the nest
A national plan for child
and youth wellbeing

The Nest action agenda
Improving the wellbeing of Australia's children and
youth while growing our GDP by over 7%.

ARACY
Australian Research Alliance for Children & Youth
Collaboration • Evidence • Prevention

Bupa
Health Foundation

Principal Partner

November 2013

An action agenda

The Nest aims to align efforts to improve the wellbeing of children and youth aged 0-24 years. It is about collectively identifying the outcomes that we want to achieve for children and youth, the most effective prevention-focused and evidence-based ways to achieve these, and how we can best align our collective efforts to achieve them.

The Nest builds on existing frameworks and programs and bridges the critical gaps between them. It is based on the understanding that governments alone cannot meet all the needs of young people – and the significant issues facing young Australians cannot be improved by one 'magic' program, one policy, or one organisation working in isolation.

This summary document brings together the work of *The Nest* to date in an action agenda for 'turning the curve' on the wellbeing of children and youth in Australia. Drawing on major consultations with Australian children and families, input from Australia's leading 'thinkers and doers', evidence from the 2013 *ARACY Report Card: The wellbeing of young Australians* and a review of effective interventions, it describes the actions required for all Australian children and youth to achieve six outcomes: being loved and safe; having material basics; being healthy; learning; participating; and having a positive sense of identity and culture.

Note: A comprehensive technical report will be available in late 2013 with full details on the evidence and actions briefly summarised in this paper.

The document provides a guiding framework for the development of evidence-based, preventive and sustainable approaches to improve child and youth wellbeing across Australia. Federal, state and local governments, businesses, schools, non-government agencies, parents, the general community, and children and youth can make a difference if we work collectively toward achieving the changes that are needed.

An action agenda for children's sake and for Australia's productivity

The primary need for this action agenda is to improve the wellbeing of children and youth. The life expectancy of Australian children alive today will fall two years by the time they are 20 years old, so that after centuries of rising life expectancy, we are now staring down the barrel of a decline. This action agenda aims to disrupt the pathways which would lead to this expectation being fulfilled.

A secondary reason for this action agenda is that young people's wellbeing impacts on Australia's economic productivity – healthy children mean a healthy economy. Evidence from Canada shows that reducing the costs of early childhood vulnerability from their current rate of 29% to a projected rate of 20% (by 2020) would result in an increase in GDP of more than 20% over 60 years. The benefits to society associated with this reduction would outweigh the costs that are needed to bring it about by a ratio of more than 6:1.[2]

In Australia, it is estimated that reducing Australia's early childhood vulnerability[3] from 22%[4] to 15% (by 2020), as proposed in this action agenda, would lead to an increase in Australian GDP of 7.35% over 60 years.[5] The things that benefit the wellbeing of children and youth also benefit Australia's productivity. Meeting their needs is our economic as well as our ethical responsibility.

The potential gains in addressing our 'early childhood vulnerability debt' are considerable.

We need to quantify these gains in a major report investigating and documenting the productivity gains (through savings to health, welfare, education, justice) that are associated with a focus on prevention and early intervention.

A shared vision for Australia's children and youth

Our shared vision for Australia's children and youth (aged 0–24) is an Australia where:

> *'All young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture.'*

This vision applies to all Australian children and youth, regardless of age, gender, ability, ethnicity, race and socio-economic status.

This vision was developed and refined through the collective action of *The Nest* project, involving more than 4000 Australians, including children and youth, parents, leading thinkers, child advocates, policy-makers, service planners and providers across the nation. During 2012, ARACY brought these people together to develop and define measurable outcomes or goals, providing a common framework for taking action on the wellbeing of Australia's children and youth.[6] These outcomes are detailed in Figure 1 Currently, Australia ranks just 'middle of the road' in comparison to other Organisation for Economic Cooperation and Development (OECD) countries on indicators of child and youth wellbeing across the key domains of family, health, education, child poverty and deprivation and participation. We rank in the top third of OECD countries for only 26% of comparable indicators. For our vision to be realised, we need to perform much better than this, and to be consistently placed in the top third of OECD countries for all comparable indicators of child and youth wellbeing.

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[2] Kershaw et al. (2010). "The Economic Costs of Early Childhood Vulnerability in Canada", *Canadian Journal of Public Health*, 1 November; Kershaw et al. (2009). *15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment in British Columbia, Vancouver*, BC: Human Early Learning Partnership, University of British Columbia

[3] Early childhood vulnerability is measured in Canada using the Early Development Index (EDI) and in Australia using the Australian Early Development Index (AEDI). The AEDI was adapted from the EDI for the Australian context.

[4] This refers to the percentage of children who are developmentally vulnerable on one or more domains of the AEDI, which is currently 22% (AEDI 2012).

[5] ARACY estimates.

[6] In the development of *The Nest* these outcomes were referred to as Key Result Areas or KRAs.

Figure 1: The six outcomes of *The Nest*

'All young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture.'

Being loved and safe

Being loved and safe embraces positive family relationships and connections with others, along with personal and community safety. Children and youth who are loved and safe are confident, have a strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in their life. Children and youth who are loved and safe are resilient: they can withstand life's challenges, and respond constructively to setbacks and unanticipated events.

Having material basics

Children and youth who have material basics have access to the things they need to live a 'normal life'. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways.

Being healthy

Healthy children and youth have their physical, developmental, psychosocial and mental health needs met. They achieve their optimal developmental trajectories. They have access to services to support their growth and development, and have access to preventative measures to redress any emerging health or developmental concerns.

Learning

Learning is a continuous process throughout life. Children and youth learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children and youth who are learning participate in and experience education that enables them to reach their full potential and maximise their life opportunities.

Participating

Participating includes involvement with peers and the community, being able to have a voice and say on matters and, increasingly, access to technology for social connections. In practice, participating means children and youth are supported in expressing their views, their views are taken into account and they are involved in decision-making processes that affect them.

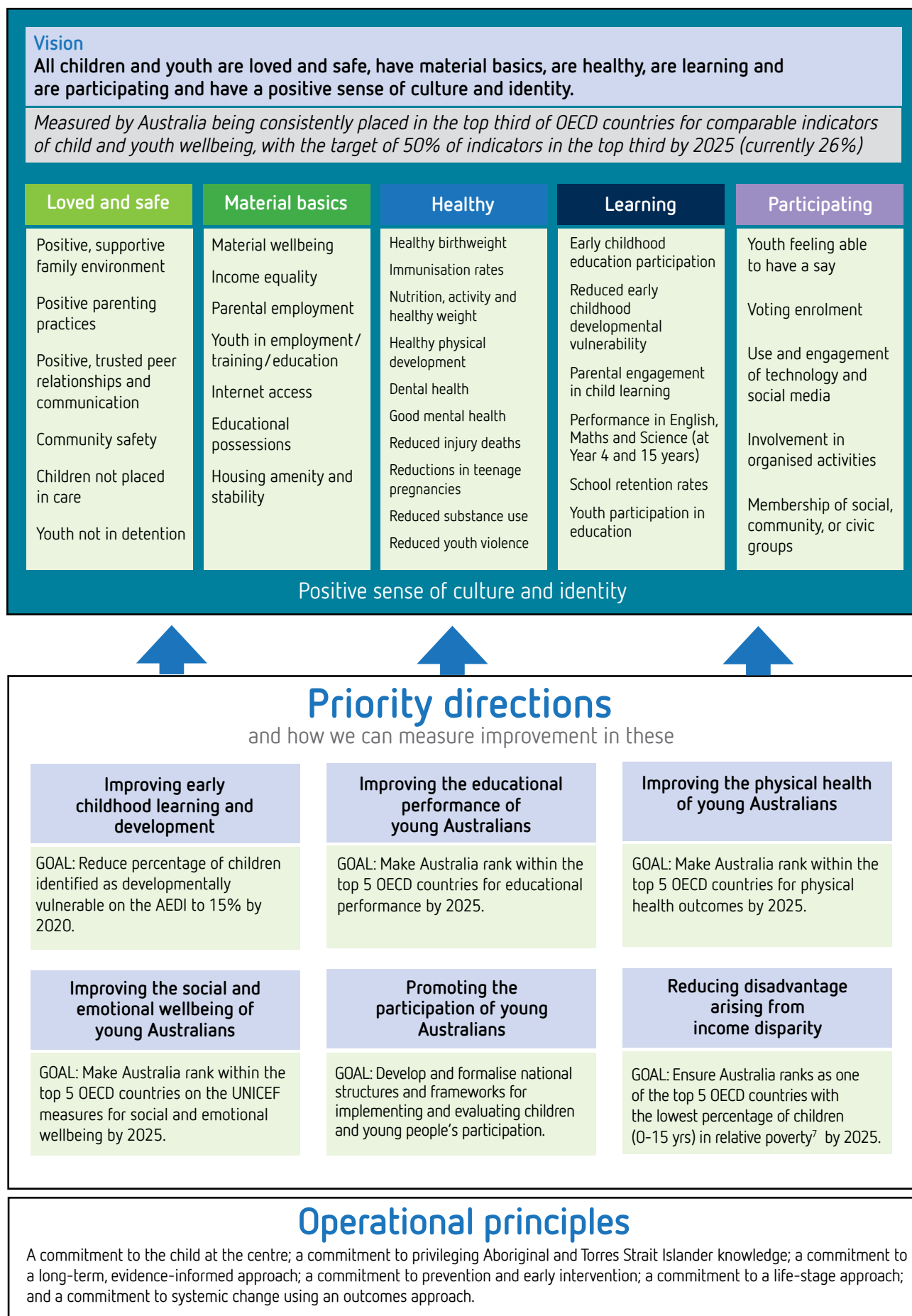### Positive sense of culture and identity

Having a positive sense of culture and identity is central to the wellbeing of children and youth, and is particularly important for Aboriginal and Torres Strait Islander and other culturally and linguistically diverse (CALD) children and youth. This outcome includes having a sense of spiritual wellbeing. It underpins and is fundamental to the other Nest child and youth outcomes areas, with appropriate measures of a sense of culture and identity to be developed.

A suite of agreed indicators for each outcome (detailed in the _ARACY Report Card: The wellbeing of young Australians_) enables us to monitor and measure progress towards our goals. Together, the outcomes and their indicators provide a comprehensive outcomes measurement framework on how Australia's children and youth are faring. They measure progress on whether we are 'turning the curve' to achieve our vision of an Australia with high rankings on international indicators of child and youth wellbeing. Our progress towards improvements will also be measured by existing datasets. (For example, the Australian Early Development Indix [AEDI], the biannual 'Picture of Australia's Children', and Programme for International Student Assessment [PISA] and Trends in International Mathematics and Science Study [TIMSS] data).

The six outcomes are inter-related – for example, having access to material basics is essential to full participation and engagement in learning and education. Their achievement depends on a complex inter-relationship between individual (child) and family factors, and broader community and societal factors. Because of this complexity, focusing just on one outcome at the exclusion of others will not lead to improvement in overall child and youth wellbeing. That is why **six 'cross-cutting' priority directions** have been identified through _The Nest_ consultation with children and youth, _The Nest_ summit workshop, and by examining indicators of wellbeing and the current programs and strategies in place in Australia – and internationally – that are proven to work. It is these priority directions that will enable coordinated action across the outcomes, towards achieving the ultimate vision and targets for child and youth wellbeing. These priority directions are summarised in figure 2 and described in pages 9-18. Their implementation will be guided by **six operational principles**, detailed on pages 7-8.

Figure 2 - *The Nest* vision, outcomes and priority directions

Vision

All children and youth are loved and safe, have material basics, are healthy, are learning and are participating and have a positive sense of culture and identity.

Measured by Australia being consistently placed in the top third of OECD countries for comparable indicators of child and youth wellbeing, with the target of 50% of indicators in the top third by 2025 (currently 26%)

Loved and safe	Material basics	Healthy	Learning	Participating
Positive, supportive family environment	Material wellbeing	Healthy birthweight	Early childhood education participation	Youth feeling able to have a say
Positive parenting practices	Income equality	Immunisation rates	Reduced early childhood developmental vulnerability	Voting enrolment
Positive, trusted peer relationships and communication	Parental employment	Nutrition, activity and healthy weight	Parental engagement in child learning	Use and engagement of technology and social media
Community safety	Youth in employment/training/education	Healthy physical development	Performance in English, Maths and Science (at Year 4 and 15 years)	Involvement in organised activities
Children not placed in care	Internet access	Dental health	School retention rates	Membership of social, community, or civic groups
Youth not in detention	Educational possessions	Good mental health	Youth participation in education	
	Housing amenity and stability	Reduced injury deaths		
		Reductions in teenage pregnancies		
		Reduced substance use		
		Reduced youth violence		

Positive sense of culture and identity

Priority directions
and how we can measure improvement in these

Improving early childhood learning and development

GOAL: Reduce percentage of children identified as developmentally vulnerable on the AEDI to 15% by 2020.

Improving the educational performance of young Australians

GOAL: Make Australia rank within the top 5 OECD countries for educational performance by 2025.

Improving the physical health of young Australians

GOAL: Make Australia rank within the top 5 OECD countries for physical health outcomes by 2025.

Improving the social and emotional wellbeing of young Australians

GOAL: Make Australia rank within the top 5 OECD countries on the UNICEF measures for social and emotional wellbeing by 2025.

Promoting the participation of young Australians

GOAL: Develop and formalise national structures and frameworks for implementing and evaluating children and young people's participation.

Reducing disadvantage arising from income disparity

GOAL: Ensure Australia ranks as one of the top 5 OECD countries with the lowest percentage of children (0-15 yrs) in relative poverty[7] by 2025.

Operational principles

A commitment to the child at the centre; a commitment to privileging Aboriginal and Torres Strait Islander knowledge; a commitment to a long-term, evidence-informed approach; a commitment to prevention and early intervention; a commitment to a life-stage approach; and a commitment to systemic change using an outcomes approach.

[7] Children (0-15 years) in households with less than 15% median income

Where are we now?

The *ARACY Report Card: The wellbeing of young Australians* shows that for the 46 indicators where comparable data are available for Australia and OECD countries, we rank in the top third of OECD countries for around only one-quarter (12/46) of the indicators, in the middle third for almost a half (20/46) and in the bottom third for around one-quarter (14/46).

While we are doing well in some areas, such as youth smoking rates, and on some indicators of youth education and employment, we rank relatively poorly (in the bottom third) on key indicators of significance: infant mortality, income inequality, jobless families, preschool attendance among 3-5 year-olds and reading and science performance in Year 4. Our indicators on teenage pregnancy and on child safety (child abuse deaths, youth suicides and injury deaths) are poor when compared to other OECD countries. Of particular and fundamental concern is the *Report Card* finding that levels of income inequality (a key driver of poorer child and youth wellbeing) and of jobless families (a major cause of child poverty and inequality in Australia) are increasing.

Additionally, inequalities in wellbeing outcomes between Aboriginal and Torres Strait Islander and non-Indigenous children and youth are marked and continue to be evidenced across a wide range of outcome areas, most notably in measures of poverty and deprivation, early childhood vulnerability, educational attainment and representation in child protection and out-of-home care and youth justice.

Particular actions and approaches are required to improve outcomes for Aboriginal and Torres Strait Islander and CALD children and youth, and children and youth with a disability (see page 19).

How can we best work together to make a difference?

Implementation of a national agenda needs to be guided by six operational principles.

1) A commitment to the child at the centre

In planning our approaches, we need to start from the perspective of the whole child, focusing on what is required to ensure their overall wellbeing across all the dimensions of their lives rather than planning within established professional disciplines and service boundaries. We need to shift our thinking to see every child as a holder, in their own right, of an entitlement to services that will promote and maintain their wellbeing.[8] The use of a child-focused outcomes framework for guiding action and evaluating progress will be a key first step in enabling this integrated and holistic planning.

2) A commitment to privileging Aboriginal and Torres Strait Islander knowledge

It is important that we privilege Aboriginal and Torres Strait Islander knowledge when developing agendas and delivering services relevant to Aboriginal and Torres Strait Islander children and youth. We also need to recognise that Aboriginal and Torres Strait Islander agencies are well placed to meet the needs of Aboriginal and Torres Strait Islander children and youth — such agencies need to be provided with appropriate funding, accountability and authority to meet the needs of their people.

3) A commitment to a long-term, evidence-informed approach

For Australia to improve child and youth wellbeing, we need a movement away from policy short-termism. We need to adopt a 'long-term' view and adopt strategies (policies, programs, practices, and processes) that are known to be effective in addressing particular outcomes for specific populations and to be viable and sustainable. There is no 'quick-fix' for some of the complex issues facing Australia's children and youth and we will need to monitor, review, report and communicate effectively on our long-term progress, based on reliable data sources.

4) A commitment to prevention and early intervention

We need to appropriately align interventions along the continuum from primary prevention to secondary early intervention and tertiary treatment. While tertiary action will always be required, evidence points to the maximum benefits being achieved by shifting our efforts towards preventing problems and intervening early when they appear through a proportionate universalism approach. Proportionate universalism combines the benefits of universalism (where preventive services and actions are provided to whole populations) with a targeted approach (where services and actions are directed as needed at the most disadvantaged, priority or vulnerable populations). This combined approach will be the most effective for decreasing the gradient of social inequality and more equitably distributing our resources and intervention efforts.

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[8] As discussed in Scott et al (2012), this understanding of the child (and not the parent) as the principal holder of an entitlement to services is more common in Nordic countries.

5) A commitment to a life-stage approach

Our responses and interventions must also be appropriately distributed along the age continuum of childhood. We need to design and build a comprehensive national prevention and early intervention system across the key life phases – early childhood, middle years and later school years and focused at key transition points. This system should be built around the strong evidence that our interventions will have the greatest impacts when they are focused as early as possible in the life course. However, this focus on the early years must be combined with an increased focus on the middle years and older adolescents and youth. The system should also recognise that children move through 'life-stage' transitions in different ways and at different ages. (For example, planning for transitions of children with a disability will need to begin earlier than for typically developing children).

6) A commitment to systemic change using an outcomes approach

There are a number of changes needed:

- Agreement to work toward a **shared vision** (as detailed as in this action agenda), and improved **collaboration** between child and youth wellbeing agencies, professions and governments to align efforts and deliver mutually reinforcing activities consistent with this shared vision.

- Utilising promising community engagement strategies, such as the collective impact process.

- Collectively using (and regularly reviewing and updating) the **shared outcomes framework** that is provided by *The Nest*, in the *ARACY Report Card: The wellbeing of young Australians.*

- **Reforming funding arrangements**, so funding from governments and others is based on accurate assessment of child and youth needs, clear articulation of outcomes to be achieved, demonstrated strong evidence for the funded intervention, and evaluation of the intervention's impact.

- Funding needs to be redirected towards more preventive activities, using flexible and local blended and braided funding models, and harnessing the energy and power of **volunteers** (including young people) to identify and co-design actions and deliver interventions.

- Better use of evidence-based **implementation science** to progress all interventions.

Six priorities to make a difference

Working together, we need to take action in six priority directions that will make a difference in 'turning the curve' on the wellbeing of all Australia's children and youth:

1. Improving early childhood learning and development

2. Improving the educational performance of young Australians

3. Improving the physical health of young Australians

4. Improving the social and emotional wellbeing of young Australians

5. Promoting the participation of young Australians

6. Reducing disadvantage arising from income disparity

These directions represent the best evidence-informed approaches for 'turning the curve' and attaining our vision of an Australia placed in the top third of OECD rankings for comparable indicators of child and youth wellbeing.

Under each direction, there are key high-level overarching strategies which have cross-cutting impact across the six outcome areas – these are set out in the following section. More detailed discussion of the evidence that underpins these strategies and a 'menu' of relevant 'best-buy' programs, are provided in additional supporting documents.

The strategies, detailed in the priority directions, were identified on the basis of an evidence review and expert consensus. They represent the approaches – policies, services, programs and practices – which are the most likely to improve *The Nest* outcomes, based on the best available knowledge.

The kind of evidence that is available to support the strategies is varied: for example, program-level interventions lend themselves well to being tested through experimental design, whereas high-level regulatory or policy approaches can be more difficult to evaluate.[9] This means some of the strategies are supported by evidence from reviews of experimental evaluations, whereas others have no supporting evidence of this kind but are supported by consensus.

Our knowledge of what works in prevention and early intervention is evolving and growing, and for some strategies the evidence is at an earlier stage of development than others, with further testing required. This action agenda and the suggested strategies will be updated and amended in response to new evidence, as it emerges.

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[9] Little, M & Sodha, S. (2012). *Prevention and Early Intervention in Children's Services*, Social Research Unit, Dartington.

1. Improving early childhood learning and development

The aim here is to reduce the percentage of children identified as developmentally vulnerable on the AEDI to 15% by 2020 (22% of Australian children are developmentally vulnerable on one or more domains of the AEDI according to the 2013 ARACY Report Card: The wellbeing of Young Australians).

Research points conclusively to the crucial importance of the early years in shaping and influencing lifelong outcomes and development. Experiences early in life will impact significantly on childhood learning and development, and on adult education, emotional wellbeing, and physical and mental health outcomes.[10]

There is a significant body of work already underway to improve the Australian response to children and families in the early years, underpinned by a clear recognition of the cost benefits of investing in early childhood. However, the evidence suggests we need to do more to overcome disadvantage and barriers to development and wellbeing in the early years.

We know, for example, that Australia ranks in the bottom three of OECD countries in benchmark standards relating to early childhood education and care;[11][12] and is near the bottom (30/34) of OECD countries for the percentage of 3-5 year-olds in early learning or preschool.

In 2012, 22% of Australian children were developmentally vulnerable on one or more domains of the AEDI and 11% of children were developmentally vulnerable on two or more domains – a slight improvement since 2009. Indigenous children are markedly more likely to be vulnerable on the AEDI. Findings from the AEDI data collection also indicate children with less severe developmental problems are not being diagnosed before they start school.[13]

Applying our operational principles

We need to recognise parents are the first and most important teachers in a child's life and they have the most significant influence on a child's learning, development and wellbeing outcomes. Other family members and carers also have an important influence in their formal and informal caring roles.

We need to build a coherent platform of universal services in infancy and combine this with increased attention to childhood care and education with the child at the centre, enhanced support for parents and carers and targeted services for vulnerable and disadvantaged children and families.

Strategies to improve early childhood learning and development

☐ Delivery of a national campaign to empower parents with options to provide the very best start to life for their children, facilitate greater philanthropic efforts, and ultimately improve social mobility. A campaign of this kind has not run before, so it would need to be evaluated. However, evidence demonstrates that public health campaigns are effective in addressing many health behaviours,[14] with a meta-analysis[15] showing on average a 9% increase in targeted behaviours.

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[10] Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood,* National Scientific Council on the Developing Child and National Forum on Early Childhood Policy and Programs.

[11] Australia met the following benchmarks: Subsidised and regulated child care services for 25% of children under 3; and 50% of staff in accredited early education services tertiary educated with relevant qualification. The other eight benchmarks not met by Australia include: parental leave of one year at 50% of salary; a national plan with priority for disadvantaged children; subsidised and accredited early education services for 80% of 4 year-olds; 80% of all child care staff trained; minimum staff-to-children ratio of 1:15 in pre-school education; 1.0% of GDP spent on early childhood services; child poverty rate less than 10%; and near-universal outreach of essential child health services.

[12] UNICEF Innocenti Research Centre. (2008).*The child care transition: A league table of early childhood education and care in economically advanced countries*, Report Card 8.

[13] Australian Government. (2013). *A Snapshot of Early Childhood Development in Australia 2012 - AEDI National Report*. Australian Government, Canberra.

[14] Hornik R, ed. (2002). *Public health communication:evidence for behaviour change*, Lawrence Erlbaum Associates, Hillsdale.

[15] Snyder LB and Hamilton MA. (2002) "A Meta-analysis of US Health Campaign Effects on Behaviour: Emphasise Enforcement, Exposure and New Information and Beware the Secular Trend" in Hornik R, ed. *Public Health Communication: Evidence for Behaviour Change*, pp. 357-385.

- Implementation of a national, universal platform of services for all infants and toddlers (0-3 years) comprising child and maternal health services, playgroups, sustained nurse home visiting and free quality early childhood (0- 5 years) education and care. This universal platform of services needs to be embedded in legislation as it is in many Scandinavian countries.

- Increased evidence-based parenting and carer support (including fathers) and family support services for groups identified as most vulnerable, particularly those living in remote areas, those living in socio-economically disadvantaged communities, those with a disability and additional needs and Aboriginal and Torres Strait Islander young people and their families.

- Expansion of evidence-based programs to support the development of basic literacy skills in the early years, as a key foundation for future educational achievement, employment, and economic and social participation.

Note the above are supported by strategies in other Priority areas, particularly 3 and 6

2. Improving the educational performance of young Australians

The aim here is to make Australia rank within the top 5 OECD countries for educational performance by 2025 (Australia ranks 19, 12 and 18 out of the 25 OECD countries respectively for year 4 reading, maths and science according to the 2013 ARACY Report Card: The wellbeing of young Australians) .

The primary aim of this priority direction is to facilitate young people's engagement with learning. When children and youth are fully engaged with learning their potential can be realised, and academic achievement will follow.

In Australia, we lack appropriate measures of engagement with learning and in their absence we are reliant on measures of educational performance. While Australian young people aged 15 years are performing moderately well when compared to their peers in OECD countries, the performance of Australian children in Year 4 in reading, writing and numeracy is ranked in the bottom third of OECD countries.

Also, while the majority of Australian young people are participating in education, rates of youth participation are low in comparison to other OECD countries. There are large discrepancies in educational outcomes between Aboriginal and Torres Strait Islander and non-Indigenous children, between children from high and low socio-economic backgrounds and between children who are in care, homeless or at risk of homelessness and those who are not.

Applying our operational principles

Although parental occupation, education and income all impact on learning and development, a child's home learning environment and the quality of their parenting and care are the most important influences on their intellectual and social development.[16]

We need to build on current national initiatives to improve educational outcomes by providing **greater support and recognition for the critical role of parents** in shaping the learning and development of children and youth. We need **strategies to build parental knowledge, skills and engagement**; and we need to build more **targeted approaches at key transition points** and **for children and youth who are at risk** of poorer educational outcomes. In recognition of the central importance of engagement in learning, we also need to develop approaches which promote and sustain child and youth engagement with learning.

Major reform is needed. The current focus gives predominant emphasis to educational attainment. However, educational attainment is best achieved through an emphasis on engagement of children and youth in learning.

[16] ARACY. (2012). *Towards a National Action Plan for Child and Youth Wellbeing.* Canberra.

Strategies to improve the educational performance of young Australians:

 Major reform to focus more on promoting student engagement in learning, through greater use of personalised learning approaches, Information Technology and social media.

 A national campaign to empower parents with options to provide the very best start to life for their children (see priority direction 1), acknowledging and incorporating in education policy and programs, the critical role of parents in children's education, from birth.

 Expansion of targeted and individualised learning strategies, such as mentoring programs and peer / cross-age tutoring (particularly for those at risk of disengagement from learning); coupled with other strategies to promote high quality teaching and learning environments.

 Delivering parent and carer support and education programs that build strong and constructive parenting styles across the population.

 Enhancing parent / carer engagement in education (in recognition of their roles in influencing educational engagement and attainment).

 Implementing flexible learning strategies for children and youth who are chronically ill or who have a disability, and their families.

Note the above are supported by strategies in other Priority areas, particularly 1, 3, 4 and 6

3. Improving the physical health of young Australians

The aim here is to make Australia rank within the top 5 OECD countries for physical health outcomes by 2025 (currently, there is no agreed aggregate measure of children and young people's physical health. Therefore, the average of all comparative OECD 'Health' measures in the 2013 ARACY Report Card: The wellbeing of Young Australians is used – Australia is currently ranked 17 out of 30 OECD countries.)

While Australia's children and youth are faring moderately well on health overall, relative to other OECD countries, the evidence highlights a pattern of persistent and marked health inequalities between child populations. Children from lower socio-economic and Aboriginal and Torres Strait Islander backgrounds, as well as those from rural and remote communities, have significantly poorer health outcomes across all measures. Infant mortality, which is directly linked to income inequality and a key measure of child wellbeing in a society, is relatively high in Australia, with a ranking of 26/34. Further, these general trends are masking some very critical areas of concern, such as rising rates of obesity and mental health disorders (covered in social and emotional wellbeing).[17]

Children's health and wellbeing is affected by the quality of their local neighbourhoods and the built environment.[18] Fear of crime or lack of green spaces and recreational facilities can have significant negative impacts on social and emotional wellbeing, as well as physical health.

Climate change is a global health threat and children are particularly vulnerable to this threat as 88% of the disease burden of climate change falls on children.[19]

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[17] ARACY. (2012). *Towards a National Action Plan for Child and Youth Wellbeing.* Canberra.
[18] The built environment refers to our 'human-made' surroundings and includes roads, parks, shops, schools, transport networks, community and recreational buildings.

Applying our operational principles

To effectively tackle health inequalities, our resources and intervention must be directed towards **preventing poor health and intervening early when health begins to suffer, as well as treating ill health.**

We need to be guided by **proportionate universalism**, ensuring a coordinated continuum of provision from universal preventative services to targeted approaches for those at particular risk of poorer health outcomes or who require specialist treatment. We also need to focus our attention on **the interface between health and education outcomes** for children and youth with special health care needs.

We need also to recognise and address the impacts of the local (built environment) and the global environment (climate change) on children and youth.

Strategies to improve the physical health of young Australians:

i) Low birthweight

- Ensure ready access to quality antenatal services; and to sustained nurse home visiting services as part of a national universal platform of services for 0-3s.

- Better access in pregnancy to smoking cessation programs, alcohol programs (to reduce fetal alcohol spectrum disorder [FASD]) and telephone support services.

ii) Asthma management and hospitalisations

- Expansion of school-based education interventions.

iii) Improving oral health

- Oral health promotion and education provided to parents of newborns as part of accessible universal services.

- Programs of toothbrushing instruction and oral hygiene education in schools and with families.

- Implementation of national targets for oral health for disadvantaged groups.

iv) Preventing injuries and injury deaths

- Access to sustained nurse home visiting services under a national universal platform for 0-3s to reduce injuries in the home.

- Combining family and school-based education interventions with community interventions, such as traffic calming measures, to reduce inequalities in road traffic injury rates.

v) Alcohol, tobacco and other drugs

- Implementation of more multi-component program addressing Australia's drinking culture and our norms and attitudes around substance use.

- Compliance checks and greater enforcement of legislation regarding sale of alcohol and of tobacco to young people.

- Decrease use of alcohol and tobacco through price increases.

- Reduce young people's exposure to alcohol advertising, for example, through legislative enforcement during children's popular viewing times, at sporting events and on or around public transport.

- Promote a national dialogue about raising the minimum drinking age to 21 years (which would also impact on road traffic injuries and fatalities).

vi) Nutrition, physical activity and obesity

- Expansion of strategies to promote and increase breastfeeding.

- Inclusion of healthy eating, physical activity and body image on the school curriculum, with increased support for schools to implement health promotion strategies and activities.

- Increase and make compulsory school curriculum focused on physical activity.

- Improvements in nutritional quality and food supplies, particularly targeted to those in need, for example, remote areas.

- Instituting a ban on junk-food advertising during children's television viewing hours and at sporting events.

- Environmental and cultural practices that support children eating healthier foods and being active throughout each day.

- Parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time on TV, video games and screen-based activities.

vii) Teenage pregnancy

- Implement access to school-based sex education programs.

- Broad-based multi-component programs that address the social determinants of teenage pregnancy along with other risk and protective factors.

viii) The built environment

- Leading action to promote the development of child-friendly communities, including through the framework of the UNICEF Child-Friendly Cities Initiative.[20]

viii) Climate change

- Leading action to protect children from the threat of climate change, including through support of the 'Statement of Commitment on Climate Change.'[21]

Note the above are supported by strategies in other Priority areas, particularly 1, 2, 4 and 6

4. Improving the social and emotional wellbeing of young Australians

The aim here is to make Australia rank within the top 5 OECD countries for social and emotional wellbeing by 2025 (currently, there is no agreed aggregate measure of children and young people's social and emotional wellbeing. Therefore, the average of all comparative OECD 'Loved and Safe' measures in the 2013 ARACY Report Card: The wellbeing of Young Australians is used – Australia is currently ranked 17 out of 27 OCED countries.)

Social and emotional wellbeing is fundamental, along with good physical health, to young people's current and future quality of life. Children with good social and emotional wellbeing are loved and safe, with positive family relationships, connections and support networks. They have a strong sense of identity and self-esteem and are resilient to setbacks. Positive family relationships and supportive neighbourhoods can protect children from some of the impacts of disadvantage.

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[20] *Unicef Child Friendly Cities,* available from www.childfriendlycities.org
[21] ARACY. *Statement of Committment to Climate Change*, available from www.aracy.org.au/projects/statement-of-commitment-on-climate-change

Evidence tells us most children and youth in Australia are loved and safe. However, conflict with family members is a strong concern for nearly a quarter of young people, and bullying and mental health issues among children and youth are a key concern. Australia ranks in the middle among OECD countries for community safety and in the bottom third on child abuse deaths. The number of children in out-of-home care in Australia is rising. Aboriginal and Torres Strait Islander children and youth are much more likely to be in care, and in detention or prison than non-Indigenous children. Children and youth with a disability are also more likely to be in care and in the youth justice system.

Sound early investment in improving social and emotional wellbeing in childhood and adolescence can prevent up to a half of mental health problems in adulthood.[22]

Applying our operational principles

We need to develop strategies to increase resilience in children and youth, recognising the important role of families and communities in building resilience. These strategies should include increased **investment in parental support and development of parenting skills** tailored to key life stages and transition points and targeted to families under stress. We also need to make **greater investment in placement prevention and intensive family and parent support services** to strengthen parental capacity to provide a safe home environment. In responding to youth offending, we should be guided by the **evidence that restorative justice processes are more effective than detention** in preventing offending.

Strategies to improve the social and emotional wellbeing of young Australians

- Increased resources to detect, manage and support mothers with perinatal depression and other mental health challenges relating to pregnancy, and increased support to address parental mental health issues more broadly.

- A national universal platform of services for all children aged 0-3 yrs, providing an important foundation for the development of resilience.

- Expansion of initiatives to target bullying, and mentoring programs for vulnerable children and youth to build resilience and capacity.

- National implementation of evidence-based, whole-of-school interventions in every Australian school to promote resilience and emotional and mental health and wellbeing.

- Leading action to reduce child smacking, including through strategies to empower parents to manage their children's behaviour and improve their overall wellbeing.

- Expansion of parental support programs tailored to particular skills and capabilities at key life stages and transition points and targeted for families under stress, such as those living with mental health or drug and alcohol issues, financial pressures or family violence.

- Greater investment in placement prevention and intensive family support services to prevent placement of children and youth in out-of-home care, including services with a specific focus on children and youth with disabilities and their families.

- Increased coverage of restorative justice and other diversionary programs across Australia, with strategies tailored to male and Indigenous offenders.

- The development of national datasets to monitor and measure family functioning and young people's perceptions of their neighbourhoods.

Note the above are supported by strategies in all other Priority areas

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[22] Mental Health Commission of Western Australia. *Infant and Child Mental Heath*, accessed from www.mentalhealth. wa.gov.au/ournewapproach/infant_child_copy1.aspx

5. Promoting the participation of young Australians

The aim here initially is to develop and formalise national structures and frameworks for implementing and evaluating child and youth participation by 2015.

International initiatives have demonstrated how children and youth can meaningfully participate and influence the laws, policies, services and decisions that impact on them. Current developments in Wales and in Scotland are breaking new ground in formalising national structures and frameworks for implementing and evaluating young people's participation.

There are many participation initiatives that are being implemented across Australian jurisdictions. In particular, the Australian Commissioners for Children and Young People, Child Guardians and other non-government and government organisations have progressed work to encourage the participation of children and youth.

Despite these promising developments, the participation of children and youth is not well advanced in Australia. The majority of Australian participation initiatives remain largely unrecognised, ad hoc, small-scale and unevaluated. This issue has received only limited public discussion or policy attention to date.

Participation is a fundamental right in itself [23] and evidence suggests young people's participation may also have a range of important benefits for the individual, for organisations and for the broader community. Benefits for the individual young person include increased confidence and self-esteem, an increased capacity to protect themselves and challenge violence and abuse and learning the skills of responsible and active citizenship. Benefits for organisations include improved capacity to achieve outcomes and effectively target funds. Benefits for the community include enhanced processes and institutions of governance.[24]

Applying our operational principles

To uphold our commitment to the child at the centre, and to realize broad-ranging benefits, we must actively promote opportunities for all children and youth to meaningfully participate in decision-making and in the planning, development and review of the responses and interventions that affect them. We must also seek to overcome potential barriers to participation, including barriers that may be experienced by vulnerable and disadvantaged population groups.

Strategies to improve the participation of young Australians:

- A national project to advance and support the development of a voice for children and youth in family, civic and community life, through the development of: an agreed participation framework; standards, principle indicators and measures; resource tools for practice and practice sites; implementation program; and a monitoring and evaluating framework.

- Increased opportunities for young Australians to volunteer and assist in efforts to improve the wellbeing of Australia's children and youth.

- Jurisdictions should review relevant legislative and regulatory frameworks to embed the voices of children and youth in policy, program and service design.

Note that the above are supported by strategies in other Priority areas, particularly 2 and 6

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[23] The right of children and youth to express their views on matters that affect them are set out in the United Nations Convention on the Rights of the Child (UNCRC), to which Australia is a signatory.

[24] Welsh Assembly, *Children's Rights in Wales: UN Convention on the Rights of the Child*, accessed from www.childrensrightswales.org.uk/participation.aspx; Ackerman, A, Feeny T, Hart J et al. (2003). *Understanding and Evaluating Children's Participation: A Review of Contemporary Literature*, Plan UK International, 2003.

6. Reducing disadvantage arising from income disparity

The aim here is that Australia ranks as one of the top five OECD countries on the percentage of children (0-15 years) in relative poverty by 2025 (Australia currently ranks 16 out of 29 countries on this OECD measure, according to the 2013 ARACY Report Card: The wellbeing of young Australians).

Australia ranks around the middle on the comparative OECD measure of children (0-15 years) in relative poverty. Australia also has higher proportions of children in jobless households than in most OECD countries and joblessness in Australia is a major cause of inequality and poverty.[25]

There is a clear relationship between income disparity and child and youth wellbeing, with higher levels of income inequality linked to inequalities in other aspects of wellbeing. Addressing income disparity makes good economic sense – the World Economic Forum's Global Risk Report rated inequality as one of the top global risks of 2013[26] and the World Bank states reducing income inequality can "*help accelerate economic and human development*".[27]

Applying our operational principles

The most effective policy and program strategies for improving child and youth wellbeing in Australia will be those that target underlying income disparity. However, because of the complex and systemic nature of income disparity and poverty, a multi-dimensional approach is required that addresses both the underlying income disparities and inequities, including gender disparities, and the associated barriers and life outcomes (access to housing, education, jobs, health, child care, and to the broader social and digital community).[28]

We can also learn from Nordic countries where evidence shows an integrated approach to tackling poverty and income disparity during the early years can have broad reaching benefits for child and youth wellbeing and can assist in reducing the disadvantage that arises from income disparity'.[29]

Strategies to address income disparity and its impacts in Australia

- Broadening opportunities in education (in early childhood and education completion).

- Investigating and addressing disincentives to work within the tax and welfare systems.

- Strategies to promote gender equality in the early years, including promoting women's economic participation.

- Expansion of accessible employment service and training pathways, including a focus on long-term unemployed people and improving access to apprenticeships and mentoring into employment.

- Tackling place-based clusters of intergenerational disadvantage to provide new industries, employment and job opportunities.

- Improvements to income support welfare benefits for families, with a focus on groups most affected by poverty including lone parent families.

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[25] Scott et al. (2012). *Changing Children's Chances: can Australia learn from Nordic countries?* Centre for Citizenship and Globalisation Research Paper Series, Vol. 3.
[26] Lee Howells. ed. (2013). *Global Risks 2013,* 8th Edition. World Economic Forum, Switzerland. Available at www.weforum.org/issues/global-risks
[27] World Bank. (2000). *Beyond Economic Development: An Introduction to Sustainable Development.* World Bank, Washington. Available at ww.worldbank.org/depweb/beyond/beyondco/beg_05.pdf
[28] ARACY. (2012). *Towards a National Action Plan for Child and Youth Wellbeing.* Canberra.
[29] ARACY. (2012). *Towards a National Action Plan for Child and Youth Wellbeing.* Canberra.

- Investment to increase access to affordable housing including initiatives to ease the high costs of private rental housing for low-income households and development of innovative social housing models.

- Increasing support to prevent families and children experiencing or at risk of homelessness, including tenancy support programs and interventions for women escaping domestic violence.

- Removal of barriers to work and ensuring people are adequately supported to access work while also fulfilling their parenting role and obligations.

- Expansion of accessible and appropriate child care, including models to assist lower paid workers who work outside of standard office hours.

- Greater national investment in building strong parenting skills and parental engagement.

- Development of a national approach to enabling all Australian children and youth to participate in the broader social and digital community.

Note the above are supported by strategies in other Priority areas, particularly 1, 2 and 5

Action for Aboriginal and Torres Strait Islander children and youth

The *ARACY Report Card* shows that outcomes are worse for Aboriginal and Torres Strait Islander children and youth across the five outcome areas for which measures have been developed (see Figure 2).

If we are to achieve our vision for the wellbeing of all children and youth in Australia, it is imperative Aboriginal and Torres Strait Islander people are involved in leading the journey. Development of *The Nest* has involved consultation with some Aboriginal and Torres Strait Islander children and youth and key Aboriginal and Torres Strait Islander organisations. However, there is recognition of the limitations of the approach to date, and the need to focus on developing an **Aboriginal and Torres Strait Islander-specific** agenda as part of *The Nest*.

Aboriginal and Torres Strait Islander representative organisations are working collaboratively to identify **key principles** that should underpin Australia's efforts to improve the wellbeing of Aboriginal and Torres Strait Islander children and youth, and the **key actions** that may bring these principles to life. This will be incorporated into this action agenda by late 2013.

Action for other culturally and linguistically diverse children and young people

Australia is one of the most multicultural diverse countries in the world. In 2010, 27% of the total population was born overseas, and 8.3% of the total population of multicultural children aged 0-14 years. While there is a growing body of qualitative research, there are many gaps in our knowledge about how CALD children and youth are faring. For some outcomes no CALD data are collected. Where data are collected, numbers are often too small to allow for analysis by country of birth or ethnic group. Analysis of the overseas-born as a single group can also mask important between-group differences in the migration experiences that impact on wellbeing.[30]

Available data suggest that for some outcomes, such as teenage births and mothers smoking in pregnancy, overseas-born children are faring better than their Australian born peers, although for others, such as being read to or told stories at age 0-2 years and Year 5 reading, they are faring slightly less well.[31] As noted in a recent overview,[32] children and youth from a refugee background have very different life experiences and health profiles to those who are born in Australia, and they will often have specific health and wellbeing needs.

An approach to ensure the wellbeing of Australia's overseas-born children are being appropriately monitored and responded to will be developed and incorporated as part of the ongoing development of *The Nest* action agenda.

Action for children and youth with a disability

Around 7% of Australia's children and youth (aged 0-14 years) have a disability with over half (around 4%) having profound or severe core activity limitations. [33]

Children and youth with a disability and their families (including siblings) are a particularly vulnerable group. These young people and their families are at greater risk of experiencing social exclusion, low incomes, bullying, isolation and mental health difficulties. Additional long-term stresses are often placed on the families of children with disabilities, associated with the financial pressures of raising a child with a disability and these families may also experience particular barriers to work.

As the Australian Institute for Health and Welfare (AIHW) notes "*disability goes beyond the presence or absence of particular health conditions*". The experience of disability is strongly influenced by attitudinal and environmental factors, and early detection and intervention "*has the potential to significantly reduce disability and its impact on the person's participation in all aspects of their life, over the life span*".[34]

An approach to promoting and ensuring the wellbeing of Australia's children and youth with a disability will also be developed as part of *The Nest* action agenda.

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[30] AHW. (2012) *A Picture of Australia's Children* 2012. AIHW, Canberra.

[31] AIHW. (2012). *A Picture of Australia's Children 2012*, AIHW, Canberra.

[32] Department of Education and Early Childhood Development. (2011). *Refugee Status Report: A Report on How Refugee Children and Young People in Victoria are Faring*, Victorian Government Department of Education and Early Childhood Development.

[33] AIHW. (2012). *A Picture of Australia's Children 2012*. AIHW, Canberra. The most common disability types, among the 7% of children with a disability, are intellectual and sensory/speech disabilities.

[34] AIHW. (2012). *A Picture of Australia's Children 2012*. AIHW, Canberra.

Co-delivering actions: *The Nest* phase 3

The action agenda outlined here offers a draft roadmap for 'turning the curve' on the wellbeing of children and youth in Australia. *The Nest* is not a static or final agenda and neither should it be. Fresh evidence will arise, programs will evolve and new issues will emerge. We need to adapt to these changes as they happen, updating the evidence base and tailoring strategies accordingly. We will also need to develop and refine our data and measurement frameworks, to ensure that these are as relevant and up-to-date as possible.

This paper does not yet identify the 'who and how': the responsibility and key tasks and resources required for collective action to progress the strategies detailed in this agenda.

Phase 3 of *The Nest* is about co-delivering the actions detailed in this action agenda. ARACY seeks the support and participation of governments (both state and federal), researchers, service agencies, peaks and professional groups, philanthropies, business, community and others to progress this work.

There are many ways that *The Nest* could be used in the future, including:

- Top-down — for example, federal agencies, peak agencies and large national non-government agencies reviewing the strategies in *The Nest* and prioritising and progressing evidence based, prevention focused policies, legislation and programs at a national or state level. *The Nest* can also provide the lens through which policy regarding children, youth and families can be enhanced and / or reformed, and provide a framework for joint planning and action.

- Bottom up — for example, using *The Nest* as a framework at the grass roots level, as a guiding framework to help align collective action within local communities.

- Within organisations — for example, using *The Nest* outcomes framework (as detailed in *The Report Card: The wellbeing of young Australians*) to focus efforts toward common outcomes, or helping to facilitate joint advocacy or joint planning with other organisations, or assisting in facilitating internal organisational alignment toward prevention and evidence.

ARACY is committed to acting as a 'backbone organisation' for *The Nest* Phase 3: guiding the vision and facilitating strategies and overseeing the development of an implementation plan. This implementation plan will need to be developed collaboratively, for example through a *Nest* implementation committee with a structure representative of children and young people and the main agencies responsible for implementation.

ARACY is committed to *The Nest* over the long term. But your commitment is also needed. It is through this co-ordinated, evidence-based, and practical approach that we can start to improve children and young people's wellbeing.

We look forward to your ongoing participation.