



**MISSION**  
**AUSTRALIA** | together  
we stand

# The National Children's Mental Health and Wellbeing Strategy

February 2021

# The National Children's Mental Health and Wellbeing Strategy 2021

Mission Australia is a national Christian charity that has been standing alongside people in need since 1859. Our vision is an Australia where all of us have a safe home and can thrive. In the 2019-20 financial year, we supported close to 170,000 individuals through almost 500 programs and services across Australia.<sup>1</sup> This included nearly 30,000 individuals supported through 58 children and family services. Mission Australia welcomes the opportunity to provide input into the National Children's Mental Health and Wellbeing Strategy.

## Recommendations

- Incorporate strategies to provide universal parenting programs to alleviate stigma in relation to mental health services and ensure continuum of support for children and families from pre-natal years to 12 years.
- Introduce a 'no wrong door' approach to accessing and linking with services and increase soft entry points for services including funding services for assertive outreach.
- Build on existing models and services that are established in the community to deliver multi-disciplinary, integrated support hubs that provide holistic and coordinated care.
- Ensure supports for Aboriginal and Torres Strait Islander communities are delivered through appropriately funded Aboriginal Community Controlled Organisations.
- Identify a flexible, hybrid model of delivery where families have the choice of centre-based face to face, online or outreach service delivery to meet the needs of children and their families.
- Advocate to the Federal Government to recognise children as a priority group in the National Mental Health Workforce Strategy.
- Provide long-term funding certainty to community services to ensure that necessary and essential wrap-around, holistic supports.
- Add further emphasis and support for children in both informal kin care settings and formal out of home care settings in the strategy with clear lines of responsibility and streamline funding and support services.
- Streamline data collection processes across different stakeholders to increase data consistency across the country.
- Recognise the impact of COVID-19 on children and introduce measures and policies to better cater support for children experiencing mental health challenges as a result of COVID-19 related isolation, parental stress, education challenges and, financial and other pressures on families.

---

<sup>1</sup> Mission Australia, Annual Report, 2019-20, accessible at:

<https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2020>

## Strategy language

Mission Australia is encouraged by the Commission's focus on using the accessible language. It is important to use language that is appropriate and easily understood by all age groups. The language used in the draft is age-appropriate and uses language typically associated with physical health. Framing mental health in holistic terms as part of general health and wellbeing is a useful step in normalising conversations in relation to mental health.

However, we believe the term 'coping' may not be well understood. Using a term similar to 'Okay', which is well understood vernacular among all age groups and already recognised and well-established in the context of the 'RUOK?' campaign, may be more appropriate in this context.

In order to ensure language is appropriate and well understood by all, especially children, we recommend continuously engaging children over the lifespan of the strategy.

## Parenting programs

Mental health of parents affects the social and emotional wellbeing of their children.<sup>2</sup> The Children of Parents with a Mental Illness (COPMI) National Resource Centre has estimated that between 29-35% of mental health service clients are female parents of dependent children under the age of 18.<sup>3</sup> Among clients of child and adolescent mental health services, around 30% have parents who self-identify at the outset as having a mental illness, and more are commonly identified during the course of engagement.<sup>4</sup>

Parenting programs are an important part of early intervention and parents can be given tools such as Circles of Security and Positive Parenting training as well as provided with information to better understand systems and supports available to them. Parenting programs play a role in skills development for both parents and children as they provide an opportunity for socialisation and learning.

"In our services we emphasise their [parenting programs'] function in supporting 'positive' parent-child relationships including managing challenging behaviours. This helps us and the parents to change the narrative that some parents are 'bad parents' and reinforce the importance of support for parents when raising children."

Mission Australia, Program Manager - NSW

Although our services see significant improvements in the mental health and wellbeing of children and parents as a result of these parenting programs, there are some hesitations among parents who are mandated to participate in the programs. We understand that acknowledging that the 'skills development' and 'enriched parenting experience' alone will not be enough for some parents to be motivated to participate in these programs. Providing various incentives to parents for participation may help to increase uptake.

---

<sup>2</sup> Productivity Commission, Report on Mental Health, 2020, accessible at: <https://www.pc.gov.au/inquiries/completed/mental-health/report>

<sup>3</sup> Royal Australian and New Zealand College of Psychiatrists, Position Statement 56: Children of parents with mental illness, 2016 accessible at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/children-of-parents-with-mental-illness>

<sup>4</sup> Royal Australian and New Zealand College of Psychiatrists, Position Statement 56: Children of parents with mental illness, 2016 accessible at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/children-of-parents-with-mental-illness>

Universal approaches to pre-natal and parenting programs are less stigmatising and easily accessible than parenting programs aimed at supporting parents experiencing challenges as it may have a negative connotation. Parents are also more likely to continue to engage if they have had positive contact with the service system. More intensive family support options such as Integrated Family Support Service (IFSS) should also be available to families with greater or more complex needs.

Early intervention approaches such as continuation of pre-natal services that transition to parenting are also likely to normalise parenting programs and increase uptake. In addition, ensuring the accessibility and flexibility of parenting programs to cater for the needs and circumstances of each family in terms of program design, content, sensitive and cultural appropriateness of program, scheduling options, childcare and flexible/hybrid delivery methods are likely to increase uptake and sustained participation in the programs.

Similar to other aspects of this framework, it is important to shift language from parental deficit to a more strengths-based language such as parenting skills or ‘something you can do for/give your child’.

### **Integrated care model**

We welcome the inclusion of the integrated child and family care model as well as the proposal of co-location of multidisciplinary service providers in various centres that are networked across the country are welcome developments. These settings should be prioritised based on vulnerability and risk factors such as parental mental health issues, domestic and family violence, financial stress, housing and homelessness issues, parental or family drug and alcohol dependence related issues.

Ensuring that these integrated centres or hubs incorporate other localised health and education services such as GPs, paediatricians as well as other ‘network specialists’ including education experts and staff of statutory child protection agencies will increase the effectiveness of this integrated service model. A funded coordinator or coordinators should be employed to manage operations of the integrated centres and building relationships in the community.

Limited education and understanding about mental health issues increases the risk of conditions developing into more severe issues. The lack of mental health literacy also contributes to shame and stigma, inhibit help seeking behaviour and misunderstandings about mental health services.<sup>5</sup> Co-location of clinical services and social services in informal, non-clinical settings will address challenges of accessibility due to stigma.

“There are excellent examples of hospital based clinics which focus on child mental health disorders (MHDs) that could and should be based in ‘non-clinical’ settings.”

Mission Australia, Program Manager NSW

There are numerous services that Mission Australia delivers that are co-located which enables our teams to make cross-referrals where appropriate.

---

<sup>5</sup> A. Jorm, Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health, American Psychologist, Advance online publication, 2011, accessible at: [http://www.tips-info.com/wp-content/uploads/2011/12/mental-health-literacy-ap-in\\_press.pdf](http://www.tips-info.com/wp-content/uploads/2011/12/mental-health-literacy-ap-in_press.pdf)

## Miller Pathways

Since its establishment in 1970, Mission Australia's Child and Community Centre in Miller has served as a **community hub** for the delivery of prevention and early intervention services to children, young people and families in the Liverpool local government area and south-west Sydney metropolitan area.

Established in 2005, Miller Pathways is the service name through which Mission Australia delivers a range of place-based prevention and early intervention programs in the Liverpool area under our Community Services stream.

Current funded service/programs from the Centre comprise:

- Communities for Children (also known as C4C, CfC)
- Liverpool Family Mental Health Support Service (also known as the Happy Healthy Minds Program), and
- Star4Kids ('Striving to Achieve Resilience') Child Mental Health Program.

Under these programs, Pathways both funds and delivers a range of targeted and universal evidence-based, therapeutic and clinical interventions aimed at fostering wellbeing across the lifecycle, early in the lifecycle delivered by multi-disciplinary teams (MDT). Encompassing both Centre, community and home-based models of delivery, currently funded 'Partner' programs for children aged 0-12 years in the 2168 postcode include:

- Group and individual Expressive Therapy interventions (e.g. art, music, drama and play therapies). Partners: Playgroup Queensland's Sing & Grow (0-5 years); KidsXpress (6-12 years)
- Parenting capacity building and support (e.g. Circle of Security, Bringing Up Great Kids, Tuning into Kids/Teens). Partner: Karitane
- Group and individual speech and language interventions. Partner: South West Sydney Local Health District (SWSLHD) Speech Pathology Department
- Child voice/capacity building. Partner – Liverpool City Council

With the foundation of our programs in an ecological (or bio-psycho-social) model of (human) development and emerging field of prevention science, both in principle and practice we understand how a system should respond to support child and family wellbeing including integrated service systems of care through which we aim to strengthen protective factors and reduce risk factors correlated with wellbeing. Our active participation in local service- and professional- networks such as the *Liverpool Family and Children Interagency* and its *Australian Early Development Census (AEDC)* is aimed at fostering the type of collaborative partnerships critical to strengthening families and promoting resilience and independence in children and young people.

Recognising the role of universal services such as health and education as *key access points* for engaging families and opportunities to support from our hub in Miller integrated, community-based service responses, beyond our service partnerships we host weekly clinics from SWSLDH's Child & Maternal Health, Nutrition, and Paediatric Development teams. (We also host on an ongoing and periodic basis KARI Aboriginal Resources and Wesley Mission's Mums & Kids Matter programs).

There are some children's services that are already well-established in the community and have built ongoing strong relationships within those communities. The integrated care model should build on these services and expand on the services that they deliver in the community as far as practicable to

ensure continuity of support. Currently, Communities for Children (C4C) model is one of the best examples of this.

Mission Australia delivers a hybrid model of Parent-Child Interaction Therapy (PCIT) in south-west Sydney, NSW, with families offered the choice to access this support via a clinic, community-based centre and/or online. Access to 'community-based' i-PCIT (internet-based PCIT) under this program is the first of its kind in NSW and pre-dates the shift to online delivery due to COVID-19. Online service provision provides some children the comfort of anonymity and confidentiality and the ability to access from the comfort of their homes. Therefore, a hybrid model of online service provision and face to face service delivery should be considered.

In order for service delivery to be effective and equitable, additional measures should be put in place to address current digital divide that impacts on access to reliable internet, devices and skills.

From our service experience, we understand the importance and effectiveness of home visits. This provides the child and their parents/carers a safe and familiar environment. Thus, it is important that the integrated care model embed resourcing for home-visits at regular intervals.

## **Mental Health Workforce**

In order to deliver effective services to people experiencing mental health issues, it is vital to have a qualified and experienced health workforce. Given the complexity of supporting children, the general mental health workforce should have access to a broad range of training. For example, child safety and protection training, child-specific mental health training including broader risk factors specific to childhood mental health. This training could take form of working in multi-disciplinary settings and teams.

One of the major challenges identified by services is the uncertainty of funding for programs. There are also concerns in relation to staff attraction and retention due to competition and funding limitations. Most community services are not able to offer long-term contracts at competitive market rates due to government short-term funding contracts.

“The community sector has continuously flagged that community services are grossly under-funded to support the attraction and retention of experienced child mental health professionals. We cannot be competitive on remuneration and benefits due to funding constraints.”

Mission Australia, Program Manager - NSW

Mental health workforce issues are much more prominent in rural and remote areas. The National Mental Health Strategy identifies the need to allow flexibility of workforce models to adapt to servicing rural and remote communities to enable local solutions to workforce shortages.<sup>6</sup> In order for the proposed integrated care model to be effective, significant investment needs to be directed towards workforce development in rural and remote areas.

---

<sup>6</sup> Orygen Youth Health Research Centre, The Australian Health Workforce Institute Addressing Workforce Challenges for Youth Mental Health Reform, 2013, accessible at: [https://orygen.org.au/Policy/Policy-Reports/Addressing-Workforce-Challenges/ymh\\_reform\\_workforce\\_report?ext=](https://orygen.org.au/Policy/Policy-Reports/Addressing-Workforce-Challenges/ymh_reform_workforce_report?ext=).

Evidence and research has established the therapeutic benefits of expressive arts with children.<sup>7</sup> However, the role of creative or expressive therapists (e.g. art and music therapy) are under-funded and under-utilised in certain sectors.

“Medicare system for Mental Health Care Plan is restrictive which means creative therapists are ineligible to provide support and children aren’t able to access these services or have to pay quite a lot of money to get access to these services.”

Mission Australia, Program Manager – NSW

Strategies to address workforce issues could include upskilling mental health workforce in the local community, incentives for attraction and retention of staff and financial assistance including scholarships and work experience opportunities.

“We currently facilitate university undergraduate programs and support student placements in education which is part of their capacity building and career development. It also gives schools a little bit of extra capacity and resources to support children.”

Mission Australia, Program Manager - NSW

In addition, the local workforce should reflect the diversity of the community with measures to encourage employment of people from various cultural backgrounds, LGBTIQ+ and people with lived experience (including children of parents with a mental illness). It is important to recognise children as a priority group when developing the National Mental Health Workforce Strategy<sup>8</sup> and an Action Plan.

Organisations working with children and young people have developed and implemented child safe plans and delivered staff training. A similar organisational approach can be adopted for professionals/practitioners including GPs, nurses, psychologists and social workers to all receive similar training. The Commission could develop some guidelines and high-level principles that organisations can adapt when developing training materials on child mental health.

## Education

Mission Australia supports all measures to introduce early intervention at the earliest point in time and integrating mental health and wellbeing to the education system from primary school level. Delivery of some of these services through community service sector will ease the administrative and resource burden on schools.

Acknowledging the importance of social and emotional development in pre-school experiences as optimising development rather than learning in a pure education sense can enhance positive outcomes for children. Thus, transition to school programs where social and emotional learning is equal in priority to other forms such as communication and language are critical for children. These transitional

---

<sup>7</sup> See further: E. Greem and A. Drewes, Integrating Expressive Arts and Play Therapy with Children and Adolescents, 2013 and L. Elliott, Benefit of Art Therapy for Children, 2018, accessible at:

<https://tacomachristiancounseling.com/articles/benefits-of-art-therapy-for-children>

<sup>8</sup> Department of Health (Commonwealth), National Mental Health Workforce Strategy, accessible at:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-mental-health-workforce-strategy>

programs should also have defined roles to involve parents and carers in some capacity for best outcomes for children.

### **Transition to School (T2S) The Cubbyhouse Program**

A 16 week, group-based Transition to School program (T2S) was developed and delivered by Partners Playgroup Queensland, Sing & Grow (S&G) Liverpool Hospital's Speech Pathology Department. This model is embedded within a broader program of early intervention activities delivered by T2S partners which support prioritised referral pathways to targeted individuals one on one and includes music, speech and parent-child interaction therapy. Families referred to parent-child interaction therapy (PCIT) can use either internet or clinic-based PCIT to minimise common barriers to access.

Unlike typical transition to school programs within education settings, The Cubbyhouse entails some unique design features:

- combines group-based music and speech therapy techniques,
- developed, delivered and co-managed under a multi-disciplinary, cross-sector partnership of experienced clinicians to support pre-literacy, language development, social skills, strengthened parent and child relationships, and
- direct caregiver involvement to build parental capacity.

The program is open to children who are planning to and/or are required to attend school in the following year, T2S is delivered in 16 weeks, three hours week and has two intakes per year in Term 1 and Term 3. During the Pilot phase of this program (2019), funding has supported three groups per intake of no more than 12 children per group.

Many children will need continuous assistance as they transition out of this age cohort. Thus, the continuum of services should ensure that children who turn 13 years are able to access services without disruptions to the progress they have made.

There is no consistent approach for mental health supports in schools which creates discrepancies in children's wellbeing outcomes and entrenches disadvantage. In addition to the state and territory resource and funding differences, there are glaring differences of mental health supports in public/government, independent and Catholic schools.<sup>9</sup> There needs to be national consistency of service provision through Federal, state and territory co-funding to ensure all schools have adequate financial and other resources to provide necessary holistic supports to children.

---

<sup>9</sup> The Educator Australia, Private schools get more counsellors to boost student wellbeing, 16 November 2020, accessible at: <https://www.theeducatoronline.com/k12/news/private-schools-get-more-counsellors-to-boost-student-wellbeing/274192>

## Connecting with children and families who are struggling

In order for the services to be accessible and welcoming, there needs to be a 'no wrong door' approach where children and families are linked with the integrated hubs or appropriate services by all relevant stakeholders including schools, hospitals, police and local community services.

"We know that coordinated care works where there is a central intake and review through multi-disciplinary teams from lead agencies that understand the local communities well. These should continue to be funded."

Mission Australia, Program Manager - NSW

There needs to be multiple soft entry points such as home visits from different professionals, GPs or school referral pathways, playgroups, engagement with community leaders and community activity groups. The community service model should incorporate assertive outreach to enable services to go to the community than wait for families in crisis to make first contact.

"In our services, we see the benefits of playgroups as one of the most effective soft entry points and also well established to provide strong positive social connections for children and parenting skills. These are all linked to better outcomes for families."

Mission Australia, Program Manager Victoria

This also means that the services are supported to be culturally appropriate and sensitive and understand the needs of Aboriginal and Torres Strait Islander families, families from culturally and linguistically diverse backgrounds, parents with alcohol and drug dependence related issues or mental health issues. It is also important to ensure supports for Aboriginal and Torres Strait Islander communities are delivered through appropriate community controlled organisations.

### **Navigator Girls on the GO and Boys on the BOUNCE**

Dandenong and District Aborigines Cooperative Limited (DDACL) is funded by Mission Australia through the Communities for Children program to deliver the 'Girls on the Go' and 'Boys on the Bounce' programs to facilitate school engagement with and support for Aboriginal and Torres Strait Islander students and families. This is the only program of its kind in the City of Greater Dandenong, as such it provides an essential support to Aboriginal and Torres Strait Islander children in a culturally safe and supportive environment. Participants are referred through local primary schools, local services and the DDACL.

Girls on the GO program is a culturally-tailored program for Aboriginal girls to help maintain their participation in school while supporting girls through later primary years and the transition to secondary school. Boys on the BOUNCE runs a similar culturally-tailored program for Aboriginal boys which supports their school engagement through later primary years and the transition to secondary school.

Both programs also develop complementary education/information and support for parents, grandparents and partners, and facilitate referrals into other services offered by the DDACL and additional appropriate mainstream services.

The program incorporates a range of different activities which support students with: social and emotional well-being; healthy eating; trust and confidence; physical activity; reconnecting to culture; body image; personal safety; and finish with a celebration at the end of the program.

The programs are delivered through an empowerment and positive role modelling approach. Facilitators encourage the participants to actively make decisions about their own health needs, which supports the continuation of positive practices at the completion of the program.

The flexible approach of this program provides ongoing support and mentoring for children experiencing challenges. The responsive nature of the program has been proven to support children achieve positive outcomes, including increased school engagement.

Underlying assumptions about family circumstances and resources when designing services can also be a barrier to accessing services.

“Often the services have issues delivering supports because of the prescriptive nature of KPIs and other requirements. Something that we see often is lack of transport options. There are assumptions that parents/families have cars, can drive, have large families that can’t fit in a car or have support to leave other children or older parents in the care of someone while they attend the services ... These services can be counterproductive if coming to the service or the appointment increases the stress levels of parents and children.”

Mission Australia – Case Manager, NSW

Some remote areas have relatively low levels of vehicle ownership.<sup>10</sup> Considering the challenges families experience when engaging with services, services should have flexibility to provide transport subsidies such as taxi or fuel vouchers, meet the families at convenient locations such as parks or visit them at their homes with necessary consent.

### Children in out of home care

Children in out of home care are a highly vulnerable group with increased physical, mental and social health needs. As a consequence of their exposure and experiences prior to entering care, and within the care system, they are more likely to have significant, often unrecognised and unmet health needs, increased rates of developmental difficulties and are less likely to consistently access health services.<sup>11</sup>

“There is a big focus on behavioural issues of children in out of home care. We also see physiological trauma leading to other issues like children who have been abused regress developmentally because experiencing trauma can directly impact on physical development.”

Mission Australia, Program Manager – Victoria

---

<sup>10</sup> Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1

<sup>11</sup> Royal Australian and New Zealand College of Psychiatrists, Position Statement 59: The mental health care needs of children in out-of-home care, 2015, accessible at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-needs-children-in-out-of-home-care>

Therefore, it is critical that multi-disciplinary services work together to make cross referrals and work with children and families that are already experiencing challenges in out of home care and are known to services.

Although the formal out of care arrangements are recognised and have supports available, there are some children in the care of relatives and do not have formal arrangements. Thus, a stronger emphasis should be placed on children in informal kin care settings in the strategy with clear lines of responsibility and streamline funding and support services for children in out of home care.

## **Mechanisms for data capture and use**

Access to appropriate and accurate data is vital to ensure that the government is able to channel the supports to areas that are in acute need of additional investment. In addition to gathering accurate data, there needs to be a mechanism to share data across different services with the consent of the individuals.

“Children or their parents don’t want to tell their story to different people every time they engage with a service. Sometimes they might not be in a position to give the details if they are or have experienced trauma ... there needs to be a central system to share information.”

Mission Australia, Area Manager Regional NSW

Considering the importance of information in relation to history of supports children have received over the years, a mechanism to share data across different branches of government including health, community services, mental health, justice system, housing and homelessness related services with the consent of individuals to increase efficiency of service delivery.

Multiple approaches to gathering data should be considered including triangulation<sup>12</sup> of data to gather quantitative and qualitative information in relation to a range of areas including therapeutic services to identify effectiveness of services.

It is also important to note that there are limitations with population data sets, particularly in relation to children’s mental health. There is a clear need to promote consistency of data collection across different stakeholders by creating a set of standard data collection points across all states and territories.<sup>13</sup>

## **Improving mental health and wellbeing for Australian children**

We are encouraged by the focus of this strategy on individual children as well as focusing on all children in the community as a collective and are largely supportive of the strategy and the direction of the

---

<sup>12</sup> Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena. see further: National Academies of Sciences, Engineering, and Medicine, Changing Sociocultural Dynamics and Implications for National Security: Proceedings of a Workshop, 2018, accessible at: <https://www.nap.edu/catalog/25056/changing-sociocultural-dynamics-and-implications-for-national-security-proceedings-of>

<sup>13</sup> Mission Australia is aware of the complexities involved in sharing information about children's service history across agencies. We are involved in consultation processes currently being undertaken by the National Office for Child Safety around a national child safety and wellbeing information sharing scheme, which we believe would have significant benefits for the way in which we can provide services to vulnerable children and families.

Commission. However, there needs to be further clarity in relation to how this strategy will be actioned and how the different components of the strategy will be funded.

In addition, further information is required in relation to how this strategy will complement other strategies and mental health frameworks currently in place such as the Fifth National Mental Health and Suicide Prevention Plan and the response to the Productivity Commission Report on Mental Health that is currently being developed.<sup>14</sup> The Productivity Commission report in particular has made a number of detailed recommendations in relation to children and young people including supporting new parents, early childhood and school-age children.<sup>15</sup>

Also of concern is the adequacy of funding and the lack of consistency of service provision through the Primary Health Networks (PHN) commissioning model, particularly for children.

However, the NDIS Early Childhood Early Intervention (ECEI) reset currently being undertaken will further support improvements in access to early intervention supports for children and families.

### **Mental health impacts of COVID-19**

The full impacts of COVID-19 on children are yet to be fully understood as most children are still experiencing some of the effects of living through a pandemic. However, the OECD has highlighted that the stress and uncertainty associated with the COVID-19 outbreak will potentially have significant negative effects on children's mental health.<sup>16</sup> Increases in overall anxiety about the outbreak, confinement and mitigation measures such as quarantine, school closures and uncertainty, and social distancing, are impacting children's daily lives. Recent Australian research suggested that although remote learning did not affect academic outcomes for most students, children's wellbeing suffered.<sup>17</sup> Therefore, it is imperative that measures relating to children's mental health have a specific focus on the compounding impacts of COVID-19.

---

<sup>14</sup> See further: Department of Health (Federal), Productivity Commission Report on Mental Health, 2020, <https://consultations.health.gov.au/mental-health-services/productivity-commission-report-on-mental-health/>

<sup>15</sup> Productivity Commission, Report on Mental Health, 2020, accessible at: <https://www.pc.gov.au/inquiries/completed/mental-health/report>

<sup>16</sup> OECD Policy Responses to Coronavirus, Combatting COVID-19's effect on children, 2020, accessible at: <http://www.oecd.org/coronavirus/policy-responses/combating-covid-19-s-effect-on-children-2e1f3b2f/>

<sup>17</sup> J. Gore et al, The Conversation, Remote learning didn't affect most NSW primary students in our study academically. But well-being suffered, 1 February 2021, accessible at: <https://theconversation.com/remote-learning-didnt-affect-most-nsw-primary-students-in-our-study-academically-but-well-being-suffered-154171>