

RESTACKING THE ODDS



Reducing intergenerational disadvantage in Australia

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FOCUS OF OUR WORK

Inequities emerging in early childhood often continue into adulthood, contributing to unequal rates of low educational attainment, poor mental and physical health and low income. In some cases, this experience is part of a persistent cycle of intergenerational disadvantage. Inequities constitute a significant and ongoing social problem and – along with the substantial economic costs – have major implications for public policy.

To redress inequities, research tells us that efforts should be delivered during early childhood (pregnancy to eight years of age) to deliver the greatest benefits. Restacking the Odds focuses on five key evidence-based interventions/platforms in early childhood: antenatal care; sustained nurse home visiting; early childhood education and care; parenting programs; and the early years of school (see Figure 1: Five Fundamental Strategies).

These five strategies are only a subset of the possible interventions, but we have selected them carefully. They are notably *longitudinal* (across early childhood), *ecological* (targeting child and parent), *evidence-based*, *already available* in almost all communities, and able to be *targeted* to benefit the ‘bottom 25 per cent’. Our premise is that by ‘stacking’ these fundamental interventions (i.e., ensuring they are all applied for a given individual) there will be a cumulative effect - amplifying the impact and sustaining the benefit.

APPROACH

Our intent is to use a combination of data-driven, evidence-

based and expert informed approaches to develop measurable best practice indicators of quality, quantity and participation for each of the five strategies:

Quality: Are the strategies *delivered effectively*, relative to evidence-based performance standards? A strategy with ‘quality’ is one for which there is robust evidence showing it delivers the desired outcomes. A large number of research studies have explored aspects of this question (i.e., “what works?”). Therefore, we pay particular attention to the quality dimension in our work and analysis.

Quantity: Are the strategies *available locally* in sufficient quantity for the target population? ‘Quantity’ helps us determine the quantum of effort and infrastructure needed to deliver the strategy adequately for a given population.

Participation: Do the appropriately targeted children and families *participate at the right dosage levels*? ‘Participation’ shows us what portion of the relevant groups are exposed to the strategy at the level required to generate the desired benefit (e.g., attending the required number of antenatal visits during pregnancy). Participation levels can be calculated whether the strategy is universal (for everyone), or targeted (intended to benefit a certain part of the population).

These indicators will help identify gaps and priorities in Australian communities. We will test preliminary indicators in 10 communities over the next three years to determine which are pragmatic to collect, resonate with communities, and provide robust measures to stimulate community and government action.

Five fundamental strategies			
Antenatal	Early childhood		School years
	Birth to 2 years	2-5 years	
<p>1 Antenatal care</p> <ul style="list-style-type: none"> Targeted at parents Centre-based <i>Outcomes:</i> healthy birth weight, good brain health, appropriate care, ‘adequate parenting’ 	<p>3 Early childhood education and care</p> <ul style="list-style-type: none"> Targeted at all children (in groups) High quality for all children Delivered out of home in a ‘pseudo-home-learning environment’ <i>Outcomes:</i> children on optimal developmental pathway (cognitive and social-emotional), school readiness 		<p>5 Early years of school</p> <ul style="list-style-type: none"> Targeted at all children School-based <i>Outcomes:</i> children on optimal learning pathway by Year 3
<p>2 Sustained nurse home visiting</p> <ul style="list-style-type: none"> Targeted at disadvantaged parents Health and development support Home-based <i>Outcomes:</i> parents develop parenting skills 		<p>4 Parenting programs</p> <ul style="list-style-type: none"> Targeted at parents whose children have behavioural issues (higher prevalence in disadvantaged families) Centre-based, delivered in groups or 1:1 <i>Outcomes:</i> remedy of specific emerging behavioural issues 	

Figure 1: Five Fundamental Strategies. These pivotal strategies have been shown to address the most important and modifiable issues.

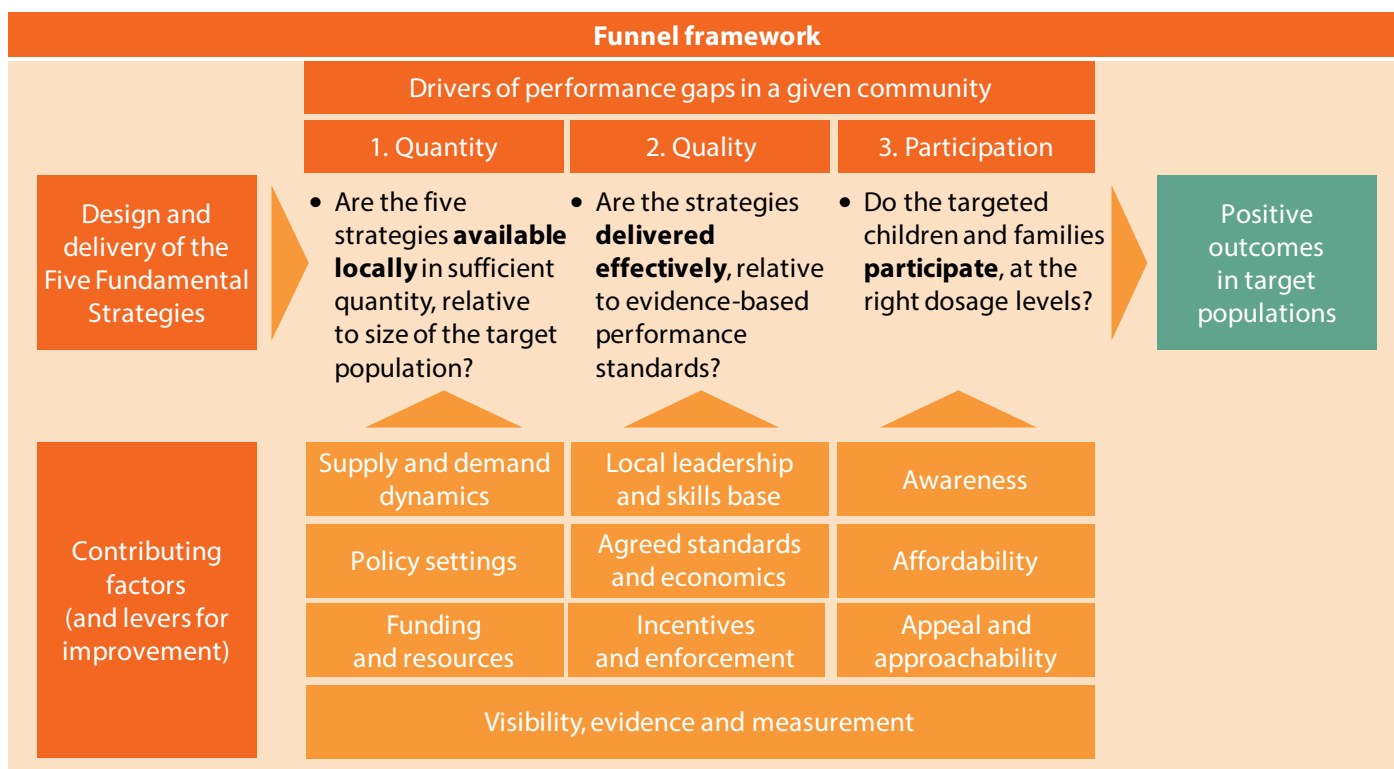


Figure 2: **The Funnel Framework.** The Funnel Framework will apply a structured, quantitative lens to the issues, and simplify the challenging task of identifying priorities for action across a complex ecosystem. This framework highlights the three key drivers of successful outcomes for the Five Fundamental Strategies: quantity, quality and participation. In any given community, the importance of these three drivers will vary across each strategy; they will also vary across communities. These drivers will be quantified, at the level of precision appropriate to influence key decision makers. Several contributing factors explain the status of each driver, and these same factors are levers for future improvement.

Prioritisation matrix

		Drivers of performance gaps in a given community		
		Quantity	Quality	Participation
Five fundamental strategies	Antenatal support	L	L	H
	Sustained nurse home visiting	M	H	M
	Early childhood education and care	L	M	M
	Parenting programs	M	M	L
	Early years of school	H	L	H
		<ul style="list-style-type: none"> Are the strategies available locally in sufficient quantity, relative to size of the target population? 	<ul style="list-style-type: none"> Are the strategies delivered effectively, relative to evidence-based performance standards? 	<ul style="list-style-type: none"> Do the targeted children and families participate, at the right dosage levels?

Figure 3: **The Prioritisation Matrix.** By combining the Five Fundamental Strategies with the Funnel Framework, an actionable view of the priorities will be created in any given community (and of patterns across communities). An example is shown in simplified form highlighting the areas for each strategy that are high, medium or low for each driver of performance (note: scores are purely illustrative).

THE TEAM

Restacking the Odds is a collaboration between three organisations, each with relevant and distinctive skills and resources:

Murdoch Children's Research Institute (MCRI) is an independent medical research institute. MCRI's research covers the breadth of health and medical research from basic science through to clinical sciences and population health. MCRI is committed to giving all children the opportunity to have a happy and fulfilled life.

Prof Sharon Goldfeld – Director Centre for Community Child Health and Theme Director Population Health, Royal Children's Hospital and Murdoch Children's Research Institute

Dr Carly Molloy – Senior Research Officer and Senior Project Manager, Murdoch Children's Research Institute. Carly is the Project Manager for Restacking the Odds, and can be contacted at carly.molloy@mcri.edu.au

Social Ventures Australia (SVA) supports partners across sectors to increase their social impact. SVA helps business, government and philanthropists to be more effective funders and social purpose organisations to be more effective at delivering services.

Nicholas Perini – Director, SVA Consulting

Bain & Company is one of the world's leading management consulting firms. Bain works with executives and organisations to help them make better decisions, convert those decisions into actions, and deliver sustainable success.

Chris Harrop – Partner, and member of Bain's worldwide Board of Directors

Restacking the Odds is funded by philanthropic grants.

Our collective aspiration is to create a new approach to tackling intergenerational disadvantage in Australia that delivers ground-breaking results.