

The aim of the Kids Come First project is to provide government and other service providers with a comprehensive way of monitoring how Tasmania's children and young people are faring and more accurately identify where action and support are needed.

The *Kids Come First Report 2009: Outcomes for Children and Young People in Tasmania* describes the comparative health, wellbeing, safety learning and development of Tasmanian children aged 0–17 against the Kids Come First Outcomes Framework. It also explains the development of the framework and makes 12 recommendations to help improve health, wellbeing and social outcomes for children in Tasmania.

The Kids Come First Outcomes Framework consists of 92 indicators of performance across 30 outcomes that relate to children and young people or to the key factors that influence their health and wellbeing. Where possible, the Kids Come First database contains up to six years of data at the suburb level. This report provides a summary of the most recent data and discusses selected indicators in detail under the headings of health, learning and development, safety and wellbeing.

To enable improved service planning and outcome monitoring, the Kids Come First project is developing community profiles to provide useful statistics and spatial information to government and non-government organisations at a local level. These profiles may be available on request from the Kids Come First project team and provide data at statewide, area, local government and suburb level as well as national or jurisdictional comparisons.

The Kids Come First project builds on the outcome indicators for children aged 0–5 developed by the Tasmanian Early Years Foundation and reported in *Outcomes in the Early Years: the state of Tasmania's young children 2009*. As with the *Outcomes in the Early Years* report, analysis of the data behind the Kids Come First Outcomes Framework shows the strong relationship between outcomes for children and the socio-economic circumstances in which they live. For example, children from jobless households were more likely than others to have their general health rated as 'fair' or 'poor' (11% versus 2%) and were more likely to have suffered from food insecurity on at least one occasion in the past 12 months (10% versus 4%). Similarly, children from single-parent households were also more likely to have poorer health outcomes (8% versus 3%) and more likely than those from two-parent households to have had their participation in school activities curtailed by their family's financial situation during the past 12 months (12% versus 3%).

The evidence presented in this report is clear; we 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.

As a whole-of-government initiative, the project has benefited from substantial input from a range of agencies and organisations through both the Steering Committee and Data Collection Reference Group. The project Steering Committee comprises representatives from the departments of Health and Human Services; Premier and Cabinet; Education; Infrastructure, Energy and Resources; Police and Emergency Management; as well as the Commissioner for Children, the University of Tasmania, the Tasmanian Council of Social Services and the Youth Network of Tasmania.

Strategic context

There are a number of national and Tasmanian initiatives that perform a significant role in improving the health and wellbeing outcomes of children and young people. National initiatives include the COAG *National Early Childhood Development Strategy*¹; *Headline Indicators for Children's Health, Development and Wellbeing*; the *Longitudinal Study of Australian Children*; the Australian Early Development Index and selected recommendations from the National Health and Hospitals Reform Commission. Some Tasmanian initiatives aimed at improving child health and wellbeing include the proposed development of up to 30 Child and Family Centres across the State, building upon existing developments in the early years sector such as the implementation of the Tasmanian Early Years Foundation, Launching into Learning and the Let's Read program.

Other initiatives impacting on the health and wellbeing of Tasmania's children and young people include the establishment of Gateway Services within Disability, Child, Youth and Family Services, Area Advisory Groups, Tasmania's Health Plan, the establishment of the Social Inclusion Unit, Tasmania Tomorrow and the Inter-Agency Support Teams.

To ensure that services are efficiently and effectively targeted to areas of need, these initiatives depend on the availability of accurate and up-to-date demographic, health and wellbeing information. The information provided by the Kids Come First project will be crucial to targeting programs and to facilitating the monitoring of program outcomes.

Tasmania's unique demographics

Tasmania has unique demographic characteristics that need to be considered when planning services for children and young people. Tasmania has the most regional and dispersed population of any state in Australia, with almost 60% living outside the capital city. Additionally, the Tasmanian Demographic Change Advisory Council² projects that the number of people aged 0–17 years living in Tasmania will decline 1.3% by the year 2020 despite an increase in the population as a whole.

The Kids Come First Outcomes Framework aims to promote the use of health, wellbeing and demographic data against a range of commonly used geographic areas including suburb, local council, region and statewide areas. This will assist Tasmanian government agencies such as the Department of Health and Human Services (DHHS), the Department of Education (DoE) and Tasmania Police to collaborate with other service providers such as local councils, non-government organisations and community groups to use local data to address local issues.

Main findings

The report states that Tasmania's children are doing well on a number of important indicators in comparison to the performance of other states and to national averages. Indicators of positive outcomes for children in Tasmania 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%).

There are, as the report points out, many areas where outcomes for Tasmania's children, young people and families give reason for concern including:

- 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).

The findings from the Tasmanian Child Health and Wellbeing Survey, which was conducted as part of the Kids Come First project, show a significant number 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. These factors are in many cases contributing to sub-optimal family functioning.

Overall the data from the Kids Come First project confirm the strong associations between poorer health, education and wellbeing outcomes and the levels of disadvantage experienced by families and communities. We need better strategies to engage more marginalised families and communities and to build stronger communities, while still maintaining strong and effective universal services. Given the complexity of many of the issues highlighted in this report, individual agencies or organisations acting alone will be unable to effect change. However, through utilisation of the Kids Come First Outcomes Framework, an opportunity has been created for agencies, organisations and communities to jointly review, plan and deliver services that address the many issues affecting children and families.

Recommendations

The report makes a total of 12 recommendations. The recommendations are predominantly a call to increase the level and quality of collaborative partnerships to improve planning and monitoring of services that affect children and young people.

Recommendations to address areas of current concern for Tasmanian children are:

Recommendation 1:

DHHS should lead a collaborative approach to develop a comprehensive statewide strategy to reduce the prevalence of teenage smoking and address the high rates of smoking in pregnancy. This strategy should have a particular focus upon localities with a high prevalence of smoking (Indicators 12.3 & 14.3).

Recommendation 2:

DHHS should lead a collaborative approach for local campaigns to inform parents and potential parents about safe drinking levels in pregnancy and increase awareness and recognition of foetal alcohol spectrum disorder by health professionals (Indicator 14.2).

Recommendation 3:

DHHS should lead a collaborative approach to develop a comprehensive statewide strategy for increasing breastfeeding in Tasmania, with capacity to address the low rates of breastfeeding evident in more disadvantaged areas including a community-wide social marketing campaign to influence community attitudes.

2. Demographic Change Advisory Council, Final Population Projections, <http://www.dcac.tas.gov.au/> accessed 13/08/2009.

Recommendation 4:

DHHS and DoE to promote effective partnerships to examine evidence and further develop strategies to increase the consumption of vegetables by children. Partnerships should also seek to further develop community gardens, school kitchen gardens, schools involved in the Cool Canteen Accreditation Program and related initiatives, particularly in lower income communities (Indicator 2.2a-b).

Recommendation 5:

DHHS, DoE and local councils to further develop strategies for increasing physical activity (Indicator 7.2), including encouraging municipal planning to give priority to the provision of public open spaces such as walking tracks, cycle ways, and playing fields (Indicator 24.2), and encouraging more schools to participate in the Move Well Eat Well and the Cool Canteen Accreditation Program initiatives to support healthy eating and physical activity for children (Indicator 22.3).

Recommendation 6:

The Kids Come First database should be utilised by Kidsafe and the Child Injury Prevention Coalition as well as the proposed Child Death and Serious Injury Council to monitor rates of serious injuries and plan strategies for reducing injuries (Indicators 10.1 & 10.2).

Recommendations to promote collaborative partnerships and action are:

Recommendation 7:

The Kids Come First Steering Committee should encourage local stakeholders to collaboratively address health and wellbeing issues arising from the Kids Come First Outcomes Framework. Stakeholders well positioned to promote increased collaboration through the use of data include:

- Child and Family Centres;
- Child Health and Parenting Service;
- school communities;
- Neighbourhood Houses;
- Gateway Services;
- Area Advisory Groups for Disability, Child, Youth and Family Services; and
- local councils, particularly through partnership agreements with government agencies.

Recommendation 8:

The Kids Come First project should work with the Social Inclusion Unit to develop whole-of-government and whole-of-community strategies for children and families most at risk of exclusion in Tasmania. Strategies should range across a spectrum from ensuring basic needs are met, through to early intervention and prevention initiatives and structural reform, to address the needs of children and families. The Kids Come First project data should form part of the evidence base for these social inclusion strategies.

Recommendation 9:

Opportunities for cross-sectoral professional development programs (such as Family Partnership Training) should be promoted and supported for workers in the sector, to build skills in a range of areas including effective listening, cultural competence and strengths-based approaches to working with families and communities.

Recommendations to promote wide usage of Kids Come First data for planning and monitoring outcomes for children are:

Recommendation 10:

The Kids Come First data should be made as widely available as possible to all levels of government, non-government organisations and communities, to inform policy, planning and action and to enable the monitoring of trends over time. This should include the alignment of specific government grant programs to achieve improvement in selected Kids Come First indicators.

Recommendation 11:

The Kids Come First project team should work with all agencies and sectors to develop mechanisms for promotion and sharing of best practice models in relation to improving selected health, learning and development, safety and wellbeing indicators.

A recommendation regarding the future sustainability of the Kids Come First project is:

Recommendation 12:

There is a need to identify a sustainable funding and management structure for Kids Come First beyond 30 June 2010. The funding and management structure should include sufficient funding to repeat the Tasmanian Child Health and Wellbeing Survey in three years time (2012), with the inclusion of subjective wellbeing indicators to enable monitoring of trends in outcomes for children and families over time. Access to the State Infrastructure Planning System and its further use across government agencies as a spatial analysis, mapping and planning tool for health and socio-demographic planning is also recommended.

The report makes plain the need to translate these findings into program changes to improve outcomes for children and young people. The Kids Come First project will endeavour to disseminate these findings to a variety of stakeholders throughout government, as well as coalitions of interest, non-government agencies and local councils. Further refinement of the current framework will also be undertaken as the project continues, including the identification of gaps as well as improved data collection, analysis, reporting and dissemination.

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.