



Schools as the platform for improving child outcomes: the opportunity of the National School Reform Agreement

Submission to the National School Reform Agreement Expert Panel

August 2023



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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.



Submission to the Review to Inform a Better and Fairer Education System

Executive Summary

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 outcomes now and into the future. Yet, the current Australian education system has not been able to shift inequities in children's learning outcomes for over a decade. We know that for over a decade, over 20 per cent of children will start school developmentally vulnerable.ⁱ This gap increases when children progress through primary to secondary school with inequities in children's learning outcomes across school also remaining unchanged over the last 10 years.ⁱⁱ

With the development of the next National School Reform Agreement (NSRA), alongside existing policies aimed at improving children's outcomes, we are presented with a unique opportunity to achieve change for all children, including children who are missing out. These policy opportunities include the National Children's Mental Health and Wellbeing Strategy, Closing the Gap, Safe and Supported: the National Framework for Protecting Australia's Children, the Measuring What Matters Framework and the development of Australia's first Early Years Strategy, alongside the place-based response to reducing intergenerational disadvantage.

With education the most powerful social determinant for improving children's outcomes and addressing intergenerational disadvantage, the NSRA is an opportunity to set a bold reform agenda to realise improvements in our education system and deliver better outcomes for all children. An agenda that prioritises initiatives to see real improvements achievable not only in the upcoming NSRA can also set an agenda for innovation and sustained improvements for future NSRAs. We are encouraged by and support the sentiments of the consultation paper that recognises for change to be achieved we need come together in a spirit of innovation and aspiration that brings together health and education systems more closely to deliver on a joint aspiration. This sentiment sets the tone for our submission.



Summary of Recommendations

Recommendations	
<p>Reinventing schools to provide strong foundations for lifelong learning, wellbeing and health – an opportunity for purposeful innovation.</p>	<p>The next NSRA as a significant opportunity for setting an Agenda of Purposeful Innovation to improve child outcomes.</p> <p>With inequities in learning and development outcomes unchanged for over a decade, decreases in children’s wellbeing, combined with a unique policy reform environment for improving children’s outcomes and reducing inequities many children experience, we see the next NSRA as a significant opportunity for setting an Agenda of Purposeful Innovation to improve child outcomes.</p>
<p>Improving student outcomes - the importance of enhancing student wellbeing and using data driven and quality improvement approaches to monitor and evaluate change.</p>	<p>Given the evidence of the impact of wellbeing on student learning and engagement we support the proposal that student wellbeing be included as an outcome in the next NSRA.</p> <p>To deliver improvements in student wellbeing outcomes we recommend the development of wellbeing sub-outcome measures that reflect the domains of student wellbeing.</p> <p>To ensure accountability against each outcome, we support the development of national targets against each outcome and sub-outcome, across learning, wellbeing and engagement.</p> <p>While outcome data is the ultimate arbiter of success, long lead times for outcome results means that schools require access to regular quality data to assess performance and course-correct quickly when required. The Restacking the Odds (RSTO) initiative has identified quality lead indicators for schools that should be considered in the next NSRA Measurement Framework.</p> <p>The development of a national quality framework for schools is needed to enable schools and systems to improve student outcomes and redress inequities in student learning, development and wellbeing. As the first steps the NSRA should consider the extension of the National Quality Framework and Standards for Early Childhood Education and Care up into primary schools.</p>
<p>Priority equity cohorts</p>	<p>We support the proposal that children and young people living in out-of-home care and students who speak English as an additional language or dialect, are additional priority equity cohorts in the next NSRA.</p>



Enabling and supporting evidence-based practice to improve student outcomes, particularly for students most at risk of falling behind.

As NAPLAN does for monitoring learning outcomes, we **recommend the development of a nationally consistent mechanism that enables schools and governments to annually measure and respond student engagement and wellbeing.** A national wellbeing measure would provide data at the classroom, school, community and state/national level, enabling precision program and policy responses at each of these levels. **This work could be integrated as part of the next iteration of the Australian Child and Adolescent Survey of Mental Health and Wellbeing.**

Schools experience many challenges to implementing and sustaining evidence-based practice across learning, engagement and wellbeing. **As part of an Agenda of Purposeful Innovation the next NSRA should support proven and emerging practice models that enable schools to implement and sustain evidence-based practice and innovation.**

Family engagement in learning is one of the key factors for improving student engagement in school. **We suggest the next NSRA identify family partnership models and training opportunities, to support schools and teachers to engage families caring for students at-risk of falling behind.**

To identify individual students at risk of falling behind, there is an **opportunity to trial linking the Unique Student Identifier (USI) number with a student's Australian Early Development (AEDC) Census result.**

Improving student mental health and wellbeing

To reflect the dynamic nature of children's mental health and wellbeing, **we recommend a wellbeing continuum approach, as outlined in the National Children's Mental Health and Wellbeing Strategy, be the underpinning framework for supporting student mental health and wellbeing.**

To support student mental health and wellbeing and reduce burden on teachers, **we support the integration of dedicated mental health and wellbeing roles into the Australian school system.** The Mental Health in Primary Schools initiative provides a potential evidence-based model.

Schools as Child and Family Hubs – a place-based response to improving child mental health and wellbeing. Evidence shows that co-located and integrated early years services and primary schools can improve child academic outcomes. There is an opportunity **for the next NSRA to be part of the place-based agenda for redressing intergenerational disadvantage and improve child mental health outcomes by contributing to place-based responses and funding the coordination efforts that binds education, health and social care for localised, integrated approaches.**

As part of coordinated, place-based response to improving child mental health and wellbeing, **funded partnerships between school clusters and Local Health Networks/Primary Health Networks should be established.**

We recommend the actions identified in Focus Area 3: Education Setting of the National Children's Mental Health and Wellbeing Strategy are integrated into the NSRA.



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, 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. 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 outcomes now and into the future. Yet, the current Australian education system has not been able to shift inequities in children's learning outcomes for over a decade. We know that for over a decade, over 20 per cent of children will start school developmentally vulnerable.ⁱ This gap increases when children progress through primary to secondary school with inequities in children's learning outcomes across school also remaining unchanged over the last 10 years.ⁱⁱ

With the development of the next National School Reform Agreement (NSRA), alongside existing policies aimed at improving children's outcomes, we are presented with a unique opportunity to achieve change for all children, including children who are missing out. These policy opportunities include the National Children's Mental Health and Wellbeing Strategy, Closing the Gap, Safe and Supported: the National Framework for Protecting Australia's Children, the Measuring What Matters Framework and the development of Australia's first Early Years Strategy, alongside the place-based response to reducing intergenerational disadvantage.

With education the most powerful social determinant for improving children's outcomes and addressing intergenerational disadvantage, the NSRA is an opportunity to set a bold reform agenda to realise improvements in our education system and deliver better outcomes for all children. An agenda that prioritises initiatives to see real improvements achievable not only in the upcoming NSRA can also set an agenda for innovation and sustained improvements for future NSRAs. We are encouraged by and support the sentiments of the consultation paper that recognises for change to be achieved we need come together in a spirit of innovation and aspiration that brings together health and education systems more closely to deliver on a joint aspiration. This sentiment sets the tone for our submission.



Reinventing schools to provide the strong foundations for lifelong learning, wellbeing and health – an opportunity for purposeful innovation.

With inequities in learning, development and wellbeing outcomes unchanged for over a decade, combined with a unique policy reform environment for improving children's outcomes and reducing inequities many children experience, we see the next NSRA as a significant opportunity for setting an **Agenda of Purposeful Innovation**. An agenda for purposefully testing and innovating how Australian schools meet the needs of all children across learning, wellbeing and health – a whole child approach.

As part of [a discussion paper](#) developed in collaboration with the Murdoch Children's Research Institute, the University of Melbourne, and Southern Cross University, we propose five key principles that provide the start of a discussion as to what a purposeful innovation agenda could focus on and achieve real change in reinventing how Australian 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.

We suggest that a Purposeful Innovation Agenda would develop the evidence as to how 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. A whole school approach requires schools to fully focus on the complete scope of a child's needs (including social, emotional, cognitive, physical, ethical, psychosocial as well as academic). The recognition of the importance of student wellbeing in improving learning outcomes in the next NSRA is a very encouraging step in the right direction; however, we argue the development of the next NSRA is an opportunity to lay the groundwork for sustained commitment towards innovation and rethinking the role of schools if we are to realise improved outcomes for all children.



Improving student outcomes - the importance of enhancing student wellbeing and using data driven and quality improvement approaches to monitor and evaluate change.

Wellbeing, engagement and learning – the pillars to improving student outcomes and reducing inequities

As noted in the Productivity Commission's Review of the National School Reform Agreement,ⁱⁱⁱ with the evidence outlined in Table 5.1 of the Commission's report - wellbeing, engagement and learning are inextricably linked. Given the strong weight of evidence and in support of the Productivity Commission's recommendations, we **support the proposal that student wellbeing be included as an outcome in the next NSRA**. Doing so would provide a clear national commitment and directive to improving student wellbeing and therefore a comprehensive approach to ensuring Australian children can realise their potential and thrive.

The inclusion of student wellbeing as an outcome would provide opportunity to gain:

- population-level understanding of wellbeing to inform policy responses to student wellbeing
- school-level understanding of student wellbeing, that would enable schools to undertake evidence-based responses to the wellbeing needs of their community
- area level understanding of wellbeing, to enable data-driven area-level (out-of-school) responses to student wellbeing, such as informing area-level service planning and commissioning by Primary Health Networks for integrated child and family hubs or child mental health and wellbeing services
- coordinated responses to existing wellbeing efforts currently undertaken across jurisdictions
- contribute to other child wellbeing policy efforts, such as the National Children's Mental Health and Wellbeing Strategy and the Early Years Strategy, providing a comprehensive, life course approach to national wellbeing efforts.

We also know students from priority equity cohorts are more likely to experience poorer mental health and wellbeing and experience increased challenges to school engagement and learning success, particularly children from the most socio-economically disadvantaged backgrounds. This pattern has not shifted for over a decade and the NSRA needs to consider bold measures to see this change. Including student wellbeing as an outcome, provides an opportunity to not only improve children's wellbeing in and of itself but in turn opportunities for enhanced learning and engagement for all children.



Student wellbeing sub-outcome measures are needed to monitor progress in overall wellbeing and student outcomes

The current NSRA uses school attendance rate as the sub-outcome for school engagement. School attendance is one important indicator of school engagement; however, other indicators can demonstrate level of school engagement, such as a student's experience of belonging and school enjoyment. These school engagement factors are also reflected in current student wellbeing frameworks. Beyond engagement, student wellbeing also refers to a positive sense of self; positive behaviours and attitudes; safety; positive relations with peers, teachers and caregivers; and skills and mindset to support learning.^{iv}

Given the inter-connectedness of the constructs relating to engagement and wellbeing, **we recommend the development of sub-outcome measures to deliver improvements in engagement and wellbeing.** Research undertaken by CCCH, identified six domains to wellbeing that students need for overall wellbeing success.^v Based on this research, we suggest the following sub-outcomes measures relating to engagement and wellbeing:

- School attendance
- School belonging and safety including students' experience of belonging amongst peers and teachers
- Social and emotional wellbeing, including capacity to regulate emotions and behaviour in age-appropriate ways and prosocial behaviours and opportunities to positively contribute to others' wellbeing and the community
- Resilience including self-esteem
- Experience of discrimination and bullying
- Physical health
- Cultural wellbeing

Students' experiences of discrimination and bullying

Nearly one in four students experience persistent bullying between the Years 3-5, with persistent bullying associated with a 0.80 year loss of learning.^{vi} However, we do not have a comprehensive understanding of children's experience of discrimination and in what form it takes (e.g. racism, cyber-bullying, etc). We recommend that as part of student wellbeing, data on discrimination and bullying is collected to be able to inform evidence-based responses to reducing discrimination and bullying.



Targets in the next National Schools Reform Agreement (NSRA)

The targets in the next NSRA need to clearly align with identified outcomes and sub-outcomes. This enables clear demonstration on how progress on targets reflect attainment of overall student outcomes, objectives of the next NSRA and monitoring improvements for priority equity cohorts. Aligning with our recommendation to include student wellbeing as an outcome, **we support the development of national targets against each outcome and sub-outcome, across learning, wellbeing and engagement.**

Based on the work of the Future Healthy Countdown 2030 initiative (see below for more information), which identified the importance of a developmental and life course approach to the development of child health and wellbeing indicators, we **recommend different targets for primary and secondary schools, acknowledging that developmental and life course approach is important to reflect the different wellbeing needs of students across primary and secondary school years.**

Use of quality lead indicators to monitor progress towards targets

Restacking the Odds (RSTO) is an initiative of CCCH and partners, that aims to drive equitable outcomes by ensuring that children and families can access a combination of high-quality, evidence-informed, community-based services. The work of RSTO suggests lead indicators of quantity, quality and participation embedded through the performance reporting framework for the National School Reform Agreement (NSRA), have potential to support progress towards achieving the outcomes and targets of the next NSRA.

RSTO focuses on five evidence-based platforms and programs in early childhood: antenatal care; sustained nurse home visiting; early childhood education and care; parenting programs; and the early years of school (defined as Foundation Year through to Year 3). These five strategies 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' of children and families experiencing inequities.

Lead indicators are essential for allowing schools and other stakeholders to regularly assess performance and progress, and course-correct quickly when required. While outcome data is the ultimate arbiter of success, lead indicators about which strategies families and children are experiencing and the quality of these services (including education services) allow services (such as schools) to make adjustments and accumulate learning regularly, rather than waiting years to see outcomes.

RSTO has identified evidence-based quality indicators for the early years of school. 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). The full set of indicators and further details on the methodology and findings are outlined in the [Communication Brief](#).

The identification of evidence-based quality lead indicators provides a potential framework to guide quality in schools. Populating the indicators gives practitioners data to better understand performance and select quality improvement initiatives. Embedding lead indicators of quality in the NSRA measurement framework has potential to elicit an array of benefits including:

- At the school/classroom level for continuous improvement, including early intervention.
- At the state or system level to inform decisions on resourcing and support for schools and at the regional level to create learning collaboratives to drive systemic change in response to local context.
- Over time, to track how school processes are impacting student outcomes and inform policy responses at the population level.

Restacking the Odds quality lead indicators for schools be included in the next NSRA Measurement Framework. Please refer to the Restacking the Odds submission for further information.

The development of a national quality framework for schools

As outlined above, we recommend quality lead indicators be included in the next NSRA Measurement Framework. Populating the indicators gives schools data to better understand performance and select quality improvement initiatives, course correcting if needed and not having to wait on long-term outcome measures. Embedding lead indicators of quality in the NSRA measurement framework has potential to elicit an array of benefits at the school and state/system levels as highlighted above.

However to achieve progress on student outcomes, see improvements on targets and ensure schools are delivering quality, equitable, evidence-driven education, we **recommend the next NSRA consider the extension of the National Quality Framework and Standards for Early Childhood Education and Care up into primary schools**. Currently, there is no national quality framework for schools. Each state and territory has its own framework for improving school quality and performance. Each of the frameworks identifies a range of domains thought to reflect school quality and within each of the domains, may suggest improvement strategies. However, the evaluation tools utilised in existing frameworks have significant limitations. These include overly complex structures, reliance on subjective ratings from school leaders and ambiguity of quality indicators compromising the extent to which they are measurable and modifiable. By contrast, the early childhood education and care sector has a National Quality Standard. This sets a national benchmark for quality across the sector and supports continuous quality improvement.



Opportunities for the NSRA to build on existing work to come to an agreed student wellbeing outcome and targets

Encouragingly, there are already several important government initiatives underway, from which the NSRA can build on, to support the development of an agreed overarching student wellbeing outcome, a set of sub-outcomes and targets. These initiatives include the Australian Institute of Health and Welfare's (AIHW) Children's Headline Indicators^{vii}, the project currently commissioned by the AIHW for the development of a national Child Wellbeing data set and the Student Wellbeing Data Project which as part of the current NSRA that aims to support the development of a national approach to understanding and measuring student wellbeing. There is also work underway by Future Healthy Countdown 2030. Future Healthy Countdown 2030 is a collaboration, led by VicHealth and a group of Australia's leading child and youth researchers, clinicians and public institutions with young people as central to the collaboration. Established in 2022, the Collaboration sets out to identify and develop a national monitoring and accountability mechanism for children's and young people's health and wellbeing.^{viii} The collaboration has three goals:

- Ensure young people's voices drive intergenerational accountability
- Highlight the non-health determinants of health, and
- Aggregate, not duplicate existing efforts and action

The Collaborative will achieve this by systematically analysing, tracking and reporting annually in the Medical Journal of Australia (MJA), to 2030, on progress made in Australia towards a nation where no child or young person is denied a healthy future or opportunity to thrive.

A significant benefit of the development of a national student wellbeing outcome and targets is the potential for these outcomes to be included in future iterations of the Measuring What Matters Framework^{ix} - Australia's national wellbeing framework aimed at tracking progress against both social, health and economic outcomes.

Additional priority equity cohorts in the next NSRA

CCCH supports the addition of children and young people living in out-of-home care and students who speak English as an additional language or dialect, as priority equity cohorts in the next NSRA. We also support the continued inclusion of Aboriginal and Torres Strait Islander students; students living in regional, rural and remote locations; students living with a disability and students from educational disadvantaged backgrounds, as priority equity cohorts.

We also agree with the consultation papers observation that not all students who belong to priority equity cohorts are disadvantaged and acknowledge the risk in identifying priority equity cohorts as potentially stigmatising or promoting deficit-based approaches. For example, multilingual students who begin school with proficient English skills, or acquire proficiency in the early years of school, experience similar literacy



and numeracy outcomes by 10-11 years.^x However, multilingual students with underlying language or learning problems may be at risk of having these challenges overlooked, missing opportunities for early intervention to support literacy development.

Given the diversity within priority equity cohorts, government responses should avoid 'one-size fits all' approaches. Instead provide the enabling environment and resourcing at the school, community and teacher levels to support children in strength-based, tailored and responsive way that promotes engagement, wellbeing and learning.

Enabling and supporting evidence-based practice to improve student outcomes, particularly for those most at risk of falling behind.

National annual student census to support evidence-based practice

To be able to realise a national school system that achieves improvements in student outcomes across the three pillars of learning, engagement and wellbeing we propose the development of a mechanism for measuring and monitoring progress towards success. Teachers, schools, systems and sectors currently lack timely and useful data they need to monitor improvements in student outcomes across the three pillars and enable evidence-informed decisions to improve student outcomes.

Currently, there is no national mechanism that measures all three pillars in a nationally consistent mechanism. NAPLAN measures learning outcomes, and states and territories measure student engagement and wellbeing, separate to NAPLAN, at different timepoints, with different student Year-level cohorts and using different tools (e.g. the annual School Entrance Questionnaire in Victorian for Foundation year students; the biannual Tell Them From Me survey in NSW for all students in Years 4-12).

We recommend the development of a nationally consistent mechanism for schools to measure and respond to student engagement and wellbeing. A national wellbeing measure would provide data on the wellbeing of children at the classroom, school, community and state/national level. Enabling precision program and policy responses at each of these levels. **There is potential to integrate this work with the next iteration of the Australian Child and Adolescent Survey of Mental Health and Wellbeing.**



Supporting teachers, schools, systems and sectors to implement evidence-based practices

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 support our proposal for an Agenda of Purposeful Innovation the next NSRA 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.

Investing in data and learning systems to improve quality provision and evidence-based practice

Implementing evidence-based practice requires investment to develop the evidence and better data on how the system is performing. Data provide the crucial feedback loop on what is working and what needs to be improved.

Empowering educators and school leaders with data to improve education delivery requires capability to interpret and act on insights from data, as well as that data being readily available. Alongside a framework to define and measure quality lead indicators as recommended above, we recommend the next NSRA invest in critical data and learning systems to collect, track and act on quality lead indicator data. This is



needed at a school level, community level (for place-based initiatives) and a systems level to embed a culture of continuous improvement. This is a crucial part of the 'glue' that enables coordination and collaboration between schools, services, policy-makers and commissioning services such as PHNs, families and communities to respond to child outcomes.

Supporting schools to meaningfully engage with families of students at risk of falling behind

Parent and carer engagement in learning and school community is an important factor in student learning outcomes, engagement and wellbeing. Yet, schools and teachers face many challenges to providing supporting environments for families disengaged from their child's learning. Building the capability of schools and teachers to engage with families in a respectful and supportive way has been shown to improve parent/carer connection to school and therefore student engagement in their learning. **A review and mapping of evidence-based practice could be part of the next NSRA to identify appropriate family partnership models and training opportunities** that support schools, school leaders and teachers to collaboratively work with families caring for students at-risk of falling behind.

Identifying students at risk of falling behind to enable swift learning interventions – linking Unique Student Identify with the Australian Early Development Census.

The Australian Early Development Census (AEDC) is a nationally representative survey of Australian children in their first year of full-time schooling. The AEDC aims to measure the child development across five developmental domains identified as significant for child development - physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. A child who is identified as developmentally vulnerable in one or more of those domains, are at risk of facing challenges related to learning and school engagement.

With the AEDC undertaken in a student's first year of school, this provides an early intervention window, when a child is 5-6 years old, to understand the developmental needs of an individual child. This would facilitate further assessment and early intervention responses to support learning and wellbeing outcomes of all children identified as developmentally vulnerable and at risk of falling behind.

To identify individual students at risk of falling behind, there is an opportunity to explore linking the Unique Student Identifier (USI) number with a student's Australian Early Development (AEDC) Census result. A trial of this approach could form part of the next NSRA.



Unique Student Identifier – opportunities for longitudinal tracking of student outcomes

CCCH agrees with the risks and benefits raised in the consultation paper relating to the quality, quantity and use of data to track student outcomes and drive reform. We do, however, encourage ambitious thinking in how the USI will enable more accurate, timely and useful data to drive decisions at system, sector, school and community levels. The opportunity for USI to be integrated into data linkage initiatives such as the Multi-Agency Data Integration Project (MADIP) would significantly enhance our understanding of the education, health and social care needs of Australian children. This has the potential to dramatically enhance how we understand the needs of Australian children and drive data-driven policy responses that support the whole child and their families, including priority equity cohorts. USI linkage with other datasets would also enable more rapid policy, service and area-level responses to the wellbeing needs of children and monitor the impact of these responses over time. This also requires continued efforts in optimising safe and efficient routes for researchers to gain access to these valuable data, and ensuring that there is workforce capacity for engaging with these data.

Improving student mental health and wellbeing

Shared language of student mental health and wellbeing

As the National Children's Mental Health and Wellbeing Strategy highlights, to achieve improvements in child mental health and wellbeing, there needs to be a significant and transformative shift in the way we think about child mental health and wellbeing. For too long children's mental health and wellbeing has been seen through an adult mental health lens, leading to a focus on diagnosis and treatment, a narrow understanding of child mental health and potentially stigmatising responses.

The next NSRA needs to reflect this shift in understanding and discuss student's mental health and wellbeing as existing along a continuum, or risk a narrow, diagnosis driven response to student mental health and wellbeing, missing opportunities for integrating prevention and early intervention responses at the school-level. There also needs to be an increased focus on a child's mental health competencies (or strengths) rather than just a diagnosis of mental ill-health. Evidence has shown that a child can be diagnosed with a mental illness and still have high levels of mental health strengths, while there are a group of Australian children who may not require a diagnosis but experience low wellbeing, that also impacts their engagement in school and their learning outcomes.^{xi}



The National Children's Mental Health and Wellbeing Strategy also identifies key objectives and priority actions for how schools and education settings can respond to the mental health and wellbeing of children. There is an opportunity these objectives and priority actions to be integrated into the next NSRA, to improve children's mental health and wellbeing.

Recommendations:

- **next NSRA reflects a broad definition of mental health and wellbeing outlined in the National Children's Mental Health and Wellbeing Strategy**
- Teachers, school-based health professionals and school leaders are supported to increase their understanding of student mental health and wellbeing, as defined in the National Children's Mental Health and Wellbeing Strategy.
- **Next NSRA integrate the priority actions under Focus Area 3: Education Setting of the National Children's Mental Health and Wellbeing Strategy**

Supporting teachers and schools to enhance children's mental health and wellbeing

Supporting teachers and schools to respond to mental health and wellbeing needs of their students by integration of dedicated mental health and wellbeing roles in schools

Teachers recognise that supporting student mental health and wellbeing is part of their role; however, feel ill-equipped to respond to the mental health and wellbeing needs of their students.^{xii} To support student mental health and wellbeing and reduce burden on teachers, **we support the integration of dedicated mental health and wellbeing roles into the Australian school system.** The Mental Health in Primary Schools (MHIPS) initiative provides a potential evidence-based model that through the integration of Mental Health and Wellbeing Coordinator roles, reduces teacher burden and supports teacher capacity to respond to student mental health and wellbeing, increases school capacity to provide comprehensive responses and supports individual student mental health. MHIPS is currently being implemented and scaled to support 1800 Victorian primary schools to build their capacity in mental health from 2023-2026.

Schools as Child and Family Hubs – a place-based response to improving child mental health and wellbeing

Across Australia, many schools are not only places for learning and education but provide for the health and social care needs for the students and families in their community. 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 children and families living in areas of high disadvantage. 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. Responsive to the specific needs of the community, school hubs can provide and reduce barriers for families in accessing the wrap-around learning, health and social care services and support needed to ensure children thrive as well as improve referral pathways for students to access services outside the classroom. Evidence shows that co-located and integrated early years services and primary schools can improve child academic outcomes compared to children attending non-integrated models of care and support.^{xiii} In addition, the National Community Hubs Program (generally based on primary schools) identified for every \$1 invested in the Hubs program, there were \$2.2 in social benefits realised in Australia, indicating that Child and Family Hubs, such as these are an efficient use of investment.

School-based hubs; however, experience delivery, integration and funding challenges, as the hubs need to navigate a complex policy, implementation and funding environments. There is an **opportunity for the next NSRA to be part of the place-based agenda for redressing intergenerational disadvantage and improving child mental health outcomes by contributing to place-based responses and funding the coordination efforts that binds universal platforms of education, health and social care for localised, integrated approaches.** 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.](#)

Partnerships between schools, Local Health Networks and Primary Health Networks to support student mental health and wellbeing

Schools should not be isolated silos. They are important community assets that can meet the local wellbeing needs of children through relationships and partnerships between families, health, early education and care and social services coming together in a community.

Yet schools cannot 'do it alone'. Partnerships between Local Health Network (LHNs) and Primary Health Networks (PHNs) provide an important mechanism to ensuring schools provide each child with the support they need. As part of coordinated, place-based response to improving child mental health and wellbeing, **funded partnerships between schools or school clusters and Local Health Networks and Primary Health Networks should be established.** Such partnerships have the potential to:

1. **Improve area-based planning to respond to child mental health and wellbeing:** One of the remits of Local Health Networks (LHNs) and Primary Health Networks (PHNs) is area-level health service and workforce planning. School-level health and wellbeing data aggregated to LHN/PHN



catchment area would enable LHNs and PHNs to gain a more accurate picture of the mental health and wellbeing needs of children in their catchment. This would ensure LHNs and PHNs can commission health and social care services that are responsive to the needs of children and families and locate such services at schools.

2. **Utilise the expertise contained within PHNs/LHNs build the capacity and capability of the school-based mental health workforce.** With LHNs and PHNs also providing local workforce capacity and capability building opportunities, there is opportunity for LHNs and PHNs to establish and sustain collaborative models of care between teachers and other practitioners spanning health and social care. This would not only support evidence-based, integrated care but establish local referral pathways between schools and local services. Possible examples include:
 - a. facilitating online multi-disciplinary team meetings that bring together teachers and mental health professionals, to provide consistent and integrated care for individual children
 - b. coordinating Communities of Practice (CoP) between teachers and health and social care professionals to improve confidence, skills and capability to support integrated child mental health and wellbeing support. The COMPASS trial^{xiv} has demonstrated that a PHN-led CoP improves knowledge, confidence and capability of primary care and allied health professionals to respond to child mental health and wellbeing and reduce demand on emergency departments. COMPASS is a partnership between Northwestern Melbourne PHN (NWMPHN), the Royal Children's Hospital and the Murdoch children's Research Institute.
3. **Improve evidence-based support for students and increased referral pathways between schools and local health and social care providers by enabling schools to access HealthPathways.** HealthPathways is web-based portal, hosted by PHNs, that provides GPs and primary health care providers with evidence-based information on the assessment and management of common health conditions, including childhood conditions, and guidance on local referral pathways. Trialling access to HealthPathways for school-based providers and measuring the impact this has on care provision and referral pathways could be implemented in the next NSRA.



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