­­­National Action Plan for the health of CHILDREN AND YOUNG PEOPLE

March 2019

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# Foreword

*To be completed*

# Acknowledgements

We want to acknowledge and thank the 500+ people who have contributed to the development of this Action Plan. Their involvement and expert advice have helped to create this Action Plan and make a difference to the future health of Australian children and young people.

We would particularly like to thank the following people and organisations:

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| * The Royal Australasian College of Physicians * State and Territory Departments of Health * The Australian Institute of Health and Welfare * The Department of Prime Minister and Cabinet * The Department of Social Services * Megan Mitchell and the Office of the National Children’s Commissioner * Julie Inman Grant and the Office of the eSafety Commissioner * The Youth Health Forum and the Consumers Health Forum of Australia * Australian Medical Association * Royal Australasian College of Surgeons * Royal Australasian College of Physicians * SNAICC – National Voice for our Children * Women and Children’s Healthcare Australasia * Allied Health Professions Australia | * Parenting Research Centre * National Rural Health Alliance * Australian Indigenous HealthInfoNet * Murdoch Children’s Research Institute * Vision 2020 Australia * beyondblue * Orygen * Dietitians Association of Australia * Telethon Kids Institute * Children and Young People with Disability Australia * Australian Institute of Family Studies * Australian Paediatric Society * Australian Nursing & Midwifery Federation * Public Health Association of Australia * Australian Council of Social Service |

# Contents

[Foreword 2](#_Toc3826822)

[Acknowledgements 1](#_Toc3826823)

[Contents 2](#_Toc3826824)

[Executive summary 3](#_Toc3826825)

[Strategy Overview 4](#_Toc3826826)

[About the Action Plan 5](#_Toc3826827)

[The Action Plan in context 5](#_Toc3826828)

[Why we need an Action Plan 6](#_Toc3826829)

[Taking a life course approach 8](#_Toc3826830)

[Priority groups among children and young people 8](#_Toc3826831)

[Aboriginal and Torres Strait Islander children and youth 10](#_Toc3826832)

[Improving health equity for children and young people 10](#_Toc3826833)

[Priority areas 11](#_Toc3826834)

[Four priority areas to improve child and youth health 11](#_Toc3826835)

[Thirteen priority actions for implementation 11](#_Toc3826836)

[Enhance services for rural and remote areas 11](#_Toc3826837)

[Expand support for families, especially families living with adversity 11](#_Toc3826838)

[Increase investment in research, policy and practice translation 12](#_Toc3826839)

[Commit to nationally consistent data collection 12](#_Toc3826840)

[Operational steps to achieve progress 12](#_Toc3826841)

[Appendix A – Priority activities for immediate implementation 2](#_Toc3826842)

[Appendix B - Australian policy and strategy context 5](#_Toc3826843)

# Executive summary

The health of children and young people is fundamental to the ongoing prosperity and cohesion of Australian society. What happens to our children and young people now has sustained, long term impacts; not only on their own health outcomes and life experiences, but the future social, economic and relational wellbeing of our population as a whole.

While there is much to commend in terms of how we currently support and empower children and young people to thrive in Australia, there are also areas which can be enhanced, gaps in equity that should be closed, and growing challenges in certain areas of health and wellbeing that need to be tackled.

With this in mind, The National Action Plan for the Health of Children and Young People (the Action Plan) provides a roadmap for a national approach to improve and ensure the health and wellbeing of all Australian children and young people – providing them with the best start to life. The Action Plan builds upon COAG Health Council’s Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (Healthy, Safe and Thriving).[[1]](#endnote-2)

The Action Plan seeks to build the foundation for the implementation of targeted interventions to improve health outcomes for children and young people, driving action at the national, jurisdictional and local levels, in order that priority health needs and inequities in health care are addressed for all children and young people in Australia.

Through a life course approach, the Action Plan recognises that there are a range of health needs, risks and influences experienced by children and young people at different stages of life, and focuses on the importance of targeted investment to maximise physical, mental and social health at every age.

Following a consultative process, four priority target areas have been identified to drive change and improve outcomes in order to ensure the health of Australia’s children and young people:

1. Enhance services for rural and remote areas
2. Expand parenting support for families, especially families living with adversity
3. Increase investment in research, policy and practice translation
4. Commit to ongoing nationally consistent data collection

The improvement of health outcomes for children and young people is something which can flourish only through effective collaboration and shared contributions made by a wide range of partners. These partners include:

* individuals, carers and families;
* communities;
* all levels of government;
* non-government organisations;
* the public and private health sectors, including health care providers and private health insurers;
* industry; and
* researchers and academics.

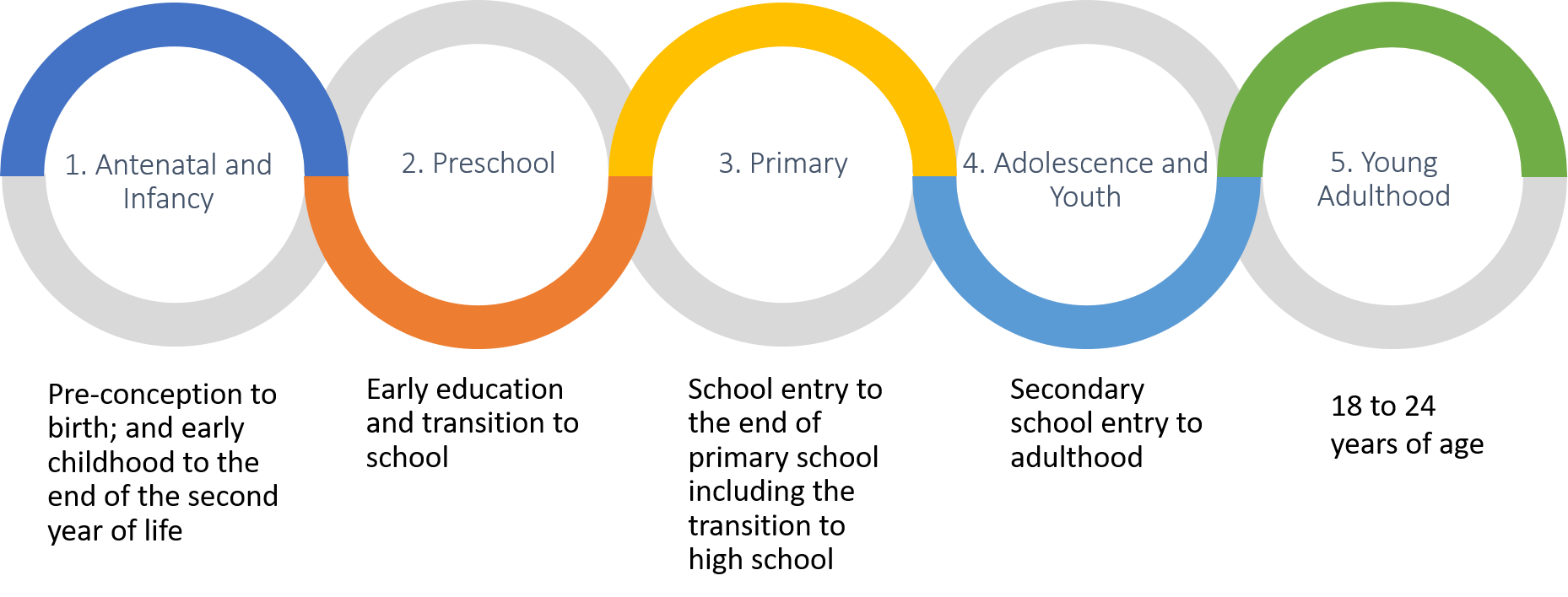
Greater cooperation between partners will ultimately lead to more successful individual and system outcomes. The priorities and actions outlined in this Action Plan are therefore intended to guide partner investment in activities to address the health of Australia’s children and young people and should be implemented collaboratively to achieve the best possible health outcomes.

# 

# Strategy Overview

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| --- |
| **Purpose:**  Ensure that Australian children and young people, from all backgrounds and all walks of life, have the same opportunities to fulfil their potential, and are healthy, safe and thriving |

|  |  |
| --- | --- |
| **Guiding principles** | |
| **Prevention and early intervention** | Universal and targeted prevention services and early intervention for those identified as in need is best practice and essential for achieving optimal health outcomes |
| **Strengths-based approaches** | Health services for children and young people are delivered from a social health perspective, building on strengths, enabling children and young people to grow up thriving and resilient |
| **Environment** | Children and young people should grow up in healthy and safe families, environments and communities |
| **Equity** | All children and young people in Australia should have appropriate access to health services to ensure equitable outcomes |
| **Proportionate universalism** | The provision of health services must be universal, but with services provided at a level proportionate to need |



**Taking a life course approach**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority areas and actions** | | | |
| **Enhance services for rural and remote areas** | **Expand parenting support for families especially living with adversity** | **Increase investment in research, policy and practice translation** | **Commit to nationally consistent data collection** |
| Undertake infrastructure upgrades in remote communities and other places where there is inadequate water and sanitation.  Expand telehealth GP, specialist and counselling services to improve access for all Australia’s young people, while specifically targeting young people in rural and remote areas.  Support programs to support children and young people with chronic and complex conditions, and their families, who live in remote and rural areas. | Roll-out sustained nurse home visiting programs commencing antenatally and with a focus on women living in adversity.  Expand evidence-based sustained nurse home visiting programs for Australian Indigenous families.  Expand Deadly Dads and similar programs as an early parenting strategy within Australian Indigenous communities.  Maintain and continue to expand Raising Children Network as a go-to resource for evidence-based information on child health and development for parents, children and young people, and professionals. | Establish a National Solutions Hub to maximise the research, policy and practice translation opportunities across all new cohorts in Australia.  Invest in research and evaluation focusing on:   1. Australian Child and Family Centres 2. strategies to support telehealth and other ways of delivering services in remote areas 3. school-based programs to build resilience and positive mental health 4. reducing the prevalence and impact of chronic conditions including asthma and diabetes.. | Ensure the ongoing funding of child health headline indicators.  Establish the collection and reporting of comprehensive, consistent data at national, state and territory, and local geographical levels to support the headline indicators, meet user demand for data, and give greater understanding of child health.  Review the processes for registration of births and remove barriers to registration, particularly for remote communities and Indigenous families.  Harmonise age-eligibility so that there is a nationally consistent approach to distinguish between age groups, especially between adolescence (up to 18th birthday) and young adulthood (18-25th birthday). |

# About the Action Plan

The future prosperity and continued cohesion of Australian society is dependent on the health and wellbeing of our children and young people. We know that what happens from the early years of life through to adolescence and early adulthood has lasting impacts on an individual’s health and wellbeing and – more broadly – their participation and inclusion within society.

We also know, from a range of indicators, that as a country we could be doing better. While there are notable success stories and progress has been made in some respects – such as falling infant mortality and decreases in substance use among young people – other challenges like child abuse and neglect and mental health issues have been increasing. Compared internationally, the health and wellbeing of children and young people in Australia in relation to many measures is perhaps not as good as it could be.[[2]](#endnote-3)

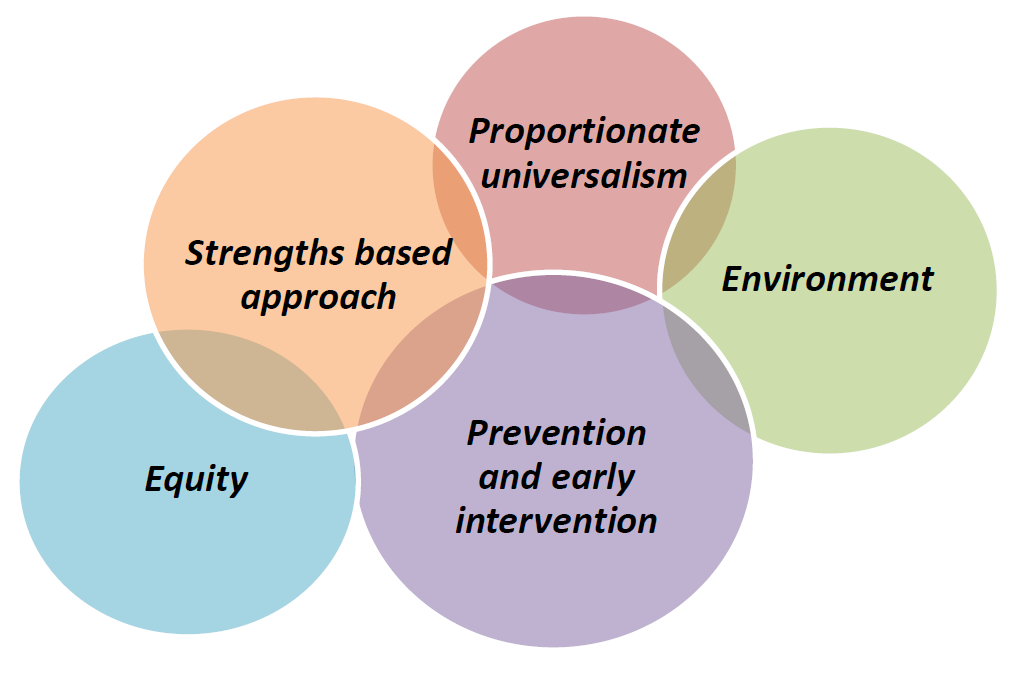
With this context in mind this Action Plan has been developed through a consultative process that considered the latest evidence in relation to child and youth health and drew on contributions from health experts from across Australia, members of the health sector, and the wider community.

The Action Plan aims to drive improvement in the health of all children and young people in Australia across the life course, noting the challenges of disparity and inequity in health outcomes between individuals, areas, and different sections of the population. It is a call to action and a tool for action, guiding collaborative and cohesive approaches to a set of key priority areas that can better ensure that Australian children and young people, from all backgrounds and all walks of life, have the same opportunities to fulfil their potential, and are healthy, safe and thriving.

# The Action Plan in context

The Action Plan is guided by the work of Healthy, Safe and Thriving, and adopts the five guiding principles identified within which are considered critical to the development and delivery of effective health services for children and young people. These principles permeate the priority areas, actions and activities that emerge in the Action Plan.

#### Figure 1: Principles of Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health[[3]](#endnote-4)



Importantly, this is an Action Plan for everyone. It has been designed to be used as a resource by governments at all levels, policy makers, stakeholder organisations, the public and private health sectors, industry, researchers and academics, families and communities. It provides guidance on the actions required to support and enable maximum health and wellbeing for Australian children and young people.

The Action Plan has been developed to drive action and investment for the period 2020-2030. Periodic reviews of the evidence underpinning the action areas and proposed activities will be undertaken across the life of the Action Plan. As time elapses, priority activities and timeframes for implementation will be reassessed, to ensure efforts are invested effectively, efficiently, and where needed.

The Action Plan is relevant to children and young people aged from 0-24 years. The Action Plan recognises that the ante­-natal period, and in some cases pre-conception period, are also key to optimal health for children and young people.

## Why we need an Action Plan

The future of any society depends on its ability to foster the health and wellbeing of the next generation. When we invest wisely in children and young people, the next generation will pay that back through a lifetime of productivity and responsible citizenship.[[4]](#endnote-5)

There is insurmountable evidence that concludes that what children experience during the early years sets a critical foundation for their entire life course.[[5]](#endnote-6) Childhood development – including in physical, social, emotional and language and cognitive domains – strongly influences learning, school success, economic participation, social citizenry and health.[[6]](#endnote-7)

Much has been achieved in areas of child and youth health in recent years. Progress has been made in areas such as in the provision of ante natal care, vaccination rates and mortality related to injury– however Australian children are also now more likely than ever before to be overweight or obese, are less likely to be predominantly or exclusively breastfed at six months, and increasingly face homelessness.[[7]](#endnote-8)

Perhaps most concerning, our children’s mental health is suffering. The 2017 *Youth Mental Health Report*, found that one in four young people are at risk of serious mental illness; mental illness risk increases as adolescents age, becoming most prevalent in the older teen years; and the risk is greater in Indigenous groups and young women. Furthermore, the number of deaths by suicide of young Australians in 2015 was the highest it has been in 10 years.[[8]](#endnote-9)

A sample of measures related to the health of children and young people in Australia are presented in Figure 2. These measures indicate a number of ongoing challenges and some concerning trends, across domains of physical and mental health, childhood development, child protection, justice and welfare. They also point to a number of inequities for children and young people from – for instance – Indigenous and culturally and linguistically diverse backgrounds, and those living in rural and remote areas. They illustrate that, while much has been done, there is still much more that can be done for all children and young people to be healthy, safe and thriving.

#### Figure 2: The health of Australia’s children and young people at a glance[[9]](#endnote-10), [[10]](#endnote-11), [[11]](#endnote-12), [[12]](#endnote-13), [[13]](#endnote-14), [[14]](#endnote-15), [[15]](#endnote-16), [[16]](#endnote-17), [[17]](#endnote-18), [[18]](#endnote-19)



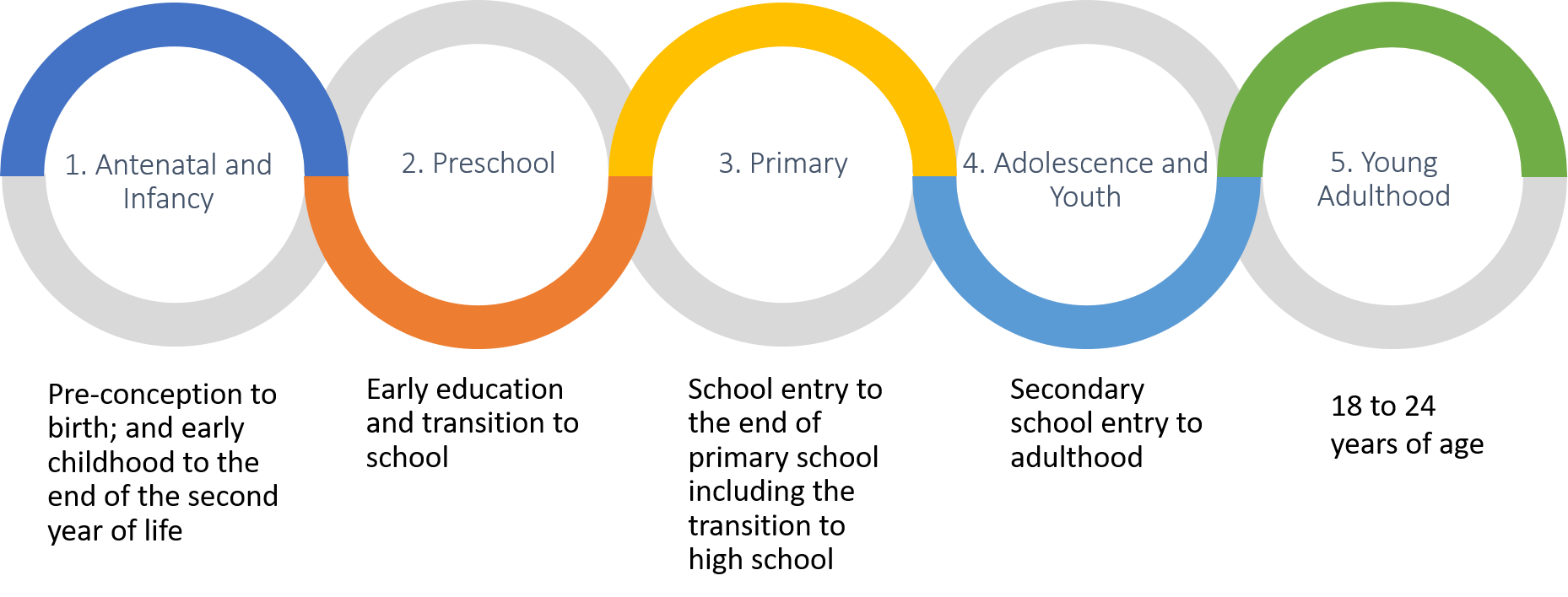
## Taking a life course approach

The health of a child or young person at any stage of their life can have significant impacts on their health immediately and during later stages of life. Furthermore, transitions during the childhood years, and from childhood to adolescence and then adolescence to independent adulthood, are crucial periods for establishing positive health and social behaviours.[[19]](#endnote-20), [[20]](#endnote-21)

To increase the effectiveness of health education, intervention and service delivery, there needs to be a strategic focus on the intervention points across the life course. Health care policy, research, planning and service delivery must be age-appropriate and adapted to both respond to the changing mental and physical health of children at different life stages, and to deliver the best health outcomes into the future.

The Action Plan recognises that a broad range of changing health needs are experienced across the childhood years, and that these change again as children first enter the teenage years and then transition into adulthood. The Action Plan employs a life course approach, in order that coordinated and focused activities are targeted in a way that works to reduce health inequalities at the point at which they are most likely to occur.

#### Figure 3: Key life stages for children young people



## Priority groups among children and young people

To strengthen health outcomes for children and young people across the life course, we must adopt a range of strategies to reduce the disparity in health outcomes resulting from the social determinants of health.

There is no ‘average’ child or young person in Australia where health is concerned. Access to services and health outcomes vary by geography, health literacy, culture, social and economic circumstances, personal characteristics and a range of other factors. We know that certain population groups face significantly worse outcomes (as outlined in Figure 4), but that if the causative inequities are addressed early, there is the potential to shift health trajectories and disrupt inter-generational cycles of disadvantage. Furthermore, there is strong evidence that investment in the early years of children’s health development and wellbeing is the most cost-effective step to tackle adult health inequity.[[21]](#endnote-22), [[22]](#endnote-23)

Many children and young people also fall within multiple ‘priority’ population groups, which can have a compounding effect on health needs and outcomes. For example, many Australians from rural and remote backgrounds also have a lower socioeconomic status, may identify as Aboriginal and Torres Strait Islander or from a culturally and linguistically diverse background, and may have experienced violence and/or abuse. Furthermore, these population groups are often disadvantaged with respect to accessing healthcare. Each of these factors singularly and collectively impact on health and health needs.[[23]](#endnote-24), [[24]](#endnote-25)

Through targeted health policy design, education and service delivery focusing on the particular needs and circumstances of priority groups of children and young people, there is substantial scope to improve health equity, not only amongst children and young people, but also across the whole population.

#### Figure 4: Priority Populations for the Action Plan

| Priority Group | Select Health Indicators |
| --- | --- |
| Children and young people from rural and remote areas | * **Over 30% of Australia’s population live in regional, rural or remote areas.** * **In aggregate, people living in rural areas have shorter lives and higher levels of illness and disease risk factors than those in major cities. The National Rural Health Alliance identifies the key issues as poorer access to goods and services, and educational and employment opportunities, as well as lower levels of income.[[25]](#endnote-26)** * **People living in rural and remote areas have higher rates of chronic disease and mortality, have poorer access to health services, are more likely to engage in behaviours associated with poorer health, and are over-represented in the child protection and youth justice sectors.[[26]](#endnote-27)** |
| Aboriginal & Torres Strait Islander children and young people | * **Aboriginal and Torres Strait Islander children and young people are more likely to experience poorer health and health outcomes than their non-Indigenous counterparts. For instance, when compared to their non-Indigenous counterparts Indigenous children and young people are:** * **twice as likely to be developmentally vulnerable in one or more areas;** * **consistently and significantly over-represented in child protection and youth justice;** * **nine times as likely to be in out-of-home care;** * **1.6 times as likely to be obese; and** * **less likely to have ever received breastmilk.[[27]](#endnote-28)** |
| Children and young people born in to poverty | * **In Australia over 17% of children aged less than 15 and 14% of young people aged 15-24 live below the poverty line.** * **The risk of poverty for children and young people in sole parent families is three times that for children in couple families.[[28]](#endnote-29)** * **Low family income can increase emotional distress within a family, adversely affect parenting practices and leading to behavioural problems in children and young people. [[29]](#endnote-30)** * **Deprivation of basic material needs can reduce a child’s engagement in school, in turn impacting a child’s development and educational opportunities.[[30]](#endnote-31)** * **Reducing poverty leads to increased health and education outcomes.[[31]](#endnote-32)** |
| Children and young people living with disability | * **7.3% of Australians aged 0 -17 years have a disability. Boys have higher rates of disability compared with girls, accounting for 61% of all children with disability.[[32]](#endnote-33)** * **Approximately 85% of children and young people with a disability attend mainstream schools, however more than 75% of school principals report not having enough resources to meet the needs of students with a disability.[[33]](#endnote-34)** * **Children and young people living with disability are more likely to be deprived across multiple wellbeing domains, most commonly health, education and participation.[[34]](#endnote-35)** |
| Children and young people from culturally and linguistically diverse backgrounds – including those from refugee and asylum seeker families | * **Persons from culturally diverse backgrounds experience cultural barriers when trying to access health facilities and resources.[[35]](#endnote-36)** * **Around half of all humanitarian arrivals to Australia are aged less than 18 years.[[36]](#endnote-37)** * **The prolonged and cumulative stressors placed on children and young people from refugee and asylum seeker families can have lasting and negative impacts on physical and mental health of children, many of which last into adulthood.[[37]](#endnote-38), [[38]](#endnote-39)** |
| Children and young people who experience violence and/or abuse | * **13% of Australians aged 18+ years have experienced physical and/or sexual abuse before the age of 15.[[39]](#endnote-40)** * **Child protection data indicates that in 2016–2017 there were 67,968 substantiations of child abuse and neglect, a 27% increase since 2012–2013. This includes emotional abuse (48% of substantiations), neglect (24%), physical abuse (16%) and sexual abuse (12%).[[40]](#endnote-41)** * **For the ten year period 2002-2012, family violence resulted in 238 cases of children and young people being killed by their parents.[[41]](#endnote-42)** |
| Children and young people living in out of home care | * **The number of children and young people living in out of home care has risen every year over the past five years, with the numbers rising by 7,366 (18%) from 30 June 2013 to 30 June 2017. [[42]](#endnote-43), [[43]](#endnote-44)** * **Placement instability can have significant adverse effects on children and young people. Continued instability is associated with poor educational, employment, social, psychological, behavioral and emotional outcomes. Experiencing multiple placements can also affect a young person’s capacity to develop and maintain relationships. [[44]](#endnote-45),[[45]](#endnote-46)** |
| Incarcerated children and young people | * **Those involved in the justice system are a vulnerable group, with significant and complex health needs. Compounding this is the over-representation of other already vulnerable groups, such as Indigenous Australians, within this population.[[46]](#endnote-47)** * **Young people under youth justice supervision between 2011–12 and 2013–14, and who received specialist homelessness services at some point between 2011–12 and 2014–15, had vulnerabilities that were more pronounced than for other young people who also required these services.[[47]](#endnote-48)** * **Mental illness often appears for the first time during adolescence. Those in the youth justice system are at increased risk for developing serious and chronic mental illness.[[48]](#endnote-49)** * **Young people on remand have poorer mental and physical health; higher prevalence of suicidal thoughts and behaviours; greater family adversity; poorer school attendance; and emotional/behavioural problems interfering with schooling and social activities.[[49]](#endnote-50)** |

### Aboriginal and Torres Strait Islander children and youth

Across the entire Australian population, there is a need for a greater focus on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander populations are more likely to experience significantly poorer health and health outcomes than non-Indigenous populations. These poorer health outcomes extend across many key areas including: life expectancy and mortality; incidences of mental illness and chronic conditions; health risk factors, such as smoking, alcohol, physical inactivity and unhealthy eating habits; sexual health and child and maternal health; and potentially avoidable deaths and hospitalisations.[[50]](#endnote-51)

The Action Plan aligns with the National Aboriginal and Torres Strait Islander Heath and Implementation Plans 2013-2023, the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families 2016 and the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026. This Action Plan also acknowledges the Australian Government’s commitment to Closing the Gap.[[51]](#endnote-52)

## Improving health equity for children and young people

Through the consultation process undertaken to develop this Action Plan, a number of focus areas were identified as essential for improving health equity for children and young people. These include:

* Equitable access to services – removing barriers which may be physical, geographic, financial, educational or cultural.
* Consistent, collaborative action and accountability across governments - a shared approach and commitment to prevention and early intervention, with health promoting activities which span government portfolios who share accountability for outcomes.
* Genuine involvement of and collaboration with target audiences - children, young people and families are engaged in the design and delivery of services for them.
* Improved health literacy - low levels of health literacy can result in less access to services, less understanding of issues related to health, poorer health management and social isolation. Increasing health literacy will provide for the opposite.
* Improved trauma awareness and workforce capability - improve the workforce’s understanding of, and ability to implement, trauma informed practice (including intergenerational trauma), particularly relating to Aboriginal and Torres Strait Islander peoples, children and young people in the child protection system, and those who have experienced violence.

*The activities proposed in this Action Plan take into account the above focus areas and on ensuring equity of access and better outcomes for all children and young people.*

# Priority areas

Significant consultation, evidence-gathering and analysis was undertaken which determined four key priority areas which will make the greatest headway towards ensuring that Australia’s children and young people are healthy, safe and thriving. Across these four areas, a set of 13 priority actions was identified, under each of which a series of practical activities are proposed for immediate implementation.

## Four priority areas to improve child and youth health

The four priority areas under which actions and activities should be implemented to improve the health of Australia’s children and young people are outlined below. Each of these priority areas contributes towards the overall purpose of the Action Plan and together will deliver a multifaceted approach that will ensure equitable healthcare and improved health and wellbeing outcomes.

| 1 | Enhance services for rural and remote areas |
| --- | --- |
| 2 | Expand parenting support for families, especially families living with adversity |
| 3 | Increase investment in research, policy and practice translation |
| 4 | Commit to nationally consistent data collection |

The four priority areas are inter-related and are of equal importance. Many of the health inequities that exist, and many of the conditions that present in priority populations, can only be addressed if significant progress is made across all of the priority areas. Attention must be paid to all four areas in order to achieve real progress and to ensure that all of Australia’s children and young people are healthy, safe and thriving.

Importantly however, the implementation of actions and activities related to these areas must be prioritised and coordinated to ensure that priority populations are adequately and appropriately targeted, increases in demand for services are able to be met, and all services are truly universal.

## Thirteen priority actions for implementation

Thirteen priority actions were identified across the four priority areas, as outlined below. These actions should be addressed within the next three years, with implementation commencing immediately following endorsement of this Action Plan. Further detail on the practical activities and first steps that will support the realisation of the priority actions within each area can be found in Appendix A.

### Enhance services for rural and remote areas

1. Undertake infrastructure upgrades in remote communities and other places where there is inadequate water and sanitation.
2. Expand telehealth GP, specialist and counselling services to improve access for all Australia’s young people, while specifically targeting young people in rural and remote areas.
3. Support programs to support children and young people with chronic and complex conditions, and their families, who live in remote and rural areas.

### Expand support for families, especially families living with adversity

1. Roll-out sustained nurse home visiting programs commencing antenatally and with a focus on women living in adversity.
2. Expand evidence-based sustained nurse home visiting programs for Australian Indigenous families.
3. Expand Deadly Dads and similar programs as an early parenting strategy within Australian Indigenous communities.
4. Maintain and continue to expand Raising Children Network as a go-to resource for evidence-based information on child health and development for parents, children and young people, and professionals.

### Increase investment in research, policy and practice translation

1. Establish a National Solutions Hub to maximise the research, policy and practice translation opportunities across all new cohorts in Australia.
2. Invest in research and evaluation focusing on:
   1. Australian Child and Family Centres
   2. strategies to support telehealth and other ways of delivering services in remote areas
   3. school-based programs to build resilience and positive mental health
   4. reducing the prevalence and impact of chronic conditions including asthma and diabetes.

### Commit to nationally consistent data collection

1. Ensure the ongoing funding of child health headline indicators.
2. Establish the collection and reporting of comprehensive, consistent data at national, state and territory, and local geographical levels to support the headline indicators, meet user demand for data, and give greater understanding of child health.
3. Review the processes for registration of births and remove barriers to registration, particularly for remote communities and Indigenous families.
4. Harmonise age-eligibility so that there is a nationally consistent approach to distinguish between age groups, especially between adolescence (up to 18th birthday) and young adulthood (18-25th birthday).

# Operational steps to achieve progress

Further work is required to operationalise each of the priorities and recommended actions in the Action Plan.

To ensure the effectiveness of the Action Plan in fulfilling its objectives, the following is proposed:

1. Develop a consumer engagement plan for implementation of the Action Plan that includes meaningful engagement with a broad range of children, young people and parents/carers from the priority population groups across all aspects of the plan.
2. Collaborate and consult with children, young people and families - through mechanisms such as the Consumers Health Forum proposed Youth Health Forum.
3. Develop an evaluation framework that will enable monitoring and tracking of the Action Plan’s progress, and provide reporting to the wider community to increase the understanding of the significance of the health of children and young people.
4. Review the Action Plan at key intervals to assess progress and refocus priorities as required.

# Appendix A – Priority activities for immediate implementation

The following provides suggested actions that could be implemented in the first instance in order that progress is made against the priority areas and actions. The *Healthy, Safe and Thriving* (HST) priorities listed are those that may be realised (partially or in full) if the suggested activity is successfully implemented.

**Enhance services for rural and remote areas**

***Priority Action 1 – Undertake infrastructure upgrades in remote communities and other places where there is inadequate water and sanitation***

|  |  |
| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Increase and sustain funding to infrastructure upgrades in remote communities via the Remote Australia Strategies Programme. | 1.2.5, 1.3.1, 3.1.1, 3.1.2, 4.1.1, 4.2.1 |
| Develop and fund training and incentives for tradespeople to service remote communities and enable trained Environmental Health Workers to undertake emergency plumbing in remote locations (as in WA). | 3.5.2 |

***Priority Action 2 - Expand telehealth GP, specialist and counselling services to improve access for all Australia’s young people, while specifically targeting young people in rural and remote areas***

|  |  |
| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Expand the Better Access initiative, which provides video-conferenced mental health services to people in regional, rural and remote areas. | 4, 5.5 |
| Include children and young people in the “test bed” pilots of the National Digital Health Strategy where appropriate, e.g., chronic disease management, telehealth. | 5.1, 5.3 |
| Support states and territories in evaluating telehealth services through the telehealth “test bed”. Remove policy and regulatory barriers, and commit sustained funding to embed telehealth into clinical practice, particularly in regional, rural and remote areas. | 4.1, 4.2, 5.3 |
| Develop consistent national standards for telehealth services focusing on children and young people. | 1.2.5, 2.2, 2.3 |

***Priority Action 3 - Support programs to support children and young people with chronic ad complex conditions, and their families, who live in remote and rural areas***

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| --- | --- |
| **Implementation Activity** | **ST Priority/ies** |
| Support integration of services to maximise the opportunities for families to access the right service at the right time. E.g. providing health checks, referrals and supports within early childhood services, schools, youth services, and family centres. | 4.1.2, 4.1.3, 4.3.1 |
| Identify funding for programs which support families to accompany children when attending specialist care away from home (i.e. provide travel, accommodation, counselling etc). | 4.1.3, 4.2.1, 4.3.1 |
| Establish consistent frameworks for relevant data collection to reduce the burden on families, and to make the best use of time spent in treatment away from home. | 4.1.1, 5.5 |
| Research international best practice in remote support (incl. online support, peer networks, telehealth) for children who live remotely and have chronic and complex conditions. | 5.3 |

**Expand parenting support for families, especially families living with adversity**

***Priority Action 4 - Roll-out sustained nurse home visiting programs commencing antenatally and with a focus on marginalised women***

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| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Identify sustained funding for the roll-out of programs in disadvantaged communities, choosing from evidence-based programs which are in use in Australia, and are designed specifically for Australian contexts. | 1.1.1, 1.1.3, 1.1.4, 1.5, 5.5 |

***Priority Action 5 - Expand evidence-based sustained nurse home visiting programs for Australian Indigenous families***

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| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Undertake a Randomised Controlled Trial of adapted evidence-based programs, co-designed with communities, for use with Aboriginal and Torres Strait Islander families. | 1.1.1, 1.1.3, 1.1.4, 1.1.5, 5.2, 5.3, 5.5 |

***Priority Action 6 - Expand Deadly Dads and similar programs as an early parenting strategy within Australian Indigenous communities***

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| **Implementation Activity** | **HST Priority/ies** |
| Identify sustained funding to support the roll-out of programs in disadvantaged communities, choosing from existing evidence-based programs designed specifically for use with Aboriginal and Torres Strait Islander families. | 1, 2, 3, 4, 5.2 |

***Priority Action 7 - Maintain and continue to expand Raising Children Network as a go-to resource for evidence-based information on child health and development for parents, children and young people, and professionals***

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| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Maintain and expand the Raising Children Network online portal. | 1.2.5, 1.6.3, 3.1.1, 3.1.2 |

**Increase investment in research, policy and practice translation**

***Priority Action 8 - Establish a National Solutions Hub to maximise the research, policy and practice translation opportunities across all new cohorts in Australia***

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| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Extend and the National Children’s Cohorts Collaboration to build upon the work to develop the National Solutions Hub. Prioritise actions to maximise national impact to include integrating core data; policy and cross-cohort partnerships; and national data and bio-banking infrastructure. | 5.2, 5.3, 5.6 |

***Priority Action 9 - Invest in research and evaluation focusing on:***

1. ***Australian Child and Family Centres***
2. ***strategies to support telehealth and other ways of delivering services in remote areas***
3. ***school-based programs to build resilience and positive mental health***
4. ***reducing the prevalence and impact of chronic conditions including asthma and diabetes.***

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| **Implementation Activity** | **HST Priority/ies** |
| Update and maintain the What Works 4 Kids evidence portal to ensure program providers, funders and commissioning bodies have access to evidence-based information to inform service design and delivery. | 5.2, 5.3 |

**Commit to nationally consistent data collection**

***Priority Action 10 - Ensure the ongoing funding of child health headline indicators***

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| **Implementation Activity** | **HST Priority/ies** |
| Identify sustained funding for child health headline indicators, with enhanced indicators and links to other relevant indicators and data products (e.g. child safety, youth justice, disability). | 5.2, 5.3 |

***Priority Action 11 - Establish the collection and reporting of comprehensive, consistent data at national, state and territory, and local geographical levels to support the headline indicators, meet user demand for data, and give greater understanding of child health***

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| --- | --- |
| **Implementation Activity** | **HST Priority/ies** |
| Develop an integrated data platform for sharing information and data about child health and wellbeing, building on existing data and information activities such as the Child Health Headline Indicators, the National Framework for Protecting Australia’s Children, the Longitudinal Study of Indigenous Children, etc. | 5.3 |
| Implement and repeat a cross-sectional survey of children and young people in Australia, ensuring adequate representation of priority population groups, such as Aboriginal and Torres Strait Islander children and children with disability. | 5.3 |
| Expand the Lifecourse Initiative, hosting and curating longitudinal data to maximise collaboration. | 5.3 |
| Introduce a new birth cohort study to capture the experiences of the next generation of Australian children. | 5.3 |

***Priority Action 12 - Review the processes for registration of births and remove barriers to registration, particularly for remote communities and Indigenous families***

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| **Implementation Activity** | **HST Priority/ies** |
| Establish a review of birth registration processes to identify barriers to registration, especially for rural and remote communities and Indigenous families (who are over-represented in unregistered births). | 5.5 |

***Priority Action 13 - Harmonise age-eligibility so that there is a nationally consistent approach to distinguish between age groups, especially distinguish between adolescence (up to 18th birthday) and young adulthood (18-25th birthday)***

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| **Implementation Activity** | **HST Priority/ies** |
| Establish a review of the critical services (to be included in the harmonising process), and develop proposals for a consistent national approach to age eligibility. | 4.4.2, 4.4.3, 4.4.4 |

## 

# Appendix B - Australian policy and strategy context

The following list indicates some of the key documents that inform the National Action Plan for the Health of Children and Young People:

* Australian Early Development Census National Report 2015
* Australian National Breastfeeding Strategy 2018 and Beyond
* Australian National Diabetes Strategy 2016-2020
* Australian Safety and Quality Framework for Health Care
* Australian Student Wellbeing Framework (2018)
* Cancer in Australia (2017) AIHW
* Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2015 - 2024
* Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (2015)
* National Aboriginal and Torres Strait Islander Health Plan 2013-2023
* National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
* National Asthma Strategy (2018)
* National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
* National Digital Health Strategy (2018)
* National Disability Strategy 2010-2020
* National Drug Strategy 2017-2026
* National Framework for Communicable Disease Control (2014)
* National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)
* National Framework for Neonatal Hearing Screening
* National Framework for Universal Child and Family Health Services (2011)
* National Health Genomics Policy Framework 2018-2021
* National Immunisation Strategy for Australia 2013-2018
* National Injury Prevention and Safety Promotion Plan: 2004-2015
* National Medicines Policy (2000)
* National Mental Health Strategy
* National Palliative Care Strategy (2010)
* National Perinatal Depression Initiative
* National Pharmaceutical Drug Misuse Framework for Action 2012-2015
* National Plan to Reduce Violence against Women and their Children 2010-2022
* National Plan to Reduce Violence against Women and their Children: Third Action Plan 2016-2019
* National Primary Healthcare Strategic Framework
* National Primary Maternity Services Framework
* National Road Safety Strategy 2011-2020
* National Safety and Quality Health Service Standards – 2nd Edition (2017)
* National Statement on Health Literacy
* National Strategic Framework for Chronic Conditions (2017)
* National Strategic Framework for Rural and Remote Health (2011)
* National Suicide Prevention Strategy
* National Tobacco Strategy 2012-2018
* National Women's Health Policy 2010 – 2030
* Protecting Children is Everyone’s Business, National Framework for Protecting Australia’s Children 2009-2020
* Roadmap for National Mental Health Reform 2012-2022
* The Australian Sun Safety Survey Data Report (2018)
* The Fifth National Mental Health and Suicide Prevention Plan (2017)
* The First Thousand days: An Evidence Paper (2017)
* The Third National Sexually Transmittable Infections Strategy 2014-2011

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