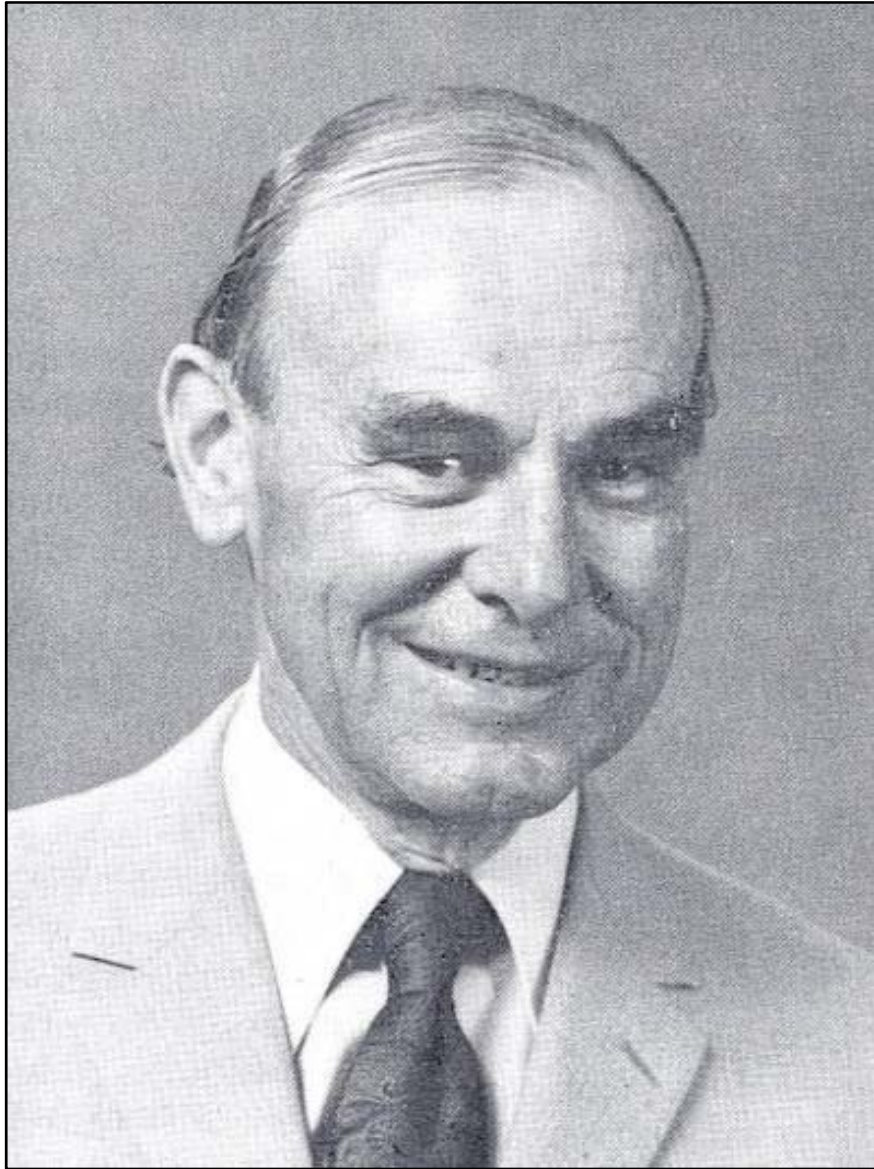


Advocacy at the Interfaces

Disruption for Healthy Futures



Howard Williams

... vision that the health of children was the basis for the health of the nation – and indeed for its whole social well-being.



William Macdonald

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- http://www.who.int/topics/mental_health/en/

MORBIDITY PATTERNS OF ABORIGINAL AND NON-ABORIGINAL CHILDREN ADMITTED TO HOSPITAL

D. A. FORBES¹, E. J. B. WILLIAMS² and W. B. MACDONALD³

*From the Department of Child Health, University of Western Australia, and
Princess Margaret Hospital for Children, Perth, Western Australia*

TABLE I

Comparison of Numbers of Admissions of Aboriginal and non-Aboriginal Children, Princess Margaret Hospital, Perth, 1969

	Aborigines % Distribution Population 3.9%		Non-Aborigines < 16 Years of Age 96.1%		Degree of Significance
	No. of Admissions	% of Admissions	No. of Admissions	% of Admissions	
Pneumonia	103	13.2	527	87.3	p < 0.005
Gastro-Intestinal Infections	100	13.0	666	87.0	p < 0.005
Ear Infections	74	13.9	458	86.1	p < 0.005
Eye Infections	26	13.6	165	86.4	p < 0.005
Miscellaneous Infections	62	8.6	116	82.1	p < 0.005
Nutritional Disturbances	28	26.7	77	73.3	p < 0.005
Deficiency Anaemias	32	45.7	38	54.3	p < 0.005
Non-Deficiency Anaemias	10	7.9	116	92.1	p < 0.05
Rheumatic Fever	11	19.0	47	81.0	p < 0.005
Accidents and Violence	44	2.0	2,167	98.0	p < 0.005
Total Admissions (All Categories)	793	5.4	13,884	94.6	p < 0.005



Michael Gracey



Lou Landau



Grant Gall



Fiona Stanley

Advocacy

Latin: Advoco advocare adocati advocarus

- call in as counsel
- call, summon, invite, convoke, call for
- invoke the Gods

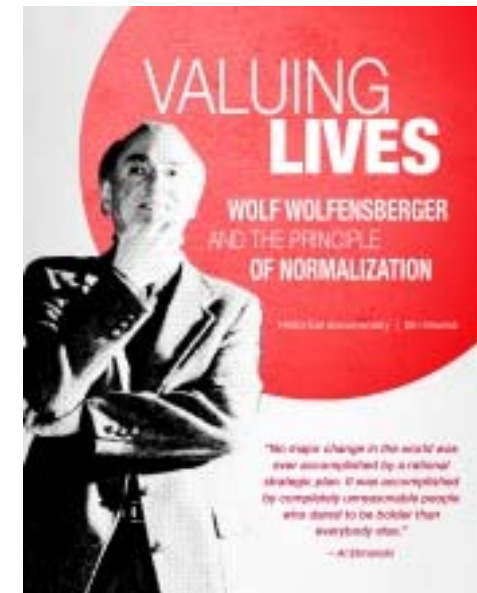
Source: “Oxford Latin Dictionary”, 1982



CITIZEN ADVOCACY

... speaking acting, writing with minimal conflict of interest on behalf of the sincerely perceived interests of a disadvantaged person or group to promote, protect and defend their welfare and justice by

- being on their side and no-one else's
- being primarily concerned with their fundamental needs
- remaining loyal and accountable to them in a way which is emphatic and vigorous and which is, or is likely to be, costly to the advocate or advocacy group



Wolf Wolfensberger

Medical Law, Public Health Law & Human Rights

- Medical law regulates professional conduct, gives rise to patient/consumer rights
- Public health law is society's attempts to ensure healthy conditions, limited by what is not regulated
- Human rights = fundamental rights to which a person is inherently entitled simply because they are a human being

Universal Declaration *of* Human Rights



A SIMPLIFIED VERSION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD.



© UNICEF/NYHQ1996-2000/Cherian

- Article 1** Everyone under 18 years of age has all the rights in this Convention.
- Article 2** The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.
- Article 3** All organisations concerned with children should work towards what is best for each child.
- Article 4** Governments should make these rights available to children.
- Article 5** Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.
- Article 6** Children have the right to live a full life. Governments should ensure that children survive and develop healthily.
- Article 7** Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.
- Article 8** Governments should respect a child's right to a name, a nationality and family ties.
- Article 9** Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.
- Article 10** Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.
- Article 11** Governments should take steps to stop children being taken out of their own country illegally.
- Article 12** Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.
- Article 13** Children have the right to get and to share information, as long as the information is not damaging to them or to others.
- Article 14** Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.
- Article 15** Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

- Article 16** Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.
- Article 17** Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.
- Article 18** Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.
- Article 19** Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.
- Article 20** Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.
- Article 21** When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.
- Article 22** Children who come into a country as refugees should have the same rights as children who are born in that country.
- Article 23** Children who have any kind of disability should receive special care and support so that they can live a full and independent life.
- Article 24** Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.
- Article 25** Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.
- Article 26** The Government should provide extra money for the children of families in need.
- Article 27** Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.
- Article 28** Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

- Article 29** Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.
- Article 30** Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.
- Article 31** Children have the right to relax, play and to join in a wide range of leisure activities.
- Article 32** Governments should protect children from work that is dangerous or that might harm their health or education.
- Article 33** Governments should provide ways of protecting children from dangerous drugs.
- Article 34** Governments should protect children from sexual abuse.
- Article 35** Governments should make sure that children are not abducted or sold.
- Article 36** Children should be protected from any activities that could harm their development.
- Article 37** Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.
- Article 38** Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.
- Article 39** Children who have been neglected or abused should receive special help to restore their self-respect.
- Article 40** Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.
- Article 41** If the laws of a particular country protect children better than the articles of the Convention, then those laws should override the Convention.
- Article 42** Governments should make the Convention known to all parents and children.

The Convention on the Rights of the Child has 54 articles in all. Articles 43-54 are about how adults and governments should work together to make sure that all children get all their rights.

Go to www.unicef.org/crc to read all the articles.



© UNICEF/NYHQ1996-2000/Cherian

unicef



A SIMPLIFIED VERSION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD.



- Article 1** Everyone under 18 years of age has all the rights in this Convention.
- Article 2** The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.
- Article 3** All organisations concerned with children should work towards what is best for each child.
- Article 4** Governments should make these rights available to children.
- Article 5** Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.
- Article 6** Children have the right to live a full life. Governments should ensure that children survive and develop healthily.
- Article 7** Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.
- Article 8** Governments should respect a child's right to a name, a nationality and family ties.
- Article 9** Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.
- Article 10** Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.
- Article 11** Governments should take steps to stop children being taken out of their own country illegally.
- Article 12** Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.
- Article 13** Children have the right to get and to share information, as long as the information is not damaging to them or to others.
- Article 14** Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.
- Article 15** Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

- Article 16** Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.
- Article 17** Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.
- Article 18** Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.
- Article 19** Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.
- Article 20** Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.
- Article 21** When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.
- Article 22** Children who come into a country as refugees should have the same rights as children who are born in that country.
- Article 23** Children who have any kind of disability should receive special care and support so that they can live a full and independent life.
- Article 24** Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.
- Article 25** Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.
- Article 26** The Government should provide extra money for the children of families in need.
- Article 27** Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.
- Article 28** Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

Basic Rights & General Principles of the UNCRC

1. Non Discrimination
2. Best interests of the child
3. The right to live, survive , develop
4. Respect for the views of the child

Article 40 Should national laws and procedures for children should only be used for the most serious offences.

Article 41 If the laws of a particular country protects children better than the articles of the Convention, then those laws should override the Convention.

Article 42 Governments should make the Convention known to all parents and children.

The Convention on the Rights of the Child has 54 articles in all. Articles 43-54 are about how adults and governments should work together to make sure that all children get all their rights.

Go to www.unicef.org/crc to read all the articles.



unicef 

UNCRC Article 37 (C)

Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;





RACP

Specialists. Together

EDUCATE ADVOCATE INNOVATE



Basic Training Paediatrics & Child Health

Domain 2: Medical Expertise

THEME 2.5: Medicine Throughout the Lifespan/Growth and Development

BASIC TRAINING CURRICULUM:
PAEDIATRICS & CHILD HEALTH

LEARNING OBJECTIVE 2.5.4: Recognise and manage common problems of behaviour and development

ATTITUDES: Appropriate respect and empathy for children and families with intellectual, developmental and behavioural disorders

KNOWLEDGE

SKILLS

Domain 2: Medical Expertise

THEME 2.5: Medicine Throughout the Lifespan/Growth and Development

BASIC TRAINING CURRICULUM:
PAEDIATRICS & CHILD HEALTH

LEARNING OBJECTIVE 2.5.5: Recognise and manage common child protection problems

ATTITUDES:

- Appropriate respect for all children and family members regardless of presentation
- Maintenance of child-focussed perspective
- Awareness of the impact that dealing with situations of child abuse may have on your emotional health and wellbeing and that of others

KNOWLEDGE

SKILLS

Domain 2: Medical Expertise

THEME 2.5: Medicine Throughout the Lifespan/Growth and Development

BASIC TRAINING CURRICULUM:
PAEDIATRICS & CHILD HEALTH

LEARNING OBJECTIVE 2.5.6: Manage patients at the end of life

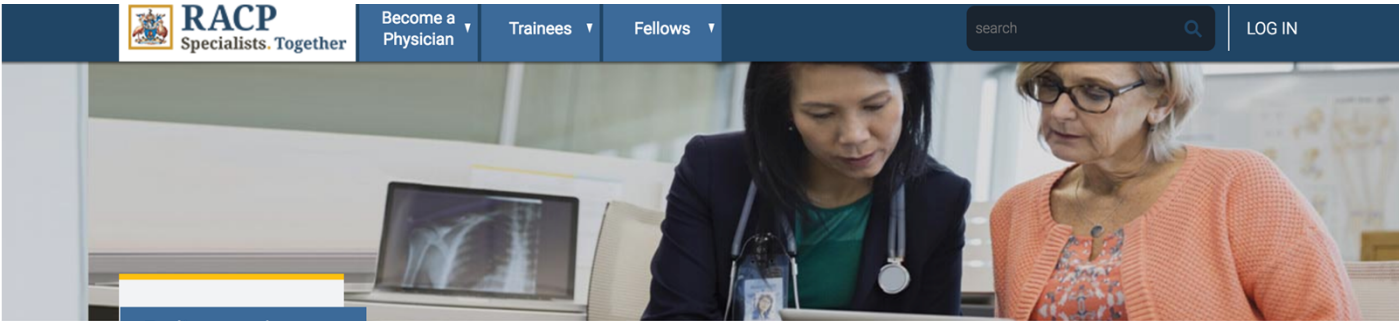
LINKS: PQC – communication, teamwork

ATTITUDES:

- Compassion towards those we can no longer 'cure'
- Respect for dignity at end of life

KNOWLEDGE

SKILLS



Policy and Advocacy

[Represent your
profession](#)[EVOLVE](#)[► Policy and Advocacy
Priorities](#)[► Division, Faculty and
Chapter Priorities](#)[State and Territory
Priorities](#)[Policy and Advocacy
Library](#)[Home](#) > Policy and Advocacy

Policy and Advocacy

What is policy and advocacy at the RACP?

Our Fellows and trainees care passionately about their profession and the people they treat. Through our Policy and Advocacy division, they contribute their extensive knowledge across more than 33 different specialties to advocate on behalf of their patients and our communities. With the input of our members, we:

- make submissions to a wide range of public health inquiries
- develop position statements, policy documents and strategies backed by scientific evidence to contribute to public debate on key healthcare issues
- maintain ongoing high level relationships with a wide range of key stakeholders across the healthcare sector, the medical professions, state and Federal Government in Australia and national



Educate

Through the RACP we work together to educate and train the next generation of specialists to deliver quality care.

[Find out more](#)

Advocate

Our specialists work together to develop and advocate for policies that promote the interests of our profession, our patients and our communities.

[Find out more](#)

Innovate

We collaborate to lead innovation in the delivery of specialist medicine in a constantly changing world, and support innovative medical research through our Foundation.

[Find out more](#)

Paediatric Led Policies & Advocacy 2005-2012

Clinical Practice Guidelines

- Breast Feeding
- Examination of the Newborn
- Vitamin K administration to newborn infants (NHMRC)
- Soy formula
- Paediatricians and immunisation
- Management of procedure related pain in neonates
- Indications for tonsillectomy & adenoidectomy
- Recommendations for bariatric surgery in adolescents
- Routine adolescent psychosocial health assessment
- Transition to adult services for adolescents with chronic conditions
- Genital examination in girls and women- a clinical practice guideline
- ADHD Guidelines

Protecting vulnerable children

- Decision making at the end of life in infants, children and adolescents
- Confidential health care for adolescents and young people
- Circumcision
- Female genital mutilation/cutting
- Protecting children is everyone's business
- Health of children" in out-of-home" care
- Towards better health for refugee children and young people in Australia and New Zealand
- Colocation of adults with children and adolescents in healthcare settings
- Australian Children's Commissioner



The Royal Australasian
College of Physicians

Policy on the co-location of adults with children and adolescents in healthcare settings

14 May 2009

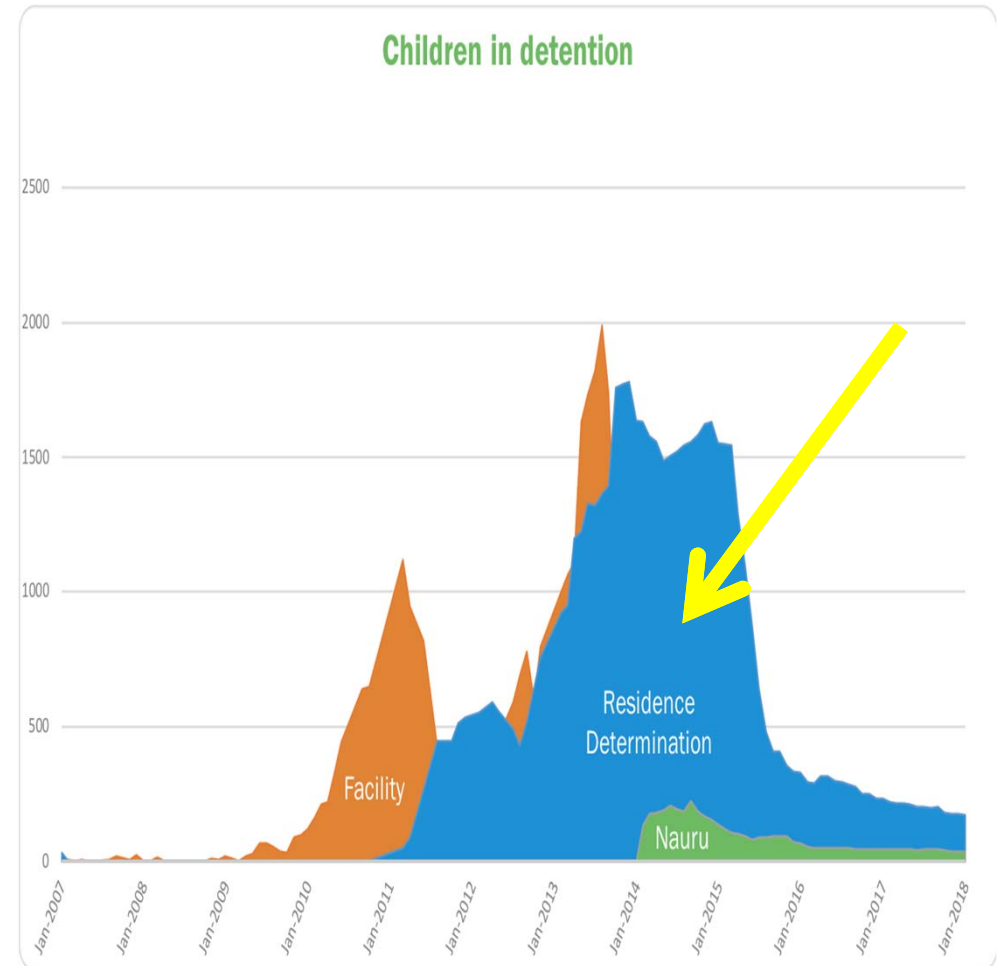
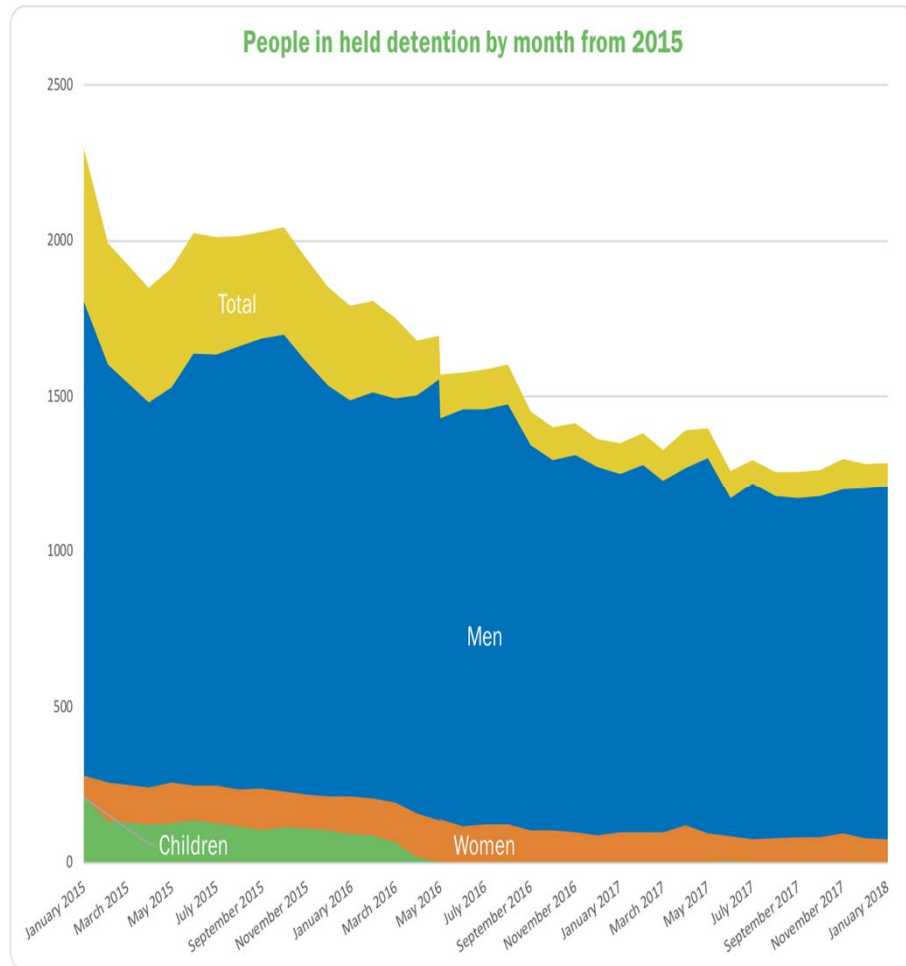
"Children and adolescents must be cared for on wards that are appropriate for their age and stage of development and must be physically separated from adult patients." Australian Standards for the Care of Children and Adolescents in Health Services, 2008.

"Accommodation for children shall be separate from that provided for adults, and where possible, separate accommodations shall be available for young people." New Zealand Standards for the Wellbeing of Children and Adolescents Receiving Healthcare, 2004



THE AUSTRALIAN COUNCIL
ON HEALTHCARE STANDARDS

Refugee & Asylum-Seeker Children Held in Australia



VIEWPOINT

Perspective: 'The forgotten children: National inquiry into children in immigration detention (2014)'

Georgia Paxton,^{1,2} Shidan Tosif,^{1,3} Hamish Graham,^{1,3} Andrea Smith,¹ Colette Reveley,¹ Jane Standish,^{1,2,4} Kate McCloskey,^{2,4} Grant Ferguson,^{1,5} David Isaacs,^{6,7} Hasantha Gunasekera,^{6,7} Ben Marais,^{6,7} Philip Britton,^{6,7} Ameneh Khatami,⁶ Karen Zwi,^{8,9} Shanti Raman,^{7,9,10} Elizabeth Elliott,^{6,7} David Levitt,¹¹ Joshua Francis,¹² Paul Bauert,¹² Peter Morris,¹² Annie Whybourne,^{12,13,14} Sarah Cherian,^{15,16} Raewyn Mutch,^{15,16} David Forbes,^{15,16} David Rutherford^{15,17} and Suzanne Packer^{18,19}



**Towards better
health for refugee
children and young
people in Australia
and New Zealand**

**The Royal Australasian
College of Physicians
May 2015**

**Refugee and Asylum
Seeker Health
Position Statement**



Commonwealth Association of Paediatric Gastroenterology & Nutrition

- Promotes research and education related to childhood diarrhoea and malnutrition in developing countries
- Promotes scientific meetings in developing countries
- Represents child health interests at the CHOGM meetings

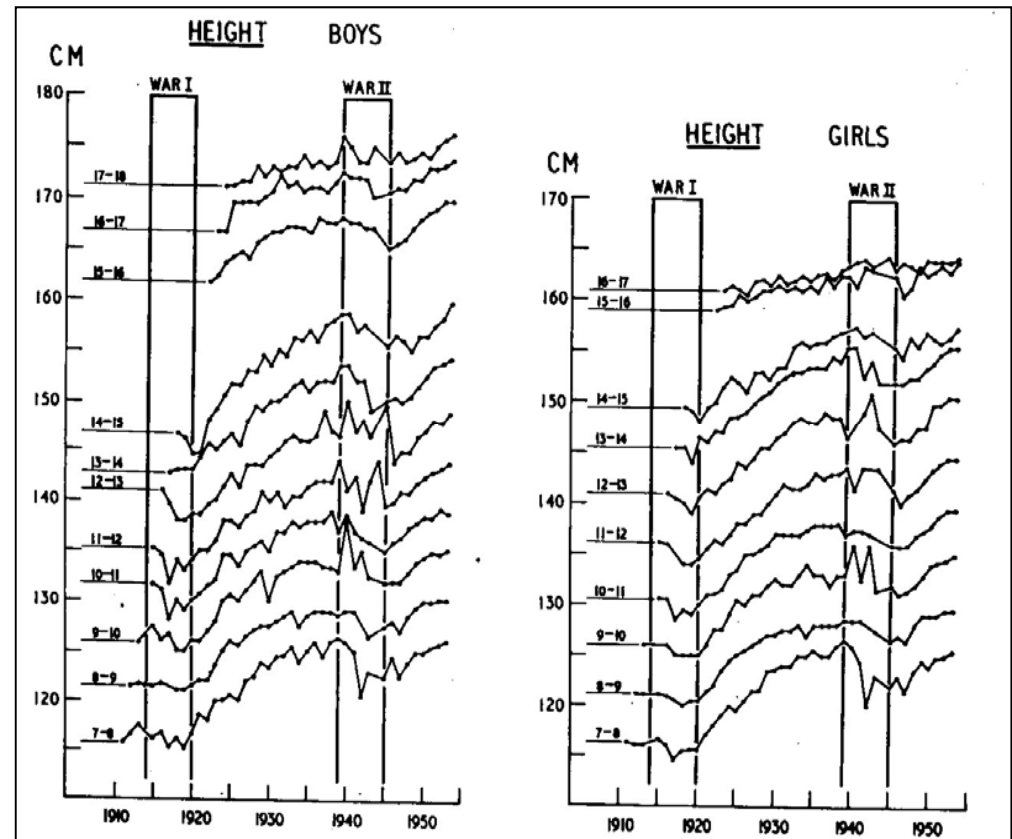
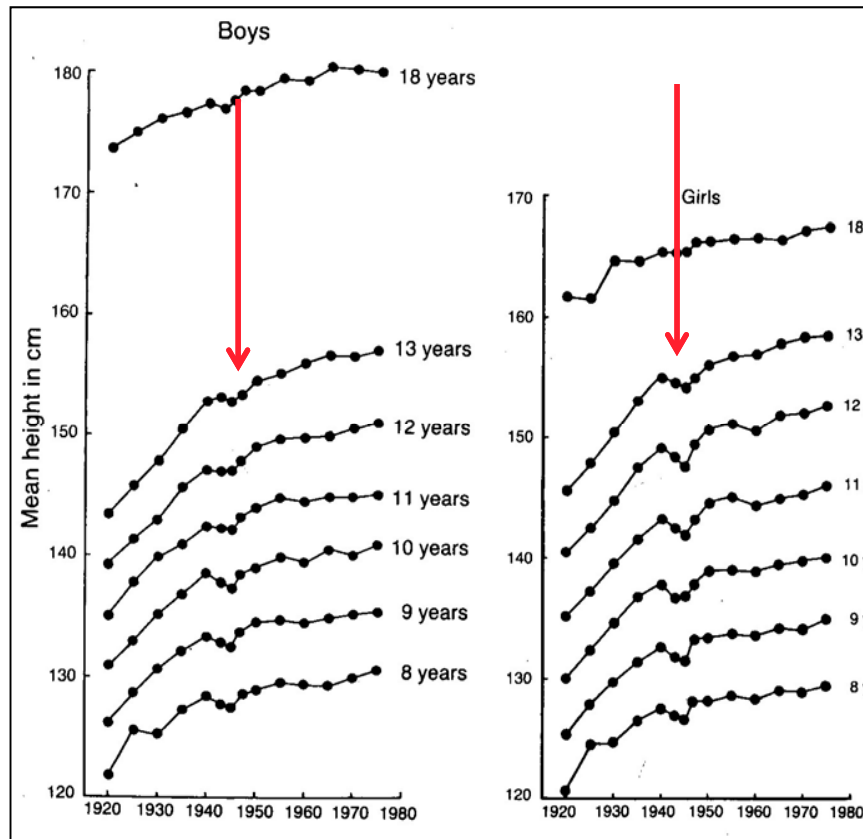
“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

http://www.who.int/topics/mental_health/en/

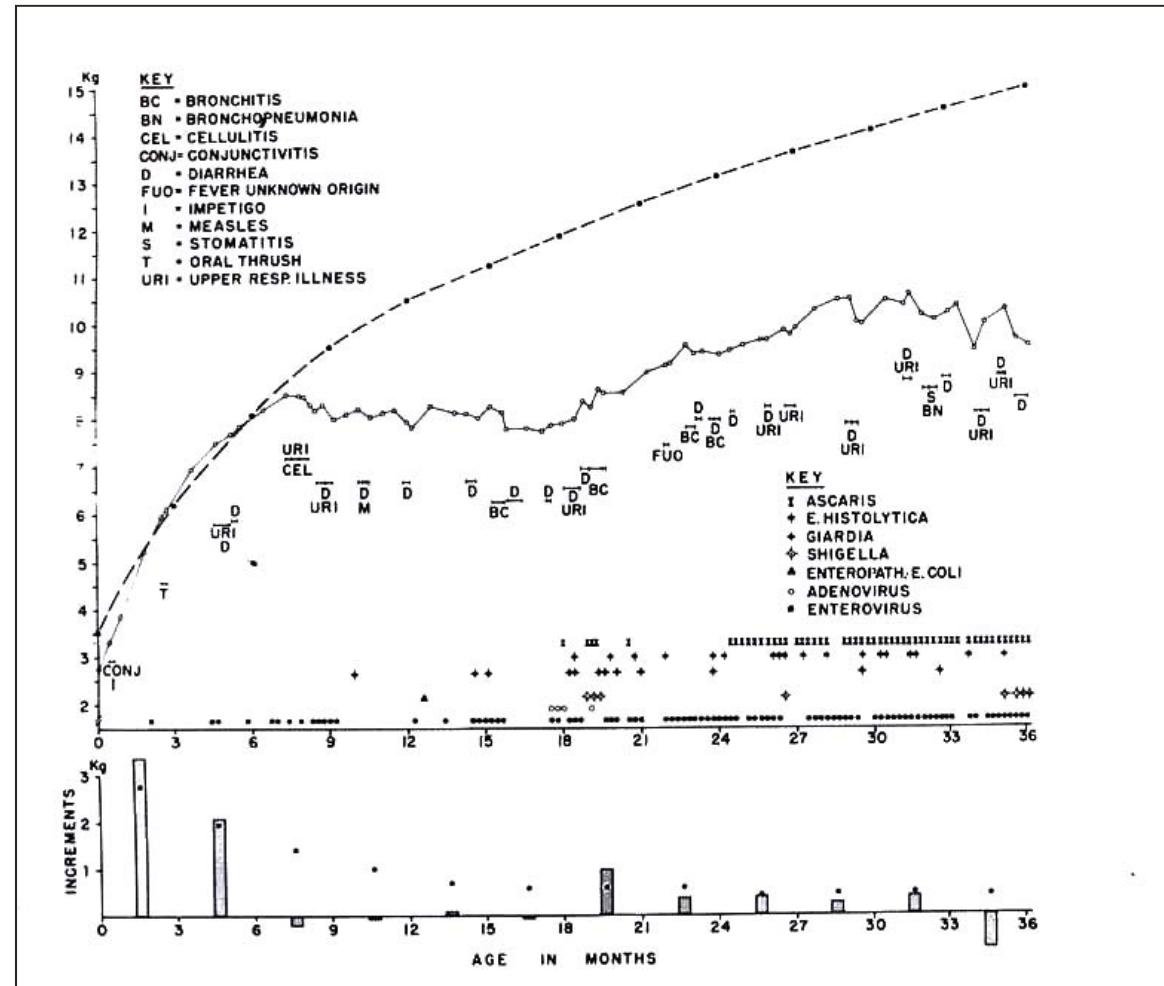
World Health Organisation:

- Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.
- Poor mental health is associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.
- Specific psychological and personality factors make people vulnerable to mental disorders.
- Biological causes of mental disorders including genetic factors contribute to chemical imbalances in the brain.

Social Environment & Growth



Social environment & growth



Risk factors for childhood obesity

Cumulative Social Risk and Obesity in Early Childhood

Shakira F. Suglia, Cristiane S. Duarte, Earle C. Chambers and Renée Boynton-Jarrett
Pediatrics; originally published online April 16, 2012;
 DOI: 10.1542/peds.2011-2456

TABLE 2 Cumulative Social Risk Score at Ages 1 and 3 Years and Obesity at Age 5 Years

Cumulative Social Risk Score (range: 0–12) ^a	Girls (<i>n</i> = 789)		Boys (<i>n</i> = 816)	
	<i>n</i> (%)	OR (95% CI)	<i>n</i> (%)	OR (95% CI)
None	342 (43.2)	Reference	335 (41.0)	Reference
1	182 (23.1)	1.58 (0.98–2.55)	190 (23.3)	0.88 (0.52–1.50)
2 to 3	187 (23.7)	1.77 (1.10–2.83)	222 (27.2)	1.13 (0.69–1.86)
≥4	79 (10.0)	1.89 (1.01–3.53)	69 (8.5)	0.75 (0.33–1.68)

^a Adjusted for race/ethnicity, maternal education, maternal marital status, and receipt of public assistance.

Social risk factors (age 1 y)

IPV^a

Food insecurity

Father incarceration

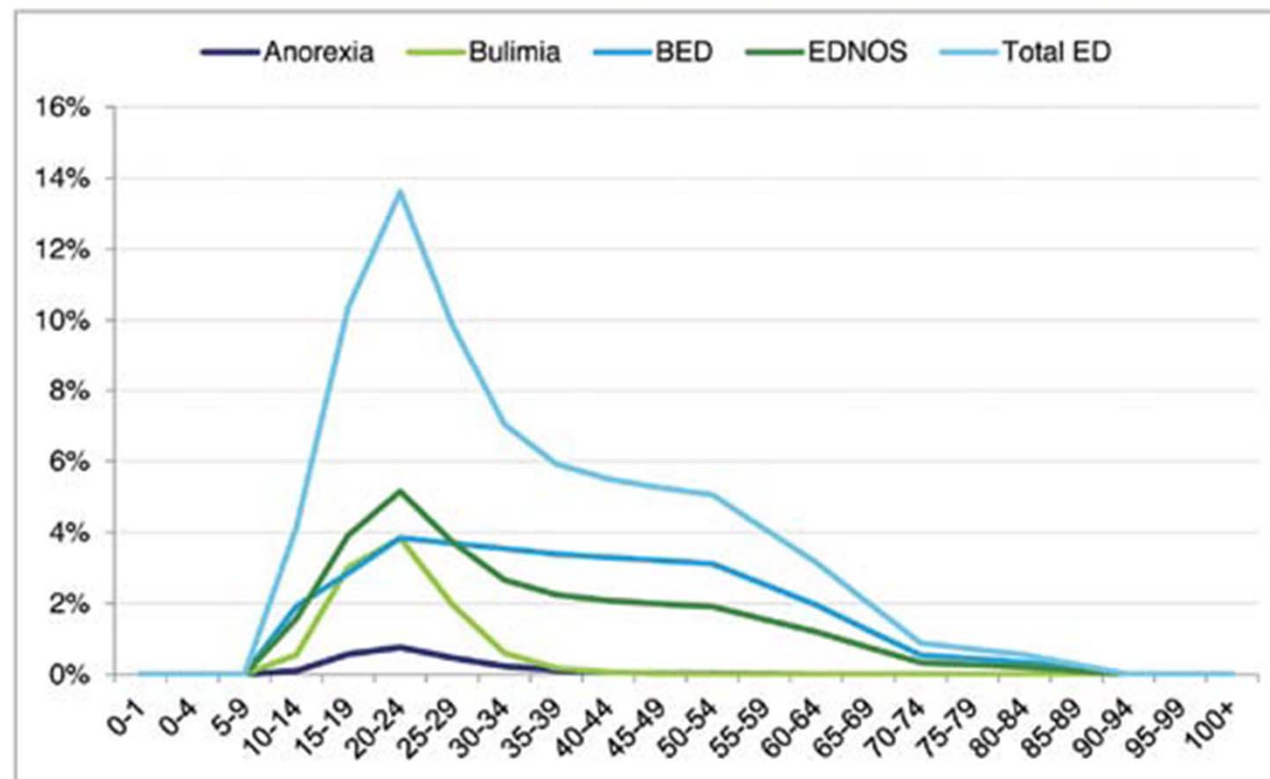
Maternal depression

Maternal alcohol/drug use

Housing insecurity

Prevalence of Eating Disorders in Australia

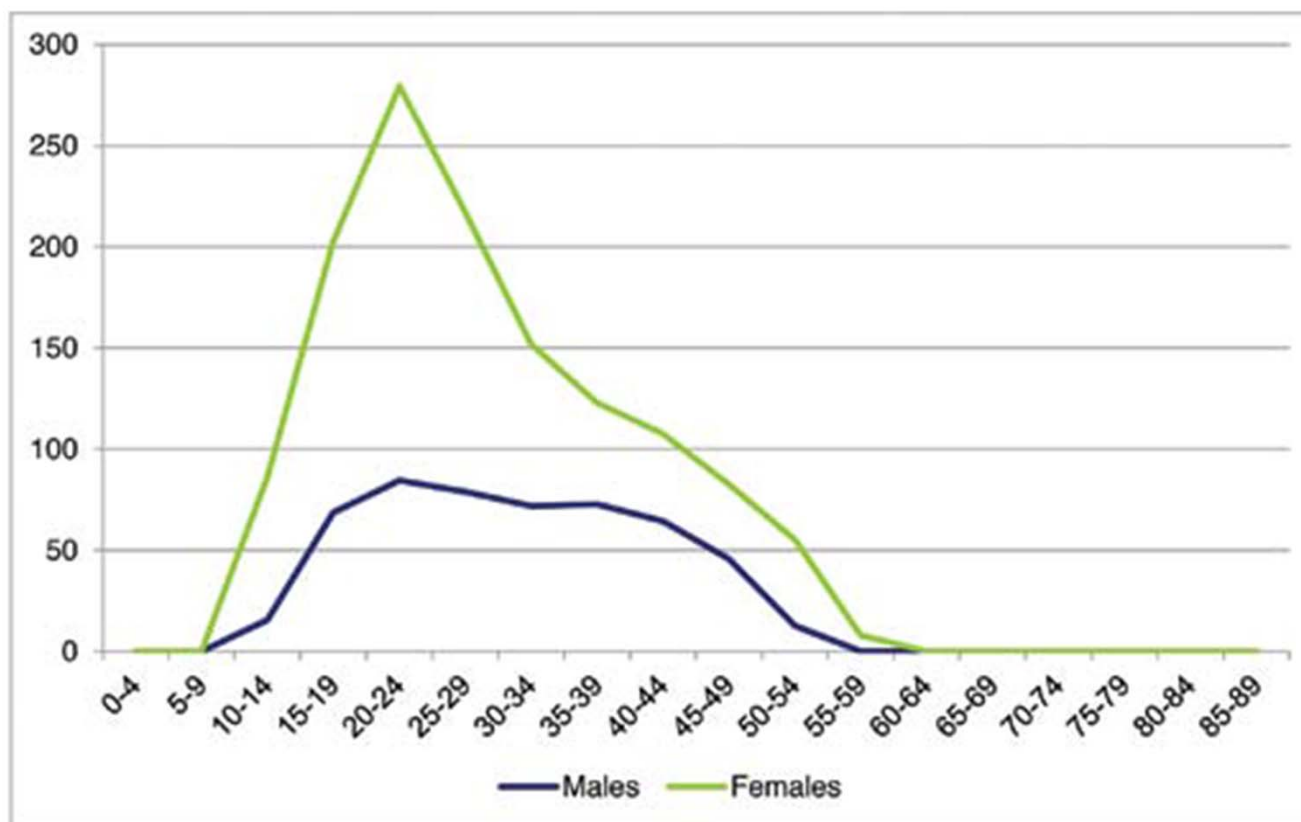
Chart 2.17: Estimated prevalence of eating disorders in females, by type



Deloitte Access Economics (2012) : The economic and social costs of eating disorders in Australia.

Deaths from Eating Disorders in Australia

Chart 2.21: Estimated deaths to eating disorders, Australia, 2012



Source: ABS (2010), Arcelus et al (2011).



Deloitte Access Economics (2012) : The economic and social costs of eating disorders in Australia.

Eating disorders are serious mental illnesses.

Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders.

Eating disorders are estimated to affect approximately 9% of the population.



If you suspect you or someone else you know has an eating disorder it is important to seek help immediately. Visit our website to find help in your area.

Eating disorders can occur in people of any age; however evidence shows that young people are more at risk.

The risk of premature death for women with Anorexia Nervosa is 6-12 times higher than the general population.

Risk factors for eating disorders can include dieting, negative body image, genetic vulnerability and psychological traits.

The total social and economic cost of eating disorders in Australia in 2012 was estimated at \$69.7 billion.

nedc.com.au

Snapshot

Eating disorders in Australia

Hoonger Winter 1944-45

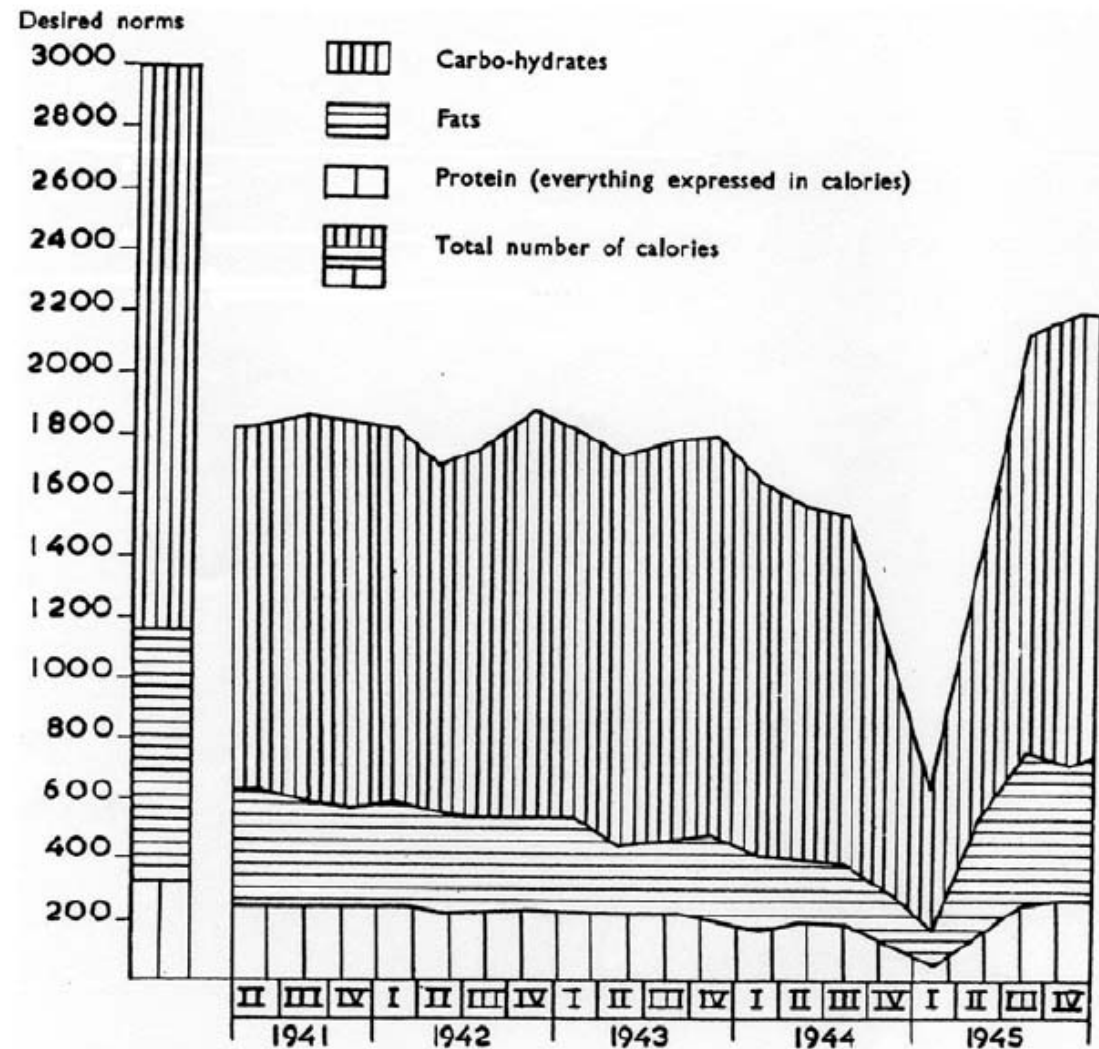


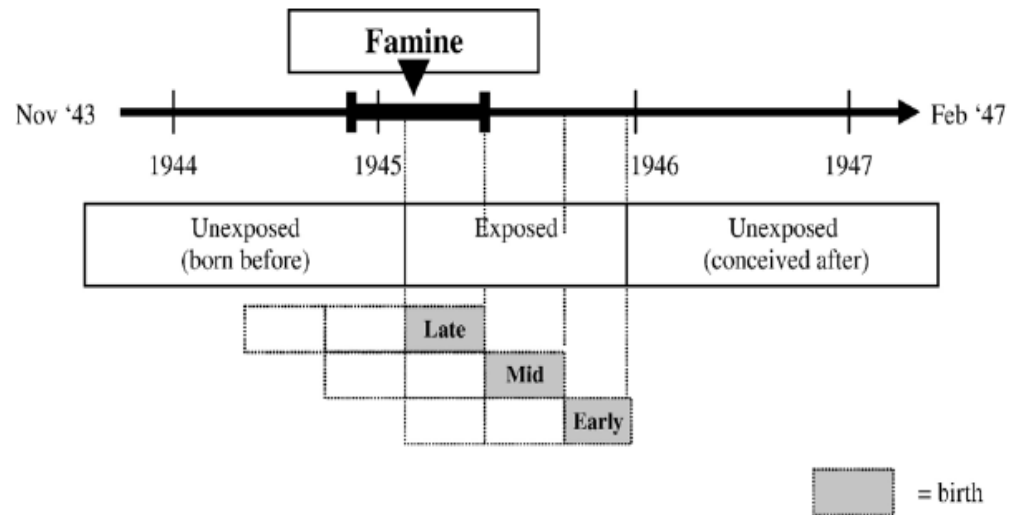
Figure 2. Distributed food rations (calories/day) for the Western Netherlands, 1941-1945 [10].

Hoonger Winter 1944-45



Adult rations decreased to
580 KCal/day

- Long term outcomes of exposure to severe malnutrition:
 - Increased risk of obesity
 - Increased risk of heart disease
 - Reduced age of menopause
 - **Increased risk mental illness**
- Epigenetic effects

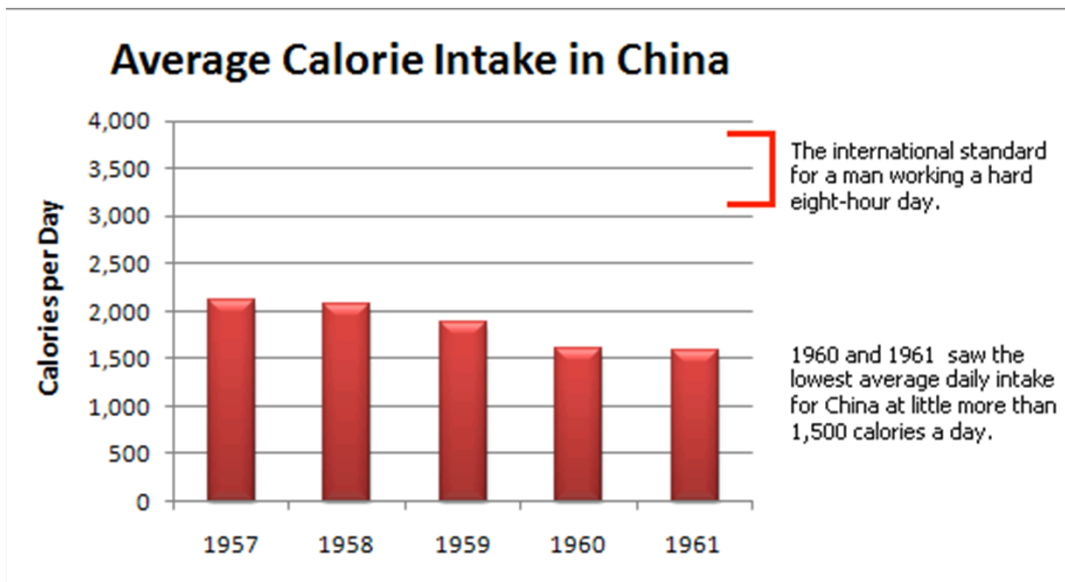


The Dutch famine birth cohort: famine exposure and birth in relation to the timing of the Dutch famine.

	First trimester exposure	Second trimester exposure	Third Trimester exposure
Addiction	1.34 (1.10-1.64)	1.14 (0.94-1.37)	1.06 (0.89-1.28)
Unipolar affective disorder	1.22 (0.8-1.87)	1.54 (1.12-2.13)	1.45 (1.07-1.97)
Bipolar affective disorder	0.99 (0.58-1.67)	1.39 (0.94-2.06)	1.33 (0.94-1.90)
Schizophrenia	2.0 (1.2-3.4)		
Schizoid disorder	2.01 (1.03-3.94)		



- 1959-1961
- Collectivisation of farms
- Experiment in steel production
- Neglect of agriculture
- Famine
- Export of grain
- 30,000,000 deaths
- 30,000,000 lost births





Xu M-Q Schizophrenia Bulletin 2009:35; 568-76

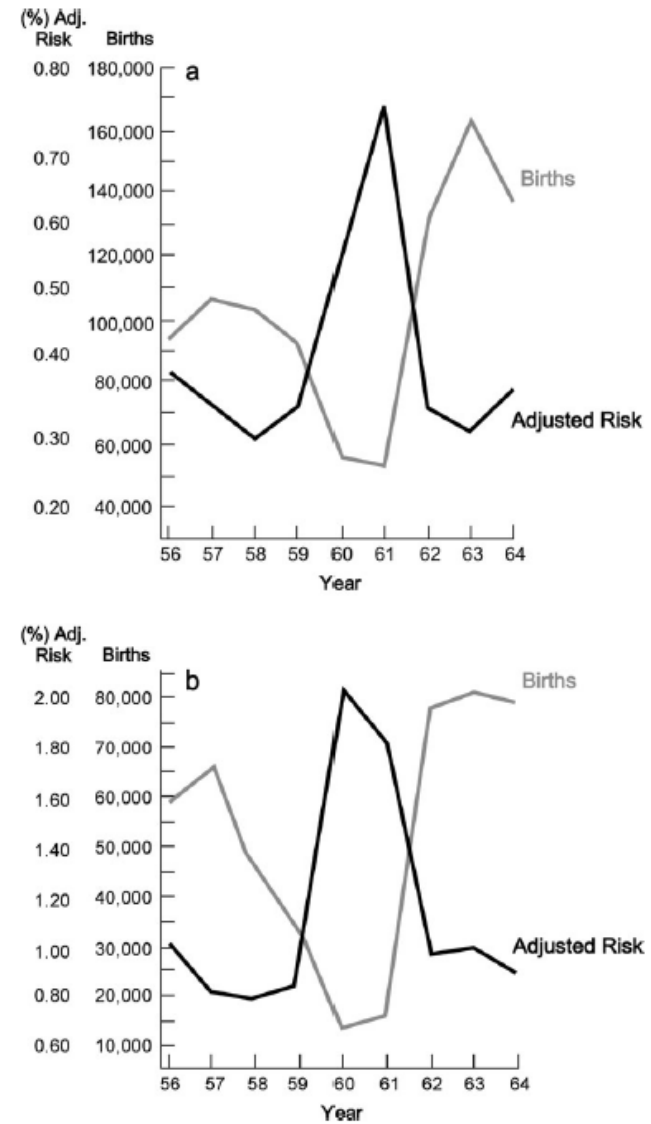


Fig. 1. a. Adjusted Risk of Schizophrenia Vs Birth Rate for Years 1956–1964 in Rural Liuzhou Prefecture. b. Adjusted risk of schizophrenia vs birth rates for 1956–1964. Wuhu Prefecture, Anhui.

Mortality in Anorexia Nervosa

- 35 studies, 12,808 cases, 166,642 person years, 639 deaths
- **Weighted annual mortality**
 - 5.10 (3.99-6.14) per 1000 person years
 - 1.3 deaths per 1000 person years from suicide
 - In-patient cohort: 4.55 (CI 3.09-6.28) per 1000 person years from suicide
- **Standardised Mortality Rate**
 - 5.86 (4.17-8.26) 14 year follow-up

Causes of Death

- Suicide
- Malnutrition
- Alcoholism & drug addiction
- Heart Disease
- Diabetes
- Gastrointestinal & Liver
- Urogenital

Arcelus J Arch Gen Psych 2011; 68: 724-31
Papadopoulos F BJP 2009, 194:10-17.
Reas DL Int J Eat Disord 2005; 37:181-187)
Button EJ Int J Eat Disord 2010; 43:387-392)
Suokas JT Psychiatry Research 2013; 210:1101-1106

Unless the world tackles inequity today, in 2030:

167 million children will live
in **extreme poverty**



69 million children under age 5
will die between 2016 and 2030



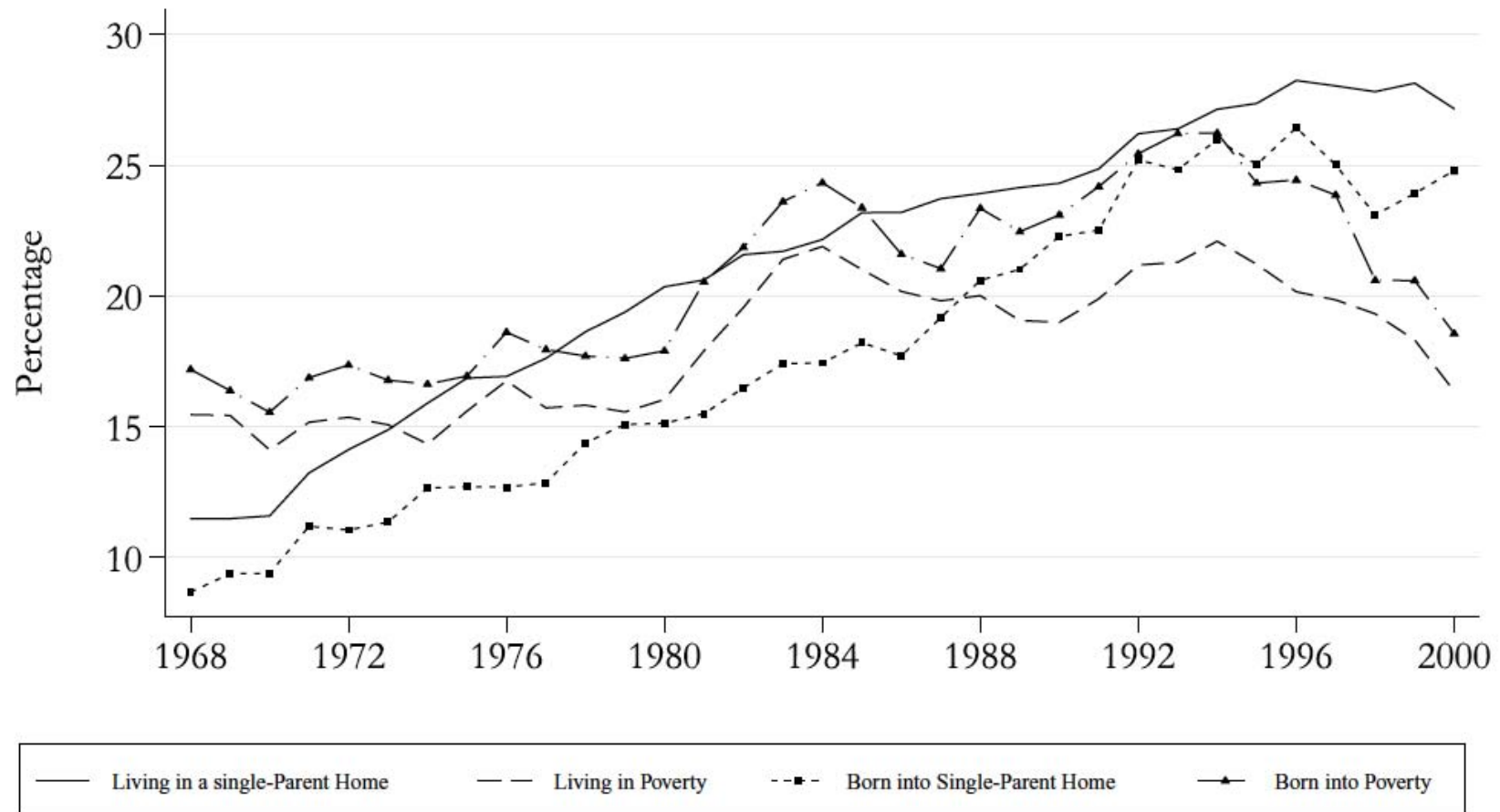
60 million children of primary
school age will be **out of school**



unicef 

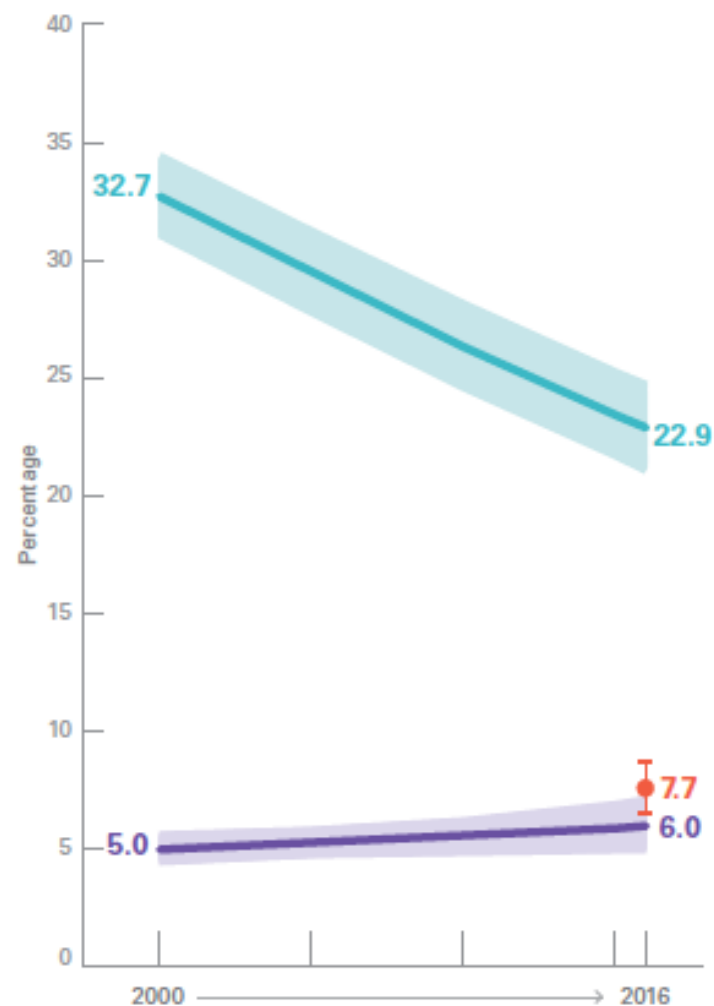
70 70 YEARS
FOR EVERY CHILD

Figure 1. Percentage of all children born or living in adverse environments in each year, 1968–2000

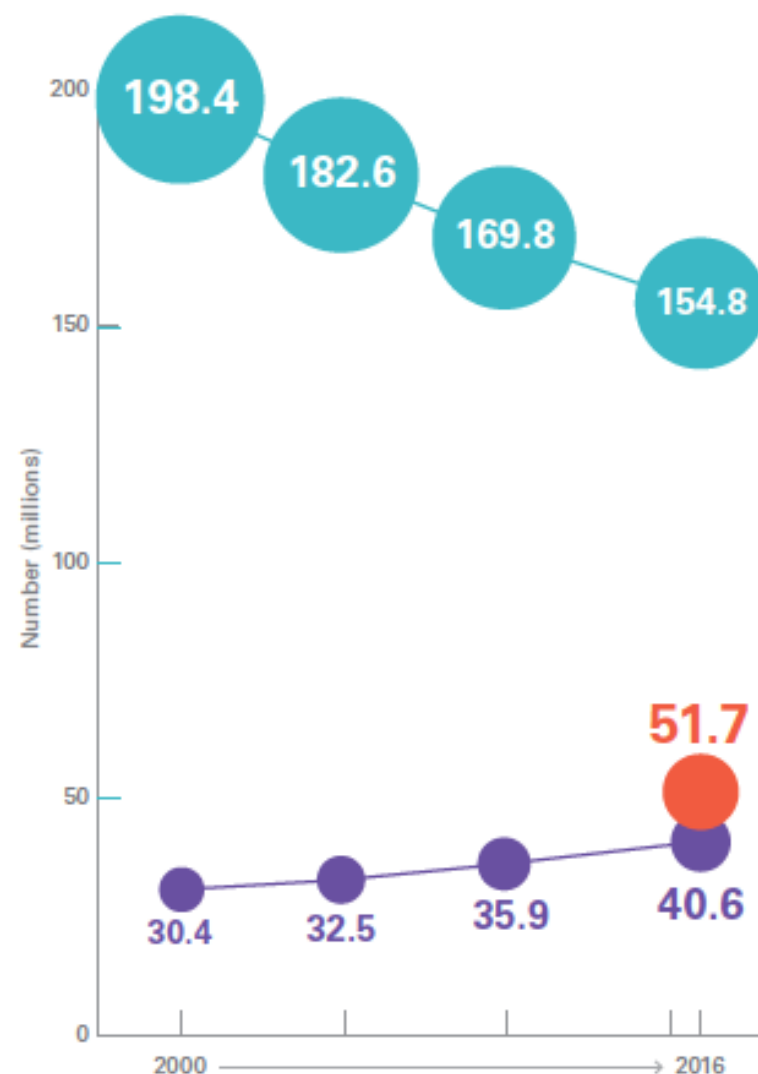


Source: Current Population Survey Annual March Supplement, 1968–2000. Poverty is defined as living in a household with income below the federal poverty line, which is adjusted for age and number of family members. Single-parent homes include cohabiting partners.

 stunting
  overweight
  wasting
  95% confidence interval

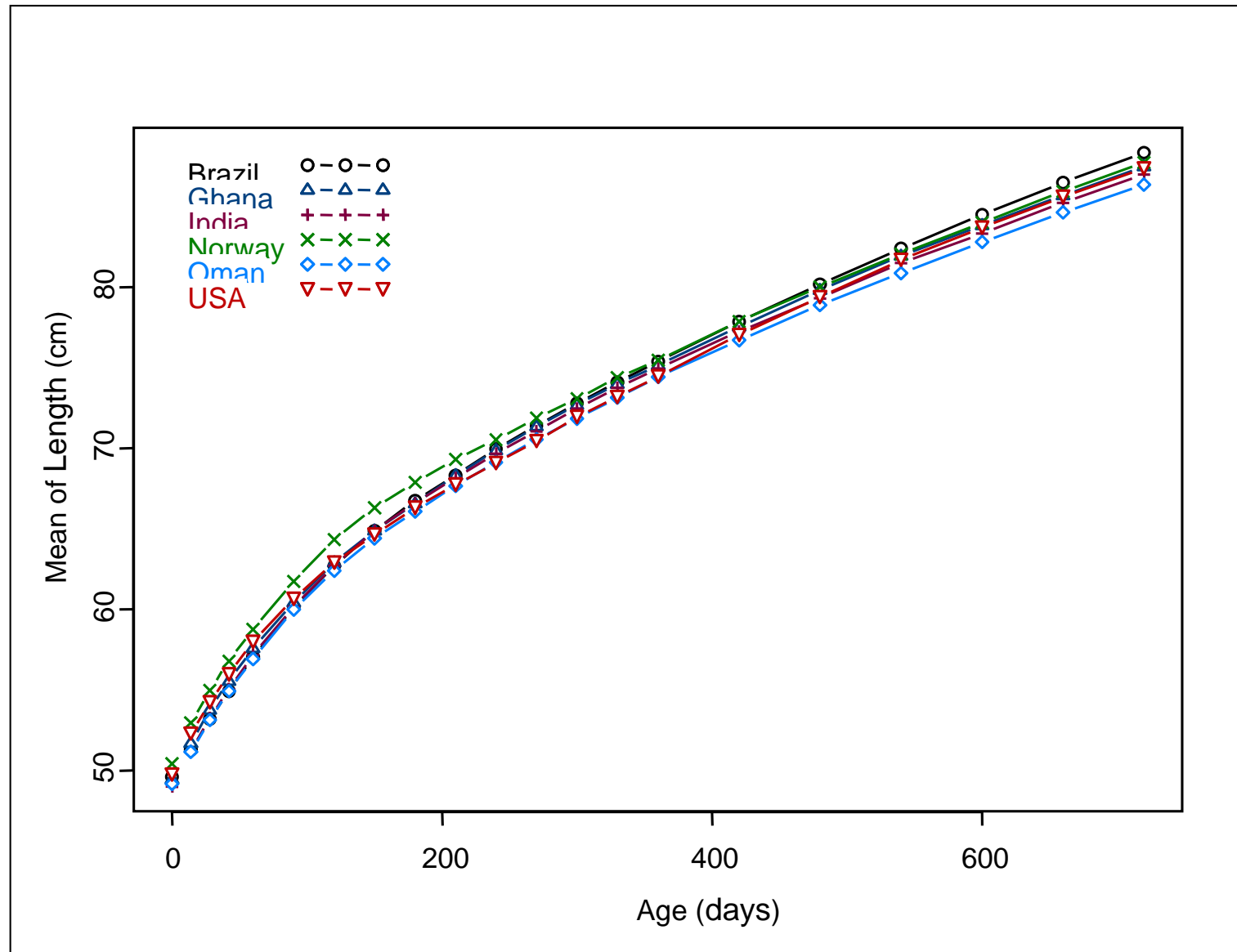


Percentage of stunted, overweight and wasted children under 5, global, 2000–2016



Number (millions) of stunted, overweight and wasted children under 5, global, 2000–2016

Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2017 edition.
See Notes on Data on page 14 on why only one time point is presented for Wasting on the graphs above.



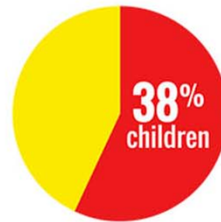
Children's Rights

In Australia there are approximately **5.1 MILLION CHILDREN**

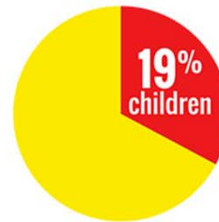


PERCENTAGE OF CHILDREN (0-14 YRS) IN 2006

Aboriginal and Torres Strait Islander population



Non-Indigenous population



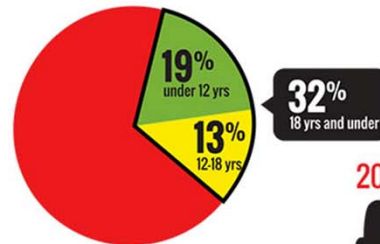
In 2012, Aboriginal and Torres Strait Islander children were



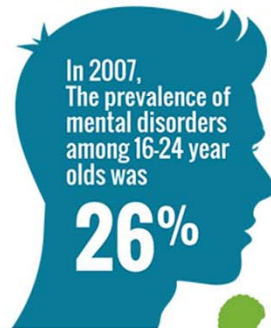
10x
MORE LIKELY

to be in out-of-home care compared to non-Indigenous children.

IN 2011-2012, **1 IN 3 PEOPLE** WHO ACCESSED ASSISTED HOMELESSNESS SERVICES **WERE 18 AND UNDER**



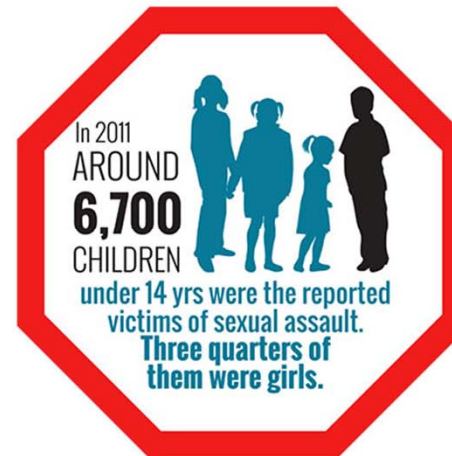
In **1 in 14** Australian children aged 0 - 14 yrs had some form of disability.



In **2010 - 2011** **40%**



of cases where children under 14 yrs were hospitalised as a result of assault, the perpetrator was a parent, carer or other family member.



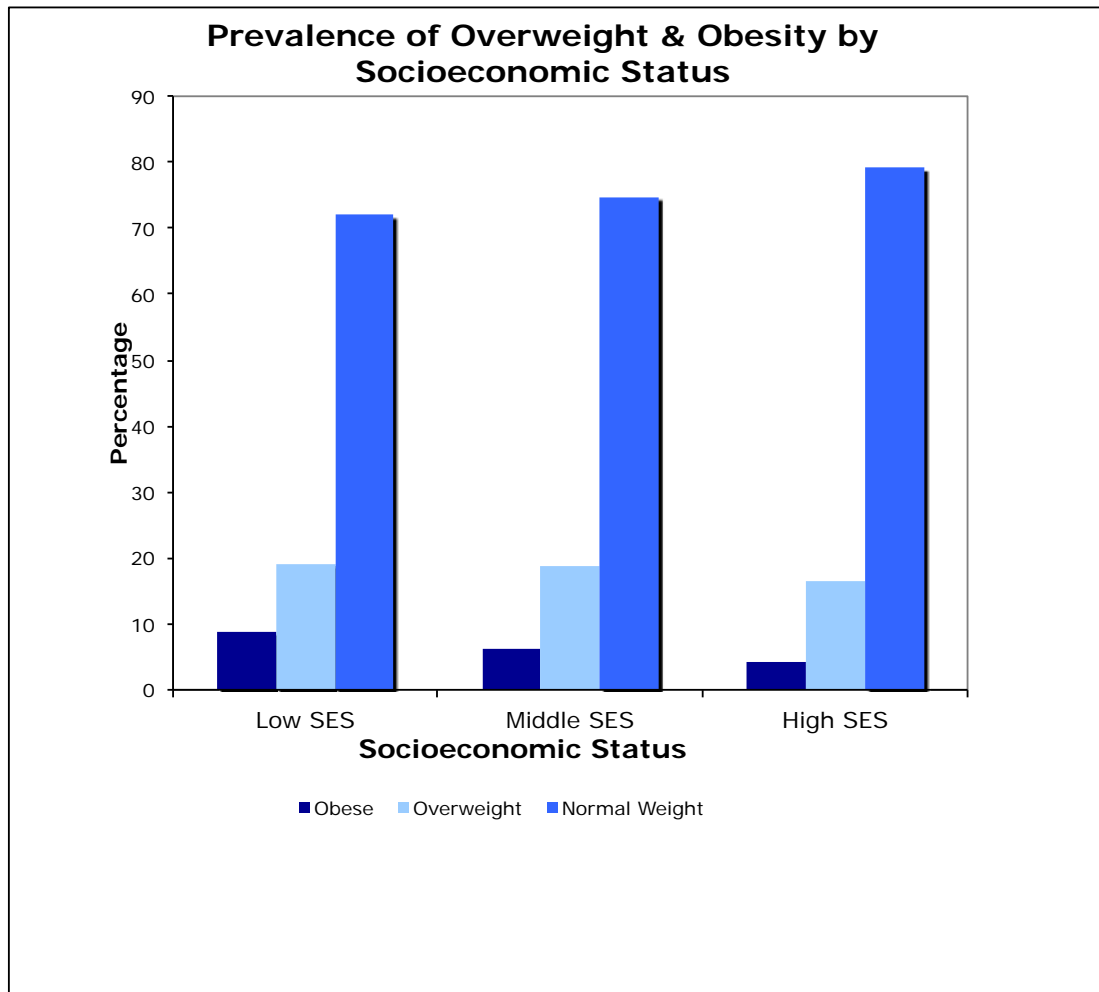
2009 RESEARCH INDICATES



27%

OF STUDENTS ARE AFFECTED BY BULLYING AT SCHOOL. **7% REPORTED CYBERBULLYING.**

Obesity in Australian Children



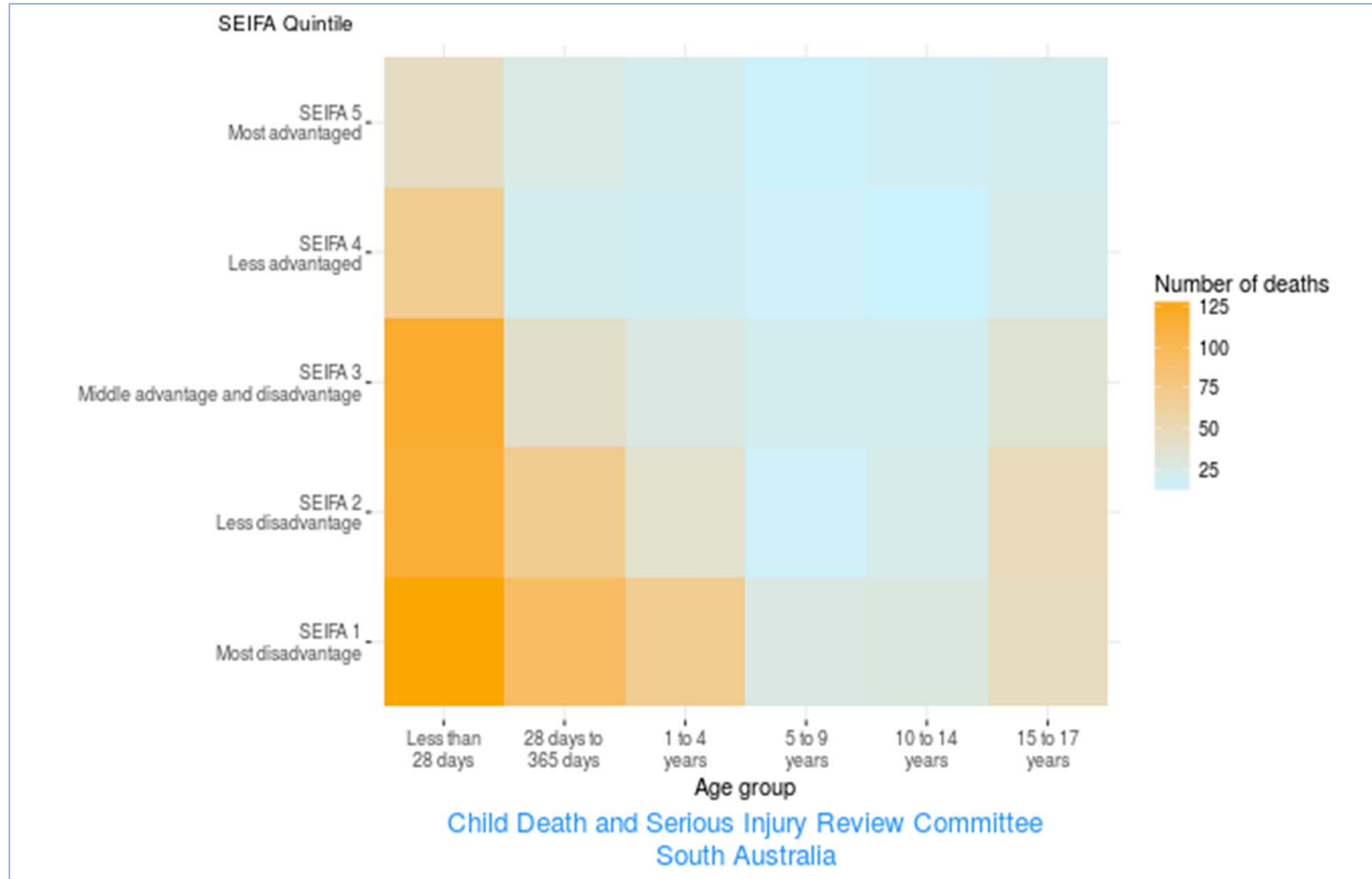
- Children in the bottom quintile of the disadvantage index had a 47% higher odds of being in a heavier weight category than those in the top quintile.
- ATSI children have 56% greater risk of being obese

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1301.0Chapter11062009%E2%80%939310>

Wake M International Journal of Obesity (2007) 31, 1044–105141

Odea Jhealth Soc Care Community 2008 ; 16: 282-90

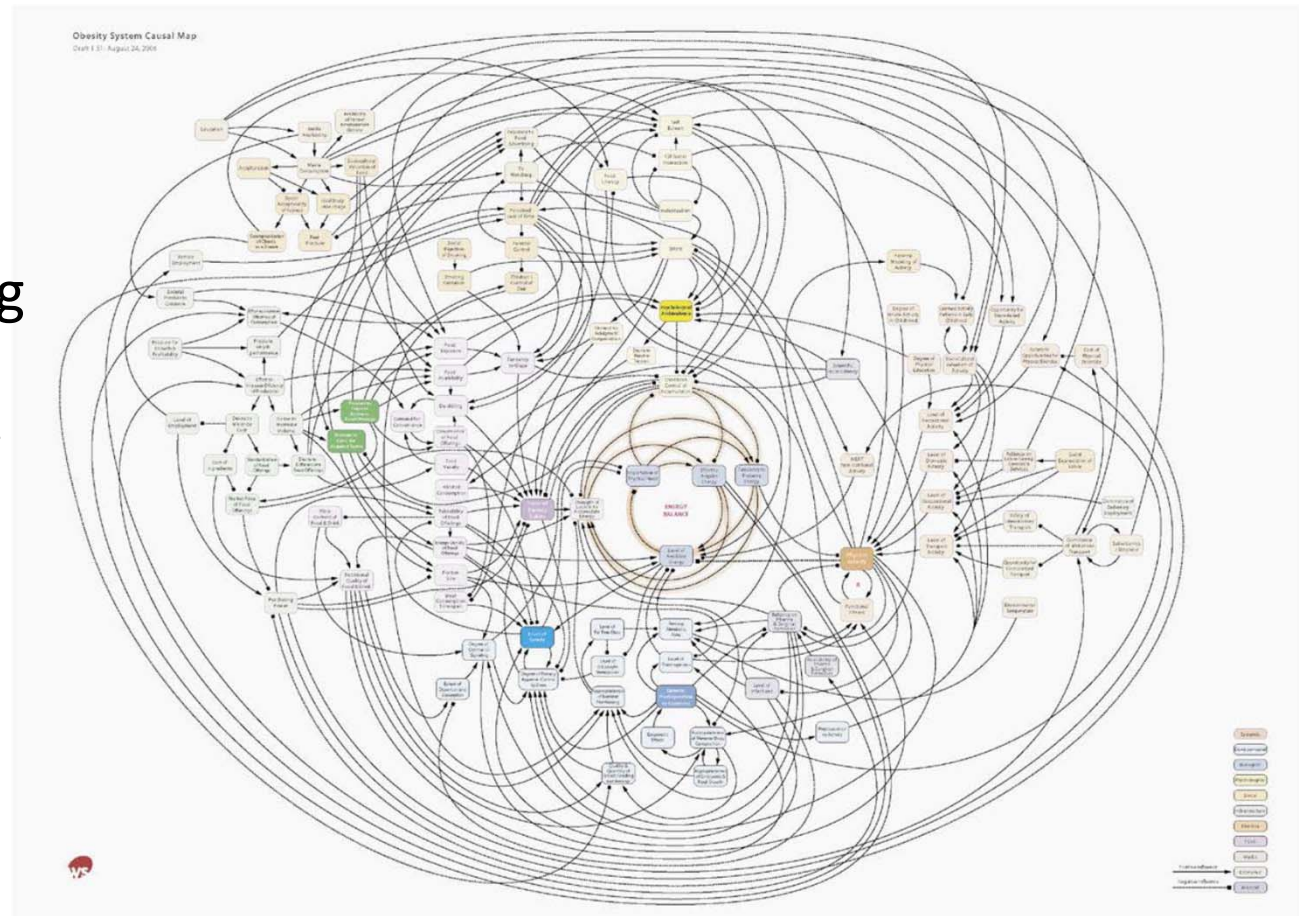
Child Deaths & Social Disadvantage in Australia



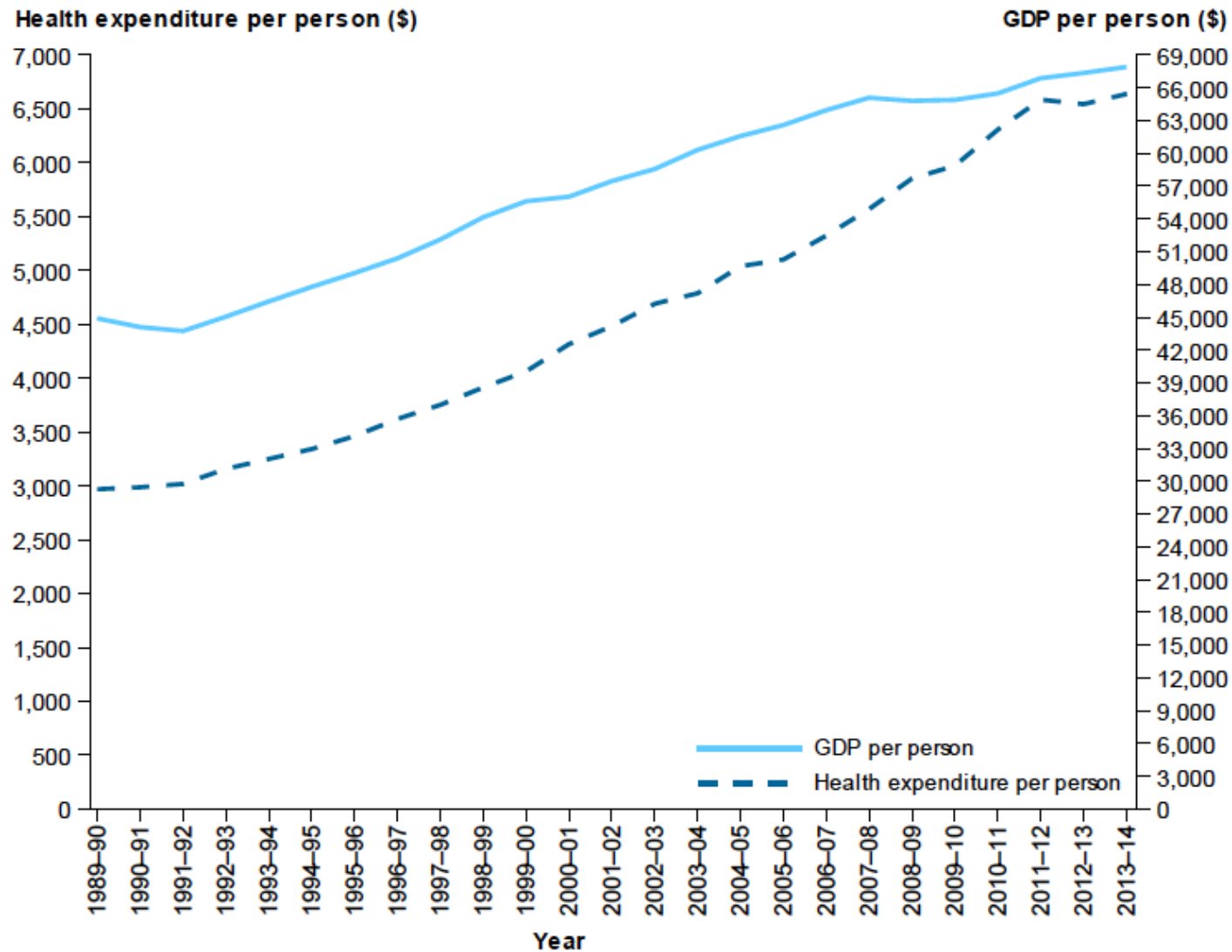
Pathways to Obesity

How to advocate?

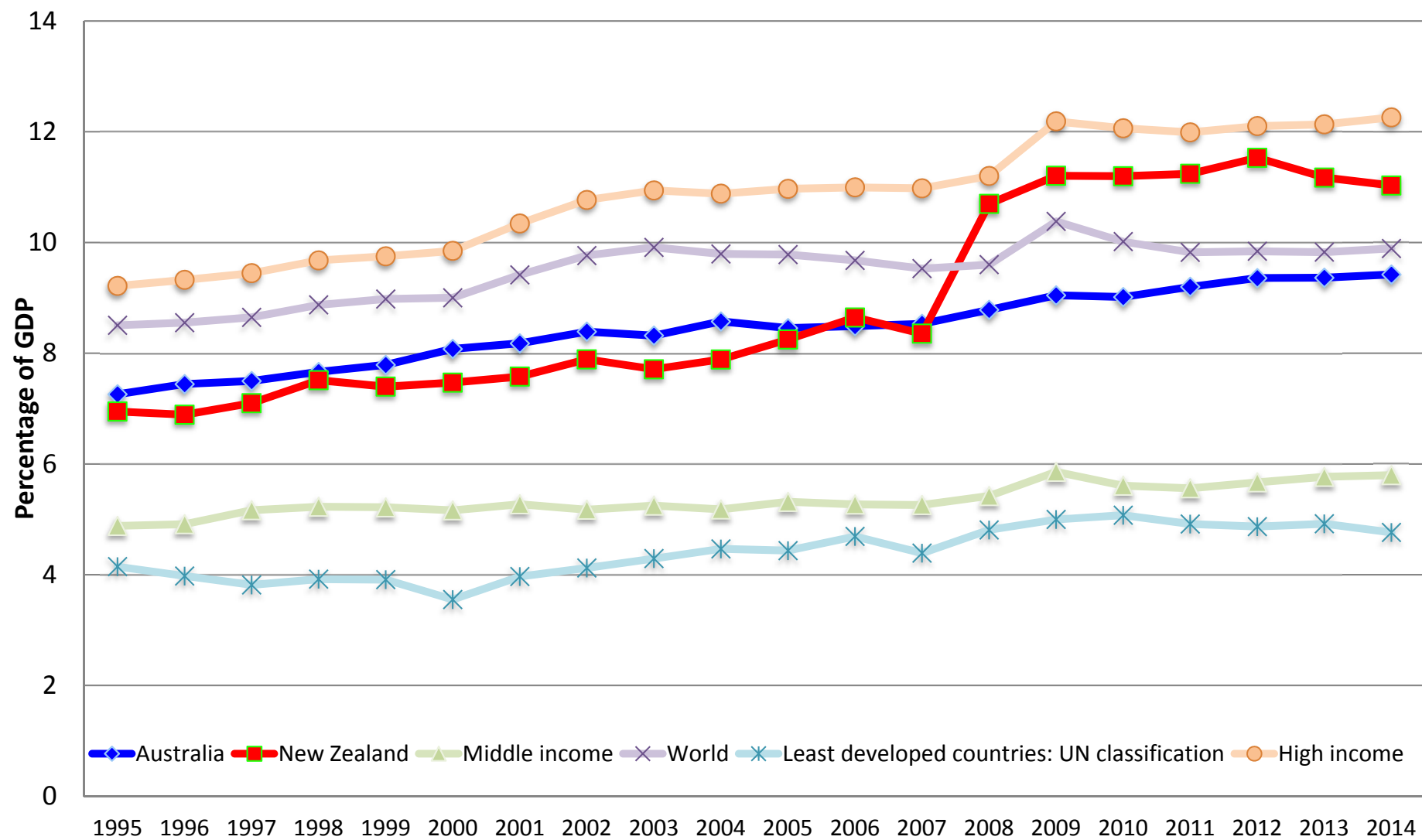
- Genetics
- Early programming
 - In utero
 - Early feeding
- Diet
- Physical activity
- Environment



Health Expenditure in Australia 1989-2014



Health Expenditure as a Percentage of Gross Domestic Product

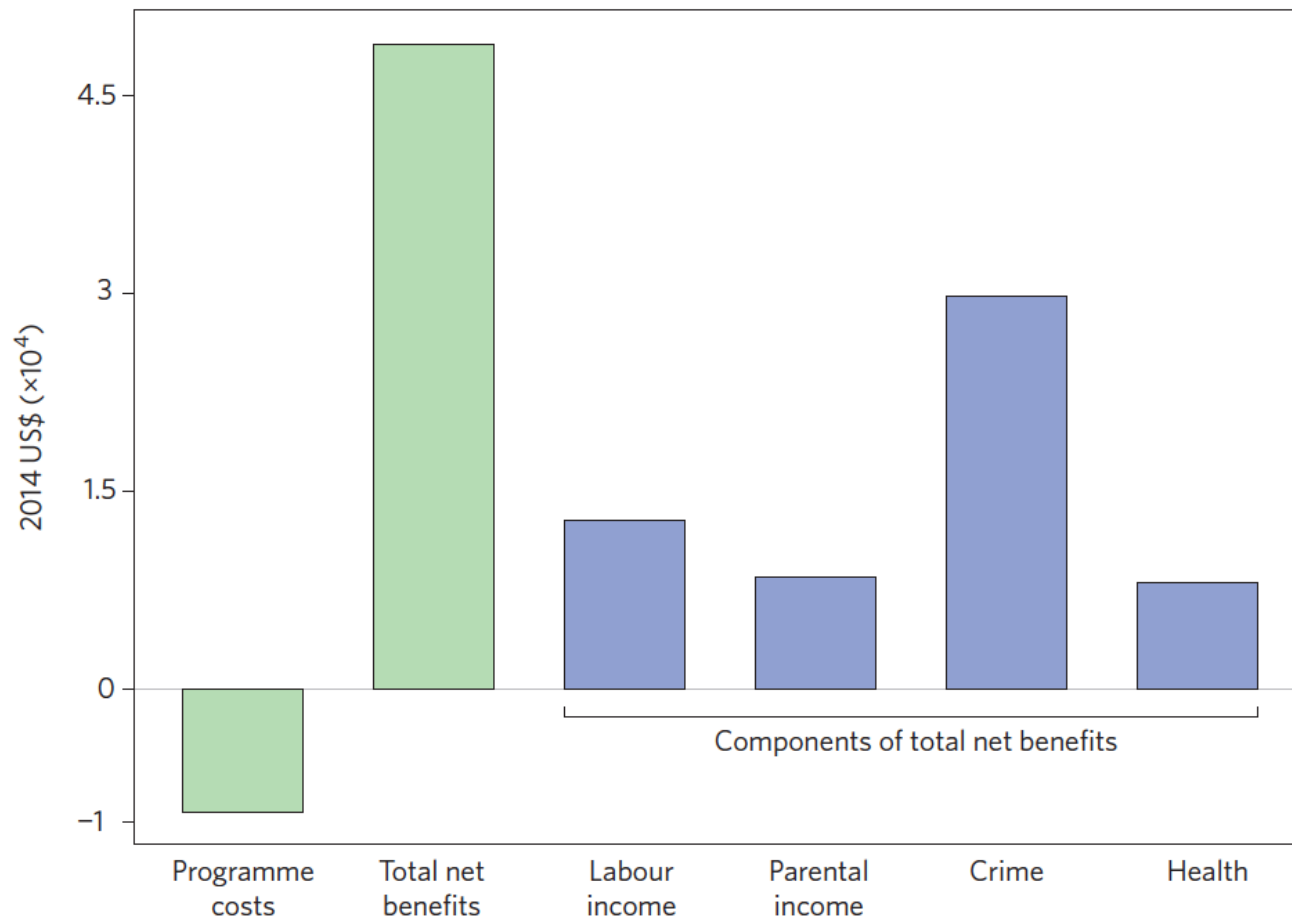




James Heckman

... is guided by questions about the factors that contribute to inequality, disparate life outcomes, and interventions that can help alleviate such social problems.

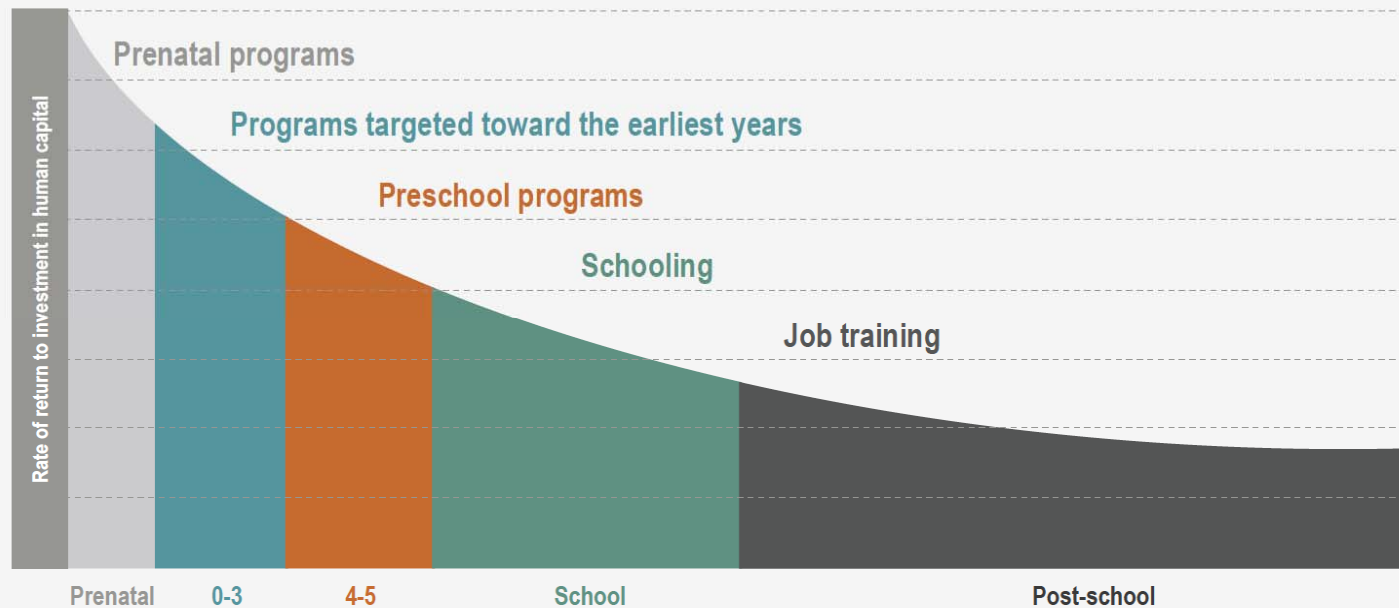
Net Component Values of the Life-Cycle Cost Benefit Analysis of the Abecedarian Project



Heckman J Nature Human Behaviour 2017

Returns to a unit dollar invested

Source: Heckman (2008)



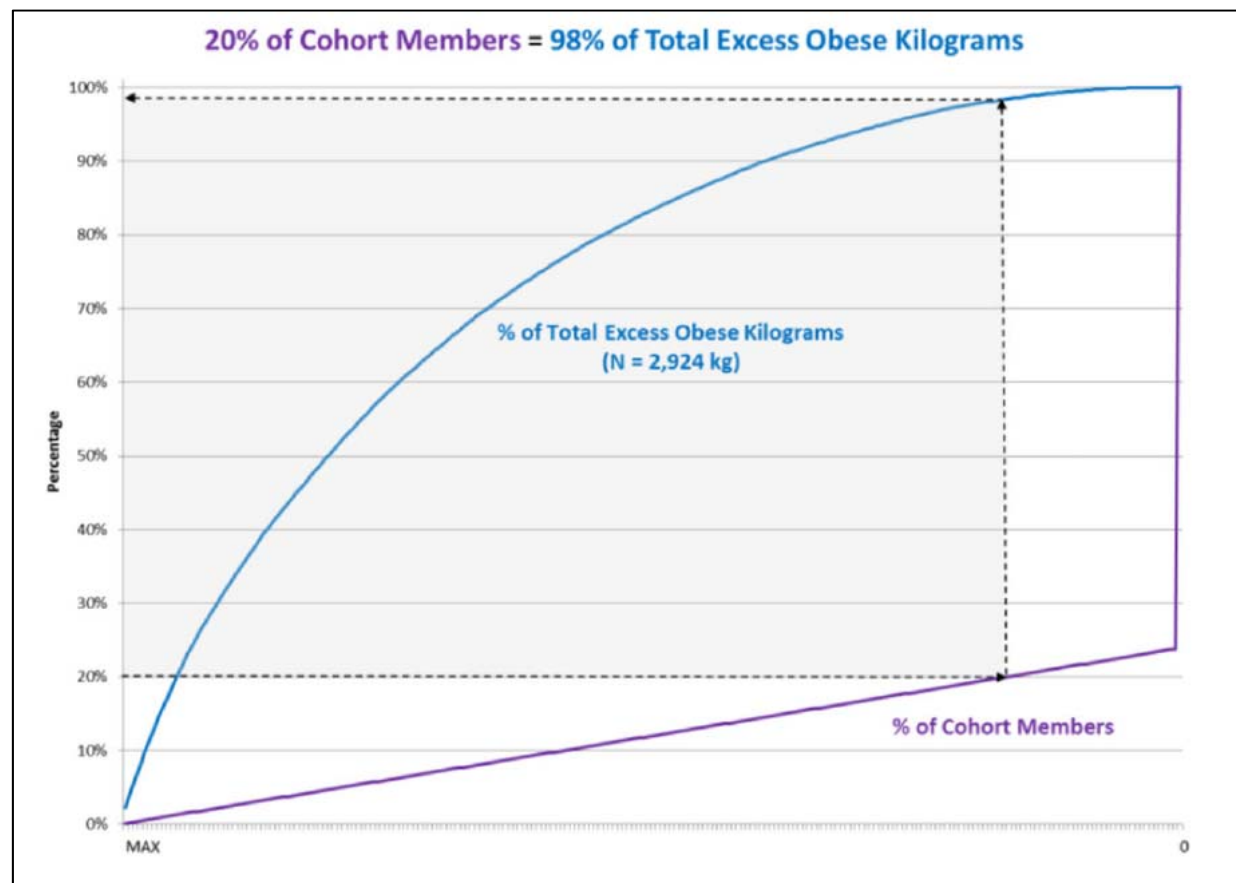
The economics of human potential.

Heckman

if compounded and reinvested annually over a 65 year life...each dollar invested at age 4 yields a return of 60–300 dollars by age 65 ...each dollar invested returns in present value terms 7 to 12 dollars back to society.

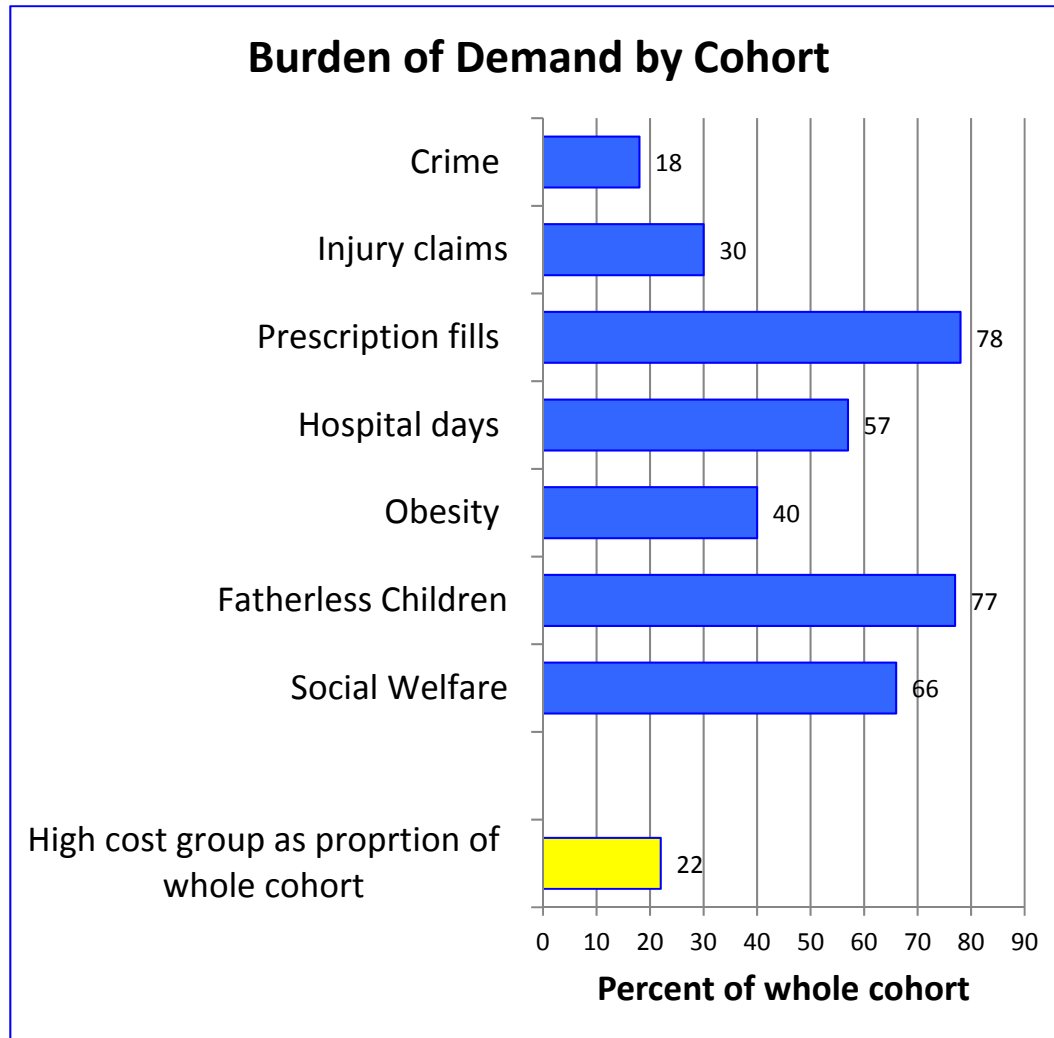
The Concentration of Economic Costs in a Birth Cohort: Excess kilograms

Dunedin Longitudinal Study, population-representative 1972-73 birth cohort of 1,037 New Zealanders assessed at 3, 5, 7, 9, 11, 13, 15, 18, 21, 26, 32, & 38 years



Caspi A. Childhood forecasting of a small segment of the population with a large economic burden⁴⁹
Nature Human Behaviour 2016

Predicting Health Burdens



Predicted by:

- low IQ (first decade)
- low self-control (first decade)
- childhood maltreatment (3 yrs)
- low family socioeconomic status (0-11) yrs



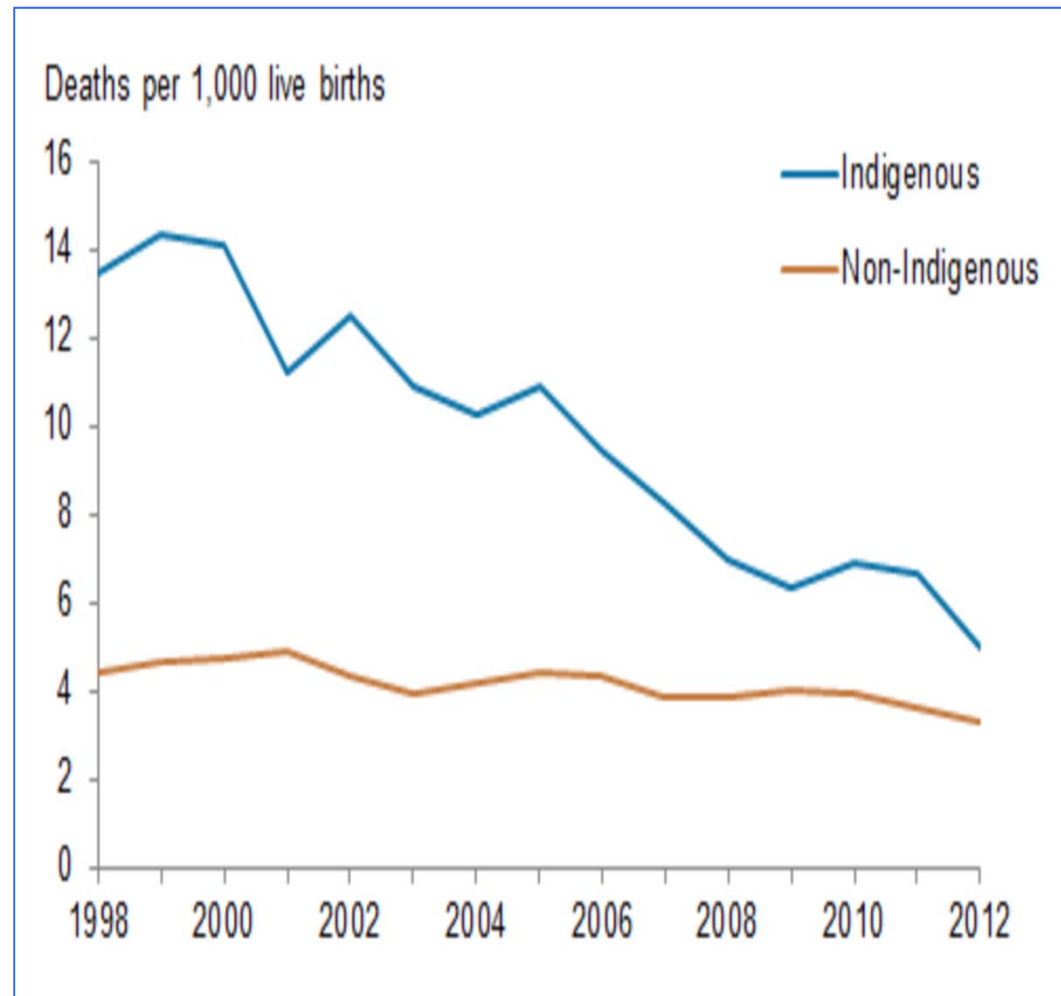
Early home visiting in high risk communities results in:



David Olds, Ph.D.

Professor of Pediatrics, Psychiatry and
Preventive Medicine
University of Colorado

- Improved physical & mental health of mothers
- Improved physical & mental health of infants
- Decreased child abuse & neglect
- Decreased short & long-term mortality
- Improved growth
- Decreased obesity
- Increased workforce participation of mothers
- Decreased criminal activity by children



The Forgotten Children

National Inquiry into Children
in Immigration Detention

2014



parliamentary inquiry into the
education of children with
disabilities



Why the minister should act
boldly on changes to
schooling for children with
disabilities

Before it's too late:

Report on early intervention programs aimed at preventing youth
suicide



Childcare and Early
Childhood Learning

Productivity Commission
Inquiry Report
Volume 1

No. 73, 31 October 2014



Royal Commission into Institutional Responses to Child Sexual Abuse

Queensland Child Protection Commission of Inquiry



Royal Commission into the Protection and Detention of Children in the Northern Territory



“Child health work is political work”

Lowitja O'Donoghue,
Inaugural chairperson of the Aboriginal and Torres Strait Islander Commission
CAPGAN, Darwin 2001