

The Kids Come First database

The development of the Kids Come First database has for the first time brought together a wide range of indicators to help monitor the health and wellbeing outcomes of Tasmanian children and young people. This valuable tool will provide government and other service providers with access to a wide range of data to help monitor, plan and evaluate services that address the needs of children and young people across Tasmania as well as at the locality level.

Much of the information presented is not new, being available from a range of sources including agency administrative systems, government reports and the Australian Bureau of Statistics. However, it is the first time all the data are available in one place, in a user-friendly database that can be regularly updated and can provide much of the data at a locality level. These data from Kids Come First add to the rich data now available from the Australian Institute of Health and Welfare in its recent publication, *A Picture of Australia's Children 2009*⁸⁵, which has been the source of some of the national comparative indicators.

This database will be updated and maintained so that the most current data are available to those involved in monitoring and planning. The wealth of information presented in this report, together with the data now held in the database that underpins it, is a valuable asset for the Tasmanian community and should be used by those who advocate, plan or deliver services for children and families.

Responsibly used, data can be a powerful tool to inform communities and galvanise action around key issues that affect people's lives, especially when the data can be examined and acted upon at a local level.

One of the ongoing roles of Kids Come First will be to promote and support the use of the outcomes data to all tiers of government and to local communities (see Recommendation 10).

The Kids Come First Report 2009: Outcomes for Children and Young People in Tasmania

This 2009 report provides an opportunity to highlight some of the data sets and comment on possible action that might be needed to improve outcomes for Tasmanian children.

The report builds on the work previously reported on by the Tasmanian Early Years Foundation⁸⁶, allowing us to look at the outcomes for older as well as younger children, and in some cases to examine time trends. In looking at the findings it is

firstly important to highlight where Tasmania is doing well. Wherever possible, in presenting the indicator data we have sought to include national data or data from another state of Australia for comparative purposes.

Where are Tasmania's children doing well?

Tasmania's children are doing well on a number of important indicators when compared to national data. These include:

- low infant and child mortality rates (4.1 per 1,000 and 1 per 1,000);
- a high percentage of babies born full term (91.8%);
- high immunisation uptake rates (93.4% fully immunised at 2 years old);
- lower rates of children hospitalised for asthma than comparative jurisdictions (2.9 per 1,000);
- a high percentage of Year 3 students at or above the national minimum standards for writing (97.1%) and numeracy (96.7%); and,
- a high percentage of children with a severe disability accessing early intervention services (90.6%) and mainstream schooling (90.7%).

Where is improvement needed?

There are, however, many areas where outcomes for Tasmania's children, young people and families give reason for significant concern. These include:

- high rates of teenage pregnancy (27.9 per 1,000);
- high rates of mothers smoking during pregnancy (27.1%);
- low rates of exclusive breastfeeding, even in the first few weeks of life (53% at 6 weeks);
- far higher than national death rates due to injuries (10.7 per 100,000);
- young people's self-reported use of alcohol (33% – current drinkers), tobacco (12% – current smokers) and drugs (21.6% – at any time);
- rates of most child protection indicators (19.5 per 1,000 children referred for a child protection investigation); and,
- low rates of attendance at many child health checks (67% at 6 months).

It should be noted that there are also several gaps in the data, often due to inadequate information systems, which will need to be addressed as the Kids Come First project continues.

85. Australian Institute of Health and Welfare, *A Picture of Australia's Children 2009*. Canberra: AIHW

86. Tasmanian Early Years Foundation 2009. *Outcomes in the Early Years: the state of Tasmania's young children*

Correlation with social and economic indicators

The data on social and economic indicators provided as part of this report indicate some significant issues for Tasmanian children, including high rates of children living in low-income households, jobless households, financial insecurity and households dependent on pensions and allowances.

These socio-economic indicators reveal that Tasmania's families with children are more likely to be disadvantaged compared to mainland Australian families. This is born out by the findings from the Tasmanian Child Health and Wellbeing Survey, which shows a significant minority of families are impacted by poverty, affecting children's lives through food insecurity, inability to participate fully in school activities or to take holidays away from home. Understandably these factors are in many cases contributing to sub-optimal family functioning.

Further disaggregation of data

To date Kids Come First has done minimal analysis of Kids Come First data by gender, age or indigenous status. Limited data regarding indigenous status have been collected but not analysed due to time constraints and questions about the availability and accuracy of some of the indicators. However, the survey data collected and reported for children living in Aboriginal households show that while numbers were small there was a high degree of vulnerability on many of the health and wellbeing indicators for Aboriginal children.

Geographical and local area differences

A major strength of the Kids Come First database is the capacity to generate community-based reports. The differences in health and wellbeing outcomes between local government areas have been highlighted throughout this report. It is evident that a wide range of outcomes for children are affected by the characteristics of the community in which they live.

Overall these indicators confirm the strong association between poorer health, education and wellbeing outcomes and the levels of disadvantage experienced by families and communities. Single-parent families and children living in jobless households are particularly affected.

This suggests that a 'one size fits all' approach to intervention may be wasteful and inefficient.

The evidence presented confirms the need to deliver our services differently, with significantly more attention and resources focused on those localities of disadvantage where children have been shown to be at higher risk of poor outcomes.

This needs to go alongside more early intervention programs, particularly in the early years but also at all transitional stages of a child's life. We also need better strategies for engaging more marginalised families and communities and building stronger communities, while still maintaining strong and effective universal services. It is important to ensure that targeted (secondary) and intensive (tertiary) services are

firmly integrated into these to allow clear pathways and easier access for children and families to all levels of service.

The improved levels of family support to be offered through the new Gateway Services and Integrated Family Support Service modes in DHHS should especially benefit such families.

A key component to ensure these reforms are effective is to build strong and trusting relationships, thereby enabling better engagement with families, while research has shown that if indigenous families' access to services is to increase, both indigenous-specific and mainstream services need to be safe, comfortable and culturally appropriate for families and children.⁸⁷

Importance of collaborative approaches to improving outcomes for children

Equally important, the findings confirm the need for services and agencies to work much more closely together if there is to be any impact on some of the poor outcomes reported here. Given the complexity underlying many of the issues highlighted in this report, individual agencies or organisations acting alone will be unable to effect change. What is needed is a collaborative approach whereby agencies, organisations and communities jointly review, plan and deliver services that truly reflect the changing needs of families.

Local government needs to be an active partner in this process, as already happens in some more progressive LGAs in Tasmania. Ideally all tiers of government would work with community organisations to build community capacity and develop child and family-friendly communities, so that the role of parents and caregivers in nurturing the development of young children is supported. For this to happen effectively, resources will be needed to enhance the skills of staff in community development approaches and strengths-based approaches to working with families (see Recommendation 9).

There is now increasing evidence around the benefits of developing a range of integrated services for children and families, to facilitate access and avoid duplication of services while at the same time ensuring that what is offered really does meet the needs of contemporary families. The move from coordination to collaboration then integration (often on a single site) is complex and requires a significant investment of time and effort. However, the evidence shows that integration of services brings many benefits to both children and parents, as shown in a recent report on the impact of children's centres in the UK.⁸⁸

"Parents from all social backgrounds were positive about the integrated services provided within their communities. They particularly appreciated being able to access a range of professional support and guidance under one roof. They reported clear gains in their parenting skills and enjoyment of children. The successful integration of services has made life-changing differences to some parents and their children."

Ofsted 2009 (UK)

87. Flaxman, S., Muir, K., and Oprea, I. (2009) Occasional Paper No.23. Indigenous families and children: coordination and provision of services. Canberra: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

88. Office for Standards in Education, Children's Services and Skills (2009). The impact of integrated services on children and their families in Sure Start children's centres. www.ofsted.gov.uk

Integrated service delivery requires a new vision and commitment to break down existing silos, a bringing together of many different service providers with a common focus on the child. There is welcome evidence of government beginning this process, with investment in the early years including the development of Child and Family Centres, the reforms in Human Services, and the closer involvement of child health nurses in Launching into Learning programs in schools (see Recommendations 7 and 8). A further good model for older children are the Inter-Agency Support Teams led by Tasmania Police, which have been demonstrated to reduce youth crime and contribute to young people's re-engagement in education. However, it is still early days in bringing services together, and the process of true engagement with communities is only just beginning.

It is hoped that the data provided here through *Kids Come First* will become an essential tool, providing practical information that will allow communities and policy makers to review strengths and needs in communities, bringing people together to plan effectively, and assist with the development of appropriate actions to address many of the issues affecting children and families highlighted in this report (see Recommendations 11 and 12).

With a common vision, focus on the child, respect for the views of families and communities, and a willingness to learn and reflect on research and best practice both in Tasmania and elsewhere, together we can improve the outcomes for Tasmania's children.

*"The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialisation, and their sense of being loved, valued and included in the families and societies into which they are born."*⁸⁹

UNICEF

89. United Nations Children's Fund, Report Card 7. Child poverty in perspective: an overview of child wellbeing in rich countries, UNICEF Innocenti Research Centre, 2007, p. 1.