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POWERING kids helpline

Tasmania 20-year Preventive Health Strategy Exposure Draft

A submission to the Tasmania Department of Heatlh

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Introduction

yourtown welcomes the opportunity to provide feedback on the exposure draft of Tasmania's 20-year Preventive Health Strategy. We support the Strategy's long-term vision to improve health and wellbeing by shifting focus from treatment to prevention, and we welcome its emphasis on early intervention, equity, and whole-of-system action.

yourtown works alongside children, young people, and families experiencing vulnerability, distress, and disadvantage. Our experience spans mental health and wellbeing, early intervention, education and employment pathways, domestic and family violence responses, accommodation, and community-based supports. Services are delivered through a combination of face-to-face and digital models to ensure accessibility across diverse communities.

Kids Helpline plays a significant role in Tasmania's preventive and early intervention landscape. It is the only free, 24/7 telephone and online counselling service available to children and young people aged 5 to 25 years in the state. Over almost 35 years of operation, Kids Helpline has responded to more than a quarter of a million contacts from Tasmania, providing support across the full help-seeking continuum from early concerns through to crisis. We have also provided face to face support to communities in Tasmania as requested to support children and young people experiencing significant distress.

In 2025, Kids Helpline responded to more than 3,500 contacts from Tasmania, with the most common reasons for contacts related to emotional wellbeing (26% of counselling contacts), mental health (26%), suicide-related concerns (19%), family relationship issues (14%), and self-harm (10%). Counsellors undertook 159 duty-of-care actions for young Tasmanians in crisis, 40% of which were responses to suicide attempts and 26% were responses to child abuse. Two-thirds (66%) of contacts from young Tasmanians were made outside normal business hours, specifically, on weekends and after 5pm and before 9am on weekdays. Almost half of contacts (48%) were from young people living in rural, outer regional, or remote areas. Tasmania also recorded the highest proportion (44%) of contacts seeking non-counselling support nationally, highlighting the importance of accessible information, early intervention, and navigation support.

In addition to Kids Helpline, Kids Helpline @ School offers classroom-based prevention and early intervention programs delivered by qualified counsellors in primary and secondary schools. In 2024-2025, more than 1,650 Tasmanian students participated in these sessions, supporting mental health literacy, help-seeking, and early support.

This submission draws on these experiences to provide feedback on how the Strategy can best translate its ambition into practice for children and young people. This submission is also informed by Your Voice, **yourtown's** 2025 youth engagement initiative, which captures the lived experiences and priorities of children and young people aged 12–25 across Australia.[1] The themes referenced throughout this submission are drawn from qualitative responses provided by young Tasmanians reflecting on their experiences accessing support, using services, navigating systems, and engaging with decision-makers. Together, Kids Helpline data and Your Voice qualitative evidence provide a strong picture of how preventive health systems are currently experienced by young people in Tasmania, and where reform will have the greatest impact.

Our comments focus on areas where the Strategy's pillars, sub-pillars, and implementation approach intersect with the realities of early intervention, youth mental health, safety, education, digital inclusion, and community-based prevention. The main themes of our submission include:

[1] **yourtown**. (2025). Your Voice 2025. https://www.yourtown.com.au/your-voice

- **Prevention must be treated as core public infrastructure**, requiring sustained resourcing, workforce capability, and system support, not reliance on individual or community empowerment alone.
- **Children and young people should be consistently positioned as a priority preventive health population**, recognising how early experiences shape lifelong health, wellbeing, and equity outcomes.
- **Community and youth leadership are essential to effective prevention**, and must be embedded through co-design, lived-experience governance, and stable, place-based investment.
- **Digital safety, digital counselling, and after-hours support are critical prevention enablers**, particularly for young people in regional and outer regional Tasmania and those seeking help outside standard service hours.
- **Early intervention settings such as schools are pivotal to lifelong health outcomes**, requiring stronger links between education engagement, mental health, digital inclusion, and prevention pathways.
- **Domestic and family violence, youth justice involvement, and disengagement from education should be treated as child-focused prevention priorities**, addressed through integrated, trauma-informed and community-based responses.
- **Prevention is most effective when systems are connected**, with clear pathways across health, education, housing, justice, and community services rather than siloed interventions.
- **Clear accountability, equity weighting, and workforce readiness are critical to implementation success**, ensuring action plans translate intent into sustained, system-wide change.

Feedback on the exposure draft

How does the long-term vision in this draft feel to you?

The long-term vision lands as ambitious, coherent and values-driven, particularly in its framing of prevention as core public infrastructure and its focus on equity, place and intergenerational wellbeing. For **yourtown**, the vision resonates where it recognises that health is shaped through everyday environments, relationships and opportunities. However, the big picture does not yet fully grapple with the reality that empowerment without resourcing will not deliver sustained change. This concern is echoed by Tasmanian young people in Your Voice, who consistently describe being encouraged to seek help while facing significant barriers to accessing timely, appropriate support. Specifically, the data shows that unclear pathways, long wait times, and complex eligibility criteria are a primary reason young people disengage from help-seeking altogether, even when need is high. Children, young people, families and communities cannot be expected to carry the responsibility for prevention without the capability, funding and support required to do so.

Recommendation: The Strategy should explicitly recognise that empowerment must be matched with sustained resourcing, capability and system support if prevention is to deliver durable outcomes.

Embedding community and youth leadership as core prevention infrastructure

To achieve its long-term vision, the Strategy should more clearly commit to empowering and resourcing children, young people, families and communities as partners in prevention. This includes embedding lived experience in governance and decision-making, and ensuring

stable, long-term investment in community-led and youth-led prevention as core system infrastructure. Place-based approaches must be backed by adequate time, funding, workforce support and data capability so communities are equipped to lead, adapt and sustain responses over time, rather than rely on short-term programs or unfunded expectations.

Recommendation: The Strategy should set a clear standard that community and youth leadership in prevention is supported through multi-year, place-based funding, workforce development and data capability.

Sustained investment in community capability as a foundation for effective prevention

yourtown's experience working alongside children, young people and families demonstrates that prevention is most effective where community agency is matched with consistent resourcing. Empowered and resourced communities are better able to identify emerging risks early, engage young people meaningfully and maintain trust and continuity beyond funding cycles. Prevention evidence consistently shows that durable, population-level outcomes depend on sustained investment in community capability, not just service availability.[2][3] Strengthening this dimension would make the Strategy's vision more achievable, equitable and resilient over the full 20-year horizon.

Recommendation: The Strategy should prioritise sustained investment in community capability as a core measure of prevention success, alongside service availability.

Embedding co-design and human-centred design to centre children and young people in prevention

It is also positive that the consultation process is signalling a shift toward more direct engagement with children and young people in shaping prevention. **yourtown** supports the use of co-design and human-centred design approaches because they move participation beyond consultation to shared decision making, enabling children and young people to influence priorities, test ideas, and shape implementation across the life of the Strategy. Your Voice qualitative data shows that Tasmanian young people want their views to shape priorities early, not simply be heard after decisions are made, and that trust in systems is closely linked to whether participation leads to visible action and feedback. These approaches recognise children and young people as experts in their own lives and result in prevention responses that are more relevant, credible, and grounded in lived experience. Furthermore, this will help keep the Strategy grounded in lived experience and responsive as needs evolve.[4]

Children and young people should be regularly and meaningfully consulted in decisions that affect them throughout the life of the Strategy, not only during initial design. Ongoing engagement should be embedded in governance, action plan development, implementation, and review, so young people can influence priorities, adaptations, and resource allocation as needs evolve.

[2] Schell, S. F., Luke, D. A., Schooley, M. W., Elliott, M. B., Herbers, S. H., Mueller, N. B., & Bunger, A. C. (2013). Public health program capacity for sustainability: A new framework. *Implementation Science, 8*(1), 15.
[3] Wolfenden, L., Nathan, N., Turon, H., McCrabb, S., Stickney, B., Signy, H., Rychetnik, L., Crane, M., Lee, K., Pinheiro, M., & Sutherland, R. (2024). Implementing policies and programs in prevention: Synthesis of knowledge from the Australian Prevention Partnership Centre and CERI. The Sax Institute. https://preventioncentre.org.au/wp-content/uploads/2024/02/Implementation-Research-Knowledge-Synthesis-Report-March-2024.pdf
[4] National Academy of Medicine. (2022). Principles of meaningful community engagement. National Academies Press. https://doi.org/10.17226/26142

Recommendation: The Strategy should commit to co-design and human-centred design as standard practice, embedding these approaches in governance, planning and evaluation rather than treating them as optional engagement activities.

Does the strategy reflect the things you believe keep Tasmanians well?

The Strategy reflects a broad and credible understanding of what keeps Tasmanians well. It recognises key determinants of health, including safe homes, strong families, education, employment, food security, mental wellbeing, suicide prevention, healthy environments, and digital inclusion. This aligns with evidence and with what communities have identified as important to living well.[5]

While these foundations are strong, several issues that disproportionately affect children and young people would benefit from more explicit and consistent treatment as core drivers of preventive health outcomes, rather than being implied or addressed indirectly across multiple pillars.

Recommendation: The Strategy should position children and young people as a core preventive health priority, recognising that early life experiences fundamentally shape lifelong health, wellbeing and equity outcomes.

Exposure to domestic and family violence, involvement with the justice system, mental distress, disengagement from education, and digital harm are strongly associated with poor lifelong health and wellbeing outcomes.[6] These experiences also drive increased demand on health, justice, housing, and child protection systems.[7] Addressing these issues early, in integrated and youth-appropriate ways, is critical to effective prevention.[8] In regional and rural communities, lower attendance and retention are often shaped by structural access barriers such as travel time and transport cost, constrained curriculum/subject choice, and workforce availability; so, effective prevention must address service design, i.e. how learning is delivered and accessed, alongside student wellbeing and support.[9][10]

While the Strategy acknowledges many of these determinants, clearer articulation of their role in shaping outcomes for children and young people would strengthen its overall preventive impact and equity focus. The Strategy could be strengthened by more clearly articulating the following areas as central to preventive health for children and young people. The high proportion of Tasmanian children and young people in rural, outer regional, and remote areas seeking help from Kids Helpline highlights the importance of prevention models that overcome distance, workforce constraints, and limited local service availability.

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[5] Department of Health and Aged Care. (2021). National Preventive Health Strategy 2021–2030. Australian Government. https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030

[6] Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health,* 2(8), e356–e366. https://doi.org/10.1016/S2468-2667(17)30118-4

[7] Australian Institute of Health and Welfare. (2023). Australia's welfare 2023: Data insights—Children who have experienced child protection, youth justice and homelessness. AIHW. https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2023-data-insights/contents/young-people-who-have-experienced-child-protection

[8] Baird, S., Choonara, S., Azzopardi, P. S., Banati, P., Bessant, J., Biermann, O., … Viner, R. M. (2025). A call to action: The second Lancet Commission on adolescent health and wellbeing. *The Lancet, 405*(10493), 1945–2022. https://doi.org/10.1016/S0140-6736(25)00503-3

[9] Halsey, J. (2018). Independent review into regional, rural and remote education – Final report. Australian Government Department of Education. https://www.education.gov.au/independent-review-regional-rural-and-remote-education

[10] Department for Education, Children and Young People. (2025). Independent Review of Education in Tasmania – Final report. Tasmanian Government. https://www.decyp.tas.gov.au/2025/01/independent-review-of-education-report-released/

In addition, Tasmanian children and young people's high demand for non-counselling support also indicates a strong need for early intervention, information, and navigation supports as core elements of preventive health, not only clinical or crisis responses. Furthermore, Your Voice qualitative data from young people in Tasmania indicates that mental health support is the most frequently raised concern, with many describing difficulties accessing timely help or being turned away for not meeting service thresholds. This contributes to a perception that support is only available at crisis point rather than at earlier, preventative stages. Participants engaged through Your Voice in Tasmania also consistently link cost-of-living pressures and housing insecurity with increased stress, worsening mental health, and disengagement from education and community life. These pressures are described as direct drivers of health and wellbeing outcomes, rather than background economic conditions.

Embed digital safety and support as core prevention infrastructure

The Strategy's expanded view of safety, including safety in physical and online spaces, is welcome and reflects contemporary risks faced by children and young people. Following on from this, digital safety and support should be recognised as core prevention infrastructure. Kids Helpline data shows that a significant proportion of children and young people seek help outside standard business hours, reinforcing the need for prevention infrastructure that is available when distress occurs, not only during service hours. Your Voice qualitative data from Tasmanian young people similarly highlights that digital channels are often the first or only accessible support option for young people, particularly outside business hours and in regional and outer regional areas. This includes digital counselling, crisis pathways, safe digital spaces, and online safety education, which are often the first or preferred points of help seeking for young people. Preventive health action will be strongest when digital safety, telehealth access, and digitally enabled early detection operates as a coordinated system, supported by targeted measures to reduce digital exclusion. Digital harms evolve quickly, so strengthening digital wellbeing data collection and reporting is essential to identify emerging issues early and adjust prevention responses over time.

Digital counselling and mental health support services should be recognised as essential prevention infrastructure alongside in-person services, not as substitutes for them. For many young people, particularly those in regional and outer regional areas or seeking help outside business hours, digital support is the most accessible or preferred entry point.[11] A strong preventive health system must therefore provide coordinated hybrid pathways that enable young people to move between digital and face-to-face supports according to need, safety, and choice.

The Strategy should also prioritise coordinated supports for people at higher risk of digital exclusion. A tiered approach is needed so that digital options expand access without replacing in person pathways for people who cannot safely or reliably use digital channels.

Recommendation: Position digital counselling, crisis support, safe online spaces, and online safety education as essential components of preventive health infrastructure for children and young people, rather than supplementary or enabling activities.

Recommendation: Strengthen Tasmania's digital wellbeing data collection and reporting to align with national frameworks, track emerging risks and protective factors, and inform targeted prevention for children and young people.

[11] Mseke, E. P., Jessup, B., & Barnett, T. (2023). *A systematic review of the preferences of rural and remote youth for mental health service access: Telehealth versus face-to-face consultation*. Australian Journal of Rural Health, 31(3), 1–10. https://doi.org/10.1111/ajr.12961

Prioritise digital enabled prevention and care

The Strategy should strengthen its prevention approach by embedding digital enabled models that identify risk early and support timely intervention.[12] This should include telehealth expansion for preventive services, the use of digital detection and remote monitoring technologies where appropriate to identify emerging health risks early, and digital clinical decision support embedded within community-based care to improve consistency and quality. These actions should be implemented alongside clear safeguards, workforce capability, and referral pathways, so that digital tools support earlier intervention rather than creating new gaps or burdens for services and communities. Prevention is most effective when children and young people can move seamlessly between education-based supports, early help, and crisis responses, rather than encountering fragmented systems at different stages of need.

Recommendation: Prioritise digital enabled prevention in community settings by expanding telehealth preventive access, embedding digital clinical decision support, and using appropriate digital detection and remote monitoring to identify risk early, alongside tiered coordinated supports for people at higher risk of digital exclusion.

Prioritise school engagement by creating safe and supportive learning environments to improve lifelong health outcomes

Early school leaving should be prioritised as a significant preventive health issue;[13] however, it cannot be addressed without understanding why young people disengage. Young people consistently explain that they do not leave school because they lack interest. They leave when school does not feel safe, supportive, or responsive to their needs. Disengagement should be treated as a warning sign about the school environment and the systems around it, not simply a problem within the young person. In Tasmania, persistent literacy gaps compound this disengagement, particularly as students move through secondary school.[14] When young people fall behind academically without timely, effective support, school can become a source of stress, shame, and exclusion rather than safety and belonging.[15] Leaving school early is associated with significantly higher risks of premature mortality and poorer lifelong health outcomes.[16] Low literacy is a key pathway through which these risks accumulate, limiting access to further education, employment, digital participation, and health information across the life course.[17] Preventing disengagement is therefore a high impact investment in population health and health equity. Young Tasmanians who participated in Your Voice describe schools as essential places for early support. They also report that unmet wellbeing needs, bullying, discrimination, and academic pressure can push them out when adequate supports are missing.

The Strategy should prioritise evidence informed actions that strengthen school environments, ensure physical and psychological safety, and provide timely wellbeing support. This includes early identification of learning needs, access to effective literacy

[12] World Health Organization. (2019). WHO guideline: Recommendations on digital interventions for health system strengthening. World Health Organization. https://doi.org/10.17226/26142
[13] IHME-CHAIN Collaborators. (2024). Effects of education on adult mortality: A global systematic review and meta-analysis. *The Lancet Public Health, 9*(3), e155–e165. https://doi.org/10.1016/S2468-2667(23)00306-7
[14] Hopwood, B., Hay, I., & Dyment, J. (2016). Students' reading achievement during the transition from primary to secondary school. *The Australian Educational Researcher, 43*(5), 531–548. https://doi.org/10.1007/s13384-016-0216-8
[15] Moensted, M. L. (2022). Shame, anger and the lived experience of school disengagement for marginalised students: A recognition theory approach. *Young, 30*(5), 525–542. https://doi.org/10.1177/11033088221094459
[16] Balaj, M., Henson, C. A., Aronsson, A., Aravkin, A., Beck, K., Degail, C., … Gakidou, E., for the IHME-CHAIN Collaborators. (2024). Effects of education on adult mortality: A global systematic review and meta-analysis. *The Lancet Public Health, 9*(3), e155–e165. https://doi.org/10.1016/S2468-2667(23)00306-7
[17] Paasche-Orlow, M. K., & Wolf, M. S. (2010). The causal pathways linking health literacy to health outcomes. *American Journal of Health Behavior, 34*(5), 587–597. https://doi.org/10.5993/AJHB.34.5.7

support, and teaching approaches that prevent students from falling behind as academic demands increase. It should also support re-engagement pathways that recognise the structural and relational factors that contribute to disengagement. Education and lifelong learning should be clearly linked to youth mental health, employment pathways, and digital inclusion, with defined measures for school safety, attendance, attainment, and successful transitions.

Recommendation: Elevate school leaving as a key preventative health issue by establishing clear measures for prevention, re-engagement, and successful transition that link education, learning capability, youth mental health, employment outcomes, lifelong learning, and digital inclusion.

Improve equitable access to Years 11-12 through spatially intelligent provision

The Strategy should more explicitly recognise that senior secondary participation is shaped by geography and system design, not by lack of aspiration. These barriers to participation are amplified for students with unmet literacy and learning needs, who are less able to navigate long travel times, fragmented timetables, or unsupported online learning without strong local and relational support.[18] In Tasmanian Government schools, the state attendance rate was 85.1% (Prep–Year 10) as at the end of Term 3, 2025, while direct retention from Year 10 to Year 12 was 60.4%, underscoring the importance of prevention responses that lift participation and retention as well as provide individual support.[19] To improve retention and ensure genuine subject choice regardless of postcode, the Strategy should prioritise practical access levers such as targeted transport supports, local–college hybrid delivery as a default option, including multi-school delivery models with shared staffing and flexible timetabling, and a state-supported digital senior secondary network for low-demand subjects with onsite learning support. Over the longer term, the Strategy should support the development of regional senior secondary hubs and targeted workforce incentives to sustain Level 3 and Vocational Education and Training offerings in regional areas.

Recommendation: Strengthen senior secondary engagement by addressing access barriers, including transport related disengagement, genuine subject choice regardless of postcode, and supported hybrid delivery that reduces full time travel while maintaining pastoral care and re-engagement pathways.

Elevate domestic and family violence as a child- and young person-focused prevention priority

The domestic and family violence preventive health priority should explicitly recognise of children as victims in their own right and not only as adjacent to adult victim survivors. Prevention should be strengthened through respectful relationships education and school-based programs such as Kids Helpline @ School (a classroom-based prevention and early intervention program delivered by qualified counsellors within primary and secondary school settings), alongside consistent trauma and violence informed approaches across health, education, and community services.

[18] Masters, G. N., Moyle, K., Rothman, S., Hollingsworth, H., Perrett, B., Weldon, P. R., Perkins, K., Brown, J., Radloff, A., Freeman, P., & Damianidis, S. (2016). *Review of Years 9 to 12 Tasmania: Final report*. Australian Council for Educational Research. https://research.acer.edu.au/policy_analysis_misc/24

[19] Department for Education, Children and Young People. (2025). Student engagement and participation data. Tasmanian Government. https://www.decyp.tas.gov.au/about-us/policies-legislation-data/data-and-statistics/student-engagement-participation-data/

Recommendation: The Strategy should explicitly recognise children and young people as victim survivors of domestic and family violence within relevant pillars and sub-pillars, and embed trauma- and violence informed practice as a cross-cutting requirement across health, education, justice, and community systems.

Position youth justice and diversion as preventive health responses

Youth justice and diversion should be more clearly positioned as preventive health measures because contact with the youth justice system is associated with significantly elevated lifelong physical and mental health risks.[20] The Strategy should embed diversionary, therapeutic, and community led responses that address the social determinants of youth crime, including housing instability, disengagement from school, unemployment, substance use, domestic violence and lack of social connection. Stronger links should be articulated between the justice, health, and rehabilitation sub pillar and actions related to housing, education, employment, and community participation.

Recommendation: The Strategy should more clearly position youth justice, diversion, and rehabilitation responses as preventive health interventions, with explicit alignment to actions addressing housing stability, education engagement, employment pathways, substance use, and social connection.

Do the sub-pillars feel like the right ingredients in the recipe? Do any need clearer explanation, or feel like they belong in a different pillar?

The breadth and structure of the sub pillars across all five pillars are appropriate and reflect the complexity of prevention. **yourtown** supports the inclusion of youth wellbeing, mental health, suicide prevention, safety and violence prevention, digital inclusion, employment, and the data and workforce enablers, which closely align with our work. However, some sub pillars cover closely related concepts and risks that could be implemented in silos unless the draft more clearly explains how they connect. In particular, the relationships between mental health, preventing suicide and self-harm, youth wellbeing, and safety and violence prevention need clearer distinctions and cross links to reduce duplication and support connected pathways. Clear distinctions and strong cross references between sub pillars support integrated service delivery and reduce duplication. For children and young people, prevention is most effective when mental health, safety, education, justice, and social supports operate as connected pathways rather than discrete interventions.

Recommendation: The Strategy should clarify boundaries and strengthen cross-links between youth-related sub-pillars by clearly defining the distinct purpose of each (youth wellbeing, mental health, suicide and self-harm prevention, and safety and violence prevention), identifying shared outcomes and accountability, and including brief pathway descriptions that show how children and young people move between supports when needs overlap.

Strengthening clarity and youth-responsive delivery across prevention sub-pillars

The pillar structure should be retained because the sub pillars largely sit in the right places. The Strategy should strengthen clarity and integration by explaining how the youth wellbeing, mental health, suicide prevention, and safety and violence prevention sub pillars differ in purpose and how they work together for shared outcomes.

[20] Borschmann, R., Janca, E., Carter, A., Willoughby, M., Hughes, N., Snow, K., & Patton, G. C. (2020). The health of adolescents in detention: A global scoping review. *The Lancet Public Health, 5*(2), e114–e126. https://doi.org/10.1016/S2468-2667(19)30217-8

The Strategy should also strengthen descriptions to better reflect how children and young people seek support in practice. This includes youth friendly and flexible delivery, such as outreach, drop-in models, after-hours options, culturally safe and gender inclusive services, and digital first support where appropriate. The Strategy should also describe expectations for warm transfers between digital supports and local in person services to reduce service gaps.

Recommendation: The Strategy should strengthen sub-pillar descriptions so prevention delivery meets children and young people where they are by explicitly embedding youth-friendly, flexible, and hybrid models across relevant sub-pillars, including outreach, drop-in and after-hours options, culturally safe and gender-inclusive practice, and clear expectations for warm transfers between digital-first supports and local in-person services to ensure continuity of care.

Strengthening cross-pillar integration to address the drivers of youth wellbeing and risk

Finally, the Strategy should make the cross-pillar connections more explicit for sub pillars that depend on other systems to succeed. This includes linking justice, health and rehabilitation actions with housing, education, employment, and community connection, because these are core drivers of youth wellbeing and risk. If these cross-pillar connections are not made explicit, implementation is more likely to default to siloed responses that address symptoms within single systems, leading to missed opportunities for upstream prevention and weaker outcomes for children and young people whose needs span housing, education, health, justice, and community supports.

Recommendation: The Strategy should make cross-pillar links explicit where outcomes depend on other systems by clearly connecting actions across relevant pillars and social determinants, including housing, education, employment and community connection, and by designing implementation as integrated, cross-portfolio pathways rather than standalone initiatives.

Do the ways we'll make this happen feel complete?

The Strategy's implementation model is well designed and provides a strong foundation for long-term preventive health reform. The separation between the 20-year Strategy and rolling four-year action plans is sound and supports adaptability, learning, and responsiveness to changing community needs. The staged "snowball" approach, supported by an action bank and a suite of enabling toolkits, responds directly to concerns about stop-start pilots and reform churn, and should be retained.

While shared ownership across government and community is a strength of the model, accountability for delivery is not yet sufficiently explicit. The Strategy describes how action plans will be developed but provides less clarity on who is responsible for delivery, how progress will be tracked, and what happens when actions stall or are delayed. Without this, shared ownership risks becoming diluted ownership.

Your Voice qualitative data from Tasmanian young people shows that when systems are unclear about responsibility, eligibility, or next steps, young people are more likely to disengage entirely rather than persist through multiple referrals. This reinforces the importance of clear accountability, visible ownership, and coordinated pathways within the Strategy's implementation model.

Recommendation: The Strategy should strengthen accountability by clearly assigning lead responsibility for Action Plan priorities, requiring public reporting on progress, and establishing escalation mechanisms for stalled cross-portfolio actions.

Securing sustained, multi-year investment to enable the snowball model

The success of the snowball model depends on early and sustained investment, yet resourcing commitments remain largely conceptual. While the Strategy articulates the importance of long-term funding, it does not yet lock in multi-year, cross-portfolio prevention investment aligned to action plans or protections against funding volatility across election cycles.

Recommendation: The Strategy should commit to multi-year, cross-portfolio prevention funding tied to action plans, with safeguards to ensure prevention investment is stable and grows over time.

Embedding co-design and lived experience as core governance practice

Community leadership and lived experience are strongly endorsed in principle, but they are not yet embedded as required elements of decision making. The Strategy refers to co-design, but it does not specify where participation is mandatory, how it will influence priorities, or how decision makers will be held accountable for sharing power rather than relying on consultation alone.

Recommendation: The Strategy should embed co-design and lived experience as mandatory components of governance, prioritisation, and Action Plan development, supported by clear accountability mechanisms, including transparent "you said, we did" reporting.

Embedding equity as a driver of prioritisation and accountability

Equity is a core principle of the Strategy, but its role in implementation is not yet explicit. The prioritisation framework references fairness, but the model does not clearly articulate how equity will be weighted in decision making or how resources will be proportionally directed to communities and populations experiencing the greatest disadvantage.

Recommendation: The Strategy should explicitly weight equity in prioritisation decisions and require disaggregated reporting by geography and population group to track whether gaps are closing.

Aligning workforce capability with prevention ambition and delivery

Workforce capability is recognised as critical, but the sequencing between workforce development and delivery ambition could be clearer. There is a risk that Action Plans outpace workforce capacity, particularly in community-based prevention and lived-experience roles.

Recommendation: The Strategy should link the scope and pace of action plans to workforce readiness, and prioritise early investment in prevention workforce pipelines, including community and lived-experience roles.

Strengthening measurement, reporting and accountability for prevention outcomes

Alongside setting clear standards, the Strategy should clearly articulate how success will be measured and reported. This includes practical indicators, lived experience feedback mechanisms, and transparent public reporting that show whether actions are improving access, equity, and outcomes for children and young people. Clear and visible measures are essential to support accountability, enable learning, and drive continuous improvement over time, rather than relying on intent or activity alone.

Recommendation: The Strategy should establish clear and consistent measures for each standard, including defined indicators, lived experience feedback, and public reporting, to demonstrate whether prevention actions are working and where adjustment is required.

Taken together, these refinements would strengthen an already robust implementation model by locking in accountability, resourcing, equity, and capability. This would increase confidence that the Strategy's long-term vision can be translated into sustained, system-wide change over the full 20-year horizon.

We would welcome the opportunity to explore these ideas with you in further detail and would welcome the opportunity to discuss our experiences as part of ongoing consultations. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at advocacy@yourtown.com.au.

yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

Our services

- Kids Helpline, providing professional counselling and support 24x7 to 5–25-year-olds across Australia since 1991
- Domestic and family violence refuge, transitional housing, and therapeutic supports for women and their children, including post-refuge support
- Accommodation and therapeutic supports for young parents and their children at high risk
- Early intervention mental health services for children aged 0-18 years old and their families
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments
- Employment, education, and social enterprise programs to support young people at risk of long-term unemployment to re-engage with education and/or employment.

Kids Helpline

yourtown's Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for those aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 9 million contacts from children and young people nationally in the 35 years since our service was first established, while also providing tens of millions of self-help interactions via our website and social channels. In 2025, our Kids Helpline counsellors responded to 128,992 contacts from children and young people across Australia, including 5,190 crisis responses for children and young people at imminent risk of harm.

Kids Helpline @ School

Kids Helpline @ School is **yourtown's** national early intervention and prevention education program, delivered virtually into classrooms by professional counsellors. The program designed to normalise help-seeking behaviours and equip students with tools for lifelong mental health and wellbeing. In 2024, 79,527 primary school children were reached by Kids Helpline @ School sessions from 537 schools across Australia, and 70,508 high school students were reached by Kids Helpline @ School sessions from 134 schools across Australia. These sessions help children and young people build emotional literacy, resilience, and help-seeking behaviours, while addressing topics such as bullying, mental health, relationships, and online safety. The program continues to be a vital support for educators and families, offering a proactive approach to mental wellbeing in school communities.

My Circle

My Circle is a free, confidential, and clinically moderated online peer support platform for young people aged 12–25, developed by **yourtown's** Kids Helpline in partnership with the Bupa Foundation. In 2024, 3,558 young people actively engaged with My Circle, accessing support for mental health, relationships, identity, and wellbeing. The platform offers a safe digital space for young people to connect with peers and build coping strategies under the guidance of trained moderators. It is particularly valuable for those in rural and remote areas who face barriers to traditional services.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where

local services are unavailable. In 2025, there were more than 7,000 counselling contacts with parents and carers in Queensland and the Northern Territory.

Family and Domestic Violence Refuge and Transitional Housing

yourtown's Family and Domestic Violence Refuge provides safe, supported accommodation for women and children for up to 12 weeks, or longer depending on individual needs. The refuge is staffed by a specialised, trauma-informed team where families can begin to rebuild their lives. The service is designed to foster empowerment, restore self-agency, and support women and children to reconnect with their strengths, aspirations, and sense of control.

Families exiting the refuge may transition into **yourtown's** Transitional Housing Program, which offers continued safety and stability for up to 12 months. This program is a critical bridge to long-term, independent living and includes wrap-around support tailored to each family's goals. This includes assistance with legal and financial matters, employment pathways, education access, therapeutic support, and helping children settle into school and community life. The refuge also offers an Outreach Program at exit, enabling families to maintain connection with the refuge and receive ongoing support after their stay. This continuity of care ensures women and children remain supported as they navigate their next steps for as long as they need. In 2024-25, **yourtown** supported: 29 parents and 48 children through refuge accommodation and 21 parents and 38 children through transitional housing.

Face-to-face Programs for Children and Families

yourtown provides accommodation and intensive individualised support to vulnerable at-risk young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families. In 2024-25, San Miguel supported 33 parents and 41 infants and young children. **yourtown's** CARE Plus program in Port Pirie is an early intervention and family support service that aims to improve the development and wellbeing of children. We support students to continue to engage meaningfully in their education. On average, CARE Plus supported 25 children and young people each month in the last financial year. **yourtown's** Starfish program supports children and young people aged up to 18 years to improve their emotional health and wellbeing. We provide outreach early intervention and prevention support in the Moreton Bay and Logan communities. The program supported 270 families in the last financial year. **yourtown** is the Facilitating Partner for Deception Bay Communities for Children services. These community-based prevention and early intervention strategies support the development and wellbeing of children up to 12 years of age. In 2024-25, Coordinated Advocacy and Referral for Early Intervention assisted 114 families, Wolbai (a culturally safe, appropriate, and socially inclusive program that supports children and families) assisted 110 families, and Connected Families (which aims to strengthen parenting, wellbeing, and community connections for families) supported 182 families. **yourtown's** Penrose Young Parents Program in Port Pirie South Australia and Glugor Young Parents Program in Deception Bay Queensland provide practical parenting support to help with child development, life skills, and health and wellbeing activities in safe, supportive environments. In 2024-25, Penrose supported 45 parents and 42 children and Glugor supported 31 parents and 42 children.

Employment Services

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including Transition to Work, Skilling Queenslander for Work, and Get Back in the Game provide young people with training to expand their options and help them find sustainable employment. During 2024-25 almost 5,000 young people were supported in our employment services and programs in South Australia, Queensland, and New South Wales.

Social Enterprises

yourtown has worked with young people and employers to break down barriers to sustainable employment for 25 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment. In 2024-25, almost 300 young people were employed in our social enterprises across South Australia, Queensland, and New South Wales.