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INQUIRY INTO THE STATE EDUCATION SYSTEM IN VICTORIA

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The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

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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.

Parliamentary Inquiry into the State Education System in Victoria

Summary

Despite strong 2023 NAPLAN results for Victorian students, learning gaps exist and persist between Victorian students who experience vulnerability and those that do not. For over a decade, nearly 20 per cent of Victorian students start school developmentally vulnerable, placing them at increased risk of disengagement with learning and mental health challenges and subsequently additional demands placed on the education system to ensure developmentally vulnerable students are supported. Children living in the most economically disadvantaged communities are twice as likely to be vulnerable on one or more developmental domain and three times as likely on 2 or more domains highlighting how inequities exist for students when they start school. Students in our community who experience systemic and structural barriers, such as socio-economic disadvantage, are more likely to experience learning achievement gaps and developmental vulnerabilities. These differences in learning and developmental outcomes are unfair and unjust.

Victorian students are also experiencing high levels of mental health challenges. These challenges existed before the COVID-19 pandemic, but for many students mental health challenges emerged for the first time during the COVID-19 pandemic and existing mental health challenges were exacerbated. Students experiencing mental health challenges are at increased risk of experiencing learning challenges and disengagement from school. This impacts their learning and wellbeing now and into the future.

We see school as the single most important universal platform for improving children's health, development and learning , with the power (given the hours children spend there) to reduce inequities in children's outcomes now and into the future. The COVID-19 pandemic also demonstrated that schools were more than just places for learning, but places where the social, emotional, mental and physical health of students can be supported.

We acknowledge that the education system is just one system that interacts with and supports children's outcomes. In our submission we identify recommendations that include the early years system (including early childhood education and care) and health system combining in evidence-based approaches that can improve the educational and wellbeing outcomes of all children, to ensure all Victorian students, regardless of their background, can reach their full potential via the universal platforms that Victorian schools provide.

Recommendations

In response to the Inquiry's terms of reference: (1) student learning outcomes, in particular the disparities that exist and (3) the current state of student wellbeing in Victoria, we recommend the following to achieve improvements in student learning outcomes and wellbeing; reductions in inequities; and a reorientation of Victoria's education system to respond to the holistic needs of Victoria's students:

Support children and families before they start school

- Dedicated investment in evidence-based sustained nurse-home-visiting (SNHV).
- Support for families to provide enriching home learning environments.
- Improving access to high quality, inclusive early childhood education and care for all children.
- Developing a shared language of child mental health and wellbeing between families, educators, teachers, health and social care professionals.

Enable schools to take a whole child and whole school approach to redress inequities in learning, engagement, health and wellbeing outcomes

- Undertake an ambitious reinvention of schools to take a whole child approach. This has been successfully achieved in other countries, resulting in improved health, wellbeing and academic outcomes and reduced inequities.
- Invest in an "Agenda of Purposeful Innovation" that enables schools to test, innovate and scale approaches that meet the needs of students across learning, health and wellbeing.
- Invest in schools as Child and Family Hubs as part of a place-based response to improving children's outcomes.

Co-designing school-based responses for students experiencing mental health challenges or school refusal

- Co-designing and trialling multi-disciplinary teams working across schools, health, social care, justice and families to best respond to students currently disengaged from school and/or experiencing mental health challenges.
- Co-designing resources for parents and carers to support students to re-engage with school.
- Provide the mechanism to scale successful interventions that re-engage students with school.

Improve our understanding of student wellbeing and support schools to make data-driven decisions about how best to support the wellbeing of their students

- Developing an annual student wellbeing census with schools as the universal platform for data collection and integrating with existing data collections such as NAPLAN.
- Co-designing a statewide student wellbeing pulse survey, that schools administer at regular intervals to make informed decisions how best to support student wellbeing and track changes.
- Using GenV and the Melbourne Children's LifeCourse initiative to better understand the health, wellbeing and family context of students and how these factors may impact student learning.
- Enabling schools to use lead indicators to monitor quality and progress towards learning, wellbeing and engagement outcomes and course correct if required.

Introduction

For over 25 years, the Centre for Community Child Health (CCCH) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our purpose is to see every child thrive. CCCH is part of the world-class Melbourne Children's Campus that unites clinical care, research and education. We are a research group of the Murdoch Children's Research Institute (MCRI), a clinical department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.

When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous communities for everyone. We see school as the single most important universal platform for improving children's health and development, with the power (given the hours children spend there) to reduce inequities in children's outcomes now and into the future. The COVID-19 pandemic also demonstrated that schools were more than just places for learning, but places where the social, emotional, mental and physical health of students can be supported.[i]

We also acknowledge that the Victorian education system is however, just one system that interacts with and supports children's outcomes. In our submission we identify recommendations that include the other systems that support children and families alongside education, such as the early years system (including early childhood education and care) and health systems, coming together to provide integrated, evidence-based approaches that can improve the educational, health and wellbeing outcomes of all children, regardless of their background.

Response to the Terms of Reference

Given the strong weight of evidence, as outlined in the Productivity Commission's Review of the National School Reform Agreement[ii] that positive student wellbeing is both a desired outcome of attending school and a way to achieve improved learning outcomes and engagement with school, we present the evidence relating to student learning, mental health and wellbeing and engagement together – responding to **items one and three of the terms of reference** in the section below. Our work focuses on the early years, 0-12 years and therefore our submission focuses on this age group. We refer to our colleagues at the Centre for Adolescent Health submission to the Inquiry for the evidence-informed recommendations related to secondary school students.

TERMS OF REFERENCE:

1. Trends in student learning outcomes from Prep to Year 12

(a) the factors, if any, that have contributed to decline;

(b) disparities correlated with geography and socio-economic disadvantage;

3. the current state of student wellbeing in Victoria, including but not limited to the impact of State Government interventions, following the onset of the COVID-19 pandemic, to address poor mental health in students, school refusal, and broader student disengagement;

Topics covered:

Trends in student learning outcomes

Child developmental vulnerability, learning outcomes and wellbeing

- Child development outcomes and where children live
- Child developmental outcomes for First Nations children
- Child developmental vulnerability as a contributor to poorer learning outcomes
- Developmental vulnerability and student wellbeing
- The importance of the middle years of school
- Protective factors for child development vulnerability

Student mental health and wellbeing and learning outcomes

- Mental health impacts of COVID-19 pandemic for children and young people - Insights from the Melbourne Children's LifeCourse Initiative

Trends in student learning outcomes

The most current NAPLAN 2023 results indicate that Victoria ranks first or second on 16 of the 20 NAPLAN domains across students in Years 3, 5, 7 and 9.[iii] These results are encouraging given the disruption to learning Victorian student's experienced due to COVID-19 pandemic measures. Learning achievement gaps; however, continue to exist between student priority cohorts. These learning achievement gaps have not only persisted but widened over the past 15 years. Considering national data, despite reading skills for Grade 3 students from disadvantaged backgrounds improving over the past 15 years, the learning gap between students from disadvantaged and advantaged backgrounds has actually increased.[iv] In 2008, this learning gap was 1.4 years and increased to 2.3 years in 2022. This learning gap widens as students progress through school with a 4.4 year learning gap in 2008 between low and high SES Year 9 students, increasing to 5.1 years in 2022.[iv]

Child development vulnerability, learning outcomes and wellbeing

Children who have solid foundations in learning in the early years (0-5 years), begin school with the skills and attitudes that enable them to engage in and benefit from our education system. Since 2009, the Australian Early Development Census (AEDC) has been conducted every three years to track how well children's development is supported in the first five years of life. The five developmental domains the AEDC considers are physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge.[v]

Research using the AEDC has shown that early development is strongly linked to learning outcomes at school (including NAPLAN trajectories), mental health and wellbeing and engagement in learning.[vi] It has also been able to demonstrate some key factors that have the potential to impact child development and learning outcomes.

The most recent AEDC, conducted in 2021, shows the proportion of children developmentally on-track and developmentally vulnerable across the developmental domains listed above. Given that in 2020, Victoria initiated two years of public health measures that included restrictions to attending early childhood education and care and school closures, the 2021 AEDC explores the possible impact of these COVID-19 pandemic measures.

Child Development in Victoria

In 2021, 57.2 per cent of Victorian children started school developmentally on-track.[vi] This is a slight decrease from 57.7 per cent in 2018. The proportion of Victorian children developmentally vulnerable in one or more domain remained unchanged at 19.9 per cent between 2018 and 2021; however, the proportion of Victorian children developmentally vulnerable on two or more domains increased slightly from 10.1 per cent in 2018 to 10.2 per cent in 2021.

Considering specific AEDC developmental domains, there has been an increase in the proportion of Victorian children developmentally vulnerable in school-based language and cognitive skills from 6.6 per cent in 2018 to 7.3 per cent in 2021.[v]

Although causal inferences cannot be made that these decreases were due to the COVID-19 pandemic, it is important that concerted efforts are made to reverse the proportion of children who begin school developmentally vulnerable. These efforts must include co-designed and evidence-based solutions for groups of children at higher risk of developmental vulnerability, particularly children who experience structural and systemic barriers that impact their health, development and wellbeing, such as children who experience socio-economic disadvantage, First Nations children and children living in rural and regional communities.

Child development outcomes and where children live

National data shows that 42.7 per cent of children living in the most disadvantaged areas were developmentally on-track compared to 63.4 per cent of children living in the least disadvantaged areas.[v] Children living in the most economically disadvantaged communities are twice as likely to be vulnerable on one or more developmental domain and three times as likely on 2 or more domains.[vii]

Developmental vulnerability in the language and cognitive skills (school-based) domain is four times greater for children living in the most disadvantaged communities. The gap in developmental vulnerability between most and least disadvantaged communities has widened in comparison to previous AEDC collections.[vii] A higher proportion of children who live in rural, regional and remote areas are developmentally vulnerable compared to children living in metropolitan areas.[vii]

Child development outcomes for First Nations children

The percentage of First Nations children assessed as developmentally on-track across all five domains, declined to 34.3 per cent in 2021 from 35.2 per cent in 2018.[v] There was also an increase in the percentage of children assessed as developmentally vulnerable in one or more domain to 42.3 per cent (up by one per cent from 2018) and the percentage of children developmentally vulnerable in two or more domains to 26.5 per cent (up by 0.7 per cent from 2018).

The decline between 2018 and 2021 in the proportion of First Nations children assessed as developmentally on-track and the increase in the proportion of children assessed as developmentally vulnerable, has not been seen in previous AEDC studies. Between 2009 and 2021 there has been overall significant increases in the percentage of First Nations children assessed as developmtenally on track on all five developmental domains and significant decreases in the percentage of children assessed as developmentally vulnerable. We support the AEDC's assessment that this current result is a demonstration of the many structural and systemic barriers that First Nations children and their families experience.

Protective factors for developmental vulnerability

The AEDC also looked at factors that have the potential to prevent developmental vulnerability and found that:

- Children who attended playgroup were more likely to be developmentally on-track across all developmental domains.[viii]
- Children who attended early childhood education and care (ECEC) in the year before school, were more likely to be developmentally on-track across all developmental domains. This was particularly stronger for the developmental domains of language and cognitive skills (school-based) and communication skills and general knowledge.
- Reading to children in the years before school has a positive impact on language and learning development; however, reading at home has been decreasing since 2009. In 2021, 73.5 per cent of children were regularly read to by parents, decreasing from 74.6 per cent in 2018.[ix]

More detailed information on child development and early childhood disadvantage can be found in:

- the published AEDC Data Stories series. Developed by the Centre for Community Child Health and the Telethon Kids Institute, this set of data stories cover a range of topics including:
    - How has the COVID-19 pandemic affected children?
    - How can we improve equity in early childhood?
    - School-based language and cognitive skills

- CCCH's Report commissioned by the Australian Government Department of Education – Measuring vulnerability and disadvantage in early childhood data collections. Our report identifies the important indicators of disadvantage in early childhood that can be used to inform more precise policy decisions to redress child inequities.

Child developmental vulnerability as a contributor to poorer learning outcomes

Students who start school developmentally vulnerable are more likely to remain behind in education outcomes and are at higher risk of school disengagement.[x] For most students experiencing developmental vulnerability, these differences in learning outcomes remain at Year 3 and are maintained up to Year 7.

Developmentally vulnerable students, on average, have lower NAPLAN numeracy and reading scores in Years 3, 5 and 7.[x] This represents a one-year learning gap for Year 3 students who are developmentally vulnerable when they start school and increases to over two years by Year 7. Developmentally vulnerable students are also at higher risk of early school disengagement. In Year 4, over 17 per cent of developmentally vulnerable students are disengaged from school, over twice that of students who are not considered developmentally vulnerable when they start school (8 per cent).[x]

Developmental vulnerability and student wellbeing

Students who start school developmentally vulnerable, are also more likely to experience poor wellbeing.[xi] Developmentally vulnerable students are at increased risk of emotional problems in Years 3 to 5 and are over two-times more likely to experience persistent emotional problems, but this risk does not continue into Years 6 and 7. They are also at increased risk of both single episodes and persistent behaviour problems in Years 3 to 5 and are three-times more likely to have behaviour problems. The risk of behaviour problems remains substantially higher in Years 6 and 7. Developmentally vulnerable students are also more likely to report low subjective wellbeing in Years 3 to 5 with the risk of low wellbeing remaining substantially higher for these students in Years 6 and 7.

The importance of the middle years of school

It is important to highlight that more than half of students with early developmental vulnerabilities do not experience educational delay at Year 7 with 55.4 per cent of students presenting with developmental vulnerability at school entry attain numeracy and reading academic thresholds at Year

7.[x] Conversely, most Year 7 students experiencing poor learning outcomes were not identified as developmentally vulnerable on school entry, with two-thirds of Year 7 students not meeting Year 7 performance thresholds for numeracy and reading not identified as developmentally vulnerable on the AEDC in their first year of school.

This research demonstrates the importance of a nuanced and comprehensive response to both supporting children identified as developmentally vulnerable when the start school and ensure children in the middle of years schools remain supported and engaged.[x]

Student mental health and wellbeing and learning outcomes

Prior to the COVID-19 pandemic, many children in Australia experienced poor mental health and wellbeing, with almost 14% of children aged 4-17 years living with a mental health diagnosis[xii] and nearly half of all adult mental health conditions begin before 14 years of age,[xiii] with clear problems emerging from age five.[xiv]

Living with a mental health disorder impacts a student's learning and engagement. Students living with mental health disorder have poorer NAPLAN results compared to students with no mental health disorder – on all test domains and Year levels.[xv] Learning achievement gaps also exist with Year 3 students with a mental health disorder 7-11 months behind their peers and by Year 9, a learning achievement gap of between 1.5-2.8 years exists.

Students living with a mental health diagnosis are also more likely to be away from school.[xv] Days absent differ with diagnosis, with student with ADHD missing on average 10.5 days of schools in Years 1-6 and 22.0 days in Years 7-12. Students with anxiety, depression and conduct disorder had rates at absence averaging 27.2 days, 26.3 days and 27.8 days of school in Year 7-12 respectively. These absences can impact a student's ability to engage with learning and attain expected academic achievement.

Mental health impacts of COVID-19 pandemic for children and young people - Insights from the Melbourne Children's LifeCourse Initiative[xvi]

Analysis undertaken by the Melbourne Children's LifeCourse Initiative, a partnership between the MCRI and University of Melbourne, showed for some children and young people, mental health challenges emerged for the first time during the pandemic, while for other children and young people, mental health problems that began prior to the COVID-19 pandemic intensified. The pandemic also disproportionately impacted the mental health and psychosocial wellbeing of children and young people who were experiencing adversity prior to the pandemic.

The experiences and circumstances of children and young people prior to the pandemic also had a powerful influence on their mental health during the pandemic. Figure 1 summarises the factors influencing child and adolescent mental health during the pandemic.

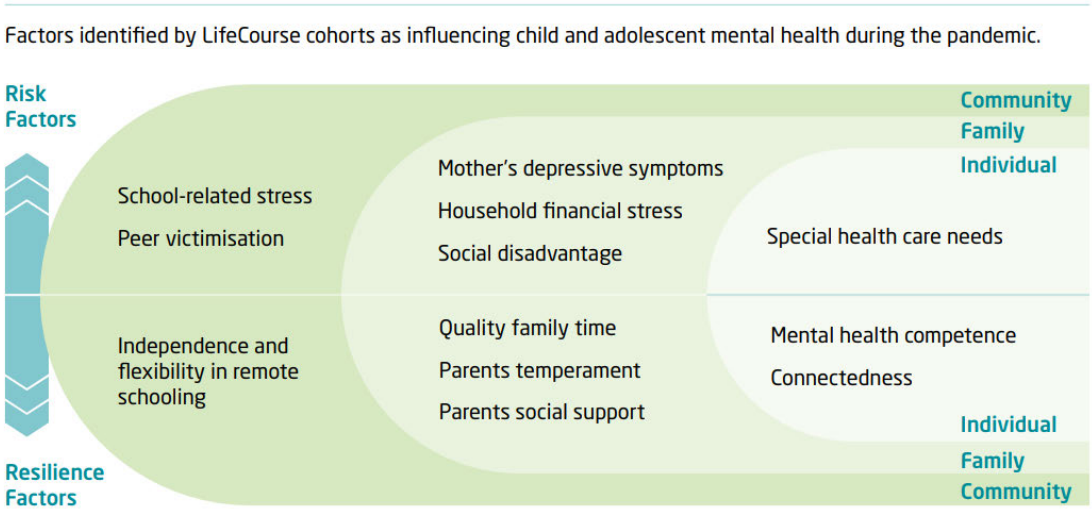

Figure 1: Factors identified by LifeCourse cohorts as influencing child and adolescent mental health during the pandemic. Source: Mental health impacts of the COVID-19 pandemic for children and young people: Insights to date from the Melbourne Children's LifeCourse Initiative. Brief Number 5

Despite higher rates of mental health challenges amongst children and young people during the pandemic, not all young people were able to access the support they needed due to a range of barriers including long wait times, lack of private space at home for telehealth appointments and uncertainty about the how to access help.

RECOMMENDATIONS

In Victoria, we have not been able to reduce the number of children who start school developmentally vulnerable for over a decade, student learning improvements have not been realised, achievement gaps exist and persist between students, and we are seeing children and young people experiencing growing mental health challenges that impact on their learning and engagement.

School remains the single most important universal platform for improving children's health and development, with the power (given the hours children spend there) to reduce inequities in children's learning, developmental and wellbeing outcomes now and into the future. The COVID-19 pandemic also demonstrated that schools were more than just places for learning, but places where the social, emotional, mental and physical health of students can be supported.

We also acknowledge that the Victorian education system is however, just one system that interacts with and supports children's outcomes (as shown in Figure 1). In our submission we identify recommendations that include the other systems that support children and families alongside education, such as the early years system (including early childhood education and care) and health systems, coming together to provide integrated, evidence-based approaches that can improve the educational, health and wellbeing outcomes of all children, regardless of their background.

Supporting children and families before they start school

Children who have solid foundations in learning in the early years (0-5 years), begin school with the skills and attitudes that enable them to engage in and benefit from our education system. However, children who miss out on these foundations start school already behind their peers, resulting in classes with disparities in learning readiness and children presenting with challenges requiring additional support and attention.

The Victorian Government oversees early childhood development services beyond school provision which are critical to achieving improved wellbeing, attendance and education outcomes once a child reaches school. These services should be considered essential components of Victoria's education system. To ensure children and families are supported to engage in learning and reduce developmental vulnerability we recommend government investment in a combination of strategies throughout early childhood noting that it will take the full "stack" of investments to truly make a difference.

Dedicated investment in evidence-based sustained nurse-home-visiting (SNHV)

International research has noted sustained nurse home visiting (SNHV) as the most evidence based and powerful public health intervention available in the first 1000 days. SNHV provides regular in-home support from pregnancy until a child turns two years. It is during this time that a child's brain develops more rapidly than any other time. SNHV programs aim to help families with parenting, children's behaviour and home learning environments. SNHV programs have been shown to benefit child development outcomes, parenting practice (including home learning environments) and

maternal mental health for vulnerable families.[xvii] [xviii] These benefits are sustained until a child starts schools and are all factors that impact on children's learning and wellbeing.

SNHV programs, such as the right@home initiative which has randomised controlled evidence of benefit, when integrated into the existing universal maternal and child health service and building upon the enhanced maternal and child health service we have in Victoria, have been shown to be successful in Victoria.[xvii] Without dedicated investment; however, children and families are missing out on the early support required to ensure children are ready to engage in learning when they start school.

Supporting families to provide enriching home learning environments

Rich home learning environments, provided from birth, support language and literacy development. Since 2009, there has been a gradual decrease in the proportion of parents reading to their children at home.[xix] Children who live in areas of greater disadvantage are less likely to be read to by their parents. Alongside investment in SNHV, investment in initiatives that aim to identify barriers to home reading, raise awareness of its importance and support parents to regularly read to their children, should be supported. Evidence-based, community approaches to promote reading are available and present opportunities for scaling, so more children experience the benefits of reading when they are young and in readiness for school.

Improving access to high quality, inclusive early childhood education and care

Children who attended early childhood education and care (ECEC) in the year before school are more likely to be developmentally on-track across all five developmental domains, than children who do not attend ECEC.[xx]

Not all children have access to high-quality, inclusive ECEC and children experiencing disadvantage are less likely to attend ECEC, attend for fewer hours and more likely to attend lower quality services. Many barriers exist including cost of services, transport barriers, cultural and inclusive appropriateness of ECEC services, supportive engagement by educators, and parent understanding of the importance of attending ECEC or knowing how to access ECEC services.[xxi]

Despite increased investments by both Australian and Victorian Governments to increase access to affordable ECEC, free or low-cost ECEC only goes part of the way to increasing ECEC attendance, especially for families experiencing vulnerability.[xxii] This suggests that other measures are needed to ensure children and families access quality, inclusive ECEC services. Measures should involve local, community-driven responses that promote the benefits of ECEC services to families, co-location of ECEC within community-based services or schools (which is happening with new school builds in Victoria) and providing the ECEC workforce with the skills to support families currently not accessing ECEC. These measures would allow children to receive the early education opportunities needed for future education, health and wellbeing outcomes.

Developing a shared language of child mental health and wellbeing between families, educators, teachers, health and social care professionals

The evidence also shows that only 35 per cent of parents feel confident they could recognise signs of a mental health problem in their child, 44 per cent feel confident in knowing where to seek help if their child is experiencing mental health issues (this drops to 35 per cent for parents with infants and toddlers) and one in three parents think mental health problems in children might be best left alone.[xxiii] Enabling parents to respond to their child's needs, reduces the risk of unaddressed issues that are more complex to address. By building on existing universal platforms (i.e., accessible to all) and using multimodal communication approaches (i.e. digital, face-to-face, etc) we can increase the child mental health literacy of parents and families and support the mental health and wellbeing needs of children.

We suggest there is an opportunity for a Victorian response to **form a Child Mental Health and Wellbeing Literacy Collaborative** to bring together representatives from education, early years, health and social care, as well as families and those with lived/living experience. This collaborative would be tasked with developing and overseeing the implementation of a statewide strategy for raising the child mental health literacy of families, workforce and services integral to supporting child mental health and wellbeing. The Collaborative would also develop a common language or understanding of children's mental health and wellbeing (0-12 years), with children at the core, to redress the disconnect families, educators and service providers can often experience when seeking and providing support to children.

Enabling schools to take a whole child and whole school approach to redress inequities in learning, engagement, health and wellbeing outcomes

Undertake an ambitious reinvention of schools to take a whole child approach that enables schools to prioritise and respond to the full scope of children's needs and capacities

Despite significant investment in schools,[xxiv] we have not been able to achieve improvements in overall educational outcomes, reduce inequities in educational outcomes for priority cohorts, nor improve the wellbeing of students. This suggests that we need to think differently about how the Victorian education system enables students to realise their full potential and thrive.

As part of a discussion paper developed in collaboration with the MCRI, the University of Melbourne, and Southern Cross University,[xxv] we propose five key principles that provide the start of a discussion as to what a reimagining agenda could focus on to achieve real change in how schools support children to thrive:

- A whole child and whole school approach (organising principle)
- Co-designed, evidence-based and flexible learning and wellbeing approaches

- Health and wellbeing as essential 21st century skills
- Building an engaging culture of health, wellbeing and learning in school
- Relationships and partnerships between services, families and schools in every community.

These principles are a starting point for a conversation about how we can reimagine schools to ensure they meet the contemporary needs of children. This shift has been successfully achieved in other countries to great effect, resulting in improved health, wellbeing and academic outcomes and reduced inequities.

We encourage the Victorian Government to consider how new models, could be co-designed and tested, that enable schools to meet the 21st century needs of children and welcome the opportunity to share our emerging thinking about this approach.

Invest in an "Agenda of Purposeful Innovation" that enables schools to test, innovate and scale approaches that meet the needs of students across learning, health and wellbeing

With inequities in learning and developmental outcomes unchanged for over a decade, decreases in children's wellbeing, combined with a unique national and state early years and education policy reform environment for improving children's outcomes and reducing inequities many children experience, we suggest there is a significant opportunity for Victoria to be setting an Agenda of Purposeful Innovation to improve child outcomes with Victorian schools leading the innovation agenda.

An Agenda of Purposeful Innovation would develop the evidence base as to how Victorian schools can respond to the needs of the whole child and redress inequities using a whole school approach and cementing the role of schools as important community assets. An agenda for purposefully testing and innovating how Victorian schools meet the needs of all children across learning, wellbeing and health – a whole child approach.

We also know that for a range of reasons, schools experience many challenges to implementing and sustaining evidence-based practice across the domains of learning, engagement and wellbeing. To achieve an Agenda of Purposeful Innovation the Victorian Government should provide support for proven and emerging practice models that enable schools to implement and sustain evidence-based practice and innovation.

This would not be a 'start from scratch' project. Initiatives are already underway that aim to build capability of schools to implement evidence-based practice and innovate to build the evidence. Examples include:

- Evidence for Learning: a not-for-profit aimed at improving the quality, availability and use of evidence in education.
- The Q Project: developed by Monash University it aims to investigate how research evidence is translated to schools and how to support educators to better use evidence in practice.

- The deployment of 'implementation practitioners' to work with school clusters to support the implementation of evidence and participate in quality improvement and innovation initiatives. Getting it Right from the Start is a CCCH research project that uses this model of implementation support. Getting it Right from the Start aims to support primary schools to enhance children's language and reading skills using Response to Intervention approach. This approach enables teachers to identify children who are struggling and provide evidence-based targeted support to address specific learning needs. A similar approach is also employed by the Mental Health in Primary Schools (MHiPS) initiative, which integrates Learning Leaders to work with schools and teachers.

As a first step in an Agenda for Purposeful Innovation, we recommend the Victorian Government trial the establishment of school learning clusters. Co-designed with school leaders, these clusters could come together to innovate and integrate emerging practice models, learn from this process and provide a sustainable mechanism for supporting schools to participate in evidence-based practice and innovation.

Investing in Schools as Child and Family Hubs – a place-based response to improving children's developmental, mental health and learning outcomes

Across Victoria, many schools are not only places for learning but provide for the health and social care needs for students and families in their community, including children before they start school. Schools as integrated Child and Family Hubs are not new but are emerging as an important place-based response to improving the learning, health and wellbeing needs of children and families, from birth to primary school and beyond, living in areas of high disadvantage or experiencing vulnerability.

Integrated Child and Family Hubs located at schools recognises the universal platform that school provides as the mechanism for supporting the education, health and development of all children and families. School-based child and family hubs, also recognise that for many students and families, schools are a safe and trusted place for support and care.

There is an opportunity for the Victorian Government to continue to expand and drive a place-based agenda for redressing inequities in child development, learning and mental wellbeing by contributing to comprehensive place-based responses and funding the coordination efforts that binds universal platforms of education, health and social care for localised, integrated approaches.

With the first 2000 days a priority in the Australian Primary Health Care 10-year plan, we're also presented with an opportunity for innovative approaches to be developed, tested and scaled that respond to the health and developmental needs of children, including parent mental health and social supports, with Child and Family Hubs as an important part of the system response.

Further information on the role of Child and Family Hubs can be found in the recent publication by the National Child and Family Hubs Network – Child and Family Hubs: an important 'front door' for equitable support for families across Australia.

Co-designing school-based responses for students experiencing mental health challenges or school refusal

Co-designing and trialling multi-disciplinary teams working across schools, health, social care, justice and families to best respond to students currently disengaged from school and/or experiencing mental health challenges

One of the challenges experienced by students experiencing school disengagement and/or mental health challenges is the disconnect between their teacher/school supports, the care and support provided by health care professionals such as GPs, paediatricians and mental health professionals and social care. The establishment of multi-disciplinary teams that bring together the expertise of educators, health, social and justice care professionals with families and students is needed to ensure a shared understanding of a student's objectives and strategies to manage mental health challenges or a return to school.

Currently, there is no integrated and sustained mechanism that enables educators, health and social care providers to meet regularly and co-develop shared understanding of consistent supports and care provided both at school, at home and with health care providers. The trialling of multi-disciplinary team models of care is an opportunity to evaluate whether multi-disciplinary care provided in the primary school setting can better enable tailored student mental health support and engagement in learning, alongside building teacher capability to provide classroom-based support as part of a multi-disciplinary response to a student's learning, developmental and mental health needs.

We propose co-designing and trialling 10 multi-disciplinary child mental health and wellbeing care teams within primary schools. These co-designed models will assess student outcomes, teacher and family impacts and implementation enablers and barriers.

This initiative would include mapping current multi-disciplinary responses in school-based settings, to identify potentially successful and evaluated models. These data would inform the co-design of multi-disciplinary care team trial to be initially tested and evaluated in a small number of schools. Findings would be used to adapt and further test multi-disciplinary responses in school-based settings.

Spotlight on multidisciplinary care pilot project:
CCCH is currently undertaking a pilot initiative that aims to give children, young people and their families access to tailored care from a specialist educational liaison at the Royal Children's Hospital Learning Difficulties Clinic. The educational specialist (a teacher with special education assessment and intervention skills) will engage directly with the child or young person's family and school at all stages (pre-assessment information gathering, during the assessment and to assist with feedback and implementation of the recommendations).

This innovative yet evidence-based approach, brings together the key supports around a child – their family, their teachers, their health care team – to ensure children receive the care and ongoing support they need to thrive at and enjoy school as well as reach their full potential.

We will evaluate our program by gaining the insights from children and their families about their satisfaction with the program, but also whether child outcomes were achieved, school satisfaction, teacher confidence and change in practice. By evaluating this model, our hope is that we're able to build the case for further expansion of the model to a permanent and sustained offering of the clinic, supporting approximately 150 children accessing the clinic each year.

Our intention is that this approach will lead to improved learning outcomes, reduced mental health and wellbeing concerns, more timely intervention and better school engagement and retention for vulnerable children and young people.

Co-designing resources and tools for parents and carers to use when supporting a child to re-engage with school

Parents and carers play a critical role in promoting their children's engagement with school. Supporting parents with resources on how to support their children's academic and social-emotional needs can reduce the risk of school refusal. Engaging parents and carers in co-designing resources and tools that they can use when supporting a child to re-engage with school ensures that tools best reflect and respond to the needs of parents and carers. Existing evidence-based, digital platforms such Raising Children Network provide school refusal resources for parents/carers are good starting points to initiate co-design collaboration with parents/carers and other support agencies.

Providing the mechanism to scaling successful interventions that re-engage students with learning

There are many evidence-based initiatives that have demonstrated success in supporting students to return to school; however, these initiatives experience challenges in scaling. We suggest there is a role for the Victorian Government to provide the enabling environment that facilitates the translation and scale of success initiatives to ensure equitable access to interventions that are shown to work. This work could involve mapping current school re-engagement initiatives and approaches, assessing the evidence and success of these approaches, identifying the 'core components' of successful models and developing a Victorian school engagement framework. This school engagement framework would enable co-design and co-production of school engagement initiatives, funding the translation, adaptation and scaling of successful approaches and providing central resource platform for parents/carers, teachers, schools, health and social service providers to support responses at the local level.

Building the capacity for the community and primary health care workforce to respond to child mental health and wellbeing

The community and primary care health workforce play a critical role in supporting child mental health and wellbeing and caring for children experiencing mental health challenges. General practitioners (GPs) provide the most mental health care for children aged 4-11 years, followed by paediatricians, psychologists, and counsellors and family therapists.[xxvi] Despite the care provided by

GPs, GPs lack training in child mental health and require upskilling.[xxvii] Paediatricians also report that 60% of new and 66% of review consultations were for developmental/behavioural conditions in 2013. A rise from 48% and 54% respectively since 2008.[xxviii]

With increasing demands on GPs an increasing number of children are referred to paediatricians to receive care. This is creating challenges in access that result in many children waiting up to 12-18 months for public outpatient clinics, with deteriorating health, developmental and mental wellbeing as a result.[xxix]

As a result we propose two recommendations to build the capacity of the community and primary health care workforce to respond early to emerging child mental health and wellbeing difficulties:

Trialling community paediatricians in Victorian community health centres
The establishment of three Infant, Child and Family Mental Health and Wellbeing Hubs as a recommendation to the Royal commission into Victoria's Mental Health and Wellbeing System is a positive start to improving access to community-based mental health care for children and their families; however access barriers still exist for the children and families outside of these hubs locations. Using the established infrastructure that community health services in Victoria provide, there is an opportunity to trial the integration of community-based paediatricians as part of the community health sector response to children's mental health and wellbeing. Community health centres are non-stigmatising and universally accessible services, that provide early intervention care to an increased number of children, reducing demands for acute care services.

We propose trialling the integration of these roles in 10 community health centres and evaluating the impact this as on both care provision, demand for acute services and child outcomes (including school engagement and learning).

Building the capacity and capability of GPs and primary care workforce
To increase the capability and capacity of the primary care workforce to respond the mental health needs of children and adolescents, the COMPASS - Connecting Mental-health Paediatric Specialists and Community Services initiative, aims to upskill community clinicians in child and adolescent mental health care via an online Community of Practice and supported by primary and secondary consultations with an experienced child psychiatrist. Evaluation has shown that COMPASS improves clinician confidence in paediatric mental health care and reduces their isolation and burnout. COMPASS was also associated with a reduction in referrals to the acute Child and Adolescent Mental Health Service.

By improving the skills, wellbeing and knowledge of community clinicians, the COMPASS model strengthens the paediatric mental health care system. This leads to improved access to quality care for children and reduced stigma of managing challenging cases for clinicians.

Given the success of COMPASS, we recommend that statewide scaling of COMPASS to ensure more children have access to best-practice mental health care, especially in rural regions where access is extremely limited.

Improve our understanding of student mental health and wellbeing and support schools to make data-driven decisions about how best to support the wellbeing of their students

Developing an annual student mental health and wellbeing census with schools as the platform for data collection and integrating with existing data collections

The National Children's Mental Health and Wellbeing Strategy identifies the importance of population data about children's mental health and wellbeing for informing policy and program funding decisions as well as measuring impact of these investments over time. Current population data on student mental health and wellbeing is limited in Victoria. This creates challenges in understanding ongoing impacts of COVID-19 pandemic measures and other impacts affecting student mental health and wellbeing (such as racism and disadvantage).

We propose the establishment of a minimum dataset on student wellbeing with annual collection conducted via schools. The benefit of this census are:

- Schools have a snapshot of their student wellbeing at a population level and can make evidence-informed decisions about how best to respond to student wellbeing needs and monitoring whether these responses are making a difference.
- Local service and program providers, including local governments, have an understanding of child mental health and wellbeing in their geographic areas and can provide place-based responses according to local needs.
- Policy decision-makers and government have access to timely data on the mental health and wellbeing of Victorian children to inform and monitor policy and program responses.
- Student wellbeing data can be linking to other data sources captured at school including NAPLAN to better understand student wellbeing alongside learning outcomes.

Co-designing a statewide student wellbeing pulse survey, that schools administer at regular intervals to make informed decisions how best to support student wellbeing and track changes.

Regular measurement provides students, families, educators, school leaders, clinicians and policy makers with an understanding of current student wellbeing and can inform appropriate responses by schools and other health and educational services, in a timely and effective manner.

Our research as shown that evidence-based pulse surveys – brief and frequently administered, are feasible and valued by primary schools in understanding the wellbeing of students, enables data-driven decision-making on best-practice responses to student wellbeing and allows schools to track the impact of their responses and change if need be. Pulse surveys provide schools with timely and accessible information about student wellbeing, and the Mental Health in Primary Schools (MHiPS) initiative is currently trialling this approach and provides the opportunity to further in Victoria.

Using GenV and the Melbourne Children's LifeCourse initiative to better understand the health, wellbeing and family context of students and how these factors may impact student learning.

Gen V, the Melbourne Children's LifeCourse initiative, combined with a new minimum dataset on student wellbeing and existing school datasets, provides a unique opportunity, unparalleled in other Australian jurisdictions to better understand the health, wellbeing and family context of students across Victoria and how this may impact student learning. This rich, longitudinal information from the time of a student's birth, is not available from other datasets. It can be used for observation, i.e. to better understand children's strengths, impact of future pandemics and natural disasters or to test policies or interventions. No other cohort in Australia or indeed the world is able to provide this testing platform which is a perfect opportunity for considering evaluation of school, local government and statewide innovation.

Enabling schools to use lead indicators to monitor progress towards learning, wellbeing and engagement outcomes.

School staff require timely, accessibly school level data that helps them decide where effort is needed and what action to take. While outcome data is the ultimate arbiter of success, lead indicators about which strategies families and students are experiencing and the quality that education services) allow schools to make adjustments and accumulate evidence regularly, rather than waiting years to see outcomes.

Lead indicators are essential for allowing schools to regularly assess performance and progress, and course-correct quickly when required. Embedding lead indicators of quality in Victoria's school measurement frameworks can:

- enable classroom and school level continuous improvement and early intervention practices
- streamline state and system level decision-making about resourcing, better design appropriate school support approaches and create learning collaboratives that drive system changes informed by local context
- more efficiently track how school processes are impacting student outcomes and informing policy responses at the population level

The Restacking the Odds initiative (RSTO) has identified evidence-based quality indicators for the early years of school. The indicators align to quality domains within existing school improvement frameworks across Australia including Victoria's Framework for School Improvement, and then focuses on the evidence. This work can enable a nationally consistent, more objective lead indicator framework to guide quality in schools.

These indicators are tied to school processes (i.e. process indicators at the classroom, student or lesson level that contribute to the achievement of high-quality outcomes) and teaching staff competencies (i.e. provider indicators). Drawing value from these indicators also requires capability to collect, interpret and identify actionable insights.

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