

The purpose of this report is to present the data on the health and wellbeing of Tasmania's children and young people and showcase the range of information available within the new, comprehensive database. It also aims to promote the use of the information by all those who have an interest in the health and wellbeing of our children.

For some time the Tasmanian Government has recognised the importance of giving a high priority to the promotion and protection of children's safety, health, development, education and wellbeing. This has been in response to rising concern nationally over deteriorating outcomes on many measures of child health and wellbeing, and the implications this has for society, both socially and economically. It has also been recognised that early intervention and prevention, particularly in the early years, hold the key to improving many of these later outcomes.

Additionally there has been a growing realisation of the impact of social exclusion on children and families and the benefit of building on universal services to target additional resources and interventions to the specific needs of communities and individuals within those communities.

The Kids Come First project was announced in March 2008. The aim of the project is to provide government with a comprehensive way of monitoring how Tasmania's children and young people are faring and more accurately identify where additional action and support are needed. The project builds on the work of the Tasmanian Early Years Foundation, which has developed similar indicators for children 0–5 years of age over the past two years, culminating in the report *Outcomes in the Early Years: The State of Tasmania's Young Children*.³

The Kids Come First project is a 'whole-of-government' initiative to improve the outcomes for Tasmanian children and young people, recognising that issues such as health, learning and development, safety and wellbeing cover areas that require commitment from a number of agencies and services if any change is to be seen.

This project provides government with a tool that allows information about children's outcomes at a statewide and local level to inform planning and more specifically target resources.

Data derived from this project can be used to underpin policy decisions such as how services should be tailored to meet local requirements as well as where new services should be located or relocated to align with demographic profiles

and community need. This will assist future planning and evaluation to be based on objective, verifiable and quantifiable information.

Kids Come First: Project Background and Objectives

Internationally and nationally, policy development, research and analysis have focused on identifying how social inclusion and exclusion can be measured, and the establishment of indicators that incorporate health, wellbeing and educational as well as social inclusion indicators.

At the same time, governments are increasingly shifting from funding programs on the basis of the type of service provided, to funding based on achieving agreed outcomes. The outcomes approach is explicitly concerned with what genuinely makes a difference to the lives of children, rather than reporting on the activities of multiple services and programs. It provides a common basis for setting objectives and planning across the whole of government.

"Often the broad social visions of government do not align easily with the agency structures in place to deliver them, so that accountability becomes complex and confused. By their nature, outcomes are often shared across bureaucratic or departmental structures in which a particular agency is only one of a number of contributors to the outcome, rather than solely responsible for its achievement." (White 2006)⁴

This project therefore utilises an 'outcomes' approach as being the most effective when dealing with a whole-of-government initiative. It will allow the government to connect a wide range of expectations and report back to the public on the success of activity across agencies and the wider community. Community profiles are being developed as part of the Kids Come First Outcomes Framework to provide local-level data and maps to communities. The use of these profiles will enable improved service planning and outcomes monitoring for both government and other service providers.

3. Tasmanian Early Years Foundation, 2009. *Outcomes in the Early Years: The State of Tasmania's Young Children*.

4. White, M., 2006. *Victoria's Approach to Putting Children First*. *Public Administration Today*, July-September 2006, p11-16.

Specific objectives of the project are:

- to develop an outcomes-based framework for children with key indicators of health, wellbeing, safety, development and learning that reflect the influences of child, family, community and service systems;
- to improve understanding within government and the broader community of children's health, wellbeing, development and learning by mapping key outcomes data together with community profiles to demonstrate relative strengths and weaknesses in local areas, together with contributing factors;
- to examine and make recommendations regarding the legislative base for reporting and monitoring against these outcomes and indicators by government and non-government agencies and ensuring that agencies are committed to working towards improvements;
- to provide recommendations to government on how the framework can best be utilised to improve access, equity and targeting of services to areas of need; and
- to enable government agencies to utilise the framework to develop innovative models of integrated service delivery, and raise community awareness.

Outcome indicators were selected on the basis of validated and recognised evidence-based research. The project utilises a number of outcome indicators identified through the Victorian initiative *Every Child, Every Chance: Improving Outcomes that Matter to Children* (Victorian Government 2006). These outcomes have been selected on the basis that they are of known importance to children, relevant to most children, and likely to respond to government intervention and support.

After the Kids Come First project commenced, it was agreed that the requirement to establish a legislative basis for the reporting and monitoring against selected outcomes was not necessary. However, the legislative basis for outcomes reporting and monitoring may be considered in future years if necessary.

Methodology (Steering Committee, Reference Group)

Although this has been a whole-of-government initiative, management and operational responsibility has resided within DHHS. The project has benefited from substantial input from other agencies and organisations through both the Steering Committee and Data Collection Reference Group.

The Steering Committee has provided strategic oversight of the Kids Come First project. Membership comprises high-level representation 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 Tasmanian Early Years Foundation, the Tasmanian Council of Social Service and the Youth Network of Tasmania.

The Steering Committee received information and recommendations from the Data Collection Reference Group on indicator selection and data collection issues.

The following agencies are represented on the Reference Group: the departments of Health and Human Services; Premier and Cabinet; Education; Police and Emergency Management; Infrastructure, Energy and Resources (DIER); the Australian Bureau of Statistics and Tasmania Together.

Additionally, staff from the State Infrastructure Planning System project within DIER provided generous amounts of time and expert input to the development of maps illustrating the findings and key correlations with background demographics and other variables.

Tasmanian Child Health and Wellbeing Survey

It was recognised early that there would be a need for a survey to fill the gaps in the Outcomes Framework to gain a comprehensive picture of how Tasmania's children are faring. A comprehensive child health and wellbeing population survey, with a sample size of 1,200 households with children under the age of 13 years, was completed in early 2009 as part of the Kids Come First project. This survey complements the existing administrative collections included in the outcomes framework. The full report detailing methodology and findings is available as a separate publication and is available via the DHHS website.⁵

5. Social Research Centre, 2009. *The Tasmanian Child Health and Wellbeing Survey 2009*.

Selection of outcomes and indicators

Kids Come First has drawn on the framework developed by the Victorian Government, which formed the basis of the Tasmanian Early Years Foundation (TEYF) outcomes framework. After researching mechanisms for measuring children's outcomes interstate and overseas, TEYF decided to adapt the Victorian model (Victorian Government Department of Human Services 2006). This takes a broad view of child wellbeing and draws on national and international evidence about the key circumstances and factors that impact on children and young people, the challenges that children and young people may face, and the ways in which government and the broader community can make a difference to children's lives and life chances.

At the core of this framework is an ecological philosophy based on the work of psychologist Urie Bronfenbrenner.⁶ This places the child at the centre of family, community and society, recognising that children are not able to achieve their potential if the ecology – that is, the broader environment of which they are part – isn't functioning well itself.

Tasmania's framework is based upon Victoria's, with four main markers of children and young people's capacity to achieve their potential: health, learning and development, safety and wellbeing.

- **Child health** implies not just the absence of disease, but protection from damage or danger as a result of disease, whether physical or psychological.
- **Child learning** implies opportunities for interactions with others and discovery of the world, the acquisition of skills and understanding. **Child development** implies opportunities needed for growth, maturation and greater complexity in behaviour and interactions with others.
- **Child safety** implies protection from unreasonable risk of injury, accident, harm or exploitation, and that the places and the people involved in their care do not increase these risks.
- **Child wellbeing** implies resilience, social confidence, secure cultural identity and protection from prolonged isolation, emotional trauma or exclusion.⁷

Thirty outcomes of children's lives have been identified as part of the Kids Come First health and wellbeing framework. These outcomes were selected because they are of known importance and relevance to most children. They can also be affected by intervention programs and are appropriate areas for government intervention or support. A total of 92 indicators or measures of progress have been selected for these outcomes. For some of the indicators, data have been routinely collected for some time and are readily available. For some others new data collection processes are being established.

The data available for each indicator can be considered alongside related data under each outcome or under clusters of outcomes. This then gives composite measures that are generally more meaningful and useful at a locality level than the figures for individual indicators. Indicators can also be grouped together under the main markers of children and young people's capacity to achieve their potential, i.e. health, learning and development, safety and wellbeing.

Reporting of population subgroups

Where possible, data have been collected from data custodians in a format to enable reporting over time, across localities and for specific demographics such as gender, age, and indigenous status. The focus of this report has been to present time series and locality-specific data with reference to different age cohorts as appropriate. Gender and Aboriginal and Torres Strait Islander status have not been addressed due to time constraints and will be addressed in more detail as the project continues.

6. Bronfenbrenner, U. 1979. *The Ecology of Human Development*, Harvard University Press, Cambridge MA.

7. *The state of Victoria's children report 2006: Every child, every chance*, Victorian Government Department of Human Services, p 11.

THE KIDS COME FIRST OUTCOMES FRAMEWORK – OUTCOME AREAS

The Child

- 1 Optimal antenatal and infant development
- 2 Adequate nutrition
- 3 Free from preventable disease
- 4 Optimal social and emotional development
- 5 Optimal physical health
- 6 Optimal language and cognitive development
- 7 Adequate exercise and physical activity
- 8 Positive child behaviour and mental health
- 9 Successful in literacy and numeracy
- 10 Safe from injury and harm
- 11 Prosocial young people's lifestyle and law-abiding behaviour
- 12 Healthy young people's lifestyle
- 13 Young people complete secondary education

The Family

- 14 Healthy parental lifestyle
- 15 Parent promotion of child health and development
- 16 Good parental mental health
- 17 Free from abuse and neglect
- 18 Free from child exposure to conflict or family violence
- 19 Ability to pay for essentials
- 20 Adequate family housing
- 21 Positive family functioning

The Community

- 22 Living in a health-promoting environment
- 23 Communities that enable parents, children and young people to build connections and draw on informal assistance
- 24 Accessible local recreation spaces, activities and community facilities
- 25 Low levels of crime in the community

Supports and Services

- 26 Early identification of and attention to child health and wellbeing needs
- 27 High quality early education and care available
- 28 Adequate supports that meet needs of families with children with disabilities
- 29 Children attend and enjoy school
- 30 Support for teenage parents

FIGURE I: Ecology of childhood



Strategic Context: National

There are a number of national initiatives that have a significant role to play in improving health and wellbeing outcomes. A selection of these initiatives has been discussed here to highlight the national strategic context as it relates to the health and wellbeing of children and young people in Tasmania.

Council of Australian Governments (COAG) Agenda

The Council of Australian Governments (COAG) has noted the importance of all children having the best possible start to life and that opportunities to improve children's lives should be commenced as early as possible, especially for children born into disadvantaged families.

COAG recognises that a coordinated effort across all levels of government, and a range of portfolios, is required to positively impact on the rates and complexity of issues and problems facing children and young people. In addition to health and education, which play a vital part in children's development, access to a range of services and opportunities such as housing, transport and recreation is crucial in determining the extent to which children, young people and families are socially included in the broader community.

Substantial reform is currently under way in the areas of education, skills and early childhood development, with the COAG Productivity Agenda Working Group leading in delivering these reforms in the area of early childhood education and care. The vision and strategies for the early years are outlined in the recently released *National Early Childhood Development Strategy* from COAG.⁸

Paid parental leave

The introduction of paid parental leave in January 2011 will also have a number of positive health and wellbeing outcomes for young children and parents including increased length of time infants will be exclusively cared for by a parent, improved child development outcomes and enhanced support for breastfeeding with its health benefits for mothers and infants.⁹

Headline Indicators for Children's Health, Development and Wellbeing

In 2006, a set of national, jurisdictionally agreed headline indicators was developed to measure children's health, development and wellbeing. These headline indicators were chosen to focus the policy attention of governments on a set of priority issues for child health, development and wellbeing. These indicators largely emerge from the Australian Institute of Health and Welfare's *A picture of Australia's children*, which reports national data on a comprehensive set of indicators. Of the 19 priority areas that make up the national headline indicators, 16 have been reported as part of *A picture of Australia's children 2009* and 11 of these have been reported at a jurisdictional level. Where data are available, national

headline indicators have been included as part of the Kids Come First Outcomes Framework.¹⁰

Growing up in Australia

Growing up in Australia, also known as the *Longitudinal Study of Australian Children*, explores family and social issues such as family functioning, health, non-parental care, and education. It aims to inform social policy debate and improve policies and strategies that affect children. Data are being collected over seven years, from a total of 10,000 children.¹¹

The Wellbeing of Young Australians

The Australian Research Alliance for Children and Youth (ARACY) is a group of experts and organisations working on research, advocacy and action concerning the wellbeing of Australia's children and young people. ARACY's first report, *Report Card: The Wellbeing of Young Australians*, was published in 2008 setting a baseline for future monitoring and highlighting areas that need urgent action. It reports on material wellbeing; health and safety; education, training and employment; peer and family relationships; behaviours and risks; subjective wellbeing; participation; and environment.¹²

The Australian Early Development Index

The Australian Early Development Index (AEDI) is a measure of how young children are developing in different communities. It is a population measure from a teacher-completed checklist. In 2009, the AEDI was completed across all Australian schools for the first time. This index will enable communities and governments to pinpoint the types of services, resources and supports young children and their families need to give children the best start in life.¹³

National Health and Hospitals Reform Commission

In June 2009, the National Health and Hospitals Reform Commission released its final report titled *A Healthier Future for all Australians*. One of the three reform goals identified in this report is to redesign our health system so it is better positioned to respond to emerging challenges. This includes embedding prevention and early intervention into every aspect of the health system with a focus upon children and young people. The Reform Commission states that by acting early we can reduce the magnitude of many disabilities, developmental delays, behaviour problems and physical and mental health conditions.

The Reform Commission also provides recommendations relating to a healthy start to life to ensure children, parents, and potential parents have access to the right mix of universal and targeted services to keep healthy and to address individual health needs. There is also a particular focus upon encouraging good mental health in young people.¹⁴

National Preventative Health Strategy

In June 2009, the National Preventative Health Taskforce published a strategy to reduce obesity, tobacco use and excessive alcohol consumption. The goal of this strategy

8. Commonwealth of Australia 2009. *Investing in the Early Years – A National Early Childhood Development Strategy*. Canberra.

9. Commonwealth of Australia 2009. *Australia's Paid Parental Leave Scheme, Supporting working Australian families*, Canberra. p4.

10. Australian Government, Bulletin 58: *Key national indicators of children's health, development and wellbeing*, Australian Institute of Health and Welfare, Canberra, 2008.

11. Australian Institute of Family Studies, *Growing up in Australia: The Longitudinal Study of Australian Children, 2007–08 Annual Report*, Australian Institute of Family Studies, 2008, www.aifs.gov.au/growingup/pubs/ar/annualreport2007-08.html

is to make Australia the healthiest nation by 2020. Some of the preventative health strategies that focus upon children and young people are:

Obesity

- Fund, implement and promote school programs that encourage physical activity and enable healthy eating
- Reduce the exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense nutrient-poor foods and beverages

Smoking

- Eliminate exposure to second-hand smoke in public places particularly where children are likely to be exposed
- Ensure all smokers in contact with health services are encouraged and supported to quit, especially pregnant women and their partners

Alcohol

- Protect the health and safety of child and adolescent brain development by:
 - developing nationally consistent principles and practices regarding the supply of alcohol to minors without parental/guardian consent; and
 - promoting informed community discussion about the appropriate age for young people to begin drinking.
- Support parents in managing alcohol issues at all stages of their children's development through community-level approaches

Strategic Context: Tasmania

"We need to focus more energy on fighting the causes of disadvantage rather than just treating the symptoms... we have to meet the need where it exists and empower families to build better futures...connecting up a range of government services in one place...working with parents to help them build parenting skills..."

(Premier's Social Headland Speech to Tasmanian Council of Social Service, October 2008)

The Premier and the Government have, particularly in the past two years, given high priority to early intervention and support for children and families, with a number of initiatives now under way in health, education and family support.

Early years initiatives

There has been a major focus on the development of early years initiatives. In 2005 the Tasmanian Early Years Foundation was established under an Act of parliament, with the vision that every Tasmanian child is given the best start in life as a foundation for a healthy, happy and positive future. The Foundation promotes research, raises awareness of the importance of the early years, gives grants, and supports an active program of learning and development for the early years sector:

Initiatives within the Department of Education include Launching into Learning, now operating in over 100 schools around the State. This is an early years program that recognises parents as their child's first and most important teacher. The focus for parents and children is on language, literacy and numeracy as well as social skills development in the years prior to formal schooling to help children make a successful transition to school.

Another early childhood literacy initiative is the Let's Read program, encouraging parents to read to their babies and toddlers from an early age as this has been shown to improve later literacy levels. This program forms a key component of the Tasmanian Government's Read For Life initiative.

More recently the government announced the intention to invest significantly in the establishment of up to 30 Child and Family Centres over the next four years. These centres will be one-stop shops of support for families, bringing together the services that can make the most difference in the early years of a child's life. They will be accessible and welcoming centres that provide a range of services including parenting programs, early years learning support and child and family health services, as well as pathways for parents to education and training. Each centre will evolve depending on local need and with extensive community involvement in planning and developing services. The first eight centres are being established in communities where needs are high and so too is community enthusiasm to embrace the model.

Within Disability, Child, Youth and Family Services (in DHHS), an important initiative has been the establishment of cu@home. This service is a nurse home visiting program offered to first-time mothers aged 15–19 years to improve children's health and development by providing support and guidance to young parents.

Reforms in Human Services (DHHS)

The Human Services group within DHHS is undergoing a significant restructure in how services are provided and the functional relationship between government, non-government service providers and clients. The establishment of Gateway Services will provide a single, well-publicised access point for individuals, agencies, services and other professionals to refer clients for services and obtain information. Gateway Services will provide assessments of the needs and issues of the child, young person, family or person with a disability. It will be closely linked with Integrated Family Support Services, resulting in faster and more appropriate support to families under stress and fewer children needing referral to Child Protection Services.

These reforms within Disability, Child, Youth and Family Services (DCYFS) reflect the broader whole-of-government attempt to develop a cross-agency and cross-program response to deteriorating outcomes on many of the measures of children and young people's health, education and wellbeing.

12. Report Card: The Wellbeing of Young Australians, Australian Research Alliance for Children & Youth, 2008.

13. Australian Early Development Index, AEDI Fact Sheet, www.rch.org.au/australianedi/pub.cfm?doc_id=12381, viewed 18 May 2009.

14. A Healthier Future for all Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009, p5.

Area Advisory Groups

Arising out of the DCYFS reform agenda is the proposed establishment of a Statewide Advisory Group and four Area Advisory Groups designed to promote integrated service delivery utilising a shared governance framework. These advisory groups will:

- monitor the existing service delivery framework and investigate possible improvements;
- oversee joint planning mechanisms to address unmet demand, service gaps and trends, and allocate resources accordingly; and
- identify and develop strategic policy and improve service system design to better integrate services.

Reforms in health

In May 2007, the Tasmanian Government released Tasmania's Health Plan – a blueprint for the reform of Tasmania's health services into the future. This plan brings together the Primary Health Services Plan, focusing on health services delivered in the community, and the Clinical Services Plan, focusing on services delivered in the major hospitals and by the ambulance service.

Implementation of Tasmania's Health Plan involves more than 100 projects, most of which are under way and some completed. The aim of the plan is to ensure Tasmanians have a safe, sustainable and efficient health system that provides all Tasmanians with the care they need, when they need it.

This plan has a major focus upon integrating services so that patients experience seamless care when they move between facilities (e.g. hospitals and community health centres) and health care professionals (e.g. GPs, nurses and specialists). The plan also has an emphasis on health and wellbeing, not just illness, and encouraging and helping people to take control of their own health.¹⁵

Social inclusion initiative

The Social Inclusion Unit was established in 2008 to promote inclusive communities, with the Social Inclusion Commissioner leading the agenda and providing a voice for socially excluded and disadvantaged Tasmanians. The unit works to develop practical solutions to social exclusion that are informed by evidence-based research and achieved by working with all spheres of government, the community and business sectors. The Social Inclusion Commissioner released his independent report to the Tasmanian Government¹⁶ on his advice for social inclusion in Tasmania in September 2009. The government will respond to the Commissioner's report identifying priorities for action.

Reforms in education

Reforms in the Department of Education include the early years initiatives discussed earlier (Launching into Learning, Child and Family Centres, and Let's Read) as well as a major focus on increasing post-Year 10 retention rates. Tasmania Tomorrow is a significant new initiative that aims

to address retention in education and training after Year 10, while also addressing the skills shortages and productivity needs of Tasmanian employers. Since January 2009, three new organisations have been set up within this initiative: the Tasmanian Academy, the Tasmanian Polytechnic and the Tasmanian Skills Institute.

Reforms in Tasmania Police

Tasmania Police has for some time been committed to an early intervention approach to youth at risk, with a view to reducing the incidence of youth offending and diverting young people from the criminal justice system.

Police have Early Intervention and Youth Action Units in each of the four geographic districts. Police work collaboratively with other agencies, particularly Child Protection Services and the Department of Education, to identify young people at risk, and provide strategies to address issues such as non-attendance at school and high-risk behaviour.

Following a highly successful pilot initiative, Inter-Agency Support Teams now operate in 24 municipal localities, bringing together a range of expertise to support children and young people and their families with complex needs.

Tasmania Together

Tasmania Together was established under the *Tasmania Together Progress Board Act 2001*. It is a long-term social, environmental and economic plan for the State's development over a 20-year period, providing an overarching framework for planning, budgeting and policy priorities for Tasmania.

The plan has 12 goals to be reached by 2020, with 143 benchmarks that are reported on a two-yearly basis. While many of the community and economic benchmarks are clearly relevant to all Tasmanians, including families and children, only a few of the current benchmarks directly measure aspects of child health and wellbeing. These include data on child care places, children on care and protection orders, literacy and numeracy standards and post-Year 10 school retention rates. Progress against the goals and targets is easily accessible to the public, with online access to all reports.¹⁷

Kids Come First and the Tasmanian strategic context

All the above initiatives will rely on available, accurate and up-to-date demographic and health and wellbeing outcomes data to ensure that services are efficiently and effectively targeted to areas of need. The data and information provided by the Kids Come First project will be crucial in this targeting, as well as facilitating the monitoring of outcomes for these initiatives.

15. http://www.dhhs.tas.gov.au/future_health/tasmanias_health_plan (accessed 27 August 2009).

16. Adams, D. (2009): A Social Inclusion Strategy for Tasmania.

17. Tasmania Together Progress Report 2008.