Submission to Senate Inquiry – the national trend of school refusal and related matters

Executive Summary

Based at the Melbourne Children's Campus, the Centre for Community Child Health (CCCH) is one of Australia's leading research and policy centres focused on understanding and redressing childhood inequities. Our submission focuses solutions that enhance school engagement starting from birth to 12 years – recognising that prevention and early intervention during these years lays the foundation for future educational engagement.

Our submission also acknowledges that poor mental health and wellbeing is a significant driver of school refusal. Children who experience mental health difficulties such as anxiety and depression may feel overwhelmed by the demands of school and develop a pattern of avoidance. Similarly, children with low wellbeing may experience a lack of motivation, interest, or enjoyment in school activities, leading to disengagement and ultimately school refusal. We also know that children who experience diverse learning needs, such as autism spectrum disorder (ASD) or learning difficulties, as well as children living with chronic conditions, are at increased risk of school refusal.

Innovative solutions are necessary and available to improve the mental health and wellbeing of children, increase children's engagement with school and realise the immediate and long-term benefits on health, development, wellbeing, education and engagement outcomes. We recommend a combination or 'stacking' of approaches to ensure children have what they need to engage in learning, starting from birth through to primary school and beyond.

A summary of our recommendations to the Senate Inquiry is provided in Table 1:

Recommendations	
Supporting children and families before they start school.	**'Stacking' evidence-based strategies across the early years** ensuring children have access to the supports that enable them to thrive and engage with learning across early education and care and into primary school.
	Evidence-based sustained nurse-home-visiting (SNHV) Dedicated investment for evidence based SNHV as part of a proportionate offering to enhance child development outcomes and ensure children are ready to engage in learning.
	Accessible and skilled universal preventative health care workforce New models of care and workforce capability improvements to ensure children can access quality preventative care.
	Improving access to community-based paediatricians.
	Enhancing parent mental health and child development literacy. Enabling parents to understand and respond to their child's needs, reduces the risk of unaddressed issues that are more costly and more complex to address.

	Supporting service providers to collect and use lead indicators for continued improvement. Greater support for services to collect and use lead indicators for continued improvement to ensure children have access to quality and responsive services.
Schools as settings for promoting wellbeing and engagement.	**Supporting schools to implement whole-of-school approaches to promoting student wellbeing.** Schools require sustained support and resourcing to be able to implement comprehensive and evidence-based whole-of-school approaches to student wellbeing that engages students in their school environment.
	Creating a supportive learning environment by building and supporting teacher capacity to identify and respond early. Ensure teachers have the training and education required to support wellbeing starting in undergraduate training and beyond.
Tailored support - Developing co-design responses for students experiencing school refusal.	Undertake a **comprehensive, national approach to addressing school refusal** that facilitates and enables localised responses that meet the needs of students.
	Trialling multi-disciplinary teams working across schools, health and families to best respond to students currently disengaged from school.
	Co-designing resources and tools for parents and carers. Engaging parents and carers in co-designing resources and tools that they can use when supporting a child to re-engage with school.
	Scaling successful interventions. Governments (national and state/territory levels) to provide the enabling environment that facilitates the translation and scale of successful initiatives.
Monitoring student wellbeing and evaluating impact.	**Supporting schools to monitor and respond to student wellbeing.** Schools are supported to regularly monitor and respond to student wellbeing needs of their student population.
	Using lead indicators to track strategies in schools. Support for schools to use evidence-based lead indicators to monitor these aspects of school quality can assist schools and teachers to monitor and improve practice.
Schools as multi-opportunity communities.	**A new vision for Australian schools – schools as multi-opportunity communities.** Schools providing equal focus on learning, wellbeing, and health for whole child development and wellbeing.

Table 1: CCCH recommendations for redressing school refusal and enhancing school engagement.

Introduction

Based at the Melbourne Children's Campus, the Centre for Community Child Health (CCCH) is one of Australia's leading research and policy centres focused on understanding and redressing childhood inequities. Our submission draws on nearly 30 years of providing paediatric clinical care, undertaking translational research and implementing workforce training and education to promote child health, development and mental wellbeing. Our submission focuses on solutions that enhance school engagement starting from birth to 12 years – recognising that prevention and early intervention during these years lays the foundation for future wellbeing and educational enagement.

The impact of mental health and wellbeing on school engagement and school refusal

Poor mental health and wellbeing is a significant driver of school refusal and disengagement. Children who experience mental health difficulties such as anxiety (including social phobia and separation anxiety) and depression may feel overwhelmed by the demands of school and develop a pattern of avoidance. Similarly, children with low wellbeing may experience a lack of motivation, interest, or enjoyment in school activities, leading to disengagement and ultimately school refusal. These factors can have a profound impact on the child's academic progress as well as the ongoing mental health, wellbeing and development. Even before the COVID-19 pandemic, many Australian children experienced poor mental health and wellbeing:

- Almost 14 per cent of children aged 4-17 years in Australia had a mental health diagnosis pre-pandemic,[i]
- nearly half of all adult mental health conditions begin before the age of 14 years,[ii] with clear problems emerging from age five[iii] and
- more than one in five children are developmentally vulnerable by the time they begin school.[iv]

Findings from the Young Minds Matter[v] survey demonstrate the impact of mental health and wellbeing on learning and school engagement:

- Students with metal health disorders have poorer NAPLAN results than students with no mental health disorder in every test domain and Year level.
- On average students with a mental health disorder in Year 3 were 7 to 11 months behind students with no mental health disorder. By Year 9, students with a mental health disorder were on average 1.5 - 2.8 years behind students with no mental disorder.
- Students in Years 1-6 with a mental health disorder missed an average 11.8 days of school per year compared with 8.2 days per year for students without a mental health disorder. In Years 7-12 this increased, with students with a mental health disorder missing an average 23.8 days per year compared with 11.0 days per year for students without a mental health disorder.
- Students with mental health disorders have lower levels of connectedness to school and engagement with schoolwork.
- Students living in socio-economic disadvantage unfairly experience burden of mental ill-health, with students experiencing socio-economic disadvantage more likely to experience mental health disorders, further impacting learning and school engagement.

We also know that children who experience diverse learning needs, such as autism spectrum disorder (ASD) or learning difficulties, as well as children living with chronic conditions, are at increased risk of school refusal for a range of reasons including challenges experienced in connecting

with peers, communicating with teachers and engagement with school curriculum and meeting curriculum expectations.[vi] This leads to increased anxiety, stress and hopelessness that result in school avoidance and refusal.

Innovative solutions are necessary and available to improve mental health and wellbeing of children, increase children's engagement with school and realise the immediate and long-term benefits on health, development, wellbeing, education and engagement outcomes. We propose that one, single intervention will not result in change, but **recommend a combination or stacking of approaches to ensure children have what they need to engage in learning, starting from birth through to primary school, sustained throughout secondary school and beyond.**

Recommendations to increase school engagement and reduce the risk of school refusal

Supporting children and families before they start school

Despite the Inquiry's focus on the impact of school refusal in primary and secondary school students, we argue there is a need to intervene even earlier – before a child starts school. With more than one in five children developmentally vulnerable before they start school with these vulnerabilities persisting throughout primary school[vii] and mental health symptoms emerging from age five – interventions before students starts school are imperative.

'Stacking' evidence-based strategies across the early years

The rapid development in a child's earliest years (0-8) provides the foundation for lifelong health, development and wellbeing. Improving children's health, development and wellbeing requires combining or 'stacking' multiple effective evidence-based strategies across these early years and implementing them concurrently and continuously.[viii]

CCCH is working in collaboration with Social Ventures Australia (SVA) and Bain & Company on the Restacking the Odds (RSTO) program. RSTO aims to drive more equitable outcomes in the early years by ensuring that children and families can and do access a combination of high-quality, evidence-informed services where and when they need them. It focuses on five evidence-based platforms and programs to boost children's health development and wellbeing: antenatal care; sustained nurse home visiting; early childhood education and care; parenting programs; and the early years of school (defined as reception through to Year 3). These five strategies are notably longitudinal (across early childhood), ecological (targeting child and parent), evidence-based, already available in almost all communities (i.e. better use of existing service infrastructure), and able to be targeted to those with the greatest needs. **RSTO provides a foundation for prioritising locally-responsive services – ensuring children have access to the supports that enable them to thrive and engage with learning across early education and care and into primary school.**

Evidence-based sustained nurse-home-visiting

Setting children up to thrive from birth is vital to breaking the trajectory of developmental vulnerability and poor mental health outcomes for children. Sustained nurse home visiting (SNHV) programs using the universal maternal and child health (MCH) service[ix], have shown to benefit child development outcomes, parenting practice, and maternal mental health for vulnerable families.[x] With benefits for both child and mother sustained until a child starts school,[xi] SNHV programs enable children and families experiencing adversity to receive timely, non-stigmatising early intervention

from birth. SNHV interventions in Australia have been shown to be successful however, without **dedicated investment for evidence-based SNHV integration as part of a proportionate offering, children and families are missing out on the early support required to enhance child development outcomes and ensure children are ready to engage in learning when they start primary school.**

Accessible and skilled universal preventative health care workforce

Preventative health care provided by universal health care practitioners including GPs and maternal and child health nurses, is important in the prevention and early intervention of child mental health problems. GPs provide the most mental health care to children[i] and play a central coordination role in the multidisciplinary care for children requiring additional support. Families are missing out on the benefits preventative health care provides due to cost and access barriers, low levels of workforce confidence and capacity to respond early and lack of implementation of successful workforce practices that have been shown to enhance childhood behavioural and developmental outcomes by the preventative health care workforce. **New models of care and workforce capability improvements are needed to ensure children can access quality preventative care in a timely and accessible way.**

Promising models of care are currently being trialled that enable GPs and the primary care workforce to better respond to emerging child mental health difficulties. This includes the Strengthening Care for Children (SC4C) initiative, a novel, integrated GP-paediatrician model of care that aims to build quality of care provided by GPs, increase access to specialist paediatric care via co-consultation with children, families and GPs, and reduce referrals to hospitals.[xii] Trials have shown this model is feasible and acceptable, with families reporting increased confidence in GP care. Further scaling of the SC4C model of care will collect data on school refusal and monitor impact of the SC4C approach on school engagement.

Innovative workforce capacity building models, using Communities of Practice (CoP) approaches, have also been shown to be successful. One example is the COMPASS initiative that brings together GPs, mental health nurses, allied health, paediatricians and child psychiatrists in online case conferencing and skill development. COMPASS has been shown to reduce referrals to tertiary child mental health services as well as increase GP confidence in providing first line behavioural and prescribing treatments to children – meaning children are getting support they need in their community and in a timely manner.[xiii] COMPASS was successfully rolled out via Primary Health Network (PHNs) platform, demonstrating successful use of existing primary care platforms to deliver quality practice improvement initiatives for children and their families.

Improving access to paediatricians as part of an integrated community-based response

Most families are referred to paediatricians for their child's mental health.[xiv] Mental health and neurodevelopmental problems are the most common presentations managed by paediatricians.[i] Access to paediatric mental health support for children is difficult, and families face unacceptably long wait times (12 -18 months in the public system[xv]) or substantial costs. Children and families are languishing on wait lists, meaning delays in assessment, diagnosis and treatment. In many states and territories, access to paediatricians is highly restricted and inequitable because paediatricians overwhelmingly work in the private sector. The limited access to community based publicly funded paediatric services disproportionately impacts lower income children as well those living in rural, regional and remote areas. **Increasing access to community-based, publicly funded paediatricians is**

central as part of integrated community-based response to providing mental health care and support for children.

There is opportunity to build on existing models which have successfully demonstrated integration of paediatricians in community-based responses to child and family mental health such as the Infant, Child and Family Mental Health and Wellbeing Hubs. Paediatricians in these services would also have a capacity building role in supporting the local primary care workforce to respond and care to emerging child mental health problems as demonstrated by SC4C and COMPASS.

Increasing access to quality early childhood education and care (ECEC)

The benefits of children attending high-quality early childhood education are well established.[xvi] [xvii] [xviii] Significant cognitive and emotional benefits have been shown for children who receive high-quality preschool education in their early years.[xix] [xx] These benefits are strongest for children from lower socio-economic backgrounds and for children whose parents have lower levels of education.[xxi] Unfortunately many children are missing out on these benefits, particularly children experiencing socio-economic disadvantage, from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Island backgrounds.[xxii] Governments have made early childhood education and care more financially accessible to families, but barriers still exist that prevent children from receiving quality early childhood education. These include high cost, lack of parent/carer understanding of the benefits of early childhood education and how to access these services,[xxiii] and a lack of access to local services.[xxiv] **Ongoing investment to improve access to high quality early education and care sets the foundation for ongoing engagement in learning and education.**

Enhancing parent mental health and child development literacy

Only 35% of parents feel confident they could recognise signs of a mental health problem in their child, 44% feel confident in knowing where to seek help if their child is experiencing mental health issues (this drops to 35 % for parents with infants and toddlers) and one in three parents think mental health problems in children might be best left alone.[xxv] **Enabling parents to respond to their child's needs, reduces the risk of unaddressed issues that are more complex to address.**

By building on existing universal platforms (i.e., accessible to all) and using multimodal communication approaches, we can increase parent mental health literacy. This includes:

- enhancing digital platforms – such as Raising Children Network (RCN) - to promote, develop and disseminate tools and resources for families. RCN has existing resources on supporting students experiencing school refusal that can be scaled.
- developing a shared language of child mental health and wellbeing that engages children, families, education, health and support sectors in conversations early
- continuing to build the capacity of the health, education and social care workforces to provide tailored, consistent information and support to families about child mental health and wellbeing.

Supporting service providers to collect and use lead indicators for continued improvement

Using evidence-based lead indicators can reveal otherwise hidden gaps in services and allow those gaps to be acted on.[xxvi] While outcome data is the ultimate arbiter of success, lead indicators are direct measures of quality and are easier to interpret yet are rarely used. Our research and

community level work has shown that experienced early years practitioners are frustrated by the lack of data available to guide their efforts and welcome action to address this gap.

RSTO has developed indicators for each of the five fundamental early years strategies. These indicators define how the strategies should be delivered across the dimensions of quality, quantity and participation. Sample indicators are outlined in Table 2 below. **Greater support is required for services to collect and use lead indicators for continued improvement is required to ensure children and families have access to quality and responsive service-level support that ultimately increases engagement and attendance of children and families in ECEC.**

Strategy	Dimension	Indicator
ECEC	Quantity	The number of ECEC places for 15 hours/week available to 2-5 year olds.
ECEC	Quality	Proportion of ECEC services rated 'exceeding' the standard in quality areas 1, 4 and 5 and at least 'meeting' the standard in all other quality areas according to the ACECQA assessment
ECEC	Participation	Universal indicator: Proportion of all children attending ECEC for 15 hours or more per week, for the two years before starting formal school. Targeted indicator: Proportion of children experiencing disadvantage who attend ECEC for 15 hours or more per week, for at least the three years before starting formal school.
SNHV	Quality	The provision of one of 7 sustained nurse home visiting (SNHV) programs (including Right@Home) that reaches the high-quality threshold for each of the three quality domains of content, process, and nurse-provider.
SNHV	Participation	The target population (i.e. mothers living it adversity) should attend a high quality SNHV program at the right dose. The evidence supports SNHV programs that (a) commence prenatally, (b) continue to child age 2 years, (c) include at least 25 scheduled visits with (d) visit duration of 60-90 minutes, and (e) more frequent visitation in the antenatal and early post-partum period.

Table 2: Sample of RSTO Lead Indicators.

Schools as settings for promoting wellbeing and engagement

Schools foster a positive environment that promotes wellbeing for all students. Many states and territories recognise the importance of student wellbeing (see Table 3) and the Productivity Commission's recent report on the next National School Reform Agreement, recommends prioritising student wellbeing front and centre alongside educational outcomes. [xxvii] Schools, however, require the policy and practice environment to respond to student wellbeing and school engagement.

Government	Student Wellbeing Policy Response Examples
Australian Government	Student Wellbeing Framework Student Wellbeing Hub
Australian Capital Territory	ACT Wellbeing Framework
New South Wales	NSW Framework for Schools
Northern Territory	NT Social and Emotional Learning
Queensland	Student Learning and Wellbeing Framework

South Australia	Wellbeing for Learning and Life Framework
Tasmania	Child and Student Wellbeing Strategy Student Wellbeing and Engagement Survey
Western Australia	Student health and wellbeing – range of policies and responses such as student behaviour support
Victoria	Framework for Improving Student Outcomes

Supporting schools to implement whole-of-school approaches to promoting student wellbeing

Taking a whole-of-school approach to wellbeing enables schools to tailor student wellbeing approaches to the needs of their student population. A whole-of-school approach considers tiers of responses that together add up to improve student wellbeing. This includes approaches to teaching and learning in the classroom that supports student engagement related to students' stage of development and learning; curriculum development relating to wellbeing; providing wellbeing opportunities for students such as social clubs, physical health, peer support and civic engagement; responding to and improving diversity and inclusion; teacher and educator professional training and practice and monitoring student wellbeing to be able to assess need and monitor change over time (see below for more information). **Schools require sustained support and resourcing to be able to implement comprehensive and evidence-based whole-of-school approaches to student wellbeing providing strong foundations that engages students in their school environment.**

Creating a supportive learning environment by building and supporting teacher capacity to identify and respond early

Schools are often the first line of support with 40% of 4-17 year olds with mental health disorders accessing support using school-based services.[xxviii] Despite teachers recognising the important role they play in supporting child mental health and wellbeing, many report low skills, confidence and capacity to identify behavioural and emotional problems in children or knowing what support is available to children and families.[xxix] Teachers can create a safe and supportive learning environment that meets the diverse needs of students. Providing opportunities for collaboration, choice, and autonomy between teachers, students and their families can promote engagement and reduce the risk of school refusal. **Ensuring teachers have training and education required to support wellbeing must start in undergraduate training and throughout career and senior leadership.**

Mental Health in Primary Schools (MHiPS) – whole-school approach to promoting and responding to mental health and wellbeing

The Mental Health in Primary Schools *(MHiPS) initiative in Victoria* is a whole-of-school approach to improving the mental health and wellbeing of students. MHiPS *aims to build the capacity of teachers* and wellbeing teams *to respond early to emerging student mental health concerns.* MHiPS, developed by paediatricians, educators, psychologists, researchers, and teachers, upskills experienced teachers to become Mental Health and Wellbeing Leaders, using an evidence-based training program, therefore increasing the capacity of Victorian primary schools to support the mental health of their students. The Mental Health and Wellbeing Leaders, work within their school to embed evidence-based training and professional develop building the capability of teachers and support staff to identify and respond to emerging mental health issues; build referral pathways to external services for students requiring additional support; work proactively with school support staff (e.g. psychologists, nurses, speech and language specialists, social workers) and other health professionals (GPs, paediatricians, psychologists, allied health) to provide appropriate care and support including in-classroom support; enhancing wellbeing initiatives across the school including social and emotional learning curriculum.

The model has been informed by a needs analysis phase including consultation in 331 schools across metropolitan, rural and regional Victoria and more than 1000 teacher surveys. A key strength of the model's design is that it builds on existing school wellbeing and mental health structures while helping the education and health sectors to work together. MHiPS is being implemented in 1800 primary schools in Victoria over the next 3 years.

MHiPS provides a framework for responding the mental health and wellbeing needs to students, from which targeted school refusal and engagement initiatives can be integrated as part of a school-based response. In building the mental health literacy of teachers, teachers are better able to recognise and respond to mental health and wellbeing of students, including facilitating early connections and referral to external services.

Tailored support - Developing co-design response for students experiencing school refusal

Supporting children experiencing school refusal requires a collaborative approach that involves students, school staff, parents/carers and health professionals, including mental health professionals. **There is opportunity to undertake a comprehensive, national approach to addressing school refusal that facilitates and enables localised responses that meet the needs of students**. We propose the development of this approach occur in four phases:

1. Literature review of current international and national evidence for responding to school refusal including understanding of the core components of successful models that would form the basis of a national approach.
2. Mapping of current school refusal initiatives across Australia and internationally and where possible any evaluation results of those initiatives.
3. Establishment of a national coalition of partners with students and parents/carers at its core to co-design evidence-informed framework that addresses school refusal.
4. Dissemination and support strategy to enable schools, services and families to implement the framework in response to their local needs.

Trialling multi-disciplinary teams working across schools, health and families

One of the challenges experienced by students experiencing school refusal is the disconnect between their teacher/school supports and the care and support provided by health care professionals such as GPs, paediatricians and mental health professionals. The establishment of multi-disciplinary teams that bring together the expertise of educators and health care professionals with families and students is needed to ensure a shared understanding of a student's objectives and strategies to return to school and their role in supporting the student achieve returning to school. Currently, there is no mechanism that enables educators, health and social care providers to meet regularly and shared understanding of supports and care provided both at school, at home and health care. **The trialling of multi-disciplinary team models of care is recommended to best respond to students currently disengaged from school.**

CCCH is currently trialling this approach as part of our Learning Difficulties Clinic which aims to support students to engage in their learning. As part of the clinic, we have identified the need for an Education Specialist role. This Education Specialist acts as the conduit between students, families, paediatric health and education professionals to support children to engage in learning in the classroom. Initial feasibility assessment of this roles is promising but further investment is required to trial and evaluate this approach.

Co-designing resources and tools for parents and carers

Parents and carers play a critical role in promoting their children's engagement with school. Supporting parents with resources on how to support their children's academic and social-emotional needs can reduce the risk of school refusal (Martin & Marchant, 2019). **Engaging parents and carers in co-designing resources and tools that they can use when supporting a child to re-engage with school ensures that tools best reflect and respond to the needs of parents and carers.** Existing digital platforms such Raising Children Network provide school refusal resources for parents/carers and are good starting points to initiative co-design collaboration with parents/carers and other support agencies.

Scaling successful interventions

There are many evidence-based initiatives that have demonstrated success in supporting students to return to school; however, these initiatives experience challenges in scaling. We suggest there is a **role in governments at both national and state/territory levels to provide the enabling environment that enables the translation and scale of success initiatives** to ensure equitable access to interventions that are shown to work.

Monitoring student wellbeing and evaluating impact

Supporting schools to monitor and respond to student wellbeing

Measuring student wellbeing is an important mechanism that enables students, families, educators and clinicians to obtain an accurate understanding of student wellbeing and informs appropriate responses at both the student, year-level and school level to increasing student wellbeing. Yet schools are often left on their own to decide how to monitor student wellbeing and which of the numerous student wellbeing survey tools to use. **We recommend that schools are supported to regularly monitor student wellbeing including support to identify a survey tool that meets their needs but is also informed by the evidence-based and then supported in how to best interpret and respond according to identified need.**

Using lead indicators to track strategies in schools

As noted above, using evidence-based lead indicators can reveal otherwise hidden gaps in services. RSTO has identified evidence-based quality indicators for the early years of school. These indicators are tied to school processes (i.e. process indicators at the classroom, student or lesson level that contribute to the achievement of high-quality outcomes) and teaching staff competencies (i.e. provider indicators).[xxx] The indicators include measures of social and emotional wellbeing. **Support for schools to use evidence-based lead indicators to monitor these aspects of school quality can assist schools and teachers to understand and how strategies have been implemented, what progress is being made, and what can be done to further improve practice.**

Schools as multi-opportunity communities

To conclude, in realising a true systemic change for how schools achieve healthy childhood development and deeper learning and engagement for all, we propose a new vision for Australian schools – **schools as multi-opportunity communities.** This vision requires a shift from narrow view of learning for academic intelligence only, to equally focusing on learning, wellbeing, and health for whole child development and wellbeing. Some schools are already making great changes to equally prioritise whole child learning, health, and wellbeing (e.g. Our Place: https://ourplace.org.au). Still, the radical transformation needed for all will require changes at the system level. Nordic countries, Canadian provinces, Wales, Scotland, and New Zealand are prioritising health and wellbeing more in education and moving beyond words into real action. We propose four principles to underpin this change to school as multi-opportunity platforms (see Figure 1). For more detail please read our paper – Building it back better: Schools as multi-opportunity communities.

Principles for building schools as multi-opportunity communities: a new vision for Australia

Focus on the whole student

Recognise and consider students' physical, emotional, and social conditions; and how these relate to their learning. This requires fostering high levels of trust and positive relationships between students and teachers, and between parents and schools. Continuous professional collaboration between schools, student's families, health and social services together with the local community optimises this approach. There should be corresponding holistic ways of assessing student progress.

Health as a 21st century skill

Health and wellbeing are learning outcomes in their own right; of equal importance to skills such as literacy and numeracy. This includes digital, mental, socio-emotional and physical health and wellbeing for all students as early as possible. Promisingly, the recent interim review of the National School Reform Agreement recommended that improved student wellbeing should be elevated as an outcome of a successful school education.[38]

Personalised learning and wellbeing

All students have an individualised learning and wellbeing plan in school. Having a unique individualised school path would also mean inviting students to co-design their plan, which would mean all students are working on things in school that matter to them in ways that work for them; keeping them engaged and motivated to live, learn and be well.

Building a culture of education and health

Find opportunities to embed and integrate health and wellbeing consistently for all students as part of the curriculum and regular routine of school; for example, by offering healthy school meals or having health services available on-site.

About the Centre for Community Child Health

The Centre for Community Child Health (CCCH) is part of the world-class Melbourne Children's Campus, which unites community and clinical care, research, and education. CCCH a research group of the Murdoch Children's Research Institute, a department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics. Our purpose is to **see every child thrive**. To achieve this, we have established a multidisciplinary team of researchers, paediatricians, managers, evaluators and educators with expertise in children's health, development and wellbeing. For over 25 years, the CCCH has worked collaboratively with families, communities, practitioners, organisations and decision makers to drive sustainable improvements in children's health, development and wellbeing.

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