix</sup>. Contact with the child protection system in turn is a strong risk factor for adverse mental health outcomes. Another example of intergenerational transmission includes Aboriginal and Torres Strait Islander peoples whose historical trauma has ongoing implications for the mental health of children and young people. A report based on direct consultation with Aboriginal Torres Strait Islander young people detailing the impact of intergenerational trauma and suggests strategies on how this can be mitigated can be found here<sup>xxx</sup>:
  - Healing Foundation. (2017). *Our Healing Our Way: Leading and Shaping Our Future*. National Youth Healing Forum Report.

For these reasons, ARACY/TQKP is currently advancing proposals for a Thriving Queensland Kids Brain Builders program. The proposal, initially for a three-year development and demonstration program, has been developed through the TQKP Stronger Workforces working group. This working group includes representatives of child and adolescent focused agencies, universities, and services.

The Thriving Qld Kids Brain Builders Program proposal has seven key elements:

- **Core Brain Builders modules** developed, tested, and deployed both online for all child and family related workforces and for adaptation for face-to-face delivery and support with specific workforces
- **Brain Builders curricula reviews and development** with the Queensland tertiary sector and training entities to embed contemporary knowledge from neuroscience in certificate, undergraduate and continuing professional education

- **‘Deadly Brains’**: scaling up and assessing of initiatives underway with First Nations communities in conjunction with playgroups, ECECs, schools, and child protection and youth justice networks, in partnership with Yiliyapinya and other First nations organisations
- **‘Brain Healthy Places’**: working with existing place-based child-focused initiatives to build capabilities in local child and family related workforces
- **An Integrated Capabilities Framework**: that sets out a neuro-informed, evidence-based set of capabilities & practice principles foundational and common for all child, youth, and family workforces
- **Qld Brain Builders Community of Practice**: for the development, application and shared assessment and learning of neuro-informed knowledge, skills and behaviours for leaders, practitioners, and program and policy makers.
- **Change in Mind organisational and leadership development**: to facilitate the development of neuro-capable leadership and organisations across the child, youth and family-related systems and sectors.

**Adverse childhood experiences are a specific risk factor for mental illness and particularly for suicide among young people which can in part be addressed with intersectoral collaboration, among other policy improvements.**

Adverse childhood experiences include verbal, physical and sexual abuse, and neglect. Direct links between abuse and suicidal thinking have been noted as well as indirect links to risk factors for suicide such as school disengagement, substance abuse, and lower educational achievement<sup>xxx</sup>. A recent report into 8 suicides of Queensland youth found specific policies in the departments of education, juvenile justice and child safety requiring adaptation to improve mental health outcomes and reduce suicide risk among young people<sup>xxxi</sup>. Specific policy recommendations from the report included:

- The incorporation of knowledge of the impact of adverse childhood experiences on child outcomes, and the knowledge of cumulative risk associated with increasing adverse childhood experiences.
- Enshrining intersectoral collaboration in policy and departmental culture.
- Developing a shared, trauma-informed framework across departments including health, child protection, education, and juvenile justice coupled with shared professional development programs.
- Engagement with the Aboriginal and Torres Strait Islander communities.

The full report and other material related can be accessed here<sup>xxxiii, xxxiv, xxxv</sup>:

- McDermott, Brett. (2021). "Highly vulnerable infants, children and young people." Queensland Child Death Review Board.

- Hervatin, M. and Hinkley, T., (2021) 'What Works to improve young children's social, emotional and behavioural wellbeing?', CFA paper No. 62, Australian Institute of Family Studies & Emerging Minds
- Asmussen, K. and McBride T. (2021). Adverse Childhood Experiences: Building consensus on what should happen next, Early Intervention Foundation (UK)

i) Relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health Inquiry Report

Relevant publications have been highlighted throughout our response and in the reference list below.

—ENDS—

February 2022

For further information please contact

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Roslyn Dundas – Lead, Advocacy [REDACTED]

## References

- <sup>i</sup> <https://www.aracy.org.au/the-nest-in-action/the-nest-overview>
- <sup>ii</sup> <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/chronic-conditions-and-burden-of-disease>
- <sup>iii</sup> <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>
- <sup>iv</sup> <https://www.publications.aap.org/pediatrics/article-split/143/1/e20181206/37250/Nurse-Home-Visiting-for-Families-Experiencing>
- <sup>v</sup> <https://www.publications.aap.org/pediatrics/article-split/147/2/e2020025361/77055/Nurse-Home-Visiting-and-Maternal-Mental-Health-3>
- <sup>vi</sup> <https://cpd.org.au/2021/11/starting-better-centre-for-policy-development/>
- <sup>vii</sup> <https://www.missionaustralia.com.au/publications/youth-survey/2061-psychological-distress-in-young-people-in-australia-fifth-biennial-youth-mental-health-report-2012-2020/file>
- <sup>viii</sup> <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>
- <sup>ix</sup> <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>
- <sup>x</sup> <https://www.missionaustralia.com.au/publications/youth-survey/2061-psychological-distress-in-young-people-in-australia-fifth-biennial-youth-mental-health-report-2012-2020/file>
- <sup>xi</sup> <https://www.missionaustralia.com.au/publications/youth-survey/2061-psychological-distress-in-young-people-in-australia-fifth-biennial-youth-mental-health-report-2012-2020/file>
- <sup>xii</sup> Contact ARACY at [enquiries@aracy.org.au](mailto:enquiries@aracy.org.au) for a copy of our policy submissions.
- <sup>xiii</sup> <https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/access-study.aspx>
- <sup>xiv</sup> <https://www.qld.gov.au/youth/family-social-support/young-people-in-care/navigate-your-health>
- <sup>xv</sup> <https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Childrens-Mental-Health-and-Wellbeing-Strategy>
- <sup>xvi</sup> [https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2019/10/06090629/Keeping-child-mental-health-in-mind\\_WDF\\_low-res.pdf](https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2019/10/06090629/Keeping-child-mental-health-in-mind_WDF_low-res.pdf)
- <sup>xvii</sup> <https://developingchild.harvard.edu/resources/connecting-the-brain-to-the-rest-of-the-body-early-childhood-development-and-lifelong-health-are-deeply-intertwined/>
- <sup>xviii</sup> <https://www.pnas.org/content/119/5/e2115649119>
- <sup>xix</sup> <https://www.cdrb.qld.gov.au/wp-content/uploads/2021/10/CDRB-PREVENTING-SUICIDE-REPORT-by-Professor-Brett-McDermott-FINAL-1.pdf>
- <sup>xx</sup> <https://www.nature.com/articles/s41380-020-00918-w>
- <sup>xxi</sup> <https://developingchild.harvard.edu/resources/connecting-the-brain-to-the-rest-of-the-body-early-childhood-development-and-lifelong-health-are-deeply-intertwined/>
- <sup>xxii</sup> <https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>
- <sup>xxiii</sup> <https://www.nature.com/articles/s41380-020-00918-w>
- <sup>xxiv</sup> <https://www.publications.aap.org/pediatrics/article-split/143/1/e20181206/37250/Nurse-Home-Visiting-for-Families-Experiencing>
- <sup>xxv</sup> <https://www.publications.aap.org/pediatrics/article-split/147/2/e2020025361/77055/Nurse-Home-Visiting-and-Maternal-Mental-Health-3>
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- <sup>xxvii</sup> <https://www.aedc.gov.au/resources/detail/2018-aedc-national-report>
- <sup>xxviii</sup> <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/education/early-childhood-education-and-care>
- <sup>xxix</sup> ARACY (2020). *Young Parents with Care Experience: A Rapid Review*. Canberra
- <sup>xxx</sup> [https://healingfoundation.org.au/app/uploads/2017/12/HF\\_National\\_Youth\\_Healing\\_Forum\\_Report\\_Nov2017\\_V7\\_WEB.pdf](https://healingfoundation.org.au/app/uploads/2017/12/HF_National_Youth_Healing_Forum_Report_Nov2017_V7_WEB.pdf)
- <sup>xxxi</sup> <https://www.cdrb.qld.gov.au/wp-content/uploads/2021/10/CDRB-PREVENTING-SUICIDE-REPORT-by-Professor-Brett-McDermott-FINAL-1.pdf>
- <sup>xxxii</sup> <https://www.cdrb.qld.gov.au/wp-content/uploads/2021/10/CDRB-PREVENTING-SUICIDE-REPORT-by-Professor-Brett-McDermott-FINAL-1.pdf>
- <sup>xxxiii</sup> <https://www.cdrb.qld.gov.au/wp-content/uploads/2021/10/CDRB-PREVENTING-SUICIDE-REPORT-by-Professor-Brett-McDermott-FINAL-1.pdf>
- <sup>xxxiv</sup> <https://aifs.gov.au/cfca/publications/what-works-improve-young-childrens-social-emotional-behavioural-wellbeing>
- <sup>xxxv</sup> <https://www.eif.org.uk/report/aces-building-consensus-on-what-should-happen-next>

# Thriving Queensland Kids Partnership

Weaving systems together, and using what we know and have, to change the odds for children and young people and their families in Queensland

TQKP Outline  
Feb 2022



Connect • Catalyse • Amplify

# Acknowledgements

**We acknowledge the traditional owners of the lands upon which we live and work, and their continuing connection to land and sea, and to kin, culture and community.**

**We acknowledge we are privileged to welcome and grow our children and support our families in these places.**

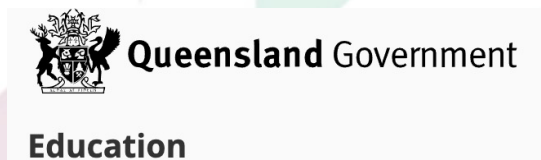
**We pay respect to Elders past and present.**

**We acknowledge First Nations leaders, advocates and partners.**

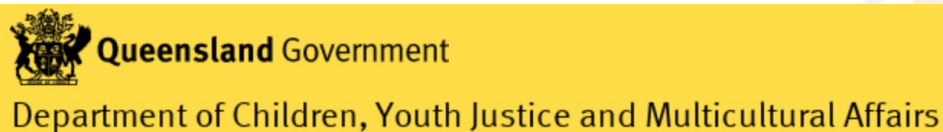
# Many thanks to all those who have engaged, including:



Children's Health Queensland Hospital and Health Service

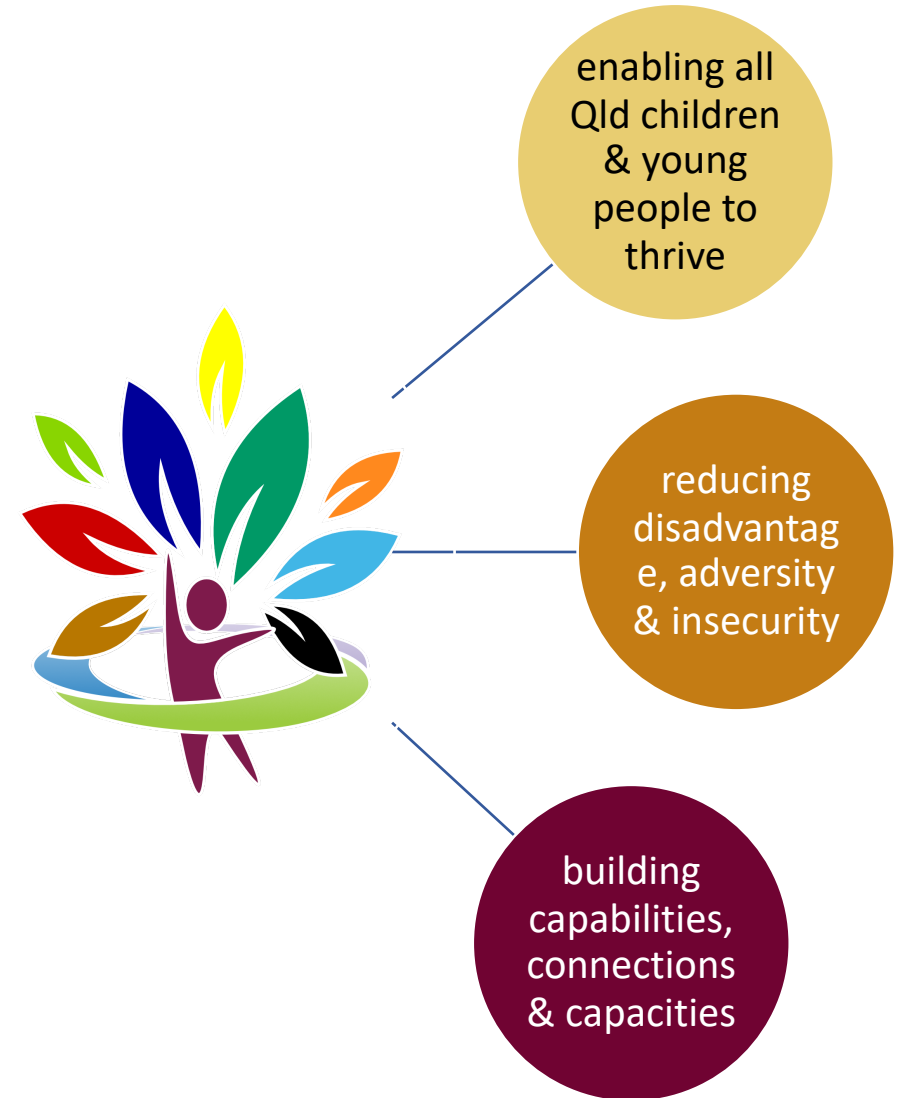


Queensland Mental Health Commission  
Improving the mental health and wellbeing of Queenslanders



# WHO: a 'coalition of the willing' for children & young people

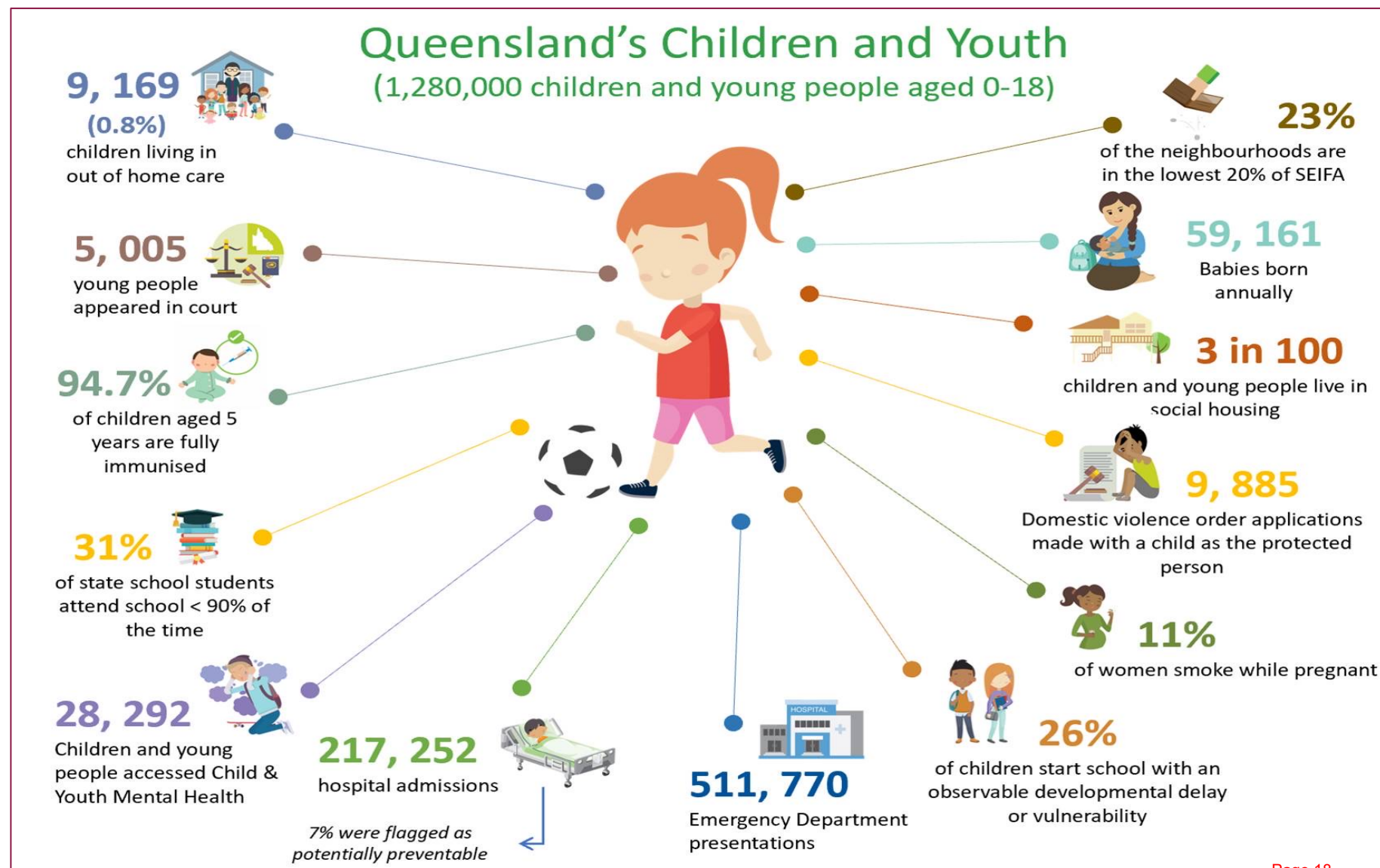
- purpose-driven coalition initiated by ARACY
- engaging a broad range of entities & leaders
- with start-up funding from ARACY, QUT, GU, Qld Govt agencies and authorities, and philanthropies
- TQKP Steering C'ee & small core team since late 2020
- convened by Michael Hogan



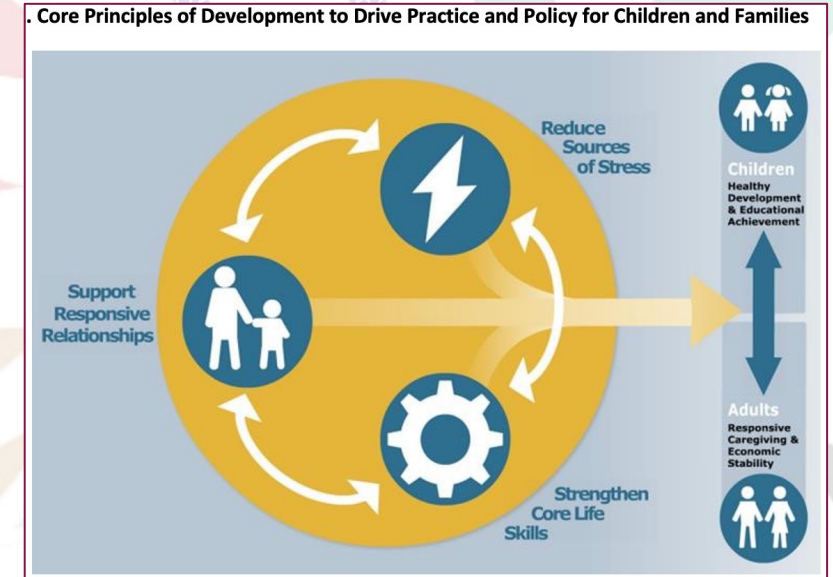
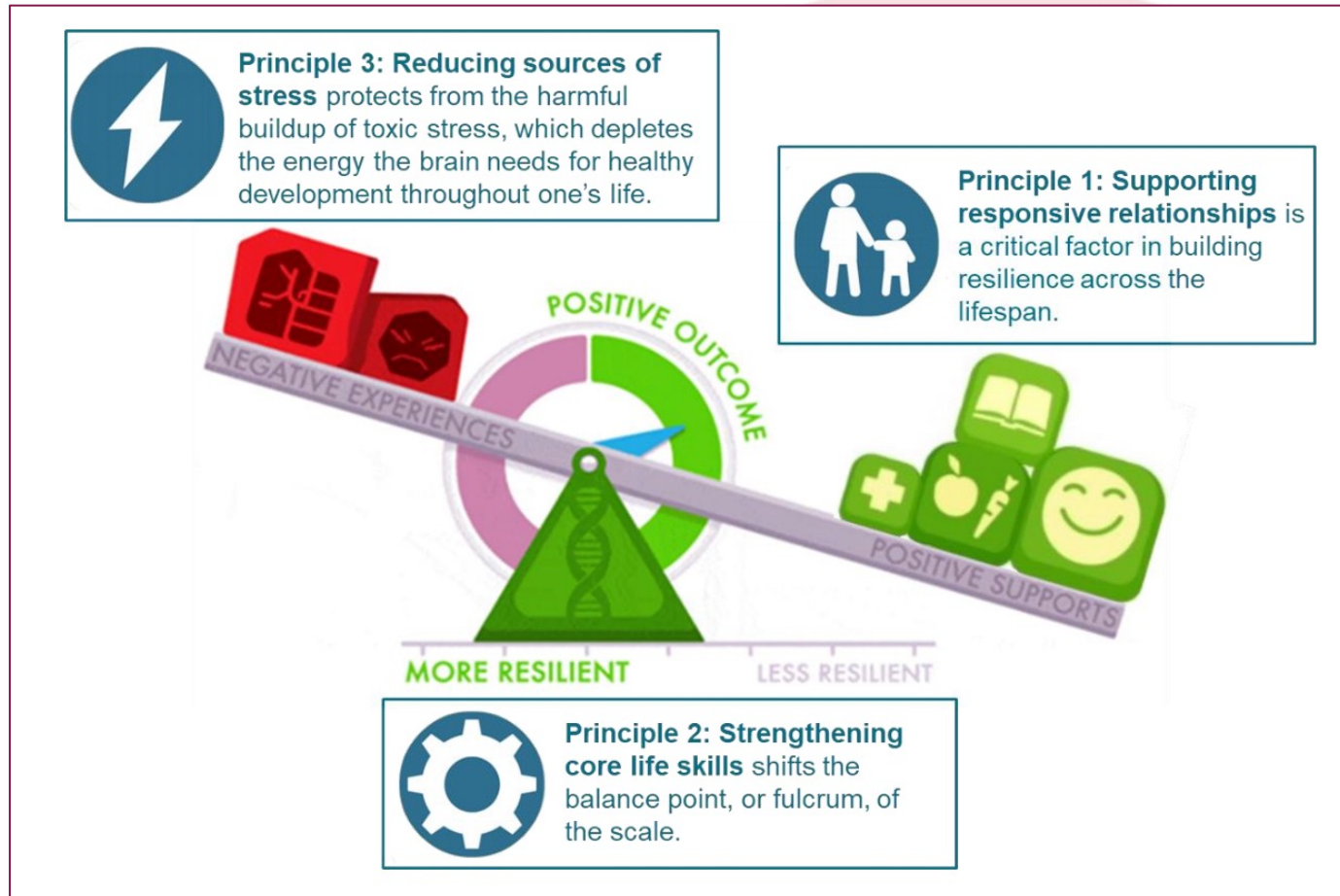
# WHY: too many Qld kids aren't thriving

Around 46,000 Qld children and young people are more vulnerable than if Qld was at the national average

Queensland Child and Youth Snapshot  
sourced from Children's Health Queensland  
Population Health Intelligence, 2019-2020  
Mental Health Select Committee

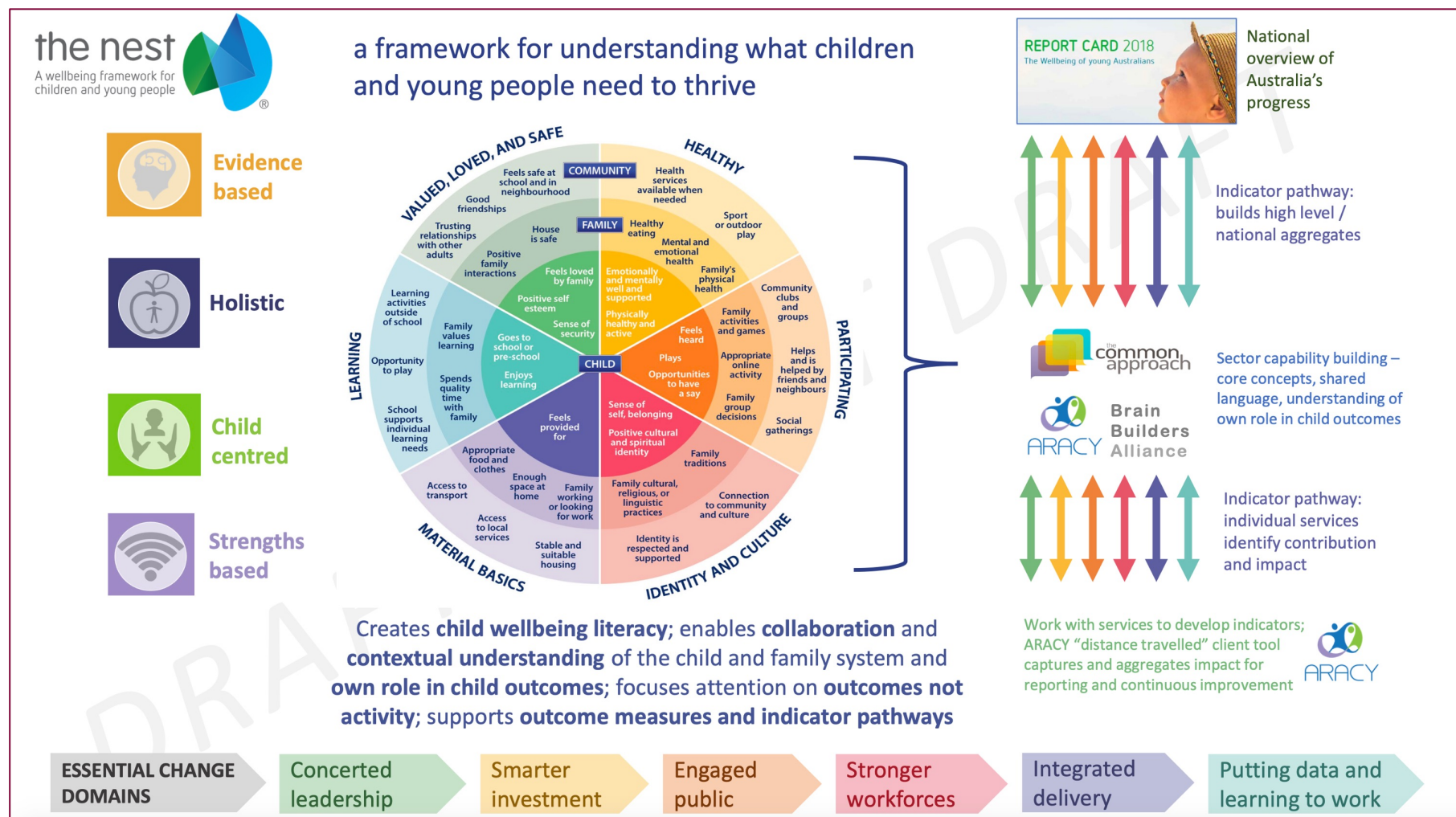


# WHY: we need to change the odds & tip the scales

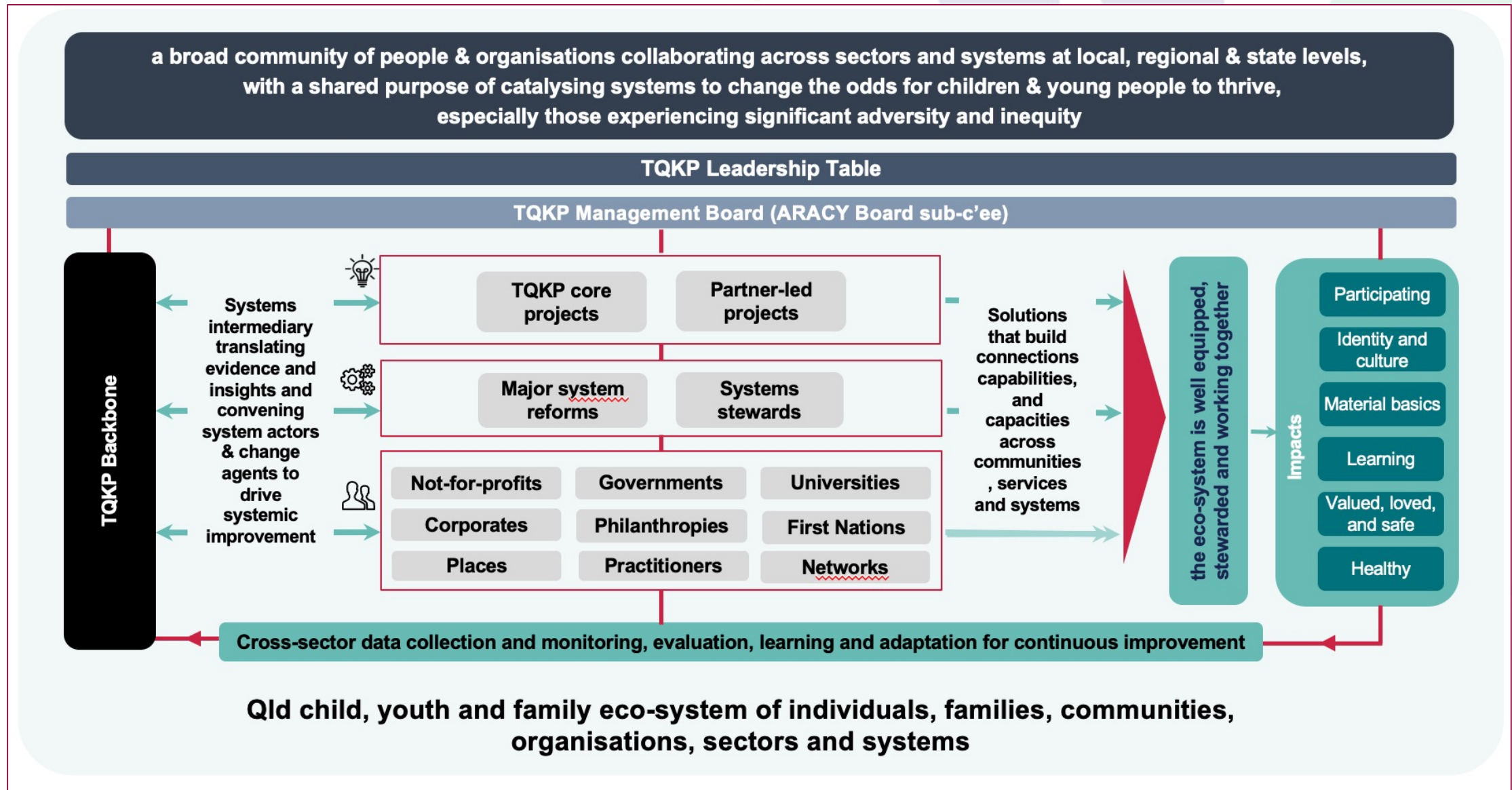


Courtesy of Alberta Family Wellness Initiative (AFWI) and Harvard Center on the Developing Child

# HOW: advancing holistic, ecological approaches



# HOW: working as a systems coalition & intermediary



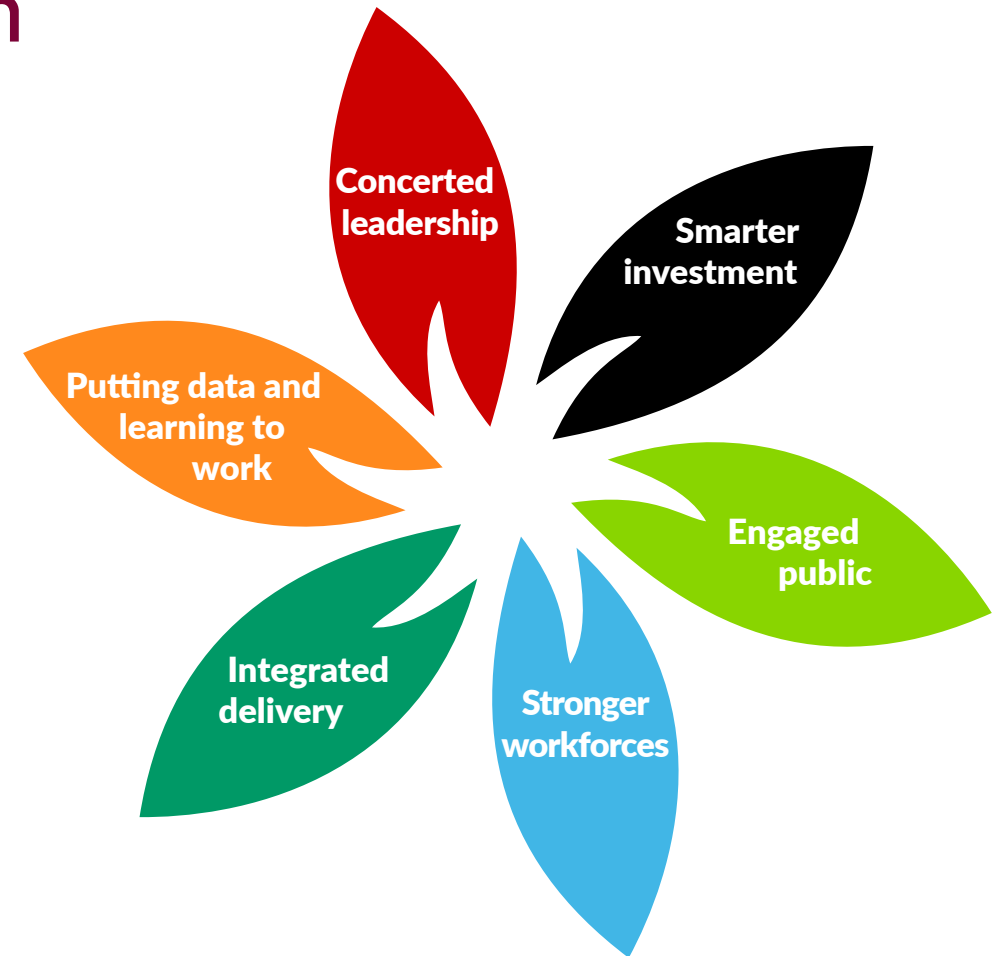
# HOW: facilitating systemic improvement and collective action

- six levers / domains for change:
- facilitate a common agenda
- link & leverage reforms and initiatives
- facilitate R&D & translation
- support practical initiatives and implementation

***“The gap between what we know and what we do is greater than the gap between what we know and what we don’t know!”***

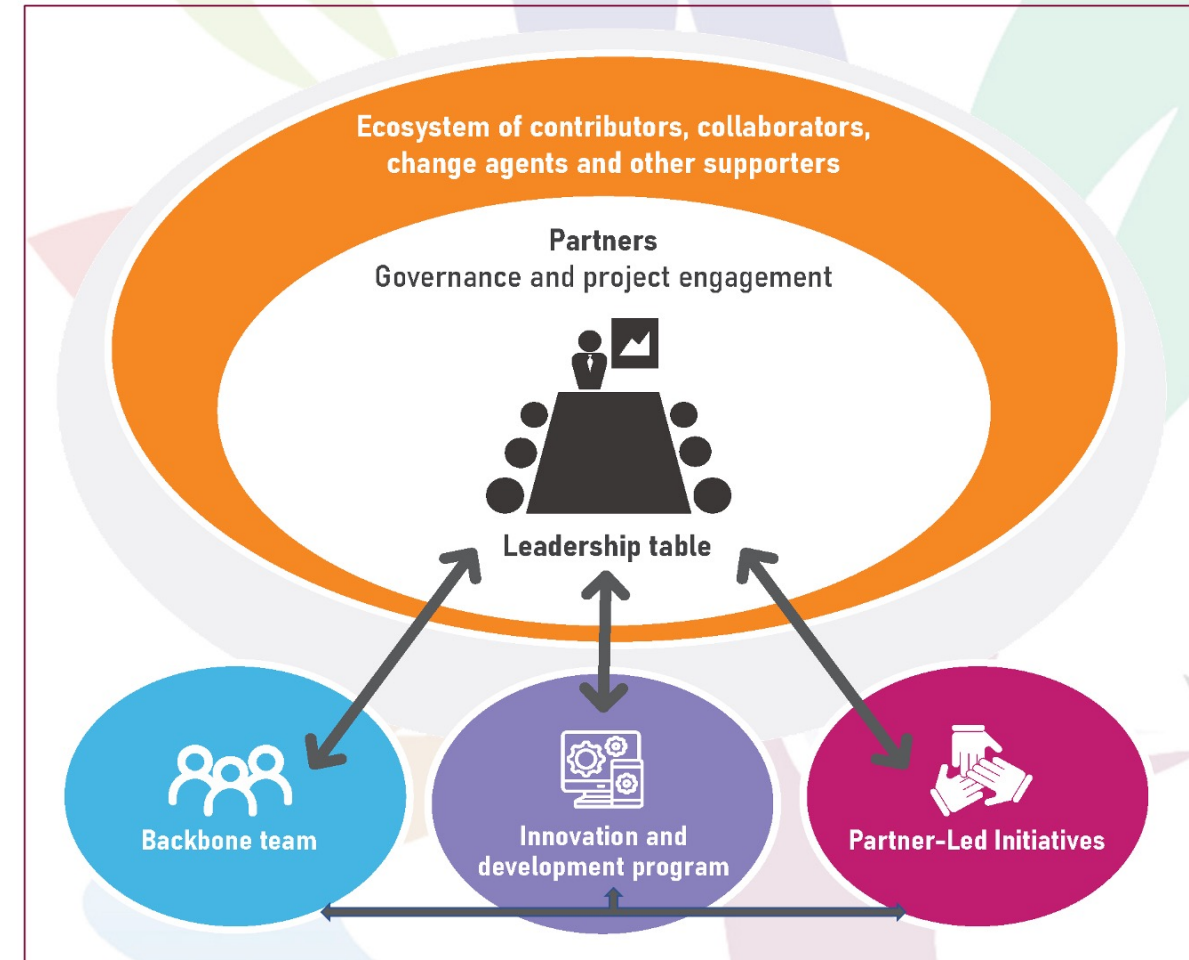
Emeritus Professor Dorothy Scott, University of Melbourne

Connect • Catalyse • Amplify  
Multiple perspectives and capabilities



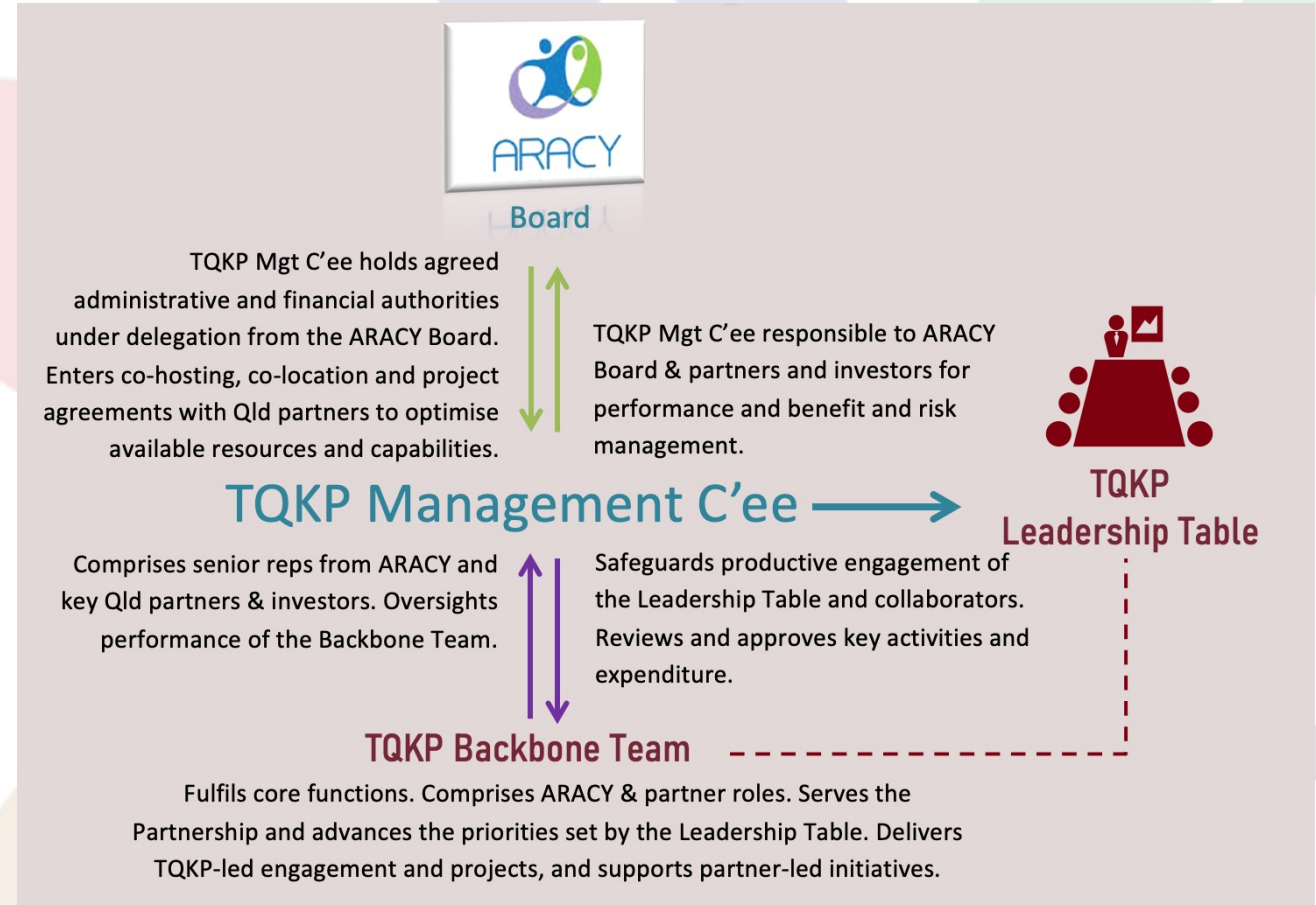
# HOW: convening, brokering, co-creating, learning and supporting

- eco-system of collaborators
- cross-sectoral TQKP Leadership Table
- portfolio of TQKP & partner-led projects
- Innovation & Dev. Program
- TQKP Backbone Team



# HOW: hosting and partnering

- hosted by ARACY
- partnership with Qld entities)
- interim TQKP Steering C'ee
- transitioning to:
  - \* TQKP Management Board
  - \* TQKP Leadership Table
- supported by Backbone team
- co-production groups
- Communities of Practice



# WHAT: doing work that is integrative and developmental

- use voice, data, neuroscience, narratives, place & learning as catalysts for transformation



- four proposed foundation TQKP projects:



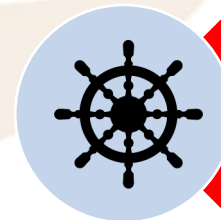
Thriving Qld Kids Data Roadmap



Thriving Qld Kids Brain Builders Program



Thriving Qld Kids Core Story project



Thriving Kids Community Leadership Capability initiative

# Draft TQKP change pathway

## TQKP Change Pathway

### Problem statement

Too many Queensland children and young people are failing to thrive due to adverse life experiences and lack of access to the resources they need. Our systems are not sufficiently geared or connected to provide the right opportunities or supports, at the right time in the right way, which contributes to enduring inequality and poor outcomes, for too many people and our community as a whole.

### Our purpose is:

to catalyse systems to change the odds for Qld children and young people to thrive

### So if we:

bring people, organisations and sectors together, use what we know and learn, support leaders and catalysts, and facilitate collaborative action, innovation and development,

then we build connections, capabilities and capacities for concerted leadership, smarter investments, stronger workforces, enabled caregivers and communities, integrated delivery, and putting data, evidence and experience to work

### which will result in

sectors and organisations in the Qld eco-system being well equipped, stewarded and working together to support families and communities to raise children and young people

### so that

the experience and consequences of significant inequity and adversity are reduced, and opportunities, capabilities and outcomes are improved, for children and young people to have a great start and journey in life.

# Draft TQKP portfolio logic

## draft TQKP Portfolio Logic

|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                 |                                                              |                                                                                               |  |                                                                       |  |                                                                                                          |                                                                    |                                                                                                   |  |                                                                           |  |                                                                                         |  |                                                                       |  |                                                 |  |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|-------------------------------------------------|--|
| TQKP's vision is:                                                                           | All Queensland children and young people are thriving *                                                                                                                                                                                                                                                                                                                     |  |                                                                                 |                                                              |                                                                                               |  |                                                                       |  |                                                                                                          |                                                                    |                                                                                                   |  |                                                                           |  |                                                                                         |  |                                                                       |  |                                                 |  |
| Our enablers are:<br>(inputs)                                                               | Committed Partners                                                                                                                                                                                                                                                                                                                                                          |  | Shared Purpose                                                                  |                                                              | Willing Collaborators                                                                         |  | Resources                                                             |  | Lived Experience                                                                                         |                                                                    | Knowledge                                                                                         |  | Skilled people                                                            |  |                                                                                         |  |                                                                       |  |                                                 |  |
| We will connect, catalyse and amplify these by:<br>(activities)                             | Convening<br>cross-sectoral collaboratives & communities of practice                                                                                                                                                                                                                                                                                                        |  |                                                                                 | Brokering<br>cross-system roadmaps, resources & partnerships |                                                                                               |  | Co-creating<br>integrative and developmental initiatives              |  |                                                                                                          | Learning<br>by innovating, assessing, listening & sharing evidence |                                                                                                   |  | Supporting<br>leaders and collaborators, and implementation of what works |  |                                                                                         |  |                                                                       |  |                                                 |  |
| To create improved connections, capabilities and capacities in:<br>(outputs)                | Leaders engaged in systems reforms, partnership & collaboration                                                                                                                                                                                                                                                                                                             |  | Systems and services integration and innovation                                 |                                                              | Co-investment, commissioning for outcomes, philanthropic & impact investment                  |  | Communication, knowledge and skills in child & adolescent development |  | Care-giver information, supports & services                                                              |                                                                    | Support for child-related First Nations leaders and organisation-s self-determination initiatives |  | Child, youth, family & community hubs & linked services                   |  | Place-based child, youth & family wellbeing initiatives                                 |  | Community and decision-maker access & use of valued data and insights |  | measurement evaluation, learning and adaptation |  |
| To contribute to organisational, community and systems level improvements in:<br>(outcomes) | Leaders and change agents who can steward systems and drive connectivity and change                                                                                                                                                                                                                                                                                         |  | Understanding and use of knowledge and skills in child & adolescent development |                                                              | Well-aligned, evidence-informed & outcome-oriented strategies, policies, programs & practices |  | Investment in what works, when, where & for whom it matters           |  | Caregivers & communities better enabled to facilitate the healthy development of children & young people |                                                                    | Programs & practices that better build the capabilities of children, young people & families      |  | Strengthened service pathways, hubs & networks                            |  | Greater responsiveness to people's voices, experiences & circumstances, evidence & data |  |                                                                       |  |                                                 |  |
| So that:<br>(systems impacts)                                                               | the Qld eco-system of individuals, organisations, sectors, communities and systems is well equipped, stewarded and working together to enable fairer access to resources and opportunities, positive relationships and experiences, and core capabilities, connections and resilience                                                                                       |  |                                                                                 |                                                              |                                                                                               |  |                                                                       |  |                                                                                                          |                                                                    |                                                                                                   |  |                                                                           |  |                                                                                         |  |                                                                       |  |                                                 |  |
| So we contribute to:<br>(population level impacts)                                          | decreased early childhood developmental vulnerability; stronger individual, family and community resilience and capabilities to buffer adversity and take advantage of opportunities; and positive transitions from childhood to adolescence to adulthood, across generations.<br>So that, all Queensland children & young people having a great start and journey in life* |  |                                                                                 |                                                              |                                                                                               |  |                                                                       |  |                                                                                                          |                                                                    |                                                                                                   |  |                                                                           |  |                                                                                         |  |                                                                       |  |                                                 |  |

# Get engaged

- T: @TQKPartnership
- L: [www.linkedin.com/company/thriving-queensland-kids-partnership](https://www.linkedin.com/company/thriving-queensland-kids-partnership)
- E: [TQKP@aracy.org.au](mailto:TQKP@aracy.org.au)
- P: [REDACTED]
- W: [www.aracy.org.au/the-nest-in-action/thriving-queensland-kids-partnership-tqkp](http://www.aracy.org.au/the-nest-in-action/thriving-queensland-kids-partnership-tqkp)