AIFS' response to the draft National Children's Mental Health and Wellbeing Strategy
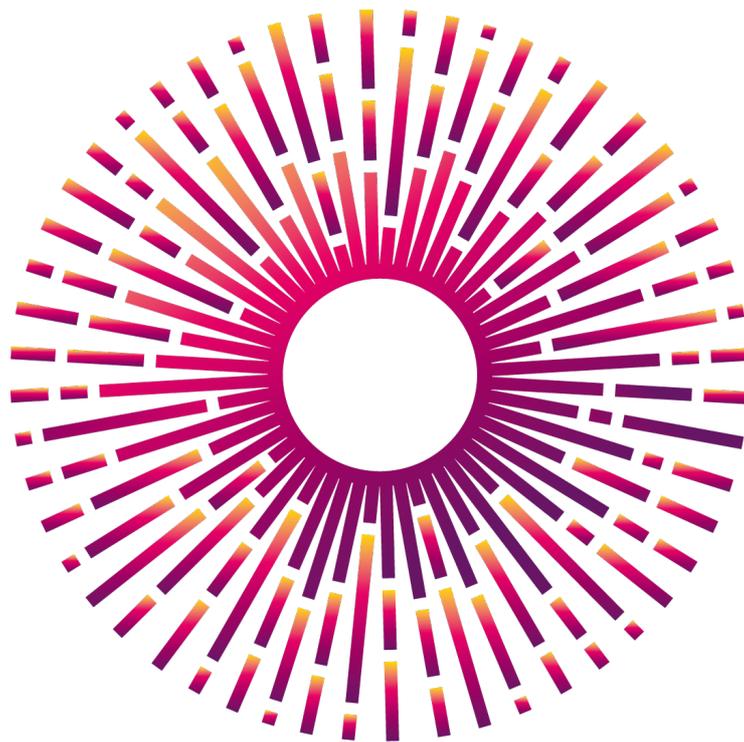
Australian Institute of Family Studies

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Contents

Introduction

The Australian Institute of Family Studies (AIFS) welcomes the opportunity to participate in the public consultation for the draft National Children's Mental Health and Wellbeing Strategy (the Strategy). Given that AIFS has expertise in research and evaluation, this submission focuses on answering the following three consultation questions relevant to Focus Area 4: Evidence and Evaluation (pp. 63–71 of the draft Strategy):

1. What additional indicators of change would you suggest should be included to measure progress against the Strategy's objectives?
2. Are there other challenges to undertaking research on child and family mental health and wellbeing that are not broadly captured in the Strategy? What are they and how would you suggest these challenges be addressed?
3. What further actions need to be taken to encourage more service evaluation in clinical work?

The responses are organised under the relevant question with reference to pages in the Strategy where the information discussed is contained.

AIFS regularly produces resources on children's wellbeing and mental health as part of our partnership with Emerging Minds: National Workforce Centre for Child Mental Health. The Institute has also published reports and studies on the topic using data from *Growing Up in Australia*: The Longitudinal Study of Australian Children (e.g. Baxter, 2012; Daraganova, 2017; Evans-Whipp & Gasser, 2019; Warren, Quinn, & Daraganova, 2020), amongst others. AIFS has also made prior submissions to the Australian Government on mental health issues, including a submission to the Productivity Commission Inquiry into Mental Health (AIFS, 2020b) and a response to the Royal Commission into Victoria's Mental Health System (AIFS, 2020a). The present submission, however, draws on literature beyond that published by AIFS and is based on: i) peer-reviewed publications; ii) grey literature from government or academic sources; and iii) consultations with 13 child and family wellbeing researchers at AIFS.

Given that one of the focus areas of this submission is evaluation, AIFS has also drawn on our extensive evaluation experience; this experience includes family law and the Expert Panel Project, an initiative that helps service providers to plan, implement and evaluate programs for families and children using evidence-based approaches. While these evaluations are not specific to child mental health, many of the challenges identified in the Strategy resonate with the experience of AIFS in other contexts. Hence, the Institute's experience is likely to also apply to the issues discussed in the Strategy and we would be pleased to share more of our evaluation work and experience with the National Mental Health Commission (the Commission) if requested.

AIFS acknowledges that there are established and emerging issues around how the COVID-19 pandemic will continue to affect the economic, physical and mental wellbeing of young Australians into the future and that this submission does not specifically focus on the pandemic's mental health impacts. AIFS is currently working on a program of research investigating the impact of COVID-19 on the lives of Australian families and would be pleased to provide more information on this to the Commission should this be deemed helpful.

About AIFS

AIFS is the Australian Government's key family research body and advisor on family wellbeing. Our purpose is to create and communicate knowledge to accelerate positive outcomes for families. Because when families thrive, Australia thrives.

The Institute is a statutory authority of the Australian Government, established under the *Family Law Act 1975* and commencing operation in February 1980, with an office in Melbourne. AIFS operates within the portfolio of the Department of Social Services (DSS) and is responsible to the Minister for Social Services.

AIFS' research increases understanding of the factors that help or hinder the wellbeing of Australian families. AIFS builds evidence about 'what works for families', which can be translated into action on the ground and plays a critical role in closing the gaps between research, policy and practice. AIFS' research covers a broad range of issues affecting Australian families and involves numerous collection and analytic methods, including quantitative, qualitative and mixed methods. It spans across a number of Australian Government departments, states and territories.

AIFS also manages a number of major, large-scale longitudinal studies that track participants' lives through time at different ages and stages. These studies contribute to a robust evidence base to equip policy makers, researchers and stakeholders with data that help them make progress on some of Australia's most pressing issues.

AIFS impacts policy and practice by:

- providing advice on the design and implementation of policies and services
- evaluating policies and programs (to discover what works for families)
- building the capability of policy and service-delivery agencies to design and deliver evidence-informed services for children, families and communities.

AIFS acts as a bridge between the worlds of research, policy and practice, and this is reflected in the breadth of our relationships. Working in partnership with stakeholders, AIFS provides evidence, translates knowledge and builds capability to address complex social problems and contribute to the design of human-centred policy and services. Our work is built on strong foundations of academic excellence; however, it is not confined to traditional academic outputs. It is designed to meet the needs of end users, and ultimately to benefit families.

Visit our website at aifs.gov.au to explore our work, publications and events, and to discover our research agenda in more detail.

Response to consultation questions

1. What additional indicators of change would you suggest should be included to measure progress against the Strategy's objectives?

AIFS agrees that the indicators presented in the Strategy are important and relevant markers of change against the Strategy's objectives. Our response primarily highlights suggestions for additional indicators of progress against the objectives in Focus Area 4: Evidence and Evaluation (pp. 11 and 70–71 of the Strategy).

Measuring progress against *Objective 4.3: High quality research*

In addition to the Strategy's indicator of the development of new national datasets (Indicator 4.2, p. 70 of the Strategy), we suggest that consistency of measures within these datasets is an important indicator of positive change against the Strategy's objectives. Consistency of measures would also have the potential to support improvements in longitudinal child mental health and wellbeing research more broadly. Consistency of measures applies to both data collected at different ages and developmental stages (for a life-course approach), as well as between datasets and longitudinal studies (Australian Institute of Health and Welfare [AIHW], 2019).

Outcomes for children have typically been captured in separate age-related categories, limiting the potential for the identification of predictors of mental health and wellbeing. Coherent, developmentally appropriate measures from infancy through to adulthood would facilitate the identification of determinants of mental health and wellbeing and enable a greater emphasis on strengths and protective factors, as well as promote rigour in research (AIHW, 2019). We therefore suggest the following indicator be added:

▪ Consistency of measures of infant and child mental health and wellbeing domains across the life course and developmental stages.

Measuring progress against *Objective 4.1: Meaningful data collection* and *4.2: Embed evaluation and feedback*

In our response to the consultation question: *'What further actions need to be taken to encourage more service evaluation in clinical work?'*, we have identified a need for a systematic approach to evaluation capacity building in order to overcome barriers to evaluation and encourage the evaluation of programs and services that promote children's mental health and wellbeing (pp. 11–12 of this submission). In our response we highlight the challenges and potential evaluation capacity building strategies that may be useful in seeking to improve meaningful data collection (Objective 4.1, p. 63 of the Strategy) and to embed evaluation and feedback mechanisms (Objective 4.2, p. 67 of the Strategy).

We suggest the Strategy includes two related indicators that encourage a systematic approach to identifying barriers to evaluation and improving evaluation capacity:

▪ Improved capacity of service organisations and education settings to identify barriers to program evaluation, especially barriers to evaluation of implementation fidelity.

- Extent to which service providers, organisations and workforce undertake evaluative activities; for example, commissioning, planning, data collection, analysis and reporting.

These two additional indicators relate to a systematic approach to evaluation capacity building and would complement the existing indicator *4.3: Degree of implementation of evidence-based child mental health and wellbeing programs, including embedded evaluation and public reporting of results* (p. 68 of the Strategy).

Measuring progress against *Objective 4.1: Meaningful data collection* and *4.3: High quality research*

In the Strategy, existing indicators 4.4 and 4.5 (p. 71 of the Strategy) encourage the involvement of children and families in both evaluation and quality improvement (through feedback) and in research. AIFS commends the explicit inclusion of these indicators that promote the importance of meaningful participation of children and young people. Children and young people have the right to be included in processes and decisions that affect their lives (Australian Human Rights Commission, 2018; UN Convention on the Rights of the Child (UNCRC), Art. 9 and Art. 12). However, as the Strategy has identified (pp. 68–69 of the Strategy), a number of challenges exist to their participation in providing feedback and informing service design, evaluation and research. AIFS suggests the inclusion of one additional indicator to extend the concepts presented in indicators 4.4 and 4.5:

- Extent to which organisational culture (including protocols, knowledge, skills, training) enables participatory research with young people.

2. Are there other challenges to undertaking research on child and family mental health and wellbeing that are not broadly captured in the Strategy? What are they and how would you suggest these challenges be addressed?

The draft Strategy captures many diverse challenges associated with undertaking research on child and family mental health and wellbeing. There are also some additional challenges that the Commission may wish to consider. These are outlined below with suggestions on how they might be addressed.

Further work is needed to promote child- and family-centred participatory research approaches

There has been an increased acknowledgement of the importance and benefits of meaningfully including the voices of children and families in research on their own wellbeing and mental health (e.g. through participatory action research) (AIFS, 2020a, 2020b; Crane & O'Regan, 2010; Goldhagen et al., 2020; Greene & Hogan, 2005; National Mental Health Commission, 2020; Smith, 2015; Thabrew, Fleming, Hetrick, & Merry, 2018). This participation offers a multitude of benefits including supporting the agency and rights of children/families, more effective service delivery and greater real-world impact (Office of the Advocate for Children and Young People, 2019). There remains room for improvement in the frequency and quality with which child- and family-centred approaches are undertaken.

AIFS commends the Strategy's inclusion of the importance of consulting with children and families (e.g. pp. 63, 66–71), and supports placing children and families at the centre of research and evaluation. Suggestions of how child and family participation might be enhanced include:

- explicitly advocating for, and supporting, participatory research and evaluation approaches (e.g. co-design). This could include presenting an argument for the prioritisation of these approaches in relation to research funding, especially given research is often time and resource intensive.
- building the capacity of researchers and research bodies to collaborate with children and their families in research and evaluation; for example, through additional training.

As the Strategy rightfully acknowledges (pp. 21 and 63), participatory research should always strive to close the feedback loop through providing accessible information to children/families on the findings or outcomes of involvement (Carson, Dunstan, Dunstan, & Roopani, 2018; Kaspiew et al., 2014; Lansdown, 2011; National Mental Health Commission, 2020). This is important for a range of reasons, such as optimising child and family wellbeing and maintaining engagement. Given likely barriers to providing such feedback (e.g. limited resources, time and funding of researchers), appropriate funding could be built in to support these activities.

The lack of key population data and coherent measures to support child wellbeing/mental health research

The Strategy highlights that key population data on the mental health and wellbeing of children aged 0–12 years is lacking, and that there is no regular data reporting or collection mechanism (p. 64 of the Strategy) (AIHW, 2020; Bammer, Michaux, & Sanson, 2010; National Mental Health Commission, 2020). This presents a key challenge to child mental health research, in addition to presenting a potential barrier to evidence-informed decision making in relation to funding, resourcing, future planning and policy.

AIFS supports the proposal for actions that focus on building national systems and datasets of key wellbeing and mental health indicators. This initiative would prove even more beneficial if enhanced with the development of a coherent and universally accepted set of measures of child wellbeing and mental health *across the lifespan*. The availability of consistent measures would lead to more rigorous longitudinal studies by providing linkages across different stages of development across the life course.

Finally, a comprehensive mapping of existing child mental health and wellbeing indicators and databases could also be considered, including an overview of the current state of evidence at local, state and national levels to help identify possible gaps, avoid duplication and guide future planning and actions. AIFS is currently undertaking a similar initiative as part of our partnership with Emerging Minds: The National Workforce Centre for Child Mental Health (Project title: Mapping Indicators, Measurement Tools and Databases for the Promotion, Prevention and Early Intervention for Child (0–12) Mental Health).

Shifting research to align with the mental health and wellbeing continuum

Current understandings of risk and protective factors and social determinants in relation to child mental health have been hindered by various limitations of existing research. For example, studies are often limited by reduced sampling of 'at-risk' groups and/or a lack of longer-term data across the lifespan. This presents challenges for identifying and understanding those
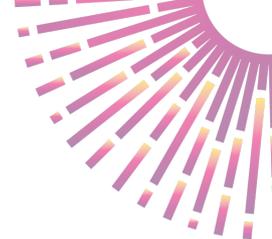
children who might move along the continuum from 'at risk' to 'struggling' or 'unwell' – or children who move to 'healthy' or 'thriving.'

This challenge could be addressed through commissioning longitudinal studies that monitor children and families to identify risk and protective factors at different stages of life (Tollit et al., 2015; Zautra, Hall, & Murray, 2008). Existing longitudinal datasets of children and families, which are often under-utilised, could also be used by researchers to explore these issues (e.g. *Growing up in Australia*: The Longitudinal Study of Australian Children), but this would require removing key barriers to use such as a lack of funding/resources, insufficient knowledge of the data, data access, etc. (AIFS, 2020a). Future studies might also consider over-sampling 'at-risk' groups of children/families (including before children become 'struggling' or 'unwell') to increase the likelihood of their representation at follow-up time points. Adopting a socio-ecological approach where risk and protective factors are considered at a range of levels, including individual, family, school, community and structural levels, would help to paint a more complete picture of effective responses to child mental health (Tollit et al., 2015; Zautra et al., 2008).

While there is a growing body of research that focuses on strengths, protective factors and resilience, these areas have been relatively less researched compared to risk factors and/or deficits (Francis, Ilango, & Shekhar, 2013; Zautra et al., 2008). When working towards the Strategy's continuum-based model of mental health and wellbeing, a focus on these research areas will become increasingly important for building understandings of the 'thriving' and 'healthy' end of the continuum. Such research is also likely to strengthen the knowledge base on recovery and factors that influence how children move from at risk or unwell to resilience or healthy/thriving (Zautra et al., 2008).

The 'evidence to practice' gap and the need for knowledge translation approaches and research–practice partnerships to maximise real-world impact

There continues to be an 'evidence to practice' gap (or 'knowledge to action' gap) whereby research findings, including those on child wellbeing and mental health, are not always translated into everyday practice or policy (Jensen & Foster, 2010; McLennan, Wathen, MacMillan, & Lavis, 2006).

This challenge could be supported through building the capacity of Australian researchers to use a full range of knowledge translation skills to:

1. translate their research findings for the child mental health sector (including for practitioners, organisations and policy makers) with an aim of maximising real-world impact

2. build effective research–practice partnerships that involve continuous feedback loops.

Organisations that specialise in knowledge translation and impact, such as AIFS, could play a valuable role in this development of the research workforce.

The degree to which end users of research (e.g. practitioners) have been actively involved in the research process can influence the extent to which evidence is used in practice and has real-world impact. One of the ways of closing the 'evidence to practice' gap is to provide support for the development of, and offer incentives for, research–practice partnerships, including ensuring adequate funding and resources for such partnerships (Pettman et al., 2012). Knowledge brokers can also have a valuable role in supporting the development of relationships and networks between knowledge producers (i.e. researchers) and end users (i.e. practitioners) (Bammer et al., 2010; Elueze, 2015).

Finally, the 'knowledge to action' gap can be narrowed by investing in translation and communication initiatives and activities that provide the child and family sector with current and accessible evidence on child mental health (e.g. the latest child mental health research, evaluation findings). One such example (also noted in the Strategy pp. 49–50) is Emerging Minds: National Workforce Centre for Child Mental Health, a workforce development project that aims to build the capacity of Australian practitioners and organisations to support child wellbeing and mental health. As a research partner on this project, AIFS contributes by translating sources of knowledge (e.g. research evidence, practice wisdom, expert advice) into professional development resources, including monthly syntheses of the latest research. Another example is 'The Nest', a past initiative by the Australian Research Alliance for Children and Youth that provided practitioners and services with a search engine to identify and explore evidence-based programs.

Gaps in the evidence for and use of evidence-based programs to meet community needs

The Strategy presents a number of objectives, actions and priorities in relation to evidence-based programs, including in Focus Area 4. We suggest that there are additional gaps, with solutions for the generation of program evidence through both research and evaluation, that should be considered in the Strategy.

In addition to the Strategy's emphasis on program implementation fidelity (e.g. pp. 63 and 68 of the Strategy), it is important that further attention be given to the piloting and rigorous evaluation of innovative programs. This will expand the range of available evidence-based programs and practices and allow for the development of programs that respond to the needs of specific communities. Similarly, it may be worth exploring the efficacy and effectiveness of some of the practices that comprise evidence-based programs. This is particularly relevant to allow for careful adaptation and implementation of programs within new communities or settings (Biddle, 2014) while still retaining the evidence-based core.

Additional challenges arise in relation to the use of evidence-based programs in Aboriginal and Torres Strait Islander communities. The general recommendation on the use of evidence-based programs is, as noted, a generally positive one. But as the Strategy identifies (pp. 43 and 65 of the Strategy) there are few such programs specifically developed for Aboriginal and Torres Strait Islander peoples or communities. Further, as the Strategy also notes on page 65, funding requirements and common definitions of 'evidence-based practice' do not always entirely accord with the types of community-based, co-designed evaluation that may be most appropriate for Aboriginal and Torres Strait Islander communities.

AIFS suggests that to build the evidence base for effective service delivery in such a way as to respect Aboriginal and Torres Strait Islander needs, perspectives, world views and values, greater flexibility and thought from funders may be required (in addition to greater input from Aboriginal and Torres Strait Islander communities). Biddle (2014) has suggested that randomised controlled trials are not necessarily unfeasible in Aboriginal and Torres Strait Islander communities and can still accord with principles of Indigenous control and data sovereignty. However, the literature suggests that relatively little research has been done in this area to date.

3. What further actions need to be taken to encourage more service evaluation in clinical work?

AIFS acknowledges that child mental health clinical services evaluation may have unique facilitators and barriers compared to other settings and programs; however, the Strategy also refers to the need for evaluation in wellbeing programs and other non-clinical work. Due to the scope of programs and evaluation needs referred to in the Strategy, we have outlined a number of suggested actions that could be applied to encourage the evaluation of services, programs and other activities that promote child mental health and wellbeing.

Embed incentives and drivers of evaluation

The Strategy (p. 69) outlines a number of actions to drive the evaluation of clinical services: requirements for funded services to build evaluation into the design of programs; evaluation reporting tied to funding; and embedding evaluation as a core component within evaluation settings. Additional funding for evaluation is also essential (Schwarzman et al., 2019) and should be commensurate with the expected standard of evaluation.

AIFS has identified evidence to suggest that national leadership and associated resourcing can be a driver of evaluation and evidence use in the Australian context (Wutzke, Morrice, Benton, & Wilson, 2016). Research also suggests that agencies and organisations who are leaders in evaluation may have a role to play in driving systemwide changes through role modelling, setting standards for quality evaluation, and partnerships with other agencies (Lobo et al., 2018; Lobo, McManus, Brown, Hildebrand, & Maycock, 2010; Schwarzman et al., 2019).

Further, there is a need for greater attention to be given to developing and maintaining data collection systems that support evaluation and ensuring that data and evaluation findings are appropriately used to improve long-term outcomes.

Build capacity of child mental health organisations and professionals for data collection and evaluation

As indicated above, the potential to improve the evaluation of services and programs to promote child wellbeing and mental health is not limited to clinical service organisations and clinicians. The range of organisations (and workforce) that could be expected to engage in data collection and evaluation under the Strategy's Evidence and Evaluation objectives (pp. 63–69) could include education settings, social service and health organisations and other government and non-government agencies. To support the objectives of the Strategy, there is a need to build the evaluation capacity of a range of child organisations and the workforce who engage with children, especially children who may present early signs of not coping or are struggling or unwell.

The quality of evaluation undertaken in Australian health and social service organisations can be variable (Schwarzman et al., 2020), and there is evidence of a range of barriers to evaluation experienced by these organisations (Huckel Schneider, Milat, & Moore, 2016; Lobo et al., 2018; Lobo et al., 2010; Schwarzman et al., 2018). To overcome barriers and improve the quality of evaluation, ongoing investment in building and maintaining evaluation capacity will be essential.

Workforce skill development is needed to enable services and organisations to contribute to high quality evaluation and monitoring and improvement activities. The depth and breadth of

knowledge and skills in evaluation and quality improvement needed to meet the objectives of the Strategy will vary significantly between organisations, services and roles. A systematic and evidence-based approach to evaluation capacity building may include the following actions (Norton, Milat, Edwards, & Giffin, 2016):

- national leadership and coordinated approach to evaluation capacity building
- assessment of the workforce's current evaluation skills and learning needs
- development and dissemination of resources, including guidance materials, toolkits and other educational resources tailored to meet the needs of different workforce groups
- delivery of tailored training that seeks to enhance understanding of basic evaluation concepts, and for skill development in commissioning and participating in evaluation
- implementation of coordinated evaluation support mechanisms, including Communities of Practice, online resource hubs and access to mentoring and coaching support.

The Strategy's attention to developing the capacity of professionals and organisations that work with children to identify, assess and support children at risk of mental health difficulties (pp. 40–41 and 48–51) is a necessary response to the variability in mental health training, supervision and professional development. Since 2014, AIFS has delivered coordinated evaluation capacity building activities to Family and Children Activity service providers through the Expert Panel Project (https://aifs.gov.au/cfca/expert-panel-project). The Expert Panel Project aims to build capacity of organisations and the workforce to articulate the evidence underpinning their programs; use evidence to guide the development and delivery of their programs; and build program monitoring and evaluation into their day-to-day practice. The Expert Panel Project uses a tiered model for capacity building, that is providing universal resources for the families and children's sector and delivering targeted support for specific capacity building activities for evaluation and program planning. The Strategy also cites the example of the National Workforce Centre for Child Mental Health (pp. 17–18); both the Expert Panel Project and the National Workforce Centre could be built upon to support the systematic assessment and delivery of skill development activities for the workforce and organisations delivering services and programs.

Further clarify priorities and provide strategic direction for evaluative activities under the Strategy

The Strategy refers to a range of evaluative activities that encourage the generation of practice-based evidence and have a clear intention for use in decision making and practice improvements. For example, the Strategy covers feedback for quality improvement (p. 67), implementation evaluation for fidelity (pp. 57, 63, 67) and high quality service and program evaluation to identify effective programs (pp. 67, 69). The Strategy's attention to the generation and use of evidence to improve access and equity, deliver needs-based services and facilitate the contribution of children and their families is timely and important. However, given the breadth of evaluation activities described, and the range of organisations who may be required to respond to evaluation activities, there is a need to further articulate and clarify the strategic priorities for evaluation and data collection under the Strategy.

AIFS suggests that to encourage engagement in data collection, evaluation and quality improvement there is a need to further identify priority areas for evaluative activities for each stakeholder group. This needs to be supported by appropriate funding and the provision of guidance on how services and organisations can work towards addressing these priorities for data collection, analysis and reporting against gaps in practice knowledge, in order to create lasting system change. The development of a monitoring and evaluation strategy, including an

evaluation capacity building plan for both services and education settings that sits alongside the Strategy, could be used to convey priority evaluation activities and outline support mechanisms. Evaluation tools, guides and other educational resources may form part of an evaluation capacity building plan (Norton et al., 2016). As outlined above, AIFS delivers the Expert Panel Project, which is an example of a federally funded initiative to provide support and guidance to organisations and workforce working with children and their families. AIFS assists organisations funded under the Department of Social Services' Families and Children Activity to implement evidence-based programs, and generate program-based evidence; AIFS would be well placed to deliver a similar model to build the capacity of organisations and workforce delivering activities for children's mental health. The development of a monitoring and evaluation strategy, including an evaluation capacity building plan for both services and education settings that sits alongside the Strategy, could be used to convey priority evaluation activities and outline support mechanisms. Evaluation tools, guides and other educational resources may form part of an evaluation capacity building plan (Norton et al., 2016).

It is also important that evaluation and monitoring focus not only on individual programs but are applied to broader systems and policy. This may in part be achieved by developing overarching evaluation frameworks, so that program evaluations are coherent and can be assessed against each other. It may also mean that that system responses and policy relating to child mental health and wellbeing should also be evaluated and monitored.

Facilitate child and family participation in evaluation (and research)

The Strategy describes the importance of meaningful child and family participation in the evaluation of services and programs through an emphasis on strengthening feedback to inform service improvements (pp. 67–69). Similar to an increased focus on child participation in research, as we have outlined in response to the previous question (see '*1. Further work is needed to promote child- and family-centred participatory research approaches*', pp. 7–8 of this submission), there is recognition that there are benefits to meaningfully including children's and families' voices in the evaluation of services and programs that seek to support them (Crane & O'Regan, 2010; Goldhagen et al., 2020; Greene & Hogan, 2005; National Mental Health Commission, 2020; Smith, 2015). In order to strengthen the inclusion of children and their families' voices through feedback, participatory evaluation and action research approaches should be considered in the Strategy as robust mechanisms to gather community feedback.

An essential stage of participatory evaluation and feedback gathering, especially in relation to child and family participation, is to facilitate safe and effective participation and to close the feedback loop (Carson et al., 2018; Kaspiew, et al., 2014; Lansdown, 2011). One example of AIFS' experience of child participation is in the Children and Young People in Separated Families Study (Carson et al., 2018). In this study, AIFS found that children and young people sought safe and effective options to participating in decision-making processes, should they wish to do so. Children and young people sought open and ongoing communication to understand what was going on in the decision-making process, the progress and outcomes and to be provided with a feedback loop. This would demonstrate that their views and experiences are important, that they have been heard and they have been considered in the decision-making process (see also Kaspiew et al., 2014).

AIFS also acknowledges that meaningful participation of children in research and evaluation can be resource intensive. Ongoing investment and prioritisation of participatory approaches is

required to overcome challenges to participation, overcome attitudinal barriers and address practitioner, evaluator and researcher skill gaps.

4. Please provide any additional feedback you would like considered regarding the Strategy

AIFS commends the Commission on laying out a comprehensive draft Strategy that puts the needs and wellbeing of children and their families at the centre and emphasises the importance of research and evaluation in monitoring and improving their lives. AIFS welcomes the opportunity to provide a response to the draft Strategy, sharing our knowledge around measurement priorities and approaches, and our experience with the challenges of conducting research and evaluation in similar contexts.

The Institute's submission underlines the importance of embedding a participatory approach, one that includes stakeholder engagement and co-design in evidence activities around child mental health. This approach is so pivotal to obtaining meaningful data that an indicator on organisational capability to undertake participatory activities is suggested. A participatory approach is also an essential component of a holistic approach to the monitoring and measurement of mental health across the life course. AIFS suggests that coherent, developmentally appropriate, rigorous measures of mental health are agreed on and applied to measure wellbeing from infancy through to adulthood across studies. Such an approach would enable the identification of strengths and protective factors in individuals, families and communities, equipping mental health professionals with better knowledge on effective prevention and response.

The Strategy also stresses a greater need for evaluation and the use of evidence-based programs. AIFS agrees with this priority and includes suggestions for encouraging more rigorous evaluation of services, programs and other activities that promote child mental health and wellbeing. AIFS also notes the need for more piloting and evaluation of innovative programs, especially those necessary for effective, flexible and respectful service delivery in Aboriginal and Torres Strait Islander communities. To achieve this end, the capacity to conduct evaluations needs to be improved across a range of organisations who engage with children, especially those who may present early signs of mental health issues. The two-tiered model used by AIFS as part of the Expert Panel Project may prove useful in this regard. The model consists of building capability for program implementation and evaluation in the families and children sector by providing universal resources coupled with targeted support for specific program planning and evaluation activities, such as program logic, program plans, evaluation design, etc. A similar approach could be applied in the child mental health and wellbeing sector. However, first a clearer articulation of the Strategy's priorities for evaluation and data collection, matched with appropriate funding and guidance, are needed in order to meet this objective. Finally, the submission from AIFS laments the continuing gap between evidence and practice and outlines the efforts that are necessary to translate and make available relevant research and evaluation findings to end users in order to improve the mental health and wellbeing of Australian children and families.

This submission refers to longitudinal studies, evaluations, the work of the Expert Panel Project, and knowledge translation capabilities at AIFS that may be useful to the Commission in rolling out the Strategy. AIFS would be more than happy to further discuss this submission and our relevant work with the Commission.
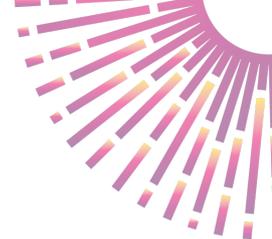
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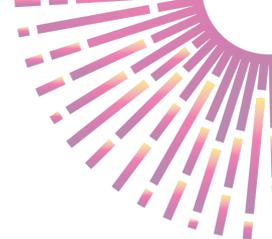
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