



Australian Government
Department of Health

National Action Plan for the Health of Children and Young People

2020 – 2030

2020-2030

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Foreword

On behalf of the Australian Government, I am proud to be presenting the National Action Plan for the Health of Children and Young People: 2020-2030. I would like to thank all of those who have contributed to the development of this Action Plan – it is essential this collaboration is sustained as we roll out the Action Plan.

As a nation we can be commended for how we support and empower children and young people in Australia. Children born today are expected to live longer than ever before. As a nation we have made significant progress in reducing infant mortality, and we are seeing our children and young people benefitting from increased levels of immunisation and reduced injuries from accidents.

However, we cannot be complacent - the future of Australia depends on our ability to foster the health and wellbeing of the current generation of children and young people, and increasingly this population group faces new health and wellbeing challenges.

Many chronic health problems in adulthood, such as obesity, heart disease, diabetes and mental health issues have their origins in early childhood. Furthermore, we now know that the health of a child starts even before birth, with the health of parents pre-conception and during pregnancy, affecting the health of the baby at birth and through their early years. Investing in early childhood is a powerful investment in our future, with returns outstripping many other forms of investment.

In 2018, I proposed the establishment of an action plan to build on Healthy, Safe and Thriving: a national strategic framework for child and youth health. A framework which sets a national direction for child and youth health in Australia.

This resulting National Action Plan for the Health of Children and Young People: 2020-2030, shines a light on the importance of fostering the health of Australia's future generations. It presents recommendations for action and highlights the need for collaboration between partners, including governments at all levels, the health sector, relevant organisations and children and young people themselves.

Importantly the Action Plan recognises that as a nation we need to invest in both 'universal' and 'targeted' prevention and early intervention in order to address population based health needs. This will help achieve optimal and equitable health outcomes for all children and young people – including those most in need due to social inequalities.

The Action Plan also recognises that children and young people do not exist in isolation, they exist within families. It is these families - and the parents and care givers within these families - that are the most powerful influence on a child's life and development.

The health of children and young people in Australia is fundamental to us all, to the individuals themselves, to their families and communities and to our nation. I commend it to you.

Sincerely



The Hon Greg Hunt MP

Minister for Health

Acknowledgements

We want to acknowledge and thank the 500+ people who have contributed to the development of this Action Plan. Their involvement and expert advice have helped to create this Action Plan and make a difference to the future health of Australian children and young people.

We would particularly like to thank the following people and organisations:

- Allied Health Professions Australia
- Australian Council of Social Service
- Australian Indigenous HealthInfoNet
- Australian Institute of Family Studies
- Australian Medical Association
- Australian Nursing & Midwifery Federation
- Australian Paediatric Society
- Australian Research Alliance for Children and Youth
- Parenting Research Centre
- beyondblue
- Children and Young People with Disability Australia
- Dietitians Association of Australia
- Julie Inman Grant and the Office of the eSafety Commissioner
- Megan Mitchell and the Office of the National Children's Commissioner
- Murdoch Children's Research Institute
- National Rural Health Alliance
- Orygen
- Public Health Association of Australia
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- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- SNAICC – National Voice for our Children
- State and Territory Departments of Health
- Telethon Kids Institute
- The Australian Institute of Health and Welfare
- The Department of Prime Minister and Cabinet
- The Department of Social Services
- The Royal Australasian College of Physicians
- The Youth Health Forum and the Consumers Health Forum of Australia
- Vision 2020 Australia
- Women and Children's Healthcare Australasia

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Executive summary

The health of children and young people is fundamental to the ongoing prosperity and cohesion of Australian society. What happens now has sustained, long term impacts; not only on children and young people's own health outcomes and life experiences, but the future social and economic wellbeing and connectedness of our community.

While there is much to commend in terms of how we currently support and empower children and young people to thrive in Australia, there are also areas which can be enhanced, gaps in equity that should be closed, and growing challenges in certain areas of health and wellbeing that need to be tackled.

With this in mind, The National Action Plan for the Health of Children and Young People (the Action Plan) provides a roadmap for a national approach to improve and ensure the health and wellbeing of all Australian children and young people – providing them with the best start to life. The Action Plan builds upon COAG Health Council's Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (Healthy, Safe and Thriving).¹

The Action Plan seeks to build the foundation for the implementation of a series of policies, interventions and approaches that aim to improve health outcomes for children and young people. These aim to drive action at the national, jurisdictional and local levels in order that priority health needs and inequities in health care are addressed for all children and young people in Australia. The priorities build on the existing strong health infrastructure including universal and primary care services, but suggest where these can be strengthened to better meet the needs of groups of children and address the equity gap.

Through a life course approach, the Action Plan recognises that there are a range of health needs, risks and influences experienced by children and young people at different stages of life, and focuses on the importance of specific investments to maximise physical, mental and social health at every age.

Following a consultative process and review of evidence, five priority areas have been identified to drive change and improve outcomes in order to ensure the health of Australia's children and young people:

1. Improve health equity across populations
2. Empower parents and caregivers to maximise healthy development
3. Tackle mental health and risky behaviours
4. Address chronic conditions and preventive health
5. Strengthen the workforce

The improvement of health outcomes for children and young people is something which can flourish only through effective collaboration and shared contributions made by a wide range of partners. These partners include:

- individuals, carers and families;
- communities;
- all levels of government;
- non-government organisations;
- the public and private health sectors, including health care providers and private health insurers;
- industry; and
- researchers and academics.

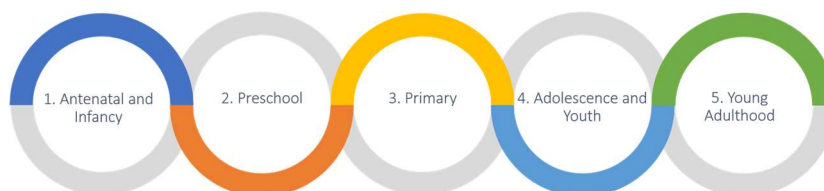
Greater cooperation between partners will ultimately lead to more successful individual and system outcomes. The priorities and actions outlined in this Action Plan are therefore intended to guide partner investment in activities to address the health of Australia's children and young people and should be implemented collaboratively to achieve the best possible health outcomes.

Throughout the life of the Action Plan it is imperative that children and young people feature at its very core. This includes actively engaging, collaborating and reflecting with children and young people so that they are central in determining and shaping the services, strategies and approaches that affect them, and – ultimately – are empowered to be healthy, safe and thriving.

Action plan overview

Ensure that Australian children and young people, from all backgrounds and all walks of life, have the same opportunities to fulfil their potential, and are healthy, safe and thriving

Guiding principles				
Prevention and early intervention	Strengths-based approaches	Supportive environments	Health Equity	Proportionate universalism



Taking a life course approach

Priority areas and actions



<p>Strengthen health service accessibility and reach</p> <p>Expand telehealth GP, specialist and counselling services</p> <p>Enhance health literacy and health-seeking behaviours</p> <p>Improve the evidence base to better target need and efficacy of interventions</p> <p>Implement activities which align with frameworks developed for priority populations</p> <p>Promote and increase uptake of programs directed at the health of children and young people</p>	<p>Implement home-based initiatives that support parents in the antenatal and perinatal stages</p> <p>Better engage families in the early years of child development</p> <p>Enhance mechanisms to support parenting in the middle years and adolescence</p> <p>Increase opportunities to support fathers</p> <p>Harmonise and promote parenting education and information</p> <p>Capture up-to-date data relating to parenting needs and experiences</p> <p>Continue to support parent health and healthy parenting practice</p>	<p>Support positive parental mental health</p> <p>Target the middle years to build resilience and social and emotional coping skills</p> <p>Support life course transitions</p> <p>Strengthen suicide prevention strategies</p> <p>Address mental health conditions among LGBTI+ children and young people</p> <p>Foster communities that support positive mental health</p> <p>Build education and health promotion strategies that target risky behaviours</p> <p>Support respectful relationships and good sexual health</p> <p>Promote effective anti-bullying strategies</p>	<p>Improve awareness of and screening for genetic diseases and childhood cancers</p> <p>Harmonise support for children and young people with chronic conditions</p> <p>Roll-out preventive health strategies that address nutrition, physical activity, overweight and obesity, and sleep hygiene</p> <p>Optimise environments and communities for wellbeing</p> <p>Continue to promote strong oral health</p> <p>Protect Australia's health through immunisation</p>	<p>Develop workforce capacity and capability in relation to trauma awareness and trauma-informed practice</p> <p>Strengthen capacity of the health and family services workforce to prevent youth suicide</p> <p>Support health professionals to identify and address underlying factors that shape health outcomes</p> <p>Support professional development in digital strategies</p> <p>Continue to address health literacy in the health sector and across the workforce</p> <p>Strengthen research and evaluation capacity within the workforce</p>
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Operational Enablers				
Building the evidence base	Improving cohesion and consistency	Supporting and embedding practice translation	Keeping children and young people at the centre	Engaging in collective effort

About the Action Plan

The ongoing prosperity and cohesion of Australian society revolves around the health and wellbeing of our children and young people. While much has been achieved to improve health outcomes for young Australians in recent years, we know that as a country we could still do better. Some health outcomes are flatlining, other challenges are emerging, and inequities across populations persevere.^{2 3}

This Action Plan has been produced as a roadmap for enhancing the collective health and wellbeing of Australia's children and young people. It has been developed through a consultative process that considered the latest evidence in relation to child and youth health and drew on contributions from health experts from across Australia, members of the health sector, and the wider community.

The Action Plan aims to drive improvement in the health of all children and young people in Australia across the life course, noting challenges of disparity and inequity in health outcomes between individuals, areas, and different sections of the population. It is a call to action and a tool for action, guiding collaborative and cohesive approaches to a set of key priority areas that can better ensure that Australian children and young people, from all backgrounds and all walks of life, have the same opportunities to fulfil their potential, and are healthy, safe and thriving.

The Action Plan has been developed to guide efforts and approaches for the period 2020-2030. Periodic reviews of the evidence underpinning action areas will be undertaken during the life of the Action Plan. As time elapses, priority activities and timeframes for implementation will be reassessed and refreshed, to ensure efforts are invested effectively, efficiently, and where needed.

The Action Plan is relevant to children and young people aged from 0-24 years. The Action Plan recognises that the antenatal period, and pre-conception period, are also key to optimal health for children and young people.

Why we need an Action Plan

An Action Plan for the health of children and young people recognises the unique influences that occur during this period of life, the dynamic health needs of children and young people as they develop through the life course, and their divergent experiences within health systems and environments over this time.

The need for an Action Plan for children and young people reflects cumulative knowledge and evidence that what we do now matters for the future of our society. Despite an improving trend in population health outcomes in the last century⁴, it acknowledges a need to tackle gaps and inequities in health outcomes for children and young people, and to address emerging challenges in certain domains of health and wellbeing. The Action Plan manifests as a means to focus and shape collaborative efforts from partners across the health sector and wider society, to more effectively address priorities and implement activities collectively. Action from everyone matters and continued action is needed.

There is a clear opportunity to shape a better future...

There is compelling evidence that what happens during childhood and adolescence goes on to affect long term individual health outcomes.^{5 6} Early childhood in particular offers a crucial 'window of opportunity' for investment and early intervention, not only to prevent or reduce adverse outcomes but to maximise the life chances of children and young people so that they can thrive.⁷ Adolescence too represents a vital period for development, in which biological and psychosocial changes present a 'window of vulnerability' through which pathways can be set – positively or negatively – towards lifelong health outcomes.⁸

Beyond the long term individual impacts, there is a clear social and economic rationale to sustain and enhance the health and wellbeing of all children and young people. The ability of adults to participate fully in society will be largely shaped by their experiences in childhood. Cost-benefit analyses demonstrate a positive return on investment for health programs and interventions in childhood, acting as a powerful equaliser for children and young people experiencing disadvantage.^{9 10} When we invest wisely in children and young people, the next generation will pay that back through a lifetime of productivity and responsible citizenship.¹¹

Perhaps above all this there is a moral imperative for us to act. Children and young people are important, and we have a commitment to protect, nurture and ensure they are able to develop to their fullest. Children and young people deserve the opportunity to reach their potential so that they can prosper as much or more than those before them have.^{12 13}

We have a good understanding of how and when we can make a difference...

There are known risk and protective factors underpinning the health outcomes of children and young people across the life course (Figure 1), many of which are malleable and can be influenced by timely, effective interventions. We can therefore affect change by seeking to prevent or reduce key risk factors and working to enhance the presence of protective enablers that will support children and young people to thrive.

Figure 1: Key risk and protective factors for child development and health outcomes^{14 15}

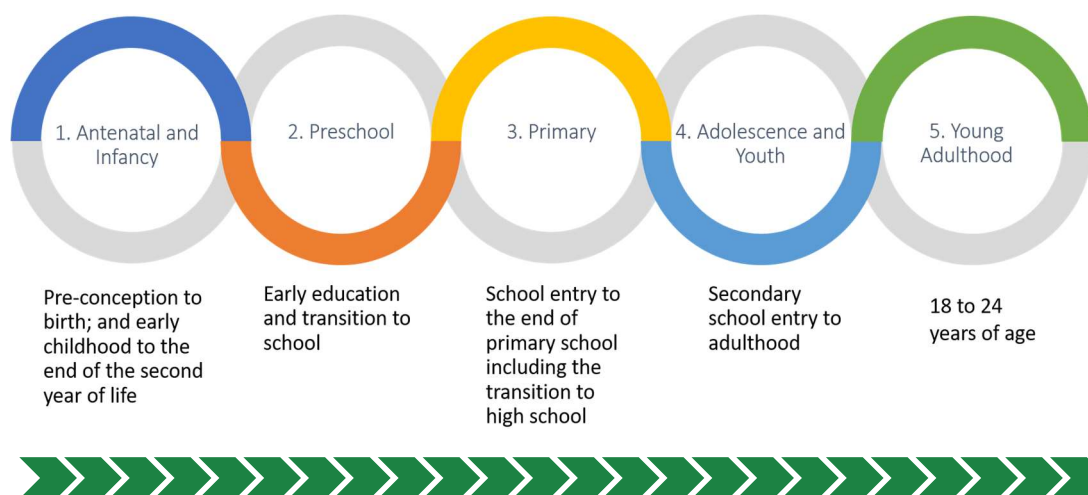
	Key risk factors		Key protective factors	
Individual child	Low birthweight Disability / delayed development Chronic illness	Early behavioural difficulties Poor social skills Poor attachment	Social skills Easy temperament At least average intelligence	Attachment to family Independence Good problem-solving skills
Parent / carer(s)	Single parent status Young maternal age Lack of stimulation of child Lack of warmth and affection Rejection of child	Abuse or neglect Drug / alcohol misuse Harsh or inconsistent discipline Physical or mental illness	Competent and stable care Breastfeeding Positive attention from parents	Supportive relationships with other adults Values and belief systems
Family	Family instability Marital disharmony / divorce Absence of father	Large family size / rapid successive births Very low level of parental education	Family harmony Positive relationship with extended family	Small family size / spacing of siblings by more than 2 years Family income
Community	Socioeconomic disadvantage Poor housing	Isolation Absence of peer and social supports	Positive social networks and peer support Participation in community activities	Access to opportunities (e.g. education)
Societal / system	Environmental conditions	Unstable economic conditions	Freedom from discrimination High quality universal programs	Child and family friendly policies

We also know, from a significant body of evidence developed in recent years, what some of the optimum opportunities for affecting positive change in relation to these factors are:

- Through strengthening **prevention and early intervention in the first 2000 days**, given neuroscience tells us this is when we can have most impact;
- By enhancing **parenting support and skills** development to help all children and their families thrive across and between life stages, in light of effective parenting being able to mitigate against other risk factors and determinants of health; and
- By focusing on promotion and programs supporting **positive social and emotional wellbeing and preventive mental health**, given development of such skills enables children and adolescents to respond and adapt to emerging challenges as they progress through the life course.¹⁶

To increase the effectiveness of what we do to address risk and protective factors, there needs to be a strategic focus on intervention points across the life course. Health care policy, research, planning, and service delivery must be age-appropriate and adapted to respond to the changing developmental needs and experiences of children and young people at different stages. Taking both a universally proportionate and life course approach (Figure 2) means coordinating and focusing activities so they are focused in a way that works to reduce health risks and inequalities at the point at which they are most likely to occur.

Figure 2: Key life stages, risks and intervention focus for children and young people ^{17 18}



Leading causes of burden of disease	Infant & congenital conditions are the dominant burden at this stage	Mental & substance use disorders Injuries Infectious diseases peak at this stage	Mental & substance use disorders increase substantially at this point Respiratory diseases peak Injuries Skin disorders emerge	Mental & substance use disorders persist Injuries emerge as an increased burden at this stage Respiratory diseases begin to decline as burden Skin disorders Musculoskeletal conditions emerge as greater burden	
Select health intervention focus points and pathways	Pre-conception and antenatal care Breastfeeding preparation & promotion Maternal alcohol use & smoking cessation Maternal mental health Parenting skill development Access to health & social care Nutrition	Parenting skill development Social & emotional wellbeing Nutrition Physical activity Obesity prevention Access to health & social care	Parenting skill development School-based nutrition Physical activity Obesity prevention School-based social & emotional learning Participation in sport & community activities	Parenting skill development School-based health & wellbeing Behavioural management Substance misuse prevention Sexual health Mental health promotion Suicide prevention Prevention of risky behaviours	Access to adult health services Young parenthood Sexual health Mental health promotion Suicide prevention Substance misuse prevention Prevention of risky behaviours Civic participation Relationship support

It is recognised that across the life course there are several key transition points which further influence outcomes in child and youth health. Therefore, we need to take into account the important transitions over the life course where support needs will be greater and where more help-seeking naturally occurs (e.g. becoming pregnant, entry into early learning, starting school, transition to high school).

As risk factors can accumulate for children and young people around these transitions, this is a prime opportunity for interventions which enhance protective factors and support positive outcomes. However, stronger prevention measures will likely involve intervention before these transitions occur, and as such, actions which relate to programs or services which build awareness, resilience or skills in the preceding time periods should be considered (e.g. prenatal interventions to support early years development, prevention of mental health issues in adolescents via programs targeting the middle years).¹⁹

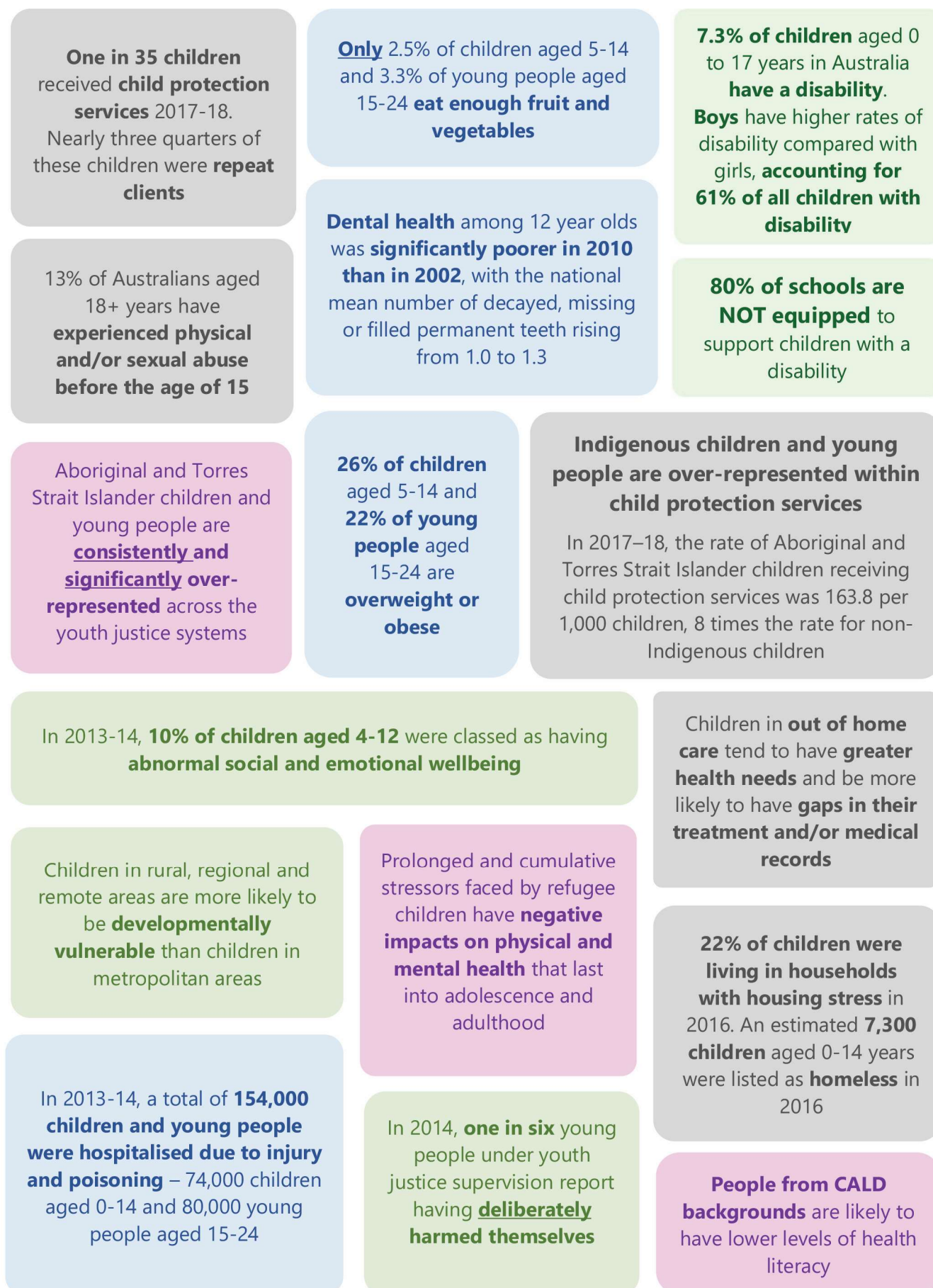
There is room for improvement...

Despite some significant achievements improving health outcomes for children and young people, there are areas which lag behind and growing challenges to address. Progress has been made in areas such as infant mortality, substance use, injury deaths, and the provision of antenatal care; however, Australian children and young people are now more likely than ever before to be overweight or obese, are less likely to be predominantly or exclusively breastfed at six months, and increasingly face homelessness.^{20 21 22}

A growing concern is the mental health of our children and young people. The 2017 *Youth Mental Health Report* found that one in four young people are at risk of serious mental illness, with risk increasing as adolescents age and more prominent among Indigenous Australians and young women. Furthermore, the number of deaths by suicide of young Australians in 2015 was the highest it has been in ten years.²³

A selection of measures related to the health of children and young people in Australia are presented in Figure 3. These demonstrate a number of ongoing challenges and some concerning trends, across domains of physical and mental health, childhood development, child protection, justice and welfare. They illustrate that, while much has been done, there is still much more that can be done for all children and young people to be healthy, safe and thriving.

Figure 3: The health of Australia's children and young people at a glance^{24 25 26 27 28 29 30 31 32 33}



Health inequity persists...

There is no 'average' child or young person where health is concerned. Health inequities emerge as a result of many different factors, including geography, health literacy (both a combination of an individual's skills and abilities and the healthcare environment), culture, social and economic circumstances, and individual characteristics. These inequities often appear early and increase along a clear social gradient, widening the health gap between the most and least disadvantaged as the life course progresses.³⁴

Certain populations are especially prone to health inequity as a result of social, geographical and other determinants (Figure 4). Many children and young people also fall within multiple 'priority' population groups, something which can have a compounding effect on their health needs and outcomes. For example, many Australians from rural and remote backgrounds also have a lower socioeconomic status, may identify as Aboriginal and Torres Strait Islander or from a culturally and linguistically diverse background, and may have experienced violence and/or abuse. Furthermore, these population groups are often disadvantaged with respect to accessing healthcare. Each of these factors singularly and collectively impact on their health and health needs.^{35 36}

Positively, there are opportunities to tackle health disparities experienced by these populations by working to address the causative factors underpinning their inequity. This is especially the case if actions are taken early in childhood, with greater potential to shift health trajectories and disrupt intergenerational cycles of disadvantage.^{37 38} Through focused health policy design, education and service delivery concentrated on the particular needs and circumstances of priority groups of children and young people, there is substantial scope to improve health equity, not only among children and young people, but also across the whole population.

Figure 4: Priority population groups of children and young people

Priority Group	Select Health and Wellbeing Indicators
Children and young people from rural and remote areas	<ul style="list-style-type: none"> People living in rural areas have shorter lives and higher levels of illness and disease risk factors than those in major cities. Key determinants for this are poorer access to goods and services, fewer educational and employment opportunities, and lower levels of income.³⁹ People living in rural and remote areas have higher rates of chronic disease and mortality, have poorer access to health services, are more likely to engage in behaviours associated with poorer health, and are over-represented in the child protection and youth justice sectors.⁴⁰
Aboriginal and Torres Strait Islander children and young people	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander children and young people are more likely to experience poorer health and health outcomes than their non-Indigenous counterparts. For instance, when compared to their non-Indigenous counterparts, Indigenous children and young people are: <ul style="list-style-type: none"> twice as likely to be developmentally vulnerable in one or more areas; consistently and significantly over-represented in child protection and youth justice; nine times as likely to be in out-of-home care; 1.6 times as likely to be obese; and less likely to have ever received breastmilk.⁴¹
Children and young people born into poverty	<ul style="list-style-type: none"> Almost one in six children and young people live below the poverty line.⁴² The risk of poverty for children and young people in sole parent families is three times that for children in couple families.⁴³ Low family income can increase emotional distress within a family, adversely affect parenting practices and leading to behavioural problems in children and young people.⁴⁴ Deprivation of basic material needs can reduce a child's engagement in school, in turn impacting a child's development and educational opportunities.⁴⁵
Children and young people from culturally and linguistically diverse backgrounds – including those from refugee and asylum seeker families	<ul style="list-style-type: none"> Persons from culturally and linguistically diverse backgrounds experience cultural barriers when trying to access health facilities and resources.⁴⁶ Around half of all humanitarian arrivals to Australia are aged less than 18 years.⁴⁷ The prolonged and cumulative stressors placed on children and young people from refugee and asylum seeker families can have lasting and negative impacts on physical and mental health of children, many of which last into adulthood.^{48 49}

Priority Group	Select Health and Wellbeing Indicators
Children and young people living with disability and chronic conditions	<ul style="list-style-type: none"> Children and young people living with disability are more likely to be deprived across multiple wellbeing domains, most commonly health, education and participation.⁵⁰ Approximately 85% of children and young people with a disability attend mainstream schools, however more than 75% of school principals report not having enough resources to meet the needs of students with a disability.⁵¹
Children and young people who experience violence and/or abuse	<ul style="list-style-type: none"> 1 in 8 Australian adults experienced physical and/or sexual abuse before the age of 15.⁵² In 2016–2017 there were 67,968 substantiations of child abuse and neglect, a 27% increase since 2012–2013. This included emotional abuse (48% of substantiations), neglect (24%), physical abuse (16%) and sexual abuse (12%).⁵³ Between 2002–2012, family violence resulted in 238 cases of children and young people being killed by their parents.⁵⁴
Children and young people living in out of home care	<ul style="list-style-type: none"> The number of children and young people living in out of home care has risen every year over the past five years, increasing by 7,366 (18%) from 30 June 2013 to 30 June 2017.^{55 56} Placement instability can have significant adverse effects on children and young people. Continued instability is associated with poor educational, employment, social, psychological, behavioral and emotional outcomes. Experiencing multiple placements can also affect a young person's capacity to develop and maintain relationships.^{57 58}
Incarcerated children and young people	<ul style="list-style-type: none"> People involved in the justice system often have significant and complex health needs. Compounding this is the over-representation of other already vulnerable groups, such as Indigenous Australians, within this population.⁵⁹ Those in youth justice have increased risk of developing serious and chronic mental illness.⁶⁰ Young people on remand have poorer mental and physical health, higher prevalence of suicidal thoughts and behaviours, greater family adversity, poorer school attendance, and emotional/behavioural problems interfering with schooling and social activities.⁶¹
Children and young people who identify as LGBTI+	<ul style="list-style-type: none"> Australians identifying as LGBTI+ face health disparities in terms of their mental health, sexual health and rates of substance use.⁶² They are significantly more likely than non-LGBTI+ Australians to have a high or very high level of psychological distress – 55% of 16–24 year old women and 40% of 16–24 year old men experience psychological distress at this level (compared with 18% and 7% respectively among heterosexual peers).⁶³ LGBTI+ people have the highest rate of suicidality of any group in the country, with the average age of a first suicide attempt being 16 years.⁶⁴
Children and young people who experience homelessness	<ul style="list-style-type: none"> Prevalence of mental health conditions is high among homeless young people, with 53% reporting being diagnosed with at least one mental health condition.⁶⁵ Young people who had experienced homelessness were more likely than those or not to be concerned about family conflict, depression, coping with stress, and suicide.⁶⁶ Overall, homeless young people exhibit much lower rates of sport and exercise than other young people.⁶⁷

Aboriginal and Torres Strait Islander children and youth

Across the entire Australian population, there is a need for a greater focus on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander populations are more likely to experience significantly poorer health and health outcomes than non-Indigenous populations. These poorer health outcomes extend across many key areas including life expectancy and mortality, incidences of mental illness and chronic conditions, health risk factors, such as smoking, alcohol, physical inactivity and unhealthy eating habits, sexual health, child and maternal health; and potentially avoidable deaths and hospitalisations.⁶⁸

The Action Plan aligns with the National Aboriginal and Torres Strait Islander Health and Implementation Plans 2013–2023, the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families 2016 and the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026. This Action Plan also acknowledges the Australian Government's commitment to Closing the Gap.⁶⁹

We need to work together...

Families, parents and caregivers are the most powerful influence on a child's life and development. However, there is a broader role and responsibility for all of us to foster and sustain the conditions in which families and children are thriving. This responsibility extends from the family to the wider community, business and non-government organisations, academia, the media, and all levels of government.⁷⁰

Efforts to enhance the health and wellbeing of children and young people will be most effective when there is cohesive and coordinated purpose and action undertaken by all the partners involved in nurturing and developing a child. This includes governments, clinicians, program managers, community health organisations, policymakers, funders, peak bodies, non-government organisations and individuals. Developing a shared vision underpinned by a clear set of common goals, priorities and implementation activities to focus efforts and foster collaborative, joined-up partnerships is therefore pivotal.⁷¹

Presently it is challenging to assess the effectiveness and quality of child and family service systems in addressing the health of children and young people. There is no doubt that much is being done and many strategies, programs and interventions are making a difference for many children and young people. However, are these all pulling in the same direction, complementing one another and building a holistic, evidence-informed system of service and support? Reviews suggest probably not, and that – though challenging – more could be done to reach a more collaborative and cohesive state.⁷²

The role of research, evaluation, data and practice translation is particularly important to support a more effective, efficient and quality-driven system for child and youth health. The development of an intelligent learning system, drawing on and measuring common outcomes, embedding a data-driven approach, improving capture and use of data, and building data analysis capacity would be valuable in this regard. Establishing a shared and consistent practice model, identifying and building on existing good practice and evidence-based interventions is also an important feature to improve collective efficiency of service systems.^{73 74}

Priority areas

Public consultation, consultation with experts in a range of child health and wellbeing fields, review of available evidence and analysis has been undertaken to establish **five key priority areas** which can make headway on ensuring that all Australia's children and young people are healthy, safe and thriving.

The priority areas reflect evidence about where we can best focus our attention to make a difference on the determinants, risk, and protective factors shaping and supporting child and youth health. Each of these priority areas contributes towards the overall purpose of the Action Plan and together will deliver a multifaceted approach to provide equitable healthcare and improved health and wellbeing outcomes.



Within these priority areas a series of key actions have been identified to drive efforts, along with a number of approaches and activities that can be implemented to support each action. Several of these align with actions identified within other national frameworks addressing health and wellbeing among priority populations and in areas of health which affect children and young people (Appendix A).

The five priority areas are inter-related and are of equal importance. Many of the health inequities that exist, and many of the conditions that present in priority populations, can only be addressed if significant progress is made across all of the priority areas. Attention must be paid to all five areas in order to achieve real progress.

Importantly, however, the implementation of actions and activities related to these areas must be coordinated, prioritised and periodically reviewed across the life of the Action Plan to ensure that priority populations are adequately and appropriately targeted, increases in demand for services are able to be met, and all services are truly universal.

Guiding principles

The priority areas, actions and activities identified in the Action Plan have been guided by five key principles identified previously in *Healthy, Safe and Thriving*. That is:

- Recognising **prevention and early intervention** as best practice for achieving optimal health outcomes;
- Considering **strengths-based approaches** to child and youth development;
- Taking into account the context and **environment** in which children and young people grow up;
- Being guided by principles of **health equity** to ensure all Australian young people can be healthy, safe and thriving; and
- Applying a lens of **proportionate universalism** to actions and activities, so that it reflects universal health provision but is also proportionate to need.⁷⁵

Priority Area 1: Improving health equity across populations

All children and young people, no matter where they live or who they are, should have the same opportunities to live a healthy life. We must continue to evolve strategies and actions to reduce health inequity and lift health outcomes for all, with increased focus on the priority populations who are not faring as well.

Why is this a priority?

Indicators demonstrate considerable disparity in health outcomes for children and young people across Australia, with particular populations at greater risk. Health inequity stems in large part from a series of **social and other determinants**, such as location, socio-economic status, housing, parental education, and access to resources. Many of these are co-related and children and young people are often exposed to multiple determinants which compound their inequity.^{76 77 78}

Inequity in health outcomes often runs parallel with **inequitable infrastructure and access to health services and interventions**. This means that those who are most in need of services are often the least likely to access them.⁷⁹

One of the reasons for this relates to availability of services for certain priority populations. For instance, children and young people in rural and remote Australia (who are also more likely to be living in poverty, be Indigenous, and in single parent households) live in areas with a lower proportion of health professionals per head of population, particularly limiting access and choice of specialist early childhood intervention services, allied health care, dental care, and mental health support. Consequently, they can face significant travel time and cost to access services that are not locally available.^{80 81 82}

Beyond availability, other intrinsic barriers to access of services and support among such populations are apparent. These stem from individual and community self-efficacy, norms, and beliefs, including health literacy, stigma associated with certain conditions and accessing services, and cultural disconnect.^{83 84 85}

What can be done?

It is recognised that the complex and intersecting factors associated with inequitable health outcomes reach across multiple domains and addressing these will never be achieved by the health system in isolation. As noted elsewhere, systemic responses are required across communities and governments to address these multifaceted determinants of health among priority populations.^{86 87}

A number of national frameworks have been instigated to address health gaps within specific priority populations. This includes the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families*, *National Framework for Protecting Australia's Children 2009-2020*, *National Strategic Framework for Rural and Remote Health*, and the *2010–2020 National Disability Strategy*. Multiple priority areas and actions within these frameworks are targeted at improving health outcomes and service access for children and young people, as well as tackling the social determinants underpinning inequity.

In addition to the above frameworks, there are also numerous health programs in Australia targeted at improving health outcomes for children and young people – e.g. the National Immunisation Program, the Child Dental Benefits Schedule. Uptake of these programs within priority and disadvantaged populations is often lower than for the general population – the result of barriers such as access issues and lower health literacy. Focusing effort to increase the uptake of these existing programs within priority populations, and if fact all populations, will go some way to providing for enhanced and more equitable health outcomes.

The priority actions outlined below reflect strategies that cut across different priority populations and offer means by which health equity can be improved for many of these groups. This includes approaches which:

- Consider the role of **integrated, user-centred models of health service delivery** for children, young people and their families as a means to enhance access and service touchpoints, and to optimise engagement and 'buy in' from target populations.^{88 89}

- Further evaluate and identify effective practice implementation for **place-based and community-led initiatives** to tackle the social determinants of health underpinning inequity, drawing on promising outcomes emerging from a number of trials and initiatives that have been rolled out in Australia.^{90 91}
- Explore ongoing innovations in technology – and the growing role of **telehealth** – to boost access to health services for children and young people across Australia.^{92 93}
- Promote **health literacy** and **health-seeking behaviours** among children and young people to help close the gap in inequity.⁹⁴
- Strengthen the **evidence base** for identifying inequity and delivering effective, quality interventions targeted at priority populations.^{95 96}

Action	Detail
Strengthen universal health service accessibility and reach with a focus on integrated, child and family-centred models of care	<ul style="list-style-type: none"> ▶ Advocate principles of patient-centred care for children and young people, respecting the perspectives of children and young people in the co-design and evaluation of services which affect them ▶ Develop strategies for proactive inclusion to boost engagement with different priority populations who often face additional barriers to accessing health services ▶ Trial flexible and emerging innovative components of health service and program delivery, evaluating their impact on engagement with target audiences (e.g. appointment times, co-location, transportation to services) ▶ Foster safe services and service environments, including access to cultural competence training and strategies for program deliverers, service providers and other professionals delivering services and interventions for children and young people ▶ Assess and evaluate the provision and reach of Child and Family Centres – including Indigenous Child and Family Centres – to identify and address unmet need, especially in areas of greatest socioeconomic disadvantage
Expand telehealth GP, specialist and counselling services to improve access for all Australia's children and young people	<ul style="list-style-type: none"> ▶ Expand the Better Access initiative, which provides video-conferenced mental health services to people in regional, rural and remote areas ▶ Include children and young people in the test bed pilots of the <i>National Digital Health Strategy</i> where appropriate, e.g. chronic disease management, telehealth⁹⁷ ▶ Support states and territories in evaluating telehealth services through the telehealth test bed, addressing barriers and committing to embed telehealth into clinical practice, particularly in regional, rural and remote areas ▶ Develop consistent national standards for telehealth services focusing on children and young people

Enhance health literacy and health-seeking behaviours through universal and targeted mechanisms	<ul style="list-style-type: none"> ▶ Incorporate co-design and engagement of children and young people in development of approaches, tools, and communications promoting health literacy and health-seeking behaviours ▶ Continue delivering health promotion campaigns to build health literacy and health-seeking behaviours, ensuring they are targeted and tailored for children and young people at different stages through the life course ▶ Target health literacy interventions at priority populations, taking into account background, culture, language, communication behaviours and learning styles ▶ Embed a consistent translation standard for all health information developed for people for whom English is a second language ▶ Build on and trial innovative ways to provide education about health within migrant and refugee programs, building awareness and efficacy relating to local healthcare systems and services available, e.g. health service tours for refugees and migrants ▶ Assess current approaches and trial additional strategies and resources to support school-based health literacy education ▶ Engage with parents and caregivers to build health literacy – to ensure that they are motivated and capable of accessing, understanding and using accurate health information for the benefit of their children
Improve the evidence base to better target need and efficacy of interventions	<ul style="list-style-type: none"> ▶ Assess effective approaches and strategies to engage priority populations in research and consultation so that they are not underrepresented ▶ Refine current national data collections and health collection mechanisms to capture consistent health equity measures at a localised, community level and for priority populations ▶ Build research activities to increase the evaluation of programs and interventions targeted at priority populations, with a particular emphasis on improving the evidence base for programs targeted at Aboriginal and Torres Strait Islander children and young people
Embed and develop related activities in accordance with frameworks developed for priority populations	<ul style="list-style-type: none"> ▶ Develop and implement future activities which align to current frameworks for priority populations, including strategies for Aboriginal and Torres Strait Islander Australians ▶ Embed child and youth health and development as a key goal with supported actions within any future frameworks for priority populations
Promote and increase uptake of programs and initiatives directed at the health of children and young people	<ul style="list-style-type: none"> ▶ Raise awareness, and subsequently the uptake of, existing evidence-based health programs that provide for optimal health, e.g. the National Immunisation Program ▶ Raise awareness and use of existing education tools and resources that support optimal health for children and young people – e.g. Australian Dietary Guidelines, Australia’s physical activity guidelines, Get Up and Grow, drug and alcohol resources and the <i>Raising Children</i> website ▶ Assess the potential to build targeted and culturally appropriate components into existing population-wide programs, e.g. for refugee and migrant populations, Aboriginal and Torres Strait Islanders ▶ Identify and scale-up effective programs and resources that address health issues and disparities that present in priority population groups ▶ Review the impact of current, local, place-based and co-designed initiatives and assess options to scale up high-impact programs to a national level

Priority Area 2: Empowering parents and caregivers to maximise healthy development

The significant influence parents and caregivers have on multiple child health outcomes means there is a big opportunity to engender greater equity by enhancing both universal and targeted parenting support interventions.

Why is this a priority?

The healthy development of children and young people is directly related to the nature and quality of parenting.⁹⁸ Effective parenting support interventions offer a mechanism to improve both immediate and long term child outcomes, especially during the antenatal and early childhood period.⁹⁹ While strengthening parenting as a protective factor among all families is valuable, support targeted at those experiencing disadvantage can reduce the impact of social and environmental risk factors – including poverty – on child health.¹⁰⁰

There is a strong, cumulative relationship between the number of adverse events and levels of toxic stress experienced in childhood with health risks in adulthood.¹⁰¹ Hostile parenting is an especially potent predictor of negative outcomes, with parental warmth, consistency and self-efficacy also proving influential.¹⁰²

While current measures of parenting are varied, a number of indicators highlight the need for further actions to support positive parenting practices and foster a supportive family environment. At the most critical end of the scale, rates of **child abuse and neglect** in Australia have been rising in recent years, with Indigenous children over-represented in these statistics.¹⁰³ Meanwhile, harsh or other **negative parenting practices** – such as smacking, being too critical or too impatient with children – appear reasonably commonplace.¹⁰⁴

Known **risk factors in the perinatal period** which have a strong impact on child development and health outcomes are also a cause for concern. One in five mothers of children under two years are diagnosed with depression, while exclusive breastfeeding falls short of recommend guidelines for many mothers.^{105 106 107}

While much emphasis has understandably – in light of the evidence – been placed on parenting in the early years and the vital role of mothers during this period, there is more to suggest we need to broaden our focus on parenting support across the life stage, especially in **adolescence** where parent efficacy dips.^{108 109} We also need to strengthen emphasis on supporting the role of **fathers** as a protective factor in their child's life.^{110 111}

What can be done?

Several frameworks have been developed which address key aspects of parenting which influence child health outcomes. These focus on both maternal health and parenting behaviours in the early years. For instance, the *National Women's Health Strategy 2020-2030* includes actions to promote good preconception health, access available screening options, support breastfeeding practices, and improve access to mental health support throughout preconception and perinatal stages. The *Australian National Breastfeeding Strategy: 2019 and Beyond* and the *Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan* also support and promote these aspects of maternal health and parenting.

The National Early Childhood Development Strategy (NECDS) Investing in the Early Years was endorsed by the Council of Australian Governments (COAG) on 2 July 2009. The Strategy identified early childhood development outcomes and a vision that “By 2020 all children have the best start in life to create a better future for themselves and for the nation”. The strategy sought to engage families in the early years story and build a cohesive, co-ordinated early child development system in Australia. Nearing the end of its current life, it is now a key juncture to evaluate progress of the strategy and plan future priorities and actions to further advance this influential period of child development.¹¹²

The priorities identified for this Action Plan draw on these frameworks and the progress made, taking into account key evidence and current gaps in parenting support. They emphasise:

- The significance of the **early years of development** and the challenges for parents, caregivers and families who need to be supported, particularly in the first 2000 days of a child life, in order for children to reach their full potential. Increased parent engagement in child development and learning from birth is critical.¹¹³

- The adoption of proven models of care including **sustained home-visiting and community midwifery**. Continuity of carer and care has been shown to reduce poor outcomes, particularly for marginalised women and disadvantaged families. However, access to services remains an issue.^{114 115 116 117}
- The need to continue **informing, promoting and engaging with parents, caregivers**, families and other parties involved in a child's life around the importance of the early years and what can be done to support child development during this period.^{118 119}
- Opportunities to **build parent knowledge and efficacy during the middle years and adolescence**, given this tends to be a less-resourced area compared to the early and preschool years and can be an influential period of transition when protective parenting factors make a difference.^{120 121}
- Increasing **focus on the importance and role that fathers can play**, especially since fathers can feel excluded from programs and services and are less likely to ask for help.^{122 123}
- Approaches to harmonise and more widely promote **parenting education resources**, taking into account the increased efficacy of strategies which reframe conversations and dialogue with parents and caregivers so that this moves away from discussion of the science to emphasise child outcomes.¹²⁴
- A need to **strengthen our knowledge and intelligence regarding contemporary parenting and caregiving attitudes, experiences and practices**, including further development of consistent measures and recording mechanisms to track this over time.¹²⁵

Action	Detail
Increase roll out of proven home-based initiatives supporting parents in the antenatal and perinatal stage, especially among priority populations	<ul style="list-style-type: none"> ▶ Continue to support proven programs of sustained nurse home visiting, commencing antenatally and with a focus on marginalised women, including young mothers ▶ Support and promote continuity of midwifery care to improve outcomes for women and their infants, and consider the options for extending midwifery practice from preconception to early years, with appropriate educational opportunities for midwives ▶ Explore the potential of innovative models of midwifery antenatal care for families experiencing or at-risk of disadvantage (e.g. <i>Malabar Midwives</i>, which provides a continuum of care well-supported across midwife, child and family health nurse and Aboriginal Worker)¹²⁶ ▶ Foster the implementation of evidence-based programs designed specifically for Australian contexts and for use in disadvantaged communities ▶ Trial and evaluate adapted evidence-based programs, co-designed with communities, for use with Aboriginal and Torres Strait Islander families
Continue to explore ways of better engaging families in the early years of child development	<ul style="list-style-type: none"> ▶ Increase promotion of the significance of the early years of a child's life and the role parents and caregivers can play in healthy child development, building on approaches taken to engage families in the early childhood story ▶ Consider implementing further social marketing approaches to influence the engagement of families and other caregivers in child development activities, with increased focus on the role of fathers ▶ Facilitate promotion, education and practical guidance for parenting activities through service settings and other community touchpoints that take place during early childhood – e.g. maternal child health nurses, libraries, parents' groups ▶ Engage culturally appropriate and targeted communication to emphasise the importance of parent engagement in the early years across different cohorts of the community

Enhance and promote resources and mechanisms to support parenting in the middle years and adolescence	<ul style="list-style-type: none"> ▶ Increase promotion and access to proven group parenting programs in the middle and adolescent years (e.g. <i>Triple P</i>, <i>Incredible Years</i>, <i>NEWPIN</i>) ▶ Identify and strengthen evaluation of other promising and emerging parenting interventions in the middle and adolescent years ▶ Work collaboratively with partners to foster engagement of parents and caregivers in learning, schooling and supportive family relationships, since this can help prevent disengagement from school and negative health outcomes, particularly at key transition points such as starting high school ▶ Promote awareness and guidance in areas of emerging parent information need during adolescence, including resources and strategies covering preventive health, mental health, risky behaviours (alcohol, drugs etc), identity and sexuality, sexual health, relationships, online behaviours and screen time, and autonomy over health decisions ▶ Provide ongoing parenting support for adolescents and young adults who are parents themselves
Increase opportunities to support fathers with parenting strategies and practices	<ul style="list-style-type: none"> ▶ Support both maternal and paternal mental health in the early years, including extending the screening of fathers during the antenatal and postnatal periods, together with other actions outlined in Priority Area 3 ▶ Encourage awareness and increased use of father inclusive practices and communications models in community, family and child health services ▶ Encourage the participation of fathers in the design and implementation of parenting education and programs such as the model used for the program parentworks.org.au¹²⁷ ▶ Foster the further development of recognised programs, that focus on fathers, for parenting education within Australian Indigenous communities ▶ Examine how existing channels such as the <i>Raising Children Network</i> can be further developed to better engage fathers with online parenting information ▶ Build the evidence base for wider applications of proven approaches to better engaging and empowering fathers in parenting ▶ Continue to explore innovative ways to encourage positive help seeking behaviours of fathers
Harmonise and promote parenting education and information with a focus on child outcomes	<ul style="list-style-type: none"> ▶ Raise awareness of the <i>Raising Children Network</i> as a source of evidenced-based information to help children develop ▶ Promote the <i>Raising Children Network</i> as a 'go-to-site' to be informed about and access practical parenting education and support activities in local communities, ranging from parent helplines, counselling and parenting education classes/groups ▶ Explore and trial online strategies for the provision of parenting support and information, such as a parenting app or social media strategies ▶ Build on emerging developments in communications that begin to reframe conversations about parenting from a parenting effectiveness narrative to a child development master narrative¹²⁸

Improve intelligence capturing up-to-date data relating to parenting needs and experiences	<ul style="list-style-type: none"> ▶ Develop and agree on a consistent set of parenting measures for national data collection and develop an operational plan to implement research with parents to identify emerging needs and monitor change ▶ Review aspects of <i>the Parenting Today in Victoria</i> survey and assess options to scale this – or other similar surveys – up to national level¹²⁹
Embed and align relevant activities in accordance with current and future frameworks developed to support parent health and parenting practice	<ul style="list-style-type: none"> ▶ Align and instigate approaches in accordance with the <i>Australian National Breastfeeding Strategy: 2019 and Beyond</i> and the <i>FASD Strategic Action Plan</i> ▶ Implement recommendations emerging from the <i>National Framework for Maternity Services</i>, the <i>National Women's Health Strategy 2020-2030</i> and <i>National Men's Health Strategy 2020-2030</i>, to support pre-pregnancy, antenatal and perinatal health ▶ Embed child and youth health within any possible future national frameworks in relation to parenting

Priority Area 3: Tackling mental health and risky behaviours

The data tells us that mental health and risky behaviours are a prominent health concern for children and young people, requiring targeted prevention and intervention along the life stage.

Why is this a priority?

The mental health and wellbeing of our children and young people is a significant concern. Around **one in seven 4-17 year olds** are assessed to have a mental health condition, while more than one in five young people between the ages of 15-19 meet criteria for having a probable serious mental illness.^{130 131}

Suicide among young Australians (15-24 years) is at its highest level for ten years and is the **leading cause of death** for this age group.¹³²

Mental health conditions among children and young people are closely related to **social determinants** – with prevalence being higher among homeless young people, those in low income households, households in which parents or caregivers have lower educational attainment, are not in employment, and within sole parent, step or blended family households.^{133 134} The prevalence of mental health conditions is also significantly higher among **LGBTI+ young people**, who are much more likely to have a high or very high level of psychological distress and higher rates of suicide or attempts to take their lives – the average age of a first suicide attempt is 16 years, often before ‘coming out’.¹³⁵

In light of such statistics, it is worrying that the needs of many children and young people with mental health conditions are considered by them and their parents to go partially or fully unmet. There are also considerable barriers to help-seeking and accessing support for children and young people themselves, largely a result of stigma and poor mental health literacy.¹³⁶

Access to mental health services for children and young people under 24 years of age is a critical issue given that three quarters of all lifetime mental health disorders emerge by the age of 24, yet this age group is less likely to use services. More needs to be done to address the barriers of community awareness, access and acceptability of services, as well as tailoring services to the diverse needs of various groups, ensuring support can “wrap around” these diverse needs, being age appropriate as well as gender and culturally sensitive. This is particularly relevant in preventing the higher rates of suicides in priority populations.¹³⁷

Risky behaviours and experiences

There is a strong relationship between experience of mental health conditions and **risky behaviours**, although one is not an inevitable outcome of the other.¹³⁸ All young people face specific risks in relation to alcohol, tobacco and other drug problems, with engagement in risky behaviours higher among young people than the broader population, and the adolescent brain more susceptible to damage from alcohol, tobacco, and other drug use.¹³⁹ Risky **sexual behaviours** also emerge during adolescence, with more than one in ten 13-17 year olds engaging in sexual intercourse without using any method to prevent pregnancy or transmission of sexually transmitted diseases.¹⁴⁰

Bullying represents another risk to emotional, social and mental wellbeing during childhood and adolescence and is a pervasive feature of life for many young people. Around one in three young people aged 11-17 years report being bullied at least once in the past few months.¹⁴¹ Beyond this, eSafety constitutes a rapidly evolving challenge, with estimates suggesting around one in five young people aged under 18 experience online bullying in any one year.¹⁴²

What can be done?

Many mental health conditions and risky behaviours can be moderated through a focus on prevention and early intervention. This includes tackling the risk factors associated with their onset and prevalence, early identification and intervention, and health promotion and education strategies to raise awareness, understanding and support.^{143 144} The *Roadmap for National Mental Health Reform 2012–2022*, *National Drug Strategy 2017–2026*, and *National Alcohol Strategy 2018–2026* provide structure for such approaches and ongoing initiatives to tackle mental health and risky behaviours, including among children and young people. The proposed *National Women’s Health Strategy 2020–2030* also outlines approaches to address specific issues more prevalent among girls and young women, including body image and eating disorders.

The priority actions outlined below focus on approaches to prevent, intervene and support mental health conditions and the experience of risky behaviours, at and across different stages of the life course and across populations identified as being at greater risk. They include:

- Considering options for support for both **maternal and paternal mental health** in the early years, given this can have an impact on infant cognitive, emotional, social and behavioural development.^{145 146}
- Increasing our focus on social and emotional learning and resilience during the '**middle years**' (between 8 to around 12-14 years of age), a significant transformative phase in which opportunities for prevention and mental health promotion may be at their greatest.^{147 148}
- Supporting **resilience, engagement and coping strategies among adolescents and young adults**, given this is a period of increased vulnerability and exposure to risk factors and risky behaviours.¹⁴⁹
- Addressing strategies and services to heighten **suicide prevention** among children and young people, in the light of this being a leading cause of death.^{150 151}
- Working to address the significantly higher prevalence of mental health conditions and suicide among **LGBTI+ children and young people** and evolving support and services which are proactively inclusive.¹⁵²
- Developing **stronger supportive communities and touchpoints** for mental health prevention and support during childhood, adolescence and early adulthood, so that the complex and diverse needs and preferences of children and young people are better met and addressed across multiple avenues.^{153 154}
- Continuing to develop and deliver effective strategies and resources for **education and health promotion** to young people and the wider community regarding risky behaviours, including alcohol consumption, smoking, drug use, respectful relationships and sexual health.
- Seeking to address **school-based** and **online bullying** through promotion of successful strategies – including for bystander behaviour – and advocacy and communication regarding these behaviours.¹⁵⁵

Action	Detail
Support maternal, paternal and child mental health in the early years	<ul style="list-style-type: none"> ▶ Sustain antenatal and postnatal mental health screening for mothers ▶ Further research the effectiveness of screening tools, and expand mental health screening, for fathers during the antenatal and postnatal periods ▶ Trial and implement approaches for perinatal mental health clinicians to support infant mental health as well as parent mental health ▶ Support education programs that train parents and caregivers to increase infant attachment and security ▶ Adopt other targeted parenting support for priority populations in the perinatal and early childhood period, as outlined under Priority Area 2
Focus in on the middle years as a period to build resilience and social and emotional coping skills	<ul style="list-style-type: none"> ▶ Continue to support the roll out, evaluation, continuous improvement and appropriate scale up of evidence-based social and emotional learning programs in schools and other settings, including the implementation of the <i>Be You</i> program¹⁵⁶ ▶ Identify at-risk children for additional targeted support during the transition from primary to secondary school ▶ Support the implementation and systems-level adoption of evidenced-based mental health prevention programs, by focusing on practice translation in schools and provision of appropriate support for staff ▶ Promote and enhance support of non-school based safe spaces for young people, such as <i>Headspace</i> or <i>Reach</i>, to provide access to alternative non-school based resources and services ▶ Trial and evaluate strategies based on digital technologies to assist remote children to become socially competent ▶ Build knowledge of development in the middle years, drawing on the latest research to inform health providers and professionals and teachers.

Support transitions and risks during all life stages and across the life course, including adolescence and into adulthood	<ul style="list-style-type: none"> ▶ Consider how mental health support for every child and young person can be delivered through a better-connected national system of services, to build resilience and prevent anxiety and depression from the early years on, across each transition, and into adulthood ▶ Promote and support evidenced-based school wellbeing education and interventions, including the implementation of <i>Be You</i> and other behavioural, emotional, and life skill programs ▶ Consider the expansion of mentoring programs (e.g. <i>Big Brother</i>, <i>Big Sister</i> and similar programs) to better meet the needs of young people who are socially and emotionally vulnerable or isolated¹⁵⁷ ▶ Address transition and continuity of care from childhood health services to adulthood, especially for those at-risk or disengaged, including young people in out of home care, in the juvenile justice system, and homeless
Strengthen the tailoring, appropriateness and impact of suicide prevention strategies	<ul style="list-style-type: none"> ▶ Consider a systems approach to suicide prevention, where a range of evidenced-based strategies can be implemented simultaneously and be integrated and connected for greater impact in local areas¹⁵⁸ ▶ Increase access to age-appropriate and culturally sensitive suicide prevention programs for Aboriginal and Torres Strait Islander children, in close proximity to community ▶ Work to increase access to evidenced-based suicide prevention programs, for all children and young people, particularly in rural and remote areas ▶ Work with diverse young people, and those in key priority populations, to better tailor programs to meet the needs of different groups and ensure that they reflect the help seeking behaviours of different cultures and genders ▶ Conduct further research to address gaps that exist in the conduct of youth focused and youth friendly suicide prevention research¹⁵⁹
Address heightened prevalence of mental health conditions among LGBTI+ children and young people	<ul style="list-style-type: none"> ▶ Engage in greater research and consultation to investigate specific influences, experiences and needs of LGBTI+ children and young people in relation to their mental health and wellbeing ▶ Develop frameworks and approaches for proactive inclusion and specialisation in mental health services for LGBTI+ children and young people, including in prevention and crisis-intervention
Work with partners to foster supportive communities for mental health	<ul style="list-style-type: none"> ▶ Embed strategies from the <i>Roadmap for National Mental Health reform 2012-2022</i> in relation to community awareness, acceptance, mental health literacy, and capacity-building related to mental health conditions in childhood and youth¹⁶⁰ ▶ Collaborate with existing early learning institutions and schools to strengthen early education and promote opportunities to screen children and young people who may be at high-risk ▶ Support an expansion of community mental health services to focus on diagnosis, early intervention and integration of services ▶ Foster further community initiatives promoting physical activity and sports as a means of developing resilience and positive mental wellbeing ▶ Further trial the role of digital technologies in reaching and servicing children and young people's mental health needs ▶ Better equip peers and friends to be a source of advice and support for children and young people experiencing mental health conditions

Maintain and evolve education and health promotion in relation to risky behaviours	<ul style="list-style-type: none"> ▶ Embed strategies from the <i>National Alcohol Strategy 2018-2026</i> and <i>National Drug Strategy 2017-2026</i> concerned with substance misuse among young Australians^{161 162} ▶ Explore development of population level initiatives and campaigns to address social norms and behaviours related to alcohol consumption in the Australian community ▶ Raise awareness of the impacts of substance misuse on the developing adolescent brain ▶ Maintain and support school-based and community-based health promotion activities in relation to risky behaviours
Support respectful relationships and good sexual health	<ul style="list-style-type: none"> ▶ Work to update and harmonise delivery of sex education information, resources and tools implemented in schools, community, and health settings across Australia ▶ Support health promotion programs for schools where access to centralised sexual health services is known to be difficult ▶ Promote targeted interventions for children and young people identified at-risk of poor sexual health ▶ Collaborate with other agencies and organisations to develop consistent frameworks and practical resources for respectful relationships education which can be delivered in multiple settings ▶ Develop and implement healthy relationship programs appropriate for each life stage, in ECEC (3-5), primary, secondary and tertiary education settings, which consider changing social media trends ▶ Develop and refine resources to generate safe and supported conversations around family and domestic violence and sexual abuse
Work with partners to identify and promote effective anti-bullying strategies	<ul style="list-style-type: none"> ▶ Collate and promote 'what works' – including effective implementation and quality practice components – in relation to school-based anti-bullying programs ▶ Work to challenge attitudes and norms relating to stigmatisation, discrimination and bullying of at-risk groups, including people with disability and LGBTI+ children and young people ▶ Promote communication and resources to influence bystander attitudes and behaviours in relation to bullying ▶ Support and promote the work of the Office of the eSafety commissioner and resources provided for parents, teachers, health professionals and children and young people

Priority Area 4: Addressing chronic conditions and preventive health

Chronic conditions often emerge in childhood and go on to place a significant health burden on the Australian population. Many of these can be moderated by effective preventive health and early intervention strategies across the life course, starting in the first 2000 days and continuing beyond.

Why is this a priority?

Chronic conditions are the leading cause of illness, disability, and death in Australia.¹⁶³ While these conditions disproportionately affect older Australians, they also represent a significant burden of disease for children and young people. **Congenital conditions** and other **infant disorders** are among the leading causes of burden of disease for children aged under 5, while chronic **respiratory and mental disorders** are a prominent burden for 5-24 year olds. **Asthma** is the leading cause of total burden of disease among 5-14 year olds.¹⁶⁴

It is estimated that – across the entire Australian population – around 380 people every day will be newly diagnosed with a form of **cancer**. This is, again, disproportionately higher among older Australians, with incidence among children relatively low: between 10-25 new cases will be diagnosed in 2019 for every 100,000 children, with rates decreasing from infancy into middle childhood and early adolescence.^{165 166}

Childhood cancer does not discriminate, and causes are unclear, with almost half of cases developing in the womb. Unlike many cancers that develop later in life, childhood cancer is not associated with lifestyle and thus cannot be prevented.¹⁶⁷

However, many of the chronic conditions that both emerge in childhood and later in life to affect Australians can be moderated by addressing risk factors and employing **preventive health and early intervention** strategies. Lifestyle factors – including nutrition, physical activity, alcohol and tobacco use – all contribute to the burden and comorbidity of chronic conditions on our population. Indeed, it is estimated that almost one-third of the burden of disease in this country could be prevented by eliminating exposure to risk factors such as tobacco use, high body mass, harmful use of alcohol, physical inactivity and high blood pressure.¹⁶⁸

In this context there are some alarming trends pertaining to risk factors among children and young people. Almost a third of 5-24 year olds are **overweight or obese**; more than half of 15-24 years olds are engaged in **sedentary or low levels of physical activity**; and while two thirds of children reach recommended levels for **fruit** consumption, only around one in twenty eat the recommended daily intake of **vegetables**.¹⁶⁹

The role of **immunisation** is critical as a safe and effective way to prevent the spread of many diseases that cause hospitalisation, serious chronic health conditions and sometimes death. Rates of full immunisation at two years of age stand at around 90%. While this level of immunity matches thresholds to interrupt transmission for most diseases, for highly infectious diseases, such as measles, 95% coverage is necessary. Fluctuations in immunisation rates and variations across population groups means that there is a need to remain vigilant and ensure high coverage is consistently and universally achieved.^{170 171}

What can be done?

Australian governments have placed a significant focus on effort to address chronic health conditions throughout the population through the *National Strategic Framework for Chronic Conditions, 2017*. This details actions to enhance preventive health at different life stages, including in utero, among children (0–5 and 5–12 years), and young people (13–17 and 18–24 years). It also provides strategies and approaches to support the management of chronic conditions and enhance services so that they can best meet need.

Elsewhere, a number of preventive health frameworks provide guidance and priority actions for specific approaches, including the *National Immunisation Strategy for Australia 2019-2024*, the *National Asthma Strategy 2018*, the *Australian National Diabetes Strategy 2016-2020*, *Australia's National Oral Health Plan 2015-2024*, and the *National Disability Strategy 2010-2020*.

Specific priority actions to focus in on prevention, early intervention and management of chronic conditions for Australia's children and young people should consider:

- Building awareness of **rare genetic childhood conditions, cancers and other chronic diseases**, promoting screening options available pre and during pregnancy.^{172 173}

- Enhancing support and **continuity of care** for children, young people and their families experiencing chronic conditions, particularly when away from home receiving treatment.¹⁷⁴
- Maintaining and continuing to evolve universal and targeted **health promotion strategies** regarding nutrition, physical activity, obesity and other preventive conditions, including supporting schools to promote and deliver health promotion activities.^{175 176}
- Examining innovative models and options to provide an **environment** in which children and young people can be healthy and thrive.^{177 178}
- Continuing prevention and interventions strategies for **oral health**, especially for priority populations for whom this is a more prevalent condition.¹⁷⁹
- Maintaining vigilance and strengthening Australia's **immunisation** coverage during childhood to maximise the protective health benefits of immunisation.¹⁸⁰

Action	Detail
Improve awareness and screening for genetic diseases and childhood cancers	<ul style="list-style-type: none"> ▶ Build community awareness of rare genetic diseases, including the risk factors that can relate to these conditions emerging in infants during pregnancy ▶ Promote awareness and access of screening available, including conditions which can be detected, what to expect, when and where testing can be carried out. ▶ Equip GPs to address and support pre-existing conditions both previously known and discovered during the first pregnancy and refer to other services where appropriate – e.g. genetic counsellors ▶ Strengthen research to further explore the risk factors and potential causes of genetic disorders and childhood cancers
Harmonise support for children and young people with chronic conditions – and their families – to alleviate burden of treatment and care	<ul style="list-style-type: none"> ▶ Support integration of services to maximise the opportunities for families to access local services at the right time ▶ Enhance support for programs which support families to accompany children when attending specialist care away from home (i.e. provide travel, accommodation, counselling etc.) ▶ Research international best practice in remote support (including online support, peer networks, telehealth) for children who live remotely and have chronic and complex conditions ▶ Develop best practice frameworks and structures to support children and young people with chronic conditions continue to engage in learning and social connection when in health service settings ▶ Establish parenting and family-oriented supports for young people who fulfil a role as a primary carer for a parent or other family member with a chronic condition

Continue promoting and refining preventive health strategies and interventions addressing sleep, nutrition, physical activity, and overweight and obesity	<ul style="list-style-type: none"> ▶ Embed strategic priority areas from the <i>National Strategic Framework for Chronic Conditions, 2017</i> relating to health promotion and risk prevention¹⁸¹ ▶ Promote awareness and understanding of food and drink labelling, nutrition and activity guidelines with parents, young people and children ▶ Develop approaches to increase access to and provision of fresh fruit and vegetables to remote communities and among populations experiencing disadvantage ▶ Support and evaluate school-based programs relating to nutrition and physical activity ▶ Continue to investigate and assess options for labelling, promotion, advertising and accessibility of food and drink, drawing on evidence-based models in Australia and internationally ▶ Further promote sleep and sleep hygiene as a preventive health strategy for good physical and mental health
Work with partners to advocate for and optimise environments and communities for wellbeing	<ul style="list-style-type: none"> ▶ Develop a national active travel policy where infrastructure and transport planning incorporate strategies to encourage cycling and walking ▶ Develop and assess 'child-friendly city' initiatives and trials, drawing on global evidence and practice examples ▶ Establish initiatives to increase physical literacy among children and young people
Continue to promote strong oral health	<ul style="list-style-type: none"> ▶ Embed key strategies and actions from <i>Australia's National Oral Health Plan 2015-2024</i> that focus on health promotion, prevention and intervention among children and young people¹⁸²
Maintain strong focus on protecting Australia's health through immunisation	<ul style="list-style-type: none"> ▶ Embed key strategies and actions from the <i>National Immunisation Strategy for Australia 2019-2024</i> to promote and lift immunisation coverage among all children and young people across Australia¹⁸³

Priority Area 5: Strengthening the workforce

While workforce provision is an ongoing challenge, we can also better support the health, and extended, workforce to be able to more easily identify and develop wrap-around solutions supporting the health of children and young people.

Why is this a priority?

Children, young people and their families may have multiple touchpoints with the health system, as well as health and development related engagement with professionals, program providers, volunteers, and community members outside of the health sector. There are many potential opportunities for education, support and intervention from a range of providers in a range of settings. Quality matters.¹⁸⁴

While **workforce provision** is important – particularly in addressing gaps in rural and remote areas and addressing emerging health issues – there is concurrent value in better equipping and, where necessary, **upskilling** the workforce to be able to identify and address the health needs of children and young people. Through adopting and implementing practices that take a holistic, **child-centred approach**, clinical health outcomes and user experiences are likely to improve.¹⁸⁵

The health workforce – and other professionals engaged in the development of children and their families – can have a powerful influence in **tackling health inequity** across the population. GPs in particular are often the first port of call for children, young people, and their families and play a vital role in prevention and early intervention, through effective assessment, referral and health care management.

It is therefore important to support GPs and other health professionals in identifying and addressing underlying determinants that are shaping child and youth health outcomes. For instance, paediatricians broadening health assessments and engaging with other services and providers within the community to develop holistic, co-ordinated packages of care and support for children and their families.¹⁸⁶ Such wrap-around efforts may also require supporting and upskilling other workers outside of the health sector (e.g. in schools, family services etc.).

There are significant challenges in establishing and maintaining a skilled workforce to support the health of children and young people, particularly as health issues evolve, help-seeking behaviours shift and needs change. Ongoing attention to training, qualifications, cultural competencies, supply issues, staff support and mentoring, professional status, work conditions, interdisciplinary practice and leadership are all necessary elements in building a capable child and family health workforce.¹⁸⁷

What can be done?

Many of the national frameworks developed and in process for population health (as outlined in Appendix A) incorporate strategies and actions for workforce capacity and capability building. The Department of Health continues to develop and implement workforce development guidelines, resources and programs to strengthen the health workforce at large, including increasing provision in areas of need, such as rural and remote parts of Australia.¹⁸⁸ The *National Workforce Centre for Child Mental Health* has also been established to help professionals connect with better mental health support and approaches for infants, children and families, including programs and resources for building capacity.

Priority actions outlined below focus on opportunities to better equip the workforce to support the health and wellbeing of children and young people, with particular attention on current gaps and areas of emerging need. This includes:

- Strengthening the capacity of the workforce to apply a **trauma-informed approach to care**, given the relationship between childhood trauma and multiple negative, systemic health outcomes. Utilising trauma-informed practice can result in a decrease in adverse symptoms, improvement in daily functioning and decreases in hospitalisation and crisis intervention.^{189 190}
- Broadening the capacity of the health and family services system to address **youth suicide** in light of this being a leading cause of death.¹⁹¹
- Examining ways to support professionals to appropriately **seek information on the social determinants of health** and incorporate this into health assessment and treatment plans.¹⁹²

- Recognising the need to develop workforce strategies and training to effectively implement emerging **digital health services**, including telehealth, specifically with children and young people.¹⁹³
- Supporting strategies and actions to improve **health literacy** and understanding of child and youth health concepts among all workers engaged in the sector, and effective approaches for communicating with children, young people and their families.¹⁹⁴
- Building capacity and competency in **research and evaluation** within organisations in order to build a stronger, more intelligent evidence and learning system.¹⁹⁵

Action	Detail
Develop workforce capacity and capability in relation to trauma awareness and trauma-informed practice	<ul style="list-style-type: none"> ▶ Implement an agreed overarching framework for trauma-informed practice in Australia, including common language and parameters ▶ Support professional development to improve the workforce's ability to implement trauma-informed practice (including intergenerational trauma), particularly relating to Aboriginal and Torres Strait Islander peoples, children and young people in the child protection system, and those who have experienced violence, including asylum seekers, refugees and migrants who have fled violence ▶ Augment the above activity with trauma awareness training for all staff working in health and other related services, regardless of whether their organisation provides trauma specific interventions or not ▶ Build on research exploring whether different trauma-informed approaches are required for different population groups, including children and young people
Strengthen capacity of the health and family services workforce to prevent youth suicide	<ul style="list-style-type: none"> ▶ Consider a systems approach to suicide prevention, where a range of evidenced-based strategies can be implemented simultaneously and be integrated and connected for greater impact in local areas¹⁹⁶ ▶ Promote the use of evidenced-based resources available for practitioners, such as those produced by the <i>NHMRC Centre of Research Excellence in Suicide Prevention</i> at the <i>Black Dog Institute</i> in their document for primary health networks¹⁹⁷
Enhance mechanisms to support paediatricians GPs, child and family nurses, midwives and other health professionals to identify and address underlying factors shaping health outcomes	<ul style="list-style-type: none"> ▶ Promote and implement standardised tools for health assessment of children and young people to help identify underlying risk factors and to direct follow up action, similar in scope to that currently instigated as part of the Aboriginal and Torres Strait Islander Child Health Assessment¹⁹⁸ ▶ Liaise with appropriate agencies to strengthen identification of health needs, risk factors, and standardise referral processes in non-health care settings (e.g. school, child care) ▶ Raise awareness and disseminate the latest information and evidence regarding determinants and risk factors for child and youth health outcomes, and the impact of professional approaches and interventions in relation to these ▶ Work to upskill health professionals who have no formal paediatric training and specialise largely in adult clinical practice, particularly in rural and remote areas where gaps exist,

Support professional development in digital strategies to support child and youth health	<ul style="list-style-type: none"> ▶ Align activities and develop approaches for professional development in accordance with <i>Australia's National Digital Health Strategy</i>¹⁹⁹ ▶ Develop mechanisms to upskill health professionals so that they know when to seek telehealth interventions or refer patients to telehealth services ▶ Develop specific practice guidelines and protocols for delivering digital health services to children and young people, including different priority populations
Continue to address health literacy in the health sector and across the workforce	<ul style="list-style-type: none"> ▶ Align activities and develop approaches for improving health literacy in accordance with the <i>National Statement on Health Literacy</i> and associated action framework^{200 201} ▶ Promote consistent, agreed guidelines and practical resources for health practitioners communicating with children and young people (and their families) regarding their health and wellbeing ▶ Promote information and communications for all workers engaged with children and young people regarding aspects of early childhood development, the importance of the first 2000 days, the role of parenting, preventive health, and other factors driving positive health outcomes (e.g. through <i>Raising Children Network</i>, social marketing strategies)
Strengthen research and evaluation capacity within the workforce	<ul style="list-style-type: none"> ▶ Promote awareness and access to relevant professional bodies offering resources and networking opportunities in relation to program evaluation and research (e.g. <i>Australasian Evaluation Society</i>, <i>NHMRC</i> guidelines) ▶ Scope and assess the provision of evaluation toolkits and similar resources currently provided for program deliverers in Australia and – if necessary – develop new or refined resources ▶ Strengthen professional knowledge regarding effective and appropriate research methodologies and activities that can be implemented with children and young people

Operational enablers

The priority actions and activities proposed in this Action Plan provide a series of options for working to improve the health and wellbeing of children and young people. They do not sit in isolation from one another but operate within a wider system shaping the health and wellbeing of the population at large. To ensure effective operationalisation of this Action Plan, a number of overarching, structural elements need to be optimised to support actions and shape activities that are implemented.

Building the evidence base

The efficacy of actions and interventions implemented to improve health outcomes for children and young people relies on a strong evidence base. Throughout the life of this Action Plan, there should be ongoing steps and strategies that:

- Identify research gaps and emerging needs, developing and frequently revisiting priorities for research in child and youth health;
- Strengthen the evidence of what works where and why, particularly within the Australian context, increasing focus on implementation, effective and high quality practice elements, and cost effectiveness of programs and interventions;
- Build evaluation capacity within and beyond the sector to increase and strengthen the consistency of collective insight and intelligence; and
- Continue to identify opportunities and strategies for enhanced data collection, including digital mechanisms and tools for measuring health outcomes, service access and delivery, and the attitudes, behaviours and experiences of children and young people.

Improving cohesion and consistency

Effective operationalisation of the Action Plan will require continuous development of shared, consistent frameworks, measures, structures and language, across governments, agencies, organisations and individuals. This means:

- Continuing to develop consistent, national agreed frameworks for measuring health outcomes, including means to establish indicators related to additional risk factors and determinants of health (e.g. parenting), and interrogate outcomes and experiences at a community level;
- Working to harmonise age-eligibility so that there is a nationally consistent approach to distinguish between age groups, especially between adolescence (up to 18th birthday) and young adulthood (18-25th birthday); and
- Maintaining and strengthening approaches to engaging stakeholders (e.g. service providers, health professionals, researchers) in the development, review and refinement of Action Plan priority areas and proposed activities.

Supporting and embedding practice translation

Realising actions and activities relies on effective practice translation and implementation. What works in theory may not always work on the ground, particularly if it does not take into account target communities, critical enablers, and local context. Effective practice translation can be embedded through the life of the Action Plan by:

- Continuing to update and promote resources, guidelines, practice interventions and programs that are proven to be of strong quality, effective and / or show promise in addressing aspects of child and youth health, through centralised mechanisms for sharing of best practice;
- Enhancing approaches to build an intelligent 'learning system', in which outcomes are measured and children's and young people's services are continually re-evaluated, refined and improved;²⁰² and
- Adopting and applying implementation science principles and practices to progress actions and interventions on the ground.

Keeping children and young people at the centre

Throughout the implementation and refinement of the Action Plan it is imperative to keep a focus on the child as the centre of all actions, activities and interventions that affect them. This means:

- Implementing approaches which take into account the context and needs of individual recipients, and are framed and adapted to address these needs;
- Consistently and regularly engaging children, young people, and their families in research, evaluation and program and service co-design; and
- Ensuring children, young people and their families are equipped to engage, are provided the capacity and opportunity to engage, are respected and valued and have a voice which is taken seriously in implementing, developing and refining activities and actions.

Engaging in a collective effort

The improvement of the health of children and young people is not the sole responsibility of any one organisation or agency. It is all of our responsibility, and all levels and tiers of society have a crucial role they can play. Only through collective, collaborative effort can the objectives of this Action Plan be fully realised, and we can ensure that all children and young people in Australia are given the maximum opportunity to be healthy, safe, and thriving. Engagement in action together, ongoing collaboration and further consultation and review as the Action Plan is operationalised over time, will help to ensure the plan remains focused on the relevant priority actions and with maximum impact.

REFERENCES

- ¹ Australian Health Ministers' Advisory Council (AHMAC), 2015. *Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health*. COAG Health Council, Canberra.
- ² Australian Research Alliance for Children and Youth (ARACY), 2018. *Report Card 2018: The Wellbeing of Young Australians*. ARACY, Canberra.
- ³ Royal Australian College of Physicians (RACP), 2018. *Inequities in Child Health – Position Statement*. RACP, Sydney.
- ⁴ Australian Institute of Health and Welfare (AIHW), 2018. *Australia's health 2018: In brief*. AIHW, Canberra. Retrieved from <<https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/how-healthy-are-we>>
- ⁵ Irwin, L, Siddiqi, A, & Hertzman, C, 2007. *Early Child Development: A Powerful Equalizer – Final report for the World Health Organization's Commission on the Social Determinants of Health*. Retrieved from <<https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/how-healthy-are-we>>
- ⁶ Frances, C, Conti, G, Heckman, JJ, et al., 2014. Early childhood investments substantially boost adult health. *Science*, 343(6178):1478–1485. <https://doi.org/10.1126/science.1248429>
- ⁷ Emerson, L, Fox, S & Smith, C, 2015. *Good Beginnings: Getting it right in the early years*. The Lowitja Institute, Melbourne.
- ⁸ Viner, RM, Ross, D, Hardy, R, et al., 2015. Life course epidemiology: recognising the importance of adolescence. *Journal of Epidemiol Community Health*, 69 (8), 719-720. <https://doi.org/10.1136/jech-2014-205300>
- ⁹ Council of Australian Governments (COAG), 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ¹⁰ Heckman, JJ, 2008. *The case for investing in disadvantaged young children. First Focus, Big ideas for children: Investing in our nation's future*. First Focus, Washington DC.
- ¹¹ Centre on the Developing Child, Harvard University, 2007. *Science*. Retrieved from <<https://developingchild.harvard.edu/science/>>
- ¹² COAG, 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ¹³ ARACY, 2014. *The Nest Action Agenda: Improving the wellbeing of Australia's children and youth while growing our GDP by over 7%. Second Edition*. ARACY, Canberra
- ¹⁴ *ibid.*
- ¹⁵ Lemer, C, Hargreaves, R, Cheung, R, et al., 2013. *Chapter 2 – Overview. In Davies, SC. Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays*. Stationery Office, London.
- ¹⁶ Fox, S, Southwell, A, Stafford, N, et al., 2015. *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. ARACY, Canberra
- ¹⁷ AIHW, 2016. *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*. AIHW, Canberra. Retrieved from <<https://www.aihw.gov.au/getmedia/d4df9251-c4b6-452f-a877-8370b6124219/19663.pdf.aspx?inline=true>>
- ¹⁸ Fox, S, Southwell, A, Stafford, N, et al., 2015. *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. ARACY, Canberra
- ¹⁹ *ibid.*
- ²⁰ AIHW, 2018. *Children and Young People*. Retrieved from <<https://www.aihw.gov.au/reports-data/population-groups/children-youth/overview>>
- ²¹ AIHW, 2018. *National Core Maternity Indicators*. Retrieved from <<https://www.aihw.gov.au/reports/mothers-babies/ncmi-data-visualisations/contents/summary>>
- ²² ARACY, 2018. *Report Card 2018: The Wellbeing of Young Australians*. ARACY, Canberra.
- ²³ Mission Australia and Black Dog Institute, 2017. *Youth Mental Health Report: Youth Survey 2012-2016*. Retrieved from <https://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog>

institute.pdf?sfvrsn=6>

- ²⁴ Australian Child and Adolescent Trauma, Loss & Grief Network, 2012. *Refugees and asylum seekers: Supporting recovery from trauma*. Retrieved from <<http://earlytraumagrief.anu.edu.au/files/Refugee%20Tipsheet.pdf>>
- ²⁵ AIHW, 2018. *Child protection Australia 2016–17*. Child welfare series no. 68. Cat. no. CWS 63. AIHW, Canberra.
- ²⁶ AIHW, 2018. *Children's Headline Indicators*. Retrieved from <<https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/overview>>
- ²⁷ AIHW, 2018. *National data on the health of justice-involved young people: a feasibility study*. Cat. no. JUV 125. AIHW, Canberra.
- ²⁸ Borschmann, R, Coffey, C, Moran, P, Hearps, S, et al., 2014. Self-harm in young offenders. *Suicide and Life-threatening Behavior*. 44(6): 641–52. <https://doi.org/10.1111/sltb.12096>
- ²⁹ RACP, 2008. *Health of children in "out-of-home" care*. Retrieved from <<https://www.royalfarwest.org.au/wp-content/uploads/2017/12/Invisible-children-web.pdf>>
- ³⁰ Royal Far West, 2017. *The Invisible Children - The state of country children's health and development in Australia*. Retrieved from <<https://www.royalfarwest.org.au/wp-content/uploads/2017/12/Invisible-children-web.pdf>>
- ³¹ Australian Bureau of Statistics (ABS), 2009. *Australian Social Trends*. Cat.no. 4102.0. ABS, Canberra.
- ³² AIHW, 2015. *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*. Cat. no. IHW 147. AIHW, Canberra.
- ³³ Emerson, L, Fox, S & Smith, C, 2015. *Good Beginnings: Getting it right in the early years*. The Lowitja Institute, Melbourne.
- ³⁴ Hertzman, C, 1999. The biological embedding of early experience and its effects on health in adulthood. *Annals of the New York Academy of Sciences*, 896, 85-95.
- ³⁵ Siddiqi, A., Irwin, L, & Hertzman, C, 2007. *The Total Environment Assessment Model of Early Child Development. Evidence Report for the Commission on Social Determinants of Health*. WHO, Italy.
- ³⁶ Marmot, M, Allen, J, Goldblatt, P, et al., 2010. *Fair Society, Healthy Lives: The Marmot Review*. Institute of Health Equity, United Kingdom.
- ³⁷ RACP, 2018. *Inequities in Child Health – Position Statement*. RACP, Sydney.
- ³⁸ Emerson, L, Fox, S & Smith, C, 2015. *Good Beginnings: Getting it right in the early years*. The Lowitja Institute, Melbourne.
- ³⁹ The National Rural Health Alliance, 2019. March 2019 Fact Sheet. Retrieved from <<https://www.ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-about-us-march-2019.pdf>>
- ⁴⁰ AIHW, 2019. *Rural and remote Australians*. Retrieved from <<https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>>
- ⁴¹ AIHW, 2015. *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*. Cat. no. IHW 147. AIHW, Canberra.
- ⁴² Davidson, P, Saunders, P, Bradbury, B, et al., 2018. *Poverty in Australia, 2018*. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2. ACOSS, Sydney.
- ⁴³ *ibid.*
- ⁴⁴ Yeung, W, Kinver, M & Brooks-Gunn, J, 2002. How money matters for young children's development: Parental investment and family processes. *Child Development*, 73 (6), 1861-79. <https://doi.org/10.1111/1467-8624.t01-1-00511>
- ⁴⁵ Redmond, G, Skattebol, J, Saunders, P, et al., 2016. *Are the kids alright? Young Australians in their middle years: Final report of the Australian Child Wellbeing Project*. Flinders University, University of NSW and Australian Council for Educational Research.
- ⁴⁶ Smith, L, 2015. *The health outcomes of migrants: a literature review*. Migration Council Australia.
- ⁴⁷ The Victorian Foundation for Survivors of Torture (VFST), 2018. *Australian Refugee Health Practice Guide: Children*. VFST, Victoria.

-
- ⁴⁸ Australian Child and Adolescent Trauma, Loss & Grief Network, 2012. *Refugees and asylum seekers: Supporting recovery from trauma*. Retrieved from <<http://earlytraumagrief.anu.edu.au/files/Refugee%20Tipsheet.pdf>>
- ⁴⁹ VFST, 1996. *A Guide to working with young people who are refugees*. VFST, Victoria.
- ⁵⁰ Sollis, K, 2019. *Measuring Child Deprivation and Opportunity in Australia: Applying the Nest framework to develop a measure of deprivation and opportunity for children using the Longitudinal Study of Australian Children*. ARACY, Canberra.
- ⁵¹ Australian Education Union (AEU), 2015. *State of our Schools Survey*. AEU, Melbourne.
- ⁵² ABS, 2016. *4906.0 Personal Safety, Australia 2016*. ABS, Canberra.
- ⁵³ AIHW, 2018. *Child protection Australia 2016–2017*. Child Welfare Series No. 68. Cat. no. CWS 63. AIHW, Canberra.
- ⁵⁴ National Children's Commissioner, 2015. *Children's Rights Report 2015*. Australian Human Rights Commission, Sydney.
- ⁵⁵ Australian Institute of Family Studies (AIFS), 2018. *CFCA Resource Sheet - Children in care*. AIFS, Melbourne.
- ⁵⁶ AIHW, 2018. *Child protection Australia 2016–2017*. Child Welfare Series No. 68. Cat. no. CWS 63. AIHW, Canberra.
- ⁵⁷ Johnson, G, Natalier, K, Liddiard, M, *et al.*, 2011. Out in the world with no-one: A qualitative study of the housing pathways of young people who have recently left state out-of-home care. In Mendes, P., Johnson, G., & Moslehuddin, B. (eds.), *Young people leaving state out-of-home care* (pp. 116–139). Australian Scholarly Publishing, Melbourne.
- ⁵⁸ AIFS, Chapin Hall Center for Children University of Chicago and NSW Department of Family and Community Services (FACS), 2015. *Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home care in NSW. Wave 1 baseline statistical report*. FACS, Sydney.
- ⁵⁹ AIHW, 2018. *National data on the health of justice-involved young people: a feasibility study*. Cat. no. JUV 125. AIHW, Canberra.
- ⁶⁰ Casswell, M, French, P & Rogers, A, 2012. Distress, defiance or adaptation? A review paper of at-risk mental health states in young offenders. *Early Intervention in Psychiatry*, 6(3):219–28. <https://doi.org/10.1111/j.1751-7893.2012.00344.x>
- ⁶¹ Sawyer, M, Guidolin, M, Schulz, K, *et al.*, 2010. The mental health and wellbeing of adolescents on remand in Australia. *Australian and New Zealand Journal of Psychiatry*, 44(6):551–59. <https://doi.org/10.3109/00048671003601418>
- ⁶² AIHW, 2018. *Australia's health 2018*. Australia's health series no. 16. AUS 221. AIHW, Canberra.
- ⁶³ Rosenstreich, G, 2013. *LGBTI People Mental Health and Suicide. Revised 2nd Edition*. National LGBTI Health Alliance, Sydney.
- ⁶⁴ Ibid.
- ⁶⁵ Flatau, P, Thielking, M, MacKenzie, D & Steen, A, 2016. *The Cost of Youth Homelessness in Australia: Snapshot Report 1*. Swinburne University of Technology, Melbourne.
- ⁶⁶ Mission Australia, 2017. *Youth mental health and homelessness report*. Mission Australia, Sydney.
- ⁶⁷ Flatau, P, Thielking, M, MacKenzie, D & Steen, A, 2016. *The Cost of Youth Homelessness in Australia: Snapshot Report 1*. Swinburne University of Technology, Melbourne.
- ⁶⁸ AIHW, 2015. *The health and welfare of Australia's Aboriginal and Torres Strait Islander people*. Retrieved from <<https://www.aihw.gov.au/reports-data/health-welfare-overview/indigenous-health-welfare/overview>>
- ⁶⁹ Department of Prime Minister and Cabinet, 2019. *Closing the Gap*. Retrieved from <<https://closingthegap.pmc.gov.au/>>
- ⁷⁰ COAG, 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ⁷¹ AHMAC, 2015. *Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health*. COAG Health Council.
- ⁷² Fox, S, Southwell, A, Stafford, N, *et al.*, 2015. *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. ARACY, Canberra

-
- ⁷³ *ibid.*
- ⁷⁴ Victorian Government Department of Health and Human Services, 2017. *Children and Families Research Strategy 2017-2019. Supporting the Roadmap to Reform*. Victorian Government, Melbourne.
- ⁷⁵ AHMAC, 2015. *Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health*. COAG Health Council.
- ⁷⁶ Arefadib, N & Moore, TG, 2017. *Reporting the Health and Development of Children in Rural and Remote Australia*. The Centre for Community Child Health at the Royal Children's Hospital and the Murdoch Children's Research Institute, Parkville, Victoria.
- ⁷⁷ Department of Health, 2016. *National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families*. Australian Government, Canberra.
- ⁷⁸ Moore, T, McDonald, M & McHugh-Dillon, H, 2014. *Early childhood development and the social determinants of health inequities: A review of the evidence*. Centre for Community Child Health at the Murdoch Children's Research Institute and the Royal Children's Hospital, Parkville, Victoria.
- ⁷⁹ *ibid.*
- ⁸⁰ Arefadib, N & Moore, TG, 2017. *Reporting the Health and Development of Children in Rural and Remote Australia*. The Centre for Community Child Health at the Royal Children's Hospital and the Murdoch Children's Research Institute, Parkville, Victoria.
- ⁸¹ AIHW, 2018. *Australia's health 2018*. Australia's health series no. 16. AUS 221. AIHW, Canberra
- ⁸² The National Rural Health Alliance, 2019. *March 2019 Fact Sheet*. Retrieved from <<https://www.ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-about-us-march-2019.pdf>>
- ⁸³ Australian Commission on Safety and Quality in Healthcare (ACSQHC), 2014. *Health literacy: Taking action to improve safety and quality*. ACSQHC, Sydney.
- ⁸⁴ Moore, T, McDonald, M & McHugh-Dillon, H, 2014. *Early childhood development and the social determinants of health inequities: A review of the evidence*. Centre for Community Child Health at the Murdoch Children's Research Institute and the Royal Children's Hospital, Parkville, Victoria.
- ⁸⁵ Department of Health, 2016. *National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families*. Australian Government, Canberra.
- ⁸⁶ Department of Health, 2016. *National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families*. Australian Government, Canberra.
- ⁸⁷ COAG, 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ⁸⁸ Fox, S, Southwell, A, Stafford, N, *et al.*, 2015. *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. ARACY, Canberra
- ⁸⁹ Taylor, CT, Jose, K, Christensen, D & Van de Lageweg, WI, 2015. *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres. Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years*. Telethon Kids Institute, Perth.
- ⁹⁰ Moore, T, McDonald, M, & McHugh-Dillon, H, 2014. *Early childhood development and the social determinants of health inequities: A review of the evidence*. Centre for Community Child Health at the Murdoch Children's Research Institute and the Royal Children's Hospital, Parkville, Victoria.
- ⁹¹ Wilks, S, Lahaussé, J & Edwards, B, 2015. *Commonwealth Place-Based Service Delivery Initiatives: Key Learnings project (Research Report No. 32)*. Australian Institute of Family Studies (AIFS), Melbourne.
- ⁹² Arefadib, N & Moore, TG, 2017. *Reporting the Health and Development of Children in Rural and Remote Australia*. The Centre for Community Child Health at the Royal Children's Hospital and the Murdoch Children's Research Institute, Parkville, Victoria.
- ⁹³ Australian College of Rural and Remote Medicine, 2016. *Effectiveness of Telehealth Consultations*. Retrieved from <http://www.marathonhealth.com.au/uploads/Telehealth%20Documents/ACRRM_Effectiveness_Of_Telehealth_Consultations_v2.pdf>
- ⁹⁴ ACSQHC, 2014. *Health literacy: Taking action to improve safety and quality*. ACSQHC, Sydney.

-
- ⁹⁵ RACP, 2018. *Inequities in Child Health – Position Statement*. RACP, Sydney.
- ⁹⁶ Shlonsky, A, Albers, B, Taylor, D, et al., 2017. *Children and families evidence: Findings from six evidence gap maps (Report for Victoria Department of Health and Human Services)*. University of Melbourne, Melbourne.
- ⁹⁷ Australian Digital Health Agency (ADHA), 2017. *Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*. Australia's National Digital Health Strategy. ADHA, Sydney.
- ⁹⁸ Zubrick, SR, Smith, GJ, Nicholson, JM, et al., 2008. *Parenting and Families in Australia. Social Policy Research Paper No. 34*. Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
- ⁹⁹ COAG, 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ¹⁰⁰ Fox, S, Southwell, A, Stafford, N, et al., 2015. *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. ARACY, Canberra
- ¹⁰¹ *ibid.*
- ¹⁰² Zubrick, SR, Smith, GJ, Nicholson, JM, et al., 2008. *Parenting and Families in Australia. Social Policy Research Paper No. 34*. Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
- ¹⁰³ AIHW, 2018. *Children's Headline Indicators*. Retrieved from <<https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/17-child-abuse-neglect>>
- ¹⁰⁴ Parenting Research Centre (PRC), 2017. *Parenting Today in Victoria: Report of Key Findings (report produced for the Department of Education and Training, Victoria)*. PRC, Melbourne.
- ¹⁰⁵ AIHW, 2012. *Experience of perinatal depression: data from the 2010 Australian National Infant Feeding Survey*. Information Paper. Cat. no. PHE 161. AIHW, Canberra.
- ¹⁰⁶ Department of Health, 2019. *Breastfeeding*. Retrieved from <<https://www.health.gov.au/breastfeeding>>
- ¹⁰⁷ AIHW, 2018. *Children's Headline Indicators*. Retrieved from <<https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/4-breastfeeding>>
- ¹⁰⁸ PRC, 2017. *Parenting Today in Victoria: Report of Key Findings (report produced for the Department of Education and Training, Victoria)*. PRC, Melbourne.
- ¹⁰⁹ AIFS, 2017. *Survey finds parents don't always know if their kids are struggling emotionally*. Retrieved from <<https://aifs.gov.au/cfca/2017/09/06/survey-finds-parents-dont-always-know-if-their-kids-are-struggling-emotionally>>
- ¹¹⁰ PRC, 2018. *Focus on Fathers. Parenting Today in Victoria*. PRC, Melbourne.
- ¹¹¹ Zubrick, SR, Smith, GJ, Nicholson, JM, et al., 2008. *Parenting and Families in Australia. Social Policy Research Paper No. 34*. Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
- ¹¹² COAG, 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ¹¹³ Moore, TG, Arefadib, N, Deery, A, & West, S, 2017. *The First Thousand Days: An Evidence Paper*. Centre for Community Child Health, Murdoch Children's Research Institute, Parkville, Victoria.
- ¹¹⁴ Sandall J, Soltani H, Gates S, et al., 2016. Midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting. *Cochrane Database of Systematic Reviews* 2016, Issue 4. <https://doi:10.1002/14651858.CD004667.pub5>.
- ¹¹⁵ Goldfeld S, Price A, Smith C, et al., 2019. Nurse Home Visiting for Families Experiencing Adversity: A Randomized Trial. *Pediatrics*, 2019, 143 (1).
- ¹¹⁶ The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 2017. *Maternity Care in Australia: A framework for a healthy new generation of Australians*. RANZCOG, Melbourne.
- ¹¹⁷ AIHW, 2018. *Australia's mothers and babies, 2016*. AIHW, Canberra.
- ¹¹⁸ Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA), 2010. *Engaging Families in the Early Childhood Development Story*. MCEECDYA, Melbourne.
- ¹¹⁹ PRC, 2018. *Parenting Support in the Early Years*. PRC, Melbourne.

-
- ¹²⁰ PRC, 2017. *Parenting Today in Victoria: Report of Key Findings (report produced for the Department of Education and Training, Victoria)*. PRC, Melbourne.
- ¹²¹ Viner, RM, Ross, D, Hardy, R, et al. 2015. Life course epidemiology: recognising the importance of adolescence. *Journal of Epidemiol Community Health*, 69 (8), 719-720. <https://doi.org/10.1136/jech-2014-205300>
- ¹²² AIFS, 2014. *The Longitudinal Study of Australian Children Annual Statistical Report 2013*. AIFS, Melbourne.
- ¹²³ PRC, 2018. *Focus on Fathers. Parenting Today in Victoria*. PRC, Melbourne.
- ¹²⁴ L'Hôte, E, Kendall-Taylor, N, O'Neil, M, et al., 2017. *Talking about the science of parenting*. FrameWorks Institute, Washington DC.
- ¹²⁵ AIHW, 2014. *National outcome measures for early childhood development – phase 2: scoping paper*. Cat. no. PHE 184. AIHW, Canberra.
- ¹²⁶ The Royal Hospital for Women, 2015. *Malabar Community Midwifery Link Service*. Retrieved from <<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant/malabar-community-midwifery-link-service>>
- ¹²⁷ ParentWorks, 2016. *What is ParentWorks*. Retrieved from <<https://parentworks.org.au/#/>>
- ¹²⁸ L'Hôte, E, Kendall-Taylor, N, O'Neil, M, et al., 2017. *Talking about the science of parenting*. FrameWorks Institute, Washington DC.
- ¹²⁹ PRC, 2017. *Parenting Today in Victoria: Report of Key Findings (report produced for the Department of Education and Training, Victoria)*. PRC, Melbourne.
- ¹³⁰ Lawrence, D, Johnson, S, Hafekost, J, et al., 2015. *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.
- ¹³¹ Mission Australia and Black Dog Institute, 2017. *Youth Mental Health Report: Youth Survey 2012-2016*. Retrieved from <https://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6>
- ¹³² Beyond Blue. *Stats and Facts*. Retrieved from <<https://www.youthbeyondblue.com/footer/stats-and-facts>>
- ¹³³ *ibid.*
- ¹³⁴ Mission Australia, 2017. *Youth mental health and homelessness report*. Mission Australia, Sydney.
- ¹³⁵ Rosenstreich, G, 2013. *LGBTI People Mental Health and Suicide. Revised 2nd Edition*. National LGBTI Health Alliance, Sydney.
- ¹³⁶ Lawrence, D, Johnson, S, Hafekost, J, et al., 2015. *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.
- ¹³⁷ Mission Australia and Black Dog Institute, 2017. *Youth Mental Health Report: Youth Survey 2012-2016*. Retrieved from <https://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6>
- ¹³⁸ Lawrence, D, Johnson, S, Hafekost, J, et al., 2015. *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.
- ¹³⁹ Department of Health, 2017. *National Drug Strategy 2017-2026*. Department of Health, Canberra.
- ¹⁴⁰ Lawrence, D, Johnson, S, Hafekost, J, et al., 2015. *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.
- ¹⁴¹ *ibid.*
- ¹⁴² Bullying. No Way!, 2019. *Facts and Figures*. Retrieved from <<https://bullyingnoway.gov.au/WhatsBullying/FactsAndFigures>>
- ¹⁴³ COAG, 2012. *The Roadmap for National Mental Health Reform 2012-2022*. Commonwealth of Australia, Canberra.
- ¹⁴⁴ National Mental Health Commission (NMHC), 2018. *Monitoring mental health and suicide prevention reform: National Report 2018*. NMHC, Sydney.

-
- ¹⁴⁵ Austin, M-P, Highet, N and the Expert Working Group, 2017. *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. Centre of Perinatal Excellence, Melbourne.
- ¹⁴⁶ Beyond Blue. *Perinatal depression and anxiety: Evidence relating to infant cognitive and emotional development*. Retrieved from <<http://resources.beyondblue.org.au/prism/file?token=BL/0470>>
- ¹⁴⁷ The Centre for Adolescent Health, Murdoch Children's Research Institute, 2018. *Student Wellbeing, Engagement and Learning across the Middle Years*. Department of Education and Training, Canberra.
- ¹⁴⁸ Fox, S, Southwell, A, Stafford, N, et al., 2015. *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. ARACY, Canberra
- ¹⁴⁹ Viner, RM, Ross, D, Hardy, R, et al., 2015. Life course epidemiology: recognising the importance of adolescence. *Journal of Epidemiol Community Health*, 69 (8), 719-720. <https://doi.org/10.1136/jech-2014-205300>
- ¹⁵⁰ Beyond Blue. *Stats and Facts*. Retrieved from <<https://www.youthbeyondblue.com/footer/stats-and-facts>>
- ¹⁵¹ Mission Australia and Black Dog Institute, 2017. *Youth Mental Health Report: Youth Survey 2012-2016*. Retrieved from <https://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6>
- ¹⁵² Rosenstreich, G, 2013. *LGBTI People Mental Health and Suicide. Revised 2nd Edition*. National LGBTI Health Alliance, Sydney.
- ¹⁵³ COAG, 2012. *The Roadmap for National Mental Health Reform 2012-2022*. Commonwealth of Australia, Canberra.
- ¹⁵⁴ Mission Australia and Black Dog Institute, 2017. *Youth Mental Health Report: Youth Survey 2012-2016*. Retrieved from <https://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6>
- ¹⁵⁵ Bullying. No Way!, 2019. *Facts and Figures*. Retrieved from <<https://bullyingnoway.gov.au/WhatsBullying/FactsAndFigures>>
- ¹⁵⁶ Beyond Blue. *About Be You*. Retrieved from <<https://beyou.edu.au/about-be-you>>
- ¹⁵⁷ Big Brothers Big Sisters of Australia, 2018. *Impact*. Retrieved from <<https://www.bigbrothersbigsisters.org.au/why-mentoring/impact>>
- ¹⁵⁸ Ridani, R, Torok, M, Shand, F, et al., 2016. *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning, and monitoring*. Sydney: Black Dog Institute.
- ¹⁵⁹ Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C, 2016. *Raising the bar for youth suicide prevention*. Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.
- ¹⁶⁰ COAG, 2012. *The Roadmap for National Mental Health Reform 2012-2022*. Commonwealth of Australia, Canberra.
- ¹⁶¹ Department of Health, 2018. *National Alcohol Strategy 2018-2026. Consultation Draft*. Department of Health, Canberra.
- ¹⁶² Department of Health, 2017. *National Drug Strategy 2017-2026*. Department of Health, Canberra.
- ¹⁶³ AHMAC, 2017. *National Strategic Framework for Chronic Conditions*. Australian Government, Canberra.
- ¹⁶⁴ AIHW, 2018. *Australia's Health 2018*. Australia's health series no. 16. AUS 221. AIHW, Canberra.
- ¹⁶⁵ *ibid.*
- ¹⁶⁶ Cancer Australia, 2015. *Children's Cancer: Statistics*. Retrieved from <<https://childrenscancer.canceraustralia.gov.au/about-childrens-cancer/statistics>>
- ¹⁶⁷ Children's Cancer Institute. *Childhood Cancer: the facts*. Retrieved from <<https://childrenscancer.canceraustralia.gov.au/about-childrens-cancer/statistics>>
- ¹⁶⁸ AHMAC, 2017. *National Strategic Framework for Chronic Conditions*. Australian Government, Canberra.
- ¹⁶⁹ ARACY, 2018. *Report Card 2018: The Wellbeing of Young Australians*. ARACY, Canberra.
- ¹⁷⁰ AIHW, 2018. *Children's Headline Indicators*. Retrieved from <<https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/5-immunisation>>
- ¹⁷¹ Department of Health, 2019. *Immunisation*. Retrieved from <<http://www.health.gov.au/internet/main/publishing.nsf/Content/MC14-004203-Immunisation>>

-
- ¹⁷² US National Library of Medicine, 2019. *What are the benefits of genetic testing?* Retrieved from <<https://ghr.nlm.nih.gov/primer/testing/benefits>>
- ¹⁷³ Raising Children Network, 2019. *Genetic testing: a guide for parents*. Retrieved from <<https://raisingchildren.net.au/disability/services-support/services/genetic-testing>>
- ¹⁷⁴ Wilson, E, 2017. Engaging young people with a chronic illness. *Australian Family Physician*, 46(8), 572-576. Retrieved from <<http://search.proquest.com/docview/1934942995/>>
- ¹⁷⁵ Cushing, C, Brannon, E, Suorsa, K & Wilson, D, 2014. Systematic Review and Meta-Analysis of Health Promotion Interventions for Children and Adolescents Using an Ecological Framework. *Journal of Pediatric Psychology*, 39 (8), 949-962. <https://doi.org/10.1093/jpepsy/jsu042>
- ¹⁷⁶ Government of Western Australia Department of Health, 2015. *Health promotion in schools*. Retrieved from <https://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/CACH/CHM/CACH.SH.HealthPromotionInSchools.pdf>
- ¹⁷⁷ Winters, M, Buehler, R & Götschi, T, 2017. Policies to Promote Active Travel: Evidence from Reviews of the Literature. *Current Environmental Health Reports*, 4 (3), 278-285. <https://doi.org/10.1007/s40572-017-0148-x>
- ¹⁷⁸ UNICEF. *Child Friendly Cities Initiative*. Retrieved from <<https://childfriendlycities.org/>>
- ¹⁷⁹ COAG, 2015. *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024*. Commonwealth of Australia, Canberra.
- ¹⁸⁰ Department of Health, 2018. *National Immunisation Strategy for Australia 2019-2024*. Department of Health, Canberra.
- ¹⁸¹ AHMAC, 2017. *National Strategic Framework for Chronic Conditions*. Australian Government, Canberra.
- ¹⁸² COAG, 2015. *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024*. Commonwealth of Australia, Canberra.
- ¹⁸³ Department of Health, 2018. *National Immunisation Strategy for Australia 2019-2024*. Department of Health, Canberra.
- ¹⁸⁴ COAG, 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Commonwealth of Australia, Canberra.
- ¹⁸⁵ ACSQHC, 2011. *Patient-centred care: Improving quality and safety through partnerships with patients and consumers*. ACSQHC, Sydney.
- ¹⁸⁶ RACP, 2018. *Inequities in Child Health – Position Statement*. RACP, Sydney.
- ¹⁸⁷ AHMAC, 2011. *National Framework for Universal Child and Family Health Services*. Australian Government, Canberra.
- ¹⁸⁸ Department of Health, 2019. *Health Workforce*. Retrieved from <<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-prog>>
- ¹⁸⁹ Wall, L, Higgins, D, & Hunter, C, 2016. *Trauma-informed care in child/family welfare services*. AIFS, Melbourne.
- ¹⁹⁰ Mental Health Australia, 2014. *Trauma informed practice*. Retrieved from <<https://mhaustralia.org/general/trauma-informed-practice>>
- ¹⁹¹ Beyond Blue, 2017. *Stats and Facts*. Retrieved from <<https://www.youthbeyondblue.com/footer/stats-and-facts>>
- ¹⁹² RACP, 2018. *Inequities in Child Health – Position Statement*. RACP, Sydney.
- ¹⁹³ ADHA, 2017. *Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*. Australia's National Digital Health Strategy. ADHA, Sydney.
- ¹⁹⁴ ACSQHC, 2014. *Health literacy: Taking action to improve safety and quality*. ACSQHC, Sydney.
- ¹⁹⁵ Victorian Government Department of Health and Human Services, 2017. *Children and Families Research Strategy 2017-2019. Supporting the Roadmap to Reform*. Victorian Government, Melbourne.
- ¹⁹⁶ Ridani, R, Torok, M, Shand, F, et al., 2016. *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning, and monitoring*. Sydney: Black Dog Institute.
- ¹⁹⁷ ibid

-
- ¹⁹⁸ Department of Health, 2014. *Medicare Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715) Child Health Assessment (0-14)*. Retrieved from
<[http://www.health.gov.au/internet/main/publishing.nsf/Content/61D28A6649DBD87FCA257BF0001F954E/\\$File/Child-Health-Check-Proforma.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/61D28A6649DBD87FCA257BF0001F954E/$File/Child-Health-Check-Proforma.pdf)>
- ¹⁹⁹ ADHA, 2017. *Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*. Australia's National Digital Health Strategy. ADHA, Sydney.
- ²⁰⁰ ACSQHC, 2014. *National Statement of Health Literacy*. Retrieved from
<<https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>>
- ²⁰¹ ACSQHC, 2014. *Health literacy: Taking action to improve safety and quality*. ACSQHC, Sydney.
- ²⁰² Victorian Government Department of Health and Human Services, 2017. *Children and Families Research Strategy 2017-2019. Supporting the Roadmap to Reform*. Victorian Government, Melbourne.

Appendix A - Australian policy and strategy context

The following list indicates some of the key documents that inform and support the National Action Plan for the Health of Children and Young People:

- Australian Early Development Census National Report 2015
- Australian National Breastfeeding Strategy: 2019 and Beyond
- Australian National Diabetes Strategy 2016-2020
- Australia's National Oral Health Plan 2015-2024
- Australian Safety and Quality Framework for Health Care
- Australian Student Wellbeing Framework (2018)
- Cancer in Australia (2017) AIHW
- Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2015 - 2024
- Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (2015)
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- National Alcohol Strategy 2018-2026
- National Asthma Strategy (2018)
- National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
- National Digital Health Strategy (2018)
- National Disability Strategy 2010-2020
- National Drug Strategy 2017-2026
- National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028
- National Framework for Communicable Disease Control (2014)
- National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)
- National Framework for Neonatal Hearing Screening
- National Framework for Protecting Australia's Children 2009-2020
- National Framework for Universal Child and Family Health Services (2011)
- National Health Genomics Policy Framework 2018-2021
- National Immunisation Strategy for Australia 2019-2024
- National Injury Prevention and Safety Promotion Plan: 2004-2015
- National Medicines Policy (2000)
- National Men's Health Strategy 2020-2030
- National Mental Health Strategy
- National Palliative Care Strategy (2010)
- National Perinatal Depression Initiative
- National Pharmaceutical Drug Misuse Framework for Action 2012-2015
- National Plan to Reduce Violence against Women and their Children 2010-2022
- National Plan to Reduce Violence against Women and their Children: Third Action Plan 2016-2019
- National Primary Healthcare Strategic Framework
- National Primary Maternity Services Framework
- National Road Safety Strategy 2011-2020
- National Safety and Quality Health Service Standards – 2nd Edition (2017)
- National Statement on Health Literacy
- National Strategic Framework for Chronic Conditions (2017)
- National Strategic Framework for Rural and Remote Health (2011)
- National Suicide Prevention Strategy
- National Tobacco Strategy 2012-2018
- National Women's Health Policy 2010 – 2030
- National Women's Health Policy 2020 – 2030
- The National Framework for Protecting Australia's Children 2009-2020
- Roadmap for National Mental Health Reform 2012-2022
- The Australian Sun Safety Survey Data Report (2018)
- The Fifth National Mental Health and Suicide Prevention Plan (2017)
- The First Thousand days: An Evidence Paper (2017)
- The National Early Childhood Development Strategy - Investing in the Early Years (2009-2020)
- The Fourth National Sexually Transmissible Infections Strategy 2018-2022

