

# Maintaining an agenda for children: the role of data in linking policy, politics and outcomes

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In Australia, as in other developed countries, the mortality rates for children have decreased steadily over the past 10 years.<sup>1</sup> The traditional morbidities, largely caused by infectious diseases, are decreasing,<sup>1</sup> while the “newer” morbidities of behavioural, developmental, mental health and social problems appear to be increasing, particularly for vulnerable groups of children and young people.<sup>2-6</sup> Measuring child-related outcomes in these areas is difficult, and most nations belonging to the OECD (Organisation for Economic Co-operation and Development) still limit their reporting to a narrow set of traditional morbidity and mortality outcomes.

In an environment where different agendas constantly compete for the attention of decision-makers, the role of data in shaping policy and establishing government priorities has never been more critical. In some areas of health, such as hospital admissions and waiting lists, reliable data are collected routinely and clearly inform health policy. However, in other areas, such as child health and wellbeing, data collection has not been given the same priority. Major policy and funding decisions are still being made with few or no data to either inform or evaluate.

With the current policy and political interest in improving outcomes for children and young people in Australia, there is an opportunity and imperative to develop a coordinated and ongoing national approach to collecting data and developing indicators.

## Maintaining a policy window for children

It has been argued that, to open a policy window and influence decision-making, three distinct factors need to come together at a critical time: the problem needs to be recognised (data), a potential solution needs to be identified within a policy framework (evidence-based strategies), and a political imperative needs to exist, with a potential for commitment and no severe constraints.<sup>7</sup>

The growing recognition of the importance of early childhood to health and wellbeing, together with developments such as the National Agenda for Early Childhood,<sup>8</sup> the National Public Health Action Plan for Children through the Child and Youth Health Intergovernmental Partnership,<sup>9</sup> Families First in New South Wales,<sup>10</sup> and Best Start in Victoria,<sup>11</sup> suggest that there is some political enthusiasm about improving outcomes for children.

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## ABSTRACT

- There is growing recognition in Australia of the importance of early childhood to later health and wellbeing, with developments such as the National Agenda for Early Childhood and the National Public Health Action Plan for Children.
- To sustain a policy agenda for children and improve long-term outcomes, we need timely, comprehensive and accurate indicators and data on child health, development and wellbeing.
- Building this evidence requires a national monitoring and surveillance system that involves more than aggregating or linking existing data.
- Steps to building a national system are: to agree on key indicators of child health, development and wellbeing for regular reporting, to research a comprehensive set of indicators for each domain and ascertain data gaps, and to ensure development and coordination of data relevant to policy-making.

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The real challenge lies in ensuring sustained policy effort to achieve long-term measurable change in outcomes for children — to improve their health and wellbeing, to modify the effects of social determinants, and to minimise the inequalities already apparent in early childhood. If we fail to build capacity in our data systems and to ensure that policy is directly linked to ongoing national monitoring and surveillance, then we will lose the political and policy imperative. There will be limited data about the extent of children's problems and no capacity to evaluate the effectiveness of policy-based interventions.

Timely, comprehensive and accurate indicators and data are critical to building evidence about children's health and wellbeing in Australia. Important first steps in building a national monitoring and surveillance system are:

- establishing a clear and inclusive theoretical framework that encompasses the health, development and wellbeing of Australia's children in a meaningful way;
- agreeing on consistent measures that make sense both nationally and internationally; and
- ensuring a clear purpose.

The system needs to be linked to ongoing policy and system development and performance evaluation. In addition to outcomes, the system needs to measure health determinants that are amenable to action, as these need to be the focus of interventions to improve outcomes.

## Current opportunities and challenges in Australia

The 1992 Health Goals and Targets for Australian Children and Youth<sup>12</sup> and the 1995 National Health Policy for Children and

**1 Examples of data-related activity in child health**

**Data and indicator reporting**

Productivity Commission. *Overcoming Indigenous disadvantage: key indicators 2003*<sup>14</sup> (2003).

Australian Institute of Health and Welfare. *A picture of Australia's children*<sup>1</sup> (2005).

Centre for Community Child Health. Scoping study for Victorian Survey of Child Health and Wellbeing;<sup>15</sup> and *Indicators for child health, development and wellbeing* (2002).<sup>16</sup>

Australian Institute of Family Studies. *Growing Up in Australia: the Longitudinal Study of Australian Children* (<http://www.aifs.gov.au/growingup/>).

Australian Research Alliance for Children & Youth. *National Data Network* (<http://www.aracy.org.au>).

Telethon Institute for Child Health Research. *Western Australian Aboriginal Child Health Survey* (<http://www.ichr.uwa.edu.au>).

**Government action**

National Public Health Partnership (<http://www.nphp.gov.au>) subgroups: National Public Health Information Working Group; its subcommittee, the Computer Assisted Telephone Interview (CATI) Technical Reference Group; and the Child and Youth Health Intergovernmental Partnership.<sup>9</sup>

National Agenda for Early Childhood<sup>8</sup> ([http://www.facs.gov.au/internet/facsinternet.nsf/family/early\\_childhood.htm](http://www.facs.gov.au/internet/facsinternet.nsf/family/early_childhood.htm)).

Australian Bureau of Statistics (Children and Youth Statistics Unit). *Child and Youth Information Development Plan* ([http://www.ausstats.abs.gov.au/ausstats/free.nsf/Lookup/95932C8077046F87CA256FDA007E28A4/\\$File/49090\\_2005.pdf](http://www.ausstats.abs.gov.au/ausstats/free.nsf/Lookup/95932C8077046F87CA256FDA007E28A4/$File/49090_2005.pdf)). ♦

organisations are shown in Box 1. However, there are still gaps in areas such as child mental health, intentional injury and determinants of obesity. A comprehensive and coordinated data system cannot be established simply by aggregating or linking existing data. It needs to encompass social determinants, inequalities and system performance, to be readily accessible, and to have immediate and ongoing relevance to policy and government.

Currently, for some aspects of health there are extremely good data with well-researched indicators, while, for others, indicators are poor or data lacking (Box 2). The establishment of the Australian Childhood Immunisation Register and the associated immunisation policies have led to real gains for children, with an almost 20% increase in the 12-month immunisation rate.<sup>1</sup> Data are available on every child, enabling local government to act on information about the local childhood population. In contrast, there are virtually no data on family functioning, despite the evidence suggesting that it is just as important as immunisation to outcomes for children. Similarly, there are neither indicators nor data about the rates of parents reading to their children, which appears to be clearly linked to literacy and school outcomes — a strong current policy focus for government.

Despite this variability in the availability of data, opportunities do exist. A number of national groups are now arguing the need for a more comprehensive and strategic system for monitoring and collecting data about child health and development. Commitments to consider child health have been made by subgroups of the National Public Health Partnership, such as the Information Working Group, the Child and Youth Health Intergovernmental Partnership and the Computer Assisted Telephone Interview Technical Group (<http://www.nphp.gov.au>), suggesting that a common national approach to public health data may be possible. There is also interest in a nationally consistent approach in the community-services area through the Community Services Information Management Group and the Australian Council for Children and Parenting (<http://www.facs.gov.au/accap>).

The recent publication from the Australian Institute of Health and Welfare (AIHW), *A picture of Australia's children*,<sup>1</sup> presents a broad framework, which includes the development, health and wellbeing of children, while the Australian Bureau of Statistics (ABS) has established a Child and Youth Statistics Unit that is in the process of determining the scope of future data collection (see

Young People<sup>13</sup> both emphasised the importance of monitoring outcomes for children, stressing the need to consider traditional health outcomes, as well as factors such as family and social functioning. Although the conceptual framework has now shifted to specifically articulate the ecology of childhood, including its social determinants, many of the underlying ideas remain relevant, and provide a base for further useful development.

The recent policy interest in children has stimulated data collection and reporting across Australia. Examples of data collections and publications and their links to committees and

**2 Sample indicators of child health, development and wellbeing**

Health aspect	Indicator	Data source	Level of data	Current statistics
Immunisation	Percentage of children fully immunised at 12, 18 and 36 months	Australian Childhood Immunisation Register (established 1996)	Local (individual)	12 month immunisation rates increased from 75% in 1997 to over 90% in 2004 <sup>1</sup>
Smoking in pregnancy	Percentage of women who smoke cigarettes during pregnancy	SA perinatal database NSW Child Health Survey National Health Survey (1995)	National, state (SA, NSW, WA, NT, ACT), local (SA)	National: 18.4% <sup>1</sup> State: eg, NSW 16.3% <sup>1</sup>
Family functioning	Family discord (multiple questions) Possibility of "family cohesion" No agreed single indicator	NSW Child Health Survey WA Child Health Survey National Mental Health Survey Longitudinal Study of Australian Children	State, possibly area health services (NSW only)	Median score for NSW reveals high level of functioning with a socioeconomic gradient <sup>17</sup>
Parents reading to children	Not established	Longitudinal Study of Australian Children (possibly)	Nil	Nil

NSW = New South Wales. SA = South Australia. WA = Western Australia. NT = Northern Territory. ACT = Australian Capital Territory. ♦

### 3 Potential components of a national program to monitor the health, development and wellbeing of children and young people

#### Program component: Key indicators

**Activity:** Agree to a limited set of indicators (revisited every 3–5 years) on which to report regularly, ensuring national consistency and the capacity to report against socioeconomic and Indigenous status, rural/metropolitan location, age, and time trends.

#### Program component: Comprehensive set of indicators

**Activity:** Develop a full set of identifiable indicators within all domains (from the literature and consultation) and ascertain the appropriate indicators, measure and identify any gaps in the data, informing research effort and data collections. Indicators and data could be published on the Internet as they become available.

#### Program component: Data coordination and development

**Activity:** Collaborate with key jurisdictional data stakeholders to facilitate coordinated efforts for developing indicators and collecting data with relevance to policy-making. ♦

Box 2). The Growing Up in Australia longitudinal study provides a number of measures for potential inclusion in state-based data collection initiatives, while the establishment of the Australian Research Alliance for Children and Youth provides an opportunity for further research on cross-sectoral indicators.

### Future directions: interfacing policy, data and research

The increasing activity directed at children across Australia in the areas of policy (the National Agenda for Early Childhood,<sup>8</sup> and the Child and Youth Health Intergovernmental Partnership<sup>9</sup>), data (ABS, AIHW) and research (Australian Research Alliance for Children and Youth) suggests that this is an opportune time to consider a national approach to monitoring. Box 3 summarises the components needed to build a national system. This includes the capacity to report regularly on consistent and agreed key indicators of children's health, development and wellbeing that are linked to identified evidence-based strategies or key policy areas. In addition, further work is needed to articulate and research a more comprehensive set of indicators, particularly for groups such as Aboriginal and Torres Strait Islander children. A national system requires coordinated and sustained support if it is to achieve any long-term capacity.

Given the strong level of interest, Australia is on the verge of what could become a coordinated national system of reporting, data collection and indicator development that would parallel any effort internationally. The Europeans suggest that data must be central to any agenda for children and young people.<sup>18</sup> And so should Australia. Sustained leadership is needed from government across jurisdictions to build on what already exists, taking advantage of the developing momentum.

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### Competing interests

SRG received payment to undertake research to inform a planning meeting of the Australian Research Alliance for Children and Youth.

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