



# Submission to Senate Inquiry – The extent and nature of poverty in Australia

## Executive Summary

Poverty in the first 2000 days of life (conception to age 5 years) can have significant negative impacts on a child's lifelong health, development, wellbeing, and educational outcomes. Rather than just being a problem for the individual, the inequities driven by social determinants such as poverty harm society by increasing health service costs and reducing economic productivity. Outweighing this, is the moral responsibility to eliminate child poverty, particularly in a country of Australia's wealth. The early years are the time when investment into prevention and early intervention is most effective and cost-effective. The Centre for Community Child Health (CCCH) is one of Australia's leading research and policy centres focused on understanding and redressing childhood inequities. Our submission focuses on the impact of poverty in the first 2000 days and recommends four mechanisms to reduce poverty for Australian children and families during this critical developmental period.

**“[F]orms of poverty for children in particular have actually risen over the last twenty years.”**  
-Peter Harris AO (2018)

### Summary of responses addressing the terms of reference:

#### Rates and drivers of poverty in Australia for children and their families

- 1 in 6 Australian children live in families with household income below the poverty line.
- At least 1 in 3 Australian families are unable to afford items essential for health (material deprivation).
- 2 in 3 Australian families with children under 5 years of age are finding it hard to make ends meet.

#### The impact of poverty on child health, development and educational outcomes

- Poverty negatively affects infant brain growth.
- Infants in low-income households that receive monthly cash support have shown faster infant brain activity after one year, in a pattern associated with learning and development at later ages.
- Childhood poverty translates to increased risks of poorer socioemotional functioning, school failure, chronic disease, mental illness, reduced economic opportunity, and intergenerational adversity.
- By the time they start school, children living in the poorest Australian suburbs are twice as likely to be vulnerable in one or more early development domains and three times more likely to be vulnerable on two or more domains.
- Poor caregiver (parent) mental health doubles for caregivers experiencing income poverty and triples for caregivers experiencing material deprivation.

#### The relationship between income support payments and poverty for children and their families

- While the mechanisms are complex, increased household income benefits children directly through better food, stable housing, and healthcare (the ‘investment’ model), and indirectly through improved parent mental health and capacity (the ‘family stress’ model).



## Recommendation Summary - mechanisms to address and reduce childhood poverty

- **Recommendation 1 (Prevention):** Increase income supplements for families with young children as an investment strategy into children's health and development now and into the future.
- **Recommendation 2 (Early intervention):** Use existing universal early years services to identify and connect families experiencing or at risk of poverty to financial wellbeing services.
- **Recommendation 3 (Prioritise children):** Commit to an Australian Childhood Guarantee that ensures every child in Australia at risk of poverty has access to the most basic rights.
- **Recommendation 4 (Monitor, evaluate, improve):** Ensure monitoring, quality improvement, and accountability of Government investments in reducing childhood poverty, by including a measure of financial hardship in Australia's national wellbeing indicator with the Department of Treasury and Finance 'Measuring what matters' and Australia's Wellbeing Budget.

## Introduction

The Centre for Community Child Health (CCCH) is one of Australia's leading research and policy centres focused on understanding and redressing childhood inequities. Our submission focuses on **the extent and nature of poverty in the first 2000 days of life (birth to five years)** and recommends four mechanisms to address and reduce poverty during this foundational period. Our submission recognises that the conditions in which a child is born and grows have significant impacts on their lifelong health, development, wellbeing, and educational outcomes. Poverty is a fundamental social determinant of child and family health and development, which can cause lifelong and intergenerational harm. Our submission recommends that the Australian Government prioritise the reduction of childhood poverty by implementing and committing to policies and programs that directly reduce the impact poverty for children and their families in the first 2000 days of life.

## Response to the terms of reference

### 1. The rates and drivers of poverty in Australia for children and their families

The [Royal Children's Hospital \(RCH\) National Child Health Poll](#) is a nationally representative, cross-sectional survey of families with children aged 0-17 years, repeated periodically. Data from 8,000 parents collected by four Polls from June 2020 to April 2022 (all Polls that ask about financial hardship) show:

- 1 in 6 (17%) families with children experienced poverty as defined by<sup>1</sup> (Price et al., 2022a). This is consistent with the proportions published by the Australian Council of Social Services (Poverty in Australia, 2022).
- 1 in 3 (30%) families with children experienced poverty as defined by<sup>2</sup> (Price et al., 2022a).

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<sup>1</sup> Defined as less than \$1,000 per week to approximate the poverty line for families with two caregivers and two children. Note, the Price et al paper describes the first three waves of RCH Poll data. This submission has included the most recent available data from April 2022 with permission from the Poll Director, Dr Anthea Rhodes.

<sup>2</sup> Defined as the inability to afford one or more of eight essential items in the last month: mortgage or rent repayments; electricity, gas, water bills; food; healthcare; prescription medicines; home or car insurance; mobile phone bills; and internet.



The Taking The Pulse of the Nation Survey, conducted by the Melbourne Institute: Applied Economic & Social Research, is a nationally representative survey of Australian adults repeated weekly. Data from June 2020 to September 2021, for adults aged 18-54 years, found:

- 2 in 3 (68%) of Australian families with children younger than five had difficulty paying for essential goods and services or were only 'making ends meet'. Sixty-three percent of families with older children and 60% of families without children experienced the same level of financial stress (Gamara et al., 2021).

## 2. The impact of poverty on children and their families in relation to health and education outcomes

International research into childhood poverty has established that:

- Poverty negatively affects infant brain growth (Hanson et al., 2013).
- Increasing household income increases infant brain activity (Baby's First Years, 2022).
- While the mechanisms are complex, increased household income benefits children's directly through better food, stable housing, and healthcare (the 'investment' model), and indirectly through improved parent mental health and capacity (the 'family stress' model) (Cooper & Stewart, 2020).
- Childhood poverty translates to increased risks of poorer socioemotional functioning, school failure, chronic disease, mental illness, reduced economic opportunity, and intergenerational adversity (Shonkoff & Garner, 2012; Moore et al, 2017; Brinkman et al, 2013).

In Australia, the Australian Early Development Census (AEDC) is a nationally representative survey of early childhood development conducted in the first year of school. An Australian Government initiative, it is collected every three years, for the past 12 years. The AEDC considers five domains fundamental to early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

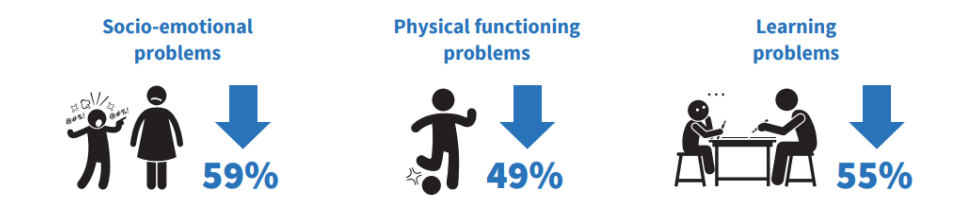
- The most recent AEDC data (2021) show that by the time Australian children start school, those living in the poorest Australian suburbs are twice as likely to be vulnerable in one or more AEDC domains (33.2% versus 14.9% respectively) and three times more likely to be vulnerable on two or more domains (19.1% versus 6.7% respectively).
- Furthermore, there has been a widening of the developmental vulnerability gap between children living in the most and least disadvantaged areas on four of the five domains (all but communication and general knowledge).
- Analysis of linked Australian educational data shows that children who are developmentally vulnerable when they start primary school are more likely to remain behind in education outcomes and are at higher risk of school disengagement and disadvantage (CAH, 2018).

In addition, research with Australian families has shown that:



- Poor caregiver (parent) mental health is doubled for caregivers experiencing income poverty (30% versus 15%) and tripled for caregivers experiencing material deprivation<sup>3</sup> (35% versus 10%) (Price et al., 2022a).

Furthermore, if early disadvantage including poverty is redressed, half of child health and developmental problems in middle childhood can be reduced (Goldfeld et al., 2018). This includes:



Research shows that money invested in the early years offers the best economic and social return (Heckman & Mosso, 2014; Moore et al., 2022). Furthermore, efforts that prioritise families experiencing social adversity (i.e. poverty) achieve the greatest impact and cost-benefit (Heckman & Mosso, 2014). Globally, governments in high-income countries are increasingly understanding the problems of poverty and inequitable policy. “Public expenditure incurred to correct the consequences of childhood poverty throughout a person life is significantly higher than the necessary investments to improve their life chances by supporting them during childhood” (European Commission).

### 3. The impact of poverty amongst different demographics and communities

Impact of poverty amongst sole parent families:

Among different family types, sole parent families have the highest poverty rates, at 35%. Children in sole parent families, with a poverty rate of 44%, are more than three times as likely to live in poverty as children in couple families, who have a poverty rate of 13% (ACOSS, 2023).

Impact of housing stress amongst Aboriginal and/or Torres Strait Islander families:

There is a lack of information on poverty experienced in Aboriginal and Torres Strait Islander families with children. As such, we consider data available relating to housing stress<sup>4</sup>. The percentage of children aged 0-14 years living in households experiencing housing stress is higher among Aboriginal and Torres Strait Islander children (27%) than non-Indigenous children at 23% (AIHW, 2020).

Impact of housing stress on children born overseas:

Similarly, there is a lack of information on poverty experienced by children born overseas. When we consider housing stress, 29% of children born overseas live in households experiencing housing stress compared 23% of children born in Australia (AIHW, 2020).

<sup>3</sup> Defined by the inability to afford items that are deemed essential for health.

<sup>4</sup> Housing stress is experienced when more than 30% of gross household income is spent on housing costs such as rent payments and mortgages. These high housing costs cause increased financial stress and can reduce a household’s ability to provide other living costs, such as food, transport, utilities and clothing (Rowley and Ong, 2012) as well as impact parent/carer mental health.



#### 4. The relationship between income support payments and poverty

A substantial body of research demonstrates that income supplements and increasing household income can effectively buffer families from poverty and improve outcomes for children and families. This includes evidence from international systematic reviews, which have shown:

- Cash transfer program in high- and low-to-middle income countries that were not attached to conditions tended to yield positive effects on outcomes such as birth weight and infant mortality (Siddiqi et al., 2018). Programs that were conditional on use of health services also carried positive effects, while those that carried labour-force participation conditionalities tended to yield no positive effects (Siddiqi et al., 2018).
- Household income has a positive causal effect on children's outcomes, including their cognitive and social-behavioural development and their health, particularly in households with low income to begin with (Cooper & Stewart, 2020). There is also clear evidence of a positive causal effect of income on 'intermediate outcomes' that are important for children's development, including maternal mental health, parenting and the home environment which found strong evidence that income has causal effects on a wide range of children's outcomes, notable cognitive and physical, and especially for households on low incomes to begin with (Cooper & Stewart, 2020).

Analysis of the effects of Australia's COVID-19 pandemic income supplements introduced in 2020-21 demonstrate that:

- In 2020, income inequality and poverty declined during despite the deepest recession in a century and an effective unemployment rate reaching 17%, due to the extraordinary pandemic income supplements (Davidson, 2022). However, by September 2021 there were 1.7 million people on the lowest income support payments (25% more than before the pandemic) and those payments sat below the poverty line (Davidson, 2022).
- In parallel, child poverty rose from 16.2% in the September quarter of 2019 to 19% in the March quarter of 2020, then fell dramatically to 13.7%, a two-decade low, in June 2020 (Poverty in Australia, 2022).
- These findings are supported by data from Australia's RCH Poll which investigated the impacts of Victoria's extended lockdown in 2020 for families with children. This research showed that while the extended lockdown was associated with negative experiences of unemployment and low income, it was not associated with material deprivation, likely due to the income supplements introduced early in 2020 (Price et al., 2022b).

Recent experimental research from the [Baby's First Years study](#) in the United States has shown that financial supplements promote babies' brain activity. Infants of mothers in low-income households receiving \$333 in monthly cash support were more likely to show faster brain activity after one year, in a pattern associated with learning and development at later ages. This is some of the first evidence to demonstrate the direct impact that income supplements can have on child brain development.





## 5. Mechanisms to address and reduce poverty

We propose four mechanisms for reducing poverty and its impact on young children and their families.

### **Recommendation 1 (Prevention). Increase income supplements for families with young children as an investment strategy into children's health and development now and into the future.**

We propose that the Australian Government trial increases to income supplements for families with young children to evaluate the impact of financial investment on infant and child health and development. The cash supplement would need modelling based on existing Australian and international evidence. As the Poverty in Australia (2022) report notes, “Australia's COVID-19 income supplements had inconsistent impacts on different families due to the simplistic design...which took little account of the relative needs of different-sized families. For the same budget outlay, poverty could have been reduced more if the Supplement was better tailored to the needs of different-sized families.”

Work to model the impacts of income supplements is being led by groups such as the [Changing Children's Chances](#) initiative at CCCH, and the aforementioned [Baby's First Years study](#). In terms of the infrastructure required to monitor the child and family impacts of such an investment, the Murdoch Children's Research Institute has already established [Generation Victoria \(Gen V\)](#) – a fast, large-scale, responsive, representative and policy-driven **child and parent cohort research initiative**. Gen V offers the platform for rapidly and effectively testing the impact of initiatives such as income supplements, both now and long-term.

### **Recommendation 2 (Early intervention). Use Australia's existing universal early years services to identify and connect families experiencing or at risk of poverty to financial wellbeing services.**

Despite the known impacts of poverty on children's lifelong health and wellbeing, no Australian service systematically identifies and responds to childhood poverty. Australia's universal, early years services, such as antenatal care, child and family health nursing, and early childhood education and care, offer untapped platforms for systematically identifying and responding to childhood poverty. This approach has been successfully developed and implemented in Scotland for over a decade. Starting in 2010, the [NHS Greater Glasgow and Clyde \(NHS GGC\) engaged health workers in early years services](#) to identify and refer eligible caregivers to money advice workers (equivalent to Australia's existing financial wellbeing services).

Two pre-post evaluations conducted between 2010 and 2013 reported average annual gains per caregiver of £1661 (n=2516) and £1919 (n=2289) (Naven et al., 2012, 2013). The authors reported positive spill-over effects including improved health, housing and quality of life. Since the original evaluations, implementation of the service model has been sustained and integrated into the Scottish Government policy. By 2020, it had generated 27,000 referrals and over £36 million in financial gain for families, and is now cited as a requirement of Scotland's Child Poverty action plan.

In Australia, [Healthier Wealthier Families](#) (HWF) has sought to adapt the Scottish model to the Australian context since 2019 (Price et al., 2021). HWF supports Australia's existing universal child and family health nursing services to identify families experiencing financial hardship who could benefit from early referral to existing freely available, independent financial wellbeing services, before they reach financial crisis. HWF has been developed and pilot tested for feasibility and acceptability in five sites across metropolitan and regional Victoria and New South Wales since 2020-22 and identified the design aspects that contribute a



feasible model for Australian practitioners and families. A new partnership with South Australia's health and social sectors will evaluate the model at scale, with the intention to start in late 2023. We recommend the Australian government invest in trialling the benefits of HWF across various service settings and with a variety of population groups, such as piloting a model to support Aboriginal and/or Torres Strait Islander practitioners and families.

**Recommendation 3: Prioritise children. Commit to an Australian Childhood Guarantee that ensures every child in Australia at risk of poverty has access to the most basic rights.**

As a signatory to the United Nations Sustainable Development Goals, Australia has committed to reduce by half the proportion of children of all ages living in poverty. Achieving this requires the Australian Government to prioritise children who experience poverty in its policy priorities and investments. Given the multiple drivers of child poverty, a coordinated Government response is required that unites Government departments and jurisdictions in reducing childhood poverty. To realise this, we recommend the Australian Government commit to an **Australian Childhood Guarantee**. A Guarantee would ensure every child in Australia at risk of poverty has access to the most basic rights, prioritising Australia's response to childhood poverty and reducing the intergenerational experience of poverty. The Guarantee would involve setting an agreed baseline percentage of Government expenditure in reducing childhood poverty and establishing an agreed set of policy priorities across Government Departments that impact the key drivers of childhood poverty, such as finance, housing, early childhood education and care, education and health.

The [European Commission](#) is leading the way in this area, having established the European Child Guarantee. As part of the European Child Guarantee, member states have developed national action plans on how they will implement the child guarantee, including key targets and timelines, enabling countries to re-focus efforts to reduce child poverty and monitor progress. Australia's [Centre for Policy Development](#) has also developed a guarantee for young children and families. Although focused on childhood development and ensure children have what they need to thrive, the Guarantee is a very strong starting point for the Australian context. The Australian Government can learn from the experience of the European Commission and the Centre for Policy Development in developing a Childhood Guarantee that is responsive to Australia's circumstances.

**Recommendation 4: Monitor, evaluate, improve. Ensure monitoring, quality improvement, and accountability of Government investments in reducing childhood poverty, by including a measure of financial hardship in Australia's national wellbeing indicator within the Department of Treasury and Finance 'Measuring what matters' and Australia's Wellbeing Budget.**

The Australian Government's commitment to a wellbeing budget is an opportunity to ensure monitoring, quality improvement and accountability of Government investments in reducing childhood poverty. The inclusion of a measure of financial hardship within Department of Treasury and Finance 's 'Measuring what matters' Wellbeing budget, will achieve two main objectives:

- Ensure that childhood poverty is measured and monitored. This allows Government, services and programs to monitor the impact of policy decisions for reducing childhood poverty and adapt/respond accordingly – now and for future generations.



- Ensure the long-term monitoring of Australia’s investment in redressing childhood poverty across a lifetime. This enables an assessment of how current policies have impacted future outcomes of the people they were intended to support as children.

We also recommend the need for more reliable data and monitoring of childhood poverty experienced amongst different demographics and communities. As highlighted in our response to Item 3 of the Senate Inquiry’s Terms of Reference, there is a lack of information on the experience of childhood poverty to a range of demographic groups and communities. More reliable data would enable more precision policy responses to preventing childhood poverty and lift children out of poverty.

## 6. Any related matters

### **Alignment between our Recommendations and existing Government policies**

Our recommendations support existing Government policies and strategies that aim to redress child poverty and improve child health and wellbeing, including:

- Safe and Supported: National Framework for Protecting Australia’s Children (Focus Area 1 – national approach to early intervention and targeted supported for children and families experiencing vulnerability and disadvantage), and
- The National Action Plan for the Health of Children and Young People 2020-2030 (Priority Area 1 – improving health equity across populations).
- Australia’s first Early Years Strategy where the Australian Government has an opportunity to make a significant difference to the outcomes of young children.

### **About the Centre for Community Child Health**

The [Centre for Community Child Health \(CCCH\)](#) is part of the world-class Melbourne Children’s Campus, which unites community and clinical care, research, and education. CCCH a research group of the Murdoch Children’s Research Institute, a department of The Royal Children’s Hospital, and an affiliate of the University of Melbourne’s Department of Paediatrics. Our purpose is to **see every child thrive**. To achieve this, we have established a multidisciplinary team of researchers, paediatricians, managers, evaluators and educators with expertise in children’s health, development and wellbeing. For over 25 years, the CCCH has worked collaboratively with families, communities, practitioners, organisations and decision makers to drive sustainable improvements in children’s health, development and wellbeing.

### **Submission Authors:**

#### **Prof Sharon Goldfeld**

Professor Sharon Goldfeld is a paediatrician and Director, Centre for Community Child Health (CCCH) the Royal Children’s Hospital, Co-Group leader of Policy and Equity, and Theme Director, Population Health at the Murdoch Children’s Research Institute. She has a decade of experience in state government as a senior policymaker in health and education including Principal Medical Advisor in the Victorian Department of Education and Training. Her research program is made up of complementary, synergistic and cross-disciplinary streams of work focused on investigating, testing and translating sustainable policy relevant solutions that eliminate inequities for Australia’s children. As an experienced policymaker, public health and paediatric researcher she aims to ensure ongoing effective, rapid translation of research into the policy





and service arena. Sharon currently sits on a number of State and Commonwealth Government Advisory bodies including the Early Years Strategy Expert Advisory Group and has recently presented at the public hearings for the South Australian Royal Commission into Early Childhood Education and Care.

#### **Dr Anna Price**

Dr Anna Price is an experienced researcher and people leader. Her work addresses the early inequities in children's health and development that are driven by adverse social conditions. Anna's appointments include the Erdi Foundation Child (COVID-19) Health Equity Scholar at the Centre for Community Child Health; Senior Research Officer and Team Leader at the Murdoch Children's Research Institute; and Honorary at the University of Melbourne. Through partnerships with services such as Child and Family Health Nursing, government and non-government organisations, Anna evaluates ways to promote the social conditions that are necessary for equitable and lifelong health. Her current projects seek to understand and address financial hardship, poor parent mental health and low social support. Her research methods include large community-based randomised controlled trials, informed by population-level data.

#### **Ms Rachel Whiffen**

Rachel Whiffen is the Mental Health Advocacy Lead and Danielle Besen Scholar in Mental Health at the Centre for Community Child Health at the Murdoch Children's Research Institute. Rachel focuses on advancing policy research in child mental health and wellbeing to ensure equitable child health outcomes and that every child can thrive. This includes CCCH's initiatives spanning parental support, extended nurse home visiting programs for vulnerable families, building the capacity of schools to support mental health and wellbeing, increasing access to mental health care for children, and indirect impacts of COVID-19 on children. Rachel experience spans over 17 years in the health and not-for-profit sectors including senior leadership roles at Cancer Council Victoria, including Quit Victoria where she led initiatives that aimed to increase access to cancer care and reduce the inequitable burden of smoking. Prior to that Rachel roles were in community health settings leading community-level health promotion initiatives.

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