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# Australia's Children and Youth

Fiona Stanley

*The true measure of a nation's standing is how well it attends to its children — their health and safety, their material security, their education and socialisation, and their sense of being loved, valued and included in the families and societies into which they are born.*

*UNICEF*

Putting children in the centre of our society acknowledges that all aspects of our future capacity depends upon us having the majority of our children and youth able to participate to their full potential. The topics in all of the other chapters in this book cover areas in which Australia needs most of its people to be able to participate — in valuing human rights, in acknowledging that history explains much of modern Aboriginal circumstances, to be educated to be able to work and participate as a parent, to make informed decisions based on science to reduce the harmful effects of environmental degradation and climate change and to participate fully in a democracy. Hence our commitment to children and young people has to be serious and of the highest priority. It has to appreciate what are the real situations which enhance the health, wellbeing and life chances of children and young people and to enable rather than disable these enhancing environments.

The children and youth of today will play a pivotal role in our future environment, not only that related to climate change, but our intellectual, social and economic capability as well. The nation's future prosperity and capacity to be clever about adapting to environmental degradation, climate change and to tackle other challenges, depends in large degree on the quality of the childhoods we provide today.

We also value children for what they do for us. I am reminded of Anne Manne's lovely story in the *Age* newspaper last year written in response to Naomi Wolf's concerns about the costs of motherhood. Anne described her friend, who after weighing up a cost-benefit analysis of motherhood, decided that her career, income and freedom were more important. In the supermarket queue that evening, a small child mistook her leg for that of her mother's and "slipped her little hand around my friend's leg and nestled into her". Her friend immediately decided to have a baby! Anne makes the point beautifully that we should reflect more on these emotional aspects of what children provide for us individually and communally and how we should value them as children not just because they are our future "human capital". But of course they are and this is an important argument to use with those who decide on our economy and how it should be used.

Why ask an epidemiologist (someone trained in counting and measuring diseases and problems in the population with the aim of discovering causes and preventive strategies) to write a chapter on children? The answer lies in the maxim "to improve something, first measure it". I work in an institute dedicated to improving the health and wellbeing of children and youth, with teams of researchers whose measurement and research has provided me (and others) with strong (and I hope accurate and unbiased) evidence of what is needed (www.ichr.uwa.edu.au). We also have established a national Australian Research Alliance for Children and Youth (ARACY) because a large number of us — researchers, policy makers and practitioners — are keen to put children at the top of our national agenda and to implement the

strong evidence from research to enhance the health and wellbeing of all children (www.aracy.org.au).

Measurement also serves as the handrail of policy, keeping efforts on track towards goals, encourages sustained attention, gives early warning signs of success or failure, fuels advocacy, ensures accountability, and helps decision making in relation to the most effective allocation of resources (UNICEF, 2007). But what you measure (or can measure) impacts on whether the result of measurement is likely to be positive rather than negative for society generally or children in particular. The OECD ran an international forum in Istanbul in June this year, entitled "How to foster and measure the progress of societies" at which many participants (including economists!) criticised the narrow focus of GDP per capita as a measure of societal progress (OECD 2007). There even seemed to be agreement amongst the economists present that having such a singular measure focussing only on economic "bottom lines" influenced countries to focus excessively on economic success without attending to the many other important aspects of progress, such as education, child health, inequalities and happiness. So as we discuss the characteristics of a society that enhances child health and wellbeing, we need to think about what we need to measure to ensure that we are on track.

## How Children Grow And Develop Well

There are some essential resources which enable the healthy development of children. Any policy framework to provide for children needs to address four main principles which are:

*The physical environment to enable the basic necessities of living.* All Australians should have access to satisfactory living conditions. These include appropriately maintained and safe housing, clean air and drinking water, suitable food preparation and storage facilities, heating and cooling, effective sewerage, safe removal of waste and control of pests. The dramatic improvements in health which occurred over 100 years ago were due mainly to improvements in living conditions (Stanley 2003). While much or all of these exist for the majority of Australian children, I mention it because

within certain groups such as our Aboriginal families and others, the physical environment and basic necessities of living are as bad as 100 years ago, with unacceptable levels of preventable illness (Zubrick et al 2004).

*Levels of family income available to support the development of children.* Parental income provides for the capacity to influence their immediate and wider environments for the essential requirements for children to develop well — including the physical environment described above, as well as access to the other necessities for healthy development such as clothes, "things" for play, education, transport for activities, access to services and so on. Income inequality in any population is related to a range of health, educational, occupational and criminal outcomes (Duncan & Brocks-Gunn, 1997).

Child poverty has become a major international concern and the OECD, UNICEF and others regularly report on this as a major measure of national development. In recent years, amazingly and worryingly, child poverty has risen in 17 of 24 OECD countries for which data are available (www.oecd.org). Norway is the only country in the OECD where child poverty is very low and continuing to fall (UNICEF, 2007). Higher government spending on family and social benefits is associated with lower child poverty rates and Australia is well above others in the OECD in terms of such expenditure. This is a major factor enabling child health and wellbeing in Australia, explaining why we have better outcomes than the United Kingdom or United States, who are the worst in the OECD. It also partly explains why Australian fertility rates have not fallen as much and have picked up more than other countries whose expenditure is less. Variation in government policy appears to account for most of the variation in child poverty levels between OECD countries. This is a good message — we can influence the essential circumstances to improve outcomes for children by governments investing wisely and well.

There appears to be little relationship between levels of employment and levels of child poverty. It is the distribution of

employment among different kinds of households, the proportion of those in work who are on low pay and the level of state benefits for the unemployed and low-paid, that contribute most to differences in child poverty rates between countries (UNICEF, 2007). As the debate in Australia centres on work, income and family circumstances, these international comparisons are important to consider as to how they may guide us as a country to grow up our children well. As our population ages, there is a trend for any increase in social spending to be allocated principally to pensions and health care, leaving little for further investment in children. We must remember that the best investment for the future of our aging population is in those things which will enable us in the future to have the majority of our population working and participating positively in society ie in our children.

*Human and psychological capital available to support child development.* A long life, individual physical capacity and health, education and acquired skills, experience and practical knowledge and parenting skills comprise what is known as "human capital". The Human Development Index is an attempt to measure human capital — it includes life expectancy, adult literacy, educational achievement (knowledge), and a decent standard of living (income, GDP per capita) (www.undp.org).

Overall, Australia performs exceptionally well on this index, ranking number four in the world. However, for our Aboriginal population, we are ranked 104, which means that Indigenous capacity to enable the wellbeing of their children, on this measure anyway, is depleted.

There has been a huge "re-learning" in relation to the importance of the "early years" and parenting in relation to child health and wellbeing. When I was talking to some of the Aboriginal researchers in our Institute some years ago, explaining that we were researching the effects of breastfeeding and parenting skills on child and youth outcomes, they were amazed. "You are researching these things which we have known about for 40,000 years?" "Yes," I replied, "we have forgotten how important they are". There is now an enormous literature on the long-term

benefits of positive and nurturing environments, particularly when brain development is so rapid.

Children who have good early childhood experiences before age six, in stimulating, nurturing environments, have better outcomes throughout their lives, and the earlier they have these experiences, the better. They have better school grades, better self-esteem, fewer social problems, and fewer health problems and less likely to be teen parents, use drugs or be involved in crime. (Hertzman & Power, 2003).

If we are seeing increases in social, behavioural and other problems in our youth as we seem to be, then it is obvious that we must look at the quality and quantity of our human and psychological capital and its adequacy for healthy child development. Groups with low levels of human capital, as measured by low life expectancy, poor adult health, low levels of education and — particularly among the large numbers of teenage parents — poor parenting skills, may explain the higher proportions of their children who have poor outcomes. It is urgent that we act with such groups as the impacts of low human capital and child neglect get passed on from generation to generation. Interventions to break this cycle may be the most effective way to improve the whole of life chances for Aboriginal people and improve their overall circumstances.

If we neglect the early years of child development, then there can be profound effects on a range of problems. Most parents want to be good parents and want the best for their children, but they need to be equipped and capable to do so. We now need to look beyond the family to neighbourhoods, workplaces, the social and economic policies and environments and ask "what is happening in modern Australian communities which is enabling or disabling families to be good parents?"

*Social capital available to individuals living in the community and wider society.* I know this is an over-used quote but I love it so here it is again — "it takes a village to raise a (healthy) child". By social capital we mean the integrity of social structures that engender community safety, trust, reciprocity and inclusion (Zubrick et al, 2004). Cultural traditions, practices and networks also comprise

part of social capital. It operates at the community, regional and national level. As Lomas (1998) pointed out, "the way we organise our society, the extent to which we encourage interaction among the citizenry and the degree to which we trust and associate with each other in caring communities is probably the most important determinant of our health".

As a paediatric epidemiologist focused on improving child health and wellbeing, I now have to understand what happens in the workplace and how communities function! Changes in a global world have much more profound influences on child health and wellbeing than health services. Such changes include work (hours of work, women working, child care availability, insecure employment, and so on), stress, television, technological change, communication, family breakdown, domestic violence and lots more. Where children live and what jobs their parents have were known to influence the risk of infections and deaths in infants over 100 years ago. Over the last 30 to 40 years, while we concentrated on developing medical care to treat diseases and forgot about prevention, social environmental factors still worked to influence the risks of health and disease. Much is now known about the kinds of situations in communities and workplaces that enhance social capital, so this is exciting in relation to children and youth. We just have to change the way we are currently organised!

For example, we know from work done by Sue Richardson (2007) and others that the most desirable job in terms of hours of work for a parent is a 38- to 40-hour week of secure employment. This allows both adequate time and resources to be a parent (or to participate in other societal activities which enhance social capital). Since 1975 there has been no increase in the proportion of jobs in this category (www.abs.gov.au). However, there have been over 300% increases in jobs with 1 to 15 and 50 to 60 hours per week — the former unlikely to provide a secure income to have a child, and the latter may provide the income but certainly not the time. Many have written about the workplace being "toxic" for parents and children. Working too much or too little is not good for children nor for adults either.

The Australian Early Development Index (AEDI) is a new tool, adapted from Canada and now used extensively in Australia to measure the early development of children (Brinkman et al, 2007; Oberklaid et al, 2005). It measures five domains of child capability and "readiness for school". It is not an individual "pass/fail" but a population measure — of the proportion of children vulnerable on the AEDI in that population or sub-group. There is considerable variation in the AEDI across cities and suburbs in Australia — some communities have very low levels of developmentally vulnerable children (less than 10%) and others a very high proportion (over 60%). When we map the AEDI results in relation to those services provided for social and community capital, those areas with the most vulnerable children are also those with the poorest services! The most needy are the poorest served. We can see an immediate recommendation to reverse any adverse trends in poor outcomes for Australia's children. So, given all this information about how children develop, how are we going?

## How Does Australia Perform In Relation To Children And Youth?

*What has happened to children and young people as we have become more prosperous?* It has been taken for granted that as countries improved their economic prosperity and the GDP increased, that this would translate into improved health, wellbeing and happiness across the whole of society. That all a country had to do was to encourage wealth creation and the result would be more opportunities for people to live good lives, that the new economy would deliver a better world for the poor as well as the rich. Time-saving new technologies would enable women to take on paid work, help all of us to work less and have more leisure time, and open up opportunities for improving our lives like no other era in our history. If we look back over 100 years, this is broadly true. But it appears in recent decades that we have not done as well. The economists say "a rising tide lifts all boats", but it seems that the little boats have either got stuck in the mud or been swamped with the rising tide!

Canadian researchers have looked at the trends in their society and called it "Modernity's Paradox" (Keating and Hertzmann 1999). They say that in spite of increasing economic prosperity and "globalisation" enabling greater access to opportunities, many key indicators of the health, development and well-being of their children and youth are not improving and many are worsening. And the social gradients (we call them inequalities) — the differences in outcomes between the advantaged and disadvantaged groups in the population — are actually growing larger, not smaller as promised.

Over the last 40 years, the data on Australian children and young people show that many are doing better than ever before. Trends in infections, survival around birth and in infancy, death rates from severe disease such as cancers, accidents and deaths in the primary school years, and overall life expectancy have all improved. School retention rates, and participation in university and further education, particularly for girls, have improved enormously.

However, like Canada, when we look at a broader group of indicators, the levels of many problems affecting our children and young people are worryingly high, many appear to be increasing and are certainly are not improving in the way that we would like (Stanley, Richardson & Prior, 2005) Some researchers have suggested that this generation may be the last one to live longer than their parents as these complex diseases and problems start to influence today's childrens' future life chances.

Thus, over the last 30 to 40 years, while death rates have fallen, increasing proportions of our children and youth have complex diseases such as asthma, diabetes, overweight and obesity, intellectual disabilities and particularly psychological problems, such as depression/anxiety, suicides and eating disorders. There have been no improvements in the proportions of our children born prematurely or underweight or in those diagnosed with physical disabilities such as cerebral palsy. And possibly the most worrying have been the perceived dramatic increases in a range of behaviour problems, learning disabilities such as attention deficit disorders, hyperactivity,

dangerous activities such as substance abuse, sexually transmitted diseases and high levels of young teenage pregnancies. Not all types of juvenile crime have increased, but the most aggressive certainly have, such as assaults and rapes. Trends in behavioural outcomes in schools are challenging teachers, and educational departments voice concern at the levels of social and other problems in schools and how these may affect educational achievement.

Child abuse and neglect is reported more than ever before although it may be that the occurrence is not really increasing, but that it is more "OK" to report it. Many behaviour problems have this dilemma — 20 years ago hyperactive little boys were just normally naughty and attention seeking; now many are labelled as "hyperactive" (and treated for it). While it may be difficult to say with certainty that these are all increasing, the demands on services and the reports of the burdens on parents, teachers, children's services and for society overall seem to be considerable.

There are some common patterns in these worrying trends among our children and youth. They appear to be occurring at younger and younger ages and girls are now involved almost as frequently as boys in those activities which were traditionally more likely to be male dominated — such as substance abuse, antisocial behaviour and aggressive juvenile crime. Psychologists, psychiatrists, teachers, social workers, paediatricians and heads of organizations and agencies providing services for children and youth, also say that the problems they are seeing now are more severe, more complex and more difficult to treat and manage than they were 10 to 20 years ago.

And as in Canada, the differences in outcomes between those in different social levels of the Australian population (the social inequalities referred to above) have not levelled out as anticipated, but instead have become more marked. These increasing inequalities have come about because there is greater improvement in the most advantaged children and youth and either no or less improvement in those most disadvantaged. But unfortunately, with some problems, the levels have actually also got worse for the most disadvantaged.

Social inequalities (also called social gradients, disparities, the social gap or divide, differences between the "haves" and the "have-nots") in outcomes occur when there are differences in an outcome (eg occurrence of disease, problems at school, crime) across the levels of advantage/disadvantage within groups of the population. They mean that, for a variety of reasons (harsh living conditions, poor or risky lifestyles, less access to effective services, and so on) people in more disadvantaged circumstances have more problems, are less healthy, have less opportunities to succeed than those in advantaged circumstances. That is the "playing field is not level"!

Social inequalities have existed in the world for centuries. In modern times, as countries have become more prosperous, the belief was that a better deal for all their citizens would be the result. Thus we are interested not so much in whether inequalities exist, because they do and are likely to in the future, but whether and how they are increasing. To have increasing inequalities in a more prosperous world is bad for the whole society (Wilkinson, 1996).

Thus there appear to be more children and young people with more problems, and these are occurring earlier and earlier and in girls as well as boys. More children and young people have more than one problem and fewer of them are responding to whatever treatments are available. There appear to be increasing inequalities in some key indicators for children and youth wellbeing. The result of all this is that many services which exist to manage such problems are overwhelmed and demanding more funding and support. Some of us have referred to this situation in Australia as a "crisis in children and youth" (Stanley, Richardson & Prior, 2005).

*Why have these increases occurred in spite of our increased prosperity?* The changes in Australian society over the last 30 to 40 years have been dramatic in their impact on families, children, communities and workplaces. Have they somehow influenced the ways we nurture our children and interfered with our children's developmental trajectories to explain some of the trends in outcomes that we are observing today? Was the commitment to wealth creation

and the expectations of what it would deliver too simplistic or are the associated poor outcomes just what we have to accept as part of a normal developed modern nation? Have aspects of the demographic changes, changes in the workplace, the demands of a successful economy, more women in paid work, changes in family structure and the dramatic increase in consuming technologies all come together to impact on the levels of risk and protective factors for child and youth development, with the results we are now observing? Given the crucial importance of social capital, community capacity and equality of opportunity for child development described earlier, many of us now believe that much of the observed increases in child and youth problems and in inequalities of such outcomes can be explained by these rapid and profound societal changes (Stanley, Richardson & Prior, 2005).

*The special case of Aboriginal and Torres Strait Islander children and youth.* In 2002, our Institute conducted the largest and most detailed survey of Aboriginal children and families in Western Australia; over 11,000 carers of over 5000 children aged between 0 and 18 years took part and told us of their circumstances and their hopes for change and improvements (Zubrick et al, 2004). All the children over 12 years were also interviewed. The four volumes outline their health, emotional and behavioural problems, educational achievements and family and community factors. They describe in detail the well known poor levels of many health problems from low birth weight and ear disease to disabilities and psychological problems. The most startling findings, however, were the educational outcomes. Nearly 40% of children performed inadequately in year 1 with no improvement as they went through the school system. The survey quantified for the first time the rates of risk-taking behaviours in teenagers, and the family and community factors that were protective of these, such as strong culture, families being kept together, playing sport and distance from major urban centres. The situations and levels of poor outcomes were not specifically Aboriginal, but are similar to many marginalised people anywhere in the world and are almost identical to other Indigenous colonised groups such as

Maori, Inuit and American Indian populations. Another important first for this survey was accurate measures of the extent and impact of the "stolen generation" on these families and children — with second and third generation effects of the forcible removal of children from their parents and people from their land (Zubrick et al, 2005).

Over 30% of families in the survey reported a history of forced removal. The effects on those taken included higher rates of mental ill health, substance abuse, gambling and other problems. Their children were more likely to have a range of problems and to suffer from the poor parenting skills of those who had been removed. I had not realised the likely extent of this damage to Aboriginal people until I had visited many communities and talked to large numbers of Aboriginal people. Their relationship to land is crucial to their wellbeing and their health is linked to them being close to their land. The family ties and laws which dictated marriage and allowable activities were decimated along with their language and culture and this caused anguish to people who did not know who they were or where they had come from. This added to the trauma of being removed from the loving care of parents, often at crucial stages of development. The forced removal of children, which was so widespread, and the physical, sexual and mental abuse that occurred as a result explains a significant amount of the pathology observed in Aboriginal families and communities today. It demands we both acknowledge this history and provide all the supports and services to enable healing to occur.

The psychological literature on child development (Zubrick et al, 2005) lists the three major developmental prompts of optimal social and emotional wellbeing in children and young people as biology, expectations and opportunities. Biology is the interplay between genes and environments during development with exquisitely sensitive points in time. Many negative environmental factors reduce the opportunities here for Aboriginal children — exposure to alcohol and other substances, poor nutrition and severe stress in pregnancy all of which dramatically interfere with

this important programming. Carers, teachers and others in the community have expectations of their children — and in doing so provide the best environments to enable these expectations to be realised. This happens far less frequently for Aboriginal children, because either their parents cannot have such expectations due to their own experiences or because even if they do, they find it harder to deliver on them.

Opportunities for engaging in stimulating activity to encourage both physical, emotional and cognitive development — such things as talking, reading, playing and being a "mentor" are all enormously powerful prompts for healthy social, emotional and intellectual development throughout life. Again many Aboriginal children do not have the quality of opportunities provided to other Australian children.

Developmental facilitators are also important — these include intellectual flexibility and good temperament, language development, and emotional support in the face of challenge. For many Aboriginal children a myriad of situations mean that they are less well facilitated — such as poor language resulting from deafness and middle ear infections or poor temperaments from alcohol exposure in utero.

The developmental constraints for optimal social and emotional wellbeing are stress that accumulates and overwhelms, chaos, social exclusion and social inequality. It is important that we understand how important are these constraints for Aboriginal children as changing their circumstances to reduce these may be the most powerful and important interventions we can do to break the cycles of Indigenous disadvantage. Stress in pregnancy and early childhood has now been shown to interrupt the biological pathways to optimal brain development. It also may explain some of the increased risk of heart and renal disease seen in Aboriginal adults. Chaos has been noted for some time as detrimental to development. Frenetic activity, lack of structure, unpredictability in everyday activities, and high levels of ambient stimulation are all damaging and disorganising for children and young people and their impact explains much of what we see in

our Aboriginal children's lives. Violence and abuse (even harsh parenting) is most deleterious to human development particularly if early, close to the child and relentless. Not all of this can be blamed on parents (many of whom were irreparably damaged themselves by being taken away). Governments also are imparting chaos in the lives of Aboriginal children and families. Policy development for children has become a political fashion with governments of the day formulating policies and branding, re-branding and repackaging children's programs for the life of the government rather than the lives of children. The recent Northern Territory invasion is an extreme example of such "policy" that is likely to have longterm adverse effects.

Social exclusion constrains child and adult development because it restricts access to opportunities and choices to participate socially, economically and civically. It varies from frank racism and vilification to bullying and subtle refusals for friendship and recognition. Racial discrimination has a major impact on affective function resulting in depression and anxiety and has been shown to prospectively link to substance abuse. The most overwhelming example of social exclusion was the forced separation of children from their parents. Social inequalities were discussed earlier.

## Changing Our Focus For Australian Children — Lessons From the 19th Century

In Child Health Since Federation (Stanley, 2001; 2003) I looked at the dramatic improvements in infant mortality from infectious diseases which occurred from 1900 to 1920 in Australia. This reduction occurred without specific knowledge of the organisms which caused infections such as gastro-enteritis. There were no antibiotics, and vaccines were still a while away. How did our founding fathers (they were mostly male!) do it? They encouraged the education of women, started an effective maternal and child health nursing service, encouraged all women to breastfeed, cleaned up the environment and improved housing and living conditions. More men became employed, hence more resources were available for families for such important things such as more

nutritious food for young children; as more children survived, fertility rates and overcrowding fell. There are lessons from the 19th century for us in the 21st.

I have argued that today's social and economic influences, as with those 100 years ago, are far more powerful in child health and disease than are the drugs or other treatments we have at our disposal to treat them. Are we going to respond to change our social, emotional and economic environments to improve child and youth outcomes as effectively as did our forebears in the years after Federation? There are changes starting to happen in society as a reaction to the excesses of this current era, such as the desire of people to protect the environment, to be better parents and value families, to work less for our own income and more for the community. I am, however, sceptical that this will be enough to bring about the degree of change so rapidly that fresh water, food, sanitation and educating women did for infectious diseases in the 1900s.

We know that preventive strategies are more effective than cure for most problems and diseases. Yet we expend far more on managing these problems than we do on preventing them, often waiting until they are well established and irreversible before we intervene, often with costly activities which are too late to do much to help the child get back on track. And because these "cures" and services are usually expensive and labour intensive, they are not available to all of the increasing numbers of children and young people who need them. Those who are more advantaged are more likely to access services, further increasing social inequalities.

We appear to be more and more accepting of a culture of violence in our society. Aggressive behaviour is more tolerated and even encouraged in sport, film, television programs and computer games. There is a general acceptance in social and business life that individual gain is the goal no matter what kind of behaviour is used to achieve it. Given the extremely damaging effects of violence on children, is this the kind of society we want? If not, what can we do to change it?

We are in an exciting time in Australia in relation to our capacity as a nation to "get it right for our kids". Most childhoods are better than the majority in recent history, particularly if compared with the late 19th and early 20th centuries. We believe that children are "beings as well as becomings". Childhood is both a preparation for adult life and an important period in every person's life. I don't want to look back with rose-tinted spectacles at 1950s and 60s childhoods and suggest that we push the clock back. Not only is that unrealistic, but it ignores all the fantastic advances we have made, especially for women.

But I am concerned about the outcomes described here; there are vital things we need to provide for our children to have better beginnings and hence better chances for their whole lives. We know that these problems, if they continue at the levels described, will impact on all of us in society and on its social and economic fabric and success. What can we capture from our past and use for today? This might include our Aboriginal pasts and how their community and family values may be relevant to our shared futures.

What is good for children is actually good for all of society. What we are talking about here are the ingredients for a civil society. Such a society cares about more equal opportunities for all its citizens, understands and provides for the complexities and diversities of its children and future citizens because it realises that its success depends on doing so.

*There can be no keener revelation of a society's soul*
*than the way it treats its children.*

Nelson Mandela, 1995.

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**Fiona Stanley** studied medicine at the University of Western Australia prior to further training in epidemiology, biostatistics and public health in United Kingdom and the United States. She is the founding Director of the Telethon Institute for Child Health Research that was established in Perth in 1990. The Institute is multidisciplinary and researches prevention of major childhood illnesses. Fiona is also the Chief Executive Officer of the Australian Research Alliance for Children and Youth. In 2003 she was Australian of the Year.