# Disability, health and welfare

- Disability
- Mental health
- Smoking and vaping
- Physical health
- Housing and homelessness

# A child rights approach would:

Recognise how *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* demonstrates a strong commitment to addressing health disparities among Aboriginal and Torres Strait Islander children and young people by continuing to prioritise efforts to close the life expectancy gap and improve health outcomes for this population.

Enhance service provision under the National Disability Insurance Scheme (NDIS) for children and address barriers faced by Aboriginal and Torres Strait Islander children and young people, as well as those with cognitive disabilities in rural and remote areas. It is essential to ensure continuity of support regardless of whether they are in custody or care, without compromising their access to services due to placement in the statutory system.

Celebrate *Towards Ending Homelessness for Young Queenslanders 2022–2027* as it demonstrates positive action in addressing the high rate of homelessness among young people. Continue to implement measures to address housing challenges and ensure safe, stable and affordable housing options for all children and young people in Queensland, taking into account their unique needs and seeking their input.

Recognise *Through the Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, and its sub-plans, including the significant investments that are being made to address the underlying causes of suicide and poor mental health among children. Ensure accessible and comprehensive mental health services for all children and young people, with a specific focus on high-risk groups. Continue to act on recommendations from the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* and involve individuals with lived experience in prevention strategies.

Acknowledge the positive action being taken through *Making Healthy Happen 2023–2032* to address the increasing rate of child obesity.

Continue the significant progress to provide children and young people with education on sexual and reproductive health as part of the mandatory school curriculum, including the promotion of Respectful Relationships. Ensure that the information provided is inclusive for all children and young people, and that the content is tailored based on the voices and experiences of children and young people themselves.

Improve data collection and monitoring systems to accurately determine the prevalence of female genital mutilation/cutting in Queensland. Increase efforts to raise awareness about this issue, encourage reporting, and provide appropriate healthcare and support services to survivors.

Every child has the right to life and development (Article 6, UNCRC). Children and young people with disability have the right to a full and decent life (Article 23, UNCRC). Good quality health care, clean water, nutritious food and a clean environment should be available to all children and young people (Article 24, UNCRC) and if families cannot afford this, they should be offered support (Article 26, UNCRC). The UNCRC protects the right of every child to a standard of living that meets their physical and mental needs (Article 27, UNCRC). All appropriate measures, including legislative, administrative, social and educational, should be taken to protect children and young people from dangerous drugs (Article 33, UNCRC).

# Disability

***Queensland's Disability Plan 2022–27: Together, a better Queensland*, is Queensland's plan to build an inclusive society and affirm the state's commitment to *Australia's Disability Strategy 2021–2031*. The Queensland Government has committed to delivering actions under the plan, targeting employment, community attitudes, early childhood, safety and emergency management.**

Children and young people with disability continue to experience barriers to the full realisation of their rights. They are far less likely to go to preschool, are more likely to be inappropriately and repeatedly excluded from schools (see Chapter 9: Education and play), and experience higher rates of abuse. These trends are driven by systemic and structural inequalities.[242,243]

The QFCC's 2020 survey of 5924 young people, *Growing Up in Queensland*, included six per cent who reported living with a disability. Young people with disability were less likely to feel positive about their future (40 per cent, compared to 57 per cent of young people without a reported disability) and less likely to plan to finish year 12 (62 per cent compared to 78 per cent of young people without a reported disability). Young people with disability were also less likely to agree that there were safe places in their community to spend time with their friends (44 per cent compared to 56 per cent of young people without a reported disability).[244]

## *National Disability Insurance Scheme*

The National Disability Insurance Scheme (NDIS) offers two streams of support for children and young people depending on their age. Children under the age of seven are supported through the early childhood approach (at the end of 2022, 4259 children under seven in Queensland were being supported with 38 children waiting for early connections).[245] For children aged over seven, support is provided through the general stream. We heard from stakeholders that the dual stream approach can create gaps in service provision for children aged six due to the limited capacity of early childhood early intervention partners.

In 2021–22, there were 48,188 children and young people aged 0–14 years accessing the NDIS in Queensland, a 23 per cent increase from the previous year (14,977 females, 32,881 males and 330 other). 78.6 per cent of the potential NDIS population aged 0–14 years accessed the NDIS in Queensland in 2021–22 (the lowest participation nationally). Table 8.1 compares the percentage of NDIS supports utilised by children and young people in Queensland against the national average.[246]

**Table 8.1.** Percentage utilisation of NDIS supports per active participant with approved NDIS plan, by age group (2021–22)

| Age group | Queensland | National |
|---|---|---|
| 0 to 6 years | 60.1% | 61.4% |
| 7 to 14 years | 68.4% | 69.6% |
| 15 to 18 years | 67.7% | 68.7% |

*Source: Australian Government Productivity Commission Report on Government Services: Services for people with disability.*

*Note. Includes participants with and without Supported Independent Living (SIL). Utilisation is measured for each reporting cycle from 1 October to 31 March. A lag is applied when reporting utilisation results as experience in the most recent months is still emerging. The data used is as of 30 June in the reporting cycle. The results include in-kind supports, except where in-kind amounts cannot be allocated to an individual participant.*

In 2021–22, more Aboriginal and Torres Strait Islander people than non-Indigenous people accessed the NDIS in Queensland, as a proportion of the population. However, there were fewer people from culturally and linguistically diverse backgrounds. There were also fewer NDIS participants from remote and very remote areas compared with those living in major cities and regional areas of Queensland.[247]

The QFCC explored the barriers to accessing NDIS services by children and young people with cognitive disabilities and their families living in rural and remote Queensland. Barriers include:[248]

- lack of physical service provider offices
- lack of knowledge of the benefits of NDIS plans and how to obtain them
- lack of disability support and health services
- lack of culturally appropriate services for Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander families' fear of government involvement.

In 2020, the former Queensland Productivity Commission undertook an inquiry into the NDIS market in Queensland and observed that the NDIS could be improved with greater information, flexibility, choice and efficiency. The final report contained 20 findings and 56 recommendations, which the Queensland Government largely accepted in full or in principle (one recommendation was partially accepted). The Department of Child Safety, Seniors and Disability Services is responsible for leading the government's response and continues to work with other government agencies to implement recommendations.[249] Children, young people and their families should be at the centre of implementation, particularly those who are not already accessing supports, those who may not have experience advocating for themselves or those who are unaware of the advocacy supports available.[250]

The Queensland Government committed to $5.7 million in 2022–23 to provide a further 12 months funding for the Queensland-run Assessment and Referral Team (ART).[251] The ART provides one-on-one assistance to children and young people aged 7–25 years to complete the NDIS application process, including helping to complete forms, liaising with specialists and facilitating free clinical assessments. Through this service, intensive support is available for children and young people who are:

- Aboriginal and Torres Strait Islander, LGBTQIA+, and culturally or linguistically diverse
- engaged in, or are at risk of entering, the justice or child protection systems
- disengaged from education or are transitioning from school
- experiencing, or are at risk of, domestic and family violence, harm, homelessness or social isolation
- living in regional, rural and remote communities.

# Mental health

**Led by the Queensland Mental Health Commission, *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* is a five-year plan to improve the mental health and wellbeing of all Queenslanders. Building on Shifting minds is Queensland Health's *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, which follows the Queensland Parliament's Inquiry into the opportunities to improve mental health outcomes for Queenslanders. *Every life: the Queensland Suicide Prevention Plan 2019–2029* is a sub-plan that sets out a whole-of-government approach to suicide prevention.**

In 2021–22, Kids Helpline[xxxviii] received over 14,000 contacts from Queensland children and young people aged 5–18 years.[xxxix] Mental health concerns were the top reason children and young people made contact, accounting for 27 per cent of all reported counselling contacts. This was similar for Aboriginal and Torres Strait Islander (29 per cent) and culturally and linguistically diverse children and young people (27 per cent). Contacts about suicide-related concerns were more common for Aboriginal and Torres Strait Islander children and young people (28 per cent), compared with the total population of children and young people who contacted Kids Helpline (18 per cent).[252] Of the 5924 young people who took part in the QFCC's *Growing Up in Queensland* survey in 2020, 33 per cent reported having an emotional or mental health condition.[253]

> "The most important issue for young people today is mental health, and not knowing what to do or who to talk to about their struggles.
>
> Female, 15 years,
> Growing Up in Queensland

Many young people with mental health issues do not seek help from mental health services. Mission Australia found that 44.8 per cent of Queenslanders aged 15–19 years who had experienced mental health issues did not seek support. The top barriers to young people accessing professional mental health support were concerns about confidentiality, feelings of stigma or shame, not knowing where to go for help and cost. For gender diverse young people, feelings of stigma and shame, confidentiality and cost were particular barriers.[254] The same was true for young people who participated in *Growing Up in Queensland*.

> "Mental health. It's not taken seriously, and no one cares to understand. The stigma around it needs to end.
>
> Female, 18 years,
> Growing Up in Queensland

xxxviii **Kids Helpline** is a free Australian telephone and online counselling service for children and young people aged 5 to 25.

xxxix Age is self-reported and may be missing.

The QFCC advocates to reduce the stigma of seeking help and increase knowledge of the supports and services available for children and young people with mental health concerns.[255] Of the young people who took part in *Growing Up in Queensland 2020*, only half said they knew about services (in the community and online) that can support them when they are stressed.

> "I think leaders should take more action on advising teenagers about mental health and what services are available to them.
>
> Female, 17 years,
> Growing Up in Queensland

> "I was entirely unaware there were mental health facilities for children that were free to attend until I asked my school psychologist.
>
> Female, 17 years,
> Growing Up in Queensland

Even for young people who are aware of available services, the mental health care system can be difficult to navigate. Participants in *Growing Up in Queensland 2020* described confusion about the process of seeking help, confidentiality and parental consent. They also described the mental health system as intimidating.

> "I would like to know [how to get] mental health support without having to tell parents or carers.
>
> Female, 18 years,
> Growing Up in Queensland

> "All of our systems for mental health are daunting and they are unapproachable.
>
> Female, 17 years,
> Growing Up in Queensland

> "Getting professional help for mental illnesses like depression and anxiety etc, is not easy. There's a lot of awareness about seeking help if you need it but getting help is actually inaccessible and expensive. I know many people who want help and need help but are unable to get it.
>
> Female, 16 years,
> Growing Up in Queensland

In December 2021, a Mental Health Select Committee was established by the Queensland Parliament to examine opportunities to improve mental health and alcohol and drug outcomes for Queenslanders. Their 2022 report made 57 recommendations covering prevention, crisis response, harm reduction, treatment and recovery; all were accepted in full or in principle by the Queensland Government.[256] Most of the recommendations focused on the state-funded mental health, alcohol and other drug service system. They include ensuring the voices of people with lived experience, families, carers and support people are involved in service delivery reforms. They also include expanding services in the community, including for children and young people and those living in rural and remote areas. Broader recommendations addressed the social factors that impact on mental illness and substance use, such as housing, education, criminal justice, child protection, disability and employment.

We welcome these recommendations. Mental health services, including prevention and early treatment, need to be available and accessible to all children and young people in Queensland, including those under the age of 12. Mental health support must be prioritised for children and young people who: have a disability; are in contact with youth justice; have experienced domestic and family violence; are homeless, living in out-of-home care or leaving care; identify as Aboriginal and Torres Strait Islander; are refugees or asylum seekers; identify as LGBTQIA+; and live in rural and remote areas.

The *Better Care Together* plan responds to the recommendations of the Mental Health Select Committee report that focus on the treatment, care and support system. Queensland Health, the Queensland Mental Health Commission, and Health and Wellbeing Queensland will work together to deliver a public health campaign to reduce stigma, a whole-of-government trauma strategy, and a mental health and wellbeing strategy.[257] An additional $1.64 billion was committed over five years, plus $28.5 million in capital funding,[258] to implement the plan and meet Queensland's obligations under the *National Agreement on Mental Health and Suicide Prevention*.

We acknowledge the positive investment in supporting mental health and wellbeing in Queensland state schools through the *Student Learning and Wellbeing Framework*.[259] Schools play an important role in breaking down the stigma and promoting students' mental health by teaching social, emotional and problem-solve skills. They also have the potential to improve accessibility of mental health services. QFCC's Youth Advocates provided recommendations to the Mental Health Select Committee, including:[260]

> **"... making sure that access to mental health services is practical and convenient rather than being an inconvenience for you to have to search out and go out of your way to get access to basic human health care. This means having counsellors, psychologists and GPs in schools, universities and prominent workplaces that young people are a part of. Further to this, there should not be an extensive waiting period because there are so many people trying to access these services. Online services work for some people but they do not work for everyone.**
>
> Youth Advocate, Holly

The Australian Government is also undertaking positive initiatives including implementing the Better Access initiative which provides 10 Medicare-subsidised psychology appointments per year. At the height of the COVID-19 pandemic, the government doubled the number of subsidised appointments that could be accessed.[261] The federal budget for 2022–23 also funds expansion of the headspace network to address wait times for young people.[262]

QFCC's Youth Advocates described barriers to accessing Medicare-subsidised services. The requirement for a Medicare card and referral by a General Practitioner can limit access, including when a child does not want their parents to know or they are in out-of-home care. There is also continuing high demand for psychology services (exacerbated by the pandemic), where it is common to wait six months or more for an initial appointment. Some Youth Advocates reported difficulty finding a psychologist they could connect with, who could provide treatment in a culturally safe manner or who were accessible and inclusive to LGBTQIA+ children and young people. The cost of services, which is often only partly covered by Medicare, can also be prohibitive.[263]

## Alcohol and other drugs

*Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* sets out the Queensland Government's commitment to prevent and reduce the individual, family, social and economic impacts of alcohol and other drugs. It builds on *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* and the *National Drug Strategy 2017–2026* for preventing and minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities. Young people are a priority cohort for each of these plans.

Article 33 of the UNCRC promotes the wellbeing and safety of children by addressing the risks and dangers of drug use. It emphasises the need for comprehensive strategies involving legal frameworks, social support, education and collaboration to protect children from the harmful effects of drugs and promote their healthy development.

Of the 5680 young Queenslanders who participated in Mission Australia's 2022 survey, 6.9 per cent reported that alcohol and other drugs were an issue of concern for them (7.2 per cent of female participants, 5.4 per cent of male participants and 13.2 per cent of gender diverse participants).

There is limited current data on the prevalence of alcohol and drug use among young people in Queensland. Data provided by Queensland Health showed that in 2021–22, about 1800 children and young people sought treatment for alcohol, nicotine, volatile substances and other drugs.[264] The 2019 National Drug Strategy Household Survey found that, on average, young people first started drinking alcohol at age 16.2 years (similar for males and females).[265] Most 14–17-year-olds had abstained from drinking alcohol in the previous 12 months (73 per cent). However, 8.9 per cent drank alcohol at levels that put them at risk of harm at least once a month in the 12 months prior.

Since 2001, there has been a decrease in the proportion of young people drinking and young people drinking at risky levels. From 2001 to 2019, the proportion of young people aged 14–17 years who abstained from drinking more than doubled (from 32 per cent to 73 per cent).

In 2019, 9.7 per cent of 14–17-year-olds engaged in illicit drugs use (including non-medical use of pharmaceuticals) in the previous 12 months. On average, young people first tried an illicit drug at 17.3 years old. Among 14–17-year-olds who had used an illicit drug in their lifetime, the most common factors that influenced their decision were:

- curiosity (66 per cent)
- friends or family members using it or offering it (49 per cent)
- to do something exciting (25 per cent).

As with alcohol, there has been a decrease in the proportion of young people using illicit drugs in recent years. From 2010 to 2019, illicit drug use (including pharmaceuticals) among 14–17-year-olds fell from 14.5 per cent to 9.7 per cent.[266]

Queensland schools play an important role in delivering an alcohol and other drugs education program. The program uses a harm-minimisation approach to increase students' awareness and understanding of the impacts of alcohol and other drug use. It promotes their capacity to make responsible, safe and informed decisions and navigate difficult situations.[267]

Priority actions of the *Achieving balance* plan include early intervention and improved outcomes for Aboriginal and Torres Strait Islander children and young people, as well as children and young people involved in the youth justice and out-of-home care systems. The strategy calls for earlier identification and provision of services for children and young people with disability or who have experienced trauma, adverse childhood experiences, foetal alcohol spectrum disorder and developmental delay. Keeping school-based alcohol and drug education up-to-date and evidence-based is another priority action.[268]

In 2022, the Queensland Government announced new and enhanced alcohol and other drug residential treatment services, including a 10-bed residential rehabilitation service in Cairns for young people as well as other non-residential treatment and support services, focused on culturally safe and tailored programs for Aboriginal and Torres Strait Islander young people. Measures also include expanding harm reduction responses for young people.

While we are yet to see the impact of recent initiatives, the QFCC is positive about the government's commitment to implementing the recommendations of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.[269] In particular, ensuring young people with lived experience are involved in planning, delivering and reviewing alcohol and other drug services is critical. The government's recent announcement to introduce pill testing in Queensland for the first time as a harm minimisation approach is a positive step.

*In the news:*

### Pill testing gets the green light

***"The Palaszczuk Government will allow pill testing services for the first time as part of its commitment to reduce risks and harms associated with illicit drug use."***

https://statements.qld.gov.au/statements/97250

## Smoking and vaping

Findings from the 2019 National Drug Strategy Household Survey revealed that 97 per cent of 14–17-year-olds had never smoked. The average age that young people first smoked a full cigarette was 16.6 years (similar for males and females). From 2001 to 2019, the proportion of young people aged 14–17 years who were daily smokers decreased significantly, from 11.2 per cent to 1.9 per cent.[270]

There is growing concern about the use of e-cigarettes (electronic cigarettes) and vaping among young people. Children and young people have the right to be protected from harmful drugs, such as vaping and e-cigarettes. This includes ensuring that sufficient legislation is in place and that children, young people and their parents/guardians are taught about their effects (Article 33, UNCRC). There is limited population and self-report data available in Queensland. New research of 1006 young Australians aged 15–30 years found that 33 per cent had tried e-cigarettes in the past and 14 per cent were current users.[271] This is significantly higher than figures reported in the 2019 National Drug Strategy Household Survey (4.1 per cent of young people aged 14–24 used e-cigarettes).[272]

> **"I see vaping a lot in the community... you see it everywhere. The youngest person I've ever seen with a vape was about eight or nine years old – this little boy running around in my neighbourhood just smoking a vape. It's pretty prevalent.**
>
> QFCC Youth Advocate

A recent survey conducted by the South Australian Commissioner for Children and Young People gained insights from young people about how easy it is to access vapes, the reality of nicotine addiction, uncertainty around legislation, lack of information about the short and long-term health consequences of vaping, unhelpful school and community responses, and the costs of maintaining a vaping addiction.[273]

The Australian and Queensland governments have begun taking action to address vaping. In late 2019, the federal Department of Health released its policy and regulatory approach to e-cigarettes in Australia, which has been agreed to by all Australian governments.[274] The guiding principles ensure that protecting the health of children and young people is a primary focus of government action. A national e-cigarette working group will be established to review and advise on measures to protect young people from the harms of e-cigarettes by addressing the availability, appeal and uptake of vaping products. From November 2022 to January 2023, the Therapeutic Goods Administration (TGA) undertook public consultation on potential reforms to the regulation of nicotine vaping products in Australia, including preventing children and young people from accessing nicotine vaping products. After receiving almost 4000 submissions, the TGA is now providing advice to the Australian Government on options for reform.[275]

The QFCC welcomes the Queensland Parliament's inquiry into e-cigarettes and vaping, due to be tabled in August 2023.[276] Schools play a critical role in helping children and young people make healthy and safe decisions and they have already begun taking action to address vaping in schools at a local level. For example, the Queensland Police Service in Moreton Police District have launched a two-part video series which includes information on vaping laws, and health messages supported by Queensland Health and the Lung Foundation. The videos aim to empower young people to make better choices.[277]

Education about the harmful effects of vaping must consider the views of children and young people and should be carried out at both primary and secondary level. School responses should not be punitive and should be focused on keeping children and young people engaged in education. Families and communities should also be involved in the response and given sufficient information to have conversations with their children. It is a positive step that the approaches being taken in Queensland will be reviewed and form an evidence-base for future initiatives.

**Queensland Health has recently launched an awareness campaign Vape Truths, which aims to increase knowledge and awareness about the risks of vaping.[278]**

*In the news:*

## What do they contain? Parliamentary Inquiry will get to the truth about e-cigarettes and vaping

**"A Parliamentary Inquiry will investigate the availability and prevalence of vaping devices – particularly among younger Queenslanders – and the health risks associated with e-cigarettes... [including]:**

- **the prevalence of e-cigarette use, particularly amongst children and young people**
- **the risks of vaping harmful chemicals, including nicotine, to individuals, communities and the health system**
- **the approaches being taken in Queensland schools and other settings relevant to children and young people to discourage uptake and use of e-cigarettes**
- **the awareness of the harmful effects of e-cigarette use to an individual's health and the effectiveness of preventative actions."**

**https://statements.qld.gov.au/statements/97340**

# Physical health

*My Health, Queensland's future: Advancing health 2026* and *A great start for our children: State wide plan for children and young people's health services to 2026* set out Queensland's 10-year vision for Queensland's health and child health systems.

*Making Tracks Together—Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* is the overarching strategy to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for First Nations peoples by 2031.

*Children's Health Queensland Aboriginal and Torres Strait Islander Heath Equity Strategy 2022–2025* sets out the state's path to work towards health equity for Aboriginal and Torres Strait Islander children and young people in Queensland.

Health and Wellbeing Queensland's GenQ aims to create a positive and lasting generational shift towards better health and wellbeing for all Queenslanders, with a particular focus on children and young people.

## *Health equity overview*

In its 2019 concluding observations, the UN Committee urged the government to promptly address the disparities in health status of Aboriginal and Torres Strait Islander children and young people, children and young people with disability, living in remote or rural areas and in out-of-home care.[279]

In 2017, the former Queensland Anti-Discrimination Commission (now the Queensland Human Rights Commission) and the Queensland Aboriginal and Islander Health Council commissioned the report *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services*.[280] This report brought to light the enduring challenges and barriers faced by Aboriginal and Torres Strait Islander communities within Queensland's public health system. The report concluded that the *Hospital and Health Boards Act 2011* failed to provide the necessary legislative support for the public health system to close the gap with Aboriginal and Torres Strait Islander peoples, thereby perpetuating institutional racism and health inequality.

In response, Queensland Health has taken significant steps to initiate a comprehensive health equity reform agenda. These efforts aim to embed health equity principles across the entire health system and address the legacy of institutional racism highlighted in the report. Central to this reform process was the inclusion of Aboriginal and Torres Strait Islander leadership in decision-making within Queensland Health and the empowerment of First Nations health leaders throughout the health system. These actions have provided crucial guidance for the numerous reforms and initiatives implemented over recent years.[281]

*Making Tracks Together* sets out the strategic framework to promote health equity, eradicate institutional racism within the public health system, and attain life expectancy parity for First Nations peoples by 2031 (*Closing the Gap* target). It provides a comprehensive overview of the policy guidelines and strategic pathways for hospital and health services to formulate and execute health equity strategies in accordance with the recent legislative amendments which require hospital and health services to co-develop and co-implement health equity strategies with Aboriginal and Torres Strait Islander peoples and organisations.[282]

**In 2021–22, the percentage of babies born with low birth weight was 9.3 per cent for Aboriginal and Torres Strait Islander women, compared to 4.9 per cent for non-Indigenous women.[283]**

Social, cultural and economic determinants work across our society in ways that can hinder different groups of children and young people from reaching their fullest potential. These root causes of inequity interrelate to influence numerous inequitable outcomes, including health inequity. The Queensland Equity Framework is being developed collaboratively with cross-sector government and community voices to understand the conditions holding inequity in place and identify opportunities to shift systems, policies, practices and mindsets for better outcomes for all.

## Physical activity and nutrition

Children and young people have the right to life, survival and development (Article 6) and the right to adequate nutrition and physical activity (Article 24, UNCRC). This includes access to healthy and nutritious food, clean drinking water, and a safe and clean environment to support their growth and development. Inadequate physical activity and poor nutrition can have long-term effects on a child's physical and mental health, and can ultimately impact their overall development.

Data from the Chief Health Officer shows that many Queensland children and young people are not meeting the recommended guidelines for physical activity and fruit and vegetable consumption. In the 2022 report, less than half (46.3 per cent) of 5–17-year-olds were physically active for at least one hour per day, as recommended. Children and young people who met the guideline for sufficient physical activity were more likely to be younger and living in remote areas. Primary school-age children were almost twice as likely as older children to be active for at least one hour a day.[284]

In 2022, 68.8 per cent of Queensland children and young people ate the recommended number of serves of fruit each day, while only 2.8 per cent ate the recommended daily serves of vegetables (although nearly a quarter ate three or more serves of vegetables). Fruit and vegetable consumption patterns were mostly similar across different socio-demographic groups. Children consuming the recommended serves of fruit were more likely to be female and younger.

Healthy behaviours regarding nutrition, physical activity, sedentary behaviour and sleep are established in childhood and are important for healthy growth and development.[285] Supporting children and families to adopt and maintain healthy behaviours can make a significant difference in children and young people's lives,[286] and Article 24 includes ensuring parents and children are supported in basic knowledge of child health and nutrition and have access to education and guidance.

Free, universally available family-based obesity prevention programs can support children and their families to adopt positive health behaviours and provide health professionals with appropriate prevention and early intervention referral options.[287,288]

### Podsquad

**Health and Wellbeing Queensland has led the development of Podsquad, a free, online, play-based wellbeing program helping children and families build healthy habits together. Podsquad supports positive health behaviour changes by exploring the topics of nutrition, physical activity and wellbeing through a behavioural science framework. The program has been co-designed with over 200 Queensland children aged 5–12 years and their families, and research partners the University of Queensland.**

## Remote food security

Remote food security is a significant issue in Queensland, particularly in Aboriginal and Torres Strait Islander communities. Remote communities face numerous food security challenges, including limited access to affordable and healthy food options, poor infrastructure, high transportation costs and limited economic opportunities.[289] These challenges are compounded by factors such as climate change, extreme weather events and limited water resources, which can significantly impact local food production and supply.[290]

Food insecurity can have a significant impact on children and young people's health and wellbeing. They are particularly vulnerable to the effects of poor nutrition, which can lead to a range of health problems, including stunted growth, poor cognitive development and compromised immune systems. It can also affect their ability to learn. Limited access to education and healthcare in remote communities can exacerbate food insecurity issues.[291,292]

To address these challenges, the draft *Remote Food Security Strategy and Action Plan for Queensland*[293] and the **Gather + Grow** framework aim to improve access to healthy and affordable food for people living in remote communities, including children and young people. The plan includes actions such as supporting local food production, improving logistics and supply chains and creating healthy communities and healthy housing. By addressing the root causes of food insecurity, the plan aims to improve health and wellbeing outcomes for children and young people in remote areas of Queensland.

## Obesity

***Making Healthy Happen 2023–2032*, being led by Health and Wellbeing Queensland, is the Queensland Government's response to the *National Obesity Strategy 2022–2032*. The Strategy takes a systems change approach to develop prevention strategies to create healthy environments and empower people to stay healthy, and better embed prevention, early intervention and treatment into our healthcare system, while actively working to eliminate the negative stigma associated with obesity.**

Despite children and young people having the right to the highest attainable standard of health and living (Articles 24 and 27 of the UNCRC) the *Impact of Obesity on Life Expectancy in Queensland* report highlights that obesity is a leading cause of reduced life expectancy in Queensland, with about one-quarter of Queensland children being overweight or obese. If measures are not taken to address obesity rates, the life expectancy of children born in the next decade from 2023 could decrease by up to 4.1 years in the overall population. For Aboriginal and Torres Strait Islander children, the potential decrease in life expectancy could be even more significant, reaching up to 5.1 years. This could further widen the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous people in Queensland.[294]

Obesity has also been correlated with reduced mental health, through impacting self-esteem, body image disturbances, weight-based victimisation and stigma.[295] A systematic literature review published in 2015 found that Australian children and young people, compared to their normal-weight peers, not only had a greater risk for physical health issues, such as heart disease and type two diabetes, but also demonstrated a greater rate of psychological co-morbidities and compromised mental health.[296]

There are significant disparities in the prevalence of obesity based on socioeconomic status, with children and young people from disadvantaged backgrounds more likely to be affected. Overweight and obese children are more likely to be male, younger, and live in more disadvantaged or rural areas. To address this issue, evidence-based preventative measures, including improved nutrition and physical activity, are required. A multi-sectoral approach involving government, industry, and community stakeholders is needed to promote healthy eating habits and physical activity and address childhood obesity in Queensland.[297]

## Sexual health

The National Survey of Australian Secondary Students and Sexual Health[298] is one of the few recurring national surveys that reports on the sexual health of young people. It looks at young people's experiences of sex and sexuality, understanding of sexually transmitted infections (STI), perceptions of school-based education, and general sexual health. A total of 6841 young people aged 14 to 18 years completed the 7th survey in 2021. While the analysis does not separate the data for Queensland children and young people, 23 per cent of the sample were from Queensland. Of the participants, 65.1 per cent were female, 27.8 per cent were male and 7.1 per cent were transgender or non-binary.

The survey found that 2.2 per cent of young people had been diagnosed with an STI, while 0.3 per cent had been diagnosed with viral hepatitis (B or C), and 0.1 per cent had been diagnosed with HIV. The number of young people reporting they had been tested for an STI increased with age, with young women being more likely to have had STI screening than young men or transgender and non-binary young people.

The survey also assessed young people's knowledge about HIV transmission, STI, viral hepatitis and HPV. On average, young people answered 46.4 per cent of the questions correctly. Young people learn about sex and sexual health from many sources, with the most common being friends, information from school, websites and their mothers.

Although 93 per cent of the participants reported receiving Relationships and Sex Education (RSE) at school, only 24.8 per cent of them thought it was very or extremely relevant to their needs. Students attending government and independent schools were more likely to find RSE relevant than those attending Catholic schools or home-schooling. LGBTQIA+, transgender and non-binary students were also less likely to find RSE relevant. Most students reported that topics like puberty, respectful relationships and consent were well covered, while issues like safe sex in same-sex relationships and sex for people with disability were not covered at all. Students indicated that RSE did not adequately support their development of sexual relationships or sexual health, and the curriculum lacked meaningful engagement with sex or sexuality.

The survey report recommended a comprehensive approach to RSE and sexual health promotion that includes a focus on helping young people to navigate sexual consent and understand, recognise and respond to sexual violence. The report also highlighted that digital technologies were a common part of young people's sex lives and relationships, and RSE should address this.

As previously recommended by the UN Committee, there is a need to continue providing children and young people with education on sexual and reproductive health as part of the mandatory school curriculum, with special attention on preventing early pregnancy and STI. The findings from the 7th National Survey of Australian Secondary Students and Sexual Health highlights the importance of promoting sexual health education and creating a safe and supportive environment for young people to discuss sexual health matters with their parents, health professionals or peers.

## Case study

**(The following case study was provided by True Relationships & Reproductive Health.)**

**Helping newly arrived parents and carers to understand and affirm children's rights can be challenging. This is particularly so for 'third culture children' who have different perspectives on rights in Australia compared with their families. Children growing up in Australia often have exposure to topics like sexuality and safety through education, media and their peers. Recently arrived parents may lack access to this information due to language barriers, limited exposure and cultural differences. This knowledge gap can lead to intergenerational conflict. It is crucial to provide parents and carers with access to this information and support their understanding of children's rights in Australia.**

**True's Culturally Responsive Health team has been working with Arabic-speaking communities since 2021 to deliver workshops on topics such as protective behaviours and sexual and reproductive health. These workshops are conducted in collaboration with community leaders and interpreters, and efforts are made to source resources in Arabic. True's resource I have the Right to be Safe was adapted in consultation with community members, professional translators and consultants to ensure accuracy and accessibility. The resource was modified to address cultural nuances and sensitivities.**

**True's efforts to support newly arrived parents and carers have been well-received, with the community expressing a desire for more education sessions. The workshops have filled a knowledge gap and addressed sensitive topics, fostering understanding and empowerment among participants. Feedback from participants has been positive, expressing gratitude for the information provided and the safe environment to share ideas and concerns.**

### *Female genital mutilation/cutting*

**Criminal Code Act 1899 (Qld):**

**Section 323A deals with female genital mutilation. It is an offence to perform female genital mutilation on another person. Consent by the person being mutilated is not a defence.**

**Section 323B makes it an offence to take, or arrange to take, a child under 18 years of age from Queensland with the intention of having female genital mutilation performed on the child.**

Article 24(3) of the UNCRC emphasises that children and young people have to be protected against harmful traditional practices. The UN Committee's General Comment No. 13 (2011) states that governments have an obligation to prohibit, prevent and respond to all forms of physical violence against children, including harmful practices such as female genital cutting.[299]

Female genital mutilation or cutting (FGM/C) gained attention in 2019 after a Queensland mother was convicted for taking her two daughters to their home country to undergo FGM/C.[300] The prevalence of FGM/C in Queensland is unknown due to a lack of recorded data and very few hospital admissions. There are services that provide support and education to health professionals and girls and women who have experienced FGM/C. However, there is limited access to appropriate health responses outside urban areas. There is also shame within communities from talking about or disclosing FGM/C, and confusion and cultural myths around the practice.[301]

## Housing and homelessness

***The Queensland Housing Strategy 2017–2027* sets out the government's 10-year plan to deliver more social and affordable homes and transform the way housing services are delivered across Queensland. The Housing Strategy is being delivered through a series of action plans:**

- ***Housing Strategy Action Plan 2017–2020***
- ***Queensland Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023***
- ***Queensland Housing and Homelessness Action Plan 2021–2025***

***Towards ending homelessness for young Queenslanders 2022–2027* is the government's policy for supporting young people's housing needs.**

Queensland is experiencing a housing crisis in a time when many people are struggling with high cost of living and high inflation following the COVID-19 pandemic. Children and young people are affected by housing issues and homelessness in ways that are often different to that experienced by adults. For example, many children and young people face issues living with their families in an unsuitable or overcrowded house, they have difficulty finding accommodation after leaving out-of-home care or transitioning from youth detention, and they need access to safe crisis accommodation when escaping domestic and family violence. Unstable housing and homelessness are linked to other forms of social disadvantage. They have a ripple effect on the lives of children and young people, including disruption to education, employment and health care, exposure to isolation, exploitation and violence, and increased mental illness and alcohol and drug use.[302] The right policy settings, centred around affordable housing and income support are needed to ensure that children and young people have the right to thrive and develop to their fullest potential.

In 2021, approximately 24 per cent of all people experiencing homelessness[xl] in Queensland were children and young people (18 years and younger). This is an increase from 2016 (22 per cent). In 2021, 3453 children under the age of 12 experienced homelessness or living in severely crowded dwellings in Queensland (see Table 8.2). Aboriginal and Torres Strait Islander people (of any age) in Queensland accounted for 21 per cent of all homeless people.[303]

**In 2021, Aboriginal and Torres Strait Islander people in Queensland experienced homelessness at a rate of 201 per 10,000 of the population, compared to 33.2 per 10,000 of the non-Indigenous population.**

Between 2021–22, 5603 young people aged 15–24 years presented alone to specialist homelessness services in Queensland (10.7 per 10,000 of the population). Of these young people, 45 per cent had a current mental health issue, 30 per cent experienced domestic and family violence and 12 per cent reported experiencing problematic alcohol or drug use.
In the same period, 923 children and young people on a child protection order received support from a specialist homelessness service (2.1 per 10,000 of the population).[304] Young people transitioning from out-of-home care are at higher risk of homelessness. Research from the CREATE Foundation found that up to one in three young people are homeless in the first year after leaving out-of-home care.[305]

**Table 8.2.** Number and rate of homeless persons by homeless operational groups and age (Queensland, 2021)

| Age | People living in improvised dwellings, tents, or sleeping out | | People in supported accommodation for the homeless | | People staying temporarily with other households | | People living in boarding houses | | People in other temporary lodgings | | People living in 'severely' crowded dwellings | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Rate per 10,000 | No. | Rate per 10,000 | No. | Rate per 10,000 | No. | Rate per 10,000 | No. | Rate per 10,000 | No. | Rate per 10,000 |
| Under 12 | 68 | 0.9 | 1012 | 13.3 | 515 | 6.8 | 17 | 0.2 | 18 | 0.2 | 1823 | 24.0 |
| 12–18 | 68 | 1.5 | 540 | 11.8 | 291 | 6.3 | 29 | 0.6 | 8 | 0.2 | 1177 | 25.7 |

*Source. Australian Bureau of Statistics, Estimating homelessness: Census, 2021.*

xl The ABS statistical definition of homelessness is: When a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement: is in a dwelling that is inadequate; has no tenure, or if their initial tenure is short and not extendable; does not allow them to have control of, and access to, space for social relations. The definition has been constructed from a conceptual framework centred around the following elements: adequacy of the dwelling; security of tenure in the dwelling; control of, and access to, space for social relations.

In addition to the provision of homelessness services, the Queensland Government supports people at risk of homelessness, including through social housing and private rental market assistance. According to research commissioned by Queensland Council of Social Services (QCOSS), approximately 150,000 households across Queensland have unmet affordable housing needs.[306] According to Productivity Commission, the Queensland Government spent $168.8 million on homeless services and $686.2 million on social housing in 2021–22.[307]

In 2021–22 in Queensland overcrowding in social housing remains a significant issue for First Nations people (see Table 8.3). In 2021, 71.0 per cent of survey participants living in state-owned and managed Indigenous housing (SOMIH), lived in dwellings of an acceptable standard,[xli] down from 90.5 per cent in 2018. This means that almost 30 per cent of SOMIH homes do not meet people's right to an adequate standard of living. This includes children and young people.

**Table 8.3.** Percentage of overcrowding of social housing dwellings by type (Queensland, 2020–22)

| Social housing type | 2020–21 | 2021–22 |
|---|---|---|
| Public housing | 5.3% | 5.9% |
| SOMIH | 14.9% | 16.3% |
| Community housing dwellings | 2.5% | 2.4% |
| Indigenous community housing | 24.3% | 23.5% |

*Source. Australian Government Productivity Commission: Report on Government Services: Housing.*

*Note. Data are based on the Canadian National Occupancy Standard for overcrowding (where one or more additional bedrooms are required to meet the standard).*

In 2021, 81.2 per cent of Aboriginal and Torres Strait Islander people in Queensland live in appropriately sized (not overcrowded) housing, compared to 94.8 per cent for non-Indigenous people.[308] The *National Agreement on Closing the Gap* aims to increase this number to 88 per cent by 2031. It also sets 2031 targets that all Aboriginal and Torres Strait Islander households:

- within discrete Aboriginal and Torres Strait Islander communities receive essential services that meet or exceed the relevant jurisdictional standard
- in or near to a town receive essential services that meet or exceed the same standard as applies generally within the town.[309]

Data shows that, although improvement has been made, we are not on track to meet these targets.

With the release of the *Queensland Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023*, Queensland established Aboriginal and Torres Strait Islander Housing Queensland, a peak body for Aboriginal and Torres Strait Islander community housing providers. This is a positive step in ensuring the interests of Aboriginal and Torres Strait Islander housing providers are represented and improving Aboriginal and Torres Strait Islander housing outcomes in Queensland.[310]

xli A dwelling is assessed as meeting minimum acceptable standards if it has at least four working facilities (for washing people, for washing clothes/bedding, for storing/preparing food, and for removing sewerage) and not more than two major structural problems.

We acknowledge the significant investment the Queensland Government is making to prioritise appropriate and affordable housing, particularly for young people. *Towards ending homelessness for young Queenslanders 2022–2027* is a positive example of government listening to children, young people and their supports, to inform fit-for-purpose policy. It is also a positive example of cross-agency collaboration. It acknowledges that responding to the housing needs of children and young people is not just about providing houses and requires an integrated approach. The Queensland Government has announced a $29.8 million investment in the next budget to deliver the policy, including for:[311]

- tailored and improved information on homelessness and housing assistance for young people to promote earlier access to services
- an innovative program of housing with onsite support in Brisbane, to assist families before they come into contact with the child protection or youth justice system, supported by construction of 38 new housing units under the Queensland Housing Investment Growth Initiative
- working with young people and immediate supported accommodation services to respond to the diverse and complex needs of young people
- flexible financial housing assistance to support young people to obtain and sustain housing when transitioning from temporary supported accommodation, care, corrections, youth justice and Youth Foyers
- additional specialist homelessness services that provide coordinated support to young people, with services funded specifically to support young First Nations peoples
- supporting young pregnant or parenting women to settle into and maintain secure housing
- new specialist housing workers who will help young people obtain and sustain safe, secure and affordable housing with support.

## *Living affordability*

Queenslanders are facing a challenging time as they grapple with the impact of high inflation on the cost of living and increasingly unaffordable housing. Recent natural disasters and weather events in Queensland, including droughts, floods and bushfires, have exacerbated the economic strain. For example, in 2022 the Department of Communities, Housing and the Digital Economy (former) provided over $30.2 million financial support to almost 99,000 people who were impacted by flooding in South East Queensland between February and April 2022.[312] More than a year later, many homes remain unliveable.

**It is estimated that 1 in 5 Queensland children live in poverty.**

QCOSS produces an annual report, *Living Affordability in Queensland*, to monitor the cost-of-living pressures and establish whether low-income households can afford a basic standard of living. The 2022 report found that low-income households are spending more than 30 per cent of their income on housing. In all households modelled, none receive enough income to meet a basic standard of living, with the exception of a couple accessing the age pension.[313]

Housing affordability is a major issue for low-income households; it places families at further risk as they limit spending on other basic essentials, such as food, health care and education.[314] An unacceptable number of children, young people and families are facing food insecurity in Queensland. As a result, people are skipping meals or are substituting healthy meals with cheaper, less nutritious alternatives.[315]

> Costs of living and not having our opinions and ideas taken seriously due to our age.
>
> Female, 17 years,
> Growing Up in Queensland

> Coping with the cost of living and the mental health balance.
>
> Female, 18 years,
> Growing Up in Queensland

## Case study

(The following case study was provided by Micah Projects.)

Paula (pseudonym), a single mother with five children in different levels of schooling, had to evacuate their Brisbane home during the 2022 floods. The flood damaged their home, rendering it uninhabitable due to furniture and personal items being destroyed, and widespread mould growth caused by moisture, even though the upper level remained unaffected. They were referred to Micah Project's Family Support and Advocacy Team for assistance in finding long-term crisis accommodation.

Their previous home accommodated their needs and was conveniently located, with access to public transport, the children's schools, and a nearby hospital facility that was essential for one of the children. Initially, the family was placed in motels in nearby suburbs, but this arrangement posed challenges for their daily activities, such as coordinating school drop-offs, attending medical appointments and cooking meals, due to the motel's location and limited facilities.

As a result, the children's school attendance suffered, medical appointments were delayed and their nutrition was compromised due to lack of proper storage and cooking facilities for fresh ingredients. After two months, the family managed to secure temporary housing in another suburb, disrupting their usual routine and displacing them from their familiar surroundings. This arrangement proved unsustainable, leading the family back into homelessness. Micah Projects continues to support the family to manage these daily challenges and find stable and appropriate housing.

Paula and her children are in need of ongoing support and advocacy to maintain motel accommodation, secure social housing to break the cycle of homelessness and regain the stability they had before the floods.

According to a report by The McKell Institute, over two million Australians experience food insecurity, including 25 per cent of households in the lowest income quintile. The report also found that food insecurity has a significant impact on the cost of living, with households experiencing food insecurity often cutting back on other expenses such as utilities, health care and education.

Food Bank is another organisation that provides support to people experiencing food insecurity in Queensland. According to their *Hunger Report 2022*, there has been a significant increase in demand for food relief during the COVID-19 pandemic. The report found that in 2021, 534,140 Queenslanders experienced food insecurity, an increase of 6.8 per cent from the previous year. Queensland has the second-highest rate of child food insecurity in the country (26.8 per cent of households with children).[316]

The Smith Family provides learning support to disadvantaged children and young people. Their research indicates that food insecurity is one of the main barriers to children's educational outcomes. While it is not specific to Queensland, the Smith Family's research shows that children from low-income families who experience food insecurity are more likely to miss school, have lower academic performance and experience poor health outcomes.[317]

These issues are exacerbated by inadequate income support, as highlighted by the Australian Council of Social Service (ACOSS) research, which shows that income support payments are not keeping up with the cost of living, with many people living below the poverty line. This lack of income support means that many people are forced to choose between essentials such as food, housing and healthcare.[318]

> **"I think the most important issue for young people today is hunger or families homeless.**
>
> Male, 13 years,
> Growing Up in Queensland