

Communities committed to championing child health

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Abstract

Child health is an important aspiration of parents, families, communities, and health professionals. Australia's healthcare system and the quality of our clinical training are the envy of many internationally, and we have made great gains in preventing and eradicating many infectious diseases of childhood, neonatal care, paediatric surgery, and the treatment of malignant and chronic diseases. Challenges remain however. Specifically, gaps in access to healthcare are greater and health outcomes are notably worse for some of our most vulnerable children, whose health is impacted by a range of social and economic determinants. Below I provide examples of community-led initiatives that address some of Australia's challenges in achieving equity in child health and identify the supporting role of academics and clinicians. Collectively we must continue to advocate both for ways of working that will empower communities for self-determination and the resources to ensure good health for all of Australia's children.

Introduction

When Australia signed the UN Convention on the Rights of the Child in 1990 (UNICEF 2023) we made a commitment to the future of our country. We agreed to promote and protect children's right to survive, thrive and prosper — regardless of race, religion, or ability. We acknowledged that all children have the right to good health and quality healthcare. As a paediatrician, I know the importance of a healthy start to life — not only for child health, but for adult health and well-being and, ultimately, national prosperity.

In referring to “health,” I concur with the World Health Organisation that health is “more than the absence of disease or infirmity” and with Australia's National Aboriginal Community Controlled Health Organisation, that health is “not just

the physical well-being of an individual but ... their social, emotional and cultural well-being” (NACCHO 2022). This emphasises that the health of the individual also requires that their community is healthy and, in adopting this definition, NACCHO acknowledges the importance of the social and economic determinants of health.

Challenges for child health in Australia

You might think that Australia has achieved its goal of universal child health, and indeed child health has never been better. We have highly trained paediatricians, slick new paediatric hospitals — which fortunately most children never use — and research institutes dedicated to paediatrics. We ventilate preterm babies, cure leukaemia, and transplant tiny livers and hearts. We have a low child mortality rate and death rates for

infants and children have halved over the last 20 years. Most (95%) of 5-year-olds are vaccinated (AIHW 2020).

But challenges remain. In 2022, the Australian Institute of Health and Welfare reported that more than 60,000 children are hospitalised each year with an injury, many preventable, and that nearly one in 10 (or 356,000 children) has a disability (AIHW 2020). Some disabilities are underpinned by genetic disorders, but others are due to preventable injuries or exposures, including non-accidental injury and prenatal alcohol exposure.

Also, in Australia one in four (or 746,000 children) aged between 5 and 14 years is overweight or obese, putting them at later risk of diabetes, hypertension, arthritis and other chronic “lifestyle” diseases (AIHW 2020). Perhaps then it is not surprising to know that fewer than 5% of children meet nutritional guideline recommendations for daily vegetable consumption, only 1 in 4 (23%) take the recommended 60 minutes exercise each day, and half (45%) consume sugar-sweetened drinks at least once a week.

In addition, approximately 17% of Australian children under the age of 15 years live in poverty, and the number of children in out-of-home care has increased by 18% over the last five years. Furthermore, between the periods of 2012–13 and 2016–17, there was a 27% increase in substantiated reports of child abuse and neglect (AIHW 2020).

Child mental health is also emerging as a major challenge in Australia: anxiety now ranks second and depression fifth amongst the contributors to disease burden in children aged 5–14 years (AIHW 2020). Overall, 14% of children aged 4–11 years have a mental health disorder, including attention deficit hyperactivity disorder (ADHD), anxiety,

conduct disorder and major depressive disorder.

To add to this burden, the COVID-19 pandemic exacerbated mental health problems in children, in whom we observed rising rates of anxiety, depression, self-injury, use of alcohol and other drugs, and eating disorders. Parents report that many of their children experienced psychological distress during the pandemic and response and about 40% children aged 13–17 years report negative impacts on their social connectedness and well-being (AIHW 2021, AHRC 2022a).

Children falling between the cracks

Most perplexing, however, in this “wealthy” country, is that so many children have been left behind. It is not difficult to guess who they are. They include children in rural and remote locations, juvenile justice, and immigration detention and children living in poverty, or in families with domestic violence, substance use, or mental health issues. They include Aboriginal and Torres Strait Islander children, children with rare diseases or from culturally and linguistically diverse (CALD) families, children in out-of-home care, and refugees (Woolfenden et al. 2000). Climate change is creating new communities of vulnerable children, the victims of flood, fire and emerging infectious diseases. Months after the 2022 Lismore floods, families remain displaced.

Many infectious diseases differentially impact the life chances of children in Aboriginal and Torres Strait Islander communities. For example, trachoma is an eye disease caused by a bacterial infection which may result in blindness (AIHW 2008). Australia is the only OECD country where this infection persists — mostly in indigenous

people — yet it is preventable and treatable. We also have one of the highest rates of acute rheumatic fever in the world. Untreated, it may lead to chronic heart failure, and 95% of those affected are Aboriginal children (AIHW 2023). In some communities we see high rates of complex early life trauma, self-harm, substance use and suicide. Yet, there is limited access to the health professionals needed, including paediatricians, child psychologists, or psychiatrists. Aboriginal and Torres Strait Islanders are over-represented in our criminal justice system. The age of criminal responsibility in Australia is 10 years — well below that recommended by the United Nations. On average there were 818 children in youth detention each night in 2022, some of primary school-age, the majority male, and 56% Indigenous (AIHW 2022). Many detained children have unrecognized intellectual and other disabilities (Bower et al. 2018).

The sombre facts revealed about our children in recent Commissions and Inquiries have sent shock waves through our society — Royal Commissions into: *Institutional Responses to Child Sexual Abuse* (RCIRCSA 2017); the *Protection and Detention of Children in the Northern Territory* (RCPDCNT 2017); and *Violence, Abuse, Neglect and Exploitation of People with Disability* (RCVANEPD 2023). Parliamentary Inquiries into: *Family, Domestic and Sexual Violence* (PoA 2021) and *Fetal Alcohol Spectrum Disorder* (The Senate 2021), and the *Australian Human Rights Commission's Inquiry into Children in Immigration Detention* (AHRC 2014). These leave us in no doubt that we have a long road to travel to achieve universal child health and wellbeing. Above all, governments must urgently fund, and implement, action based on often-repeated recommendations from

these inquiries, rather than defer a response by initiating more inquiries!

Regardless of whether recommendations from these commissions and inquiries have been implemented, they have sparked powerful community-led initiatives that have influenced government, driven legislation, or garnered public support to tip the balance for action on wicked problems. Academics and clinicians have often had an important role as partners, and below I highlight some examples in which I have been involved, where the community's response has led to action.

Aboriginal women leading the way to community self-determination

For over a decade, I've been privileged to work with Aboriginal communities in the Kimberley's very remote Fitzroy Valley in the north-west of Western Australia — where health “gaps” and the factors that underpin them are laid bare. I suspect few of you have visited the communities of Wangkajunka, Yakanarra or Noonkenbah, or heard the languages of the *Walimijarri*, *Guniyandi* and *Bunuba* people, and that few could imagine that life for Australians there could be so different. These communities are isolated and disadvantaged, with limited infrastructure and health services. Many of the problems associated with poor health and wellbeing are a legacy of the historic trauma that resulted from colonisation and are perpetuated by lack of socio-economic opportunity. In January 2023, Fitzroy Crossing and surrounding communities faced a crisis as many were engulfed by the Fitzroy River during “the worst floods in history” in the wake of Tropical Cyclone Ellie. This disaster will add to high levels of stress in the community with long-term consequences.

But this is a place with strong culture, strong leadership, strong communities, strong women. In 2008, courageous Aboriginal women were so worried about alcohol-related harms that they lobbied for community-led alcohol restrictions. In 2009, they became concerned that alcohol use in pregnancy was damaging the next generation and developed the *Marulu* strategy to identify and prevent Fetal Alcohol Spectrum Disorder (FASD) and support families living with FASD. *Marulu* is a word in the Bunuba language that means “precious, worth nurturing.” They invited our team from the University of Sydney and George Institute to partner with them in the *Lililwan* project to establish the prevalence of alcohol use in pregnancy and FASD. *Lililwan* is a word in the Kimberley Kriol language that means “all the little ones.” Together we documented that half of all children then aged 7–9 years had been exposed to high levels of alcohol *in utero*, and that 1 in 5 had fetal alcohol spectrum disorder, with severe learning, behavioural and developmental problems (Kirby 2012, Fitzpatrick et al. 2017).

Aboriginal women shared these difficult truths with their community, with governments, with the United Nations Forum on Indigenous Issues in New York, and with parliamentary inquiries — and lobbied for funding and services. Ten years on, rates of alcohol use in pregnancy have decreased. Marninwarntikura Women’s Resource Centre (a community-controlled Aboriginal organisation led by CEO Emily Carter) now has a child and family centre integrating early education and maternal and child healthcare, a support unit for families with FASD, a parenting program, a domestic violence shelter, legal aid, and a social art enterprise. It leads ongoing partnerships

with academics and clinicians to develop optimal models for “wrap-around” health and mental health care for children and a model for youth engagement and support (Elliott & Bower 2022). This is a community in action — yet they lack long-term infrastructure funding!

June Oscar (formerly CEO of the Women’s Resource Centre and now Aboriginal and Torres Strait Islander Social Justice Commissioner at the Australian Human Rights Commission) praised the community for its achievements and highlighted the value of partnerships with academics and clinicians. She said, “We live in the best country in the world and if we want to address our most challenging problems, we must learn to embrace diversity and work together. In the *Marulu* strategy, Aboriginal and non-Aboriginal people achieved great things by working together. And in the process, we came to understand each other’s worlds.” She said, “Our journey has taught us that Aboriginal people must take control. We can change what is happening in our communities. So, when you read the next media piece of the suffering in communities like ours, don’t think of us as victims. Rather, support us to be the architects of our future — a future in which every child has the right to be born healthy and fulfil their potential.”

Elsewhere, in remote communities that continue to struggle with inadequate health services, Aboriginal leaders are tackling preventable conditions — dental caries, scabies, acute rheumatic fever, and trachoma — through practical approaches to provide healthier housing, access to clean and fluoridated water, non-leaded petrol, washing machines, dental programs, fresh fruit, and maternal health literacy.

*The forgotten children in immigration
detention*

In another example of the power of data to empower communities, the 2014 National Inquiry into Children in Immigration Detention (AHRC 2014), conducted by the Australian Human Rights Commission, brought the plight of children and families in detention to the attention of the nation. As a paediatric consultant for the Commission, I met and interviewed many asylum-seeking families with children on Christmas Island (and from Nauru) in Wickham Point Detention Centre, and was shocked by what I found (Elliott & Gunasakara 2015).

These young asylum seekers who had been living in offshore detention were amongst the most traumatized children I have ever encountered. The detention environment was hostile and harmful. They were mentally crushed under layers of trauma — a missing father, a capsized boat, a hostile and punitive detention centre, a mother so profoundly depressed she was unable to care for her children. Children described these centres as “jails,” not surprisingly, considering their high barbed-wire fences, security guards, and use of boat numbers for names, and had little hope for the future.

One third of children had moderate to severe mental health problems and self-harm was commonly recorded by the authorities (AHRC 2014). I vividly recall one traumatized 12-year-old girl who had spent 14 months in offshore detention. Her mother had self-harmed, her brother was depressed and electively mute. She had stopped talking, eating, and drinking — a condition called “resignation syndrome.” In a note to us she wrote “my life here is really deth. If I go back (home) I know they will kell me.

Better I kell my self.” Yet, there was no paediatrician, no child psychologist, no child psychiatrist available locally, and specialist consultations 3000 km away on the mainland were often delayed for months with long-term health consequences. A father of three teenage boys said “I didn’t bring my children here to learn how to commit suicide,” and a 17-year-old boy said “when they use my boat number (not my name) it makes me feel like a criminal.”

Similarly, children with physical ill-health did not have timely access to “reasonable” health care, including the dental, ear-nose-and-throat, and allied health services that are critical in early childhood. Children requiring care on the mainland were “batched” and sent on a hired jet when all the seats were full.

The 2014 AHRC report, *The Forgotten Children*, though initially dismissed by government as exaggerated and fabricated, confirmed that detention causes harm. It gave these invisible children — previously out of sight and out of mind — a voice. That voice was amplified by the public, by community advocates, health professionals, and the media. Do you recall the health professionals’ campaign “Detention harms children”?, or the Australian coalition to “End Immigration Detention of Children”? The actions of these communities set in train a process that would eventually lead to the closure of offshore detention centres and the release of children seeking asylum into the community. Sadly, many asylum seekers and refugees remained in limbo in Australia — waiting assessment for refugee status or floundering on temporary protection visas (AHRC 2019).

Arbitrary detention is illegal. As stated in the Convention on the Rights of the

Child, “the arrest, detention or imprisonment of a child shall be used only as a measure of last resort and for the shortest appropriate period of time” (UNICEF 2023). Australia must reconsider how we will more humanely treat future waves of children seeking asylum.

Non-government Organisations (NGO) also have an important role in coordinating coalitions of community voices for change. Let me give you some examples.

Pregnancy Warning — alcohol use may cause lifelong harm

For many years, Food Standards Australia and New Zealand, clinicians, and public health physicians have advocated for mandatory, evidence-based, warning labels on alcoholic beverages to highlight the harms of alcohol use in pregnancy (FSANZ 2020). On 20 March 2020, the Australia and New Zealand Ministerial Forum on Food Regulation acceded to pressure from the alcohol industry and voted against the proposed labels. They requested that FSANZ review the colour requirements and the signal wording of the label within three months, noting that these would “place an unreasonable cost burden on industry” (ANZMFFR 2020). Between March and July 2020 the Foundation for Alcohol Research and Education led a community push to advocate for ministerial support and harness the media. Academics provided their support (Smith et al. 2020). An open letter that backed the proposed labels was signed by more than 1,500 public health and clinical experts and people with lived experience of alcohol use in pregnancy and FASD. More than 150 organisations were signatories, including the National Organisation for FASD (NOFASD) Australia, National Closing the Gap Committee,

Australian Human Rights Commission, Australian Health Promotion Association, Public Health Association of Australia, and the Australian Medical Association. Despite strong ongoing opposition from the alcohol industry, this drive was successful, the vote was positive, and the Australia New Zealand Food Standards Code was amended to mandate specific pregnancy warning labels for all alcohol products and packaging in Australia from 31 July 2023. All will carry a legible label in red, black and white, with the words “Pregnancy Warning. Alcohol can cause lifelong harm to your baby.”

Fetal Alcohol Spectrum Disorder — a public health emergency

Through national, collaborative research and work with the National Organisation for FASD of Australia, researchers and clinicians identified FASD as a public health emergency. FASD research (Elliott & Bower 2022) has informed Senate Inquiries into FASD (The Senate 2021) and a National Strategic Action Plan for Fetal Alcohol Spectrum Disorder (2018–28) (CoA 2018). The plan is currently being implemented with substantial Australian government funding directed to: assessment services, prevention, screening and diagnosis, treatment, and support, including in high-risk groups. It is being evaluated.

Rare diseases — need for action

In a clear demonstration of the power of community to influence health policy, the parent-led group Rare Voices Australia in 2020 achieved what clinicians, academics and clinicians had sought for over a decade — a National Strategic Action Plan for Rare Diseases — endorsed and sup-

ported by the Australian Department of Health (NSAPRD 2020).

Increasing the age of criminal responsibility

Communities have responded to international precedent and local pressure for Australia to raise the age of criminal responsibility. For example, the *#Raise the Age Campaign*, launched in 2020, is a coalition of more than 100 organisations that builds on long-term efforts by Aboriginal and Torres Strait Islander leaders, human rights supporters, paediatricians and others, and aims to convince politicians to raise the age of criminal responsibility (hence incarceration) from 10 to at least 14 years of age in line with UN recommendations (Davis 2022). The *#Raise the Age Campaign* has recently gained traction: in October 2022 the Northern Territory government announced it would be the first jurisdiction in Australia to introduce new legislation to raise the age from 10 to 12 years. This remains below the minimum age recommended by the United Nations Committee on the Rights of the Child, but is an important first step. In 2022 the Australian Capital Territory, and in 2023 Victoria, committed to raise the age to 14 years.

Kids COVID Catchup Campaign

Communities of health professionals are also active in advocating for change. For example, in 2018 paediatricians from the Royal Australasian College of Physicians developed a policy to highlight the Inequalities in Child Health in Australia and alert government to disadvantaged groups (Woolfenden et al. 2000). The 2021 Kids COVID Catchup Campaign advocates for a focus on children with health and mental-

health harms stemming from the COVID-19 pandemic (RACP 2022).

Wiyi Jandi-U Thangani (Women's Voices)

Communities of women have also been influential in shaping policy. As the first female Aboriginal and Torres Strait Islander Social Justice Commissioner at the Australian Human Rights Commission, June Oscar AO undertook a national listening tour called *Wiyi Jandi-U Thangani (Women's Voices)*. In her 2020 report (AHRC 2022b), she said, "I am committed ... to elevate our women's voices to the spaces of decision-making, because their knowledge matters for forming meaningful and effective policy and legislation ... and ensuring the health and wellbeing of our children, families, and communities." The Commission's 2022 implementation plan is guided by these voices.

Closing the Gap

In the 2022 *Closing the Gap Report*, the Lowitja Institute reiterated that "to address the extreme but preventable inequalities that Aboriginal and Torres Strait Islander people experience, we must first draw on their knowledge and expertise. Initiatives that recognise Aboriginal and Torres Strait Islander leadership, provide genuine opportunities for decision making, and strengthen and embed cultures, do and will lead to positive sustainable improvements in health and wellbeing." After 10 years with little progress on the Closing the Gap strategy, the voices of Aboriginal and Torres Strait Islander communities are finally being heard (Lowitja Institute 2022).

Throughout Australia, communities are standing up for equity in child health and promoting change that will reshape

our country. Now, we need action from government. We must urgently act on the recommendations of the recent and relevant government inquiries and Royal Commissions, rather than call for more inquiries. We should push for a consistent rise in the age of incarceration nationally and call out racism. We must address the social determinants of health and the barriers to accessing health care and the National Disability Insurance Scheme. Above all, we must recognize our First People, hear the truths of their past, and support them to have a collective “Voice” to inform a better future for our children.

References

- AHRC (Australian Human Rights Commission) (2014) *The Forgotten Children: National Inquiry into Children in Immigration Detention*. National Inquiry into Children in Immigration Detention. <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/national-inquiry-children-immigration-detention-0#:~:text=The%20Australian%20Human%20Rights%20Commission,not%20to%20be%20detained%20arbitrarily>
- AHRC (2019) Lives on hold: Refugees and asylum seekers in the “Legacy caseload”.
- AHRC (2022a) “Mental health shapes my life:” COVID-19 & kids’ wellbeing. <https://humanrights.gov.au/our-work/childrens-rights/publications/mental-health-shapes-my-life-covid-19-kids-wellbeing-2022#:~:text=41%25%20of%20children%20reported%20that,worried%20than%20they%20used%20to>
- AHRC (2022b) *Wiyi Jandi-U Thangani (Women’s Voices)*. (Report published 2020.) <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/wiyi-yani-u-thangani-womens>
- AIHW (Australian Institute of Health and Welfare) (2008) Eye health among Australian children, Summary. <https://www.aihw.gov.au/reports/children-youth/eye-health-australian-children/summary>
- AIHW (2020) Australia’s children: the health of Australia’s children. Cat. no. CWS 69. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/the-health-of-australias-children>
- AIHW (2021) Australia’s youth, About. <https://www.aihw.gov.au/reports/children-youth/australias-youth/contents/about>
- AIHW (2022) Youth detention population in Australia 2022, Summary. <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2022/contents/summary>
- AIHW (2023) Acute rheumatic fever and rheumatic heart disease in Australia 2017–2021, Summary. <https://www.aihw.gov.au/reports/indigenous-australians/arf-rhd/summary>
- ANZMFFR (2020) Communiqué of outcomes from the Australia and New Zealand Ministerial Forum on Food Regulation meeting held on 20 March 2020. — Communiqué.
- Bower C, Watkins RE, Mutch RC et al. (2018) Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. *BMJ Open* 2018;8:e019605. <https://doi.org/10.1136/bmjopen-2017-019605>
- CoA (2018) Commonwealth of Australia as represented by the Department of Health. National Fetal Alcohol Spectrum Disorder Strategic Action Plan.
- Davis C (2022) The minimum age of criminal responsibility in Australia: a quick guide. *Law and Bills Digest*. Research Paper Series, 2021–22, 17 June. https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2122/Quick_Guides/MinimumAgeCriminalResponsibility
- Elliott EJ, Bower C (2022). Fetal Alcohol Spectrum Disorder in Australia: from fiction to fact and to the future. In: Chudley AE, Hicks GG (eds) *Fetal Alcohol Spectrum Disorder. Neuromethods*, 188. Humana, New York, NY. https://doi.org/10.1007/978-1-0716-2613-9_13
- Elliott EJ, Gunasakara H (2015) The health and well-being of children in immigration

- detention. Report to the Australian Human Rights Commission Monitoring Visit to Wickham Point Detention Centre, Darwin, NT, 16–18 October. <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/health-and-well-being-children-immigration>
- Fitzpatrick JP, Latimer J, Olson HC, Carter M, Oscar J, Lucas BR, Doney R, Salter C, Try J, Hawkes G, Fitzpatrick E, Hand M, Watkins RE, Tsang TW, Bower C, Ferreira ML, Boulton J, Elliott EJ (2017) Prevalence and profile of Neurodevelopment and Fetal Alcohol Spectrum Disorder (FASD) amongst Australian Aboriginal children living in remote communities. *Res Dev Disabil*. 65: 114–126.
- FSANZ (2020) Food Standards Australia New Zealand. P1050 — Pregnancy warning labels on alcoholic beverages. <https://www.foodstandards.gov.au/code/proposals/Pages/Pro50Pregnancywarninglabelsonalcoholicbeverages.aspx>
- Kirby T (2012) Blunting the legacy of alcohol abuse in Western Australia. *The Lancet*, 21 January. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2812%2960087-7>
- Lowitja Institute (2022) *Close the Gap Report*. https://www.lowitja.org.au/content/Document/Lowitja-Publishing/CloseTheGapReport_2022.pdf
- NACCHO (2022) Aboriginal Community Controlled Health. National Aboriginal Community Controlled Health Organisation.
- NSAPRD (2020) National Strategic Action Plan for Rare Diseases. <https://www.health.gov.au/sites/default/files/documents/2020/03/national-strategic-action-plan-for-rare-diseases.pdf>
- PoA (2021) Inquiry into family, domestic and sexual violence. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024577/toc_pdf/Inquiryintofamily,domesticandsexualviolence.pdf;fileType=application%2Fpdf
- RACP (The Royal Australasian College of Physicians) (2022) Kids COVID catch up campaign. <https://racpquarterly.racp.edu.au/kids-covid-catch-up-campaign>
- RCIRCSA (2017) Royal Commission into Institutional Responses to Child Sexual Abuse. <https://www.childabuseroyalcommission.gov.au>
- RCPDCNT (2017) Final Report. Royal Commissions. The Protection and Detention of Children in the Northern Territory. <https://www.royalcommission.gov.au/child-detention/final-report>
- RCVANEPD (2023) Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au>
- Smith JA, Reid N, Hewlett N, D'Antoine H, Gray L, Elliott E (2020) Mandatory pregnancy health warning labels on alcohol: listen to the experts not the industry. *Health Promot J Aust* 31: 327–329.
- The Senate (2021) Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024357/toc_pdf/Effectiveapproachestoprevention,diagnosisandsupportforFetalAlcoholSpectrumDisorder.pdf
- UNICEF (2023) United Nations Convention on the Rights of the Child. <https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>
- Woolfenden S, Asher I, Bauert P, De Lore D, Elliott E, Hart B, Matheson V, Nossar V, Roseby R, Scott A, Lynch A, Hardy L, Goldfeld S (2000) The Royal Australasian College of Physicians Paediatric & Child Health Division, 2000. Summary of position statement on inequities in child health. *J Paediatr Child Health*. 2018 Aug;54(8): 832–833. <https://doi.org/10.1111/jpc.14134>. <https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/inequities-in-child-health>