The Child Wellbeing Data Asset Development Framework and Roadmap

August 2023

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Contents

Note

This scoping report presenting findings from AIHW's scoping study on what is required to establish the Child Wellbeing Data Asset, which was conducted between June 2022 and August 2023.

Findings on the national data integration landscape are based on the most current information available at the time of writing.

It is important to note that the national data integration landscape is evolving rapidly. The Child Wellbeing Data Asset will be implemented to align with these future directions.

Executive summary

The Child Wellbeing Data Asset (CWDA) is a measure under the First National Action Plan of *the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* that aims to improve outcomes for children and young people. The CWDA seeks to establish a national, child-focused, linked data asset to support the analysis of children and young people's pathways through government services. This opportunity to build a child-centric source of enduring data on all children and young people, linked across sectors and jurisdictions, could enable cross-sectoral analysis at different levels including national, jurisdictional and place based to inform a broad range of policy, service delivery, monitoring and evaluation goals.

The Australian Institute of Health and Welfare (AIHW) is responsible for delivering the CWDA. This report presents the results of the scoping study for the project, and incorporates valuable input received from stakeholders during consultations conducted on behalf of the AIHW by the Social Research Centre (SRC) between September 2022 and February 2023.
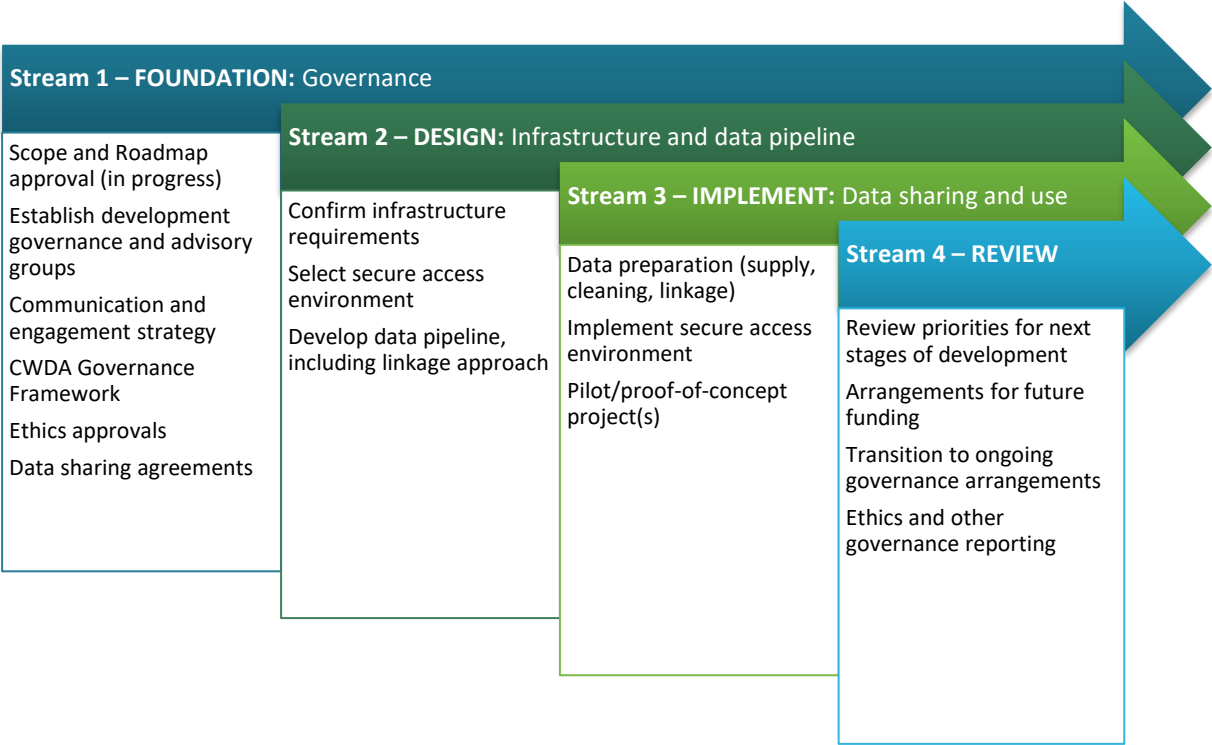
The findings of this scoping study are presented in 2 parts:

- The CWDA Development Framework
- The CWDA Development Roadmap

The CWDA Development Framework outlines the elements that are necessary to establish the CWDA across 5 layers: **Principles**, **Governance**, **Scope**, **Stakeholders** and **Build and Use**. An overview of the framework is presented below.

Principles		
Governance	**National Strategy Governance**	**CWDA Development Working Group**	**CWDA Advisory Group**

	National Strategy Governance	**CWDA Development Working Group**	**CWDA Advisory Group**
Governance	• Accountable for delivery of the CWDA • Strategic decision making for establishment of the CWDA (e.g., Scope)	• Time-limited guidance for development of the CWDA	• Ongoing engagement with sector and subject matter experts to inform decision making
Scope	**Conceptual data model**	**Priorities**	**Data collections**
	• Defines boundaries of the CWDA • Allows for multiple uses	• Defines the purposes • Informs data collections to be included	• Assessed based on policy relevance (Priorities) and technical feasibility
Stakeholders	**Data owners**	**Data users**	**Data champions**
	• Identified by data collections to be included • Requirements inform Governance and Build and Use elements	• Defines the types of users and their type of access to the CWDA • Requirements inform Build and Use elements	• Identifies key entities that can facilitate the effective functioning of the CWDA
Build and Use	**Infrastructure**	**Linkage methods**	**Controls**
	• Defines technological requirements • Informed by needs of data owners, users and controls	• Defines processes required to link and prepare data for use	• Legislative context for data sharing • Five Safes Framework • Data access and release

The CWDA Development Roadmap identifies critical work required to establish the asset across high-level streams: **Foundation, Design, Implementation** and **Review**. An overview of the roadmap is provided below.

Stream 1 – FOUNDATION: Governance

Scope and Roadmap approval (in progress)

Establish development governance and advisory groups

Communication and engagement strategy

CWDA Governance Framework

Ethics approvals

Data sharing agreements

Stream 2 – DESIGN: Infrastructure and data pipeline

Confirm infrastructure requirements

Select secure access environment

Develop data pipeline, including linkage approach

Stream 3 – IMPLEMENT: Data sharing and use

Data preparation (supply, cleaning, linkage)

Implement secure access environment

Pilot/proof-of-concept project(s)

Stream 4 – REVIEW

Review priorities for next stages of development

Arrangements for future funding

Transition to ongoing governance arrangements

Ethics and other governance reporting

1. Introduction

The Child Wellbeing Data Asset (CWDA) is a measure under the First National Action Plan (2021–2024) of the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* (the National Strategy). Sitting under the First National Action Plan's *Improving the evidence base* theme, this measure specifies the development of a national, child-focused, linked data asset to support the holistic analysis of children and young people's pathways through government services.

To date, there have been several instances of data being linked and providing valuable insights into children and young people's wellbeing and interactions with government services. However, these are frequently stand-alone projects that relate to specific sectors, jurisdictions or cohorts and use temporarily linked datasets that are destroyed or otherwise not readily available for additional analysis.

The CWDA is an opportunity to create an enduring, longitudinal evidence base of linked data relating to all children and young people across sectors and jurisdictions. Data in the CWDA would be linked once and then with appropriate governance be available to support multiple purposes, enabling national, cross-sectoral analysis to inform policy development, service planning and program evaluation.

The Australian Institute of Health and Welfare (AIHW) has responsibility to deliver the CWDA through a number of phases. AIHW have now completed the initial phase, the scoping study, the results of which are presented in this report. These results were informed by input received from stakeholders during consultations conducted on behalf of the AIHW by the SRC between September 2022 and February 2023.

The CWDA Development Framework (the Framework) provides a synthesis of the scoping study's findings on establishing the CWDA by clarifying the elements necessary to ensure effective governance of the asset, clarity of scope, appropriate engagement with key stakeholders and effective implementation of the CWDA. The Framework is described in Section 2 of this report.

The CWDA Development Roadmap (the Roadmap) identifies critical work required to establish the asset and provides high level streams which indicate the order in which this work should occur. The Roadmap is described in Section 3.

Details on the methodology used for this scoping study are provided in the Appendices.

2. The Child Wellbeing Data Asset Development Framework

The Framework provides an overview of the elements of the CWDA. An overview of the framework is presented in Figure 1 below.

Figure 1. The Child Wellbeing Data Asset Development Framework

Principles			
Governance	**National Strategy Governance**	**CWDA Development Working Group**	**CWDA Advisory Group**
	• Accountable for delivery of the CWDA • Strategic decision making for establishment of the CWDA (e.g., Scope)	• Time-limited guidance for development of the CWDA	• Ongoing engagement with sector and subject matter experts to inform decision making
Scope	**Conceptual data model**	**Priorities**	**Data collections**
	• Defines boundaries of the CWDA • Allows for multiple uses	• Defines the purposes • Informs data collections to be included	• Assessed based on policy relevance (Priorities) and technical feasibility
Stakeholders	**Data owners**	**Data users**	**Data champions**
	• Identified by data collections to be included • Requirements inform Governance and Build and Use elements	• Defines the types of users and their type of access to the CWDA • Requirements inform Build and Use elements	• Identifies key entities that can facilitate the effective functioning of the CWDA
Build and Use	**Infrastructure**	**Linkage methods**	**Controls**
	• Defines technological requirements • Informed by needs of data owners, users and controls	• Defines processes required to link and prepare data for use	• Legislative context for data sharing • Five Safes Framework • Data access and release

Purpose of the framework

The Framework provides an organising principle to communicate to stakeholders how the CWDA will be developed and how it will operate. The Framework is designed to be dynamic and responsive to change and its elements can be refined and updated as needed.

This report provides some initial settings for the Framework based on the findings of the scoping study, with a particular focus on the Governance and Scope layers to provide direction for the establishment phase.

As the CWDA's development progresses, the Framework will be developed to ensure it continues to effectively reflect the state of the CWDA and meets the needs of stakeholders.

Layers of the framework

The 5 layers of the framework are:

- **Principles:** includes overarching guiding principles that will inform how the CWDA is developed, maintained and managed.
- **Governance:** includes mechanisms to provide strategic guidance and decision making for the establishment and ongoing functioning of the CWDA.
- **Scope:** includes the elements that provide direction and define the scope of the CWDA.
- **Stakeholders:** identifies who has an interest in the CWDA and their influence on its development and operations.
- **Build and Use:** identifies what is needed for the implementation of the CWDA.

Layer 1 – Principles

A series of principles will guide the development and management of the CWDA. These are based on principles developed throughout consultations and include aspects relating to the governance, contents and uses of the CWDA.
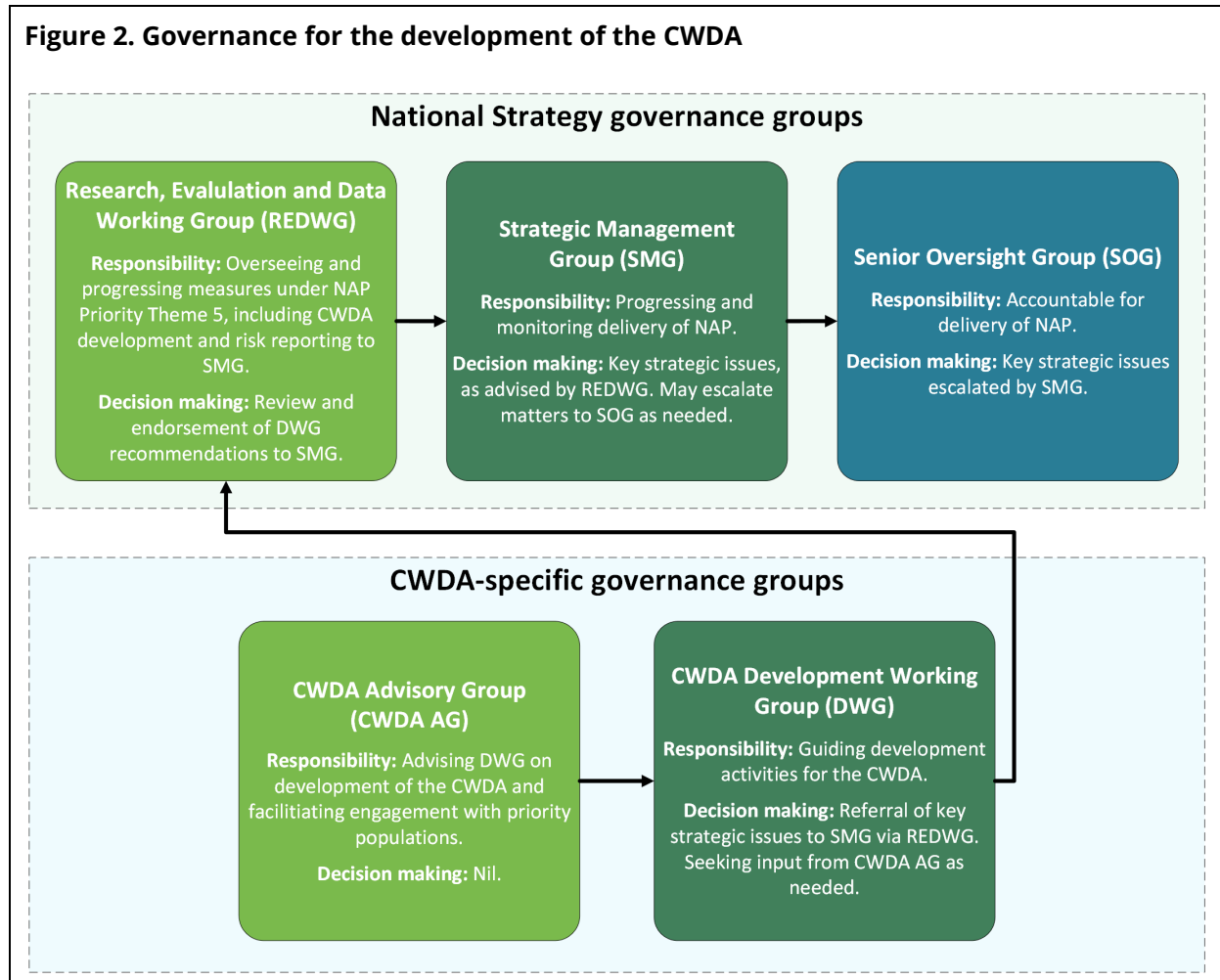
The Child Wellbeing Data Asset will:

- Have **governance and management** structures and processes that ensure the ethical use of data and serve the interests of priority groups.
- Reflect that wellbeing is a **multi-dimensional** concept, comprising of both objective and subjective components, each of which are interconnected.
- Include wellbeing elements to aid in the **holistic** conceptualisation of wellbeing and support the development of associated measures and indicators.
- Be **age and developmental stage sensitive**, accounting for the life course of children and youth through different stages of development.
- Include data on the **environmental conditions** that impact on wellbeing. This includes public and private spaces, natural and physical environments and various settings children and youth live, learn, play in and work.

Uses of the CWDA should:

- Apply a **strengths-based** and preventative framing to measures.
- Apply an **ecological** lens to measurements, taking into consideration the child, their family, community and different settings children live, study, play in and work.
- Be **evidence-based**, reflecting the rights of children under relevant legislations and conventions, aligned to current evidence-informed national and international frameworks.
- Use a **child-centric approach**, that incorporates the child's voice and is informed by what children and youth say are important to them.
- Prioritise measuring the wellbeing of children from **priority groups**.

Layer 2 – Governance

Good governance will ensure timely decisions on the scope and operations of the CWDA, including the privacy and confidentiality of the component data collections. Transparent governance and information management built into this layer will assist in establishing and retaining trust among stakeholders. Proposed governance for the development phase of the CWDA is presented in Figure 2.

Figure 2. Governance for the development of the CWDA

National Strategy governance groups

Research, Evaluation and Data Working Group (REDWG)

Responsibility: Overseeing and progressing measures under NAP Priority Theme 5, including CWDA development and risk reporting to SMG.

Decision making: Review and endorsement of DWG recommendations to SMG.

Strategic Management Group (SMG)

Responsibility: Progressing and monitoring delivery of NAP.

Decision making: Key strategic issues, as advised by REDWG. May escalate matters to SOG as needed.

Senior Oversight Group (SOG)

Responsibility: Accountable for delivery of NAP.

Decision making: Key strategic issues escalated by SMG.

CWDA-specific governance groups

CWDA Advisory Group (CWDA AG)

Responsibility: Advising DWG on development of the CWDA and facilitiating engagement with priority populations.

Decision making: Nil.

CWDA Development Working Group (DWG)

Responsibility: Guiding development activities for the CWDA.

Decision making: Referral of key strategic issues to SMG via REDWG. Seeking input from CWDA AG as needed.

As a measure under the First National Action Plan (NAP) of the National Strategy, the CWDA falls under the National Strategy's NAP governance arrangements. Additional governance structures are also described here to reflect feedback from consultations and the experience and expertise of AIHW in governance, outlined in Appendix C4.

A common element of governance across existing data assets includes a central governance body that makes decisions on how data are accessed and for what purposes. This assists in delivering transparency and efficiency to decision making. Additionally, the importance and value of the ongoing involvement of stakeholders in the development and operation of data assets was a strong message that came through during consultations and is consistent with learning from the development of the National Disability Data Asset (NDDA).

National Strategy Governance

The National Strategy's NAP governance arrangements provide mechanisms to ensure measures under the Strategy, including the CWDA, are aligned with the National Strategy's objectives and reflect the National Strategy's approach to strategic risks. There are 3 NAP governance groups of relevance to the CWDA:

- Senior Oversight Group (SOG) – SOG members are deputy secretary or equivalent Commonwealth, state and territory representatives and are accountable for the overall delivery of the NAP, including decision making and strategic risk management.

- Strategic Management Group (SMG) – SMG members are senior Commonwealth, state and territory representatives and are responsible for progressing and monitoring the overall delivery of the NAP. SMG reports to and can escalate matters to the SOG as appropriate.

- Research, Evaluation and Data Working Group (REDWG) – REDWG is an officer-level working group including Commonwealth, state and territory representatives that reports to the SMG and is responsible for overseeing and progressing measures under *Priority Theme 5: Improving the Evidence Base* of the National Strategy, including the CWDA.

REDWG will be the primary National Strategy governance mechanism at which the CWDA's development will be discussed. This will include regular development updates and risk reporting, which will keep the SMG informed. Key strategic decisions, such as those relating to the CWDA's scope or potential interactions with whole-of-nation initiatives (such as the Australian National Data Integration Infrastructure), will be escalated to the SMG and/or SOG as appropriate.

CWDA Development Working Group

The CWDA Development Working Group (DWG) will be a time-limited working group responsible for developing the CWDA. The DWG will refer key strategic decisions to REDWG for discussion and to make recommendations to SMG for decision.

The DWG's membership will include representation from key Commonwealth and state and territory government agencies. Representatives will be invited to join from Commonwealth agencies including the National Office for Child Safety, Department of Social Services (DSS), Department of Health and Aged Care (DHAC), National Indigenous Australians Agency and AIHW. For states and territories, representatives will be invited from existing sector-specific national committees, such as the Children and Families Secretaries (CAFS) and the Australasian Youth Justice Administrators (AYJA).

Where appropriate, existing governance mechanisms will also be engaged, particularly regarding significant data development activities. In addition to mechanisms within the National Strategy, this could include other national initiatives around specific policy areas, such as *Safe and Supported: The National Framework for Protecting Australia's Children*, and developments in intergovernmental data sharing via the Data and Digital Ministers and the Australian National Data Integration Infrastructure. These mechanisms will provide insights into the data needs, data management practices, and data sharing agreements that are relevant to the CWDA, assisting to align the CWDA with existing policies, strategies, and initiatives.

In consultation with the CWDA Advisory Group, the DWG will guide work to establish the:

- **CWDA Governance Framework**, which would serve as a foundational framework detailing how decisions relating to the CWDA are made. This will include decision on data management, safety, security and the process to approve data access. The Governance Framework will outline engagement strategies for the views of children, young people and/or priority population groups, including appropriate governance arrangements for data relating to First Nations people.
- Scope of **permitted uses of the CWDA,** which will be aligned with requirements under all relevant ethics approvals and/or Privacy Impact Assessments.
- **Core data collections** to be included
- **Mechanisms for ongoing engagement with key stakeholders in the child and youth wellbeing space**, which may include the establishment of a CWDA Advisory Group that includes stakeholders representing priority populations including the Australian Government Youth Advisory Group
- **Ongoing governance arrangements** to manage the CWDA once it is established.

Ongoing governance arrangements for the established CWDA will be developed as part of the Roadmap and are expected to address:

- Ensuring that the CWDA is operated in accordance with the CWDA Governance Framework
- Continuing to engage with key stakeholders (for example, via a CWDA Advisory Group)
- Approving uses of the CWDA
- Agreeing on which data are included in the CWDA on an enduring basis
- Keeping the National Strategy governance informed of progress, and escalating strategic decisions and risks as required
- Reviewing and adjusting the CWDA's scope and Governance Framework as needed.

CWDA Advisory Group

The CWDA Advisory Group (CWDA AG) will function as the primary engagement mechanism with key stakeholders in the child and youth wellbeing sector. Membership should include peak bodies representing children and young people and priority populations service providers and academic subject matter experts.

The CWDA AG's role will be to provide advice to inform the DWG's decisions. The CWDA AG's membership should also be capable of facilitating engagement with children and young people, to ensure their voices are being heard and their views are contributing to the development and operation of the CWDA.

Layer 3 – Scope

The Scope of the CWDA was the main subject of research (desktop and literature review) and consultations undertaken by the SRC to inform this scoping study. SRC was commissioned by the AIHW to conduct consultations on the range of definitions of child wellbeing and policy priorities to inform the development of the CWDA. This consultation project expanded

to include consultations on the principles underpinning the development of the CWDA (see Layer 1 – Principles) and a conceptual data model. SRC also asked stakeholders for advice on relevant data collections. The elements presented here are informed by the outcomes of those consultations.

CWDA Conceptual data model

Through their literature and desktop review, SRC identified that child and youth wellbeing is a complex concept, as evidenced by the breadth of wellbeing frameworks and definitions in use across Australian and internationally (see Appendix D). This complexity was also acknowledged by stakeholders during consultations. The following statement, adapted from a definition used by UNICEF Australia and ARACY (Noble et al. 2021), reflects what can constitute child wellbeing:

> *Child and youth wellbeing, which includes the age ranges of minus 9 months to 24 years of age, can be thought of as everything needed for this population to thrive and reach their full potential. It encompasses all areas of a child and youths' life, which are linked and interdependent.*

SRC developed a conceptual data model to assist in defining the scope of the asset through a synthesis of research and consultations. Rather than defining what wellbeing is, the conceptual data model provides a starting point for operationalising measures of child wellbeing in the context of a linked data asset and identifying what data need to be included in the CWDA to enable this.

Figure 3 provides a conceptualisation of the CWDA as a container of many data collections that will enable the development of the evidence base for wellbeing measures relating to:

- **Outcomes of wellbeing** – The consequences of the enabling conditions and elements of wellbeing being met (or unmet)
- **Elements of wellbeing** – The needs of individuals that interact with their enabling conditions and are centred around children's rights
- **Enabling conditions of wellbeing** – The external, contextual or broader systemic factors that enable the elements and outcomes of wellbeing.

Figure 3. The Child Wellbeing Data Asset conceptual data model
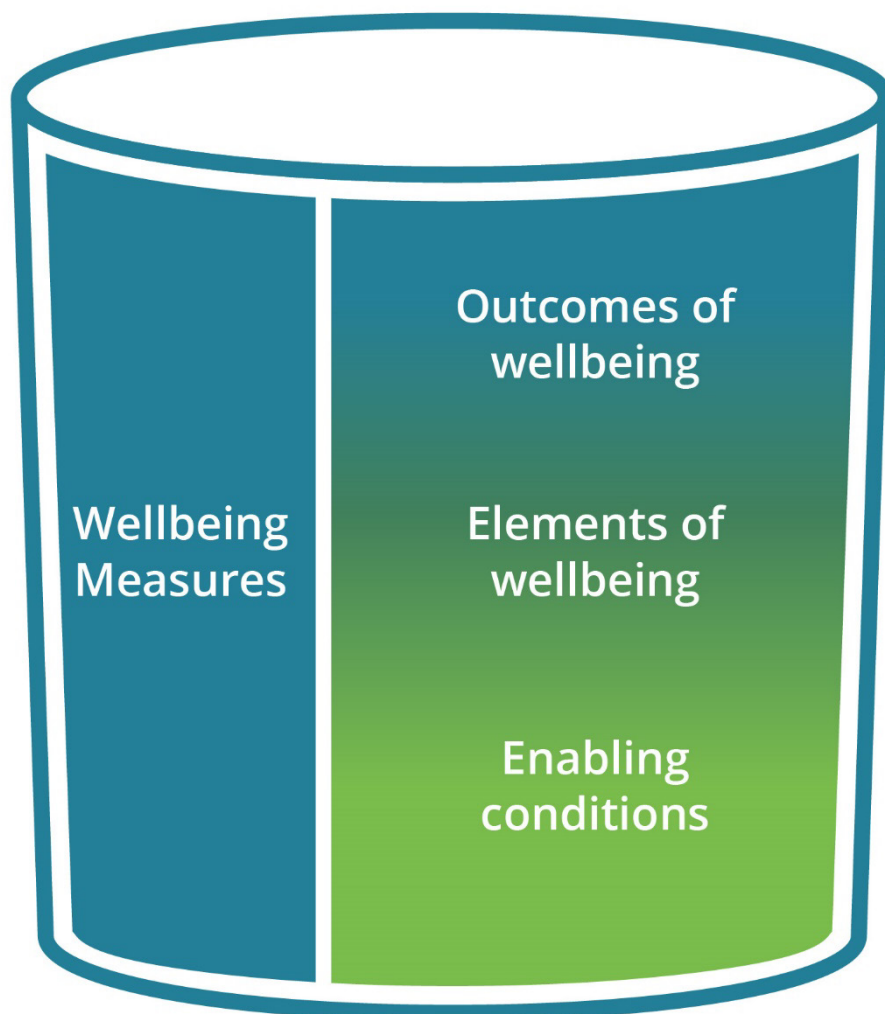
To assist in conceptualising wellbeing in the context of the data asset, SRC identified a set of child and youth wellbeing elements to guide the scope of collections:

- Valued and participating
- Safe
- Healthy
- Learning
- Material Basics
- Love and relationships
- Nurture
- Positive sense of identity
- Belong, contribute and connect with community and culture.

Further information on the elements are provided in Appendix C1.

The conceptual data model allows for multiple purposes reflecting the different concepts of wellbeing. While a single data source may not be sufficient to adequately provide a measure of a child or young person's wellbeing, when linked with other data, fuller measures of wellbeing can emerge. These measures can facilitate cross-sectoral and longitudinal monitoring or evaluation of policy or program areas and enable robust statistical analysis.

Priorities

The Priorities element clarifies the purpose of the CWDA national data linkage. The policy and data priorities provided below were informed by feedback received during SRC's consultation and other engagements with stakeholders by AIHW (see Appendix C2). This list reflects priorities as currently identified; and will be adapted as new priorities and data gaps emerge.

Priority areas identified through this scoping study were as follows:

- **Child safety** – This priority area is reflected across several national strategies, including the *National Strategy to Prevent and Respond to Child Sexual Abuse*, *Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031*, the *National Plan to End Violence against Women and Children 2022–2032*, and the *National Agreement on Closing the Gap* (Target 12).

- **Youth justice** – This priority area was frequently raised in state and territory consultations, and is reflected in the *National Agreement on Closing the Gap* (Target 11).

- **Mental health** – Mental health was highlighted across several states and territories as a space where data was lacking for children and young people, including around service provision and mental health determinants. There may also be opportunities to support the *National Children's Mental Health and Wellbeing Strategy*.

- **Early years** – A common theme during consultations related to policies covering early childhood, including the *Commonwealth Early Years Strategy* (in development), *Safe and Supported* and *Closing the Gap*.

- **Families** – The important role that parents, families and carers play on a child's outcomes was noted by a range of stakeholders and is acknowledged across many child-focused polices, including *Safe and Supported*, Australian Capital Territory's *Next Steps for Our Kids 2022–2030*, New South Wales' *Supporting Families Early Maternal and Child Health Primary Health Care Policy* and Northern Territory's *10-Year Generational Strategy for Children and Families*.

- **Student wellbeing** – The National School Reform Agreement (NSRA) acknowledges the fundamental role wellbeing plays on education outcomes. The role of student wellbeing has also been highlighted in the Productivity Commissions review of the NSRA, including a recommendation to include student wellbeing as an outcome of the next intergovernmental agreement on schools and develop a national indicator of student wellbeing (Productivity Commission 2022).

- **Priority populations** – Consideration for the needs and outcomes of children and young people from priority population groups is common across several policy areas, including the National Strategy. Priority populations under the National Strategy are victims and survivors of child sexual abuse and their advocates, children and young people and their support networks, First Nations people, culturally and linguistically

diverse communities, people with disability, LGBTQIA+ people and people living in regional and remote communities.

- **Closing the Gap** – The *National Agreement on Closing the Gap* was commonly noted as a priority area by stakeholders during consultations, and includes 9 targets that are directly related to children and young people (targets 2–7, 11,12 and 13).

Physical health will not be included as a priority in the first stage for the CWDA. Comprehensive national linked health data already exists in the National Integrated Health Service Information (NIHSI) Analysis Asset, which enables analysis of children and young people's health service use and outcomes through data linkage. Further information on the NIHSI is provided in Appendix C4.

Data collections

Data sources were assessed as part of this study to identify which were most fit-for-purpose for inclusion in the CWDA. The assessment considered the identified policy and data priority areas (policy fit), and as the technical aspects of the data source (linkability, frequency and representativeness). Further detail on the methodology used is provided in Appendix A3.

For the initial implementation of the CWDA, data sets for which AIHW has existing access and relationships with data providers were considered most feasible. This approach aligns with feedback received from stakeholder during consultations to focus on Commonwealth-held data that are already suitable for linkage.

Through this process, the following data collections were identified as most fit-for-purposes and feasible for initial inclusion:

- Child Protection National Minimum Data Set
- Youth Justice National Minimum Data Set
- National Community Mental Health Care Database
- Medicare Benefits Schedule
- Pharmaceuticals Benefits Scheme.

Integrating other data sources that address other policy priority areas should be pursued in the following phases (see Appendix C3 for a full list of data sources identified in this scoping study).

Layer 4 – Stakeholders

Understanding stakeholders and when they need to be engaged informs appropriate stakeholder engagement strategies, which may include formal agreements, communication through existing governance mechanisms, and project-specific communications.

Note that organisations can have multiple roles within this framework, so elements within this layer can overlap with each other and those in other layers. For example, organisations contributing data to the CWDA can also be users of the CWDA, participate in governance and have a role to play in informing processes and requirements around approving use and data access environments (covered in the Build and Use layer).

Data owners

Data owners are the organisations with which data sharing agreements will need to be established, as per the data sources identified in the Data collections element. As there are many data collections that could potentially be included in the CWDA, the number of data owners involved can be expected to grow over time.

The development of the CWDA Governance Framework will occur in tandem with engagement with data owners to ensure that their requirements for data sharing are adequately covered and owners are confident in the safe and secure use of their data.

Engagement with data owners will also inform all aspects of the Build and Use layer, including infrastructure requirements, methods used to link data and controls on data access and use.

Data users

Data users will be defined by the type of users that can access the CWDA and for what purposes. Data users must align with the asset's principles and priorities, as well as reflecting what will matter from a user experience perspective.

Data user's needs and expectation will vary depending on their relationship to the CWDA. These may vary from a technical focus for those working with the linked data itself (for example, data analysts) to more contextual information for those requiring insights from the data (for example, policy analysts) and those who stand to benefit from these insights (for example, children, young people and the broader community). A summary of anticipated needs and expectations, taking into account stakeholder feedback received during consultations, are provided in Figure 4.

The conditions that users must meet to gain access to data will be agreed by the appropriate governance mechanism, in consultation with key stakeholders including data owners, and detailed in the CWDA Governance Framework. Access would only be provided where all requirements for personnel and projects (that is, research uses) as per the CWDA Governance Framework are met. Requirements should include, for example, users demonstrating relevant expertise to use the data and an understanding of all privacy and data safety requirements and the project aligning with the CWDA's priorities and principles (such as applying a strengths-based measurement approach). Users seeking access may be required to come from trusted organisations, including government agencies and academic or research institutions.

Figure 4. Data users' requirements and expectations.
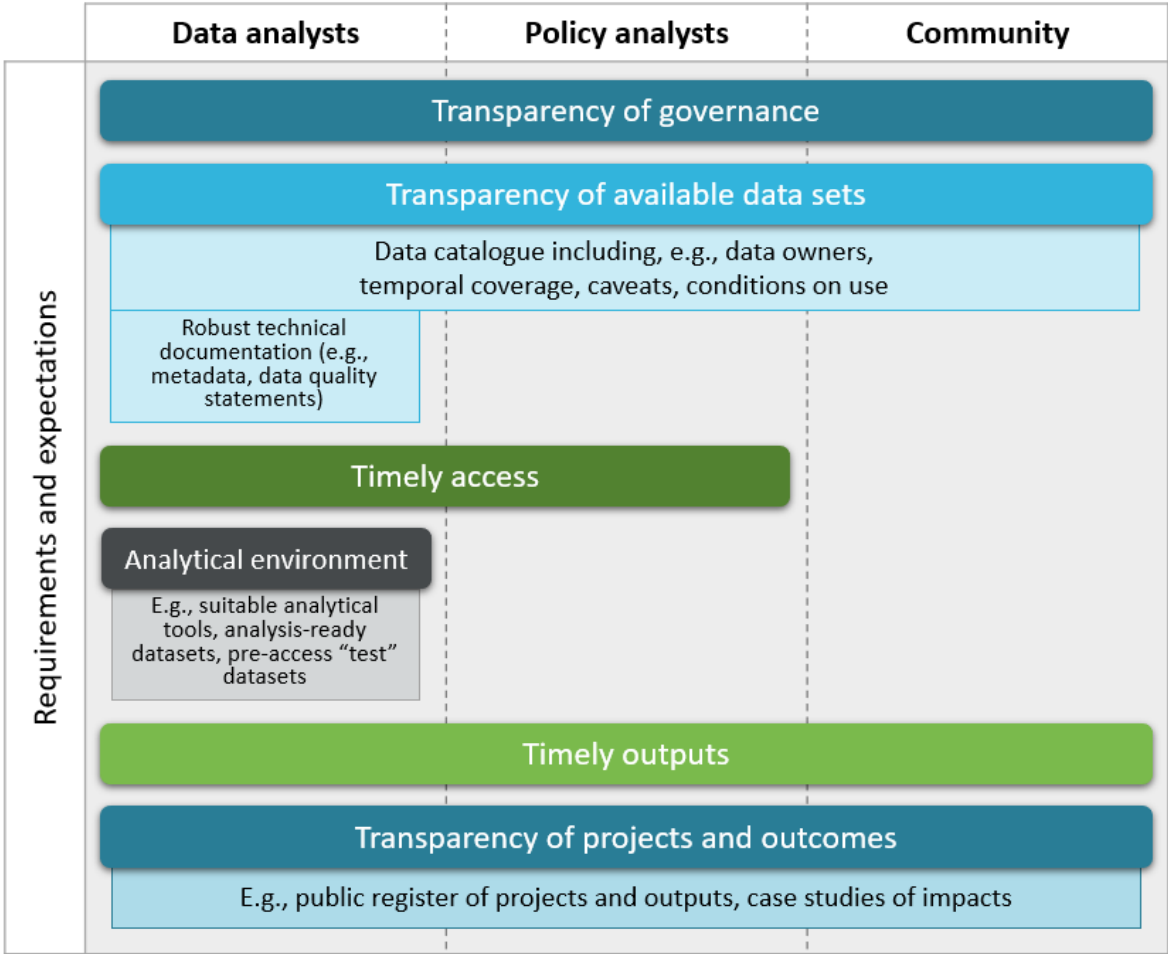
Data Champions

Data Champions are the people or forums that will help gain support for the CWDA, including across state and territory and federal governments. In the rapidly evolving data and digital space, engagement with Data Champions will assist in forward planning to ensure the CWDA's ongoing development remains aligned and relevant to broader Commonwealth and intergovernmental data and digital initiatives. This could include the Data and Digital Ministers Meeting and the Data and Digital Ministers' Senior Officials Group, whose purpose is to improve cross-government collaboration on data and digital transformation.

At the Commonwealth level, engagement could include the Secretaries' Digital and Data Committee and with the Australian Data Strategy (coordinated by the Department of Finance). This includes aligning the CWDA's development with the DATA Scheme, which provides best practices for sharing Australian Government data underpinned by strong safeguards and consistent, efficient processes.

Layer 5 – Build and Use

This layer represents the technical implementation of the CWDA.

Infrastructure

The CWDA will require infrastructure that provides the capability to:

- securely receive and store data from data owners
- apply a methodology to enable the data to be linked with other data in the asset
- create secure data access environments that implement:
    - access to linked data sets on a project-by-project basis
    - user authentication, including monitoring activity to ensure only approved users have access to linked data
    - provide a mechanism for analytical outputs to be reviewed before release to ensure compliance with the CWDA Governance Framework and any data owner requirements.

AIHW has existing mechanisms for secure data receipt, including its Validata secure file transfer system. As an accredited data integration service provider, AIHW also has existing infrastructure, systems and expertise in place to safely perform data linkage activities.

Several secure data access environments currently exist and there are ongoing developments in this space. The decision on which environment would be best suited for the CWDA will be informed by ongoing engagement with stakeholders, and in particular with Data Owners.

Some potential options for secure environments that are currently available are:

- RON (Research Online Network) – A distributed computing environment owned and governed by AIHW that is optimised for analysis of large-scale datasets, and currently primarily housing the National Integrated Health Service Information (NIHSI) and other health data sets.
- SURE (Secure Unified Research Environment) – A private cloud environment provided by the Sax Institute that is currently used to host DSS' DOMINO dataset, and capable of being configured to host linked datasets.
- ABS DataLab – A secure access environment owned and operated by the Australian Bureau of Statistics (ABS) for data held by ABS.
- ABS SEAD (Secure Environment for Analysing Data) – A secure data access service that allows government partners to securely share, analyse and output data. SEAD is developed and managed by the ABS and uses the same rigorous set of controls as the ABS DataLab.

Noting many relevant data sources are already available via the ABS' Multi-Agency Data Integration Project (MADIP), there may be efficiencies to be gained by building the asset as a component of MADIP. This approach could benefit from the ability to leverage ABS's existing secure access environment (DataLab) and processes for project approvals and outputting data. However, a risk of this approach is that it may not be feasible to establish the type of governance for child-centric analysis that stakeholders expect for the CWDA.

Development of the asset will include provisions to maintain the possibility to transition to or integrate with the ANDII once it is in operation, if it is decided that it is appropriate to do so. This could mean developing the CWDA Governance Framework and data sharing agreements that outline the requirements of infrastructure, rather than specifying which infrastructure is used.

Linkage methods

Linkage methods are the technical methods that will be used to bring data together in the CWDA. Data linkage needs to occur in a way that is transparent, efficient and produces high quality links while protecting privacy and meeting data provider requirements.

The AIHW is an accredited data integration service provider that conducts linkage services. These services include the best standard linkage protocols, including the separation principle, which ensures no individual involved in the linkage process can be identified. The AIHW will provide advice to the DWG on the most appropriate linkage services for the CWDA. Further information on data linkage at AIHW is provided in Appendix C5.

Controls

The controls of the CWDA will provide assurance for the safe, lawful and ethical sharing, access and release of data in the CWDA. The controls interact with multiple parts of the Development Framework, including elements within the Governance and Build and Use layer.

Controls on data sharing: Legislative context

Each participating agency will need legislative authority to lawfully share data for the CWDA. AIHW will need to comply with relevant legislative requirements and with data supplier's requirements for the on-sharing of data to third parties. These requirements are detailed in AIHW's Data Governance Framework.

AIHW's legislative authority to share data is derived from its functions and powers set out in the AIHW Act. Data sharing by the Institute is subject to the confidentiality provisions of section 29 of the AIHW Act. This section prohibits the release of 'information concerning a person' held by the AIHW without approval of the relevant data supplier(s) and, in some circumstances, confirmation of this approval is required from the AIHW Ethics Committee.

AIHW is subject to the *Privacy Act 1988* (Privacy Act) and has processes in place to ensure that the collection, use and disclosure of personal information complies with the Privacy Act and associated Australian Privacy Principles (APPs). Where necessary and appropriate, the AIHW Ethics Committee may approve waivers under s.95 or s.95A of the Privacy Act, which enable the sharing of personal information for medical research, including for associated data linkage, in circumstances which would otherwise constitute a breach of one or more APPs.

The DATA Scheme, established by the *Data Availability and Transparency Act 2022*, may also provide an effective mechanism under which data can be shared between Australian Government agencies for the CWDA. The DATA Scheme will establish best practices for sharing Australian Government data underpinned by strong safeguards and consistent, efficient processes, with protections equivalent to those in the Privacy Act.

Controls on projects: The Five Safes Framework

The Five Safes Framework is an internationally recognised approach to considering the strategic, privacy, security, ethical and operational risks when assessing data sharing or release (Desai et al. 2016). The Five Safes provide a holistic framework within which to assess the safety of data sharing arrangements by considering risks across 5 dimensions:

- Safe Projects – Use of data should be legal, ethical and the project is expected to deliver public benefit.
- Safe People – Researchers have the knowledge, skills and incentives to act in accordance with required standards of behaviour.
- Safe Data – Data has been treated appropriate to minimise the potential for identification of individual or organisations.
- Safe Settings – There are practical controls on the way that data is accessed, both from a technology perspective and considering the physical environment.
- Safe Output – A final check can be required to minimise risk when releasing the findings of the project.

The Five Safes is reflected in AIHW's Data Governance Framework and must be addressed in assessment for approval of projects using existing data assets, including MADIP, NIHSI and the COVID-19 Register. They could also provide a suitable assessment tool for the CWDA. Key aspects of CWDA projects, including personnel, institutional settings and intended outputs could be assessed against the Five Safes framework to inform decisions on project approvals.

Controls on data access and release: Secure access environments

In addition to meeting legislative and data provider requirements and controls on which projects are approved to use the CWDA, technical implementations of controls on who can access data and what data are released are needed. These will need to be implemented via a secure environment as per the Infrastructure element, including functions to ensure only data approved for a project are accessible, user authentication and audit functions and, as needed, mechanisms for reviewing analytical outputs before they are released from the secure environment for further use. Further details on existing secure access environments are provided in Appendix C5.

3. Development roadmap

The Development Roadmap (Figure 5) identifies critical work to be undertaken to establish the CWDA. The work identified in the roadmap is grouped in streams reflecting relative priorities in terms of timing. The order of streams reflects the extent to which they include critical dependences that must be delivered to ensure coherence and effectiveness of work in later streams. As reflected in Figure 5, work in all streams will have ongoing influence as development progresses.

Current funding for the CWDA's development is available to June 2025, however the activity represented in the roadmap may extend beyond this date.

Figure 5. CWDA Development Roadmap

Stream 1 – FOUNDATION: Governance

Establish development governance and advisory groups

Communication and engagement strategy

Scope and Roadmap approval

CWDA Governance Framework

Ethics approvals

Data sharing agreements

Stream 2 – DESIGN: Infrastructure and data pipeline

Confirm infrastructure requirements

Select secure access environment

Develop data pipeline, including linkage approach

Stream 3 – IMPLEMENT: Data sharing and use

Data preparation (supply, cleaning, linkage)

Implement secure access environment

Pilot/proof-of-concept project(s)

Stream 4 – REVIEW

Review priorities for next stages of development

Arrangements for future funding

Transition to ongoing governance arrangements

Ethics and other governance reporting

Stream 1: Foundation

Stream 1 will establish governance for the CWDA, starting with the formation of the CWDA Development Working Group to make recommendations for SOG/SMG decisions on:

- a communication and engagement strategy including establishing engagement with key stakeholders in the child and youth wellbeing space via a CWDA Advisory Group
- the Development Roadmap

- the data collections to include in the CWDA's initial implementation, in line with the CWDA's scope as agreed by the National Strategy governance
- points of escalation to the National Strategy governance.

AIHW will also progress:

- ethics committee approvals
- privacy compliance
- data sharing agreements for the data collections agreed under the scope.

Stream 2: Design

Stream 2 will define technical design requirements to ensure a successful technical implementation of the CWDA. Under this stream of work, AIHW will:

- confirm infrastructure requirements
- identify an appropriate secure data access environment
- develop a data pipeline, including establishing processes for the supply and linkage of data.

Work under this stream will be informed by deliverables in Stream 1, including requirements specified under the CWDA Governance Framework, ethics committee approvals and data sharing agreements.

Stream 3: Implement

Stream 3 will implement the CWDA to enable the sharing and use of data. Under this stream, AIHW will:

- facilitate the supply of agreed data collections from data providers
- link the supplied data
- implement the agreed secure data access environment, including processes for moving data in and out of the secure environment.

This stream may include a pilot/proof-of-concept project (or projects) related to policy priority areas identified under the CWDA scope. Pilots should be designed to provide both insights (e.g., a public report) and a test run of the governance arrangements and technical implementation of the CWDA. The results of the pilots could inform future uses of the CWDA for regular reporting.

Stream 4: Review

Stream 4 reviews decisions made in the development of the CWDA, to inform any further development and ongoing management. Under this stream, the CWDA Development Working Group will:

- Review the implementation of the CWDA

- Review priorities for the next stages of development, in consultation with established advisory groups
- Advise on steps to secure future funding arrangements for the CWDA
- Begin transitioning to ongoing governance arrangement.

This stream also includes work to meet any accountability requirements, such reports to ethics committees or other governance groups.

Appendix A: Methodology

This section describes the methodology used to identify:

- governance requirements for safe and secure use of the CWDA
- policy priorities and data needs the CWDA can support
- suitable data sources to include in the CWDA
- considerations for technical implementation of the CWDA.

A1. Identifying governance requirements

Scoping of governance requirements was conducted via a desktop review of governance arrangements and structures used for existing data assets as well as AIHW's Data Governance Framework and related policy and legislation. Feedback was also received from stakeholders during the policy consultation relating governance. These are discussed in Appendix C1.

A2. Identifying policy priorities and data needs

SRC were engaged by AIHW to conduct a wellbeing definition and policy consultation project, which aimed to identify a definition of child wellbeing and policy priorities the CWDA could support through cross-sector consultations.

Policy priorities and data needs were primarily scoped via 2 processes. The first involved SRC liaising with key agencies to identify ongoing or emerging work the CWDA could support. This included liaising with teams at AIHW and NOCS to identify data needs related to the National Strategy, in particular its monitoring and evaluation framework. Also engaged were Children's Commissioners, ARACY, the Commonwealth Department of Education and ACT Education Directorate.

The second was through a series of consultation workshops which were conducted between October 2022 to February 2023. These involved 25 workshops involving 122 participants from 54 stakeholder agencies, including state, territory and Commonwealth Government agencies, academics, non-government organisations and peak bodies representing children and priority populations. A summary of consultation participants is provided in Appendix B.

SRC also conducted a literature and desktop review of wellbeing definitions and frameworks to develop a working definition of child wellbeing for the purpose of the CWDA (see Appendix D for the full literature and desktop review). This definition served as a starting point for what would be considered in scope for the CWDA and was workshopped further during the consultations phase of the project. The resulting Child Wellbeing 'Bucket' model, which provides a conceptualisation of what the CWDA will contain, and guiding principles are described further in Appendix C1.

A3. Identifying data sources

The goal of this process was to identify data collections with national coverage that were fit for the purposes of the CWDA.

The AIHW's *Scoping enhanced measurement of child wellbeing* discussion paper (AIHW 2019) was used as a starting point to identify data collections. This paper identified 43 national data sources covering topics relating to the health, social support, education, justice and safety, housing, income and finance, and employment of children and young people. This list was supplemented by additional data collections from a range of sources. After an initial screening based on relevance to the current context, such as where publicly available information indicated that the data would not be suitable for linkage, a final shortlist of 50 data collections was created.

Next, the contents of each data source were assessed to identify which were most fit-for-purpose with respect to the identified policy and data priority areas (policy fit) and as enduring additions to the CWDA (technical fit).

Policy fit was assessed by reviewing the contents of each data source against the identified policy and data priority areas. For each priority area the data source could potentially provide data on, the data source received 1 point. For example, a data source that included data relating to 3 priority areas was scored 3 on this criterion. A data source that did not include data relating to any of the priority areas was scored 0 and excluded from further consideration.

Technical fit was assessed across 3 criteria: linkability, frequency and representativeness. These criteria and how they were scored is presented in Table A1.

After exclusions, 31 data collections remained. For the remaining data collections, the policy fit and technical fit scores were summed to produce a total score, with higher scores indicating that a data source was relatively more fit-for-purpose for the CWDA.

Finally, of the 15 data collections scoring above the median score (4.5 or higher), those for which AIHW had existing agreements with data custodians were identified as data sources to prioritise for initial inclusion in the CWDA, while others were considered strong candidates for future inclusion. A full list of data sources assessed in this review is provided in Appendix C3.

Table A1. Technical fit criteria

Criterion	Rationale	How it was scored
Linkability – Whether the data source can be linked to other data sources at the person-level	The ability to link a data source at the person level is a fundamental requirement for inclusion in the CWDA. Linkage is possible where the data source includes identifiers, such as names and addresses or other unique identifiers. However, even where identifiers exist, linkage may not be possible or limited due to restrictions on use or issues with the quality or missingness of identifier data.	1 – Identifiers are available and there are no substantial barriers to using them for linkage. 0.5 – Identifiers are available, but there are substantial barriers to using them for linkage (e.g., surveys requiring consent, further data development required) 0 – No identifiers are available or linkage is explicitly not permitted. **Data source excluded from further consideration.**
Frequency – How frequently the data source is updated	For an enduring asset, data sources that are periodically updated with the latest available data provide several benefits above single snapshots at a point in time or data that are updated on an ad hoc basis. Periodically updated data can provide a stable and predictable source for ongoing monitoring and analysis over time and are also well suited to being integrated into a work program cycle of data integration.	1 – Updated at least every 4 years 0.5 – Periodically updated every 5 or more years 0 – Updated on an ad-hoc basis, or once off collection. **Data source excluded from further consideration.**
Representativeness – How representative the data source is of the target population	Data sources that use a collection methodology that is able to effectively represent the population of interest are more likely to be able to produce accurate analysis and policy insights.	1 – Complete (or near) population coverage (e.g., administrative data or censuses) 0.5 – Surveys with representative samples or that could enable longitudinal analysis 0 – Random or non-representative (e.g., opt-in survey)

A4. Identifying considerations for technical implementation

Technical implementation needs were scoped by assessing processes and technology being utilised by existing data assets, as well as AIHW's own data integration procedures.

Appendix B: Summary of consultation participants

Table B1. Consultation Summary

| Stakeholder type	Number of consultations and workshops	Number of organisations	Number of attendees
Academics	10	-	12
Non-Government Organisations (incl SNAICC)	3	8	16
Peak bodies (representing priority populations in the National Strategy)	2	5	5
Commonwealth government departments (incl NIAA)	2	8	23
Queensland	1	4	7
Tasmania	3	6	10
Western Australia	1	5	8
New South Wales	1	6	21
Victoria	1	3	5
South Australia	1	2	4
Northern Territory	2	3	5
Australian Capital Territory	1	4	7
Total	**28**	**54**	**122**

Appendix C: Findings

C1. Conceptualisation of child and youth wellbeing

This section provides additional detail on SRC's findings on the conceptualisation of child and youth wellbeing, including an elaboration on the CWDA conceptual data model and elements of child and youth wellbeing.

The Conceptual Data Model

Figure C1 provides an example of how the CWDA conceptual data model could potentially support different types of wellbeing measurements in the context of the National Agreement on Closing the Gap.

Figure C1. CWDA Conceptual Data Model example with reference to the National Agreement on Closing the Gap
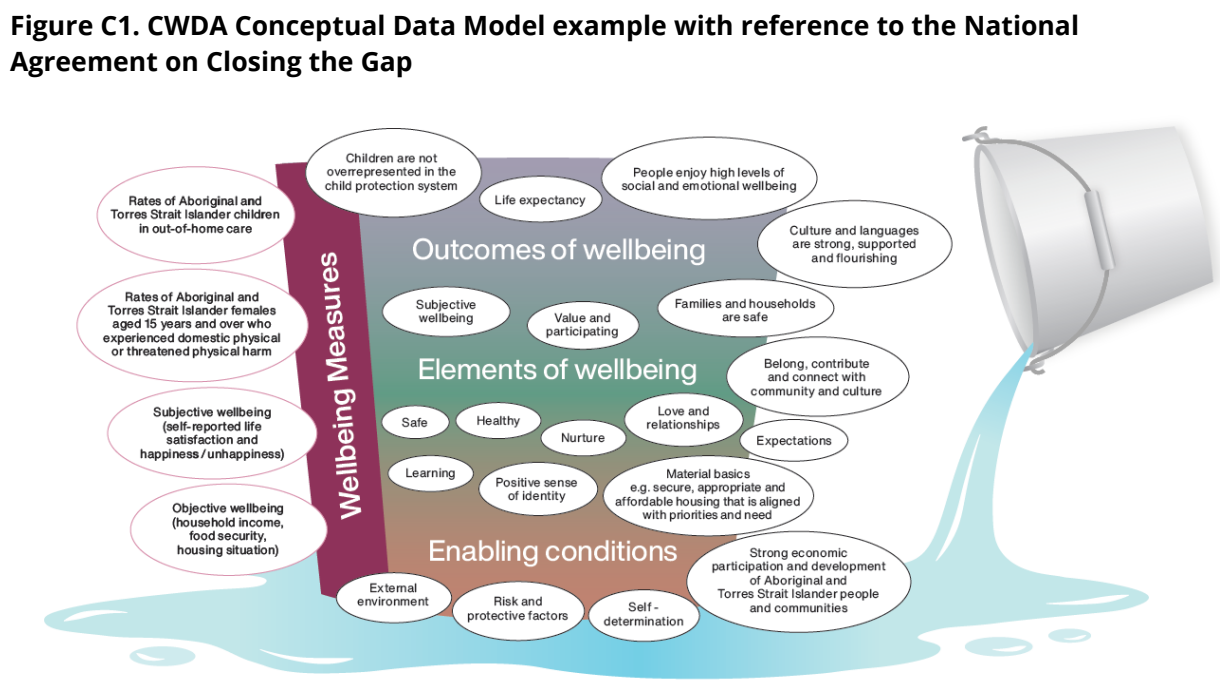
Elements of wellbeing

Short descriptions of the element of child and youth wellbeing identified by SRC are provided below.

- **Valued and participating:** Children and youth should be heard and have opportunities to participate and influence decision making. They should be able to participate in social activities and groups of interest to them. They should feel listened to and heard by their peers, families and communities. Valued children and youth are empowered to speak up and express themselves.

- **Safe:** Children and youth who feel safe live in secure, stable, and nurturing environments free from violence, crime, exploitation, abuse, or neglect. They engage in safe behaviours and have concerns about their safety addressed.
- **Healthy:** Children and youth have their physical, mental, emotional, and spiritual health needs met. They have access to suitable, affordable, and timely healthcare services and are provided the opportunity and support to learn and engage in healthy behaviours.
- **Learning:** Children and youth have access to safe and culturally appropriate learning and development supports to realize their full learning potential.
- **Material basics:** Children and youth have their basic material needs met when they have access to appropriate and safe housing, food, clean water, clothing, and community resources.
- **Love and relationships** Children and youth have positive, stable, loving family relationships and friendships with peers and adults in their lives.
- **Nurture:** Children and youth receive love, reliable, secure care, and support from their parents, families (including other caring arrangements, such as kinship care), and communities, and develop resilience.
- **Positive sense of identity:** Children and youth have a positive sense of identity, feel accepted, respected, and valued for who they are and are able to participate fully in society.
- **Belong, contribute and connect with community and culture**: Children and youth who belong, contribute and connect with their community and culture feel accepted, valued, and welcomed to participate in their community and culture.

C2. Policy priorities and data needs

This section outlines SRC's findings on Commonwealth and state and territory policies, as well as broad themes identified through stakeholder consultations and desktop research.

Overall, SRC found that as stakeholders expressed different priorities regarding child wellbeing, it was difficult to create a concrete list of policy and data priorities. Additionally, SRC reported that policy priorities were not often directly linked to associated data priorities. Nevertheless, there were common themes that emerged, including:

- Safe and Supported
- Closing the Gap policies
- Early years
- Mental health
- Youth justice.

Within mental health, the following questions were identified:

- Long-term tracking of health (including mental health) indicators.
- Understanding contributing factors, particularly environmental, to poor mental health and engagement in services, including use of specialist mental health service.

- Understanding the relationship between wellbeing and the intersectional experience of children and young people who may face multiple forms of discrimination, stigma or social exclusion.

For youth justice, stakeholders expressed interest in understanding early risk factors and precursors for young people entering the criminal justice system as important.

There was also common interest in identifying:

- Protective/preventative factors for risk
- Data on different age ranges (older adolescents of interest in Queensland, and 8–18 range in South Australia and Northern Territory).

Child Wellbeing Policies

SRC identified several current or emerging policies or strategies relevant to child and youth wellbeing through their consultations, however, noted that what was raised as a priority varies for different stakeholders. A general recommendation was that intersectoral policies that reinforce common goals across different governments should be prioritised.

SRC noted the two most commonly identified priority areas were:

- *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031*, including the specific Aboriginal and Torres Strait Islander-specific Action Plan
- *National Agreement on Closing the Gap*.

Stakeholders identified several key outcomes relevant to the ongoing development of the CWDA within these priority areas. Although many other policy areas were identified by stakeholders in their specific areas of work or expertise, there was limited agreement on prioritisation for development. However, the stakeholders agreed that policies and strategies related to early childhood, such as the Early Years Strategy, provide some direction on prioritization of data sources that focus on younger age groups.

Commonwealth Government Policies

Relevant policies discussed by Commonwealth government stakeholders are presented in Table C1. The policies listed in the table reflect what was raised by stakeholders during consultations and is not an exhaustive list of all relevant policies. For example, children and young people are also a focus of other initiatives such as the *National Housing and Homelessness Agreement* (DSS), the *National Plan to End Violence against Women and Children 2022–2032* (DSS) and the *National Preventative Health Strategy 2021–2030* (Department of Health and Aged Care).

Table C1. Commonwealth policy priorities identified.

Policy/Strategy	Commonwealth Agency responsible	Overview
National Children's Mental Health and Wellbeing Strategy	National Mental Health Commission	A strategy that considers mental health and wellbeing outcomes for children from birth to 12 years of age, as well as their families and communities who nurture them
Early Years Strategy	Department of Social Services (DSS)	With recognition of how critical the early years are for children's development, this strategy aims to help the Commonwealth in creating an integrated, holistic approach to the early years and better support the education, wellbeing and development of Australia's children. This includes improving coordination between Commonwealth programs, funding and frameworks which impact early childhood development.
Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031, including the specific Aboriginal and Torres Strait Islander-specific Action Plan	DSS	Australia's framework to reduce child abuse and neglect, and its intergenerational impacts. This includes a specific plan for First Nations people.
Connected Beginnings	Department of Education and Department of Health and Aged Care (DHAC)	A program that aims to improve education, health and development outcomes for First Nations children.
Measuring What Matters: development of a national framework of indicators to inform a wellbeing budget	The Treasury	In order to improve the lives of all Australians, the government is committed to measuring 'what matters' in order to better understand the economic, and society while informing policy making.
National Aboriginal and Torres Strait Islander early childhood strategy	National Indigenous Australian Agency (NIAA)	The strategy aims to refocus investment and policy to ensure all First Nations children are supported to grow up strong and proud in culture, as the future Elders and Custodians of Country across Australia.
Closing the Gap, priority reforms and State and Territory Action Plans	NIAA, COAG	Closing the gap is about enabling First Nations people and governments to work together to overcome inequalities and achieve life outcome squeal to all Australians. The National Agreement on Closing the Gap has been built around four Priority Reforms that have been directly informed by First Nations people, including 1) formal partnerships and shared decision making, 2) building the community controlled sector, 3) transforming government organisations and 4) shared access to data and information at a regional level.
Australia's Disability Strategy 2021–2031	DSS	A strategy that aims for a more inclusive and accessible Australian society, where all people with disability can fulfil their potential as equal members of the community.
National Action Plan for the Health of Children and Young People 2020-2030	DHAC	This plan aims to drive improvements in health for all children and young people in Australia.

There was also discussion related to future opportunities that may benefit from the creation of a Child Wellbeing Data Asset. These opportunities are briefly summarised below in Table C2. Other general emerging areas of interest that were identified in consultation, not specifically linked to policies, strategies or agreements included:

- Wellbeing for LGBTIQA+ children and young people
- Wellbeing for children and young people with disability, particularly in health care settings
- Service accessibility, and service sector development, including topics such as workforce capability and service capability.

Table C2. Overview of identified future opportunities

Agreement or collaborative	Commonwealth Department/Agency responsible	Overview
National School Reform Agreement	A joint agreement between the Commonwealth, States and Territories	Aims to lift student outcomes across Australian schools, this Agreement sets out 8 national policy initiatives against 3 reform directions that all parties have agreed to implement across the 5 years to December 2023.
Preschool Reform Agreement	Education	A four-year national reform agreement, running from 6 December 2021 to 30 June 2026, to strengthen the delivery of preschool and better prepare children for the first year of school.
National Children's Digital Health Collaborative	Australian Digital Health Agency, eHealth NSW and the Sydney Children's Hospitals Network	Current work being done within Digital Health space, related to children, in which the National Children's Digital Health Collaborative aims to harness the power of technology to support parents and carers on their children's long-term journey towards health and wellbeing from birth to young adulthood.

State/Territory Policy Priorities

States and territories provided limited input on upcoming policies, but some comments were made about aligning the CWDA with national policy priorities, especially those involving state and territory jurisdictions. Policies and strategies related to state and territory jurisdictions are presented in Table C3, identified through consultation and desktop research.

Table C3. Overview of identified state and territory policies

State/territory	Policies
ACT	ACT Wellbeing Framework
	ACT Education – approach to student wellbeing
	Australian Student Wellbeing Framework and Engaging Schools Framework
	Next Steps for Our Kids 2022–2030: ACT strategy for strengthening families and keeping children and young people safe
	Safe and Supported: The National Framework for Protecting Australia's Children 2021 – 2031
	Closing the Gap initiative and Aboriginal and/or Torres Strait Islander children and young people wellbeing outcomes.
NSW	NSW Youth Health Framework 2017-2024
	Health, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014–2024
	The First 2000 days Framework
	Priority initiatives: Supporting Families Early Maternal and Child Health Primary Health Care Policy
	Safe and Supported: The National Framework for Protecting Australia's Children 2021 - 2031
NT	NT Education Engagement Strategy 2022-2031
	NT Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028
	Addressing Feta Alcohol Spectrum Disorder (FASD) in the Northern Territory - 2018-2024
	NT Mental Health Strategic Plan 2019-2025
	10- Year Generational Strategy for Children and Families
	Safe and Supported: The National Framework for Protecting Australia's Children 2021 – 2031
	Measuring What Matters
	NT Social Outcomes Framework
QLD	Queensland Children's Wellbeing Framework: Giving all our children a great start
	A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland
	Safe and Supported: The National Framework for Protecting Australia's Children 2021 - 2031
SA	SA Outcomes Framework for Children and Young People (Child Development Council)
	SA Health Women's, Child and Youth Health Plan 2021-2031
	SA Department for Child Protection Child and Youth Engagement Strategy
	SA Department for Child Protection Safe and Well Plan
TAS	Tasmanian Child and Youth Wellbeing Framework
	Child and Youth Wellbeing Strategy
	Tasmania Housing Strategy (currently being developed)
VIC	The Best Interests framework for vulnerable children and youth
	The Victorian Child and Adolescent Outcomes Framework
	Victorian Early Years Learning and Development Framework
	Victorian Child and Adolescent Monitoring System
WA	Commissioner for Children and Young People's Wellbeing Monitoring Framework
	At Risk Youth Strategy 2022-2027
	Youth Health Policy 2018-2023
	Measuring What Matters
	Safe and Supported: The National Framework for Protecting Australia's Children 2021 - 2031

Initial data linkage for the Child Wellbeing Data Asset

Stakeholders suggested that prioritising data that the Commonwealth already holds, existing child wellbeing-related data that is clean and ready for linkage, and state/territory and NGO data (linked and non-linked) should be the 'first cab of the rank' for the initial stage of development. This included:

- Data that the Commonwealth holds that is already linked for other purposes – stakeholders from numerous states/territories suggested MADIP and routine data linkages with AIHW datasets such as linked child protection and youth justice supervision data.

- Existing child wellbeing related data that is clean and ready for linkage. Several stakeholders (ACT Government, Academic) suggested that data that is valid, already cleaned and of high quality should be prioritised for the Child Wellbeing Data Asset.

- State/territory and NGO data (linked and non-linked) – numerous states/territory stakeholders and NGO representatives indicated that they have state specific data that could be linked for use in the Child Wellbeing Data Asset.

Limitations

SRC noted the following limitations relating to the consultation process:

- Consultations did not include the general public, therefore there is no information available to gauge public interest and sentiment towards the CWDA.

- Workshop participation across state and territory jurisdictions was varied and not all perspectives were included. Participation in the workshops ranged from 21 participants in NSW to 4 participants in SA.

- Children's Commissioners (or their nominees) were involved in the state and territory workshops, with the exception of NSW.

- Representation from health sector departments was lacking for most states and territories. While efforts were made to attempt to engage stakeholders from health departments, no responses were received and therefore health department perspectives were missing from the consultation report.

- Numerous attempts were made to engage the National Mental Health Commission in the consultation phase of this project but ultimately SRC were unable to schedule an interview or workshop with them. Because mental health data was frequently mentioned by other stakeholders as being a priority for the Child Wellbeing Data Asset the lack of input from this important body is a possible limitation to the findings of the mental health components of this project.

- Findings cannot be considered as representative of state or territory government priorities and issues cannot be ranked in degrees of importance. This is due in part to the qualitative nature of the consultation, rather than quantitative methods to standardise, rate and rank issues. This limitation also relates to the composition of workshop for each jurisdiction which involved participants representing different government departments and in no instance represented the government as a whole.

- While a key focus of consultations was to glean from participant expertise identification of data sources or datasets that should be included in the Data Asset, and what policy questions or priorities the asset should be able to answer, the nature of workshop discussion was by and large at a more general level with a lack of specification of data and policy questions.

C3. Data sources

This section provides a summary of findings from the 50 data sources shortlisted for this scoping study.

Table C4 presents the 5 data sources identified **for initial inclusion** in the CWDA. These are:

- Child Protection National Minimum Data Set (CP NMDS)
- Medicare Benefits Schedule (MBS)
- National Community Mental Health Care Database (CMHC)
- Pharmaceutical Benefits Scheme (PBS)
- Youth Justice National Minimum Data Set (YJ NMDS)

These are data sources that are aligned to a range of identified policy priorities and have been identified as most feasible to include as part of the initial implementation of the CWDA. They are not, however, expected to provide comprehensive coverage of the identified policy priority areas. For example, the Child Protection National Minimum Data Set includes comprehensive information on children's interactions with child protection systems, but is limited in information relating to child safety outside of this system. This could be supplemented in the future with other data source, as they become available (for example, police data on victims of child sexual abuse). Similarly, Medicare Benefits Schedule and Pharmaceutical Benefits Scheme data provide limited information on mental health, however, can be supported with richer data sources in the future (for example, hospitals admission data relating to self-harm).

Table C5 presents the 26 data sources identified to **consider for future inclusion**, once the data sources in Table C4 have been onboarded. These are data sources that align with identified priorities, however were assessed as being relatively less feasible for initial inclusion due to accessibility or technical reasons.

Table C6 presents the 19 data sources that were **excluded from further consideration as part of the current scoping study**. These data sources may have been assessed as having technical issues that meant they were not suited for data linkage and/or having relatively low alignment with the identified policy priority areas. Exclusion as part of the current scoping study does not necessarily mean these data sources would not be of benefit in the future. However, there may be significant existing barriers to their inclusion at this time, such as linkage to other data source not being possible due to technical or governance reasons. Other sources may be important to consider in the future as additional policy priorities emerge or are identified.

Table C4: Data sources identified for initial inclusion in the CWDA

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score (max 3)
Child Protection National Minimum Data Set (CP NMDS)	AIHW	The CP NMDS provide information about the number of children and young people receiving child protection services, the reasons for their involvement and the types of services they receive. Data from the CP NMDS has regularly been used to support national reporting on children in the child protection system. This data is likely to be of value to the emerging needs of *Safe and Supported*.	Child safety, Closing the Gap, Early Years (3)	3
Medicare Benefits Schedule (MBS) data collection	Department of Health and Aged Care	The MBS provides information on Commonwealth-funded health services, with data collected on the types of services provided, their frequency and locations, including used by children. Of particular interest is the ability to identify mental health related service use. This information can help to identify areas of need or gaps in health service provision in combination with other factors such as socioeconomic status or geographic location.	Mental health, Early Years (2)	3
National Community Mental Health Care (CMHC) Database[1]	AIHW	The CMHC contains service contact data for high acuity patients at public sector specialised community mental health services. This data source can support analysis of community mental health care service use by children and young people.	Student wellbeing, Mental health (2)	2
Pharmaceutical Benefits Scheme (PBS) data collection	Department of Health and Aged Care	The PBS provides valuable information about the types of prescribed medicines usage and cost of prescription medicines in Australia. This can be used to identify patterns in medication usage to the health and wellbeing of children.	Mental health, Early Years (2)	3
Youth Justice National Minimum Data Set (YJ NMDS)	AIHW	YJ NMDS provides valuable information on the wellbeing of children and young people involved in the justice system, including the types of offenses committed, the demographics of the offenders, their pathways through the justice system, and the interventions and services they receive.	Youth justice, Closing the Gap (2)	3

Table C5: Data sources identified to consider for future inclusion in the CWDA

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score (max 3)
Apprentice and Trainee data	DEWR	This data collection includes information on all people employed under a training contract and includes both apprentices and trainees. This data could contribute to measurement of pathways through and post school.	Student wellbeing (1)	3
Australian Early Development Census (AEDC)	Department of Education	AEDC measures the developmental progress of children in their first year of full-time school across five important areas of early childhood development, including physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.	Student wellbeing, Families, Early years, Closing the Gap (4)	3
Australian Immunisation Register (AIR)[1]	Department of Health and Aged Care	The AIR collects information on vaccination coverage rates for children across Australia, which may be able to monitor vaccination rates for children and young people.	Early childhood (1)	3
Building a New Life in Australia (BNLA)	DSS	Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants (BNLA) is a longitudinal study covering humanitarian migrants' experiences settling into life in Australia. Approximately 36% of the study sample are children. The study ran from 2013 to 2018 and recommence in 2022. Data in this collection could provide valuable information on culturally and linguistically diverse priority population groups. However, consent from participants to link their data to other source may be lacking or limited.	Priority population, Families, Early childhood, Student wellbeing (4)	1.5
Census of Population and Housing (Census)	ABS	The Census is a 5-year national survey covering a range of information about the population, including demographic data, socioeconomic status, and housing characteristics. If children's parents, families or households can be identified, the census could provide a rich source of data on a child's family settings, including the educational attainment, income and employment status of parents or carers.	Families (1)	3
Criminal Courts, Australia (including Federal Defendants)	ABS	Criminal Courts data collection includes national data on defendants from age 10+ finalised in criminal courts. This data could be used to support policy areas relating to youth justice and the youth justice target under Closing the Gap. This data collection is expected to be available in the ABS Criminal Justice Data Asset (CJDA). The CJDA will include nationally linked *Recorded Crime – Offenders*, *Criminal Courts – Australia* and *Prisoners in Australia* data.	Youth justice, Closing the Gap (2)	3
Data Exchange (DEX)	DSS	DEX is a reporting system managed by DSS that allows service providers to report to their funding agencies on agreed outcomes for the individuals, families and communities they serve. Where clients can be identified, it may be possible to track broader outcomes, or understand pathways to accessing the service through linkage to other data in the CWDA.	Youth justice, Mental health, Families, Early childhood (4)	2
DOMINO (Centrelink data)[1]	DSS	DOMINO is a linkable dataset that includes longitudinal information on an individual's receipt of Centrelink services. If children's parents or carers can be identified, DOMINO data could provide valuable context on a child's family setting, including income support receipt and parent/carer employment status.	Families (1)	3

(continued)

Table C5 (continued): Data sources identified to consider for future inclusion in the CWDA

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score (max 3)
General Social Survey (GSS)	ABS	The GSS is a national survey that collects data on a wide range of social issues and topics, including health, education, work, and relationships. This also includes information on social trust, civic participation and data on parental education and employment. However, consent from participants to link their data to other source may be lacking or limited.	Families, Mental health (2)	2.5
Higher Education Student Data	Department of Education	The Higher Education student data collection includes information on enrolments and completions at all Higher Education Institutions approved under the *Higher Education Support Act 2003*. This data could contribute to measurement of post-school outcome.	Student wellbeing (1)	3
Household, Income and Labour Dynamics in Australia (HILDA) Survey	DSS	HILDA is a longitudinal survey that provides valuable information on the economic and social conditions of Australian households over time, including health, education, household composition, employment, and social and emotional development. However, consent from participants to link their data to other source may be lacking or limited.	Families, Early years, Mental health, Priority populations (4)	2
Longitudinal Study of Australian Children (LSAC)	DSS	LSAC is a longitudinal study that tracks the physical and mental health, education, and social, cognitive and emotional development of two cohorts of children, and will be following participants into adulthood. The collection is designed to answer a range of questions relating to parenting, family, peers, education, childcare and health. Linking this data to other sources could potentially expand the questions that can be answered. However, consent from participants to link their data to other source may be lacking or limited.	Early years, Student wellbeing, Mental health, Families (4)	2
Longitudinal Study of Indigenous Children (LSIC)	DSS	LSIC contains longitudinal data on a cohort of First Nations children beginning in 2008. Data in LSIC covers topics including parenting, family relationships, education, child and parent health, culture and community. However, consent from participants to link their data to other source may be lacking or limited.	Student wellbeing, Mental health, Families, Early Childhood, Priority populations, Closing the Gap (6)	2
Multipurpose Household Survey (MPHS)	ABS	The MPHS covers a wide range of social and economic issues, including education, health, employment, and income. If children's parents, families or households can be identified, the MPHS could provide a source of data on a child's family settings	Family settings (1)	2.5
National Assessment Program - Literacy and Numeracy (NAPLAN)	State and territory education departments	NAPLAN is a standardised test administered to students in Australia in years 3, 5,7 and 9 which measure students' skills in reading, writing, literacy, and numeracy through the NAPLAN test. This data could potentially be used to better understand the enablers and outcomes of student wellbeing.	Student wellbeing (1)	3

(continued)

Table C5 (continued): Data sources identified to consider for future inclusion in the CWDA

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score (max 3)
National Health Survey (NHS)	ABS	The NHS provides a baseline for tracking for changes in health status over time, including for children. The survey includes data on physical health, mental health (anxiety and depression), health behaviour (smoking and physical activity) and the prevalence of chronic conditions (asthma, allergies, obesity). The survey also covers long term health conditions, health risk factors and the use of health services.	Mental health (1)	2.5
National Hospitals Data Collections[1]	AIHW	This collection is made up of 6 national hospitals data sets covering both patient and establishment level data. Emergency department and admitted patient data could support reporting on mental health related presentations.	Mental health (1)	3
National Residential Mental Health Care (RMHC) Database[1]	AIHW	The RMHC contains all episode-level records of residential care for residents in all government-funded mental health services and patient-level records of episodes of residential mental health care.	Mental health (1)	3
National Survey of Children in Out-Of-Home Care[1]	AIHW	The National Survey of Children in Out-Of-Home Care collects information on the characteristics and experiences of children who are in out-of-home care, including foster care, kinship care, and residential care. The survey also includes information on a range of topics, including the reasons for placement in out-of-home care, the types of care arrangements, the length of time in care and the educational and health outcomes of care.	Child safety, Closing the Gap (2)	2
Public Housing (PH) and State Owned and Managed Indigenous Housing (SOMIH) Data Collection[1]	AIHW	The Public Housing (PH) and State Owned and Managed Indigenous Housing (SOMIH) Data Collection provides information on public housing and Indigenous housing dwellings, their locations, and the characteristics of their occupants.	Families, Priority populations (2)	2.5
RealWell child wellbeing measures	RealWell	The RealWell child wellbeing measures are empirically validated measures of child wellbeing taken from the *Rumble's Quest* app, which is used at some Australian schools. Consent is not currently provided to access identifiers and link the data for other purposes, however, consent has been received for a linkage project in the past.	Student wellbeing, Mental health (2)	2
Record Crime – Offenders	ABS	The Recorded Crime - Offenders collection can provide information on children aged 10+ proceeded against by police. This data can be useful is providing additional context on children's interactions with the criminal justice system, particularly if combined with youth justice supervision data in the YJ NMDS. This data collection is expected to be available in the ABS Criminal Justice Data Asset (CJDA). The CJDA will include nationally linked *Recorded Crime – Offenders*, *Criminal Courts – Australia* and *Prisoners in Australia* data.	Youth justice, Closing the Gap (2)	3

(continued)

Table C5 (continued): Data sources identified to consider for future inclusion in the CWDA

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score (max 3)
Record Crime – Victims	ABS	The Recorded Crime - Victims collection can provide information on children who are victims of crime, including victimization rates and types of offenses. This data can be useful in understanding aspects of child wellbeing relating to child safety and exposure to violence. Combined with child protection data in the CP NMDS, this could also support better prevalence measures of child sexual abuse. Identifiers to link these data are not currently available but may be accessible via state and territory data providers.	Child safety, Early childhood (2)	2.5
Specialist Homelessness Service Collection (SHSC)[1]	AIHW	The SHS includes information about the experiences of homeless children and young people which can provide important insights into the broader issue of child wellbeing in Australia. However, it does not capture the experiences of children and young people who are homeless but have not sought support from these services.	Child safety (1)	2.5
Survey of Disability Ageing and Carers (SDAC)	ABS	The SDAC is a comprehensive survey that collects data on disability, ageing and caring across Australia which can be useful to understand the needs and experiences of children with disability and their carer's as well as services related their wellbeing.	Families (1)	2.5
Total VET Activity	NCVERS	This data covers all nationally recognised VET activity delivered by Australian registered training organisations. It includes data on students who have undertaken VET on a government funded or fee-for-service basis. This data could contribute to measurement of post-school outcomes.	Student wellbeing (1)	3

1.   AIHW has an existing data sharing agreement with the data provider(s).

Table C6: Data sources excluded from consideration due to low policy or technical fit

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score
Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)[1]	AIHW	The AODTS NMDS contains information about government-funded alcohol and other drug treatment services, the clients who use these services, the principal drug of concern for which treatment is sought and the types of treatment provided. Data from the AODTS NMDS has previously been linked to the SHSC and YJ NMDS. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	3
AusPlay	The Australian Sports Commission	AusPlay is a national survey that collects information on sports and physical activity participation in Australia, including among children. The survey provides valuable information on children's physical activity levels and participation in sports, which are important factors that contribute to child wellbeing outcomes. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	1
Australian Cancer Database (ACD)	AIHW	ACD is a comprehensive database include information on all new cases of cancer diagnosed. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	3
Australian Child and Adolescents Survey of Mental Health (ACAMH)	Department of Health and Aged Care	The ACAMH is a national survey that provides valuable insights into the mental health and wellbeing of children and adolescents in Australia. The survey includes data on a range of mental health issues, including anxiety, depression, conduct disorder, and attention-deficit/hyperactivity disorder (ADHD). Additionally, the ACAMH provides a baseline for tracking changes in the prevalence of mental health issues overtime and evaluating the effectiveness of interventions. This data source has been excluded due to a lack of frequent updates.	Mental health (1)	1.5
Australian Child Maltreatment Study (ACMS)	Queensland University of Technology	The ASMC is a comprehensive national survey that provides information on the prevalence, nature, and impacts of child maltreatment in Australia. Child maltreatment is a critical issue that can have significant and long-lasting impacts on a child's wellbeing and the ASMC provides insights into various forms of abuse such as physical, sexual, emotional and neglect. This data source has been excluded from the current scoping study due to a lack of consent to link the data to other sources, however consent may be provided in future waves.	Child safety, Mental health (2)	0.5
Crime Victimisation Survey	ABS	The CVS includes questions about experiencing sexual assault, which could assist in measuring the prevalence of child sexual abuse. This data source has been excluded due to a lack of consent to link the data to other sources.	Child safety (1)	1.5
Disability Services National Minimum Data Set (DS NMDS)[1]	AIHW	The DS NMDS collected information on the number of people accessing disability services, the type of services provided, and the characteristics of the people accessing these services. This data source has been excluded as it is no longer collected.	Youth justice, Early childhood (2)	2
General Treatment Dental Data Collection (GT-Dental)[1]	Department of Health	GT-Dental provides information on dental services provided to patients in Australia, including services provided to children. It may provide some useful information on children's dental health, monitor dental health in children, identify patterns and trends in dental services. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	1.5

(continued)

Table C6 (continued): Data sources excluded from consideration due to low policy or technical fit

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score
National (insulin-treated) Diabetes Register[1]	Department of Health	The NDR collects information on people who use insulin to manage their diabetes, has diabetes prevalence and associated factors. This data can be used to monitor diabetes in children, identify patterns and trends in diabetes management and complications. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	3
National Aboriginal and Torres Strait Islander Social Survey (NATISS)	ABS	The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) provides valuable information on the social, economic, and cultural wellbeing of First Nations peoples in Australia, including children. This data source has been excluded due to a lack of frequent updates.	Mental health, Families, Priority populations (3)	1.5
National Death Index (NDI)[1]	AIHW	The data base is a listing of all deaths that have occurred in Australia since 1980. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	3
National Drug Strategy Household Survey[1]	AIHW	The National Drug Strategy Household Survey (NDSHS) provides information on drug use patterns and related behaviours in Australia, including among children and young people. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	2
National Early Childhood Education and care collection (NECECC)	ABS	The ABS NECECC has been established to provide nationally comparable statistics on early childhood education and care, service providers, children, and where available workers. This data source has been excluded as identifiers are not available to enable linkage.	Student wellbeing, Early childhood (2)	2
National Maternal Mortality Data Collection[1]	AIHW	This collection includes data on maternal deaths during and up to 42 days post-pregnancy. This data source has been excluded as further information is needed to determine whether linkage is possible.	Families (1)	2
National Mortality Database (NMD)[1]	AIHW	The National Mortality Database (NMD) holds records for deaths in Australia from 1964. The database comprises information about causes of death and other characteristics of the person, such as sex, age at death, area of usual residence and Indigenous status. This data source has been excluded due to relatively low alignment with the identified policy priority areas.	(0)	3
National Perinatal Data Collection[1]	AIHW	The NPDC is a national database that contains information on various factors related to perinatal care, such as maternal health, antenatal care, labour and delivery, and neonatal outcomes. This data source has been excluded as further information is needed to determine whether linkage is possible.	Early years, Families, Closing the Gap (3)	2
National Perinatal Mortality Data Collection[1]	Department of Health	This collection provides information on stillbirths, neonatal death and associated factors of mortality outcome. This data source has been excluded as further information is needed to determine whether linkage is possible.	Early years (1)	2

(continued)

Table C6 (continued): Data sources excluded from consideration due to low policy or technical fit

Data source	Data custodian	Description	Policy priority areas (total)	Technical fit score
Survey of Income and Housing (SIH)	ABS	The SIH provide valuable information on the financial stressors and resources availability to families with Children in Australian. The survey includes data on poverty rates, household income and expenditure, housing affordability and access to essential services like healthcare and education. This data source has been excluded as further information is needed to determine whether linkage is possible.	Families (1)	1.5
Taking the Pulse of Australian Students	ARACY	Talking the Pulse is a survey of Australian secondary school students that provides information on a wide range of issues related to their health and wellbeing of Australian secondary school students only. This data source has been excluded as further information is needed to determine whether linkage is possible.	Student wellbeing, Mental health (2)	1

1. AIHW has an existing data sharing agreement with the data provider(s).

C4. Governance considerations

Governance arrangements for existing data assets

There are several national linked data asset initiatives in various stages of scoping or development, such as AIHW's Family and Domestic Violence Integrated Data System and Aged Care Data Asset, and ABS' Criminal Justice Data Asset and Life Course Data Initiative, in addition to other emerging assets across sectors.

For the purposes of this scoping study, governance arrangements for the following established data assets were reviewed:

- ABS Multi Agency Data Integration Project (MADIP)
- AIHW National Integrated Health Service Information (NIHSI) Analysis Asset
- AIHW COVID-19 Register.

Common across all data assets are governance arrangements to cover the following:

- A single centralised decision-making body that oversees governance of the asset
- Data sharing agreements with data providers/owners to permit supply, linkage and use of data for the data asset
- Approval processes for access to data covered by the asset
- A secure environment in which data is accessed
- Processes for clearance of data outputs from the secure environment and/or resulting public releases of data.

In this section, how these governance arrangements are implemented across the data assets reviewed is described. A summary of key points from this analysis are provided in Table C7.

MADIP

MADIP's governance is overseen by the MADIP Board, which is made of senior executives from agencies contributing data to MADIP. These agencies are ABS, Australian Taxation Office, Department of Education, Department of Health and Aged Care, DSS, Services Australia and Department of Home Affairs.

ABS has established several data sharing agreements across mostly government agencies. These agreements have enabled several Commonwealth and state and territory data sets to be linked into MADIP. These linkages are described as either enduring or once-off linkages. Enduring linkages are intended to be regularly updated with the latest data and are available for analysis by authorised researchers. Once-off linkages are made on a project-by-project basis and are typically retained and made accessible in MADIP for the purposes and duration of the project. With the approval of data custodians, these once-off linkages may be reused for additional projects or could become enduring linkages.

ABS notes that the legal basis for the sharing of data by custodians with the ABS can come from a range of sources, including establishing agency legislation, legislation relating to the collection of the data or specific data sharing legislation.

Access to MADIP is available to researchers affiliated with Australian Government or academic research organisations (international researchers are considered on a case-by-case basis) for which a Responsible Officer Undertaking is in place. The Responsible Officer Undertaking is required under ABS legislation and is usually signed by the CEO or equivalent of an organisation. The undertaking makes the Responsible Officer legally accountable for the use of ABS microdata (unit record data) by their organisation. Access is provided for the purposes of specific projects, which are assessed against the Five Safes Framework, must be in the public interest and must be in accordance with the legislation of the relevant agencies. Projects are only approved where the ABS and data custodians are satisfied that the projects meet these conditions.

Data is made available in the ABS DataLab, which is a secure data access environment managed by ABS that enables users to undertake complex analysis of MADIP microdata (unit record data). Access is only available to researchers who meet ABS's 'safe people' criteria, as per the Five Safes Framework. This includes having the relevant experience to conduct analysis, being based in Australia when accessing the data and having completed the ABS safe researcher training. Safe researcher training covers responsibilities as a DataLab user, meeting legislative requirements and guidelines on what is permitted to be output from DataLab.

ABS also has provisions for non-researchers, referred to as discussants, to discuss uncleared data with other approved researchers or discussants. However, discussants do not have access to the DataLab itself.

Until data outputs have been cleared by ABS, these outputs are only permitted to be discussed with other researchers and discussants that have been approved for access under the same project.

Any outputs from DataLab must be cleared by ABS before they are released. A number of output rules intended to minimise identification or confidentiality disclosure risks are applied in this process. These include rules relating to minimum cell counts, dominance rules relating to distribution of values across cells, degrees of freedom for modelled outputs and requirements to apply consequential suppression where needed. Unit records are not permitted to be output. ABS provide guidance on applying the output rules online, including email templates for requesting output clearance.

Once data is cleared and provided to users, there is no requirement for further reviews or clearance on the use of the data, outside of any conditions specified by data providers.

NIHSI

NIHSI's governance is overseen by the NIHSI Advisory Committee (NIHSI AC), which includes representation from AIHW and health portfolio agencies of all states and territories. The NIHSI AC has oversight and is guided by the Governance Protocols for NIHSI, which have been agreed by all participating jurisdictions. The Protocols include principles for overall governance of the NIHSI, which specify that all work be carried out within the confidentiality and privacy protections of the AIHW Act, Privacy Act and the AIHW Data Governance Framework.

The protocols also define what the NIHSI can and cannot be used for. NIHSI is available for 2 broad uses: government projects, which includes statistical analysis to produce official

statistics and reporting and health research to inform government functions (e.g., service planning, monitoring and evaluation, policy development); and other health research and statistical purposes. The data cannot be used for administrative or compliance purposes, or for state and territory comparative system performance indicators.

Several steps are taken to de-identify data in the NIHSI, including removing all personal information and aggregating variables up to higher levels in each record (for example, age is replaced with age at service, event dates are replaced with month and year and addresses replaced with Statistical Area level 2 and post code).

The NIHSI is available for use by AIHW and all jurisdictions represented on the NIHSI AC, including Commonwealth, state and territory governance agencies, and Australian non-government organisations, universities and private research organisations.

The AIHW Ethics Committee approval for NIHSI includes a set of pre-approved purposes for government uses of NIHSI. Accordingly, government projects that align with these uses, as assessed by the AIHW Data Custodian and the Head of AIHW's Ethics, Privacy and Legal Unit, do not require a new ethics approval. If approved by AIHW, these proposals are circulated to the NIHSI AC for comment and considered approved if no concerns are raised by members within 10 working days, with provisions for written approval being required by jurisdictions on an as-needed basis. Other health related projects additionally require a new Human Research Ethics Committee approval.

User vetting for access includes requiring clearance and authorisation by the employing organisation and users signing AHIW and any jurisdiction-specific confidentiality undertakings.

The NIHSI Governance Protocols specify requirements for host environments, including a range of controls including line of sight of all individuals or groups with access to NIHSI, management of approval processes for data access and secure input and output data. Environments must also provide the capacity to apply a views management model, which would restrict access to select data sets on an as-needed basis. AIHW must remain the Data Custodian of the NIHSI, and as such, any environment used must provide AIHW with the legal ability to exercise its responsibilities under this role. States and territories remain data owners of their data in NIHSI and processes are in place for owners to review and approve state and territory level outputs.

Different environments have been selected for different users of the NIHSI. The Research Only Network (RON) is available for AIHW users and external government researchers, the Department of Health and Aged Care's (DoHAC) Enterprise Data Warehouse for researchers from DoHAC, and an AIHW managed instance of the ABS' Secure Environment for Analysing Data (SEAD) for external non-government researchers. All these environments meet the necessary conditions for host environments.

Data outputs are approved by AIHW Data Custodian before release. Only aggregate outputs are permitted and must comply with confidentialisation requirements of the source data sets. Reports, presentations and content for publications are also required to be reviewed and cleared by NIHSI AC members. Additional clearance is required by the Department of Veterans Affairs for projects reporting on defence and veteran's populations with the use of Repatriated Pharmaceutical Benefits Scheme, and by the AIHW Indigenous Group for projects that have a First Nations focus.

AIHW is actively working to transition NIHSI to the National Health Data Hub (NHDH) in 2023–24. The NHDH will provide a flexible national health linkage system and access to integrated health and health-related data.

COVID-19 Register

The COVID-19 Register links identifiable COVID-19 case data from states' and territories' local notification systems to the National Notifiable Disease Surveillance System, the National Deaths Index, Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, hospitals, immunisations, intensive care unit data from the Australian and New Zealand Intensive Care Society dataset and aged care data. In future updates, it will also include linked data from the National Disability Insurance Scheme.

The COVID-19 Register's governance is overseen by the COVID-19 Register Advisory Group, which includes representatives from state and territory health departments with expertise in their jurisdiction's infectious disease data.

For the COVID-19 Register, AIHW has built upon existing agreements with states and territories to integrate hospitals data contained in NIHSI with COVID-19 case data.

Governance arrangements for the Register specify permitted uses for research covering epidemiological and statistical research, patient journeys, identifying cohorts of interest and monitoring, evaluation and data quality improvement. Research projects with a focus on First Nations people are also expected to include additional steps to ensure appropriate levels of involvement of First Nations people. Requirements range from seeking advice on the need for external consultation from the Head of the Indigenous Group to receiving approval from an Aboriginal and Torres Strait Islander Human Research Ethics Committee.

As with NIHSI, users of the COVID-19 Register are required to sign an AIHW confidentiality undertaking. Users are additionally required to attend an online induction, which provides an overview of the secure environment and use and security of data. Both government and non-government researchers are eligible to apply to access the COVID-19 Register. The data are accessible via the RON.

Acceptable uses of the COVID-19 Register are similar to those of NIHSI, differentiating between government projects and other health research. Both types of projects have similar approval processes. Common steps include reviews by AIHW to ensure projects are aligned with ethics approvals and secondary reviews by the COVID-19 Register Advisory Group and relevant data custodians, to ensure the project's aims can be met with their data. Where approval is received at all stages, the project and access are approved.

There are additional requirements for other health related research including separate HREC approvals, including from an Aboriginal and Torres Strait Islander HREC where the project has a focus on First Nations people.

Approved users are required to provide annual updates to AIHW on project progress, including data usage and forthcoming publications.

Outputs are required to be cleared by AIHW, who ensure the data are aggregated, in accordance with the project proposal and meets all privacy and confidentiality requirements. An additional clearance process is required for the public dissemination of results. This requires researchers to submit a draft report to AIHW, who will distribute the report to the

COVID-19 Advisory Group and relevant custodians for review. The final reviews are intended to ensure appropriate notice for jurisdictions, accurate interpretation of analysis and that relevant caveats are included in the report.

Table C7. Summary of established data assets reviewed.

	MADIP	NIHSI	COVID-19 Register
Decision-making body	MADIP Board	NIHSI Advisory Committee	COVID-19 Register Advisory Group
Membership	Australian Government agencies contributing data to MADIP	AIHW and state and territory health portfolio agencies contributing data to NIHSI	Subject matter experts from Commonwealth, state and territory health departments
Secure data access environment (owner)	DataLab (ABS) for all users	RON (AIHW) for AIHW and external government users, EDW (DoHAC) for DoHAC users, SEAD (ABS) for non-government users	RON (AIHW) and potentially SEAD (ABS)
Process for approving use	Project proposal template (incorporating Five Safes Framework) submitted for approval to MADIP Board (including data providers).	Two templates (incorporating Five Safes Framework): Government project proposal or Non-government project proposal. Projects are approved by the NIHSI Advisory Committee (data providers).	Project proposal templates (incorporating Five Safes Framework): form will indicate if the project is a Government project or Other health research project proposal. Projects are approved through, the COVID-19 Register Advisory Group and (as needed) additional data custodians.
Review of outputs from secure environment	Required (conducted by ABS)	Required (conducted by AIHW)	Required (conducted by AIHW)
Review of public releases	Not required by MADIP Board. May be required by providers of data used in once-off linkages. Requirement to provide 2 weeks written notice to ABS of any pending publications.	Required Reviews conducted by AIHW Data Custodian and NIHSI Advisory Committee for state and territory level outputs. If analysis includes serving defence and DVA clients, additional approvals required from DVA. If a project has a First Nations focus, review is conducted by the AIHW Indigenous Group.	Required. Reviews are conducted byCOVID-19 Register Advisory Group and, if needed, additional data custodians.

Governance for the development of the National Disability Data Asset

The NDDA is in development, with DSS, in partnership with AIHW and ABS, leading the initial phase of development. Agreements for co-governance of the asset and data sharing between Commonwealth and states and territories expected to be signed by the end of June 2023.

Development of the NDDA began with a scoping phase in 2019 which was followed by a pilot program over the course of 2020 to 2021, referred to as the NDDA Pilot. The NDDA Pilot was informed by the time-limited Disability Advisory Council, which included members with broad expertise related to disability, including policy, research, advocacy and service provision. Membership also brought experience working across priority populations, including people with complex needs, First Nations people, people from culturally and linguistically diverse backgrounds and people living in regional and remote communities. Throughout the Pilot, the Council engaged with the disability community and provided advice and recommendations on the NDDA's development.

Participating jurisdictions for the Pilot were New South Wales, Victoria, South Australia, Queensland and the Commonwealth, including the Department of Prime Minister and Cabinet, DSS, the National Disability Insurance Agency, AIHW and ABS. The Pilot aimed to examine how best to share and link data across jurisdictions to establish the NDDA through a series of policy test cases exploring experiences of people with disability in relation to early childhood, the justice system, education and employment, mental illness and housing.

The Pilot phases also included 2 community engagement projects. One was undertaken by Purple Orange, in which people with disability were asked about their views on the NDDA (Purple Orange 2021). The other was undertaken by the Sydney Policy Lab, in which people from disability organisations were consulted (Calgaro et al. 2022). A common message from participants across both projects was that people with disability need to be involved in and lead the NDDA's development, governance and operation to ensure the NDDA's success. This was considered critical to not only ensure that the NDDA is used in ways that matter to people with disability but would also build credibility and trust.

In addition to establishing data sharing and co-governance arrangements across governments, the next steps for the NDDA include several strategies to continue to involve the disability community. These include establishing a governing Council with people with disability to oversee the development of the NDDA, working with First Nations people on a disability scoping study to further inform the design of the NDDA and providing additional opportunities for the disability community to be involved with key design elements, including approaches to privacy, disability-informed ethical oversight and the approach to data products and insights.

C5. Technical implementation options

Data linkage methods

Data linkage at AIHW is performed in a physically secure area within AIHW that can be accessed solely by authorised staff. All data integration projects occur on a separate secure network and best practice data protection methods are employed. Once data linkage is complete, the linked data are provided to users via a secure data access environment with the identifying data removed.

For the ongoing linkages that the CWDA will require, the AIHW's National Health Linkage Spine (NHLS) can provide 'link once, use many times' efficiency. The NHLS uses the Medicare Consumer Directory, which contains information about everyone enrolled in Medicare, as its core and is supplemented by the Australian Immunisation Register and National Death Index. These data sets together mean the NHLS comprises over 35 million Australians living and deceased (since 1984) as well as those recently emigrated. The use of the NHLS means that rather than performing multiple linkages between each individual data set in the CWDA, each data set can instead by matched a single time to the NHLS, with these matches then used to produce links across CWDA data sets.

AIHW is also progressing a National Master Linkage Key project, which will establish maps between the NHLS and Master Linkage Files used within states and territories. This project is expected to drastically reduce the need for the transfer and handing of personal information between states and territories and the Commonwealth and result in improvements to delivery times for cross-jurisdictional linkages projects.

Secure data access environments

Four secure data access environment were reviewed for the scoping study – AIHW's Research Online Network (RON), the Sax Institute's Secure Unified Research Environment (SURE), the ABS' DataLab and the ABS' Secure Environment for Analysing Data (SEAD).

RON is a distributed computing environment owned and governed by the AIHW that uses distributed computing architecture for the rapid analysis of large-scale datasets. Currently, RON has sufficient capacity for store and analysis of the NIHSI and COVID-19 data assets, which may need to be expanded of additional data were to be added. The only analytical software currently available in RON is SAS. Access to RON is restricted to approved users for specific projects through a virtual desktop and is potentially available to both internal (AIHW) and external users.

SURE is a secure and collaborative platform for researchers that provides access to a range of data resources. SURE is a hosted private cloud environment provided by the Sax Institute. SURE has been used by the AIHW to host linked datasets, including DSS' DOMINO dataset. SURE can be configured to host other datasets, including data linked to DOMINIO, and supports the use of R, Python, STATA and SAS. The platform is accessible by AIHW staff as well as external researchers.

DataLab is an ABS owned and managed secure data access platform use to provide access to ABS-held unit record data. DataLab is the only way that data in MADIP, as well as any

once-off linkages with MADIP, can be accessed. DataLab supports the use of R, Python, STATA and, on request, SAS. Access to DataLab is available to researchers who meet ABS's 'safe researcher' criteria, as per the Five Safes Framework, and are from approved organisations.

SEAD is a secure data access service developed and managed by the ABS that allows government partners to securely share, analyse and output data for research or modelling purposes. SEAD leverages the same rigorous set of controls as the ABS DataLab to ensure safe data sharing, including the Five Safes Framework. SEAD operates by creating self-contained instances – referred to as SEADpods – in a cloud environment. AIHW is in the processes of contracting to manage a self-contained SEADpod instance for the analysis of AIHW-held data. AIHW will have exclusive control of this instance. SEADpods will support the use of analytical tools including R-Studio, R, Python, STATA, SAS and Databricks.

Australian National Data Integration Infrastructure

The Australian National Data Integration Infrastructure (ANDII) is being developed by the ABS and AIHW to provide the underlying infrastructure and processes that will enable the NDDA. Development of the ANDII is a large and complex process that includes work to:

- develop national data linkage processes
- streamline governance and data sharing arrangements that enable data assets
- establish an ICT solution that will support data being bought together across governments and made available for analysis.

Two major developments the ANDII is being built upon include the Intergovernmental Agreement on Data Sharing, which was agreed by National Cabinet in July 2021, and the Commonwealth Government's Data Availability and Transparency Act Scheme (DATA Scheme), which will establish streamlined processes for sharing Australian Government data with strong safeguards to protect privacy in place.

These underpinnings mean that the infrastructure and processes being developed for the purposes of the NDDA are expected to be able to support other data asset products in the future.

Appendix D: Excerpt from Social Research Centre's *Wellbeing Definition and Policy Consultation Study Final Report* – Wellbeing definition and framework review

Appendix 1: Review of child wellbeing concepts (Summary of Phase 1 Findings)

As outlined in Section 2.1, a key component of Phase 1 was a desktop review of recent literature on child wellbeing. The main findings and key learnings from this review are summarised below.

Background

Although assuring the wellbeing of children has emerged over the past several decades as a priority for health and social policy makers, there seems to be no universal definition of what constitutes 'child wellbeing', with existing definitions varied and somewhat broad (Ryff, 1995; Dodge *et al.*, 2012; Raghavan & Alexandrova, 2014; Noble *et al.*, 2021). Dodge *et al.* (2012) highlights that narrowing down a wellbeing definition has been a challenge for many years. There are several theoretical underpinnings or concepts that have been adopted in various ways in existing definitions or applications of child wellbeing. These concepts are important to understand and provide a solid grounding for the process of developing a holistic and measurable working definition.

Some of the key theoretical underpinnings include, but are not limited to, ecological systems theory, where the concept of wellbeing is heavily influenced by multifactorial interactions including relationships with family, community and wider society, as well as other external, environmental factors. In addition, there are a number of developmentalist theories available which take into consideration what is appropriate in the child's stage of development, and the association with wellbeing (Raghavan & Alexandrova, 2014; Bem & Small, 2019).

Further, existing definitions are often made up of several different, yet interlinked wellbeing constructs, or domains. This structural approach to capturing the concept of child wellbeing allows several domains to be included in understanding wellbeing, and such domains can then be assessed to measure people's satisfaction and wellbeing (Cummins *et al.*, 2021). For example, the Australian Unity Wellbeing Index (AUWI), which has been adapted and validated for use in both an adult and child context, includes seven domains of wellbeing: relationships, achieving in life, standard of living, health, community connectedness, personal safety and future security (Cummins *et al.*, 2021). Similarly, other domains conceptualised in frameworks for child wellbeing definitions (ARACY, AIHW, and the OECD) are made up of similar, yet often differently worded, domains; for example, 'Material Basics' (ARACY), 'Housing' (AIHW), 'Material' (OECD) (Goodhue *et al.*, 2021; AIHW, 2019; AIHW, 2021; OECD, 2021).

This depicts one of the potential challenges in establishing a universal, measurable child wellbeing definition, due to the multidimensional nature, and although UNICEF presents short statements to describe wellbeing, it is evident that this concept is '*a complex, multi-faceted construct that has continued to elude researchers' attempts to define and measure*' (Pollard & Lee, 2003; UNICEF, 2021). It is also important to consider the drivers of child wellbeing, such as the rights of children under relevant legislations and conventions, and other types of wellbeing such as the subjective, objective, mental, social and emotional, and student wellbeing which all seem to have a place in existing definitions. Separately, there are several other guiding principles that need to be explored including school as a place-based approach, the importance of the voice of the child, and ideas surrounding strength-based and deficit-based approaches.

This section provides a review of:

- ecological and developmental theoretical approaches.
- structural approaches, with a focus on selected examples derived from the AUWI, ARACY, AIHW, and OECD.
- conceptual ideologies and other principles that are important to consider in the development of a child wellbeing working definition.

Theoretical Approaches

Ecological Systems Theory

Brofenbrenner's Ecological Systems Theory, hereby referred to as the 'ecological approach', was developed in 1979 by Urie Bronfenbrenner and suggests that a child's development is influenced by the surrounding environment, and the social interactions within it (Harkonen, 2007). Figure 6 (Guy-Evans, 2020) illustrates the five interrelated systems that influence a child's development, noting the:

- microsystem which pertains to a child's immediate environment such as relationships with family, teachers or school peers
- mesosystem, including the interactions between the child's microsystems e.g., interactions between a child's parent and teacher
- exosystem, including formal and informal social structures such as the local neighbourhood
- macrosystem, including socioeconomic status, or cultural elements
- chronosystem, the system that contains all of the environmental changes that occur over the lifetime, including life transitions or historical events.

The ecological approach is holistic in nature with both a population and individual level focus, and the theory suggests that the determinants of health, or in this case, wellbeing, are multifaceted and influenced at multiple levels. The ecological approach is one way of understanding the multilevel nature of wellbeing, determined by, 'social and physical conditions in which people live and work, including socioeconomic, demographic, environmental and cultural factors, along with the health system (World Health Organization, 2012). The ecological approach is an important theory to consider in establishing a child wellbeing working definition, due to the dynamic nature of the systems which all play a role in child wellbeing and can change in importance depending on the child's stage of development.

Figure 6:   Bronfenbrenner's Ecological Systems Theory
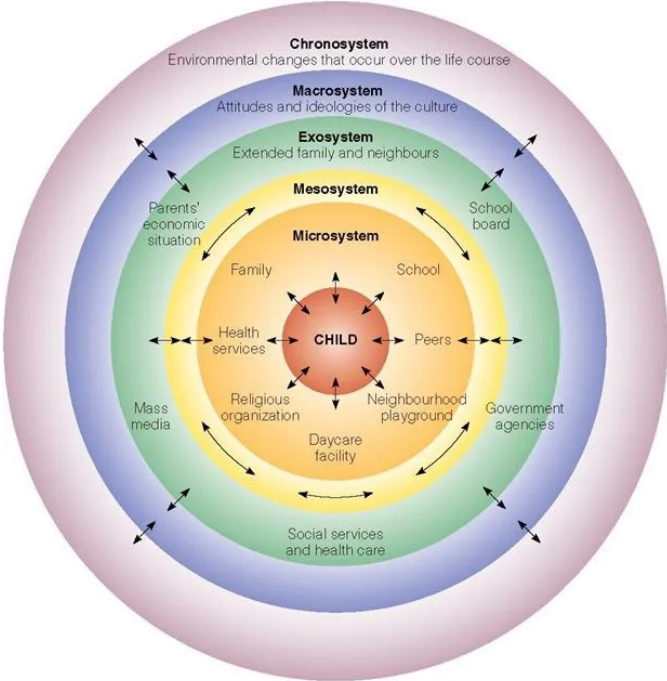
Developmental Theories

While several developmental theories exist – including Piaget's stage theory, Montessori's planes of development, Steiner's seven-year phases, Kohlberg's stages of moral development, and Erikson's stages of personal and social development – the predominant focus of developmental theories is on 'describing and understanding the processes of change in children's learning and development' (Nolan & Raban, 2015, p.15). Table 10 outlines the key points of the above-mentioned developmental theories, and their importance in relation to defining child wellbeing. Nolan & Raban (2015) note that incorporating developmental perspectives into practice would ensure that there is a focus on understanding where children are at developmentally, and consequently, noting that the needs differ in relation to the child's development. Some developmental theorists' views, such as Steiner, believe children move between developmental stages in a clear-cut fashion. Others (Piaget, Montessori, Erikson, Kohlberg) believe that stages are continuous, and can overlap (Nolan & Raban, 2015; Thompson, 2017; Montessori Australia, 2019; Vinney, 2019; Clignett, 2021). Nonetheless, of the developmental theories we reviewed, all recognise that there are both consistencies and variability as a child develops (Vereijken, 2010). Notably, Table 10 introduces the importance of certain life stages in childhood and how external factors (such as the environment, or parents or caregivers) could influence a child's development. This highlights a limitation to adopting a broad, one to two sentence statement when defining the wellbeing of children, as an age-appropriate approach is often required due to the differing, variable life stages and the associated changing needs across childhood.

Table 10:   Developmental Theories

Developmental Theory	Brief Overview	Important points
Piaget's stage theory (Thompson, 2017)	Includes four major stages of cognitive development, (1) sensorimotor intelligence, (2) preoperational thinking, (3) concrete operational thinking, and (4) formal operational thinking.	• Each stage is correlated with an approximate age period of childhood. • Children are continuously, and actively, building their knowledge and intelligence.
Montessori's planes of development (Montessori Australia, 2019)	Includes four planes of development, (1) early childhood, (2) childhood, (3) adolescence, and (4) maturity.	• The first plane is birth to approximately age 6, the second plane is ages 6 to 12, the third plane ages 13-18 and the fourth plan ages 18-24. • The first plane is coined the absorbent mind where children absorb from the environment all that is necessary to develop, followed by a strong desire for intellectual independence, emotional or social independence and finally spiritual and moral independence in the fourth plane.
Steiner's seven-year phases (Clignett, 2021)	Includes stages, with each stage composed of seven years.	• In the first seven-year stage, external influences have a large influence on the developing child, while the next seven years a child interacts with the world in a more conscious way, and we see rapid developments in the next seven years (14-21), and the following seven years (21-28) as a child transitions to adulthood.
Kohlberg's stages of moral development (Vinney, 2019)	Includes three distinct levels of moral reasoning, (1) preconventional including stages 1 and 2, punishment and obedience orientation, and individualism and exchange, (2) conventional including stages 3 and 4, good interpersonal relationships, and maintain the social order, and (3) postconventional including stages 5 and 6, social contract and individual rights, and universal principles.	• The first level lasts to approximately 9 years of age, and involves moral decisions being shaped by the standards of adults, the second level is characterised by an acceptance of social rules concerning right and wrong, while the final level is characterised by an individual's understanding of universal ethical principles.
Erikson's stages of personal and social development (Thompson, 2017)	Includes eight 'psychosocial crises' which act as turning points in a person's relationship, and feelings about themselves across the entire lifespan. There are six stages particularly pertinent to the approximate ages of birth to 25, including, (1) trust and mistrust, (2) autonomy and shame, (3) initiative and guilt, (4) industry and inferiority, (5) identify and role confusion, and (6) intimacy and isolation.	• Each stage is correlated with an approximate age period of childhood. • Each stage an individual faces a conflict, which may or may not be successfully resolved within that stage, such as stage 1, trust and mistrust during infancy, if a child receives quality of care during infancy, the child learns to trust the world.

Box 5   **Theoretical approach learnings**

The adoption of an ecological approach is an important consideration due to the multifaceted nature of determinants influencing the wellbeing of a child.

Developmental theory highlights the importance of capturing an age-appropriate approach and taking into account that children and young people are at different stages of development, and hence their needs, can vary child to child.

Structural Approaches

Different structural approaches to defining child wellbeing were explored to better understand how to define the complexity of child wellbeing in a succinct way. As noted in the previous section, due to the multidimensional factors that influence wellbeing, and the differing needs as a child moves through this life stage, structural considerations for such a definition are commonly adopted.

UNICEF and UNICEF (Australia) both provide short statements of child wellbeing. UNICEF (Australia) also presents several domains to define child wellbeing due to the interlinked nature of many areas that contribute to overall wellbeing. This rings true in other existing structural approaches reviewed, including the AUWI, the AIHW people-centred data model of conceptualising child wellbeing, and frameworks such as the ARACY: The Nest model (hereby referred to as The Nest), and the OECD's Measuring What Matters for Child Wellbeing and Policies. Each of these conceptualise child wellbeing over a number of separate domains (Cummins *et al*., 2021; Goodhue *et al*., 2021; AIHW, 2019; AIHW, 2021; OECD, 2021).

It is important to note that these domains, and hence a child's needs do not exist in individual silos (Noble *et al*., 2021). Rather, the domains interact and influence each other, much like the ecological approach whereby one factor determines or influences another, consequently leading to, or the lack thereof, a child's wellbeing. As noted by Penny Dakin, the Chief Executive Officer of the Australian Research Alliance for Children and Youth when referring to The Nest, 'A child needs to have their needs met in all six domains of The Nest to thrive and if they're not doing so well in one or more, it's likely they'll struggle in others too. A child living in poverty, may not have enough to eat, may struggle at school and participate less in their community' (Dakin, 2022).

Some of the key structural approaches reviewed are described further below to show the ways in which domains have been used to define child wellbeing.

UNICEF and UNICEF Australia

The UNICEF Australia definition poses the question 'What is Wellbeing?' with a short paragraph to describe:

> 'Wellbeing can be thought of as a child or young person having everything they need to thrive and reach their full potential. It encompasses all areas of a child's life, which are linked and interdependent. Children have the right to live a safe, full and rewarding life, under the United Nations Convention on the Rights of the Child.' (Noble et al., 2021, p.8).

UNICEF presents its own short definition statement:

> 'The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies in which they are born' (UNICEF, 2007).

> UNICEF does not present domains for child wellbeing, however, the report
> by UNICEF (Australia) was created in collaboration with ARACY and uses the
> same six interlinked domains as The Nest (discussed in more detail below).

Australian Unity Wellbeing Index

The AUWI includes seven domains of wellbeing to assess people's satisfaction with their wellbeing:

- **Relationships** concern the quality of relationships with family, friends and significant others
- **Achieving in life** looks at having a purpose, direction or meaning in life
- **Standard of living** involves having enough money or financial control to live and enjoy life
- **Health** refers to physical and mental state
- **Community connectedness** includes having a sense of belonging and connection to the people around you
- **Personal safety** refers to how you feel about your safety, and how this translates into your community and the nation overall
- **Future security** which considers how you feel about your future in terms of job security, health and the environment (Cummins *et al*., 2021).

The AUWI does not solely concern child wellbeing but is a measure of both individual and community wellbeing throughout adulthood. It describes the intricacies of defining wellbeing, and the domain structure allows for several core constructs to be included. Further it demonstrates the connectedness and interlinked nature of domains; for example the construct health can be considered to be shaped by the other domains, and vice versa.

AIHW's People Centre Data Model

The AIHW also provides a people-centred data model to conceptualise wellbeing for children and young people aged 0-24 (AIHW, 2019; AIHW, 2021). There are seven, interlinked domains included in this model:

- **Health** which recognises how health can influence participation in family life, schooling, social and sporting activities
- **Education and skills** refers to learning and development and how this can impact job prospects, participation in and connection with the wider community
- **Social support** includes both informal social support such as family, friends and the community, and formal support such as services and programs available by government and non-governmental organisations
- **Income and finance** can both directly and indirectly impact a child through their education, home environment, housing conditions and household's access to resources
- **Employment** can also directly or indirectly impact a child's wellbeing, similar to income and finance
- **Housing** recognises that access to safe, stable and adequate shelter is a basic human need
- **Justice and safety** suggest that some children are exposed to crime and violence which can have a negative influence and lead to adverse long term outcomes suggesting that safety and fairness is critical to child wellbeing (AIHW, 2020).

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

The ecological approach is represented in this model, and there are commonalities with other definitions and structural approaches reviewed. AIHW (2022) also recognises the importance of a positive start in life in order to help children reach their full potential. This highlights the importance of supporting child wellbeing, as a poor start can increase the chances of adverse outcomes later in life at the individual, and societal level (AIHW, 2022). It also relates to the developmental theoretical underpinnings, understanding that children may be at varying stages of development, at similar ages, and hence may have differing needs.

ARACY's The Nest

When concentrating on child wellbeing more specifically, The Nest is a prime example (Goodhue *et al*., 2021). This is an Australian evidence-based framework for national child and youth wellbeing and is targeted at children aged 0-24 years of age. The Nest uses 'wellbeing' as an umbrella term, and includes six domains:

- **Valued**, **loved and safe** refers to having loving, trusting relationships with family, friends and feeling valued by teaching and other adults
- **Material basics** pertains to all the things children need such as safe and suitable housing, access to food, water, clothing, transport and open spaces
- **Healthy** refers to physical, mental and emotional health needs being met
- **Learning** includes children having the opportunity for their learning needs to be addressed
- **Participating** is about children having a voice and being listened to
- **Positive sense of identity and culture** encompasses having spiritual needs met, a sense of cultural connectedness and belonging for all children, including Aboriginal and/or Torres Strait Islander children (Goodhue *et al*., 2021)

Like the AUWI, The Nest model highlights the interlinked nature of the domains (an ecological approach), and that all elements are crucial to achieving wellbeing, not merely one or two of the domains. ARACY present The Nest visually through a layered approach, depicting the child at the centre of the circle, followed by the family and the community and associated factors influencing wellbeing from the above-mentioned domains.

The Nest model has been instrumental in informing multiple Australian state and territory wellbeing frameworks and reports, including the Northern Territory Social Outcomes Framework (Northern Territory Government, 2021), the Northern Territory's Story of Our Children and Young People (De Vincentiss, Guthridge, Su, Harding, & Williams, 2021), the South Australian Wellbeing for Learning and Life Framework (Government of South Australia Department of Education, 2021), and the Tasmanian Child and Youth Wellbeing Framework (Tasmanian Government, 2021).

OECD's Measuring What Matters for Child Wellbeing and Policies

One key example of an international conceptualisation of child wellbeing using a structured domain approach is the model specified in the OECD's Measuring What Matters for Child Wellbeing and Policies, and referred to as 'our aspirational child wellbeing measurement framework' (OECD, 2021; OECD, 2022). Like other frameworks reviewed, the OECD framework presents child wellbeing as multidimensional, with different domains dependent and influencing one another, resulting in "developmental cascades", where difficulties or strengths in one area can have a causal effect on another. Therefore, the OECD model takes a layered approach, with four inner domains presented as the four main dimensions for wellbeing monitoring including children's material living standards, their physical health, and their cognitive and educational or learning achievements, and social, emotional and cultural outcomes (OECD, 2021). These four areas sit within three other layers, which reflect the critical nature of children's activities, behaviours and relationships, their settings and environments,

and public policies that can shape support, security, resources and opportunities (OECD, 2021). This layered depiction is much like The Nest model, presenting the interconnected nature of domains underpinned by an ecological approach.

The importance of a structural approach

The structured approaches reviewed share several commonalities. While there is no universally accepted succinct 1-2 sentence definition of wellbeing, short definitional statements that do exist commonly include further details in structured domains to demonstrate the interlinked nature of wellbeing. Importantly, the structured approaches reviewed present definitions that highlight the interlinked nature of domains, similar in nature to the ecological approach, and that wellbeing is an umbrella term pertaining to several key areas. Some key differences were also noted. For example, the AIHW and OECD models included domains and drivers external to the child that influence and/or shape child wellbeing such as parental employment, household income and finance. In contrast, The Nest framework focuses on the resources and circumstances children and young people require to thrive, instead of explicitly including reference to external influencing drivers or domains.

This initial review of structural approaches suggests that there is an enormous amount of work, underpinned by theoretical approaches, that has gone into designing the broad domains that define child wellbeing in the frameworks described above. The work for this project need not create a new structure to redefine child wellbeing; rather it should adapt a structure(s) that consolidates existing elements for the purpose of a holistic and measurable definition for the Child Wellbeing Data Asset.

Box 6   Structural approach learnings

Structural approaches commonly present a holistic view of wellbeing as an umbrella term, with a number of interlinked domains contributing to overall wellbeing.

Conceptual ideologies of wellbeing

This section describes some other important conceptual ideologies that exist and contribute to guiding principles of child wellbeing definitions.

Recognition of a child's rights under relevant legislations and conventions

The recognition of rights of the child under relevant legislations and conventions was introduced in several existing structures. For example, under the definition provided by UNICEF Australia where it notes, *'… under* the United Nations Convention on the Rights of the Child' (Noble et al., 2021). In 1989, the convention was established, and states that childhood should be a special, protected time, in which children must be allowed to grow, learn, play, develop and flourish with dignity (UNICEF, 1989). Australia ratified the Convention on the Rights of The Child (UNCRC) in December 1990, and therefore has a duty to ensure that all children enjoy the rights set out in the treaty. Furthermore, a number of other legislations exist within Australia, ranging from the *Commonwealth Family Law Act 1975* to jurisdiction-based child protection legislations (AIHW, 2019). The rights of children as per the UNCRC, and other national and state-based legislations is central to child wellbeing, and should be reflected in the development of a working definition for the purposes of the Child Wellbeing Data Asset.

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

Reflecting the 'voice of a child'

The CRC has emphasised a child's right to have a voice in the decisions that impact them, and there has been a shift over several years that reflects the increasing importance given to the 'voice of the child' in understanding their wellbeing (UNICEF, 1989). This ideology shift also acknowledges children as shapers of their own lives, who influence their own wellbeing by participation (Aldgate, 2010; Ben-Arieh, 2010; Helseth & Haraldstad, 2014). Furthermore, although the wellbeing of children and young people is a responsibility of everyone, a substantial body of literature exists that demonstrates the importance of incorporating the voices of children in several contexts, such as health experiences, support service feedback and quality improvement, to ensure the wellbeing and safety of this population (Aldgate, 2010; Ben-Arieh, 2010; Helseth & Haraldstad, 2014).

The voice of a child is important not only because children have a right to be heard, but because child focused work often means children feel listened to, and often plans are more successful when children are involved (Koller, 2021). With children's voice being rooted in legislation, and good practice, it is important that we review other frameworks where children and young people have had a voice, and we consider this as a key guiding principle to the working definition, and future measurement opportunities. Moreover, the idea of children and young people being valued is important for developmental aspects (Commissioner for Children and Young People, 2020; Dobson & Absalom-Hornby, 2021). Therefore, providing opportunities for this population to actively participate in different areas of society, to have a voice, to be heard and to take part in action for change, while experiencing a level of autonomy seems to be an important domain for consideration for the working definition.

Other types of wellbeing

This section describes other types of wellbeing concepts reviewed that represent important but different aspects of child wellbeing, including

- Objective and subjective wellbeing
- Mental wellbeing
- Social and emotional wellbeing
- Student wellbeing.

Objective and subjective

Western & Tomaszewski (2016) summarised the objective approach of defining wellbeing through considering quality of life (QoL) indicators, such as material resources (income, food, housing), and social attributes (education, health, social networks, political voice). In comparison, the subjective approach emphasises wellbeing through a self-evaluation of someone's own life, particularly through life satisfaction, happiness and unhappiness (Western & Tomaszewski, 2016). The Australian Centre on QoL (2017) go on to define QoL with these two concepts, *'Quality of life is both objective and subjective. Each of these two dimensions comprises several domains which, together, define the total construct. Objective domains are measured through culturally relevant indices of objective wellbeing. Subjective domains are measured through questions of satisfaction.'* The importance of the QoL concept, and these objective and subjective wellbeing constructs, presents another way to define someone's overall wellbeing, whilst alluding to potential ways to measure these constructs.

Historically, wellbeing and QoL were measured indirectly, using typically objective proxies such as household income and life expectancy (Thompson & Marks, 2008). These proxies are commonly based on observable things in the world that can be easily quantified (e.g., salaries and mortality rates) (Thompson & Marks, 2008). However, in recent decades there has been an increased practice of, and value placed on, measuring subjective wellbeing. The AUWI is one of the world's leading measures of subjective wellbeing conducted at national level (Cummins *et al.*, 2021). Through the use

of the personal wellbeing index, seven items of satisfaction are asked relating to quality-of-life domains: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security (Australian Centre on QoL, 2017). Although this index has been adapted and validated for a range of populations (e.g., adults, children, and persons with an intellectual or cognitive disability), it is important to note that life satisfaction questions, and hence subjective wellbeing, is particularly difficult to obtain from children under the age of 12 due to validity issues (Australian Centre on QoL, 2017; Savahl *et al.*, 2021).

Subjective wellbeing is an important concept to consider, as wellbeing is not only defined by objective proxies but by self-reported satisfaction as well. When adolescents were questioned about what constitutes their QoL, important factors that emerged were their emotional wellbeing, being safe and cared for, being healthy, and their significant relationships with family and friends (Helseth & Misvær, 2010; McAuley *et al.*, 2010). During the development of The Nest, consultations supported these findings, with young people and children reporting that feeling 'loved and valued' was an important part of their wellbeing (ARACY, 2012).

Mental wellbeing

Mental wellbeing is another type of wellbeing identified in the literature, which overlaps somewhat with subjective wellbeing. In providing a definition of mental wellbeing and to create a distinction from subjective wellbeing, the World Health Organisation (2004) describes mental wellbeing as an '*individual's ability to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community.'* This type of wellbeing is focused exclusively on positive mental health or positive psychological function which is identified as distinct from subjective happiness or life satisfaction.

The National Mental Health Commission (2021) has conceptualised mental health and wellbeing on a wellbeing continuum of: well, coping, struggling and unwell. The continuum approach highlights that there are opportunities to promote improved wellbeing and possibly intervene before a child becomes unwell. For children (0-12) the National Mental Health Commission (2021) describes children who experience good mental wellbeing as able to '*feel safe, happy, and supported, and have meaningful, loving connections with family, friends, and community. A child who is well in this way is curious and interested in the world, they want to learn and can sit and reflect. They enjoy loving relationships and are able to bring themselves back from feeling upset when something doesn't go how they'd have liked*'. Evidently, mental wellbeing contributes to overall wellbeing and is important to consider in the development of this working definition, particularly when considering potential measurements, as often mental wellbeing is used as an outcome measure in mental health and health services (De Cates *et al.*, 2015).

Social and emotional wellbeing

Social and emotional wellbeing (SEWB) is another type of wellbeing that appeared repeatedly in wellbeing literature reviewed. Like mental wellbeing, this is often used in discussion around the mental health and wellbeing of a young person. AIHW (2012) distinguishes SEWB from other wellbeing conceptualisations by emphasising that it is about behavioural and emotional strengths and a child or young person's ability to adapt and deal with daily challenges (resilience and coping skills) and respond positively to adversity while leading a fulfilling life. Alternatively, other researchers have described SEWB as a broader way of exploring mental wellbeing which incorporates broader socio-historical factors and personal choices (Garvey, 2008).

Often SEWB definitions incorporate an ecological approach, which recognises that children's individual internal characteristics contribute to their social and emotional wellbeing, relationships and interactions with their family, school and community environments have a significant influence (AIHW,

2012). Moreover, the Australian Institute of Family Studies (AIFS) (2021) also highlight that ensuring children's SEWB is nurtured during early childhood is vital for later in life, with higher levels of academic achievement, better mental health, a decreased likelihood of experiencing depression and displaying aggressive interpersonal behaviours. This is similar to the AIHW model described in above, in which high importance is placed on having a positive early start to life for better outcomes in all areas. Once again, this suggests the interconnected nature of wellbeing. For example, AIHW (2020) further suggests that socially and emotionally competent children: are confident, have good relationships, do better at school, take on and persist with challenging tasks, and develop the necessary relationships to succeed in life.

It is also important to note that SEWB is often described for Aboriginal and/or Torres Strait Islander peoples to include other aspects including spiritual and cultural wellbeing (Aboriginal Indigenous HealthInfoNet, n.d.). In particular, this concept of wellbeing acknowledges connection to culture, family, community, land, sea and spirituality which has an important role in shaping the wellbeing of Indigenous peoples (Gee et. al., 2014). This concept must be considered and incorporated in this working definition, due to the relevance not only to Aboriginal and/or Torres Strait Islander children and young people, but for other children and young people as well, such as those from culturally diverse backgrounds (Queensland Health, 2019).

Student wellbeing

Wellbeing has also been demonstrated through the concept of student wellbeing, which focuses on wellbeing in the context of the school. Schools play a vital role in providing a foundation for wellbeing for children and young people. The Australian Student Wellbeing Framework (Education Council, 2018) describes Australian schools as '*learning communities that promote student wellbeing, safety and positive relationships so that students can reach their full potential*'. The school environment is widely accepted internationally as a place to promote wellbeing, as most children and young people attend school (Booth & Samdal, 1997). Therefore, schools largely shape individual student wellbeing by creating an environment that supports the development of the wellbeing skills and competencies that children and young people need to learn and thrive.

Schools can shape wellbeing either positively, through opportunities to develop skills (i.e., resilience, conflict resolution, emotional awareness) and in identifying and responding to trauma responsive behaviour, or negatively, through being the site in which children experience bulling or social exclusion. Additionally, schools also provide supports and interventions that address different aspects of wellbeing such as emotional wellbeing, social-emotional learning, nutrition and physical activity (Ballard, *et al*., 2020; Meendering, *et al*., 2020; Michael, *et al*., 2019; Daily, *et al*., 2019). For example, mental health and behavioural issues are often first identified by teachers and other school- based professionals (Lawrence *et al*., 2015). Therefore, schools can significantly influence child wellbeing and can act as a platform for change, which in turn can go on to affect academic, social, and personal outcome, once again demonstrating the interconnected nature of wellbeing (Lawrence *et al*., 2015).

Strength-based outcomes

In recent years the conceptualisation of child wellbeing has trended towards adopting and incorporating more strength-based principles, which is a departure from historical 'child-saving' and 'child-welfare' approaches that have historically adopted a deficit-based lens (Ben-Arieh, 2010; Helseth & Haraldstad, 2014). This coincides with the increasing recognition that wellbeing is separate from the absence of disease. Hymel *et al*. (2018) explains that within mental health, there has been a shift from focusing on difficulties and diagnosis of mental illness towards supporting mental health. O'Connor *et al*. (2018) suggests a dual model is required, which not only recognises the importance of addressing mental health difficulties, but supporting mental health, acknowledging that these are

separate concepts. When considering wellbeing holistically, a strengths-based approach which focuses on individuals' strengths, and not their deficits, facilitates self-empowerment and can result in positive impacts on wellbeing (Lancashire County Council, 2021; Toros & Falch-Eriksen, 2021). Lancashire County Council (2021) also note that this means it is often outcomes led, and not services led, and ensures that the best interest of the child is central at all times, an essential point to consider within the working definition.

Box 7   Conceptual ideologies learnings

The Child Wellbeing Working Definition should consider how best to reflect important conceptual ideologies such as:

- The rights of child under the UNCRC and other national and jurisdiction-based legislations, reflecting a strong shift recognising the increasing importance given to the 'voice of the child' in understanding their wellbeing. The working definition must continue to be informed by what children and young people say is important to them.

- Subjective and objective wellbeing are two important constructs which contribute to an overall rating of wellbeing. Other important types that are commonly interlinked include mental wellbeing, social and emotional wellbeing, and student wellbeing.

- Schools are considered a universal platform that is often suited to child wellbeing data collection and assessment, although there are some limitations with attendance that need to be considered. This is often used as a means for data collection relating to child wellbeing.

- Child wellbeing outcomes should take a strength-based approach in the development of a measurable definition.

Appendix 2: Assessment of Wellbeing Frameworks (Summary of Phase 1 Findings)

In addition to a review of child wellbeing literature, the Phase 1 desktop review (see Section 2.1) also included a review of current wellbeing frameworks and their approaches to defining and measuring child wellbeing. The main findings and key learnings from this review are summarised below. They build upon the theoretical and structural approaches and the conceptual ideologies relating to child wellbeing that are outlined in Appendix 1.

Identification of Wellbeing Frameworks

The wellbeing frameworks and strategies identified from the literature search are listed in Table 11. Key reports on children and young people's wellbeing in Australia are also noted. An * denotes those selected for a more detailed examination, as outlined in Section 2.1.3.

Table 11:   Wellbeing Frameworks, Strategies and Reports Identified in Desktop Review

General Child Wellbeing Frameworks	Subject-Specific Child Wellbeing Frameworks	Whole-of-Population and/or Group-Specific Wellbeing Frameworks
Australian (Commonwealth, State, Territory and non-government)		
▪ The Nest (ARACY)* ▪ Tasmanian Child and Youth Wellbeing Framework* ▪ Queensland Children's Wellbeing Framework* ▪ A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland* ▪ Wellbeing Monitoring Framework (Western Australia)* ▪ Story of our Children and Young People (Northern Territory)* ▪ South Australia Outcomes Framework for Children and Young People* ▪ Australian Child Wellbeing Project ▪ A Picture of Australia's Children (APOAC): Key national indicators of child health, development and wellbeing (AIHW) ▪ Children's Headline Indicators (CHI) ▪ Children's Rights Report (National Children's Commissioner) ▪ Victorian Child and Adolescent Outcomes Framework	**Health** ▪ National Plan of Action for the Health of Children and Young People 2020-2030 ▪ Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health (2015) ▪ National Children's Mental Health and Wellbeing Strategy **Child safety** ▪ Safe and Supported: The National Framework for Protecting Australia's Children ▪ National Standards for Out-of-Home Care ▪ Child Safety and Wellbeing Framework (South Australia) ▪ Draft outcomes framework for the 10 year review of implementation of the Child Abuse Royal Commission recommendations ▪ The Best Interests framework for vulnerable children and youth (Victorian Government) **Education**	▪ ACT Wellbeing Framework* ▪ Northern Territory Social Outcomes Framework* ▪ NSW Whole of Government wellbeing framework ▪ Vision for a Coordinated Service System to Promote Child and Family Wellbeing (Northern Territory) ▪ South Australia: State of Wellbeing* ▪ AIHW People-centred Data Model* ▪ Wellbeing Index for South Australia* ▪ Australian Health Performance Framework (AHPF) ▪ Australia's Welfare Indicator Framework ▪ Health Performance Framework (Indigenous) (HPF) ▪ NSW Human Service Outcomes Framework ▪ ABS Wellbeing Framework ▪ Federal Treasury Wellbeing Framework ▪ Western Australian Mental Wellbeing Framework ▪ WA Aboriginal Health and Wellbeing Framework 2015-2030

General Child Wellbeing Frameworks	Subject-Specific Child Wellbeing Frameworks	Whole-of-Population and/or Group-Specific Wellbeing Frameworks
	• Wellbeing for Learning and Life Framework (South Australia)* • The Wellbeing Framework for Schools (NSW)* • Victorian Early Years Learning and Development Framework • The Australia Student Wellbeing Framework* • Early Years Learning Framework for Australia (EYLF) • Student Learning and Wellbeing Framework (Queensland)	• National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing Utnenge, Tyerrtye, Mwerre Atnyenetyeke Iltye Tyerrtye Urrperle–kenhenge (Children's Ground Family Health and Wellbeing Framework) • National Agreement on Closing the Gap
International		
• Getting it Right for Every Child in Scotland* • Better Outcomes, Brighter Futures (Ireland)* • National Child Strategy (Finland)* • Child and Youth Wellbeing Strategy (New Zealand)* • Every Child Matters (UK) • NEF Guide to Measuring Children's Wellbeing • Adolescent Wellbeing Framework (Save the Children International) • Adolescent Wellbeing Conceptual Framework (Partnership for Maternal, Newborn & Child Health and WHO) • Nurturing Care for Early Childhood Development (WHO)	Education • Children & Young People's Emotional Health and Wellbeing in Education Framework (UK) • Framework on embedding a whole-school approach to emotional and mental wellbeing (Wales)	• Measuring What Matters for Child Wellbeing and Policies (OECD)

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

Description of wellbeing frameworks selected for review

Given the large number of frameworks identified and the limited time available for reviewing them, it was determined that a subset of these frameworks would be selected and examined in detail, with selection guided by feedback from the Key Content Expert discussions (refer to Section 2.1.1). A comparative assessment approach, guided by a set of questions (see Table 13), was undertaken to identify key similarities and differences.

In total, 20 frameworks were reviewed, covering a cross-section of scope (child-specific and whole-of-population), administering body (government and non-government) and jurisdiction (domestic and international). Three-quarters (15) were Australian-based frameworks, selected to cover a range of jurisdictions and administering bodies. International frameworks were also included to identify if and where approaches to defining and measuring wellbeing are similar in comparable OECD countries. Four international frameworks were selected as examples of "strong child wellbeing frameworks", based on suggestions by participants in the initial content expert discussions (Section 2.1). These were: New Zealand's Child and Youth Wellbeing Strategy (New Zealand Government, 2019), Scotland's Getting it Right for Every Child (GIRFEC) Framework (Scottish Government, 2016), Ireland's Better Outcomes, Brighter Futures Framework (Department of Children, Equality, Disability, Integration and Youth (Ireland), 2014) and Finland's National Child Strategy (Finnish Government, 2021). The OECD's Child Wellbeing Measurement Framework (OECD, 2021) was also included to provide a broad international perspective.

Sixteen of the frameworks exclusively focused on the wellbeing of children and young people. Four whole-of-population level frameworks were included to ensure any key differences in approaches to defining and measuring child wellbeing could be identified.

The definition of wellbeing underpinning each of the reviewed frameworks is outlined in Table 12, along with the framework's target population, guiding principles used to develop the framework and any domains used to help define or conceptualise wellbeing. From the detailed review of these frameworks we identified that most did not specify a clear definition of wellbeing; in these instances, a description of wellbeing, or an accompanying vision statement, goal or aspiration, is noted.

Table 12:   Overview of selected wellbeing frameworks

Framework	Wellbeing description	Age Range	Approaches/Principles	Domains	
Australia's Wellbeing Framework for Children and Young People (ARACY's The Nest Model)[1]	Wellbeing is seen as an 'umbrella' term, with domains sitting underneath it. The Nest conceptualises wellbeing as six interconnected domains that support each other to help children reach their potential. To have optimal wellbeing, a child or young person needs to be adequately resourced in all six domains.	0 – 24 years	• Ecological approach (child at the centre) • Evidence-based • Informed by children • Strengths-based • Life-stage approach • Identifies 6 interconnected domains	• Valued, loved and safe • Material basics • Healthy • Learning • Participating • Positive sense of identity and culture	
AIHW's People-Centred Data Model and an ecological approach to child development[2]	Childhood is an important time for healthy development, learning and establishing the foundation blocks of future wellbeing	0-24 years	• Ecological approach (child at the centre) • Identifies 7 influences on the child that can be organised into information domains • Supports reporting on priority population groups • Acknowledges importance of antenatal period	• Health • Education • Family social support • Household income and finance • Housing • Parental employment • Justice and safety	
ACT Wellbeing Framework[3]	Definitions of wellbeing are typically broad and diverse, encompassing a wide range of areas that impact on an individual's quality of life. Generally, have the opportunity and ability to lead lives of personal and community value – with qualities such as good healthy, time to enjoy the things in life that matter, in an environment that promotes personal growth – are at the heart of wellbeing.	Whole population	• Ecological approach (people at the centre) • Informed by population • Outcome focused • Identifies 12 interconnected, equally important domains	• Personal wellbeing • Economy • Health • Safety • Living standards • Housing and home • Environment and climate	• Social connection • Education and life-long learning • Time • Identity and belonging • Governance and institutions • Access and connectivity
Northern Territory Social Outcomes Framework[4]	… all Territory individuals, families and communities are inclusive, healthy, safe, resilient and thriving.	Whole population	• Outcome focused • Uses 7 domains to articulate broad areas for action and group related outcomes. Each domain has a vision (aspirational) statement • Domains informed by ARACY's The Nest and AIHW wellbeing domains	• Live a healthy life • Appropriate and secure housing • Connected to culture and community • Learn, contribute and achieve • Are safe • Are financially secure and have material basics • Has a natural and built environment that supports a high quality of life	
Northern Territory's Story of	Children and young people need to be valued, loved and safe within their families,	Conception – 24 years	• Uses 6 interconnected domains • Underpinned by ARACY's The Nest model	• Being valued, loved and safe • Having material basics	

Framework	Wellbeing description	Age Range	Approaches/Principles	Domains
our Children and Young People[5]	educational centres, workplaces and in the broader community. They need to be healthy in mind, body and spirit, and they need opportunities to learn. They also require access to basic material needs and to have opportunities to participate with their family, peers, interest groups and in the community. Underpinning these needs is the requirement for our children and young people to have a positive sense of identity and culture. When these basics wellbeing needs are not met, our children and young people will suffer.		▪ Also incorporates Aboriginal values and perspectives ▪ Ecological approach (child at the centre) ▪ Emphasis on first 1,000 days (conception to 2 years) of a child's development	▪ Being healthy ▪ Learning ▪ Participating ▪ Positive sense of identity and culture
Queensland Children's Wellbeing Framework: Giving all our children a great start[6]	… children have a strong, positive sense of wellbeing when they are happy and healthy, feel they are nurtured and belong, and have opportunities that allow them to grow and learn. To support our children's wellbeing, we must listed to their voices and take them seriously.	Conception – 8 years	▪ Ecological (child-centric) approach ▪ Identifies five aspirations and four shared commitments for children's wellbeing	▪ Strong in self and culture ▪ Active and healthy ▪ Happy and resilient ▪ Learning and exploring ▪ Capable and connected. ▪ Have their fundamental rights and needs met ▪ Are loved and nurtured ▪ Included and have opportunities to flourish ▪ Enriching experiences and challenges to reach their highest potential
A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland[7]	Wellbeing is a complex synthesis of factors that influence happiness or satisfaction within our lives. It can be highly individual and subjective, with different meanings for different people, and can change across the life course. Wellbeing is a product of many, often interrelated factors…. Ultimately wellbeing means that Aboriginal and Torres Strait Islander children and young people can live their best life. Children are about to be children. Young people can be young people.	Conception – 25 years	▪ Outcome focused ▪ Ecological approach (child at the centre) ▪ Population-informed ▪ Recognises the importance of connection to spirituality, land and culture for Aboriginal and Torres Strait Islander wellbeing ▪ Rights-based (acknowledges the Queensland Human Rights Act 2019[1], United National Convention of the Rights of the Child, United	▪ Culture and connection ▪ Economic empowerment ▪ Health ▪ Mental health and emotional wellbeing ▪ Learning and skills ▪ Home and environment ▪ Empowerment ▪ Safety

[1] S28 states that Aboriginal and Torres Strait Islander peoples in Queensland hold distinct cultural rights. They include the rights to practice their beliefs and teachings, use their languages, protect and develop their kinship ties, and maintain their relationship with the lands, seas and waterways.

Framework	Wellbeing description	Age Range	Approaches/Principles	Domains
	They can have hopes and dreams and have the best start in all aspects of their life to fulfil those hopes and dreams.		Nations Declaration on the Rights of Indigenous Peoples)	
South Australia: State of Wellbeing[8]	The balance between the challenges we face, and supports and resources available to us, subject to our aspirations and the opportunities available to us.	Whole population (from conception)	▪ Population-informed ▪ Ecological approach ▪ Three categories of wellbeing contributors: personal, family and community, society	None specified
South Australia's Wellbeing for Learning and Life[9]	Wellbeing means having good or satisfactory conditions of existence – in healthy, happiness and prosperity. It is a complex set of interrelated factors and not a tangible thing that exists in isolation. Wellbeing is about how we are doing and how we fell.	Children and young people (range not specified)	▪ Child-centred ▪ Strengths-based ▪ Commitment to inclusion, giving special attention those living in priority circumstances ▪ Identifies 6 experiences that are consistent with ARACY's The Nest model	▪ Education ▪ Safety ▪ Health ▪ Active participation ▪ Belonging ▪ Play and leisure
South Australia's Outcomes Framework for Children and Young People[10]	The statements in the Charter represent the voices of children and young people, and reflect what is important to them – having a good home life, having support from trusted adults, being listened to, participating in decisions that affect them, opportunity for a quality education, employment and most importantly, being respected and valued.	0 – 18 years	▪ Rights-based (acknowledges rights of children under CRC) ▪ Child-informed ▪ Identifies 5 interrelated dimensions for a 'good life'	▪ Physically, mentally and emotionally healthy ▪ Safe and nurtured ▪ Happy, inspired and engaged ▪ Successful learners ▪ Participate actively in society
Tasmanian Child and Youth Wellbeing Framework[11]	Wellbeing is the state where a child or young person feels loved and safe; has access to material basics; has their physical, mental and emotional needs met; is learning and participating; and has a positive sense of cultural identity.	Conception – 25 years	▪ Rights-based (acknowledges rights of children under CRC) ▪ Underpinned by ARACY's The Nest model ▪ Ecological approach (child at the centre) ▪ Identifies 6 interconnected wellbeing domains ▪ Life stage approach	▪ Being loved and safe ▪ Having material basics ▪ Being healthy ▪ Learning ▪ Participating ▪ Positive sense of culture and identify
Western Australia's Wellbeing Monitoring Framework and Indicators of Wellbeing[12]	All children and young people are heard, are healthy and safe, reach their potential and are welcomed as valued members of the community and in doing so we build a brighter future for the whole community.	0 – 17 years	▪ Life stage approach ▪ Identifies 3 domains	▪ Healthy and connected ▪ Safe and supported ▪ Learning and education

Framework	Wellbeing description	Age Range	Approaches/Principles	Domains
The OCED's Measuring What Matters for Child Wellbeing and Policies[13]	For the purpose of this report, child wellbeing is framed primarily in terms of the things that children need and should be able to do in order to live a good life. … The basic underlying principle is that, for children, good wellbeing means both being able to live a "good" childhood in the here-and-now and being able to develop the skills, abilities and competencies needed for a good future, given their circumstances. Put slightly differently, children should both be enjoying a good childhood today, and be "flourishing" in age- (or stage-) and context-appropriate ways that set them up well for tomorrow.	Not specified	▪ Aspirational ▪ Both present-focused and forward looking ▪ Ecological approach (child at the centre) ▪ Evidence-based ▪ Child-informed ▪ Life stage approach ▪ Identifies 4 interconnected outcomes of wellbeing ▪ Distribution of wellbeing should also be considered	▪ Material ▪ Physical health ▪ Social, emotional and cultural ▪ Cognitive development and education
New Zealand's Child and Youth Wellbeing Strategy[14]	Our vision: New Zealand is the best place in the world for children and young people. Essence: Plant the seed of live in our children and they will blossom, grow and journey toward the greatest pathway of life.	Not specified	▪ Aspirational ▪ Rights-based (acknowledges UN CRC, UN Declaration on the Rights of Indigenous Peoples, UN Convention on the Rights of Persons with Disabilities) ▪ Ecological approach (child at the centre) ▪ Child-informed ▪ Evidence-based ▪ Strengths-based ▪ Life stage approach, recognising importance of early years (from conception to school) ▪ Identifies 6 high-level, interconnected outcomes need to improve overall wellbeing ▪ Additional focus on wellbeing of children with greater needs	▪ Loved, safe and nurtured ▪ Have what they need ▪ Happy and healthy ▪ Learning and developing ▪ Accepted, respected and connected ▪ Involved and empowered
Scotland's Getting It Right for Every Child (GIRFEC)[15]	A child or young person's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives. … Each child is unique and there is not set level of wellbeing that children should achieve. Each child should be helped to reach their full potential as an individual.	Not specified	▪ Rights-based (acknowledges rights of children under CRC and parents under European Convention on Human Rights) ▪ Child-centred approach ▪ Focus on early intervention ▪ Identifies 8 interconnected wellbeing domains	▪ Safe ▪ Healthy ▪ Achieving ▪ Nurtured ▪ Active ▪ Respected ▪ Responsible

Framework	Wellbeing description	Age Range	Approaches/Principles	Domains
				▪ Included
Ireland's Better Outcomes, Brighter Futures: The national policy framework for children and young people 2014-2020[16]	Our vision is for Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.	0-24 years	▪ Aspirational ▪ Rights-based (acknowledges rights of children under CRC) ▪ Child-centric approach ▪ Family-orientated ▪ Evidence-based ▪ Outcomes-focused ▪ Identifies 5 national outcomes for children and young people that are interconnected and reinforcing ▪ Also identifies six transformational goals for achieving these outcomes	▪ Active and healthy ▪ Achieving full potential in all areas of learning and development ▪ Safe and protected from harm ▪ Economic security and opportunity ▪ Connected, respected and contributing
Finland's National Child Strategy[17]	The vision of the strategy is a Finland where the rights of the child are fully and equally realised in all areas of society. …. A society that genuinely respects the rights of the child addresses the diversity of children and their different situations and needs while safeguarding the right of each child to be treated as themselves and as befits their age and level of development.	0 to 18 years	▪ Rights-based (acknowledges rights of children under CRC) ▪ Child- and family- focused	None specified
Wellbeing Index for South Australia[18]		Whole population	▪ Identifies five determinants of wellbeing: financial, education, employment, housing and environment ▪ Identifies four wellbeing domains	▪ Physical wellbeing ▪ Mental wellbeing ▪ Social/community wellbeing ▪ Aboriginal cultural wellbeing
NSW Wellbeing Framework for Schools[19]	In very broad terms, wellbeing can be described as the quality of a person's life.	Not specified	▪ Whole-person approach ▪ Dynamic, multi-dimensional and interrelated concept ▪ Requires objective and subjective measures ▪ Life stage approach ▪ Identifies five wellbeing domains but notes that list is not exhaustive ▪ Influences shaping wellbeing include choice, achievement of meaningful goals, positive	Domains include: ▪ Cognitive ▪ Physical ▪ Social ▪ Emotional ▪ Spiritual

Framework	Wellbeing description	Age Range	Approaches/Principles	Domains
			- relationships, enjoyment, personal growth and development, health and safety - Importance of being present focused and forward looking	
Australian Student Wellbeing Framework[20]	Vision: Australian schools are learning communities that promote student wellbeing, safety and positive relationships so that students can reach their full potential. The wellbeing and learning outcomes of young people are enhanced when they feel connected to others and experience safe, trusting relationships.	Not specified	- Rights-based (affirms children's rights to education, safety and wellbeing under the CRC) - Informed by relevant national, state and territory policies, initiatives and legislative frameworks - Emphasises the importance of students have authentic opportunities to contribute their voices to decision-making over matters that affect them - Focuses on all students and their families, including those from vulnerable groups - Identifies five elements that provide the foundation for the whole school community to promote student wellbeing, safety and learning outcomes: leadership, inclusion, student voice, partnerships and support	None specified

References: 1 (Goodhue, Dakin, & Nobel, 2021); 2 (Australian Institute of Health and Welfare, 2020); 3 (ACT Government, 2020); 4 (Northern Territory Government, 2021); 5 (De Vincentiss, Guthridge, Su, Harding, & Williams, 2021); 6 (Queensland Government Department of Education, 2020); 7 (Queensland Government, 2019); 8 (Government of South Australia, n.d.); 9 (Government of South Australia Department of Education, 2021); 10 (Government of South Australia Department of Education, 2021); 11 (Tasmanian Government, 2021); 12 (Commissioner for Children and Young People, Western Australia, 2022); 13 (OECD, 2021); 14 (New Zealand Government, 2019); 15 (Scottish Government, 2016); 16 (Department of Children, Equality, Disability, Integration and Youth (Ireland), 2014); 17 (Finnish Government, 2021) 18 (Wellbeing SA, n.d.), 19 (NSW Government, 2015), 20 (Education Council, 2018).

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

Framework assessment considerations

In comparing and assessing each of the frameworks, several high-level observations were noted regarding general structure and content.

The structure of the frameworks varies widely in terms of length, ranging from a single page for Queensland Children's Wellbeing Framework to 168 pages for Ireland's Better Outcomes, Brighter Futures. Accordingly, the level of detail provided on the purpose of the framework, its historical and policy context, how it was developed, specification of measures and indicators to monitor wellbeing outcomes, data availability and limitations is inconsistent.

Evidence included to support the content of the framework (for example, choice of domains), either in the document itself or easily found through supporting documents on the administering body's website, also ranges from none (Queensland Children's Wellbeing Framework) to extensive (the OECD's Measuring What Matters for Child Wellbeing and Policies). This does not mean that less-detailed frameworks were not developed using an evidence-based approach, just that this evidence is not available to review. As a result, this did limit the ability to critically analyse the relative merits of the frameworks.

Several Australian child and youth wellbeing frameworks have been informed to varying degrees by The Nest. The Tasmanian Child and Youth Wellbeing Framework is closely aligned with The Nest in terms of its ecological approach, definition of wellbeing and specified wellbeing domains. The Northern Territory Social Outcomes Framework and the South Australian Wellbeing for Learning and Life Framework both state that The Nest has influenced their choice of domains but also note other contributing factors. The Northern Territory's Story of Our Children and Young People states that it is underpinned by The Nest but a locally developed framework acknowledging the ancient authority and traditions of Aboriginal and/or Torres Strait Islander people has also been incorporated.

Another key observation is the absence of a clearly articulated definition of child and youth wellbeing in most frameworks. Except for South Australia: State of Wellbeing, in most frameworks a description of what wellbeing means or the factors that influence it was presented rather than a definition. Others frame wellbeing within a broader societal aspiration or vision to be achieved. These different approaches reflect the difficulty in establishing a widely accepted and consistently measurable definition for child and youth wellbeing in Australia.

The specification of indicators and measures in the frameworks also varies widely. Frameworks such as Western Australia's Wellbeing Monitoring Framework, the ACT Wellbeing Monitoring Framework and South Australia's Outcomes Framework for Children and Young People include explicitly defined outcomes, indicators and/or measures for monitoring wellbeing. Others, by contrast, list none (for example, South Australia's Wellbeing for Learning and Life). For some this is a reflection on how recently the framework was developed; for example, there are no indicators or measures listed in the Tasmanian Child and Youth Wellbeing Framework (published in 2021), but it is noted that this framework will be used as a foundation for a more detailed outcomes framework that will set goals, monitor and report on wellbeing progress.

Framework commonalities

Despite a wide range of differences in the structure of the frameworks, their format and presentation, strong commonalities in terms of content were observed. In particular, several guiding principles and approaches to defining and measuring child wellbeing are noted, many of which relate to the conceptual ideologies of wellbeing outlined in Appendix 1.

The importance of recognising the rights of children

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

The need for the fundamental rights of children and young people to be acknowledged, respected and protected is noted across a range of frameworks, including Queensland Children's Wellbeing Framework, South Australia's Outcomes Framework for Children and Young People, A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people, Tasmanian Child and Youth Wellbeing Framework, Australian Student Wellbeing Framework, New Zealand's Child and Youth Wellbeing Strategy, Getting it right for every child (Scotland), Better Outcomes, Brighter Futures (Ireland) and Finland's National Child Strategy.

Most commonly referenced is the *United Nations Convention on the Rights of the Child* (UN General Assembly, 1989), which emphasises a child's right to have a voice in the decisions which impact them. The *United National Declaration on the Rights of Indigenous Peoples* (UN General Assembly, 2007a) and the *United Nations Convention on the Rights of Persons with Disabilities* (UN General Assembly, 2007b) is also cited. The cultural rights of Aboriginal and Torres Strait Islander people under the *Queensland Human Rights Act 2019* is specifically noted in A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland. Scotland also acknowledges the rights of parents under the *European Convention on Human Rights* in Getting it Right for Every Child.

The use of an ecological approach

To varying degrees, all frameworks state that individual wellbeing is a concept influenced by a range of external factors. For children and young people, wellbeing is heavily influenced by their relationships with their family, community and wider society, as well as their environment. Consequently, many of the frameworks are underpinned by a child-centric ecological model, with the child placed at the centre and surrounded by the drivers and influences that shape them (both relational and environmental). Frameworks that adopt this type of model include ARACY's The Nest, AIHW's People-Centred Data Model, Northern Territory's Story of our Children and Young People, Queensland Children's Wellbeing Framework, A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland, South Australia's Wellbeing for Learning and Life, the Tasmanian Child and Youth Wellbeing Framework, the OECD's Measuring What Matters for Child Wellbeing and Policies, New Zealand's Child and Youth Wellbeing Strategy, Getting it Right for Every Child (Scotland) and Better Outcomes, Brighter Futures (Ireland).

Children's wellbeing is the responsibility of everyone

In several frameworks where the wellbeing of children and young people is conceptualised using an ecological model, this was complemented by an assertion that children and young people's wellbeing is a societal responsibility. For example, the Tasmanian Child and Youth Wellbeing Framework opens with the statement that "the wellbeing of children and young people is our shared responsibility". Similarly, the Queensland Children's Wellbeing Framework states that "parents and carers, families, communities and governments all play a role in nurturing children's wellbeing", while Scotland's GIRFEC framework notes that "it is up to all of us – parents, early learning providers, health visitors, teachers, GPs, police – to work together to promote, support and safeguard the wellbeing of all of our children and young people". New Zealand formalises this stance in one of their Guiding Principles, stating that "Change requires action by all of us. Individuals, organisations, iwi and hapū, communities and government need to work together and be collectively responsible for achieving good wellbeing for all children and young people. Recognising that the best solutions are often locally designed and delivered, government needs to enable more community-led design and delivery (Principle 7)".

The specification of interconnected wellbeing domains or descriptors

The frameworks underpinned by an ecological approach also typically conceptualise child and youth wellbeing as a holistic, dynamic and multi-dimensional concept. The use of domains and/or

descriptors is commonly used to identify, describe and measure the individual components that comprise or contribute to wellbeing.

In frameworks that specify domains, all note to varying degrees that due to their view of wellbeing as a multi-dimensional construct, the domains are interconnected, often reinforcing, and should not be assessed or measured in isolation. In terms of whether they should be treated equally, this is often implied through graphical depictions of wellbeing domain models but there is often no indication as to whether they are to be considered of equal importance or not. Only two frameworks—the ACT Wellbeing Framework and A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland—explicitly state that each of their domains are considered equally important.

Preference for evidence-based approaches and strength-based outcomes

Several frameworks highlight the importance of applying an evidence-based approach to inform the development of child wellbeing definitions and any associated measures or indicators (see ARACY's The Nest model, Northern Territory's Story of our Children and Young People, Tasmanian Child and Youth Wellbeing Framework, the OECD's Measuring What Matters for Child Wellbeing and Policies, New Zealand's Child and Youth Wellbeing Strategy, and Ireland's Better Outcomes, Brighter Futures).

Also noted is the importance of focusing on strengths-based rather than deficit-based outcomes, which we discussed in Appendix 1, when developing child wellbeing definitions, measures and indicators (see ARACY's The Nest model, ACT Wellbeing Framework, Northern Territory Social Outcomes Framework, A Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland, South Australia Wellbeing for Learning and Life Framework, New Zealand's Child and Youth Wellbeing Strategy, and Ireland's Better Outcomes, Brighter Futures). This aligns with our findings from the Key Content Expert Discussions and literature review findings that a child wellbeing definition developed for the purpose of the Child Wellbeing Data Asset should use strengths-based framing rather than take a deficit-based approach.

Informed by the "voice of the child"

The importance of incorporating children's views and perspectives on what matters to them when developing a definition or measures of child wellbeing is emphasised in several frameworks, most notably New Zealand's Child and Youth Wellbeing Strategy and those based on ARACY's The Nest model.

Stage of life approach

To vary degrees, all frameworks acknowledge that what children need, want and should be able to achieve changes over the course of their life as previously identified in Appendix 1. Accordingly, definitions and measures of child wellbeing should be sensitive to a child's age or stage of development. Frameworks where this approach is actively incorporated, as opposed to simply being noted as important, include Western Australia's Wellbeing Monitoring Framework, which specifies short-term outcomes and indicators across three age groups (0 to 5 years, 6 to 11 years, and 12 to 17 years), and the Tasmanian Child and Youth Wellbeing Framework, where developmental focus areas (4 years and under, 5 to 12 years and 13 years and over) are presented against the wellbeing domains to provide guidance as to what wellbeing encompasses at each stage of a child's development.

Several frameworks also emphasise the importance of the "first 1,000 days" of a child's life (the period of conception to two years of age), noting a growing body of evidence (Moore *et al.* 2017) that indicates it is a critical period of development for shaping children's long-term outcomes (see

ARACY's The Nest, Queensland Children's Wellbeing Framework, Northern Territory's Story of our Children and Young People).

Aspirational and not limited by current data availability

Several frameworks base their definitions and/or measures of wellbeing on aspirational goals or visions. In the Queensland Children's Wellbeing Framework, a selection of their domains is framed in terms of "aspirations for our children". Similarly, in the ACT Wellbeing Framework and the Northern Territory Social Outcomes Framework, each of their domains are supported by an aspirational statement for wellbeing. In Western Australia, the Wellbeing Monitoring Framework is informed by the vision "That all children and young people are heard, are healthy and safe, reach their potential and are welcomed as valued members of the community and in doing so we build a brighter future for the whole community". A similar approach is taken by New Zealand and Ireland, both of which structure their frameworks around visions for wellbeing of their children and young people.

Regarding indicators or measures of wellbeing, the OECD (2021) stated that its conceptual framework is "not guided by immediate data availability considerations, but instead by research findings on the key aspects of wellbeing that matter for children and for supporting their full development". Similarly, the Northern Territory adopt a "top down" approach in its Social Outcomes Framework, noting that outcomes, indicators and measures would not be "constrained by data availability" in the short to medium term.

Conceptual wellbeing domains

In addition to the strong commonalities observed in the guiding principles and approaches used to define wellbeing in the reviewed frameworks, we also observed strong similarities in the choice of domains to conceptualise and measure wellbeing.

Of the 20 frameworks selected for the comparative assessment, 17 use domains and/or descriptors to identify, describe and measure the individual components that comprise or contribute to wellbeing. Western Australia's Wellbeing Monitoring Framework has the least number of domains (3^2) while the ACT Wellbeing Framework has the highest (12).

To better identify if and where commonalities exist in the choice of domains, the domains specified in each framework were "mapped" and grouped by theme. In the "Domains, by Framework" section of Figure 7, the domains from each of the 17 frameworks are listed. The colour coding identifies the relevant framework, as noted at the bottom. An asterisk (*) denotes a whole-of-population framework. The domains are then grouped by "Theme" in the bottom half of the figure. Where domain names were unclear or ambiguous, the domain descriptions in the relevant frameworks were used to clarify and identify the most relevant theme(s).

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[2] We noted in our review that in the in augural "The State of Western Australia's Children and Young People" report, published in 2012, measures were categorised under eight domains, not three. These were: health and safety; education; material wellbeing, family and peer relationships; participation; subjective wellbeing; behaviours and risks; and environment (Commissioner for Children and Young People, 2012). We were unable to find any documentation that indicated when and why these domains were revised.

Figure 7:   Domain framework mapping

Domains, by Framework

Domains, by Theme

The process of visually grouping the domains by theme assisted identification of four broad wellbeing themes that consistently featured in child and youth wellbeing frameworks. These relate to the concepts of:

- being loved, valued, nurtured and safe
- having access to education and learning opportunities
- having physical, mental and emotional health needs met
- having access to material basics.

Domains relating to these four themes were also noted in the whole-of-population wellbeing frameworks included in the review, however some key differences were evident. A strong alignment was observed in the wellbeing domains relating to 'health' and 'education and learning opportunities', although the descriptions for what wellbeing means differed to reflect the changing needs in these areas over a person's life. For example, wellbeing for children and young people in 'education and learning opportunities' is strongly framed around attending and engaging in formal schooling, whereas for adults the focus is on opportunities to participate in post-school education and training. The importance of having access to material basics was observed in all frameworks, but for the whole-of-population frameworks this was expanded to account for additional adult needs and responsibilities by the inclusion of domains relating to 'living standards' and 'housing and financial security'.

The most notable difference was in the theme of being loved, valued, nurtured and safe. In child and youth wellbeing frameworks all these domains featured, whereas in the whole-of-population frameworks the focus was solely on 'safety'. The inclusion of 'loved', 'valued' and 'safe' in child and youth wellbeing frameworks reflects the additional developmental needs of this group relative to adults and the importance of having strong and nurturing relationships with family and caregivers. It is noted that "valued" is a recent addition to the domain title in ARACY's The Nest model. Although 'valued' was always a strong element of the 'loved and safe' domain, it was initially omitted from the title for reasons of succinctness but has recently been added to better capture the ways in which children and young people need to feel appreciated, seen and cared for in their community (De Vincentiss, Guthridge, Su, Harding, & Williams, 2021). This change has subsequently been reflected in the Northern Territory's Story of our Children and Young People but has not been incorporated in the Tasmanian Child and Youth Wellbeing Framework[3].

While distinctions among the remaining domains were less clear, we observed a strong skew towards two broad themes. These relate to the concepts of:

- connection and belonging
- having a positive sense of identity and culture.

These themes were observed in both the child and youth wellbeing frameworks and the whole-of-population frameworks.

The relevance of the common themes we identified in current wellbeing frameworks was supported by the literature we reviewed on child and youth wellbeing (see Appendix 1). In a qualitative analysis of children's perspectives on wellbeing, Jordan and Rees (2020) identified feeling valued, loved and safe as essential elements to children's wellbeing, along with the ability and opportunities to be themselves.

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[3] 'Feel valued and respected' is listed as a descriptor under the 'Being loved and safe' domain in this framework.

A positive relationship between a sense of belonging and social connections with child and adolescent wellbeing was also supported, particularly in the school environment (Gökmen, 2021).

The literature further supported the protective role positive social connections play for particular population groups at risk of discrimination, such as LGBTIQ young people (Town *et al*., 2022; Caetha *et al*., 2021). The importance of a connection to community and culture for Aboriginal and Torres Striat Islander young people was also evident (Bourke, 2018).

The evidence body supporting the importance of good mental, physical and emotional health in children is well-established, particularly the health of children in the early years (Centre on the Developing Child, 2010; The Lancet, 2021). The relationship between health and other aspects of wellbeing were also observed. A study by Gardner *et al*., (2019), demonstrated the existence of a strong association between maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to intimate partner violence), or the absence of a safe environment, and the development of mental health disorders in children. Using empirical data from the OECD and the World Bank to examine associations between education and health, Raghupathi & Raghupathi (2020) identified a positive correlation between education and long-term health outcomes. We also noted that strong links between socio-economic inequality and mental health outcomes for child and adolescents have also been established (Gregory *et al.,* 2021). These studies helped to highlight the interconnected nature of wellbeing and the importance of viewing wellbeing as a holistic concept, rather than a set of independent elements.

Box 8   Using the conceptual wellbeing domains review learnings

The commonalities across a range of existing wellbeing frameworks of conceptual wellbeing domains have informed the development of the Child Wellbeing Working Definition.

Priority groups

The review of frameworks also included identifying any specific references to definitions or measures of wellbeing for the priority groups identified in the National Strategy (Commonwealth of Australia, 2021):

- Victims and survivors of child sexual abuse
- Children and young people
- Aboriginal and Torres Strait Islander peoples
- Culturally and linguistically diverse (AIHW) communities
- People with disability
- LGBTIQA+ people
- People living in regional and remote communities (Commonwealth of Australia, 2021).

The review found that references to the wellbeing of these priority groups is limited, particularly for people who identify as LGBTIQA+ and victims and survivors of child abuse.

In some of the reviewed frameworks there is no reference to any of the priority groups (for example, Tasmanian Child and Youth Wellbeing Strategy). In others, such as Queensland Children's Wellbeing Framework, the importance of accounting for children "experiencing vulnerability" and from "culturally and ethnically diverse backgrounds" is stated but no information is provided on how the wellbeing of children from those groups is defined or measured (see also South Australia's Wellbeing for Learning and Life). Similarly, in the ACT Wellbeing Framework it is stated that they intend to "report on wellbeing for children and young people, Aboriginal and Torres Strait Islander people, culturally and

linguistically diverse people, LGBTIQA+ people, people with a disability, older Canberrans, carers; and by gender" but no detail is provided on what this reporting will include.

In some of the more established frameworks, measurement data is disaggregated by selected priority groups to provide a more detailed perspective on the wellbeing of these groups. For example, the Northern Territory Social Outcomes Framework states that data for its measures will enable identification of inequities by different groups (for example, Aboriginality, gender or location). In Western Australia's Wellbeing Monitoring Framework, it is noted that under the *Commissioner for Children and Young People's Act 2006*, the Commissioner must give priority to, and have special regard to, the interests and needs of Aboriginal children and young people, and children and young people who are vulnerable or disadvantaged for any reason. One of the key components of the framework, the *Indicators of Wellbeing,* considers the outcomes for all children and young people, as well as for groups of children and young people who experience vulnerability or disadvantage, in particular Aboriginal children and young people. Another component of the framework, the *Profile of Children and Young People*, includes a focus on children and young people who experience vulnerability and hardship, such as those in the juvenile justice system, in out-of-home care, with a disability and living in poverty.

In South Australia's Outcomes Framework for Child and Young People, data for all measures is disaggregated, where available, to provide information about the following cohorts:

- male and female
- Aboriginal children and young people
- children and young people with a disability
- children and young people living in out-of-home care
- metropolitan Adelaide and regional South Australian populations
- socioeconomic status.

This framework also includes indicators that are relevant to some of the priority cohorts:

- Proportion of young people with disability, partially or fully engaged in school, work or further education and training.
- Proportion of children with special needs, birth to five years, attending approved child care services.
- Proportion and number of three-year-old Aboriginal children enrolled in a quality pre-school program.
- Proportion of children developmentally vulnerable in one or more of five domains under the Australian Early Development Census (AEDC) when they enter school.
- Number of children receiving early childhood early intervention supports through the National Disability Insurance Scheme (NDIS) or with an approved NDIS plan before entering school.

Two of the frameworks reviewed offer a more detailed perspective on the wellbeing of Aboriginal and Torres Strait Islander children and young people. For the 2021 edition of the Northern Territory's Story of our Children and Young People, several measures were realigned to reflect the *Closing the Gap Agreement* and two additional measures reporting on Aboriginal culture in the workplace were added to the 'Positive Sense of Identity and Culture' domain. A new data platform also enables users to access more detailed data across all measures, including data disaggregated by Aboriginal status. As implied by the title, the wellbeing of Aboriginal and Torres Strait Islander children is specifically targeted in A Wellbeing Outcomes Framework for child and young people in Queensland. This framework conceptualises wellbeing through eight interconnected domains. Indicative indicators have

been provided for each domain, informed by similar indicators listed in the Better Life Index, the New Zealand Child and Youth Wellbeing Strategy, the Closing the Gap Targets, and the National Plan for Child and Youth Wellbeing.

Wellbeing outcomes for specific groups

A commitment to monitoring and improving child wellbeing should be made regardless of a child's age, ability, geography, gender identity, sexuality, religion or culture. However, average wellbeing outcomes at a population level may not reflect the lived experiences of individuals or certain groups within society. The OECD states that child wellbeing measures should capture "not just average levels of wellbeing but also the distribution of wellbeing across children, including through measures that reflect inequalities and disparities across different groups of children" (OECD, 2021). The importance of valuing diversity and capturing the individual capabilities and experiences of Australia's diverse population is also noted in ARACY's The Nest model.

In the Queensland Child Wellbeing Framework, it is acknowledged that in pursuing its child wellbeing goals, some children may need extra or individualised support, while New Zealand's Child and Youth Wellbeing Strategy explicitly prioritises improving the wellbeing of children with greater needs (New Zealand Government, 2019).

The development of a measurable child wellbeing definition and any associated indicators or measures needs be reflective of Australia's diverse population. This includes not only capturing wellbeing at a population level, but also assessing the distribution of wellbeing outcomes in priority groups. As noted previously, a selection of priority groups have been identified through the National Strategy, however, to date, there is limited practical information specified in the frameworks reviewed on the way in which measuring the wellbeing of these priority groups can be effectively defined or achieved.

Box 9   Using the priority groups review learnings

Overall, the definition and measurement of wellbeing for the priority groups in the frameworks selected for review is currently limited. Of the priority groups, the wellbeing of Aboriginal and/or Torres Strait Islanders is comparatively well referenced, with most frameworks noting that culture is an important domain to include for this cohort, as well as ensuring measures for domains such as identity, belonging and health consider concepts such as collective identity, non-western family structures and intergenerational trauma. However, the extent to which this group is practically accounted for through specific indicators, measures and data varies widely across jurisdictions.

Other important considerations for developing a measurable definition

As discussed above, in the assessment of wellbeing frameworks large differences in structure and presentation were identified. That said, the principles and approaches used to measure and define wellbeing for children and young people in Australia exhibit strong commonalities. This section explores additional considerations arising from the framework review that are important for the development of a measurable definition of wellbeing specifically for children and young people in an Australian context.

Age range

A child's needs change significantly as they progress from birth through childhood and adolescence to become young adults. In reviewing the frameworks, it is noted that the age ranges targeted are varied and, in some cases, not defined at all. While birth (0 years) is a commonly used lower bound, several frameworks assert that the wellbeing of a child begins before birth as it is influenced by the health and wellbeing of the parents at conception and continues with that of the mother during pregnancy (see

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

Northern Territory's Story of our Children and Young People, Queensland Children's Wellbeing Framework, South Australia's State of Wellbeing and Tasmania's Child and Youth Wellbeing Framework). The definitions or frameworks that adopt this approach often place a strong emphasis on the "first 1,000 days" of a child's life, or the period from conception to the end of the child's second year. The emphasis on wellbeing in this period is based on growing evidence that the first 1,000 days is a critical period of development for a child, where influences and experiences have consequences for long-term wellbeing (PricewaterhouseCoopers, 2019).

Where an age range is specified, the upper bound varies from as low as 8 years to as high as 25 years. In most cases no reason is given for the specified upper bound; however, in some instances it is noted that the choice is influenced by stages of childhood development or is relevant to a specific wellbeing focus area. For example, educational wellbeing is often viewed in terms of schooling cohorts (preschool, primary, secondary or tertiary years). In the case of Western Australia, the upper bound of 17 years in their Wellbeing Monitoring Framework is set by the Commissioner for Children and Young People's remit for persons under 18 years of age.

Of the frameworks reviewed in detail, although all acknowledged that wellbeing definitions and measures should reflect a child's stage of life, only two reflected this approach their wellbeing definitions and/or indicators.

In the Tasmanian Child and Youth Wellbeing Framework, three broad "developmental focus areas" are presented against the six wellbeing domains to provide some guidance as to what wellbeing encompasses at each stage of a child's development. The rationale given for taking a developmental approach is that brains develop over time. In particular, what happens in the early years forms the foundation for a child's future learning, health and behaviour. The Tasmanian framework species three age groupings to reflect key stages of mental, physical and emotional development in children and young people:

- 4 years and under: During this period the brain undergoes rapid development and many determinants that impact later health and wellbeing are activated. Early experiences and relationships impact on brain development during this period and can have a long-term effect on lifelong wellbeing.

- 5 to 12 years: In these years children gradually gain their independence. The brain continues to develop, affecting decision making processes and fine motor skills.

- 13 years and over: These years are characterised by increasing independence, hormonal changes, preparation for entry into the workforce or further education, and development of their self-identity.

In Western Australia's Wellbeing Monitoring Framework, wellbeing indicators for each domain are structured across three key age groups:

- 0 to 5 years: This age range has been identified the most important developmental period during childhood, with research showing that brain development in early childhood lays the foundation for emotional wellbeing, social competence, language and literacy development (National Research Council Institute of Medicine, 2000).

- 6 to 11 years: Children in this age experience significant changes in their cognitive abilities, which are supported by an increased focus on learning and participation through primary school, or equivalent. Child in this age group demonstrate increasing independence from their parents as relationships with friends, peers and teachers become more important.

- 12 to 17 years: Children in this period transition from childhood and adolescence to young adulthood. During this period children and young people experience biologically-driven

development, increase their independence and further development their identity and sense of self.

The range of ages specified in frameworks, or in some cases a lack of, demonstrates the importance of selecting and specifying a clearly defined age range for a measurable child wellbeing definition as the range chosen will determine the size of the target population and influence the choice of indicators used for measurement and assessment. Another consideration is whether to explicitly vary the wellbeing definition and/or any associated outcomes, indicators and measures to reflect the changing physical, mental and emotional needs of differing age groups.

Box 10   Using the age range review learnings

The variation in, or absence of, age ranges specified in different wellbeing frameworks has informed the selection of a proposed age range for the Child Wellbeing Working Definition (outlined in Appendix 3). Given the Child Wellbeing Data Asset is expected to support a holistic, evidence-based analysis of children's pathways through a wide range of government and government-funded services, we have proposed to include the broadest age range (0 to 24) of children and young people. This approach will allow for the Child Wellbeing Data Asset to cater for the differing developmental needs of children as they progress from birth to adulthood. This adopts a stage of life approach that will allow coverage across a range of government and government-funded services.

External relationships and environments

In Appendix 1 we noted that the conceptualisations of wellbeing developed by the OECD and AIHW included domains and drivers external to the child which influence or shape child wellbeing, while ARACY's The Nest model focuses on the resources and circumstances children and young people require to thrive. In nearly all frameworks we reviewed, defining and measuring wellbeing is approached from a holistic, ecological perspective, recognising the impact that relationships and environment have on an individual's wellbeing and development.

We also noted ecological approaches to child wellbeing that typically place the child at the centre, surrounded by circles of drivers and influence (see Figure 8). This approach can be observed in The Nest which places the child at the centre surrounded by circles of influence from family to community. According to this model, a child is first a member of a family, then a community and then the wider society, each of which have an impact on a child's development. The most crucial relationships for child development in this model are those within the child's immediate surroundings; that is, within the family, with caregivers or guardians.

The ecological model of human development used in Tasmania for its Child and Youth Wellbeing Framework also places the child at the centre and recognises the influence of relationships within the settings of the family, the community, wider society and the environment. In this model, children and young people's wellbeing is heavily shaped by their relationships with their family, as well as the wider community. These relationships are particularly important during the early years when children are developing attachments and bonds with caregivers.

Figure 8: Selected ecological approaches to child wellbeing and development
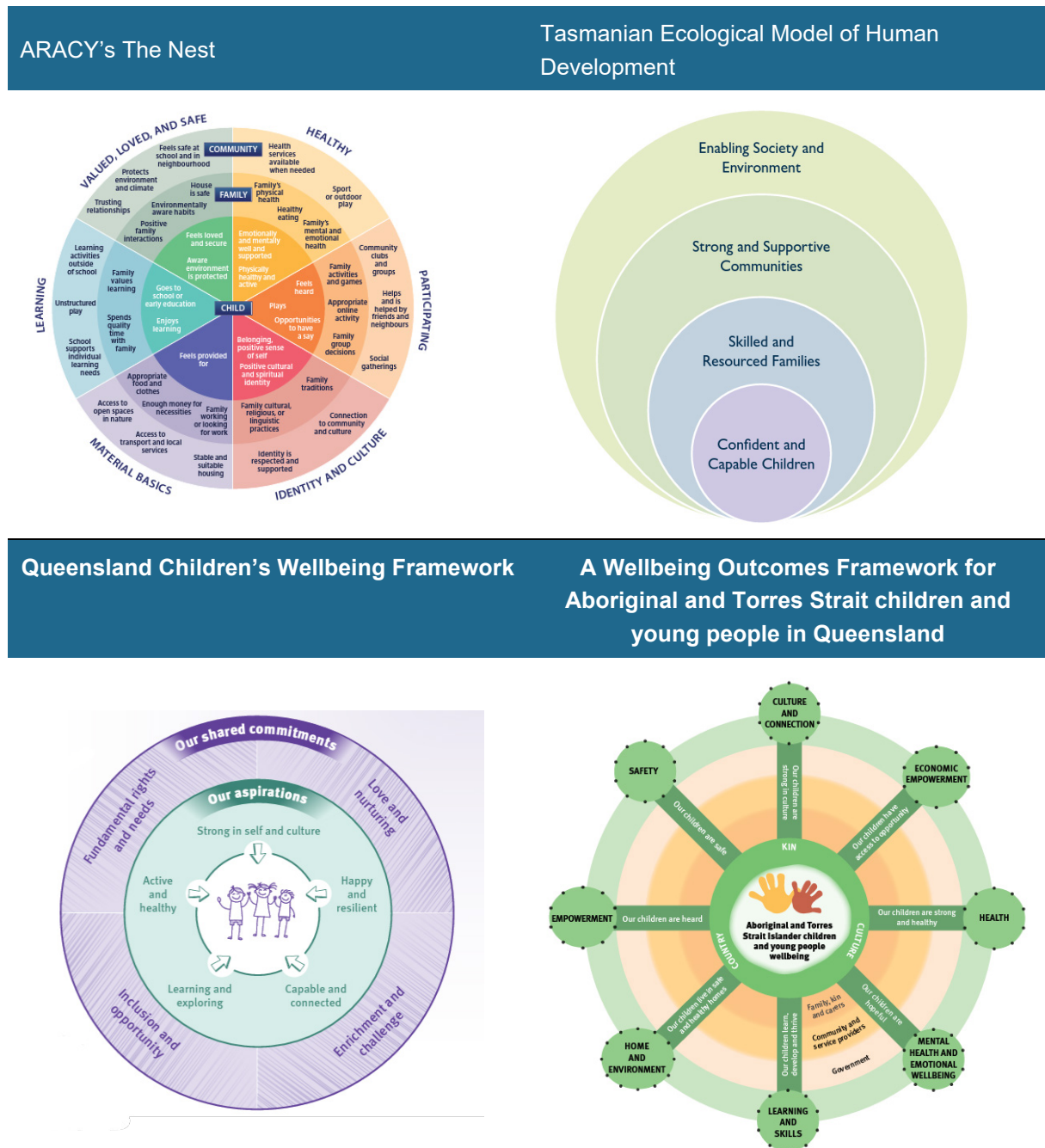
Sources: Goodhue, Dakin, & Nobel (2021); Tasmanian Government (2021); Queensland Government Department of Education (2020); Queensland Government (2019).

Other frameworks that highlighted the importance of family relationships on child wellbeing include the Queensland Children's Wellbeing Framework which conceptualises a child's wellbeing as being founded in their family, kin and interpersonal relationships, their community and culture, and the wider world in which they live, learn and grow. Consequently, parents and carers, families, communities and governments all play a role in nurturing children's wellbeing. Similarly, Queensland's Wellbeing Outcomes Framework for Aboriginal and/or Torres Strait Islander children and young people notes that the wellbeing of children and young people is inextricably linked to the wellbeing of the family and community. The adult institutions in a child's life – parents, family, service providers, and government – all play critical roles in their wellbeing, especially before they enter young adulthood.

Box 11   Using external relationships and environments review learnings

When viewed through an ecological model, the wellbeing of children and young people is inextricably linked to the wellbeing of their family, community, society and environment. The extent to which these relationships are recognised and accounted for is an important consideration for the development of a measurable child wellbeing definition. It is proposed that the Child Wellbeing Working Definition adopt an ecological, child-centric approach.

Surviving or thriving

As noted in Appendix 1, there has been a trend towards conceptualisations of child wellbeing adopting and incorporating more strengths-based principles as opposed to viewing wellbeing through a deficit-based lens. This was also reflected in Key Content Expert discussions, where strong support for a strengths-based framing around child wellbeing was expressed. Hence the extent to which a child wellbeing definition focuses on whether children are just 'getting by' or if they are functioning well in their day-to-day lives, which has been described by some researchers as the difference between flourishing and languishing (see Keyes, 2002), is an important consideration.

The OECD (2021) proposes that good child wellbeing extends beyond meeting the needs and capabilities for basic survival. Its wellbeing framework is based on the underlying principle that children should live both a "good" life in the present, whilst being given the opportunities to develop the skills, abilities and competencies needed for a good future. Tasmania's Child and Youth Wellbeing Strategy (Tasmanian Government, 2021), which is based on the state's corresponding wellbeing framework, adopts a similar approach. It expresses a vision that "Children and young people in Tasmania have what they need to grow and thrive".

The importance of thriving is also reflected in the Queensland's Child Wellbeing Framework, which asserts that "when our children thrive, our communities thrive", and A Wellbeing Outcomes Framework for Children and Young People, in which wellbeing domains are expressed in terms of what children and young people need to thrive.

Box 12   Using surviving and thriving review learnings

Informed by Key Content Expert discussions, and the commonalities revealed in the review of literature and existing frameworks it is recognised that the Child Wellbeing Working Definition needs to be focused on strength-based outcomes, rather than deficits, and so should recognise that children need more than just having their basic needs met.

Data availability and quality

The OECD (2021) notes that several barriers currently exist to the effective measurement of cross-national child wellbeing:

- Data on some dimensions of children's wellbeing, particularly those relating to education and health, is relatively well established and readily available while data on other dimensions, such as children's social and emotional wellbeing is often incomplete, inconsistent and/or limited.

- Data on the wellbeing of very young children is difficult to capture, especially data relating to measures of wellbeing that are 'subjective' in nature. Additionally, children and young people's view on their own wellbeing are often not well reflected in wellbeing data.

- Certain cohorts, particularly those from vulnerable or marginalised populations (such as children with disabilities, in care institutions or experiencing homelessness or maltreatment), may not be easily identifiable and/or challenging to engage in data collection processes; hence, these cohorts can be difficult to capture in wellbeing definitions, measures and indicators.

- The interconnected nature of wellbeing is typically not reflected in wellbeing data. Child wellbeing data, where available, often comes from a range of disconnected sources so it can be difficult to establish and track linkages across different aspects of child wellbeing.

- Wellbeing a multidimensional construct, shaped by various overlapping and interacting influences; hence measuring it effectively requires an equally diverse set of measures. This becomes even more complex when measuring wellbeing for children as it not only relates to how they are doing at a given moment in time, but how they are developing, and various aspects of child development often depend on each other leading to what is termed "developmental cascades".

Although these issues were specified in a cross-national context, many of them are likely to be applicable measuring child and youth wellbeing in Australia. Several of the well-established frameworks reviewed noted reporting challenges due to data availability and quality constraints (see Western Australia's Wellbeing Monitoring Framework and Northern Territory's Story of our Children and Young People).

Box 13   Using data availability and quality review learnings

The availability and quality of child wellbeing data is somewhat limited, resulting in little information to draw on to date to inform the development of a Child Wellbeing Working Definition. Many of the frameworks reviewed focused on aspirational goals and were not guided by immediate data availability considerations.

Table 13:   Wellbeing framework assessment template

General details
Full Title: What is the title of the framework
Short or Abbreviated Title: If applicable
Administering body (type): What is the administering organisation? Is it a government or non-government organisation?
Jurisdiction: Where does the framework apply?
Population: To what population does the framework apply? Child, whole or other?
Scope: General wellbeing or a specific aspect of it (e.g. student wellbeing)?
Background
Overview of Framework: What is the structure/key elements of the framework?
How was the framework developed? This includes policy contexts, any consultation processes and whether an existing framework was used as a reference point.
What underlying principles, guidelines and philosophies were used to inform the framework? This may include the use of an ecological approach, references to legislation, preference for deficit- or strength-based language and outcomes.
Wellbeing Definition
Does the framework explicitly state a wellbeing definition? If Yes, what is it? If No, does it describe wellbeing or provide an accompanying vision statement, goal or aspiration?
Does the framework specify domains to help conceptualise, describe or measure wellbeing? If Yes, how many and what are they?
What evidence was used to justify the choice of domains?
Is an age range specified? If Yes, what is it and is any justification given for the range.
Wellbeing Assessment
Have any indicators or measures been specified to assess wellbeing outcomes? If Yes, how many, what are they and how were they established?
If wellbeing domains have been specified, how are the indicators/measures linked to these domains?
Is there any reporting associated with the framework? If Yes, what reports and how frequently published.
Other
Is there any reference to the wellbeing of priority groups in the framework? If Yes, what groups and to what extent is the wellbeing of these groups reflected in any associated wellbeing indicators or measures.
Have any limitations been identified?
Any other points of interest to note?
Sources and Citation
Source(s): Link to document on internet
Citation: How should the framework be cited?

Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation
Study Final Report – Wellbeing definition and framework review

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Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

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Appendix D: Excerpt from Social Research Centre's Wellbeing Definition and Policy Consultation Study Final Report – Wellbeing definition and framework review

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