

# Healthy Children – Strengthening Promotion and Prevention Across Australia

Developing a National  
Public Health Action Plan  
for Children 2005–2008

**Consultation Paper**

July 2004





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## **Developing a National Public Health Action Plan for Children 2005–2008**

### **Consultation Paper**

Prepared by the Child and Youth Health Intergovernmental Partnership

July 2004

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### **Acknowledgements**

This consultation paper is the result of input from a combination of sources: the membership of the National Public Health Partnership (NPHP) and its Child & Youth Health Intergovernmental Partnership (CHIP), experts in child health and public health in Australia and from the existing evidence which is acknowledged throughout the paper. Details of those who have provided assistance are listed in Appendix 1.



July 2004

Dear Colleague

**Healthy Children – Strengthening Promotion and Prevention across Australia**  
*Developing a National Public Health Action Plan for Children 2005–2008*  
**Consultation Paper**

The National Public Health Partnership is pleased to present this consultation paper, which marks an important step towards the development of A National Public Health Action Plan for Children 2005–2008. We invite you to engage in a national consultation process and to provide advice on future directions.

The Action Plan is being developed by the health departments of the Australian, state and territory governments, in response to the growing evidence that the childhood years have lasting effects on health and wellbeing throughout life.

Children’s health continues to gain increased attention both nationally and locally. The Australian Government is advancing the National Agenda for Early Childhood, and Health Ministers through the National Obesity Taskforce have recommended that national action to promote healthy weight should start with a focus on children and families. State and territory governments have also embarked on a series of child and family centred initiatives encompassing the health, community and education sectors. Outside government we have seen the establishment of the Australian Research Alliance for Children and Youth and a growing commitment to work in partnerships and across sectors.

This consultation paper outlines a public health approach and, based on the evidence, identifies where the most effective initiatives can be made to address child health inequalities. It also proposes key action areas to promote and protect the health of children comprising:

1. Strengthening the capacity of parents, families and communities
2. Improving the knowledge and skills of key workers
3. Developing partnerships and mobilising resources
4. Building evidence and tracking progress

We look forward to discussions with many of the key stakeholders who have an interest in the development of this National Action Plan and who are making vital contributions to the improvement of our children’s health: government agencies, peak and professional bodies, researchers and key community organisations. We encourage you to attend the consultations in your jurisdiction by contacting your jurisdictional contact listed in the paper.

Your suggestions and comments are welcome on the overall approach and on the specific questions raised in the paper, by 20th August 2004. These can be forwarded to your jurisdiction or to the National Public Health Partnership through the links on its website at [www.nphp.gov.au](http://www.nphp.gov.au).

There will also be an opportunity in the coming weeks for specific consultation with peak organisations representing the health needs of Indigenous Australian children.

Yours sincerely



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Co-Chair  
Child and Youth Health  
Intergovernmental Partnership



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# Request for Feedback

This consultation paper outlines a framework for a National Public Health Action Plan for Children 2005–2008. The paper is intended to stimulate discussion and guide what could be included in the National Public Health Action Plan. The National Public Health Partnership (NPHP) invites comments on this paper throughout the consultation phase. A consultation process will occur in each jurisdiction in Australia through the members of the NPHP's Child and Youth Health Intergovernmental Partnership (CHIP). The feedback will then be considered in the development of an Action Plan that will have the support of all Australian Health Ministers.

Feedback is being sought from government agencies, peak and professional bodies, researchers and from key community organisations that have an interest in the development of this National Action Plan. We are also keen to hear from people from the range of sectors involved in the care, health and development of children.

You may wish to contact your jurisdiction's CHIP representative to participate in the consultation process in your jurisdiction (see Appendix 3 for contact details in your jurisdiction). Alternatively, you may wish to comment directly to the National Public Health Partnership.

Your thoughts and comments are welcome on the overall approach and on the specific questions raised in this paper. To assist with feedback, the questions raised in the consultation paper have been collated (see Appendix 4).

## Submission process

To contribute feedback in writing, you can respond to the paper and/or to other issues you think are relevant. You can send your comments:

- By mail to the CHIP representative in your jurisdiction (see Appendix 3)
- Via the NPHP website: [www.nphp.gov.au](http://www.nphp.gov.au)
- By mail to the NPHP:  
The Secretariat  
Child and Youth Health Intergovernmental Partnership  
National Public Health Partnership  
GPO Box 4057  
Melbourne Vic 3001  
Tel: 03 9603 8325  
Fax: 03 9603 8310

All submissions must be received by post, fax or email by August 20th 2004.

## **Consultation process for Aboriginal and Torres Strait Islander children's health issues**

People wishing to comment on public health issues for Aboriginal and Torres Strait Islander children are welcome to use any of the above methods for consultation. In addition, there will be an opportunity in the coming months for specific consultation with peak organisations representing the health needs of Indigenous Australian children. If you wish to take part in this process, further details will be available from the NPHP website ([www.nphp.gov.au](http://www.nphp.gov.au)) and the CHIP Secretariat (details above).

The results of this process will ultimately feed into the wider Action Plan, incorporating specific actions to address Aboriginal and Torres Strait Islander child health.

# Part I: Introduction

Children's health is recognised as a matter of national importance<sup>1\*</sup>. While most Australian children enjoy good health, gains have not been distributed equally. Children from families with lower socioeconomic status or an Indigenous background are likely to experience a higher risk of disease, injury and death than other Australian children<sup>2</sup>.

There is increasing recognition that improvements to children's health can come from the social environments operating in families, communities and wider society and from acting early, in life and in the pathways of children's development<sup>3</sup>.

This consultation paper outlines a framework for a National Public Health Action Plan for Children 2005–2008 that aims to strengthen the systems that support health promotion and illness prevention for children aged 0–12 years, including maternal health and wellbeing in the antenatal period.

The National Public Health Action Plan will represent a commitment by Australian, State and Territory Health Ministers and will focus on what the health sector can do by local, state, territory and Australian governments and non-governments organisations working cooperatively. Implementation of the Action Plan will contribute significantly to existing efforts and identify new opportunities for united approaches. It will seek to achieve the agreed outcomes into the future.

This consultation paper aims to stimulate discussion about the development of a national approach to children's health and is a guide to what could be included in the Action Plan. It outlines a proposed public health approach and, based on the evidence, it identifies where the most effective initiatives can be made to address child health inequalities. It also proposes key action areas that have the potential to assist communities to increase their capacity to respond to public health issues for children across Australia.

The four key action areas aim to promote and protect the health of children. They are:

1. Strengthening the capacity of parents, families and communities
2. Improving the knowledge and skills of key workers
3. Developing partnerships and mobilising resources
4. Building evidence and tracking progress

Responses are invited from government agencies, peak and professional bodies, researchers, service providers and community organisations that have an interest

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\* Superscript numerals refer to the Bibliography on page 37.

in the development of this Action Plan. Consultations will occur through a jurisdiction-based process and through engaging with key national bodies.

Action areas that address public health issues for Aboriginal and Torres Strait Islander children in detail will also be identified in a forthcoming paper that reflects the importance of cultural identity, an holistic concept of health and healing, and a focus on children as part of an intergenerational concept of family. CHIP, through its Aboriginal and Torres Strait Islander Working Group, is conducting an additional consultation process to discuss those specific actions areas, which will ultimately be incorporated into the National Public Health Action Plan for Children.

## **Background**

Over time, governments and non-government organisations have embarked on a series of policy-related initiatives that have strengthened promotion and prevention efforts in child health, wellbeing and development at a national level.

Previous efforts to set clear directions to progress the development of children's health nationally include:

- *The National Health Goals and Targets for Children and Youth* (1992)
- *The NHMRC Recommendations for Screening and Surveillance in Childhood* (1993)
- *The Australian National Health Policy for Children and Youth* (1995) and its associated *Implementation Plan* (1996)

Comprehensive monitoring of the health, development and wellbeing of children by the Australian Institute of Health and Welfare and sponsored by the Australian Department of Health and Ageing has occurred since 1996. This has resulted in a national picture of the health status of Australian children published in the following reports:

- *Australian's Children* (1998 and 2002)
- *Australia's Young People* (1999 and 2003)

It is essential to build on the important work done to date and develop additional capacity. Current frameworks and public health strategies that take a national approach address child health issues such as overweight and obesity, injury prevention, nutrition and breastfeeding, immunisation, mental health, tobacco and other drugs. The emphasis on children and their families within these frameworks varies from strategy to strategy. Children are either the specific targets of some strategies or they are addressed as part of the general population.

One of the major areas of national activity is the National Agenda for Early Childhood (Inter-departmental Taskforce on Child Development, Health and Wellbeing, Australian Government). It proposes a holistic way of placing children at the centre of broader social and economic environments and takes a general approach for working more collaboratively to achieve better outcomes for children. Significant investment is being made in the National Agenda through focusing on anticipated outcomes for children and by working towards aligning the broader system that children and families encounter, to improve

outcomes for children. As the National Agenda for Early Childhood develops further, health ministers, through the Australian Health Ministers' Advisory Council, have asked CHIP, through the NPHP, to provide advice on the health aspects emerging from the National Agenda.

### **Purpose of the Action Plan**

The National Public Health Action Plan for Children 2005–2008 will seek to strengthen the capacity of the health sector and the wider community to respond to a range of public health issues identified in national strategies for children aged 0–12 years, including maternal health and wellbeing during the antenatal period. It will also provide a response framework for emerging child public health issues. The Action Plan will serve to link strategic effort across the various settings and systems involved in the health and wellbeing of children. It will be based on health promotion and illness prevention, including early intervention approaches.

The National Public Health Action Plan for Children will focus on strengthening the capacity of systems to support communities, families, parents and professionals to support the health of children. It will provide a focus on the role of health services and will emphasise opportunities to address health inequalities.

While much of the impetus to improve children's health comes from within the health sector, the Action Plan will address the role that other sectors play by adopting an integrated approach that builds capacity for healthier children.

# Part II: Children and Public Health – The Evidence

## A Public Health Approach to Child Health

Families have the biggest influence on the ways in which children grow and develop. The capacity of families to support their children in reaching their potential is affected by their immediate physical and social environment as well as by broader factors in society. These include local community networks, employment and income, childcare, housing and health services<sup>4,5</sup>.

A public health approach recognises these influences in the everyday life of families and children. It seeks to systematically address these through efforts that are designed to reduce the disadvantage, prevent illness and promote the health and wellbeing of Australia's children.

Instead of focussing mainly on problems after they occur, it is important to focus more strongly on prevention and promotion of good health and development throughout childhood.

Today the public health approach knows more about the conditions that promote child health, growth and development, including how the many environments that children interact with, such as family, school and community, shape their health, development and wellbeing.

There are critical interventions and programs, focused at the appropriate stages of children's lives that capitalise on the momentum of children's development to achieve maximum improvement in children's health.

A public health approach also recognises the importance of addressing the burden of disease and what determines health by reducing the factors that put children at risk in the first instance and by enhancing the factors that protect children. These risk and protective factors for healthy growth and development are commonly described at both the individual, family and neighbourhood levels as well as at the broader cultural, societal and environmental level.

Many of the risk and protective factors that inform a public health approach to child health are listed in Table 1. These include a focus on supporting emotional and social development to build self-regulation and child competence, a strong indicator of overall positive development, health and wellbeing. While the list is not exhaustive, it provides a context for developing the Action Plan.

**Table 1: Risk and protective factors from antenatal period to 12 years<sup>6</sup>**

Context	Risk factors	Protective factors
Society, culture and environment	<ul style="list-style-type: none"> <li>• discrimination/alienation</li> <li>• social isolation</li> <li>• geographical/location isolation</li> <li>• low socioeconomic status</li> <li>• parental unemployment</li> <li>• homelessness</li> <li>• exposure to environmental hazards</li> </ul>	<ul style="list-style-type: none"> <li>• culturally and socially diverse communities</li> <li>• supportive and inclusive environments</li> <li>• social and economic security/stability</li> <li>• food security</li> <li>• clean, healthy environments</li> <li>• effective public health programs and systems</li> </ul>
Family, care, school and neighbourhood	<ul style="list-style-type: none"> <li>• parental smoking or alcohol/drug misuse during pregnancy</li> <li>• family financial stress</li> <li>• prone sleeping position during infancy</li> <li>• unsafe child care/school/recreational environments</li> <li>• parental smoking</li> <li>• parental alcohol/drug misuse</li> <li>• maternal mood disorder/ postnatal depression</li> <li>• parental physical or mental illness</li> <li>• parental physical/sensory/sensory/intellectual disability</li> <li>• coercive, inconsistent or harsh parenting style</li> <li>• inadequate parental/carer supervision/involvement</li> <li>• parental/family conflict/violence/instability</li> <li>• parental/family history of abuse and neglect</li> <li>• parental/family criminality</li> <li>• parental/individual exposure to trauma/torture</li> <li>• exposure to violence/harassment/bullying</li> <li>• poor housing</li> <li>• infections</li> </ul>	<ul style="list-style-type: none"> <li>• parental health and wellbeing during pregnancy</li> <li>• maternal/parental links with health system/community support systems</li> <li>• breastfeeding and age appropriate infant nutrition</li> <li>• secure maternal/parental and infant attachment</li> <li>• adjustment to parental roles and relationships</li> <li>• parental health and wellbeing</li> <li>• parental and family stability/cohesion</li> <li>• consistency of primary carers</li> <li>• positive parenting style</li> <li>• access to services, education and transport</li> <li>• nurturing, supportive and safe home environment</li> <li>• safe, nurturing and consistent quality child care</li> <li>• health promoting child care</li> <li>• access to community/recreational facilities</li> <li>• sense of connectedness to community</li> <li>• family friendly workplace policies and practices</li> <li>• access to culturally and developmentally appropriate health care/community support</li> <li>• infant/child fully immunised</li> </ul>
Child	<ul style="list-style-type: none"> <li>• premature birth</li> <li>• low birth weight</li> <li>• perinatal/infant brain damage/illness/disability</li> <li>• physical or mental illness</li> <li>• physical/sensory/intellectual disability</li> <li>• developmental delay/learning difficulty</li> <li>• impulsivity</li> <li>• overweight/obesity</li> <li>• smoking</li> <li>• alcohol/drug misuse</li> <li>• hyperactivity/disruptive/</li> <li>• oppositional behaviour</li> <li>• infections</li> </ul>	<ul style="list-style-type: none"> <li>• good physical and mental health</li> <li>• resilience</li> <li>• easy temperament</li> <li>• appropriate nutrition</li> <li>• adequate physical activity level</li> <li>• good cognitive, speech, language, social, communication, behavioural and motor skills</li> <li>• effective problem solving skills</li> <li>• prosocial peer group/positive social relationships</li> <li>• positive body image</li> <li>• self esteem/self efficacy</li> <li>• positive cultural identity</li> <li>• school readiness</li> </ul>

In promoting the health and wellbeing of children, an underlying emphasis of the Action Plan will be on:

- Promotion
  - Enhancing children’s positive growth, their health and wellbeing and functioning by strengthening families, communities and environments;
- Prevention
  - *Primary prevention* – preventing health problems occurring initially, by reducing the risk factors and by increasing the protective factors;
  - *Secondary prevention* – detecting health problems and intervening early, in order to reduce or prevent the progression to ill health and disability.

Based on the evidence that children’s experiences early in life can impact on their health and wellbeing later in life<sup>7</sup>, the Action Plan will also take a lifecourse approach. This recognises the importance of shaping health status by making the most of opportunities in childhood and investing, not only early in life<sup>8</sup> and across the age continuum, but also early in the pathways<sup>9</sup> of children’s health and development of particular problems.

## **Children and Health Inequalities**

Many children face disadvantage that has an adverse effect on their long-term health and wellbeing. Disadvantage goes beyond economic resources associated with being in a low-income family or having unemployed parents, to the environmental and social issues such as access to services, parents’ level of education, disability and quality of housing. Social disadvantage and social inequalities have an adverse effect on children’s health, development and wellbeing<sup>10</sup>, both in the short term and long term.

A snapshot of some of the substantial evidence of child health inequalities provides direction for reducing child health inequalities in Australia (see Table 2).

There are many possibilities for promoting health and preventing poor health that arise from the disadvantage that affects child and maternal health and wellbeing<sup>11</sup>. A lack of favourable social and environmental conditions to enable families to care for their children results in poor outcomes. However, if these environments are supportive and focus on families, they provide a foundation for the development of competence and skills that underpin learning, behaviour, health and wellbeing throughout life.

Investing in a population-based approach to children’s health has many benefits: greater equity and reduced social exclusion; increased prosperity, because a well-functioning and healthy population contributes to a vibrant economy; reduced expenditures on health, education, justice and social problems; and overall community stability and wellbeing.

The National Public Health Action Plan for Children 2005–2008 will highlight where the most effective initiatives can be made to reduce child health inequalities.

**Table 2: Overview of the evidence to inform policy to reduce child health inequalities in Australia**

- Australian children are more likely to live in poverty if they are from Indigenous, immigrant and sole parent families<sup>12</sup>, or live in a poorer locality<sup>13</sup>.
- Maternal smoking during pregnancy is more prevalent amongst women of lower socioeconomic status (SES) and single mothers<sup>14</sup> and is strongly associated with low birth weight<sup>15</sup>.
- Mothers from lower socioeconomic backgrounds have fewer and less regular antenatal visits. Indigenous Australian mothers are eight times more likely than non-Indigenous mothers to receive inadequate antenatal care<sup>16</sup>.
- Lower rates of breastfeeding and shorter duration of breastfeeding have been reported for mothers in a variety of disadvantaged backgrounds, including single, low income, migrant, unemployed families, poorly educated parents and disadvantaged communities. Rates of breastfeeding are lower in Indigenous communities.<sup>17</sup>
- Higher mortality rates in infancy and childhood, including deaths from hypoxia, SIDS, prematurity-related disorders, accidental and non-accidental injury are reported for lower-socioeconomic children and children living in disadvantaged neighbourhoods<sup>18</sup>.
- The health status of Indigenous children remains poor with disparities in health status across different regions. For example, in Australia, compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander children are three times more likely to die before their first birthday; five times more likely to succumb to SIDS; twice as likely to be born premature or with low birth weight; nearly four times as likely to be hospitalised with respiratory infection and almost as likely to die in childhood.
- High infant mortality rates in minority communities reflect the stresses and challenges faced by Aboriginal and Torres Strait Islander communities, not only at the time of birth and in the first year of life, but throughout the entire life cycle<sup>19</sup>.
- There is some evidence of a social gradient in relation to overweight and obesity<sup>14</sup>.

## Public Health Issues for Children

The transition from birth through childhood is characterized by different stages. The key age-related stages are:

- Maternal health before and during pregnancy
- Neonatal, infancy and toddlers (0–2 years)
- Preschool (3–5 years)
- Approximate primary school age (6–12 years), as this varies between some Australian States.

There is a range of public health issues across these stages of development. There is also a range of people, settings and sectors involved in children's health care and health promotion. Strategic approaches to a number of key public health issues for children are reflected in a series of national public health strategies (see Table 3).

**Table 3: The national strategies, frameworks and programs that address key child public health issues**

<b>Public Health Issue for Children</b>	<b>National Strategy/Framework/Program</b>
Child health and development	<ul style="list-style-type: none"> <li>• National Agenda for Early Childhood (under development)</li> </ul>
Obesity	<ul style="list-style-type: none"> <li>• <i>Healthy Weight 2008 – Australia’s Future. The National Action Agenda for Young People and their Families</i></li> <li>• Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• <i>Be Active Australia: A Health Sector Agenda For Action On Physical Activity 2004-2008</i> (under development)</li> </ul>
Nutrition and Breastfeeding	<ul style="list-style-type: none"> <li>• <i>Eat Well Australia: An Agenda for Action for Public Health Nutrition, 2000–2010</i></li> <li>• <i>National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan – 2000–2010</i></li> <li>• <i>Food for Health. Dietary Guidelines for Children and Adolescents in Australia – A Guide to Healthy Eating</i></li> </ul>
Immunisation	<ul style="list-style-type: none"> <li>• <i>Immunise Australia Program</i></li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• <i>National Mental Health Plan 2003–2008</i></li> </ul>
Tobacco and other drugs	<ul style="list-style-type: none"> <li>• <i>National Drug Strategic Framework 1991–99 to 2001–04</i> including: <ul style="list-style-type: none"> <li>– National Drug Strategy</li> <li>– National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan</li> <li>– National Illicit Drug Strategy</li> <li>– National Tobacco Strategy (currently under review)</li> <li>– National Alcohol Strategy</li> </ul> </li> </ul>
Injury	<ul style="list-style-type: none"> <li>• <i>National Injury Prevention Plan: Priorities for 2001–2003</i> (currently under review)</li> </ul>
Aboriginal and Torres Strait Islander health	<ul style="list-style-type: none"> <li>• The National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments, NATSIHC, Canberra (July 2003).</li> </ul>
Child protection	<ul style="list-style-type: none"> <li>• Bilateral agreements between Australian governments and states/territories to promote joined-up ways of working for child protection (under development)</li> <li>• National Sex Offenders Registry (Australasian Police Ministers’ Council) (under development)</li> <li>• National Plan for Foster Children (under revision April 2004) for implementation (through Community Services Ministerial Advisory Committee) 2004–2006</li> </ul>

These national strategies identify portfolios in addition to the health sector that have a major interest in the health and wellbeing of children, such as the education, justice and community services sectors. Together, these strategies identify the vital role that government, at all levels, non-government agencies, the private sector and the broader community have in a public health approach to children’s health & wellbeing.

The set of issues that these national strategies address collectively, and the stakeholders and settings that the strategies bring together are listed in Table 4.

**Table 4: Key issues, stakeholders and settings arising from national public health strategies involving children’s health and wellbeing**

<b>Stage of children’s development</b>	<b>Current set of issues identified for children in national public health strategies</b>	<b>Stakeholders</b>	<b>Settings and supportive environments</b>
<p>Maternal health and wellbeing: before, during and after pregnancy</p> <p>Paternal health and wellbeing</p>	<ul style="list-style-type: none"> <li>• regular antenatal care</li> <li>• nutrition of mother, baby and family</li> <li>• folate intake</li> <li>• tobacco and other drugs</li> <li>• measures to reduce low birth weight</li> <li>• support and education</li> </ul>	<ul style="list-style-type: none"> <li>• mothers, fathers and families</li> <li>• GPs</li> <li>• obstetricians</li> <li>• midwives</li> <li>• maternal and child health nurses</li> <li>• allied health workers</li> <li>• Indigenous health professionals</li> <li>• childbirth educators</li> <li>• food and advertising industry</li> </ul>	<ul style="list-style-type: none"> <li>• homes</li> <li>• workplaces</li> <li>• communities, hospitals and other antenatal care settings, such as general practice and community health centres</li> <li>• child health clinics</li> </ul>
<p>Pre-school (0–5 years)</p>	<ul style="list-style-type: none"> <li>• parenting support and skills</li> <li>• nutrition of infant and family</li> <li>• breastfeeding</li> <li>• overweight and obesity</li> <li>• oral health</li> <li>• injury prevention</li> <li>• child abuse</li> <li>• early detection of developmental and behavioural problems</li> <li>• immunisation</li> <li>• control of infections</li> <li>• mental health and wellbeing</li> <li>• promoting healthy growth and development</li> <li>• support and management of children with chronic and complex health conditions and disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• parents and families</li> <li>• extended family</li> <li>• maternal and child health nurses</li> <li>• paediatricians</li> <li>• Indigenous health professionals</li> <li>• early childhood professionals</li> <li>• allied health workers</li> <li>• child carers</li> <li>• child protection workers</li> <li>• family support workers</li> <li>• volunteers</li> <li>• food and advertising industry</li> </ul>	<ul style="list-style-type: none"> <li>• homes</li> <li>• communities</li> <li>• local government</li> <li>• workplaces</li> <li>• primary health care settings, such as GPs, ACCHOs, community health centres, child care (home-based and centre-based) public and private sectors</li> <li>• child health clinics</li> <li>• preschools public and private sectors</li> </ul>
<p>Primary school (6–12 years)</p>	<ul style="list-style-type: none"> <li>• As for 0–5 years (with the exception of breastfeeding) plus:</li> <li>• harm minimization: tobacco, alcohol, other drugs</li> <li>• support and management of children with chronic and complex health conditions and disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• parents</li> <li>• extended family</li> <li>• teachers</li> <li>• carers</li> <li>• school support staff</li> <li>• school health nurses</li> <li>• GPs</li> <li>• family support workers</li> <li>• child protection workers</li> <li>• allied health workers</li> <li>• food and advertising industry</li> </ul>	<ul style="list-style-type: none"> <li>• homes</li> <li>• schools</li> <li>• communities</li> <li>• workplaces</li> <li>• vacation care</li> <li>• recreational settings</li> <li>• public and private sectors</li> <li>• primary health care settings e.g. GPs</li> </ul>

## **Strengthening Systems and Communities**

The successful implementation of public health strategies and programs for children depends, to a large degree, on the capacity of the health sector to respond effectively and efficiently. Although there continues to be an investment in capacity building in children's health, a clear consensus is emerging that the health sector's workforce, organisation and processes are not in an optimum position to respond to the new challenges of health promotion and prevention for children.

In addition, parents, families and communities have a major contribution to make, in partnership with responses from health organisations and professional groups. Strengthening communities so they can support families effectively requires a coordinated and integrated approach across sectors. Governments are playing a growing role in community building and improving the ways they work in partnership with communities<sup>20</sup>.

At the same time, our understanding of what defines communities is expanding. We know that people's perceptions of community play an important role in their connections to community services and resources. For example, when families see themselves as part of a local area, they participate in their community<sup>21</sup>. Where families believe they are isolated from their community, they do not use the resources that a community can provide, even when they do have personal support networks of families and friends<sup>22</sup>.

The need to strengthen systems and communities has been identified across the range of vertical public health strategies outlined above. The challenge for governments now is how these efforts can be 'joined up' in manageable ways that provide the platforms which can build healthier children and that make action in priority areas possible.

## **Public Health Principles to Guide the Action Plan**

The National Public Health Action Plan for Children will be guided by the principles outlined in the National Agenda for Early Childhood that incorporate feedback from the national consultation in 2003. The principles of the National Agenda (reproduced in Appendix 5) adopt a whole-of-child view and a lifecourse approach, and support strengthening the resilience of children and families and the availability of the same life opportunities for all children.

In addition, the National Public Health Action Plan for Children 2005–2008 will include a set of public health principles that underpin the priority actions. Actions should:

1. Focus on the promotion of health and wellbeing at a population level rather than on the absence and management of disease in individuals.
2. Help those children with the greatest public health need and close the health gap between different groups.
3. Specifically tackle the public health needs of Aboriginal and Torres Strait Islander children, through leadership and participation of these communities.

4. Empower children, parents, families and communities - recognising that they are critical to children's health, development and wellbeing.
5. Recognise that children's health, development and wellbeing are determined by physical, social and emotional, environmental and economic influences.
6. Strengthen partnerships across sectors, organisations and with communities to maximise children's health outcomes.
7. Be long term and sustainable, accepting that capacity building is complex, challenging and continuing.

## Part 3: Action Plan Outcome Areas

The platform by which the National Public Health Action Plan for Children 2005–2008 may contribute to healthier children is a set of priority outcomes areas. They are:

1. Strengthening the capacity of parents, families and communities
2. Improving the knowledge and skills of key workers
3. Developing partnerships and mobilising resources
4. Building evidence and tracking progress

This section describes the rationale behind the focus on the specific action areas. The Action Plan outcome areas are accompanied by case studies to illustrate the benefits and possibilities involved in these approaches.

A series of questions follows each proposed outcome area. These are to stimulate discussion and focus feedback and practical suggestions that the consultation paper may raise. Your feedback will then inform the development of the Action Plan.

## **Outcome Area I: Strengthening the capacity of parents, families and communities**

### **Rationale**

Strengthening family functioning brings great benefits to children's health and development<sup>23</sup> and to the community more broadly. As children grow and develop, families require certain supports from governments and communities as they move through a range of universal and targeted services and systems. Many of these span the health, education and community sectors and the supports include information networks that are accessible and helpful.<sup>24</sup>

The wellbeing of families is linked to the nature of their communities.<sup>25</sup> Support for strengthening communities and building the capacity of parents and families e.g. to add to their knowledge and skills, to connect with other families and connect with their own community, has arisen from each level of government.

Family- and community-building initiatives that are nationally coordinated through the implementation of an Action Plan can add to the existing effort and make a difference to the outcomes of children and communities.

#### **Case Study I.1 Child and Youth Health website, South Australia**

The Child and Youth Health website, launched in 1998, delivers practical parenting and health information to the community. In addition to extensive parenting and child health information, the website has a youth section with approximately 150 topics targeted at 12–25 year olds, and a kids section of around 150 topics targeted at children of primary school age.

The parenting website had an initial set of 130 health topics and has grown to around 360 topics (at April 2004), in response to parent telephone helpline queries and issues emerging in the media and research. The topics include child development and behaviour, nutrition, immunisation, infections and other medical conditions, safety, disabilities, drug use, family and relationship issues, and child protection.

Popular issues for parents, based on site usage statistics, include sleep in early childhood, feeding and nutrition (including breastfeeding), crying, discipline, toilet training and reflux.

Web traffic to the website has increased steadily since the site was launched, with dramatic increases in 2002–04. For example, monthly page loads for parenting topics were around 20,000 at February 2002; 27,000 in February 2003; and 50,000 in February 2004. For the total website, monthly topic page loads increased from 51,000 to 115,000 over one year.

Source: [www.cyh.com](http://www.cyh.com)

**Consultation questions to achieve Outcome Area I**

- 1.1 What aspects of building capacity to promote children's health and wellbeing are working well in your jurisdiction?
- 1.2 What is needed to improve the capacity of parents, families and communities to promote the health and wellbeing of children?
- 1.3 How can action in this area help children and families most in need?
- 1.4 What are the 3-5 priorities where national action may strengthen the promotion of children's health and wellbeing within families and communities?

## **Outcome Area 2: Improving the knowledge and skills of key workers**

### **Rationale**

The range of workers who are well placed to promote the health, development and wellbeing of children across the health, education and community settings is diverse (see Table 4, page 16). Developing the knowledge and skills of key professions is essential to achieving better health outcomes for children and their families. It also contributes to achieving organisational and community goals.

While knowledge levels and needs vary between disciplines, many disciplines require the same core knowledge, skills, training and professional development for their work in promoting health and intervening early with infants, children and families. The value of sectors and disciplines working together on common areas of curriculum concerning children's health and development is being realised more and more.

Given the health disparities between Aboriginal and Torres Strait Islander children and non-Indigenous children in Australia, there is also scope to explore how key workers can better promote and provide culturally appropriate health care to reduce this disparity.

### **Case Study 2.1 Family Partnerships in Western Australia**

The Family Partnership Program was introduced in 2001 to develop the capacity of community services to provide effective psychosocial support to children and their families.

Training is provided to community-based service providers to develop a common approach to engage and relate to families. The multidisciplinary training uses an explicit counselling framework that builds service providers' ability to work with and develop genuine and respectful partnerships with families.

The program provides a foundation for collaboration, service integration and community partnerships. It results in effective support and a focus on building family strengths with ongoing benefits for parents and children.

More than 400 community professionals, from 13 disciplines and six agencies, have participated in the 10-16 half-day training sessions with trained facilitators.

Evaluation of the program and its outcomes is in progress, including the impact on service integration and collaboration. There is consistently high satisfaction reported from the training. Positive outcomes include an increase in understanding of the perspectives of skills of the other participants and the capacity to work with other disciplines and agencies.

Available data from, as yet, small samples of child health nurses and their clients report excellent nurse-client relationships. Clients acknowledge the help and benefit of working with the nurses in new ways. These results are comparable with the results of studies in the United Kingdom.

*Source and website:*

Family Partnership Training Program  
[wchs.health.wa.gov.au/services/f/fptp.htm]  
The Parent Adviser model [www.cpcs.org.uk]

### **Case Study 2.2: Auseinet: the Australian Network for Promotion, Prevention and Early Intervention for Mental Health**

Auseinet is a national project funded by the Australian Department of Health and Ageing under the National Mental Health Strategy and the National Suicide Prevention Strategy. Auseinet aims to inform, educate and promote good practice about mental health promotion, prevention, early intervention and suicide prevention across the lifespan for a range of sectors and the community. It works with a network of key stakeholders, including carers and consumers and includes partnerships with government and non-government organisations.

Auseinet's activities include:

- Auseinetter newsletter distributed three times a year: with 8,000–8,500 copies per issue;
- A network of key stakeholders consisting of more than 5,657 individuals and organisations;
- A comprehensive information and clearinghouse service including an on-line searchable Resources Database of mental health and suicide prevention programs, research and resource material, mostly published in the last three years.

The current phase of the project (2003–2006) focuses on increasing education and training, capacity building and implementing promotion, prevention and early intervention activities for mental health and suicide prevention within the wider health sector. This involves:

- further development of the national communications and network infrastructure;
- capacity building by working with the state and territory mental health sectors; consumers and carers, Indigenous Australians, transcultural mental health networks and general practitioners; and
- partnerships with other national initiatives such as:
  - Children of Parents With a Mental Illness; and
  - Mindframe Media Education and Training Project.

Auseinet's website address is: <http://auseinet.flinders.edu.au>.

**Consultation questions to achieve Outcome Area 2**

- 2.1 What is working well in your jurisdiction regarding the development of knowledge and skills of the workforce involved in children's health, development and wellbeing?
- 2.2 What is needed to improve the knowledge and skills of key workers involved in the health, development and wellbeing of children across different sectors and settings?
- 2.3 How can action in this area help children and families most in need?
- 2.4 What are the 3–5 priorities where national action may strengthen the knowledge and skills of key workers involved in the promotion of children's health and wellbeing across different sectors and settings?

## **Outcome Area 3: Developing partnerships and mobilising resources**

### **Rationale**

Childhood presents an important opportunity for investment in lifelong health<sup>26</sup>. Investing in child health is linked to effective health outcomes and can reduce or delay the need for more resource-intensive services in the later life<sup>27</sup>. New approaches to long-term investment in health planning and service delivery are growing, through whole-of-government approaches, through collaboration between portfolios and interagency approaches. These approaches facilitate opportunities to use resources more efficiently or to draw resources together to improve outcomes. A common outcome of mobilising resources in this way has been to make programs and services more accessible to children and families.

Partnerships that strengthen public health input by bringing sectors, services and skills together have an important part to play in improving outcomes for children.

Outcomes can be improved through families, communities and government, at all levels, working in partnership and building capacity through collaboration with and within communities.

#### **Case Study 3.1 Mobilising resources: Pathways for Families – An interagency collaboration in the Onkaparinga region of South Australia**

Pathways for Families is an interagency collaboration that targets families with at least one child aged 0–5 years, who are facing challenges that impact on child and family wellbeing. The program takes an early intervention and prevention approach to support families and improve child health outcomes, using community development and strengths-based principles.

The Pathways project evolved out of the work of a multi-agency Steering Group. Common concerns about service delivery gaps and the needs of families with complex situations, as well as a shared vision have enabled the agencies to work together and commit to the project.

This culture of collaboration has enabled the agencies to take the extra step of pooling resources to develop an interagency service.

With funding from the City of Onkaparinga and the Department of Human Services, a Family Centre has been established and is the hub of most Pathway activities. Resources for core staff and running costs are provided by the Department of Family and Community Services, Stronger Families and Communities Strategy.

Staff from the collaborating agencies are providing an integrated program and seamless support for families. Other community agencies also have links with the project.

Other resources mobilised include goodwill and commitment, and access to specialist expertise. This has enhanced agency relationships, opening up opportunities for further service delivery that responds to community needs.

Project evaluation will measure the success of working collaboratively to improve outcomes for children. An evaluation plan is being written with indicators for each of the Project's goal areas.

Source: Department of Human Services, Onkaparinga

### **Case Study 3.2 Partnerships between government and non-government: The Family CARE Home Visiting Program**

The Family CARE program (Queensland Health) is an intensive, structured home visiting program that has been integrated with Queensland Health's Domestic Violence Initiative (DVI) in four sites that are part of the Early Intervention for Safe and Healthy Families Initiative (EISHFI).

The goal of the EISHFI trial is to provide acceptable and effective early intervention during the first year of a newborn's life for families exposed to violence and other key risk factors (maternal depression, financial stress in particular) by increasing families' access to health services. The EISHFI aims to:

- create effective partnerships between health service providers, other government departments and non-government organisations (NGOs) to optimise outcomes for clients; and
- minimise the impact of key risk factors on health and social outcomes for children and families.

Funding is provided:

- to Health Service Districts for additional staff and material resources to implement the home visiting program
- for training staff working in antenatal, postnatal, paediatric and child health services
- to NGOs in the trial sites to employ young parent support workers to work with child health staff.

In each of the trial sites, partnership agreements between the Health Service District and the NGOs have been developed. These form the basis of ongoing collaborative program development and service provision.

Source: Queensland Health

### **Case Study 3.3 Partnerships at the local level: The benefits of swimming pools in two remote Aboriginal communities in Western Australia**

Indigenous Australian children have very high rates of skin sores and otitis media<sup>28</sup>. These conditions can lead to chronic renal failure, acute rheumatic fever<sup>29</sup> and impaired hearing. Impaired hearing affects performance at school and subsequent employment and social circumstances in adulthood.<sup>30</sup> Studies have reported health and social benefits associated with access to places to swim<sup>30,31,32</sup>.

An intervention study was undertaken to assess the prevalence of ear and skin infections before and at six-monthly intervals following the opening of a swimming pool in two remote Western Australian Aboriginal communities. Eighty-four boys and 78 girls aged under 17 years participated in the study. In the development, implementation and evaluation of the introduction of the swimming pools, partnerships were developed between communities (Jigalong and Burringurrah), the WA Department of Housing and Works, the Royal Life Saving Society and the Telethon Institute for Child Health Research.

The evaluation reported improvements in skin and ear health and, in one community, improved school attendance and a reduction in crime rates. Residents expressed appreciation for the added sporting and social venue for their children.

Source: <http://www.ichr.uwa.edu.au/>

### **Consultation questions to achieve Outcome Area 3**

- 3.1 What is working well in your jurisdiction regarding the development of partnerships that are involved in children's health, development and wellbeing?
- 3.2 What is needed to draw resources together and strengthen partnerships involved in the health, development and wellbeing of children across different sectors and settings?
- 3.3 How can action in this area help children and families most in need?
- 3.4 What are the 3–5 priorities where national action may enhance the development of partnerships and mobilise resources to benefit public health outcomes for children?

## **Outcome Area 4: Building evidence and tracking progress**

### **Rationale**

Our efforts to understand children's health and wellbeing and inform the implementation of policy, practice and research must be supported by the best possible evidence.

Building a more complete picture of the progress of Australian children's health and development and of the effectiveness of programs and policies relies on the collection of comprehensive information and high quality research. Development of a set of key national indicators on children's health and wellbeing by the AIHW is expected to contribute to this national picture, with publication of *A Picture of Australia's Children* due in June 2005.

Tracking progress should also include information on the influence of parents, families, environments (physical and social) and a focus on inequalities. We also need to know how the system is performing and how social and cultural processes and practices impact on the health and wellbeing of children.

Developing a national approach to research, monitoring and evaluation across the different sectors and establishing the best indicators of child health and wellbeing for children 0–12 years will ensure a focus on improving outcomes for children in Australia. It will also build the capacity to compare the health and wellbeing of children across the states and in smaller areas within Australia.

### **Case Study 4.1 Australian Childhood Immunisation Register**

This register commenced in 1996 after a number of parental and provider consultations. Immunisation providers, including GPs, paediatricians, local government clinics, community health centres, hospitals, Aboriginal health services and the Royal Flying Doctor Service all provide immunisation data to the register. The database is linked to the Medicare database through the Health Insurance Commission, where the ACIR is held. Each immunisation contact is linked to the individual's Medicare number. The database therefore has information on every child in Australia and is able to note where immunisations have been missed. Since the implementation of the ACIR in 1996 there has been a significant increase in immunisation rates in Australia.

In Victoria, for example, the rate of complete immunisation for 12–15 month-old children has risen 15 per cent across the state since 1995. Current high rates of immunisation against vaccine preventable diseases are the result of combined effort based on the national data system (the Australian Childhood Immunisation Register) and the Department's capacity to coordinate activity across the state through local government.

Source: <http://www1.hic.gov.au/general/acircirghome>

#### **Case Study 4.2 The NSW Child Health Survey**

The *NSW Child Health Survey 2001*<sup>33,34</sup> is the first ever state-based snapshot of the health and wellbeing of children aged 0–12 years in NSW. In 2001 the NSW Health Department, in partnership with the 17 NSW Area Health Services and the NSW Commission for Children and Young People, conducted a survey of the health of children, using computer-assisted telephone interviewing (CATI). The aim of the survey was to provide baseline data on the health and wellbeing of children aged 0–12 in NSW, to inform health policy and planning. Parents and carers provided information about almost 9500 randomly selected children from birth to 12 years of age on issues covering the social determinants of health, health behaviours, health status, and health service usage.

The survey highlighted some important issues for action, to improve child health and wellbeing in NSW, and for ongoing monitoring of progress. One such issue identified through the survey was infant sleeping position. Infants placed on their back (supine) to sleep are at the lowest risk of sudden infant death syndrome (SIDS). In the NSW Child Health Survey 2001, mothers of babies aged less than 12 months were asked about the position in which their infant was placed for sleep from birth. Just under two-thirds (62.4%) of mothers reported placing their baby on its back to sleep. These results were considered by the NSW SIDS Advisory Committee, an intersectoral Committee chaired by the NSW Coroner. A media strategy was developed to highlight the need for parents to place their babies in the safest position. The NSW Health Department issued a revised policy circular on SIDS and safe sleeping for infants. This identified the risks and directed health professionals in maternity units to ensure that infants are positioned on their backs to sleep in health facilities and that parents are strongly encouraged to maintain these practices. There is an in depth review of the data from the Child Health Survey being conducted as part of a larger study into sudden infant death to further inform the development of policy and practice strategies.

The NSW Child Health Survey 2001 dataset is available to produce more specific reports on topics of interest, for example a report on breastfeeding has recently been released. Parts of the NSW Child Health Survey 2001 have been incorporated into the ongoing NSW Health Survey Program to monitor aspects of child health and wellbeing on an ongoing basis.

Copy of report available at <http://www.health.nsw.gov.au/public-health/phb/NSWChildHealthSurvey2001.pdf>

It is essential that future action includes strong links with national initiatives that are exploring monitoring frameworks and best use of data for child health, wellbeing and development. These include the research agenda being developed by the Australian Research Alliance for Children and Youth and the development of key indicators of child development, health and wellbeing by the Australian Institute of Health and Welfare.

**Consultation questions on actions to achieve Outcome Area 4**

- 4.1 What is working well in your jurisdiction to build the evidence and track the progress of the health of children?
- 4.2 How can we better build evidence and track the progress of children?
- 4.3 How can action in this area help children and families most in need?
- 4.4 What are the 3–5 priorities where national action may strengthen the evidence regarding children’s health, development and wellbeing?

## Appendix I: Acknowledgements

- Professor Fiona Stanley, TVW Telethon Institute for Child Health Research, Western Australia
- Professor Graeme Vimpani, Acting Director, Kaleidoscope in Greater Newcastle Hunter Children's Health Network, NSW
- Professor Frank Oberklaid, Director, Centre of Community Child Health, Royal Children's Hospital, Victoria
- Professor Ann Sanson, Acting Director, Australian Institute of Family Studies, Victoria
- Professor Boyd Swinburn, School of Health Sciences, Faculty of Health and Behavioural Sciences, Deakin University, Victoria
- Professor Terry Nolan, Professor and Head, School of Population Health and Department of Public Health, The University of Melbourne
- Dr Jan Nicholson, Senior Research Fellow, School of Public Health, Queensland University of Technology
- Associate Professor Diana Hetzel, Senior Researcher, Public Health Information Development Unit, University of Adelaide
- Professor Vivian Lin, Head, School of Public Health, LaTrobe University, Melbourne
- Dr Marilyn Wise, Executive Director, Australian Centre for Health Promotion, The University of Sydney
- Associate Professor David Legge, School of Public Health, LaTrobe University, Melbourne
- Indigenous Group, Department of Human Services, South Australia
- State Health Promotion Unit, Department of Health, Queensland
- Dr Tim Moore, Centre for Community Child Health, Royal Children's Hospital Melbourne
- Marilyn Chew, Child Health Zonal Coordinator, Northern Zone, Queensland Health
- Dr Cathy Mead, Victorian Public Health Research and Education Council

## Appendix 2: Membership of the NPHP Child and Youth Health Intergovernmental Partnership

Professor John Catford	(Co-Chair) Dean, Faculty of Health and Behavioural Sciences, Deakin University, VIC
Mr Andrew Stuart	(Co-Chair) First Assistant Secretary, Australian Government Department of Health and Ageing, ACT
Mr Tom Ioannou	Population Health Division, Australian Government Department of Health and Ageing, ACT
Dr Sharon Goldfeld	Child Health Policy Advisor, Public Health Group, Department of Human Services, VIC
Professor Allan Carmichael	Professor of Paediatrics and Child Health and Dean, Faculty of Health Science University of Tasmania. State Adviser, Child Health Services, Tasmania
Dr Barbara Paterson	Senior Policy Officer, Maternal and Child Health Program and Policy Development, Department of Health Services, NT
Ms Katrina Horsley	A/Manager, Child and Youth Health Unit, Health Strategy and Funding Branch, Queensland Health
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Ms Denise Lamb	Director, Child, Youth and Women's Health Program, ACT Health
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Ms Karen James	Senior Policy Officer, Children and Young People, Strategic Planning and Population Health Division, Department of Health, South Australia. Acting CHIP member for the Department of Health, South Australia
Dr Judy Straton	Director Child and Community Health, Department of Health, Western Australia
Dr Elisabeth Murphy	Clinical Advisor, M&CH Primary Health and Community Care Branch, NSW Health
Ms Jean Douglass	Population Health Division, Australian Government Department of Health and Ageing
Dr Kerry Carrington	Head, Children, Youth and Family Unit, Australian Institute of Health and Welfare, ACT

Dr Jane Freemantle	Telethon Institute for Child Health Research, Division of Population Health, WA. A member of the Public Health Association of Australia and member of the Aboriginal and Torres Strait Islander Working Group of CHIP
Ms Heather D'Antoine	Manager, Indigenous Research, Telethon Institute for Child Health Research Division of Population Health, Western Australia. Chair, Aboriginal and Torres Strait Islander Working Group of CHIP
Professor Frank Oberklaid	Director, Centre for Community Child Health University of Melbourne and Associate Director, Murdoch Children's Research Institute Royal Children's Hospital. Victoria. Representing the National Health and Medical Research Council
Dr Helen Milroy	Australian Indigenous Doctors Association and member of the Aboriginal and Torres Strait Islander Working Group of CHIP

#### **NPHP Secretariat**

Ms Karen Roger	A/Executive Officer, NPHP
Ms Toni Collins	Program Manager, CHIP
Ms Julie Green	Project Manager, National Public Health Action Plan for Children

#### **Members prior to 2004**

Dr Jann Marshall	Senior Policy Officer, Child and Community Health, Department of Health, Western Australia (until March 2004)
Ms Giovanna Richmond	Director Child, Youth and Women's Health Program. ACT Health (until January 2004)
Professor David Henderson-Smart	Health Advisory Council, National Health and Medical Research Council (until December 2003)
Dr Diane Gibson	Head, Welfare Division, Australian Institute of Health and Welfare (until December 2003)

## Appendix 3: Jurisdiction Consultation Contact Details

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## **Appendix 4: Consultation Questions**

### **Outcome Area 1: Strengthening the capacity of parents, families and communities**

- 1.1 What aspects of building capacity to promote children's health and wellbeing are working well in your jurisdiction?
- 1.2 What is needed to improve the capacity of parents, families and communities to promote the health and wellbeing of children?
- 1.3 How can action in this area help children and families most in need?
- 1.4 What are the 3-5 priorities where national action may strengthen the promotion of children's health and wellbeing within families and communities?

### **Outcome Area 2: Improving the knowledge and skills of key workers**

- 2.1 What is working well in your jurisdiction regarding the development of knowledge and skills of the workforce involved in children's health, development and wellbeing?
- 2.2 What is needed to improve the knowledge and skills of key workers involved in the health, development and wellbeing of children across different sectors and settings?
- 2.3 How can action in this area help children and families most in need?
- 2.4 What are the 3-5 priorities where national action may strengthen the knowledge and skills of key workers involved in the promotion of children's health and wellbeing across different sectors and settings?

### **Outcome Area 3: Developing partnerships and mobilising resources**

- 3.1 What is working well in your jurisdiction regarding the development of partnerships that are involved in children's health, development and wellbeing?
- 3.2 What is needed to draw resources together and strengthen partnerships involved in the health, development and wellbeing of children across different sectors and settings?
- 3.3 How can action in this area help children and families most in need?
- 3.4 What are the 3-5 priorities where national action may enhance the development of partnerships and mobilise resources to benefit public health outcomes for children?

### **Outcome Area 4: Building evidence and tracking progress**

- 4.1 What is working well in your jurisdiction to build the evidence and track the progress of the health of children?
- 4.2 How can we better build evidence and track the progress of children?
- 4.3 How can action in this area help children and families most in need?
- 4.4 What are the 3-5 priorities where national action may strengthen the evidence regarding children's health, development and wellbeing?

## Appendix 5: The Principles of the National Agenda for Early Childhood

The underlying principles of the National Agenda are:

- *a whole of child view*, taken in the context of the family, community and the broader social, economic and cultural environments in which children live
- *a life course approach* that recognises human development is continuous and that children and carers may need ongoing support at many points in a child's life
- *promotion, prevention and early intervention* to build on the strengths of children, families and communities, to protect children against risks and minimise the impact on children when problems arise
- *attention to all children* regardless of ability, family structure, socio-economic circumstances, culture or location
- *additional help for those children most in need*, and in particular Aboriginal and Torres Strait Islander children, so they may have the same life opportunities as other children
- *use of Australian-relevant evidence* to inform policy and identify and promote best practice.

# Bibliography

- 1 Australian Government Task Force on Child Development, Health and Wellbeing, The National Agenda for Early Childhood: A Framework (Draft), May 2004.
- 2 Australian Institute Health and Welfare 2004. *Australia's Health 2004*. Canberra: AIHW
- 3 Stanley F, The real brain drain – why putting children first is so important for Australia, National Press Club address, 6<sup>th</sup> August 2003, [www.aracy.org.au/pdf/media/20030806\\_PressClubAddress.pdf](http://www.aracy.org.au/pdf/media/20030806_PressClubAddress.pdf) (viewed 14/05/04)
- 4 Centre for Community Child Health, Research to inform the development of a capacity building program, Final Report, prepared for the Australian Council for Children & Parenting, June 2003.
- 5 Marmot MG 1999, 'The solid facts: the social determinants of health', *Health Promotion Journal of Australia*, 9(2), 133-39.
- 6 Table adapted from the *Strategic Policy Framework for Children's and Young People's Health 2002–2007*, Child and Youth Health Unit, Queensland Health, Queensland Government, 2002. [www.health.qld.gov.au/publications/childhealth](http://www.health.qld.gov.au/publications/childhealth)
- 7 Keating DP and Hertzman C. (eds), 1999, *Developmental Health and the Wealth of Nations: Social, Biological and Educational Dynamics*. New York: The Guildford Press.
- 8 Halfon N, Inkelas M and Hochstein M (2000), The Health Development Organisation: An Organisational Approach to Achieving Child Health Development. *Millbank Quarterly* 78(3): 447–497.
- 9 Homel R. 1999. *Pathways to Prevention: development and early intervention approaches to crime in Australia*. National Anti-Crime Strategy. Attorney General's Department. Canberra.
- 10 Public Health Information & Development Unit, *A Social Health Atlas of Young South Australians*, Second Edition, Government of South Australia, January 2003.
- 11 Nossar V, The contribution of research to Improvement in Health and Wellbeing of Children. Paper given at a Workshop in Sydney under the auspices of the NSW Parliament Committee on Children & Young People, 2002.
- 12 See for example Hetzel D et al *Inequalities in South Australia – key determinants of wellbeing* (Department of Human Services, South Australia, draft)
- 13 Socio-Economic Inequality and its Negative Health Impact for Children and their Families. To be cross-referenced to the PHAA policies on Youth Health and Social Policy and on Improving The Health of School Age Children, [www.phaa.nat.au](http://www.phaa.nat.au).
- 14 See for example Siapush M, Borland R & Scollo M, Prevalence and socio-economic correlates of smoking among lone mothers in Australia. *Aust N Z J Public Health* 2002; 26:132-5.
- 15 Hill D & Gray N, 1994, Australian patterns of tobacco smoking and related health beliefs in 1983. *Community Health Studies*. 8/3 307–316.
- 16 Morrison J, Najman J, Williams GM, Keeping JD, and Anderson MJ, (1989), Socio-economic status and pregnancy outcome: an Australian study, *British Journal of Obstetrics and Gynaecology*, 96, 298–307
- 17 Moon L, Rahman N, Bhatia K, 1998, *Australia's Children: their health and wellbeing 1998*. Australian Institute of Health & Welfare, Canberra.
- 18 Fisher S, 1978, Relationship of mortality to socio-economic status and some other factors in Sydney in 1971, *Journal of Epidemiology and Community Health*, 32, 41–46, as cited in HIRC, *Establishing Research Priorities*
- 19 Reid JT, Trompf P, editors. *The Health of Aboriginal Australia*. Sydney, NSW: Harcourt Brace; 1997.
- 20 Centre for Community Child Health, *The Community Partnerships Project: Towards New Ways of Working with Young Children and Their Families: A literature review*, May 2002, prepared by the Centre for Community Child Health, Royal Children's Hospital, Melbourne, Victoria in partnership with Good Beginnings Australia

- 
- 21 Fegan M & Bowes J, (2000) 'Isolation in Rural, Remote and Urban Communities', in JM Bowes & A. Hayes, *Children, Families and Communities: Contexts and Consequences*, Oxford University Press, South Melbourne, Victoria.
  - 22 Statham J, Day care for children in need? Universal provision or a targeted service? *Early Child Development and Care*, 1997; 136:1-15.
  - 23 Centre for Community Child Health, *The needs of children in the first three years of life and their families: a literature review*, August 2001. Centre for Community Child Health, Melbourne, Victoria. Unpublished.
  - 24 Coleman JS (1998), Social capital in the creation of human capital, *American Journal of Sociology* (94)94-120.
  - 25 Edgar D (2001), *The Patchwork Nation: Re-thinking government - re-building community*. Sydney NSW: Harper and Collins Publishers
  - 26 Halfon N, Inkelas M and Hochstein M (2000), The Health Development Organisation: An Organisational Approach to Achieving Child Health Development. *Millbank Quarterly* 78(3): 447-497.
  - 27 Department of Human Services South Australia, *Every Chance for Every Child - Making the Early Years Count. A Framework for Early Childhood Services in South Australia 2003-2007*, October 2003.
  - 28 Carapetis J R., Currie, B J. & Kaplan, E L. 1999, 'Epidemiology and prevention of group A streptococcal infection: acute respiratory infections, skin infections and their sequelae at the close of the twentieth century.' *Clinical Infectious Diseases*, vol. 28, pp. 205-10v
  - 29 Hoy, WE., Mathews, JD., McCredie, DA., Pugsly, D J., Hayhurst, B G. & Rees, JM. 1998, 'The multidimensional nature of renal disease; rates and associations of albuminuria in an Australian Aboriginal community', *Kidney Int*, vol. 54, pp. 1296-304.
  - 30 Couzos S. & Murray, M. 2003, *Aboriginal Primary Health Care*, Second Edition edn, Oxford University Press, Victoria.
  - 31 Peart, A. & Szoeki, C. 2000, 'Recreational water use in remote indigenous communities', in *Swimming pools in remote Indigenous communities: some basic information for planning a pool*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, pp. 25-69.
  - 32 Hudson HM. & Rockett, IR. 1984, 'An environmental and demographic analysis of otitis media in rural Australian Aborigines.' *International Journal of Epidemiology*, 13, 73-82.
  - 33 Centre for Epidemiology and Research, NSW Department of Health. NSW Child Health Survey 2001. *NSW Public Health Bulletin* 2002; 13(S-4).
  - 34 Quaine J, Eyeson-Annan M, Baker D, O'Sullivan B, Williamson M, and Jorm L.. Report on the development of the NSW Child Health Survey. *NSW Public Health Bulletin* 2003;14 (S-1).