

30 Monitoring the health, development and wellbeing of Australia's children—next steps

Research has established that behavioural and environmental factors in conjunction with biological factors are important predictors of healthy development of children. There is increasing recognition that the health and wellbeing of young children cannot be addressed in isolation from the family, community, and broader socioeconomic, political and cultural environments in which children live. A child's experience in life is largely influenced by the care they receive, or fail to receive, from their families and from the wider community. These experiences have a lasting effect on all aspects of a child's immediate and future wellbeing: physical and mental health, learning and education, employment, and social interaction. It was largely on this premise that the National Agenda for Early Childhood was initiated in the second half of 2002 (Commonwealth Task Force on Child Development, Health and Wellbeing 2003).

The National Agenda recognises that it is vital to achieve cooperation across and between governments, across sectors, academia, service providers, professionals and industry and with children, families and communities to achieve progress for children. This cooperation is also vital to measuring and reporting on how Australia's children are faring and, over time, how such collaborations are responding to the diverse needs of children. It is the aim of the National Agenda to provide a 'road map' to guide collaboration and future national investment in the area of early childhood (ACCAP 2004).

The success of the National Agenda depends on having accurate, timely and relevant information on the issues, policies and systems relevant to children. Therefore, the Australian Council for Children and Parenting (ACCAP), an advisory group to the Minister for Family and Community Services, organised a workshop to develop a nationally agreed reporting framework for Australia's children. The workshop brought together key governmental, community and academic stakeholders in early childhood policy and practice together with data and reporting experts to explore options for improving national reporting on children.

The workshop participants identified a number of areas that are critical in influencing children's health, development and wellbeing and for which indicators needed to be developed. The AIHW developed a set of indicators across these areas which formed the basis for this report, and were refined following input from the workshop participants, and our own advisory group who also participated in the workshop. This report was recognised by participants as a solid basis for building a partnership across all sectors to develop core population-based national indicators of child development, health and wellbeing in Australia (ACCAP 2004).

A copy of the workshop report is available from www.facs.gov.au/accap.

What is missing?

Preceding chapters have reported against a comprehensive set of indicators of Australian children's health, development and wellbeing and the contributing physical, mental, environmental, family and community influences. What is lacking are specific indicators to monitor the performance of systems and services that are available to children and their families. There is increasing evidence about the effectiveness of interventions at the child, family and community level for promoting child health, development and wellbeing, both during childhood and over the life course. A key message arising out of community consultation on the National Agenda for Early Childhood was that access to affordable and socially and culturally appropriate services and support systems that strengthen families and community capacity to look after children is important for improving outcomes for children. While there are numerous health and welfare systems for children and families in place, there are no indicators or coordinated data collections to monitor their impact on the targeted population.

In addition, this report has identified where there are gaps in existing data sources and where new indicators need to be developed.

Indicators on system performance

There are a number of new and existing health and welfare systems and services specifically designed for children and families. Some examples of these are childhood immunisation, child protection services and supported accommodation assistance programs. Although not reported as system indicators, indicators of overall impact of these services on children were included in this report. While there are established indicators for assessing the impact they make on the population, for example, there are no indicators to measure the appropriateness of these services for different population groups. Sets of system performance indicators for Australia are available and a number of indicators for children can be derived from these existing sets (See NHPC 2004; SCRGSP (Productivity Commission) 2005; SCRGSP 2003). However, indicators to assess issues such as the accessibility, appropriateness and quality in the existing indicators are limited. In general, indicators on system performance are lacking because more attention is focused on outcomes rather than the process involved in achieving them.

Monitoring system performance is complex, not least because there is no readily defined 'system'. While there is good health, learning and care infrastructure in place in Australia, often programs have been developed independently of one another, financed through various funding streams, and delivered at different levels of government as well as by a range of non-government organisations. This has resulted in a fragmented approach to policy and the delivery of assistance.

There is a wide range of interventions directed at children and their families being delivered across different settings, many of which are on a small scale tailored to local needs and priorities. Given the cross-sectoral nature of child health, development and wellbeing, it is important to measure coordination between services and supports, such as service linkages, referral mechanisms and joint planning processes. There is also the added difficulty in measuring outcomes and attributing them to system performance because an outcome can be the result of

many factors, especially when that outcome is achieved many years after the intervention, for example, in the case of attributing success at school to attendance at a quality early learning program.

Regular monitoring of services, supports and policies directed at improving outcomes for children and families in Australia, such as through relevant AIHW publications, is important to make sure that interventions are actually making a positive difference, represent good use of public money, and to help identify areas where additional investment may be needed. There are not, for example, good data on the proportion of children who participate in formal early learning programs or on the characteristics of families with young children who do not access early learning programs or why. There are no national data on the number of parents accessing parenting education programs or mainstream family support services which assist them in their parenting role. Apart from the intensive family support services data, there are no other data at the national level on the support services used by children in need of protection and their families.

The type of information that might be collected under and reported against system performance includes information about accessibility, appropriateness, quality, effectiveness, efficiency and sustainability. It is important that indicators on system performance are internationally comparable as well as locally relevant.

It is desirable that longitudinal data are used in assessing the effect of services on outcomes. In the absence of these data, population-based surveys at regular intervals and administrative data collections which give trend data are useful ways to measure the effectiveness of programs. Linking existing data from different sources will also improve our ability to track progress over time. Research and specific program evaluation will be important for better understanding relationships between outputs (interventions) and outcomes (for example, change in the health status of individuals and populations) (NHPC 2001). Similar pathways of influence need to be considered when measuring the impact of welfare systems on outcomes.

Data gaps in existing indicators

Indigenous identification in data collections varies considerably between states and territories and different data collections. Although most data collections include an Indigenous status variable, the accuracy with which the Aboriginal and Torres Strait Islander people are identified in these datasets, uncertainties about Indigenous population estimates, and concerns about whether the survey methods employed are always the most suitable make it difficult to use such data with confidence. These issues have restricted the presentation of data by Indigenous status reported in this report and analysis of key issues affecting Indigenous children, such as hearing loss due to chronic middle ear infections. Currently there is a significant amount of work being done, by the ABS and AIHW in partnership with state and territory authorities, to improve the completeness of Indigenous identification in key data collections. A detailed description of these national initiatives and future plans are provided in *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS & AIHW 2003).

There are a number of gaps too in data about outcomes for other sub-populations of Australian children to allow meaningful comparisons, such as children from culturally and linguistically diverse backgrounds, especially new arrivals, and, for some outcome domains, children living in geographically isolated areas.

There is a scarcity of data on issues such as children's learning, social and emotional development, safety and security, crime, victimisation, as well as family functioning and social capital. The social and emotional domain in particular has been identified as an area for future indicator development.

There is a lack of recent objective national data on a number of areas highly relevant to children's health, such as overweight and obesity, nutrition and physical activity, and the incidence of Type 2 diabetes in children. National data sources for reporting on overweight and obesity are now almost a decade old and, for that, this report has relied on jurisdictional data in this area. No recent national data are available for indicators of the level of physical activity among children. A National Physical Activity for Health

Action Plan developed by the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) of the National Public Health Partnership, and a National Plan for Health Weight 2008, developed by the National Obesity Taskforce, have included children and families as a key target group. These plans recognise the monitoring of levels of physical activity and overweight and obesity as a priority, and the need for a consistent system for doing so. The ABS National Health Surveys are useful for measuring the healthy behaviours of adults but need to be extended to include measured data on children's height and weight as well.

Statistics in this report on the mental health status of children are based on data from a survey conducted in 1998. Although the longitudinal surveys on Australian children, including Indigenous children, may provide some information on children's mental health status, these studies are limited to children of young ages. Since the scope of this report is children aged 0–14 years, new data collections are needed to understand the current situation.

More data are needed on the risk and protective factors related to child health, development and wellbeing. For example, reading to children is an area where national data would be useful as this is an important indicator of literacy acquisition. There are currently no national data available on the proportion or duration of Australian babies exclusively breastfed or on the prevalence of smoking and substance abuse in pregnancy. There are also significant gaps in the current national data on child protection, mainly due to the difficulties and jurisdictional differences in both defining and measuring abuse and neglect.

Where to next?

At the ACCAP workshop, it was agreed that the Australian Government Taskforce on Child Development, Health and Wellbeing, together with the AIHW and ACCAP, would develop a process for the continuing development of a reporting framework, while considering the need to:

- build on the momentum of the workshop to continue the development of indicators and cross-sectoral and jurisdictional engagement in the process;
- recognise the time and effort involved in contributing to the development of indicators;
- ensure an efficient reference capacity—a number of options were canvassed including reconvening the larger group, forming smaller groups based on areas of expertise or broadening the membership of the AIHW Advisory Group;
- ensure ongoing engagement of Indigenous people's expertise; and
- use existing resources and reference capacity wherever possible.

The importance of involving state and territory governments in the ongoing development of a national reporting framework was also recognised. The difficulties of working cross-sectorally across jurisdictions were noted, with the Council of Australian Governments (COAG) being the only ministerial level body with cross-sectoral decision making capacity. However, committees such as the Community Services Ministers Advisory Council (CSMAC) and the National Public Health Partnership (NPHP) may be well placed to carry this work forward.

Once this report is released, there may be a follow-up ACCAP workshop to consult with key stakeholders, including state and territory government representatives, to address areas identified by the report as requiring further indicator and data development.

New data developments relevant to children

Currently there are three national-level research projects in Australia, which have a particular focus on children. Two of these are longitudinal projects—Growing Up In Australia: The Longitudinal Study of Australian Children (LSAC), and Footprints in Time: The Longitudinal Survey of Indigenous Children (LSIC). Another important national research project is the development and testing of the Australian Early Development Index (AEDI), a population-level measure of how children are faring on school entry which may have potential as a national measure.

- **Growing Up In Australia: The Longitudinal Study of Australian Children** is aimed at examining the impact of Australia's unique social and cultural environment on the next generation. The study has a broad, multi-disciplinary base, involving a nationally representative sample of children, and examining topical issues of policy relevance. It explores family and social issues relevant to children's development, and addresses a range of research questions about family functioning, health, non-parental child care, and education. Its longitudinal structure will enable policy makers and researchers to determine critical periods for the provision of services and welfare support and identify the long-term consequences of broad policy innovations. Data will be collected over 7 years from two cohorts every 2 years. The first cohort of 5,000 children aged less than 12 months in 2003–04 will be followed until they reach 6 to 7 years of age, and the second cohort will comprise 5,000 children aged 4 to 5 years in 2003–04. Study informants include the child (when of an appropriate age) and their parents, carers and teachers (www.aifs.gov.au/growingup/).

- **Footprints in Time: The Longitudinal Survey of Indigenous Children** aims to improve understanding of, and policy response to, the diverse circumstances faced by Aboriginal and Torres Strait Islander children, their families and their communities. The survey includes a broad plan to track two age groups over time: 2,000 babies aged under 12 months and 2,000 4–5 year olds. Footprints in Time will provide a data resource that can be drawn on by Australian governments, researchers, service providers, parents and communities. This resource will provide a better insight into how a child’s early years affect the way they develop and mature. For more information see <www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/indigenous-lsic.htm>.

- **The Australian Early Development Index: Building Better Communities for Children** project will enable up to 60 communities throughout Australia to assess how their children are developing by the time they reach school age. This 3 year project is conducted by the Centre for Community Child Health in partnership with the Telethon Institute for Child Health Research. It is an initiative of the Australian Government’s National Agenda for Early Childhood and supported by a grant from Shell Australia.

The AEDI is a community-level measure of young children’s development based on a teacher-completed checklist (the AEDI checklist). It consists of over 100 questions measuring five developmental domains: language and cognitive skills; emotional maturity; physical health and wellbeing; communication skills and general knowledge; and social competence. In 2004 the AEDI was completed on over 5,900 children. For more information, see <www.australianedi.org.au>.

- In terms of monitoring the educational performance of Australian students, all students at Years 3, 5 and 7 are now assessed annually against national benchmarks in reading, writing and numeracy. To supplement these annual assessments in core areas, MCEETYA has agreed to national sample assessments to enable the monitoring of standards in the areas of primary science (Year 6), civics and citizenship (Years 6 and 10) and

information and communications technology (Years 6 and 10). The first national sample assessment of primary science took place in 2003, civics and citizenship assessments commenced in 2004, and the first assessment in information and communications technology is intended for late 2005. The results of these assessments will be reported in the annual National Reports on Schooling in Australia as well as in separate monographs.

- Currently, the ABS National Children and Youth Statistics Unit (NCYSU) is reviewing the available information on children and youth with a view to producing an Information Development Plan. This plan will assess the quality of existing data on children and youth, and will identify data gaps, overlaps and deficiencies. The plan will present information priorities for children and youth, and will provide a framework for systematic improvement, integration and use of data sources. The overall objective of the plan is to improve the quality and quantity of data available on children and youth and to facilitate access to this data.
- In addition, the establishment of the Australian Research Alliance for Children and Youth (ARACY) is an important step towards strengthening collaborations between researchers, policy makers and practitioners and building our capacity to disseminate research from various disciplines and sources.

Continuing support for these or similar studies and networks in Australia will provide a valuable source of data for disentangling the interactions between family and community and socioeconomic influences, and child outcomes. This has been difficult to achieve with administrative data sources or from one-off surveys which give a snapshot view of children’s circumstances. Longitudinal studies are also useful tools for monitoring systems performance: their appropriateness, effectiveness, efficiency, safety, responsiveness, continuity and accessibility, and their impact on outcomes.

AIHW data developments

The AIHW is undertaking a number of data development activities which are highly relevant to Australian children. These are briefly outlined below.

Juvenile Justice National Minimum Data Set (JJ NMDS)

The JJ NMDS is a collection being implemented by the AIHW on behalf of NCSIMG and the Australasian Juvenile Justice Administrators (AJJA). Each state and territory department responsible for the management of juvenile justice in their jurisdiction, as well as the ABS, AIC and Productivity Commission, contributes to its overseeing committee, the JJ Data Sub-Committee. The AIHW has the role of data custodian for the collection.

The JJ NMDS provides a unique source of information on the flow of young offenders through the justice system over time, and also from one form of 'intervention' to another. The foundation of this is the concepts of 'juvenile justice episode' and 'supervision period'. A supervision period may be composed of any number of episodes.

De-identified data will be collected from each juvenile justice client with regard to their date of birth, sex and Indigenous status. For each client episode, data will be collected on the episode type (e.g. pre-sentence remand, sentenced to a community order, etc.), transfers within or between facilities or jurisdictions, last known home suburb/postcode, the reason for exit at the end of the episode, and the start and end dates for the episode.

Children's Services NMDS

The AIHW in consultation with the Children's Services Data Working Group (CS DWG) is currently developing a Children's Services National Minimum Data Set (CS NMDS) for child care and preschool services. A core set of variables relating to these services has been pilot-tested and further testing was conducted in every jurisdiction during 2004. The final report on the development of the NMDS, and the final data dictionary should be complete in mid-2005. The new collection will provide nationally comparable data on children who use these services and the childcare workforce for the first time.

Child Protection and Out-of-home care NMDS

The AIHW is the data custodian for child protection data since 1991. The AIHW has an ongoing agreement with the states and territories to collect and report on this on their behalf. There are significant gaps in the current national data on child protection. Apart from the intensive family support services data, there are no other data at the national level on the support services used by children in need of protection and their families. Work is currently being undertaken by National Child Protection and Support Services (NCPASS) to broaden the scope of the national data collection and to improve comparability. A new national framework has been developed to count responses to calls received by community services departments in relation to the safety and wellbeing of children, including responses that occur outside the formal child protection system. Data elements such as the provision of advice and information, and assessment of needs, as well as general and intensive family support services, are incorporated into the new framework. It is proposed that national reporting will be aligned with this framework over the next few years.

In the next few years, the data will be provided to the AIHW in unit record format. This has been agreed to by each jurisdiction. The development of the data dictionaries to support this collection, based on the new reporting framework, has been concluded and will be pilot tested over the next 12 months. A feasibility study commenced in early 2005.

SAAP NDC Data Development

From 1 July 2005, the SAAP National Data Collection (NDC) will implement a new, more robust statistical linkage key that will allow for analyses of SAAP services over long periods of time, including analyses of the children's return to SAAP services as adults. Furthermore, the new linkage key aligns with that used by other welfare programs (e.g. HACC, disability services, and possibly juvenile justice and alcohol and drug services) and this will allow for studies, within agreed protocols, of usage of other welfare services by children in SAAP.

The SAAP NDC will also include an Indigenous identifier for children from 1 July 2005.