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Scan of childhood injury and disease prevention infrastructure in NSW

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Prepared for the NSW Child Death
Review Team by the Centre for Health
Service Development, Australian
Health Services Research Institute,
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A report to Parliament under
s.34H of the *Community Services
(Complaints, Reviews and Monitoring)
Act 1993*

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Foreword

The purpose of the Child Death Review Team is to prevent and reduce deaths of children in NSW. Given this, the prevention of serious childhood injury and disease is also central to the Team's remit.

In 2014, NSW Health coordinated a forum that brought together injury prevention advocates, researchers and clinicians to consider the future of childhood injury prevention. Importantly, the forum's many positive outcomes included identification of the need for coordination and leadership of the diverse range of agencies and initiatives in the field of childhood injury prevention.

This year, the CDRT decided to inform this ongoing discussion by mapping the prevention structures and activities that focus on child morbidity and mortality in NSW. The Team also considered that this research effort should include identifying gaps in prevention efforts, and presenting options for development of a coordinated and collaborative network of childhood injury and disease prevention activities across the State.

As a first step, the Team commissioned the Centre for Health Service Development at the Australian Health Services Research Institute, University of Wollongong, to undertake an independent preliminary scan of childhood injury and disease prevention infrastructure in NSW.

This report is the result of that work. As an initial scan, it does not claim to capture all the networks, initiatives and activities that currently constitute childhood injury and disease prevention. But it does demonstrate that there is a need for leadership and coordination to deliver further improvements in childhood injury prevention in NSW.

The Team will closely consider the report's findings and recommendations. It is an important contribution to a critical discussion and I thank the authors for their work.



Professor John McMillan AO

Convenor, Child Death Review Team
Acting NSW Ombudsman

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List of acronyms

ABS	Australian Bureau of Statistics
AbSec	Aboriginal Child, Family and Community Care State Secretariat
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADHC	Ageing, Disability and Home Care
AIHW	Australian Institute of Health and Welfare
ANPHA	Australian National Preventive Health Agency (closed 30 June 2014)
BHI	Bureau of Health Information
CDRT	Child Death Review Team
FACS	Family and Community Services
NGO	Non-government organisation
NIP	National Immunisation Program
NHMRC	National Health and Medical Research Council
NISU	National Injury Surveillance Unit
NPAPH	National Partnership Agreement on Preventive Health
NPHP	National Public Health Partnership
PHAA	Public Health Association of Australia
PPH	Potentially Preventable Hospitalisation
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

Key messages

The purpose of this report, a preliminary scan of childhood injury and disease prevention infrastructure, is to provide the NSW Child Death Review Team (CDRT) and Office of the Ombudsman NSW, an initial overview of the existing infrastructure for childhood injury and disease prevention in NSW.

This preliminary scan does not purport to capture the full spectrum of policy frameworks, data sources and reports, stakeholders and coordinating mechanisms that currently support childhood injury and disease prevention at a national and state level. It does however provide enough information to demonstrate that there is a need for stronger leadership and coordination to deliver further improvements in childhood injury and disease prevention in NSW.

Definitional issues

In analysing the current state of play in New South Wales (NSW) for childhood injury and disease prevention it is evident that:

- The focus for the CDRT in reviewing the existing infrastructure for childhood injury and disease prevention is on injury as it impacts children and young people under 18 years.
- In the case of intentional injury, which is the remit of the NSW Ombudsman, there would be value in extending analyses to incorporate younger people up to the age of 24 years. However, this would require legislative change and additional resources as legislation currently restricts the CDRT and NSW Ombudsman's work to children under 18.
- For some issues there may be a need to consider the most appropriate age range in the context of childhood injury prevention. For example, as suicide is the leading cause of death for young people aged 15-24,¹ childhood and youth suicide prevention encompasses an age range that extends from 0-24 years.² In the case of road traffic injuries, different injury prevention strategies are required for different age groups, for example strategies differ if the child is a passenger in a vehicle as opposed to a driver. The National Injury Prevention and Safety Promotion Plan (2004-2014) includes youth and young adults (15-24 years).
- Gaps in the available data sources make it difficult to gain a complete picture of the scale of childhood injury and disease prevention for the CDRT target population. These limitations reduce capacity for direct comparisons between NSW and other jurisdictions.
- Injury significantly contributes to the mortality and morbidity of children in NSW and can lead to lasting disability.
- For the purposes of this preliminary scan the focus is on an overview of the major types of childhood injury without specific exploration of issues relevant to intentionality.
- As child health promotion and disease prevention is a broad field this scan will focus on child specific infrastructure that relates to vaccine-preventable and acute conditions and to a much lesser degree chronic conditions. No attempt is made to classify infrastructure by the intent of prevention i.e. primary, secondary or tertiary.

Policies and frameworks

In analysing the existing policy frameworks influencing national and NSW approaches to childhood injury and disease prevention it appears that:

- Key international frameworks to protect the rights of children are recognised in Australia and underpin key policies relevant to childhood injury and disease prevention.
- Useful international models could be explored e.g. Eurosafe Child Safety Alliance, the US Centers for Disease Control and the US Consumer Product Safety Commission.
- The expiry of the National Injury Prevention and Safety Promotion Plan (2004 – 2014) and National Aboriginal and Torres Strait Islander Safety Promotion Strategy (2004) has reduced the visibility of childhood injury issues at the national level. It is noted that the NSW Aboriginal Safety Promotion Strategy released in 2003, was never implemented.

1 Australian Bureau of Statistics (2012) *Causes of Death Australia, 2010 – Catalogue No. 3303.9*. ABS: Canberra.

2 According to existing data, young people within the Australian community are at a higher risk of suicide. Australian Government Department of Health and Ageing (2007) *Living is for Everyone: Fact Sheet 3 Statistics on suicide in Australia*. Commonwealth of Australia <http://www.livingisforeveryone.com.au/uploads/docs/LIFE-Fact%20sheet%203.pdf> accessed 22 June 2015.

- NSW Health is the key state government department addressing childhood injury and disease prevention; this effort is led through NSW Kids and Families. This statutory health corporation was established in mid-2012 under the *Health Services Act 1997*.
- A state-wide strategic health plan has been developed by NSW Kids and Families, 'Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24'. The Plan provides direction to NSW Health entities and guides collective action by government and non-government organisations that have a shared responsibility for promoting the health and wellbeing of children, young people and families.
- There are a number of research and academic institutions with a strong research track record and current projects in injury prevention in NSW and other states and territories.
- Population groups at particular risk of death and hospitalisation from childhood injury and disease include Aboriginal and Torres Strait Islander children; children in out of home care; children in detention, including those in immigration detention; and children living in rural and remote areas of Australia.

Data collections and reports

In analysing the data collections and reports related to childhood injury and disease prevention it appears that:

- There is little to no coordination nationally or in NSW of the numerous data collections being undertaken.
- Despite the quantum of data, significant gaps persist and the comparability of several national and state data sources is limited.
- Further work is needed with regards to data linkage (noting however that some activity is being undertaken, for example there is a major data linkage project on Aboriginal road trauma between Transport NSW and NSW Health).
- NSW data from 1998 to 2012 shows that the leading causes of childhood injury over this entire period were: falls, other injury/poisoning, unintentional strikes, exposure to unspecified factors and motor vehicle transport.
- There is a change in the disease profile of children as they move through childhood; different strategies of disease prevention will be required for different stages of childhood.
- There are higher rates of hospitalisations for childhood injury and illness for children in remote NSW and those of a lower socio-economic status.

Stakeholders

In analysing the diverse stakeholders engaged in childhood injury and disease prevention it appears that:

- Significant work is being undertaken by a large number of effective and varied groups.
- The collaboration that currently occurs between these stakeholders is based on professional and personal networks.
- There is a range of effective national and NSW non-government organisations well placed to influence and contribute to the childhood injury and disease prevention agenda.
- There are a large number of organisations engaged around prevention of childhood injury according to external cause, for example: water safety and sports injury prevention.
- Kidsafe NSW is the leading non-government organisation in this state, dedicated to preventing unintentional childhood injuries and reducing the resulting deaths and disabilities associated with injuries in children under the age of 15 years.
- The Australian Injury Prevention Network exists as the peak national body for all ages, and all causes of injury prevention and control in Australia. It hosts bi-annual national conferences to promote injury prevention.

Coordinating mechanisms

In analysing the coordinating mechanisms for childhood injury and disease prevention it appears that:

- There is no formal coordinating mechanism that ensures unified action at a national or state level to reduce the burden of morbidity and mortality from childhood injury.
- There are however more established structures at a state government level for disease prevention.

Recommendation

The unique position of the CDRT, (through its responsibility to review the death of every child in NSW), means it is well placed to investigate whether a more coordinated approach to childhood injury and disease prevention in NSW is required.

A broader study would allow several important questions to be answered:

- What can be learned from international best practice in coordinating and leading an integrated approach to childhood injury and disease prevention?
- How do other states and territories manage childhood injury and disease prevention?
- Can consensus be achieved on the key priorities and corresponding actions necessary to strengthen coordinated action for the diverse activity that exists within the childhood injury and disease prevention field?
- What scope is there for implementing the recommendations arising from the NSW Paediatric Injury Prevention and Management Research Forum of August 2014?³
- How are vulnerable populations and communities most effectively engaged in injury and disease prevention?
- How does the work of the CDRT relate to and support childhood injury prevention efforts in NSW?

3 NSW Kids and Families (2014) *Fact Sheet – NSW Paediatric Injury Prevention and Management Forum: Key Outcomes and Proposed Strategic Directions* http://www.kidsfamilies.health.nsw.gov.au/media/236084/Injury-Forum-outcomes-fact-sheet_3-11-14-3-.pdf accessed 21 May 2015.

Chapter 1. Overview

The NSW Ombudsman has an important role in improving the delivery of public services through scrutinising agency systems, overseeing investigations or reviewing the delivery of services. The Office has a particular role in relation to children, which includes maintaining oversight of organisations delivering services to children and monitoring the causes and patterns of deaths of children and people with disabilities in care and specific functions relating to the protection of children in NSW.

The NSW Ombudsman is the Convenor of the NSW Child Death Review Team. Prior to 2011, the CDRT was convened by the [then] Commissioner for Children and Young People. Responsibility for convening the CDRT shifted to the Ombudsman in accordance with a recommendation of the *Wood Special Inquiry Into Child Protection Services in NSW*.⁴ The purpose of the CDRT is to prevent and reduce deaths of children in NSW.⁵ The Human Services Branch within the Office of the NSW Ombudsman supports the CDRT. The CDRT is comprised of statutory members, agency representatives, Aboriginal representatives and independent members. The CDRT is required to provide a report to the NSW Parliament every year about its work and activities in relation to child death reviews. The CDRT also reports to Parliament on research it undertakes.

1.1. Purpose

Injury significantly contributes to the mortality and morbidity of children in NSW and can lead to lasting disability.⁶ The CDRT intends to undertake a major project that is essentially a 'gap analysis' that will in summary: map prevention structures and activities focused on child morbidity and mortality in NSW, identify gaps in prevention efforts and recommend the way forward for a coordinated and collaborative network of childhood injury and disease prevention activities in NSW.

The purpose of this report, a preliminary scan of childhood injury and disease prevention infrastructure, is to provide the CDRT and NSW Ombudsman an initial overview of the current infrastructure for childhood injury and disease prevention in NSW. Infrastructure includes: frameworks and policies; data collections and regular reports; childhood injury and disease prevention structures and activities (including groups or organisations both government and non-government).

1.2. Childhood injury and disease prevention infrastructure in NSW

The structure of this report reflects the approach taken to describe childhood injury and disease prevention infrastructure in NSW by:

- defining key concepts;
- summarising the policy framework nationally and within NSW;
- identifying the major existing sources of data and information relevant to childhood injury and disease prevention;
- reviewing key stakeholders; and
- exploring existing mechanisms of coordination.

This preliminary step will inform a potentially broader gap analysis that analyses the 'Environment-Strategy-Capability Gap'⁷ in infrastructure and coordination in childhood injury and disease prevention in NSW. The aim of such a study is to equip key stakeholders, including the CDRT and NSW Ombudsman, to intervene earlier to improve the safety and wellbeing of children in NSW.

4 Wood J (2009) *Report of the Special Commission of Inquiry into child protection services in NSW*, Department of Premier and Cabinet (New South Wales), <http://apo.org.au/node/2851> accessed 19 August 2015.

5 NSW Ombudsman (2015) *Expression of Interest: Mapping and review – activities to prevent childhood injury, disease and death in NSW*.

6 Professor Les White, NSW Chief Paediatrician, presenting at the Paediatric Injury Prevention and Management Research Forum, 1 August 2014, <http://www.kidsfamilies.health.nsw.gov.au/media/225760/Strategic-Overview-LWhite.pdf> accessed 22 May 2015.

7 Hubbard G et al. (1996) *Practical Australian Strategy*. Prentice-Hall, Sydney.

Chapter 2. Definitional issues

To allow a clear understanding of the context of this report, definitions are provided of several fundamental concepts.

2.1. Child

The NSW Child Death Review Team routinely defines a child as a person under the age of 18 years (and a young person as a person aged 16 or 17 years).⁸ Furthermore, legislation restricts the work of the CDRT to persons under the age of 18. This report complies with this definition, which is also aligned with the United Nations (UN) Convention on the Rights of the Child, which defines a child as any person under the age of 18 unless the laws of a particular country set the legal age for adulthood younger.⁹

However, in the context of this report, two definitional issues should be recognised at the outset.

Firstly, the concept of childhood varies significantly across cultures and differing definitions of a child exist.¹⁰ As explained by the Australian Bureau of Statistics (ABS):

- *'The term 'child' is commonly used to denote a relationship, or a person in the earlier stages of their life. Youth is the transitional phase between childhood and adulthood. Children and youth are commonly described in terms of their age. Age is used as an indicator of their developmental stage and level of dependence. Age ranges used to describe children and youth can vary and there is no universally accepted standard. The reason for the use of different age ranges is that age chosen depends on the issue under analysis. When analysing crime and justice statistics, for example, the choice of age ranges used may be influenced by legal definitions. However, when analysing education data the age ranges used may be more influenced by levels of education such as primary or secondary school'.¹¹*

The ABS commonly uses the age group 0-14 years for children and 15-24 years for youth.¹² In various recent publications, the Australian Institute of Health and Welfare (AIHW) also defines a child as a person aged under 15.^{13,14} However, perhaps more valuably, in a recent report, the National Injury Surveillance Unit (NISU) at AIHW takes 'a developmental stage approach to examining injury, recognising the age and injury are closely linked at some periods of life – for example, early childhood and young adulthood'. The age groups used in their report are:

- *'... based on relevant bands given in the National Injury Prevention and Safety Promotion Plan: children (0–4 and 5–14 years) and youth and young adults (15–24 years)¹⁵ with additional subdivisions made as follows:*
 - *less than 12 months (infancy)*
 - *1–4 years (early childhood)*
 - *5–9 years (middle childhood)*
 - *10–14 years (late childhood)*
 - *15–17 years (adolescence)*
 - *18–24 years (young adulthood)¹⁶*

Secondly, as no universally agreed age range exists for what constitutes childhood, the data available does not always conform to the definition adopted for this paper (a person under the age of 18 years). Available data may have a more limited (e.g. 0 – 15 years) or wider age range (e.g. 0 – 24 years). For instance, despite the age ranges

8 NSW Ombudsman (2014) *NSW Child Death Review Team Annual Report 2013*. NSW Ombudsman, Sydney.

9 United Nations (1989) *Convention on the Rights of the Child*, New York, <http://www.unhcr.org/50f941fe9.html> accessed 14 May 2015.

10 World Health Organisation (2008) *World Report on Child Injury Prevention*, Geneva, http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf accessed 14 May 2015.

11 Australian Bureau of Statistics (2007) *Defining Children and Youth* <http://www.abs.gov.au/websitedbs/c311215.nsf/web/Children+and+Youth+Statistics+++Using+Children+and+Youth+Statistics> accessed 18 May 2015.

12 Ibid.

13 AIHW (2012a) *A picture of Australia's children 2012*. Cat. No. PHE 167. Canberra: AIHW.

14 AIHW (2014) *Australia's health 2014*. Australia's health series No. 14. Cat. No. AUS 178. Canberra: AIHW.

15 National Public Health Partnership (NPHP) (2004) *The National Injury Prevention and Safety Promotion Plan: 2004-2014*. Canberra: Commonwealth of Australia.

16 AIHW: Pointer S (2014) *Hospitalised injury in children and young people 2011-12*. Injury research and statistics series No. 91. Cat. No. INJCAT 167. Canberra: AIHW.

specified by ABS and AIHW, there is difficulty in applying these age ranges consistently to childhood injury and disease prevention data specific to NSW.

Throughout this document the age range of focus for the CDRT (a person under the age of 18 years) does not necessarily apply to all output, instead age ranges are always indicated in the data presented, for each figure and table.

2.2. Injury prevention

Theoretical and operational definitions of injury are laden with challenges and complexities.¹⁷ Nonetheless, there is some consensus on what constitutes an injury.

In an international context, the World Report on Child Injury Prevention (WHO, 2008) defines an injury as:

- *'The physical damage that results when a human body is suddenly subjected to energy in amounts that exceed the threshold of physiological tolerance – or else the result of a lack of one or more vital elements, such as oxygen. The energy in question can be mechanical, thermal, chemical or radiated.'*¹⁸

The focus of their report is on unintentional injuries, examining the five major mechanisms of childhood injuries: road traffic injuries, drowning, burns, falls and poisonings.

Intentional injury is reported by WHO separately¹⁹ and is defined as follows:

- *'Intentional injuries include interpersonal violence (homicide, sexual assault, neglect and abandonment, and other maltreatment), suicide, and collective violence (war).'*²⁰

Kidsafe, the leading national non-government organisation for unintentional childhood injury prevention, defines injury as:

- *'Physical harm or damage to the body. It may be intentionally or unintentionally caused. An injury may be minor and require little or no care, or may be more serious, requiring treatment or hospitalisation and may result in permanent scarring, disability or death.'*²¹

A recent report of the NSW Chief Health Officer groups injury with poisoning and does not report intentional and unintentional injuries separately.²²

For some issues there may be a need to consider the most appropriate age range in the context of childhood injury prevention. For example, as suicide is the leading cause of death for young people aged 15-24,²³ childhood and youth suicide prevention encompasses an age range that extends from 0-24 years.²⁴ In the case of road traffic injuries, different injury prevention strategies are required for different age groups, for example strategies differ if the child is a passenger in a vehicle as opposed to a driver. The National Injury Prevention and Safety Promotion Plan (2004-2014) considers youth and young adults (15 – 24 years).

2.3. Disease prevention

The World Health Organization defines disease prevention as:

- *'...approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability.'*²⁵

17 Langley J and Brenner R (2004) *What is an injury? Injury Prevention*, 10: 69-71.

18 World Health Organisation (2008) *World Report on Child Injury Prevention*. Geneva: WHO.

19 Pinheiro PS (2006) *World Report on Violence Against Children*. Published by the United Nations Secretary-General's Study on Violence against Children, <http://www.unviolencestudy.org> accessed 18 May 2015.

20 World Health Organisation (Undated) *Children's environmental health: Injuries*, <http://www.who.int/ceh/risks/cehinjuries2/en/> accessed 18 May 2015.

21 Kidsafe website (Undated) *Kidsafe- About us* <http://www.kidsafe.com.au/about.html> accessed 18 May 2015.

22 Centre for Epidemiology and Evidence (2014) *The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014*. Sydney: NSW Ministry of Health.

23 Australian Bureau of Statistics (2012) *Causes of Death Australia, 2010 – Catalogue No. 3303.9*. ABS: Canberra.

24 According to existing data, young people within the Australian community are at a higher risk of suicide. Australian Government Department of Health and Ageing (2007) *Living is for Everyone: Fact Sheet 3 Statistics on suicide in Australia*. Commonwealth of Australia <http://www.livingisforeveryone.com.au/uploads/docs/LIFE-Fact%20sheet%203.pdf> accessed 22 June 2015.

25 WHO (2004) *Global forum on chronic disease prevention and control* (4th, Ottawa, Canada). Geneva: WHO.

Within this broad definition, AIHW describes more specific categories:

- primary prevention, which reduces the likelihood of developing a disease or disorder
- secondary prevention, which interrupts, prevents or minimises the progress of a disease or disorder at an early stage
- tertiary prevention, which halts the progression of damage already done.²⁶

Both AIHW's Metadata Online Registry and the NSW Bureau of Health Information group potentially preventable hospitalisations into three categories: acute conditions, chronic conditions and vaccine preventable disease.²⁷ Examples from AIHW and the NSW Admitted Patient Data Collection are presented in Table 1.²⁸

Table 1: Potentially preventable hospitalisations

Potentially preventable hospitalisation group	Example
Acute conditions	Dental conditions Ear nose and throat infections Convulsions and epilepsy Dehydration and gastroenteritis Cellulitis Ruptured appendix Urinary tract infections and pyelonephritis Gangrene Pelvic inflammatory disease Perforated/ bleeding ulcer
Chronic conditions	Asthma Diabetes complications Iron deficiency anaemia Chronic obstructive pulmonary disease Hypertension Congestive heart failure Nutritional deficiencies
Vaccine-preventable	Tetanus Measles Mumps Rubella Influenza Pneumonia

Child health promotion and disease prevention is a broad field. The AIHW provides a succinct explanation of the scale of disease prevention, which demonstrates the diversity of potential stakeholders:

- *'An important part of disease prevention is health promotion. This describes activities, which help individuals and communities to increase control over the determinants of their health. Health education and social marketing can be used to promote health, as can policy and structural changes such as taxation, legislation and regulation.*
- *Programs that promote and protect health, and prevent illness, are undertaken by many agencies. All three levels of government (federal, state and local), along with non-government organisations, academia, the private sector and community groups fund and carry out prevention activities.*
- *Other government sectors besides health—such as education, urban planning, and sport and recreation—have an important role in promoting good health. Although individuals ultimately make the decisions that affect their own health, each of these groups and sectors assist people in making healthy choices and leading healthier lives.*
- *Who needs to act depends largely on which area of prevention is a focus: whether it is modifying health risk factors, or preventing the progression, complications and recurrence of disease'.²⁹*

26 AIHW (2014) Australia's health 2014. Australia's health series No. 14. Cat. No. AUS 178. Canberra: AIHW.

27 Bureau of Health Information (2011) *Healthcare in Focus 2011: How well does NSW perform? An international comparison*. November 2011, Sydney, NSW http://www.bhi.nsw.gov.au/__data/assets/pdf_file/0005/170627/APR_Healthcare-In-Focus2011.pdf accessed 22 May 2015.

28 AIHW METeOR Indicator, <http://meteor.aihw.gov.au/content/index.phtml/itemId/559070>, accessed 18 May 2015.

29 AIHW (2014) *Australia's health 2014*. Australia's health series No. 14. Cat. No. AUS 178. Canberra: AIHW.

2.4. Implications for the CDRT

In analysing the current state of play in NSW for childhood injury and disease prevention it is evident that:

- The focus for the CDRT in reviewing the existing infrastructure for childhood injury and disease prevention should predominantly focus on injury as it impacts children and young people under the age of 18 years.
- In the case of intentional injury, which is the remit of the NSW Ombudsman, there would be value in extending analyses to incorporate younger people up to the age of 24 years. However, this would require legislative change and additional resources as legislation currently restricts the CDRT and NSW Ombudsman's work to children under 18.
- There are gaps in the available data sources, which make it difficult to gain a complete picture of the scale of childhood injury and disease prevention for the CDRT target population. These limitations also reduce the capacity for direct comparisons between NSW and other jurisdictions.
- For the purposes of this preliminary scan the focus is on an overview of the major types of childhood injury without specific exploration of issues unique to unintentional and intentional injuries.
- As child health promotion and disease prevention is a broad field this scan will focus on child specific infrastructure that relates to vaccine-preventable and acute conditions and to a much lesser degree chronic conditions. No attempt is made to classify infrastructure by the intent of prevention i.e. primary, secondary or tertiary.

Chapter 3. Methods

This preliminary scan of childhood injury and disease prevention infrastructure in NSW was completed through a process of desktop review. Government and non-government websites were systematically searched for relevant international, national and NSW information on policy and legislation, data sources, stakeholders and coordination in the field of childhood injury and disease prevention.

The method for investigating data sources is detailed in Section 5.2.

Several experts working in the field of childhood injury and disease prevention were consulted, particularly for advice when web-based searching produced limited information. Reference lists of key government reports were scrutinised to identify relevant information. The findings are reported in four sections as depicted in Figure 1.

Figure 1: Childhood injury and disease prevention infrastructure in NSW



Chapter 4. Policies and frameworks aimed at preventing childhood injury and disease

A range of legislation, policy, frameworks, strategies and initiatives have been identified that influence action both directly and indirectly to support childhood injury and disease prevention efforts. These are summarised below.

4.1. International frameworks

The WHO is the source of key international frameworks and conventions that Australia, as a member nation, supports. The starting point for greater recognition of our collective responsibility for child health is arguably **'The Declaration of the Rights of the Child'** which was adopted by the United Nations General Assembly in 1959. The declaration was the first international consensus that agreed upon fundamental rights for children. The United Nations General Assembly later adopted the **'Convention on the Rights of the Child'** in 1989.³⁰

In 2005, WHO in collaboration with the United Nations Children's Fund (UNICEF) published a key resource relating to child injury prevention, including an overview of the geographical distribution of child and adolescent injury mortality, as well as outlining effective strategies to prevent child injury.³¹ The document provides specific action points for a global strategy to raise awareness and forge partnerships that will improve research and promote child injury prevention as a public health priority across the world. This was followed by a world report on child injury prevention that was published in 2008.³² The report aimed to raise awareness of the global magnitude of child injury and highlight the capacity for prevention of the problem. It drew attention to evidence based intervention methods and included specific recommendations for action. The report also aimed to catalyse governments to address the global epidemic of child and adolescent injury through political action at international, national and local levels.

Useful international models exist that may have lessons for Australia and NSW e.g. Eurosafe Child Safety Alliance, the US Centers for Disease Control and the US Consumer Product Safety Commission. For example, the US Consumer Product Safety Commission operates a National Electronic Injury Surveillance System which is derived from a national probability sample of hospitals in the US and its territories. From this data, product-related injuries treated in emergency rooms can be estimated.

4.2. National frameworks, policies and structures

At a national level, the **Australian Human Rights Commission** was established in 1986 by an Act of the Federal Parliament.³³ The Commission is an independent statutory organisation and reports to the federal parliament through the Attorney-General. The Human Rights Commission leads the promotion and protection of human rights in Australia. The Commission implements policies and practices that promote greater child safety as this is seen as critical to enhancing the protection of children's rights.

Australia ratified the Convention on the Rights of the Child in 1990 meaning under international law, the Australian Government has specific human rights obligations to children, which encompass injury and disease prevention. This has framed the work of the Australian Human Rights Commission which recognises that while most Australian children grow up in safe and healthy environments, there are still vulnerable groups of children who lack adequate human rights protection. These groups include Aboriginal and Torres Strait Islander children; children in out of home care; children in detention, including those in immigration detention; and children living in rural and remote areas of Australia.

In 2010, the Australian Human Rights Commission put forth a submission to the Senate and Legal Constitutional Affairs Committee expressing the need for Australia to establish a role for a National Commissioner to specifically monitor children's rights. In February 2013, Australia's first **National Children's Commissioner** was announced.³⁴

30 Office of the United Nations High Commissioner for Human Rights (1989) *Convention on the Rights of the Child* <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx> accessed 15 September 2015.

31 WHO (2005) *Child and adolescent injury prevention: a global call to action*. Geneva: WHO http://whqlibdoc.who.int/publications/2005/9241593415_eng.pdf accessed 21 May 2015.

32 WHO (2008) *World Report on Child Injury Prevention*. Geneva: WHO.

33 Australian Human Rights Commission (2014) *Australian Human Rights Commission Act 1986* <https://www.comlaw.gov.au/Details/C2014C00684> accessed 15 September 2015.

34 National Children's Commissioner (2013) *Children's Rights Report 2013*. Australian Human Rights Commission: Sydney.

The key federal government agency addressing childhood injury and disease prevention is the **Australian Government Department of Health**.³⁵ In practice a number of other Commonwealth departments contribute to policy decisions and legislation that can improve childhood injury and disease prevention, particularly given the influence of social determinants of health. This view recognises that health is also determined in part by access to social and economic opportunities; the resources and supports available in homes, neighbourhoods and communities; the quality of schooling; the safety of workplaces; the cleanliness of water, food, and air; and the nature of social interactions and relationships.³⁶

All Australian Health Ministers endorsed '**Injury Prevention and Control as a National Priority Area**' in **1996** in recognition of the national burden of injury. The Department of Health aims to reduce the incidence, morbidity and mortality associated with injury across all age groups.³⁷ At a national level the key policies relevant to childhood injury prevention include the **National Injury Prevention and Safety Promotion Plan (2004 – 2014)**³⁸ and **National Aboriginal and Torres Strait Islander Safety Promotion Strategy (2004)**.³⁹

The **Australian Government Department of Social Services** is the other federal department with a significant interest in child wellbeing. Families and Children's Services aim to improve family functioning, and child wellbeing by providing early intervention and prevention services to families to assist with family formation, prevent family breakdown, enhance family functioning and support parents to care for their children. They have a particular responsibility for child protection.⁴⁰

The **National Partnership Agreement on Preventive Health** (NPAPH) is an agreement between the Commonwealth and all States and Territories.⁴¹ It is said to be the largest investment ever made by an Australian Government in disease prevention, providing \$932 million nationally between 2009 and 2018. The aim of the NPAPH is to address the rising prevalence of lifestyle-related chronic diseases and encourage the adoption of healthy behaviours, with a focus on the priority areas of smoking, nutrition, physical activity and alcohol.

According to the **Public Health Association of Australia (PHAA)**:

- *'New 'National Injury Prevention and Safety Promotion Plan(s)' should be developed, implemented and resourced and a coordinating group should be established and resourced to monitor the implementation and review of the plans and advise all levels of government on injury prevention action'.⁴²*

They advocate that such programs should include: 'injury prevention measures that protect children, with particular consideration given to creating safer products and environments.'⁴³ The PHAA has an **Injury Prevention Special Interest Group** that brings together researchers, practitioners and policy makers. The PHAA recognises that injury prevention is a significant issue in Australia as each year injuries account for almost half of all deaths of people between the ages of 1 - 44 years, result in an estimated 8,000 deaths, 317,000 hospital admissions and cost the health system an estimated \$2.6 billion annually. The Injury Prevention Special Interest Group has advocated for the development of a current National Injury Prevention and Safety Promotion Plan.⁴⁴

The establishment in 1979 of the **Child Accident Prevention Foundation of Australia** (CAPFA) has influenced the development of childhood injury prevention policy. State divisions were established soon after. The name **Kidsafe** was adopted nationally in 1993. In July 2003, the Foundation adopted a federated structure, with each

35 Australian Government, Department of Health (2013) *Child and Youth Health* <http://www.health.gov.au/internet/main/publishing.nsf/Content/child-and-youth-health-1> accessed 22 May 2015.

36 Social Determinants of Health Alliance (Undated) *What are the social determinants of health?* <http://socialdeterminants.org.au/> accessed 21 May 2015.

37 Australian Government, Department of Health (2013) *Injury Prevention in Australia* <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-injury-index.htm> accessed 21 May 2015.

38 National Public Health Partnership (2004) *The National Injury Prevention and Safety Promotion Plan: 2004-2014*. Canberra: Commonwealth of Australia.

39 National Public Health Partnership (2004) *The National Aboriginal and Torres Strait Islander Safety Promotion Strategy*. Canberra: National Public Health Partnership (NPHP).

40 Australian Government, Department of Social Services (2015) *Families and Children* <https://www.dss.gov.au/our-responsibilities/families-and-children> accessed 21 May 2015.

41 Council of Australian Governments (2008) *National Partnership Agreement on Preventive Health*, http://www.federalfinancialrelations.gov.au/content/npa/health_preventive/national_partnership.pdf accessed 21 May 2015.

42 Public Health Association of Australia (2013) *Policy-at-a-glance – Injury Prevention and Safety Promotion Policy* <http://www.phaa.net.au/documents/130919PHAA%20Injury%20Prevention%20Safety%20Promotion%20Policy.pdf> accessed 21 May 2015.

43 Ibid.

44 Public Health Association of Australia (2009) *Injury Prevention Special Interest Group* <http://www.phaa.net.au/injuryPrevention.php> accessed 22 May 2015.

of the state branches becoming independently Incorporated Associations.⁴⁵ **The National Injury Surveillance Unit** is a collaborating unit of the AIHW and is currently based within the Research Centre for Injury Studies at Flinders University it has reported at intervals on various aspects of childhood injury in Australia. Evidence based research and analysis of injury related issues is supported by the Department of Health through the National Injury Surveillance Unit, the National Coroners Information System and the National Poisons Register.⁴⁶

The Australian Injury Prevention Network was established in 1996 and is the peak national body for all ages and all causes of injury prevention and control in Australia. It is comprised of injury prevention and safety promotion researchers and practitioners from around Australia. It is a non-government organisation and its main goal is to:

- ‘...facilitate the minimisation of injury-related harm throughout Australia for all vulnerable population groups by coordinating the expertise of injury prevention researchers, practitioners, and policy makers’.⁴⁷

4.3. NSW frameworks and policies

There are a wide range of frameworks and policies that address childhood injury and disease prevention that are relevant in NSW. A listing of the key Australian and NSW policies and frameworks is included in Appendix 1 and 2. Several examples are provided below of entities and / or legislation that is particularly relevant to the focus of the CDRT.

The **NSW Commission for Children and Young People** was established in 1998/99 as an independent statutory body to advocate on behalf of children in NSW and, among other things, to report on the safety and well-being of these children.⁴⁸ In 2012 the Commission engaged the AIHW to produce a surveillance report, ‘Serious Childhood Community Injury in NSW 2009-10’.^{49, 50} The Commission subsequently facilitated a ‘Roundtable on Serious Childhood Injury in NSW’.

The **NSW Advocate for Children and Young People** is an independent statutory appointment which replaces the Commission for Children and Young People. The Office of the Advocate for Children and Young People was created under the **Advocate for Children and Young People Act 2014**, which commenced on 9 January 2015. The Office of the Advocate for Children and Young People brings together the advocacy, policy, research and participation functions of the former Commission with the NSW Youth Advisory Council. The main functions of the Office of the Advocate for Children and Young People are set out under the *Advocate for Children and Young People Act 2014*, and include advocating for the safety, welfare and wellbeing of children and young people, promoting the participation of children and young people in the making of decisions that affect their lives and encouraging government and non-government agencies to seek the participation of children according to their age and maturity. The Advocate is also required to prepare, in consultation with the Minister for Ageing, Disability Services, and Multiculturalism, a three year strategic plan for children and young people in the state. The work of the Advocate is overseen by the Parliamentary Joint Committee on Children and Young People and the Advocate is required to report annually to Parliament. The Office of the Advocate is part of the Family and Community Services (now Department of Communities) cluster.⁵¹

NSW Health is the key government department with responsibility for childhood injury and disease prevention. Other state government departments that have a significant interest in this area include the **Department of Family and Community Services, Department of Education, NSW Police Force, Sport and Recreation, Transport for NSW, NSW State Emergency Service, Fire and Rescue NSW, WorkCover NSW** and the **Department of Fair Trading**.

45 Kidsafe (Undated) *Kidsafe - About us* <http://www.kidsafe.com.au/about.html> accessed 18 May 2015.

46 Department of Health (2013) *Injury prevention in Australia* <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-injury-index.htm> accessed 18 May 2015.

47 Australian Industry Prevention Network (Undated) *Welcome to the Australian Industry Prevention Network* <http://aipn.com.au/> accessed 21 May 2015.

48 NSW Government, Advocate for Children and Young People (Undated) *A Picture of NSW Children and Young People*, online data book <http://picture.kids.nsw.gov.au/introduction/Acknowledgements?om=1> accessed 18 May 2015.

49 AIHW, Harris CE, Pointer SC (2012) *Serious childhood community injury in New South Wales 2009-10*. Injury research and statistics series No. 76. Cat. No. INJCAT152. Canberra: AIHW.

50 NSW Commission for Children and Young People (2013) *NSW Commission for Children and Young People Annual Report 2012-2013*. NSW Government Office of Communities.

51 NSW Government, Advocate for Children and Young People (Undated) *About ACYP* <http://www.acyp.nsw.gov.au/about> accessed 19 August 2015.

In 2012 the State Government established **NSW Kids and Families**, as a statutory health corporation to develop and deliver strategies for children and young people's health and related services. According to the organisation's website:

'NSW Kids and Families in collaboration with healthcare providers and key policy partners aims to:

- *Embed evidence-based care: research, develop and support the implementation of evidence-based policy, standards, guidelines, best practice programs and care pathways that reduce health risk and improve the quality and continuity of healthcare delivery.*
- *Inform and share: bring together data and knowledge about what works and share it with those who can influence policy or practice to reduce harm and support improved health outcomes.*
- *Connect care: broker strong connections between both policy makers and healthcare services and provide tools and guidance to better coordinate and integrate care journeys.*
- *Inspire innovation: stimulate new ways of thinking and working that centre on the child and their healthy growth and development but take into account the diverse nature of the families and communities within which they live.*
- *Support action: build the capacity of healthcare service providers, communities and families to promote and protect the health and wellbeing of children and their caregivers, and support uptake of effective programs and cost-effective models of healthcare delivery.*
- *Advise and guide: provide expert advice to government and healthcare providers regarding system performance and capability and the resources and strategies required to improve health outcomes for children, young people and families'.⁵²*

NSW Kids and Families has developed a state-wide strategic health plan, '**Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24**'. The Plan provides a comprehensive planning, service and policy roadmap for NSW Health from preconception to 24 years of age, addressing the health of women and their partners during pregnancy, babies, children and young people in the context of their families and communities. Not only is it intended that the Plan will provide direction to NSW Health entities but it will also guide the collective impact of partnerships with government and non-government organisations that have a shared responsibility for promoting the health and wellbeing of children, young people and families.⁵³

The **Children and Young Persons (Care and Protection) Act 1998** establishes the legislative framework governing child wellbeing and providing child protection and out-of-home care services in NSW. In relation to child protection, the Act provides for reporting of concerns including physical abuse and medical neglect of children. Reporting to the Child Protection Helpline is mandatory for people who work in a range of government and non-government agencies and organisations that provide services to children.

In 2009, the NSW Government introduced **Keep Them Safe**, a five-year plan to reform the child protection system in response to the recommendations of the Special Commission of Inquiry into Child Protection Services in NSW. The main goals of Keep Them Safe were enhanced universal and early intervention services, improved responses to children at risk of significant harm, stronger supports for Aboriginal children, families and communities, and better interagency collaboration and information exchange.⁵⁴

In 2014, the NSW Government introduced a further round of early intervention and child protection reforms, known as **Safe Home for Life**.⁵⁵ The program aims to provide children with permanent and stable homes for life, by strengthening the child protection system through initiatives including legislative change, new policy and practice, as well as a redesign of how technology is used in child protection.

52 NSW Kids and Families (2014) *NSW Kids and Families: What we do*.
<http://www.kidsfamilies.health.nsw.gov.au/about-us/what-we-do/> accessed 21 May 2015.

53 NSW Kids and Families (2014) *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*
<http://www.kidsfamilies.health.nsw.gov.au/about-us/strategic-health-plan-2014-2024/> accessed 11 May 2015.

54 Cassells R, Cortis N, Duncan A, Eastman C, Gao G, Giuntoli, G, Katz I, Keegan M, Macvean M, Mavisakalyan A, Shlonsky A, Skattebol, J, Smyth C and valentine k (2014) *Keep Them Safe Outcomes Evaluation Final Report, Sydney: NSW Department of Premier and Cabinet*.

55 Department of Family and Community Services (2015) *Safe Home for Life*
<http://www.facs.nsw.gov.au/reforms/safe-home-for-life> accessed 15 September 2014.

The **Aboriginal Child, Family and Community Care State Secretariat** (AbSec) is a peak organisation providing child protection and out-of-home care policy advice and support to the Aboriginal Community Controlled sector. AbSec provides policy advice to government and non-government agencies on issues concerning Aboriginal and Torres Strait Islander children and in relation to development of the broader child protection and out-of-home care systems.

4.4. Implications for the CDRT

In analysing the existing policy frameworks influencing national and NSW approaches to childhood injury and disease prevention it appears that:

- Key international frameworks to protect the rights of children are recognised in Australia and underpin policies relevant to childhood injury and disease prevention.
- The expiry of the National Injury Prevention and Safety Promotion Plan (2004 – 2014) and National Aboriginal and Torres Strait Islander Safety Promotion Strategy (2004) has reduced the visibility of childhood injury issues at the national level.
- There is a range of effective national and NSW non-government organisations well placed to influence and contribute to the childhood injury and disease prevention agenda.
- NSW Health is the main government department addressing childhood injury and disease prevention; this effort is led through NSW Kids and Families. This statutory health corporation was established in mid-2012 under the *Health Services Act 1997*.
- Population groups at particular risk of death and hospitalisation from childhood injury and disease include Aboriginal and Torres Strait Islander children; children in out of home care; children in detention, including those in immigration detention; and children living in rural and remote areas of Australia.

Chapter 5. Data and reports on childhood injury and disease prevention applicable to NSW

5.1. Introduction

Understanding the scale and impact of childhood injury and disease is essential to identifying appropriate intervention points. This section of the scan provides a description of existing national and NSW data sources currently available.

A brief précis of readily available indicators of the extent of childhood injury and illness in NSW is included in Section 5.4 and 5.5.

5.2. Description of data sources

The incidence of injury and disease is commonly measured in terms of death and hospitalisation. Information on death and hospitalisation is collected routinely. However, many injuries are not recorded in formal data systems. Emergency department data provide useful information but are often unsuitable for incidence measurement due to inconsistent overall quality.

Death data related to injury is reported by the CDRT and as such has been excluded from the following review. The focus of this summary is on data sources at a national and NSW level that provide information on the scale and impact of childhood injury and disease.

The method for investigating data sources was as follows:

- There was a systematic check of websites of state and federal government departments, research institutes, universities, and non-government organisations that were likely to hold relevant data collections.
- The resources and links of any relevant national institute were investigated to locate any additional data collections.
- An internet search (that was limited to Australian sites) was conducted with the search terms 'childhood illness', 'childhood injury', 'potentially preventable hospitalisations and age' and 'potentially preventable illness and age' to discover if any other relevant national or NSW data collections could be identified.
- The focus has been on sites that hold data collections (i.e. the raw data) as opposed to general reports. Recorded results are limited to those websites where the custodians of a data collection were clear and there was a link to the data collection.
- It appears that most non-government organisations and university research institutes rely on government data collections.

These data sources have been classified according to their predominant scope: injury, illness or a combination of information about injury and illness. Table 2 summarises the principal national data sources relevant to an understanding of childhood injury and disease prevention. Table 3 provides this information for NSW data sources.

These tables also include a short description of each collection; identify the data custodian, and accessibility of the collections (including the age ranges covered).

Table 2: National injury and disease data collections

Collection	Custodian	Scope	Accessibility
<p>UNICEF: State of the Worlds' children country statistics tables</p> <p>Contains a select group of national statistics on child health that it benchmarks against all member countries. Two benchmarking statistics of particular note are immunisation coverage and % low birth weight.</p>	United Nations Children's Fund	Illness	<p>Accessible at: http://www.unicef.org/statistics/index_countrystats.html</p> <p>Childhood age range depends on indicator. Most indicators for children 0-5 years.</p>
<p>National Notifiable Diseases Surveillance System (NNDSS)</p> <p>This system coordinates the national surveillance of more than 50 communicable diseases or disease groups. Notifications made to all states and territories are uploaded to the NNDSS daily. The information is de-identified and published on the internet.</p>	(National) Department of Health	Illness	<p>Partially accessible at: http://www9.health.gov.au/cda/source/cda-index.cfm</p> <p>Age is reported in 5 year age bands. Childhood age ranges 0-4, 5-9, 10-14, 15-19.</p>
<p>Paediatric Active Enhanced Disease Surveillance (PAEDS)</p> <p>PAEDS conducts active, hospital-based surveillance of serious childhood conditions, particularly vaccine-preventable diseases and adverse events following immunisation. Collects detailed information that is not available from other surveillance systems, about children hospitalised with vaccine-preventable diseases and potential adverse events following vaccination.</p>	PEADS Reference Group	Illness	<p>Not publically available see http://www.paeds.edu.au/ for more details. Age range not available online.</p>
<p>Australian Early Development Census (AEDC)</p> <p>The Australian Early Development Census (AEDC) is a population-based measure of how children in Australia have developed by the time they start their first year of full-time school. Teachers complete a research tool, the Australian version of the Early Development Instrument (the Instrument). The Instrument measures five key areas, or domains, of early childhood development: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); and communication skills and general knowledge.</p> <p>These areas are closely linked to the predictors of adult health, education and social outcomes.</p> <p>The Council of Australian Governments (COAG) has endorsed the AEDC as a national progress measure of early childhood development in Australia.</p>	AEDC	Illness	<p>Accessible at: https://www.aedc.gov.au/ Age range is 3 years 8 months to 7 years 6 months.</p>
<p>Australian Childhood Immunisation Register (ACIR)</p> <p>This is a national register that records details of vaccinations given to children under 7 years of age who live in Australia. Immunisation details are sent to the ACIR by recognised immunisation providers.</p>	Department of Human Services/ Department of Health	Illness	<p>Not publically accessible – only registered immunisation providers may access the reports. Age range 0-7 years.</p>
<p>National Dental Telephone Interview Survey (NDTIS)</p> <p>The purpose of the survey is to obtain information about the frequency of dental problems in the community and the types of dental care received.</p>	Australian Research Centre for Population Oral Health Adelaide University	Illness	<p>Data collection not publically available but reports based on the data collection's data are available at: http://www.adelaide.edu.au/arcoph/publications/reports/ Age range 2-17 years in the following age groups: 2-4, 5-11 and 12-17.</p>
<p>National Survey of Mental Health and Wellbeing (NSMHW)</p> <p>This survey provides information on the prevalence of selected lifetime and 12-month mental disorders by three major disorder groups: anxiety disorders, affective disorders and substance use disorders. There is a child and adolescent component of this survey.</p>	Australian Bureau of Statistics	Illness	<p>The childhood component is not publicly available. Age range of child and adolescent component not available online.</p>

Collection	Custodian	Scope	Accessibility
<p>National Injury Surveillance Unit (NISU)</p> <p>The Australian Institute for Health and Welfare (AIHW) through the National Injury Surveillance Unit (NISU) at Flinders University produces a series of injury reports including childhood injury and indigenous injury. In particular, the AIHW/NISU injury research and statistics series of reports are of relevance.</p>	Australian Institute of Health and Welfare and Flinders University.	Injury	Available at: http://www.nisufinders.edu.au/ NISU reports classify children as 0-14 years.
<p>Burns Registry of Australia and New Zealand (BRANZ)</p> <p>This registry is based at Monash University and produces bi-national annual reports.</p> <p>The Burns Registry of Australia and New Zealand is a clinical quality registry capturing epidemiological, quality of care, and outcome data for adult and paediatric burns patients across Australian and New Zealand burn units. The project is a collaboration between the Australian and New Zealand Burns Association and Monash University, Department of Epidemiology and Preventive Medicine.</p>	Monash University	Injury	Available at: http://www.med.monash.edu.au/epidemiology/traumaepi/burnsreg.html The paediatric age range is 0-15 in the following age bands 0-12m, 13-14m, 25-36m, 3-5 years, 6-10 years, 11-15 years. The first adult age band according to the study is 16-19 years.
<p>The Australian Institute of Family Studies (AIFS)</p> <p>Federal government's key research body on family health and wellbeing. Website contains many reports and access to data archives that relate to childhood injury, illness and the risk factors involved in childhood injury and illness.</p>	Australian Institute of Family Studies	Injury and Illness	Some resources are publically available others upon request at: https://aifs.gov.au/ Age range is dependent on data collection access. Most recent age range 0-10.
<p>National Hospital Morbidity Database (NHMD) (AIHW)</p> <p>Contains records of all hospitalisations in Australia between 1993-94 and 2012-13. The information reported includes patient demographics, with diagnoses, procedures, and external causes of injury coded according to the Australian modification of the International Statistical Classification of Diseases and Related Problems, 10th revision (ICD- 10-AM).</p>	Australian Institute of Health and Welfare	Injury and Illness	Partially available at: http://www.aihw.gov.au/hospitals-data/ Age is reported in 5 year age bands. Childhood age ranges < 1, 1-4, 5-9, 10-14, 15 -19.
<p>ABS 2011–12 Australian Health Survey (AHS)</p> <p>Previously the National Health Survey (NHS) gives useful national and NSW level information on childhood illness such as asthma as well as information about emergency department and inpatient hospitalisations by age and gender.</p>	Australian Bureau of Statistics	Injury and Illness	Partially available at: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.003main+features12011-2012 Publicly accessible age range for children is 0-24 years.
<p>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</p> <p>A national survey conducted with remote and non-remote Indigenous Australians designed to collect information on the health-related issues affecting Indigenous Australians.</p>	Australian Bureau of Statistics	Injury and Illness	Partially available at: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001Chapter5002012-13 Publicly accessible age range for children is 0-14 years.
<p>Bettering the Evaluation and Care of Health (BEACH)</p> <p>The BEACH data collection collects information about the clinical activities in general practice.</p>	Australian General Practice Statistics and Classification Centre University of Sydney	Injury and Illness	Partly accessible through: http://sydney.edu.au/medicine/fmrc/beach/data-reports/public/index.php Childhood age range 0-14 collected in the following age categories: <1, 1-4 years and 5-14 years.
<p>Australian National Preventive Health Agency (ANPHA)</p> <p>Provides useful links to resources, reports and data collections that include childhood injury and illness data. ANPHA (2013) A guide to understanding governance and coordination of preventive health surveillance, is of particular note.</p> <p>ANPHA was closed on 30 June 2014 and essential functions transferred to the Department of Health.</p>	ANPHA	Injury and Illness	Available at: http://www.anpha.gov.au/ ANPHA 2013 available at: http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/surveillance-report-2013#execsum Childhood age range dependent on the resource acquired from this website.

Collection	Custodian	Scope	Accessibility
<p>Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)</p> <p>A data collection of longitudinal research that began in 2004 to study the impact of Australia's social and cultural environment on a cohort of children. It contains information on the health of the children involved in the study.</p> <p>LSAC links to several administrative data bases including:</p> <ul style="list-style-type: none"> - Medicare Australia database (for child's medical history) - National Childcare Accreditation Council data (for child care centres attended by children) - ABS Census of Population and Housing data (for socio-demographic profiles of the neighbourhoods and communities in which children live) - National Assessment Program Literacy and Numeracy scores 	Department of Social Services	Injury and Illness	<p>Not publically available. Licences can be purchased.</p> <p>Findings from this research are available at: http://flosse.fahcsia.gov.au/</p> <p>Childhood age range 0-10 years.</p> <p>Age ranges will increase as study progresses.</p>
<p>Ten to Men: The Australian Longitudinal Study on Male Health</p> <p>Contains information on the health impacts and outcomes of male children. It also records a number of social and environmental factors that can affect the health of these children.</p>	University of Melbourne	Injury and Illness	<p>A list of reports based on this data collection as well as other useful resources can be found at:</p> <p>http://www.tentomen.org.au/The-Study/the-study.html</p> <p>Childhood age range 10-17 years.</p>
<p>Foot prints in time: The longitudinal study of Indigenous children (LSIC)</p> <p>Beginning in 2008 this study consists of two indigenous child group cohorts, 6-18 month cohort and 3.5 to 5 year cohort. The study collects and records information about these children's health and wellbeing throughout childhood.</p>	Department of Social Services	Injury and Illness	<p>Not publically available. Licences can be purchased.</p> <p>Findings from this research are available at: http://flosse.fahcsia.gov.au/</p> <p>Childhood age range 0.5-11 years.</p>

The scan of national data collections on childhood illness and injury (Table 2) has revealed the following:

- National data collections are held by a number of organisations but government departments/organisations are the primary custodians of childhood injury and illness data.
- Often national information about childhood injury and illness will be a subset of a larger snap shot of the whole population.
- Child specific national data sets are primarily collected by the Department of Social Services.
 - Department of Social Services data sets are often based on longitudinal studies.
 - Longitudinal data collections have smaller childhood age ranges when compared with snap shot studies.
 - Although these studies do not cover the whole population they can provide useful information about how the health and safety needs of children change over time.
- Publically available age ranges will vary with organisations.
- National studies have generally focused on the health and safety of the population as a whole or on the health and safety of Indigenous Australians/children. Within the available time frame, national data collections that specifically focus on the health and safety factors that affect culturally and linguistically diverse children were not identified.

Table 3: NSW injury and disease data collections

Collection	Custodian	Scope	Accessibility
<p>NSW Notifiable Conditions Information Management System (NCIMS)</p> <p>This is a register of diagnoses of certain infectious diseases and adverse events following immunisation, notified to the NSW Department of Health by laboratories, hospitals, medical practitioners, schools, and child care centres.</p>	NSW Health	Illness	<p>Available in aggregate form from Health Statistics NSW www.healthstats.nsw.gov.au</p> <p>Age groupings vary depending on the report produced. Typical age groupings are in 1 or 5 year age groups. Childhood age ranges 0-4, 5-9, 10-14, 15-19.</p>
<p>NSW Trauma Registry System</p> <p>Since 2009 the trauma registry has been a comprehensive state-wide trauma registry and reporting solution accessible at any trauma hospital in NSW. It contains information about children admitted to hospital under trauma diagnosis.</p>	Institute of Trauma and Injury Management	Injury	<p>Reports are available at (Trauma Snips reports are of particular relevance): http://www.aci.health.nsw.gov.au/get-involved/institute-of-trauma-and-injury-management/Data/trauma_data_reports</p> <p>Age is reported in 5 year age bands. Age range for child related data: 0-14 years or 0-19 years.</p>
<p>NSW Admitted Patient Data Collection (APDC)</p> <p>The APDC includes records for all separations (discharges, transfers and deaths) from NSW public and private sector hospitals and day procedure centres. The information reported includes patient demographics, with diagnoses, procedures, and external causes of injury coded according to the ICD-10-AM.</p>	NSW Health	Injury and Illness	<p>Available in aggregate form from Health Statistics NSW www.healthstats.nsw.gov.au</p> <p>Age groupings vary depending on the report produced. Typical age groupings are in 1 or 5 year age groups. Childhood age ranges are 0-14 years or 0-16 years.</p>
<p>Secure Analytics for Population Health Research and Intelligence (SAPHaRI)</p> <p>SAPHaRI is the NSW population health data warehouse, administered by the Centre for Epidemiology and Evidence, NSW Health. It contains numerous data collections that contain surveillance data about childhood injury and illness as well as a number of risk factors associated with childhood illness and injury.</p>	NSW Health	Injury and Illness	<p>Available in aggregate form from Health Statistics NSW www.healthstats.nsw.gov.au</p> <p>Age groupings vary depending on the report produced. Typical age groupings are in 1 or 5 year age groups. Childhood age ranges are 0-14 years or 0-19 years.</p>
<p>NSW Population Health Survey</p> <p>Consists of an adult and child questionnaire. Annually updated data is available from 1997 to 2012. Contains information on childhood GP/hospital presentations and the prevalence of risk factors that can lead to preventable illness and injury within NSW.</p>	NSW Health	Injury and Illness	<p>Available in aggregate form from Health Statistics NSW www.healthstats.nsw.gov.au</p> <p>Age groupings vary depending on the report produced. Typical age groupings are in 1 or 5 year age groups. Childhood age ranges are 0-14 years or 0-16 years.</p>
<p>NSW Emergency Department Data Collection</p> <p>Provides information on all emergency department attendances in NSW. Includes information on the age of the attendee and their reason for presentation.</p>	NSW Health	Injury and Illness	<p>Available in aggregate form from Health Statistics NSW www.healthstats.nsw.gov.au</p> <p>Age groupings vary depending on the report produced. Typical age groupings are in 1 or 5 year age groups.</p> <p>Childhood age ranges are 0-14 years or 0-19.</p>
<p>The Centre for Health Record Linkage (CHeReL)</p> <p>This centre is dedicated to helping researchers, planners and policy makers access linked health data about people in the NSW and ACT. This site lists major health data collections used within NSW and ACT. It also lists the metadata associated with these collections.</p>	CHeReL	Injury and Illness	<p>Metadata only available at http://www.cherel.org.au/data-dictionaries#section16</p>
<p>The Study of Environment on Aboriginal Resilience and Child Health (SEARCH)</p> <p>SEARCH is a cohort study of Aboriginal children aged 0-17 years, from urban and large regional centres in NSW. SEARCH focuses on Aboriginal community identified health priorities of: injury; otitis media; vaccine-preventable conditions; mental health problems; developmental delay; obesity; and risk factors for chronic disease.</p>	The Sax Institute	Injury and Illness	<p>Not publically available. Publications from this data collection are available at: https://www.saxinstitute.org.au/publications/search-publications/</p> <p>Age is collected in yearly age groups between the age of 0 and 17.</p>

The scan of NSW data collections (Table 3) reveals many similar issues as those found in national data collections. That is:

- Primary custodians are state based organisations (NSW Health in particular).
- Most data is a snap shot of the population in which children are a subset of a larger data collection.
- Publicly available age ranges vary with organisations and surveys. This issue is compounded when comparing NSW data to national data.
- Most studies are population based and vulnerable population groups are not usually studied in detail.

The following additional points were highlighted in NSW data collections:

- NSW Health has managed to streamline many of its data collections into one central repository for data.
- The SEARCH data collection is a longitudinal study but unlike the national longitudinal studies it covers all age years of childhood. Therefore the SEARCH is likely to be an important research tool for the study of childhood health and injury in NSW's Indigenous communities.

In addition to the national and NSW data collections that provide information on the scale and impact of childhood injury and disease, a number of research reports provide data and analyses. Many of these can also be accessed via the links provided in Table 2 and Table 3.

In terms of injury prevention, the AIHW injury research and statistics report series is particularly valuable. In addition the 2014 report of the Chief Health Officer, 'The Health of Children and Young People in NSW', provides insight into differences in injury rates between Aboriginal and non-Aboriginal young people in NSW.⁵⁶

The extent of childhood disease in NSW is described comprehensively in several relevant reports, for example:

- AIHW (2012a). *A Picture of Australia's Children 2012. Cat. no. PHE 167. Canberra: AIHW.*
- *NSW Kids and Families (2014). Youth Health in NSW: 2014. NSW Health.*
- *Centre for Epidemiology and Evidence (2014). The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014. Sydney, NSW Ministry of Health.*

5.3. Limitations of publically available data sources

Publically available data sources can be used to understand the extent of childhood illness and injury within NSW. This sort of research is limited by the fidelity of the data collections and the way these results are presented for public viewing. This has limited some of the findings presented in this report. Limitations can be classified according to three categories. These are:

Currency limitations: There is always a time lag between when data is collected and when an organisation or government department makes it accessible to external parties. Most data collections present findings that are from at least two years prior. Some data collections present only a snapshot of childhood health and illness. These data collections will continue to lose currency as time progresses.

Classification limitations: This limitation arises from how data in these data collections are grouped or how key variables are categorised. The most significant classification limitation in this report has been the classification of age and childhood. Most data collections are presented in age groupings. These age groupings often make it difficult to access data that encompasses the whole age of childhood (0 to under 18 years). Other data collections cover all of the childhood age ranges but include ages associated with adulthood also. Other limitations can occur through how and what conditions (injuries and illnesses) are measured. For example it was noted that 'other injuries and poisonings' was a very common category for measuring an injury in childhood in data tables presented by NSW Health and AIHW. This type of category significantly limits what may be inferred from the data about childhood injuries.

Limitations in comparisons: This limitation occurs when inference is drawn from two or more data collections. Different data collections may have different ways of measuring disease and illness. They may also have different age classifications and may contain data from different years. This can become an issue when comparing national data with NSW data collections.

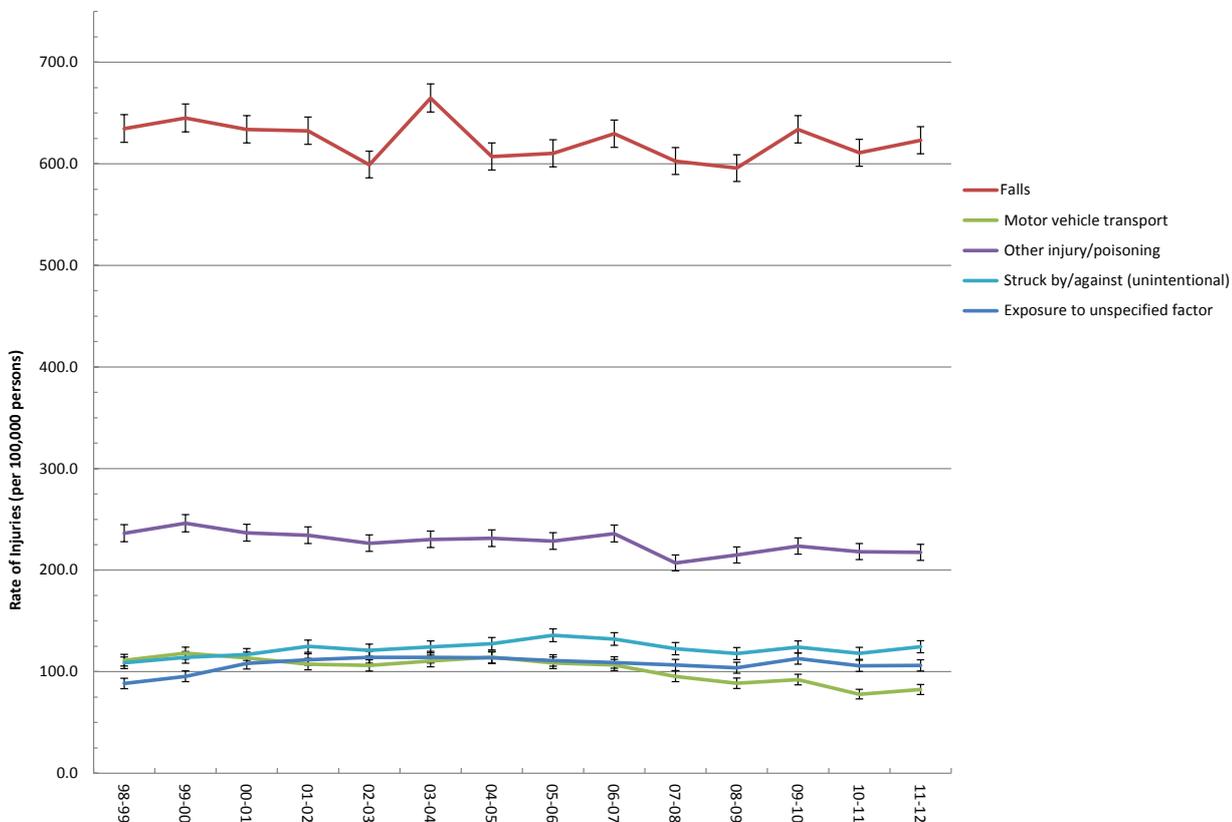
⁵⁶ Centre for Epidemiology and Evidence (2014) *The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014.* Sydney, NSW Ministry of Health.

5.4. Extent of childhood injury in NSW

A primary indicator of the extent of childhood injury in NSW is the rate of injury hospitalisations. Data from the Centre for Epidemiology and Evidence (2015) indicates a general decrease in the rate of childhood (0-14 years) injury between 1998 and 2012. The rate of childhood injuries decreased from approximately 1,578 injuries per 100,000 children in 1999 to approximately 1,413 injuries per 100,000 children in 2012. Trends in rate of injury hospitalisations for the top five causes of injuries (for 0–14 year olds) are examined in Figure 2.

A limitation of this data should be noted, namely that Health Stats NSW only allows access to injury data up to 15 years of age, thus data on children aged 16 to 17 are not included. It should also be noted that ‘Fire/Burns’ was the fifth top cause of injury in 1998-1999 and 1999-2000 but is not presented in Figure 2. Instead, ‘Exposure to unspecified factor’ (the sixth top cause in 1998-1999 and 1999-2000) is presented, as it was consistently in the top five cases for the remaining time period.

Figure 2: Trends in rate of injury hospitalisations for the top five causes of injuries (0-14 year olds) between 1998 and 2012



Source: Centre for Epidemiology and Evidence (www.healthstats.nsw.gov.au)

Note: falls are measured on a different axis to all other forms of injuries.

There are three key messages that can be drawn from Figure 2. These are:

- The leading causes of injury over this entire period were: falls, other injury/poisoning, unintentional strikes, exposure to unspecified factors and motor vehicle transport.
- The high use of the category ‘exposure to unspecified factor’ indicates that reporting of the external cause of injuries could be improved in NSW clinical reporting systems. This is particularly important because the rates of ‘exposure to unspecified factor’ have risen between 1998 and 2012.
- The other injury/poisoning category has fallen over the 14 year period. Yet the non-specific nature of this category limits any gains in understanding of where improvements to injury prevention have occurred. Further research into the types of injuries that form the ‘other injuries’ category may lead to greater insight into the cause of injuries to NSW children.

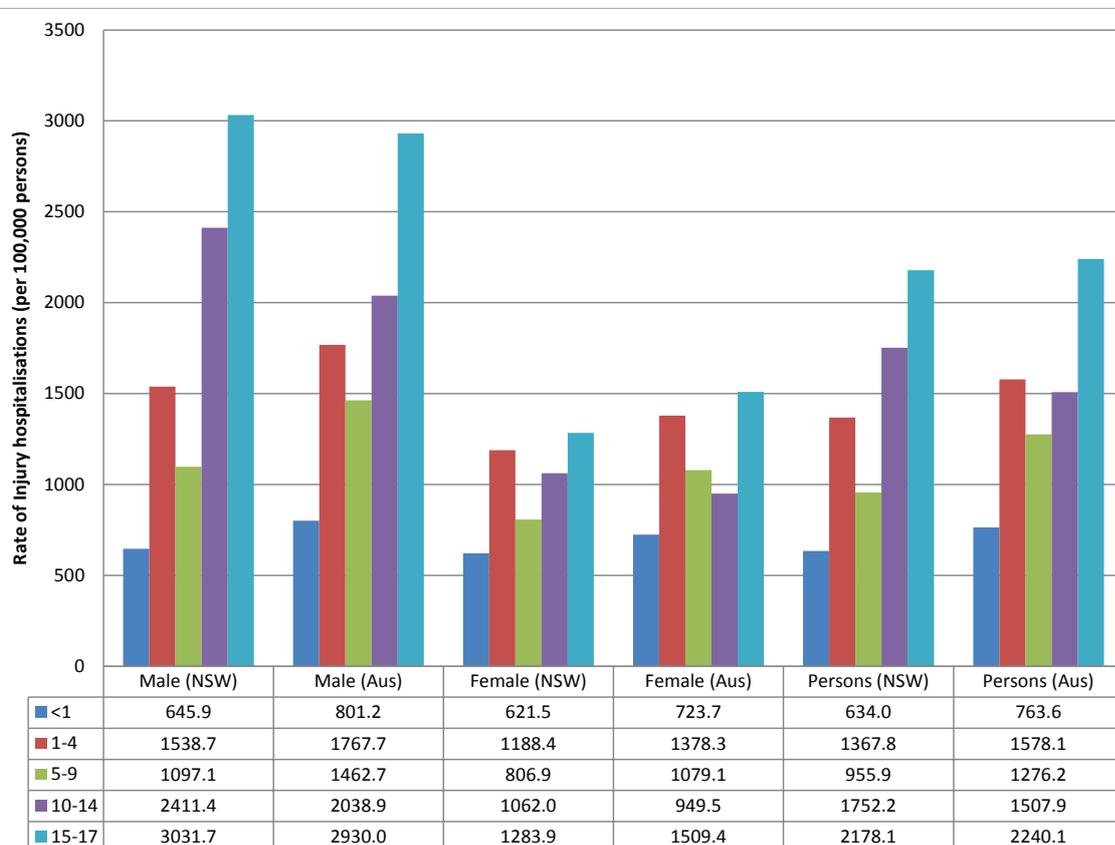
Other important points are:

- Falls rates, the most common cause of injury, on the whole were static between the years 1998 and 2012. The rate of striking injuries has also remained relatively static.
- Main areas of improvement have been in the rates of motor vehicle injuries. Motor vehicle injuries drop from the third most common form of injury to the fifth most common form of injury over this 14 year period.

It is important to note that the above rates vary according to remoteness, Aboriginality and socioeconomic status. According to the Centre for Epidemiology and Evidence (2014) the rates of injury for those aged 0-24 were significantly higher for Indigenous Australians and those in remote locations. There was also a slight increase in the rate of injury for those of lower socioeconomic status. The association between lower socioeconomic status and childhood injury morbidity both internationally and in NSW has previously been identified.^{57,58}

Figure 3 provides a succinct insight into national and NSW childhood injury rates by sex and age. Again, a limitation of this data should be noted. The NSW rate of injury is based on 2009-10 hospitalisations and population whereas the national rate of injury is based on 2011-12 hospitalisations and population. This is likely to mean that the NSW rate is a slight overestimation of the number of injuries when compared with the national rate.

Figure 3: National and NSW childhood injury rate by sex and age



Source: NSW raw numbers:- AIHW, et al. (2012). *Serious childhood community injury in New South Wales 2009-10. Injury research and statistics series No. 76. Cat. No. INJCAT152. Canberra, AIHW.*

Source: National Raw Numbers: - AIHW: Pointer S 2014. *Hospitalised injury in children and young people 2011-12. Injury research and statistics series No. 91. Cat. No. INJCAT 167. Canberra: AIHW.*

Source: NSW and National populations (to calculate crude rate): ABS (2015) *Australian Demographic Statistics, September 2014, Series No 3101.0 online: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Sep%202014?OpenDocument> accessed 21 May 2015.*

57 Towner E, Dowswell T, Errington G, Burkes M, Towner J (2005) *Injuries in children aged 0–14 years and inequalities*. London: Health Development Agency.

58 Poulos R, Hayen A, Finch C, Zwi A (2007) *Area socioeconomic status and childhood injury morbidity in New South Wales, Australia*. *Injury Prevention*, 13: 322–7.

The main points evident in Figure 3 are:

- Overall NSW’s rate of injury is lower than the national average. The NSW rate of childhood injury is 6,888 per 100,000. The national rate of childhood injury is 7,366 per 100,000.
- The overall male to female injury ratio in NSW is 1.9:1. The national male to female childhood injury ratio is 1.7:1. This indicates that the disparity between male and female injury rates is higher in NSW.

Other key points about the data include:

- The disparity between male and female injury rates increases significantly in the later (adolescent) years of childhood.
- NSW rate of injury is higher than the national rate of injury for both sexes in the 10-14 years age group. There is also a higher rate of injury for males aged 15-17 in NSW when compared to the national average. This difference in the rate of injury may be slightly overestimated because according to the AIHW (2012) motor vehicle transport injuries were more common among the 10-14 and 15-17 year age groups. The rates of motor vehicle injuries would have reduced between the intervening years of the NSW figures and the national figures.
- The 15-17 year age group has the highest rate of injuries. The under-1 age group has the lowest rate of hospitalisations due to injuries. However if based on a yearly average of each age group, the 5-9 year age group has the lowest rate of hospitalisations due to injury. Nationally, based on a yearly average of hospitalisations, children under one are most likely to be hospitalised due to injury, whereas in NSW it is still the 15-17 year age group.

5.5. Extent of childhood disease in NSW

In this analysis we have decided to focus on potentially preventable hospitalisations due to illness within NSW.

An overview of all childhood hospitalisations is outlined in Figure 4. The data source for Figure 4 is the NSW Admitted Patient Data Collection, as presented in the 2014 report of the Chief Health Officer, ‘The Health of Children and Young People in NSW’.⁵⁹

Figure 4: Leading cause of hospitalisation in people aged 0-24 years, NSW 2012-2013

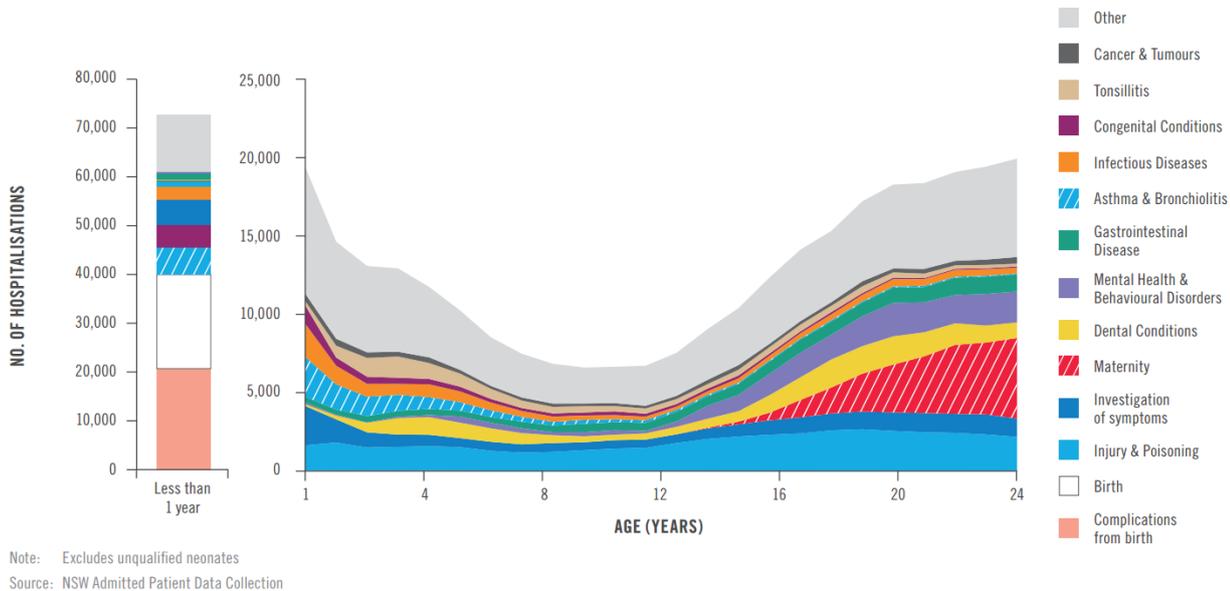


Figure 4 shows that there is a change in the disease profile of children as they move through childhood. This means different strategies of illness prevention will be required for different stages of childhood. For example, strategies around asthma management are important for children aged 0 to 8 years while adolescent children may require more mental health support.

⁵⁹ Centre for Epidemiology and Evidence (2014) *The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014*. Sydney, NSW Ministry of Health.

The Centre for Epidemiology and Evidence (2014) tends to define potentially preventable hospitalisations as a set of conditions that fall into three main categories: acute, chronic or vaccine-preventable. Refer to Table 4.

Table 4: Potentially preventable hospitalisations in children (0-14 years), NSW 2012-2013

Acute		Chronic		Vaccine-preventable	
Condition	Number of cases	Condition	Number of cases	Condition	Number of cases
Dental conditions	4,912	Asthma	3,106	Influenza and pneumonia	291
Ear nose and throat infections	1,419	Diabetes complications	497	Other vaccine preventable	23
Convulsions and epilepsy	1,266	Iron deficiency anaemia	37		
Dehydration and gastroenteritis	1,078	Chronic obstructive pulmonary disease	31		
Cellulitis	586	Hypertension	14		
Ruptured appendix	495	Congestive heart failure	10		
Urinary tract infections and pyelonephritis	432	Nutritional deficiencies	2		
Gangrene	9				
Pelvic inflammatory disease	5				
Perforated/bleeding ulcer	3				
Total	10,205	Total	3,697	Total	314

Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Health.

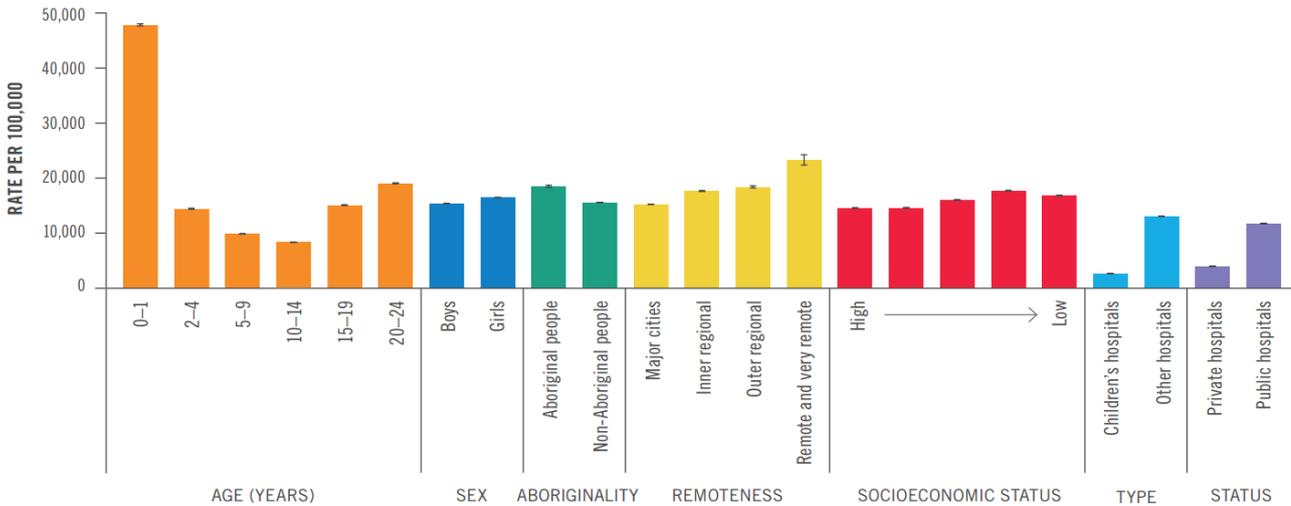
Key points about the data according to the potentially preventable hospitalisations (PPH) category are:

- **Acute:** This category includes illness with a sudden onset. The number of acute PPHs is more than twice the number of the other categories combined. Dental conditions were the most common acute condition in 2012-13.
- **Chronic:** This category of disease is for conditions that are ongoing but with proper management should not require frequent hospitalisation. Chronic PPH is the second most common category and asthma has the highest rate of hospitalisations within the chronic disease category. Asthma is also the second highest illness category of all PPH.
- **Vaccine-preventable:** This category covers all acute conditions that could have potentially been prevented if a vaccine was administered in time. The rate of vaccine preventable illness is very low. It is around 3% of the rate of acute PPH. The most common vaccine preventable PPH condition is influenza and pneumonia.

The data source for Figure 5 is the NSW Admitted Patient Data Collection, as presented in the 2014 report of the Chief Health Officer, 'The Health of Children and Young People in NSW.'⁶⁰

60 Centre for Epidemiology and Evidence (2014) *The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014*. Sydney, NSW Ministry of Health.

Figure 5: Potentially preventable hospitalisations in people aged 0-24 years, NSW 2012-2013



Note: Excludes unqualified neonates (uncomplicated births)
 Source: NSW Admitted Patient Data Collection

A limitation of this data relates to the age range which is in five-year age bands and includes people up to 24 years of age. It is unknown how this may affect the data. One potential outcome is that it is likely to increase the rate of acute potentially preventable hospitalisations and reduce the rate of vaccine preventable hospitalisations.

Key messages from Figure 5 are:

- Potentially preventable hospitalisations are significantly higher in the 0-4 year old category than in any other category. It is around double the next highest age range (5-9).
- Indigenous Australians are significantly more likely to experience potentially preventable hospitalisations than non-Indigenous Australians.
- Those with a low socioeconomic status and in remote and very remote locations also tend to have higher rates of potentially preventable hospitalisations.

5.6. Implications for the CDRT

In analysing the data collections and reports related to childhood injury and disease prevention it appears that:

- There is little to no coordination nationally or in NSW of the numerous data collections being undertaken.
- Despite the quantum of data, significant gaps persist and the comparability of several national and state data sources is limited.
- Further work is needed with regards to data linkage (noting however that some activity is being undertaken, for example there is a major data linkage project on Aboriginal road trauma between Transport NSW and NSW Health).
- There is still a significant gap between the rate of hospitalisations for injury and PPH between Aboriginal and Non-Aboriginal people.
- There are higher rates of hospitalisations for childhood injury and illness for those in remote NSW and those of a lower socio-economic status.
- Within the available time frame, national data collections that specifically focus on the health and safety factors that affect culturally and linguistically diverse children were not identified.

Chapter 6. Childhood injury and disease prevention stakeholders

6.1. Introduction

A broad range of stakeholders are involved in childhood injury prevention and disease prevention at a national and NSW level. Different agencies have different emphases on prevention, with some focused on primary, secondary or tertiary prevention, or a combination. Several key stakeholders specifically work to address injury prevention in children, whereas others have a broader remit and a whole of population approach or focus on particular at risk populations. A review of current literature on injury prevention and Australian Indigenous children has recently been completed.⁶¹

The summary of injury prevention stakeholders below is extensive but not exhaustive.⁶² A snapshot of key stakeholders is represented diagrammatically in Figure 6.

Figure 6: Injury and disease prevention stakeholders

Australian Government	NSW State Government	Non-government organisations	Other health organisations	Research associated bodies
<ul style="list-style-type: none"> Department of Health (including Primary Health Networks) Department of Social Services 	<ul style="list-style-type: none"> NSW Health (including NSW Kids and Families; the Sydney Children's Hospital Network and Local Health Districts) NSW Department of Family and Community Services NSW Department of Education NSW Police Sport and Recreation Transport for NSW NSW State Emergency Service Fire and Rescue NSW WorkCover NSW Department of Fair Trading Office of Local Government NSW Ombudsman – CDRT NSW Children's Guardian 	<ul style="list-style-type: none"> Kidsafe NSW Youthsafe Day of Difference KIDS Foundation Association for the Wellbeing of Children in Healthcare Royal Life Saving Society Surf Life Saving NSW eyeplaysafe Smartplay Public Health Association of Australia Aboriginal Child, Family and Community Care State Secretariat Australian Injury Prevention Network 	<ul style="list-style-type: none"> Health Consumers NSW Children's Healthcare Australasia 	<ul style="list-style-type: none"> NSW Paediatric Injury Prevention and Management Research Forum Neuroscience Research Australia The George Institute for Global Health Australian Centre for Agricultural Health and Safety Australian Institute of Health Innovation Sax Institute National Centre for Immunisation Research and Surveillance Children's Medical Research Institute Australian Centre for Research into Injury in Sport and its Prevention Macquarie University Institute of Early Childhood University of Wollongong Early Start Australian Health Services Research Institute

61 Clapham K, Callister C and Bennett-Brook K (2015) *Injury Prevention and Australian Indigenous children: A review of current literature*. Wollongong, NSW: Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

62 A number of organisations and agencies invest significant effort into providing childhood injury and disease prevention information through social media. While this is an important medium of communication and may have considerable preventative impacts, it has not been explored in this scan. For an example of this type of activity, in the area of Aboriginal maternal and infant health, see <https://www.facebook.com/StayStrongAndHealthy>.

6.2. Australian Government

The role of the Australian Government has previously been referred to in Section 4.2. There is a community expectation that the federal government will provide leadership at a national level to ensure the safety and well-being of Australia's children. This leadership primarily occurs through government departments such as Health and Social Services and related agencies, for example the peak body the National Aboriginal Community Controlled Health Organisation. These Departments are supported with data collections, reports and information by a range of associated agencies such as the Australian Institute of Health and Welfare, Australian Bureau of Statistics, National Health and Medical Research Council and Australian Commission on Safety and Quality in Health Care.

An example of the relevant activities undertaken by these Departments includes 'Communities for Children' services, delivered by the Department of Social Services as a sub-activity of Families and Children Activity, as part of their Families and Communities Programme. Communities for Children provides services to ensure children have the best start in life by focussing on prevention and early intervention approaches that bring about positive family functioning, safety and child development outcomes for children and their families in disadvantaged communities throughout Australia. Communities for Children Facilitating Partner Services develop and facilitate a whole of community approach to support and strengthen local service networks that contribute to child safety. Communities for Children Direct Services provide activities directly to individual services to deliver early intervention and prevention family support, tailored to the needs of the local community. Services are family focused and child centred, focusing on children 0-12 years and for some services, adolescents up to 18 years of age.

Primary Health Networks

Primary Health Networks (until recently referred to as Medicare Locals) are funded by the federal government to coordinate primary health care within a defined local area. They do this by working collaboratively with their local community, general practice, allied and other health care services. Primary health care refers to health care services that are provided outside the hospital setting. There are 10 Primary Health Networks in NSW.

6.3. NSW State Government

There are a number of state government departments and associated entities that contribute in varying degrees to childhood injury and disease prevention and management. NSW Health has lead responsibility through NSW Kids and Families and the Sydney Children's Hospital Network.

6.3.1. NSW Health

NSW Kids and Families

NSW Kids and Families is a relatively new statutory health corporation, which commenced in July 2012. It was established under the *Health Services Act 1997*. Its purpose is to give effect to the intent of the recommendations of the Garling Inquiry. It brings together professionals with a variety of skills and experience to address the health of children and young people at home, in the community, in or out of hospital. This includes health services for babies, children, adolescents, mothers, parents and families. NSW Kids and Families has developed a long term, state-wide strategic plan providing a platform to bring together key parties to build a shared plan to guide the best possible health services for children and young people across NSW (refer to Section 4.3).

A collaboration of researchers has been allocated funding through NSW Kids and Families to undertake a range of relevant research projects, including the development of NSW/Australian Child Safety Good Practice guidelines. This work will be carried out from 2015-16.

Sydney Children's Hospital Network

The Sydney Children's Hospital Network is a specialist network within NSW and is the largest network of hospital services for children in Australia. Within the Network is The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick, who provide care for children locally, across the state, nationally and internationally. The Network incorporates a number of departments, centres and institutes focused on the prevention and management of injury and disease in children and young people. The Newborn and Paediatric Emergency Transport Service, the Pregnancy and Newborn Services Network and the Children's Court Clinic are also part of the Sydney Children's Hospitals Network providing key specialised services.

Local Health Districts

NSW is made up of 15 Local Health Districts and three speciality networks. Eight Local Health Districts cover the Sydney metropolitan region, and seven cover rural and regional NSW. In addition, a specialist network focuses on children's and paediatric services, and another on justice health and forensic mental health. A third network operates across the public health services provided by St Vincent's Hospital, the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

Agency for Clinical Innovation

The Agency for Clinical Innovation works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by: service redesign and evaluation; specialist advice on healthcare innovation; initiatives including guidelines and models of care; implementation support; knowledge sharing; and continuous capacity building. Entities comprised within the Agency for Clinical Innovation addressing injury prevention include the Emergency Care Institute, Statewide Burn Injury Service and Institute of Trauma and Injury Management.

NSW Institute of Trauma and Injury Management

The NSW Institute of Trauma and Injury Management is an institute within the Agency for Clinical Innovation and is the body responsible for overseeing and supporting the NSW Trauma System. The institute provides support to trauma clinicians and aims to achieve better outcomes for trauma patients. The NSW Institute of Trauma and Injury Management is responsible for managing the collection of data about moderately to critically injured people admitted to trauma services in NSW. The main priority for trauma data collection is to monitor the effectiveness of the NSW trauma system response to these most seriously injured patients. Data is also used to provide advice and feedback to clinicians and other stakeholders, to enable research into patterns of service demand, staffing and clinical practice. It is also used to support benchmarking and performance improvement activities.

Clinical Excellence Commission

The Clinical Excellence Commission (CEC) was established in 2004 and forms a major component of the Patient Safety and Clinical Quality Program that was designed to provide a comprehensive quality improvement and patient safety program across NSW. The CEC has initiatives focused on paediatric safety and quality, such as paediatric medication safety and paediatric falls prevention.

NSW Healthy Children Initiative

The NSW Healthy Children Initiative delivers childhood obesity prevention programs in a range of children's settings. Programs including Live Life Well@School in primary schools and Munch and Move in early childhood services, are aimed at improving children's physical activity and nutrition through building organisational capacity and communicating with families. A free healthy lifestyle (treatment) program, Go4Fun, is available to families across NSW with children aged 7-13 years who are above a healthy weight.

Healthy Kids Website

The Healthy Kids Website is an initiative of NSW Health, NSW Department of Education and Communities, Office of Sport and the National Heart Foundation NSW. The overall goal of the Healthy Kids Website is to support teachers, parents, carers, coaches, health professionals, kids and teens to make healthy choices by providing a 'one stop shop' of current and credible information, resources and support materials about healthy eating and physical activity.

Bureau of Health Information

The purpose of the Bureau of Health Information is to provide the community, healthcare professionals and the NSW Parliament with independent, timely and accurate information about the performance of the NSW public healthcare system in ways which enhance the system's accountability and inform efforts to improve healthcare. The Bureau assesses the quality of healthcare data, develops and validates performance measures, conducts analyses of healthcare data and reports performance information at clinical, organisational and system levels.

6.3.2. Department of Family and Community Services

The Department of Family and Community Services (FACS) provides a range of services to children, families and communities, either directly or by funding non-government providers. FACS comprises agencies including Community Services, Ageing, Disability and Home Care, Aboriginal Housing Office, Housing NSW and NSW Land and Housing Corporation.⁶³

A key objective of FACS is ensuring that children and young people are protected from abuse and neglect, and have the best possible lives.⁶⁴

As noted in Section 4.3, the Keep Them Safe reforms introduced substantial changes to the systems for reporting concerns about the safety, welfare and wellbeing of children and young people. They include:

- Raising the threshold for reporting concerns to Community Services from 'risk of harm' to 'risk of significant harm'.
- The introduction of Child Wellbeing Units (CWUs) in the three government agencies responsible for the majority of child protection reports to the Child Protection Helpline (CWUs are currently in place in Police, Health and Education).
- Introducing new information exchange laws to allow information relating to the safety, welfare and wellbeing of children to be readily exchanged between certain human service and justice agencies, and other prescribed bodies.
- The establishment of Family Referral Services (FRS) to improve access to services for vulnerable children, young people, and their families who fall below the threshold for a statutory child protection response, but would benefit from accessing local services – including case management, housing, childcare, playgroup, drug and alcohol counselling, mental health, parenting education and respite care – to address current problems and prevent the escalation of risk.⁶⁵

Brighter Futures

Brighter Futures is a NSW Government-funded program of early intervention services targeted to support vulnerable children and families. Delivered by 14 agencies across NSW and Community Services caseworkers, the Brighter Futures program helps connect families to the services needed. Brighter Futures has expanded to include 'Strengthening Families', which essentially provides early intervention type services to families who do come into the statutory system.

Ageing, Disability and Home Care

As noted above, Ageing, Disability and Home Care (ADHC) is part of the Department of Family and Community Services. ADHC aims to provide better and more integrated services for vulnerable client groups in NSW, including children and young people with disability.

Ready Together continues the NSW Government's Stronger Together 2 reforms, which committed \$2 billion in new funding for disability services from 2011-12 to 2015-16, to deliver 47,200 new places for people with disability to access support. Ready Together also prepares NSW for the transition to the National Disability Insurance Scheme (NDIS) by July 2018.

NSW Advocate for Children and Young People

The Advocate promotes the safety, welfare and well-being of children and young people in NSW. The Office of the Advocate is part of the Family and Community Services (now Department of Communities) cluster (refer to Section 4.3). The Advocate makes recommendations to the government and to non-government agencies on legislation, policies, practices and services affecting children. They also promote children and young people's participation in activities and decision making about issues that affect their lives, provide information and training for children and young people, as well as those who work with them.

63 Family and Community Services (2014) *Annual Report 2013–14 - Volume 1: Performance and activities report*. http://www.facs.nsw.gov.au/__data/assets/file/0008/303002/FACS-AR-13_14_Vol-1-Performance.pdf accessed 18 May 2015.

64 Family and Community Services (undated) FACS Strategic Statement. http://www.facs.nsw.gov.au/__data/assets/file/0008/298700/FACS_Strategic_Statement.pdf accessed 18 May 2015.

65 NSW Ombudsman (2014) *Review of the NSW Child Protection System: Are things improving?* A Special Report to Parliament under s.31 of the *Ombudsman Act 1974*, April 2014.

6.3.3. NSW Department of Education

The Department of Education provides a broad range of services including early childhood education and care, regulation of preschool and long day care providers, and school education. In 2014, more than 764,000 students were enrolled in 2,219 primary and secondary schools.⁶⁶

The Department has a range of policies and programs that relate to child health, safety and welfare, including management of student health issues in public schools, sport and physical activity safe conduct guidelines, child protection and student welfare.

Education delivers the **Crossroads** program to students in Years 11 and 12 in public high schools. The program is designed to help senior students address a range of issues relating to health, safety and wellbeing. The program was recently revised to include components to educate about risk associated with drink driving. The Department of Education also established the *'Turning 18: Drugs, alcohol and celebrating safely'* website to educate young people about driving and alcohol, including being a passenger with a driver affected by alcohol. The program explores with young people their rights as a driver and passenger, and how to be assertive about safety.⁶⁷

For younger children, the NSW school curriculum includes road safety messages about seatbelts throughout the later primary years, using the tagline *'Click-Clack front and back'*.

School A to Z is a Department of Education initiative that aims to create an online community with comprehensive homework and 'school life' support for parents. The School A to Z website includes information for parents to help their children avoid injuries at school including injuries from school bags and computers.

6.3.4. NSW Police

All police have a role in protection of children but NSW Police also operate specialist units in this area, including the Sex Crimes Squad - which administers the Child Protection Register and also includes the Internet Exploitation Unit – and the Child Abuse Squad – which is a partner with FACS and Health in Joint Investigation Response Teams.⁶⁸ Police also provide a broad range of services and activities relating to community safety, and work in partnership with other agencies. For example, police conduct operations in relation to driver behaviours including drink driving, speeding and unrestrained occupants; in conjunction with these operations, the Centre for Road Safety (see below) conducts targeted road safety campaigns such as *You're in our sights*.

NSW Police and local councils also deliver the Community and Road Education Schemes (CARES) program to older primary school students at various bicycle and road safety centres. Among other things, lessons cover safe cycling, road rules and basic riding skills.

6.3.5. Sport and Recreation

Sport and Recreation offers a range of services and support in NSW to promote an active and healthy lifestyle. From training programs to grants, they work closely with individuals to build strong, inclusive and active communities.

At their core, they believe sport and recreation is for everyone and they make this possible through increased opportunities for people with disabilities, women, seniors, youth at risk and Aboriginal and Torres Strait Islander people.

6.3.6. Transport for NSW

Centre for Road Safety

The Centre for Road Safety aims to save lives through developing practical solutions to reduce deaths and injuries on NSW roads. They are responsible for collating and analysing crash statistics, assessing speed camera effectiveness, reviewing speed zone policies to improve safety, allocating flashing lights outside schools, producing road safety education material and improving safety standards for new vehicles. Strategies and plans include the Aboriginal

66 NSW Department of Education and Communities (2015) *Annual Report 2014* https://www.det.nsw.edu.au/media/downloads/about-us/how-we-operate/annual-reports/yr2014/16051_Annual_Report_2015_Accessible_In%20Full.pdf accessed 27 August 2015.

67 NSW Department of Education and Communities (2014) *Crossroads 2014* http://www.learning.schools.nsw.edu.au/crossroads/files/2015/03/Final_Crossroads_2March15-1caulki.pdf p15.

68 NSW Police (2014) *Children* http://www.police.nsw.gov.au/community_issues/children accessed 27 August 2015.

Road Safety Action Plan 2014-2017, Pedestrian Safety Action Plan 2014-2016, Cycling Safety Action Plan 2014-2016 and NSW Road Safety Strategy 2012-2021.

The Centre for Road Safety has also established an interagency working group, with a part focus on young children. The group will examine available data, and current programs with the view to identify further countermeasures to prevent low speed vehicle crashes. Additionally, the Centre has undertaken a range of activities in relation to their public awareness campaign '*Driveway Safety, They're counting on you*', which focuses on low speed vehicle run-over fatalities.

The Centre for Road Safety has identified drug driving as a serious safety problem. It plans to collect details of the types and use of drugs and develop a new drug driving public education campaign.⁶⁹

Kids and Traffic

Kids and Traffic is a NSW Early Childhood Road Safety Education Program, funded by Transport for NSW through the Centre for Road Safety. This initiative aims to achieve improvements in young children's safety in the short term and to develop safe community attitudes to road use in the long term. It plans to achieve this by increasing awareness of the need for road safety education for children and their families, fostering developmentally, culturally and socially appropriate practices for the delivery of road safety education with early childhood educators and tertiary early childhood education students, and ensuring that young children are given consistent road safety messages by both early childhood educators and families.

Motor Accidents Authority of NSW

The Motor Accidents Authority (MAA) is the NSW Government body that regulates insurers, monitors insurer performance, supports injury prevention and road safety initiatives and provides an independent dispute resolution service. The MAA has a long history of involvement in a range of road safety research initiatives and campaigns.

On 1 September 2015, the functions of the MAA were assumed by a new organisation, the State Insurance Regulatory Authority (SIRA).⁷⁰

6.3.7. NSW State Emergency Service

The State Emergency Service conducts a number of education programs for children and their parents about safety in storms and floods. The programs include key safety messaging about never playing in floodwater and staying clear of hazardous watercourses such as drains, gutters, stormwater channels, creeks and rivers.

6.3.8. Fire and Rescue NSW

Fire and Rescue NSW aims to enhance community safety, quality of life and confidence by minimising the impact of hazards and emergency incidents on the people, environment and economy of New South Wales. Fire and Rescue NSW run prevention and preparedness programs to help prevent emergencies and to reduce their impact on the community. They also promote awareness about the importance of educating and protecting children from the dangers and trauma that can be caused by fire, especially fires in and around the home.

6.3.9. WorkCover NSW

WorkCover aims to increase the competitiveness of the NSW economy through productive, healthy and safe workplaces. WorkCover provides advice on improving work health and safety to help stop workplace injuries and deaths from happening. Through WorkCover, the NSW Government automatically provides free insurance to all NSW primary and secondary school children (both public and private/independent) while they are participating in school authorised sports. This is called the Supplementary Sporting Injuries Benefits Scheme and covers serious injury and death. WorkCover also releases information about childhood injury prevention including factsheets on childhood safety in different environments such as farms and amusement parks.

69 Centre for Road Safety (2015) *Drug driving* <http://roadsafety.transport.nsw.gov.au/research/drugdriving/index.html> accessed 14 September 2015.

70 Motor Accidents Authority of NSW home page <https://www.maa.nsw.gov.au/> accessed 15 September 2015.

6.3.10. Department of Fair Trading

Fair Trading has a role in regulating national product safety laws and administering the NSW state legislation and policy framework relating to consumer safety. These roles include safety of children's products, safety in the home, and pool safety.⁷¹

6.3.11. Office of Local Government

The Office of Local Government is responsible for local councils in NSW. In relation to swimming pool safety, the Office of Local Government administers statutory requirements for all owners of backyard pools to register these in an online register, and for councils to conduct inspection and compliance programs. The NSW Swimming Pools Register opened in April 2013.

6.3.12. NSW Ombudsman – Child Death Review Team

In February 2011, the NSW Ombudsman became the Convenor of the CDRT. In addition to the Convenor, the CDRT consists of the NSW Advocate for Children and Young People; the Community and Disability Services Commissioner; representatives of certain government agencies; and individuals with expertise in relevant fields, particularly healthcare, child protection and research methodology.

The Ombudsman has three distinct and relevant roles:

1. The NSW Child Death Review Team (CDRT) reviews the deaths of children in NSW. The purpose of the CDRT is to prevent and reduce child deaths. Staff from the Ombudsman's office provide support and assistance to the Team in the exercise of its functions. The CDRT maintains a register of child deaths in NSW; classifies deaths in the register according to cause, demographic criteria and other relevant factors, and identifies trends and patterns in relation to those deaths; undertakes research that aims to help prevent or reduce the likelihood of child deaths, and to identify areas requiring further research; and makes recommendations as to legislation, policies, practices and services for implementation by government and non-government agencies and the community to prevent or reduce the likelihood of child deaths.
2. Reviewable child deaths – deaths of children: Since December 2002, the Ombudsman has had responsibility for reviewing the deaths of people with disability in care, and of certain children. A child's death is reviewable if they died as a result of abuse or neglect, or their death occurred in suspicious circumstances; or at the time of their death the child was in care or in detention. The Ombudsman is required to monitor and review reviewable deaths, to maintain a register of these deaths, and to:
 - formulate recommendations as to policies and practices to be implemented by government and service providers for the prevention or reduction of the reviewable deaths of children, and
 - undertake research or other projects for the purpose of formulating strategies to reduce or remove risk factors associated with reviewable deaths that are preventable.
3. Role in overseeing the handling of allegations of a child protection nature against employees by designated government and non-government agencies. Relevant agencies include government and non-government schools, approved children's services and agencies providing substitute residential care. The Ombudsman oversees how agencies investigate and respond to allegations, as well as scrutinising the systems in place to prevent such conduct. Reportable conduct includes sexual offences or misconduct against a child, or physical assault, neglect or ill-treatment.

In summary, the CDRT has a strong interest and remit in childhood injury prevention. The functions of the CDRT relate to preventing or reducing the *likelihood* of child deaths; this role clearly requires consideration of childhood injury.

⁷¹ Department of Fair Trading (2014) *Product and service safety: Safety is about being aware, taking care* http://www.fairtrading.nsw.gov.au/ftw/Consumers/Product_and_service_safety.page accessed 27 August 2015.

6.3.13. NSW Children's Guardian

The Office of the Children's Guardian was established under the *Children and Young Persons (Care and Protection) Act 1998* to promote the interests and rights of children and young people living in out-of-home care. In 2013, legislative changes expanded the role of the Office to be an independent government agency that works to protect children by promoting and regulating quality, child safe organisations and services. The Office reports to the NSW Minister for Family and Community Services and to Parliament.

Under NSW legislation, the Office of the Children's Guardian:

- Accredits and monitors the designated agencies that arrange statutory out-of-home care and registers and monitors agencies that provide, arrange or supervise voluntary out-of-home care.
- Accredits non-government adoption services providers.
- Authorises the employment of children under the age of 15, and child models under the age of 16, in the entertainment sector.
- Administers the Working With Children Check and encourages organisations to be safe for children.
- Administers the Child Sex Offender Counsellor Accreditation Scheme— a voluntary accreditation scheme for persons working with those who have committed sexual offences against children.

6.4. Non-government organisations

6.4.1. Kidsafe NSW

Kidsafe is a non-government, not-for-profit charitable organisation which aims to reduce the prevalence of unintentional childhood injuries and resulting deaths and disabilities associated with childhood injuries. This is achieved through education, research, advocacy, and environmental, legislative and behavioural change. Kidsafe has a mission to 'make a safer world for kids' by leading the promotion of action to highlight and to minimise the unacceptable level of risk and consequence of injury to children. Programs Kidsafe currently focuses on:

- Safety in and around the Home – e.g. burns, falls from windows, pool safety
- Road Safety – e.g. child restraint use, driveway safety, pedestrian safety , and
- Playground Safety – e.g. safe, creative playgrounds, trampoline safety and nature play.

Located on the grounds of The Children's Hospital at Westmead is also the Kidsafe House and Playground. Kidsafe House presents ideas on how to make a home environment a safer place for kids, which includes information and displays to highlight potential hazards throughout the home and demonstrate ways to minimise those hazards. The Kidsafe Playground displays a variety of playground surfacing including organic mulch and synthetic products; as well as exploratory play areas including a dry creek bed and sandpit; and examples of active and quiet play areas. Kidsafe House and Playground are open to parents-to-be, parents, carers, grandparents, students, educators and health professionals to tour the house and learn about childhood safety.

6.4.2. Youthsafe

Youthsafe is a NSW-based, independent, not-for-profit organisation that develops products and services for those involved with young people in work, road, sporting and social or recreational settings to help them stay safe. Youthsafe runs professional development sessions; delivers school presentations and community workshops; produces resources for professionals, parents and young people; develops best practice guides and offers advice on the latest research and best practice for those working on the ground to implement practical and relevant safety initiatives.

6.4.3. Day of Difference

Day of Difference is an organisation with a mission to reduce children's injury and the impact of life-changing injuries on families in Australia. Day of Difference is in partnership with the Sydney Nursing School, University of Sydney, to gather the evidence required to inform prioritised injury prevention campaigns and interventions which will reduce the impact of life-changing injuries. Other multi-centre projects include a NHMRC partnership project reviewing and implementing change to the NSW paediatric trauma system, and a longitudinal study exploring the experiences and determining needs of parents of severely injured children.

6.4.4. KIDS Foundation

The KIDS Foundation is a not-for-profit, health promotion charity dedicated to childhood injury prevention and injury recovery that has been operating for over 22 years, directly reaching more than 20,000 children each year. Their mission is to keep children safe and create a better life for those living with serious injury and burns. Through KIDS Injury Prevention they prepare, sustain and educate children to manage safety risk throughout their lives and through KIDS Injury Recovery they support young people to cope with the physical and emotional after-effects of living with burns and other life-changing injuries. The KIDS Foundation believes in the 'kids4KIDS' philosophy, where children are proactive in the safety education and recovery process with programs mediated by the children.

6.4.5. Association for the Wellbeing of Children in Healthcare

The Association for the Wellbeing of Children in Healthcare is a non-profit organisation of parents, professionals and community members who work together to ensure the emotional and social needs of children, adolescents and their families are recognised and met within hospitals and the health care system in Australia. The Association is funded by NSW Health and advocates for a family-oriented approach to the care of children, acknowledging that families are the main support and strength for children and young people when they are sick or have a chronic illness or condition.

6.4.6. Royal Life Saving Society

The Royal Life Saving Society of Australia (RLSSA) is a not-for-profit charitable organisation that works to prevent drowning and facilitate healthy, active lifestyles by equipping all Australians with water safety skills. Royal Life Saving Society - Australia plays an important role in educating people in water safety, survival, rescue, resuscitation and first aid techniques in an effort to reduce injury and loss of life through drowning. A 'Keep Watch' program for families with young children has been developed by RLSSA that aims to prevent toddlers drowning in baths, pools and other everyday areas where drowning could occur. RLSSA also works closely with schools by running fun and interactive lessons with students to improve water safety knowledge. RLSSA offers a range of training courses products and services with the aim of turning everyday people into everyday community lifesavers – and directs the information towards a wide range of age groups. The Royal Life Saving Swim and Survive website is also child friendly, with an interactive 'Kids Zone' for children to play games and learn more about how to be water smart. This website also provides water safety information for the use of parents and carers.

6.4.7. Surf Life Saving NSW

Surf Life Saving NSW is the largest surf rescue organisation in Australia and is also Australia's major water safety, drowning prevention and rescue organisation. They are a network made up of volunteer surf lifesavers, professional lifeguards, support operations and drowning prevention infrastructure and systems. Their mission is to provide a safe beach and aquatic environment throughout NSW and to educate people about how to keep themselves and their families safe at the beach. Surf Life Saving NSW does this through:

- Specifically targeted campaigns e.g. rock fishing, rip currents, multi-lingual surf safety
- Junior Development ('Nippers') programs, which introduces children aged 5 to 13 to surf lifesaving – growing their confidence, teaching valuable life skills and contributing to their health and wellbeing
- School education programs e.g. Beach to Bush
- Surf Ed programs delivered by their branches and licensed providers
- Community courses e.g. First Aid, CPR, Junior First Aid
- Engaging the community at fairs, open days, festivals
- Providing surf safety brochures and information through the Coastal Accommodation Network, to hotels, resorts, backpackers and camp grounds.

6.4.8. eyeplaysafe

The concept for eyeplaysafe arose from Australian research which showed an alarming increase over a ten-year period in the number of serious eye injuries to children. The research findings identified boys between five and nine years of age as being at greatest risk of incurring an eye injury and that most injuries occurred in and around the home and while children were playing or participating in sporting activities. eyeplaysafe aims to improve children's knowledge of potential risks to their eyes and of the possible consequences of eye injury.

6.4.9. Smartplay

Smartplay is a sport safety and injury prevention program. Smartplay aims to reduce the incidence and severity of sport and recreation injuries and carries the slogan 'Warm Up, Drink Up, Gear Up' which represent simple yet important injury prevention practices for all sports participants, coaches and administrators. At present Smartplay is operating in several Australian states, including NSW. Each of these Smartplay programs has subtle differences in its targets and activities.

6.4.10. Professional associations

There are a range of professional associations and peak bodies (many functioning as NGOs) that support childhood injury and disease prevention. The Public Health Association of Australia and the Aboriginal Child, Family and Community Care State Secretariat have previously been discussed in Section 4.3. In addition, the Australian Injury Prevention Network was established in 1996 and is the peak national body for all ages and all causes of injury prevention and control in Australia. The Australian Injury Prevention Network has previously been referred to in Section 4.2.

6.5. Other health organisations

6.5.1. Health Consumers NSW

Health Consumers NSW is a state-wide voice for health consumers in NSW that helps to shape the health system by representing and involving consumers in health policy and program development. Health Consumers NSW is an independent member-based organisation with members coming from all areas of the community and health sector.

6.5.2. Children's Healthcare Australasia

Children's Healthcare Australasia (CHA) supports excellence in health care for children and young people. CHA is the peak body for children's hospitals and paediatric units across Australia and New Zealand. CHA strives to enhance health outcomes for children and young people through helping paediatric healthcare services to benchmark their performance with one another, and to share information and insights on innovative models of care and effective programs and practices. Information on improvement strategies that have not proven effective is also shared.

6.6. Research associated bodies

6.6.1. NSW Paediatric Injury Prevention and Management Research Forum

The NSW Paediatric Injury Prevention and Management Research Forum, held on 1 August 2014, was the first collaborative initiative of the NSW Research Alliance for Children's Health, NSW Kids and Families and the Population Health Research Collaborative, Sydney Children's Hospital Network. The NSW Research Alliance for Children's Health and the Population Health Research Collaborative were established to promote collaboration, research development and translation across existing groups conducting research in health services and population health relating to children and young people.

6.6.2. Neuroscience Research Australia

Neuroscience Research Australia is a Sydney based independent, not-for-profit research institute. Neuroscience Research Australia aims to prevent, treat and cure brain and nervous system diseases, disorders and injuries through medical research. Neuroscience Research Australia has been studying road trauma as a leading cause of childhood death and injury in Australia. Their research was a major factor in the new national child restraint laws introduced in 2009/10, and has led to major changes in the mandatory child restraint standard that covers all child restraints sold in Australia.

6.6.3. The George Institute for Global Health

The George Institute for Global Health is a research institute that aims to improve the health of millions of people worldwide. Researchers at the George Institute engage in the translation of their work into policy guidelines and practice, to influence policy-makers and to bring the best available evidence into their decision-making. One of their

core research areas is injury prevention, rehabilitation and trauma care, including a focus on road injury, falls injury and injury in Aboriginal and Torres Strait Islander people. Examples of relevant initiatives from the George Institute are provided below:

- 'Buckle Up Safely – Safe travel for Aboriginal children' is a study currently being undertaken by the George Institute for Global Health, into transport crashes as a major cause of death and serious injury in Australian children with Aboriginal children at an increased risk. The project team has developed the Buckle Up Safely program, which includes educational resources, training of health and education workers, provision of low costs seats and free fitting.
- 'Understanding burn injuries in Aboriginal and Torres Strait Islander children: treatment, access to services and outcomes' is a four year NHMRC funded collaboration led by the George Institute Injury Division. The study across four states and territories is being undertaken from 2014-2017.

6.6.4. Australian Centre for Agricultural Health and Safety

The Australian Centre for Agricultural Health and Safety (AgHealth Australia) is based at Moree in north-west New South Wales, and is an academic centre of the University of Sydney within the School of Public Health. AgHealth Australia carries out research into the incidence of injury and deaths on Australian farms. Translation of the data has resulted in the development of programs of work that in conjunction with industry and relevant organisations seek to actively reduce farm related injuries. AgHealth carries out research into child safety on farms.

6.6.5. Australian Institute of Health Innovation

The Australian Institute of Health Innovation is a part of Macquarie University's Faculty of Medicine and Health Sciences. The Institute provides national and international leadership in developing innovative research-led solutions to health care systems by linking with external research agencies, policy bodies and health care provider organisations. The Australian Institute of Health Innovation is working on several projects that examine the nature and burden of injuries among young people and their health outcomes following injury.

Nationally, the Australian Institute of Health Innovation is examining the incidence and burden of hospitalised paediatric injury and survival. Within NSW, it is conducting an examination of unwarranted clinical variation following hospitalised injury among young people, compiling a stocktake of all data collections in NSW that record information on childhood injury, and is a contributing partner on two projects, one that aims to establish better outcomes for severely injured children and their families through the trauma journey and the second that involves peer-reviewing care provision, care pathways, and paediatric trauma outcomes following severe paediatric injury.

6.6.6. Sax Institute

The Sax Institute is a not for profit organisation that carries out research with the aim to promote research evidence in health policy. They believe that high-quality, locally relevant research evidence can make a vital contribution to the effectiveness of health programs and services, and that evidence from research can empower policy makers, health professionals and the community.

The Sax Institute is carrying out a long-term Study of Environment on Aboriginal Resilience and Child Health (SEARCH) on the health and wellbeing of urban Aboriginal children. The study aims to improve the long-term health of Aboriginal children by providing strong research evidence to support governments and medical services in developing the right policies and programs needed to close the gap in health outcomes and life expectancy. The SEARCH study is carried out as a partnership between the Sax Institute and the Aboriginal Health and Medical Research Council, Aboriginal Community Controlled Health Services, leading researchers from the University of Sydney and Australian National University, NSW Health, Sydney Children's Hospital Network and other organisations. As one of the partners, the Sax Institute houses the coordinating centre. SEARCH aims to provide strong research evidence to support governments and medical services in developing the right policies and programs needed to improve health outcomes and life expectancy for Aboriginal children.

6.6.7. National Centre for Immunisation Research and Surveillance

The National Centre for Immunisation Research and Surveillance aims to inform policy and planning for immunisation services in Australia and to support initiatives in the surveillance of vaccine-preventable diseases, including disease surveillance, vaccine coverage and immunisation adverse events. The Centre also conducts an extensive program of clinical trials and epidemiologic research funded by diverse sources.

6.6.8. Children's Medical Research Institute

Children's Medical Research Institute (CMRI) is an independent research institute, based in Westmead, Sydney, and founded in 1958. The Institute conducts fundamental, scientific research into medical and biological diseases. CMRI is dedicated to advancing the treatment and prevention of childhood diseases with core strengths in cancer, neurobiology, embryological development and genetic diseases.

6.6.9. Australian Centre for Research into Injury in Sport and its Prevention

The Australian Centre for Research into Injury in Sport and its Prevention, at the Federation University Australia, conducts research across a range of sports injury and sports injury prevention projects. The aim of the research is to ensure sport and physical activity is safe, with a minimal risk of injury. Their research includes a focus on children.

6.6.10. Macquarie University Institute of Early Childhood

The Institute of Early Childhood is part of the Faculty of Human Sciences at Macquarie University, and is committed to maximising opportunities for young children, families and communities through research, teaching, learning and advocacy.

6.6.11. University of Wollongong Early Start

Early Start is a multi-disciplinary initiative based at the University of Wollongong, connecting 41 Early Start Engagement Centres (childcare and community services) from across NSW. Based on the premise 'every child deserves the best possible start to life', the project aims to create and enrich life opportunities for young Australians from birth – 12 years. Early Start is developing a sophisticated teaching, research and community engagement initiative in higher education, aiming to drive real social change through teaching programs that utilise 21st century technologies to connect regional and remote communities.

Early Start specialises in research with a multi-disciplinary team of 26 members and more than 110 higher-degree research students across the areas of education, psychology, health sciences, arts and creative arts all work within the Early Start Research Institute to overcome social disadvantage and benefit the lives of children, youth and families through world class research and using cutting-edge facilities. Early Start conducts research into the themes of public health, social inclusion and learning, design and cognition, to effect social change.

6.6.12. Australian Health Services Research Institute

The Centre for Health Service Development (CHSD) within the Australian Health Services Research Institute at the University of Wollongong has a particular focus on childhood injury prevention in Aboriginal and Torres Strait Islander communities. Examples of current initiatives are provided below:

- CHSD received funding from the NSW Health Aboriginal Injury Prevention and Safety Promotion Demonstration Projects Program to conduct an evaluation of the Illawarra Aboriginal Medical Service Child Safety Program. 'Safe Home Safe Kids' is a home visiting model of home and child safety delivered by Aboriginal Family Workers and targeting Aboriginal families in the Illawarra region of NSW.
- CHSD has been funded by NSW Kids and Families to undertake the development of Guidelines for Policy and Practice for the Prevention of Injury to Aboriginal Children and Young People in NSW.

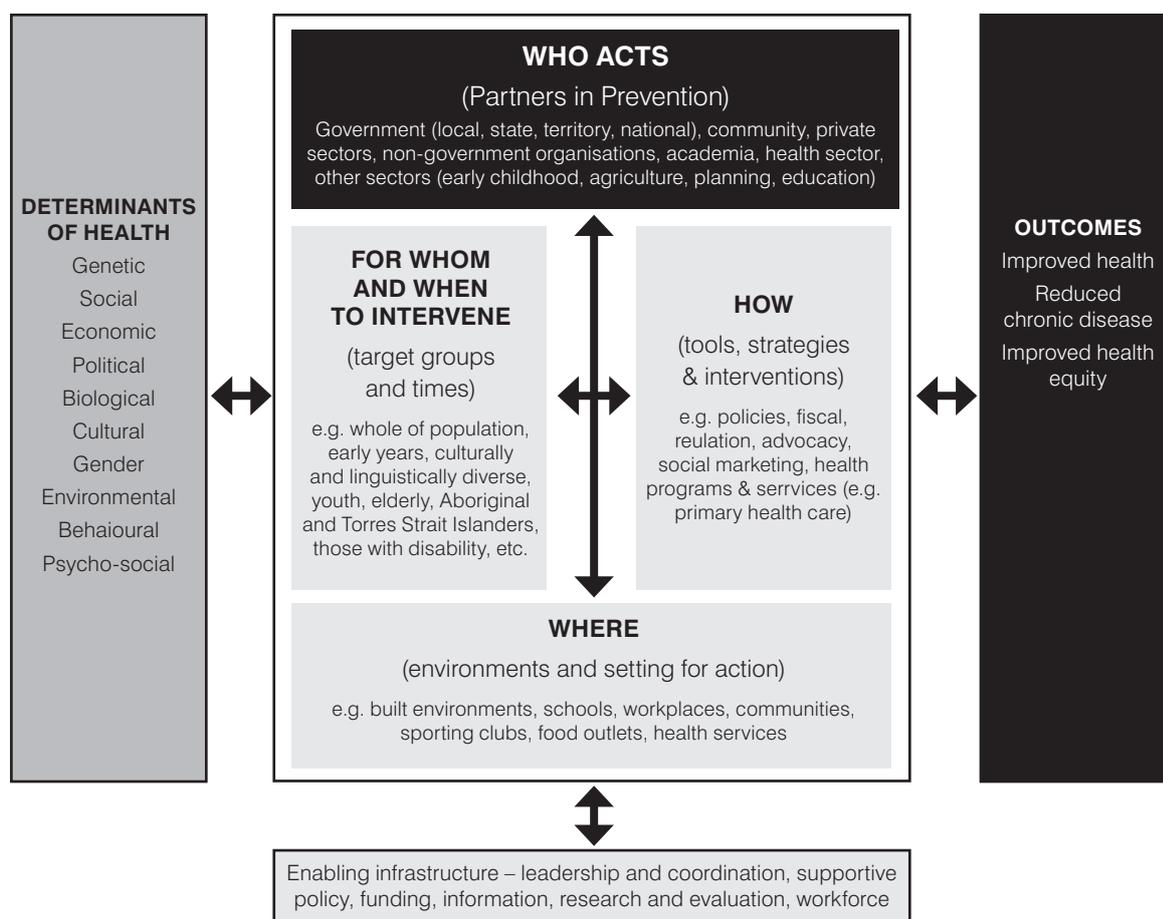
6.7. Implications for the CDRT

There is a wide range of stakeholders engaged in childhood injury and disease prevention at both the national and NSW level. This preliminary scan has not aimed to capture all stakeholders, but to illustrate the range of organisations involved in this space.

A comprehensive profile of organisations involved more generally in health promotion and disease prevention is beyond the scope of this paper as it would include stakeholders in population health, those concerned with reducing vaccine preventable conditions and infectious diseases as well as entities involved in supporting children with an extensive range of acute and chronic conditions.

The former Australian National Preventive Health Agency (ANPHA) provides a useful typology for understanding the multiple contributors who may be partners in prevention (Figure 7).

Figure 7: A framework for prevention



Source: ANPHA (2013) *State of preventive health 2013*. Canberra: Australian National Preventive Health Agency.

In analysing the diverse stakeholders engaged in childhood injury and disease prevention it appears that:

- Significant work is being undertaken by a large number of effective and varied groups.
- The collaboration that currently occurs between these stakeholders is based on professional and personal networks.
- There is a range of effective national and NSW non-government organisations well placed to influence and contribute to the childhood injury and disease prevention agenda.
- There are a large number of organisations engaged around prevention of childhood injury according to external cause, for example: water safety and sports injury prevention.
- Kidsafe NSW is the leading non-government organisation in this state, dedicated to preventing unintentional childhood injuries and reducing the resulting deaths and disabilities associated with injuries in children under the age of 15 years.
- The Australian Injury Prevention Network exists as the peak national body for all ages, and all causes of injury prevention and control in Australia. It hosts bi-annual national conferences to promote injury prevention.

Chapter 7. Coordinating mechanisms

7.1. Current status

At a policy level there is little coordination being undertaken nationally, and responsibility for childhood injury and disease prevention falls to individual states and territories. Although there are national guiding frameworks, several key documents are in need of review and update.

The deficiencies acknowledged in the National Injury Prevention and Safety Promotion Plan (2004-2014) remain pertinent and must be addressed in order that injury prevention initiatives are successful. Gaps identified by the Public Health Association of Australia include:

- Insufficient resourcing directed in injury prevention for data collection and analyses, information and evaluation and infrastructure funding.
- Fragmentation of effort. Areas for action include integration, coordination and collaboration across sectors.
- Capacity of the injury prevention workforce. Areas for action include both strengthening and enlarging this workforce.
- Quality of, access to, and dissemination of injury information. Areas for action include identifying the need for better, more accessible and improved dissemination of data and information.⁷²

While there is a large quantity of data available most data collections are being undertaken with little to no coordination at a national or state level in NSW, compared to states such as Western Australia. Despite the quantum of data, significant gaps persist and the definitional issues relating to children's age groups, limits the comparability of several national and state data sources.

One of the best ways to generate insights into causes of childhood injury and disease and where strategies can have most impact is through data linkage. Some developments are taking place in this area; however there is considerable scope for a NSW focused strategy.

While there are many highly effective stakeholders working to reduce the impact of childhood injury and disease, there is no formal coordination mechanism within NSW. The collaboration that currently occurs between these stakeholders is based on professional and personal networks. The value of co-ordinated cross-government action in supporting childhood injury prevention strategies has been recognised.⁷³

There is an absence of any formal coordinating mechanism that ensures unified action at a national or state level to reduce the burden of morbidity and mortality from childhood injury. There are however more established structures at a state government level for disease prevention.

7.2. Options for moving forward

This preliminary scan does not purport to capture the full spectrum of policy frameworks, data sources and reports, stakeholders and coordinating mechanisms that currently support childhood injury and disease prevention at a national and state level. It does however provide enough information to demonstrate that there is a need for stronger leadership and coordination to deliver further improvements in childhood injury and disease prevention in NSW.

⁷² Public Health Association of Australia (2013) *Policy-at-a-glance – Injury Prevention and Safety Promotion Policy*. PHAA.

⁷³ Mitchell R, Schmertmann M and Sherker S (2009) *Trends and future projections of child injury in NSW: a tool for advocacy?* Journal of Paediatrics and Child Health, 45 (12): 754-61.

Recommendation

The unique position of the CDRT, (through its responsibility to review the death of every child in NSW), means it is well placed to investigate whether a more coordinated approach to childhood injury and disease prevention in NSW is required.

A broader study would allow several important questions to be answered:

- What can be learned from international best practice in coordinating and leading an integrated approach to childhood injury and disease prevention?
- How do other states and territories manage childhood injury and disease prevention?
- Can consensus be achieved on the key priorities and corresponding actions necessary to strengthen coordinated action for the diverse activity that exists within the childhood injury and disease prevention field?
- What scope is there for implementing the recommendations arising from the NSW Paediatric Injury Prevention and Management Research Forum of August 2014?⁷⁴
- How are vulnerable populations and communities most effectively engaged in injury prevention?
- How does the work of the CDRT relate to and support childhood injury prevention efforts in NSW?

74 NSW Kids and Families (2014) *Fact Sheet – NSW Paediatric Injury Prevention and Management Forum: Key Outcomes and Proposed Strategic Directions* http://www.kidsfamilies.health.nsw.gov.au/media/236084/Injury-Forum-outcomes-fact-sheet_3-11-14-3-.pdf accessed 21 May 2015.

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Appendix 1 Policies and strategies aimed at preventing childhood injury

Table 5: Examples of national childhood injury prevention policies and strategies

National legislation, strategic frameworks, policies and initiatives

National Injury Prevention and Safety Promotion Plan 2004-2014

<http://www.health.vic.gov.au/archive/archive2014/nphp/publications/sipp/nipspp.pdf>

Priority areas for action under the National Injury Prevention and Safety Promotion Plan: 2004 - 2014 include children, youth and young people, Aboriginal and Torres Strait Islander people, rural and remote populations and alcohol related injuries.

National Aboriginal and Torres Strait Islander Safety Promotion Strategy (2005)

<http://www.health.vic.gov.au/archive/archive2014/nphp/publications/sipp/atsi.pdf>

The Strategy outlines specific strategic requirements for improving safety and reducing the incidence and harm of injury to Aboriginal and Torres Strait Islander peoples. This Strategy builds on and is integrated with the National Injury Prevention and Safety Promotion Plan – 2004-2014.

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (National Healthcare Agreement) (2008)

http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/ctg-health-outcomes/national_partnership.pdf

A strategy that aims to reduce Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement, employment outcomes.

Children's headline indicators

<http://www.aihw.gov.au/chi/>

The Headline Indicators for children's health, development and wellbeing (Children's Headline Indicators) are a set of 19 indicators endorsed by the Australian Health Ministers' Conference, Community and Disability Services Ministers' Conference and the Australian Education, Early Childhood Development and Youth Affairs Senior Officials Committee.

The indicators are designed to focus policy attention on identified priority areas for children aged 0–12, with a focus on different groups of children (for example, Indigenous children, children living in remote areas). Injury is one of the 19 priority areas.

The project is funded by the Australian Government Department of Health.

National Framework for Protecting Australia's Children 2009-2020: Protecting Children is Everyone's Business

https://www.coag.gov.au/sites/default/files/child_protection_framework.pdf

Outlines a broad range of outcome measures with the long-term goal of 'a substantial and sustained reduction in child abuse and neglect'.

The National Plan to Reduce Violence against Women and their Children 2010-2022

<https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>

Focuses on primary prevention, improving service delivery and building the evidence base with the goal of enabling women and children to live free from violence in safe communities.

National Safe Schools Framework (revised 2010; updated 2013) (Education Services Australia as the legal entity for the Standing Council on School Education and Early Childhood)

<http://www.safeschoolshub.edu.au/documents/nationalsafeschoolsframework.pdf>

This National Safe Schools Framework builds on the original 2003 Framework and is based on the following overarching vision: All Australian schools are safe, supportive and respectful teaching and learning communities that promote student wellbeing.

The Framework adopts a whole school approach to safety and wellbeing. It provides a comprehensive range of evidence-informed practices to guide schools in preventing and responding to incidents of harassment, aggression, violence and situations of bullying and to implement their responsibilities in relation to child protection issues.

It identifies nine elements to assist Australian schools to continue to create teaching and learning communities where all members of the school community both feel and are safe from harassment, aggression, violence and bullying. It also responds to new and emerging challenges for school communities such as cyber-safety, cyberbullying and community concerns about young people and weapons.

National legislation, strategic frameworks, policies and initiatives

The Framework aligns with:

- The National Smarter Schools Partnerships under the National Education Agreement
- The Australian Curriculum through the development of the seven general capabilities (literacy, numeracy, information and communication (ICT) competence, critical and creative thinking, ethical behaviour, personal and social competence, and intercultural understanding).
- The National Strategy for Young Australians
- Diverse national, state and territory initiatives, policies and legislative frameworks currently in place to support students' safety and wellbeing. Also see <http://apo.org.au/research/national-safe-schools-framework>

National Action Plan on Mental Health 2006 – 2011 (Council of Australian Governments) http://archive.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.pdf

Living Is For Everyone (LIFE) Framework (2007)

http://www.livingisforeveryone.com.au/uploads/docs/LIFE_framework-web.pdf

The LIFE Framework is the latest in a series of national suicide prevention initiatives that began in the early 1990s. It provides national strategy for action based on the best available evidence to guide activities aimed at reducing the rate at which people take their own lives.

The materials aim to support population health approaches and activities that will assist in reducing the loss of life through suicide in Australia.

National suicide prevention strategy

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsps>

The National Suicide Prevention Strategy provides the platform for Australia's national policy on suicide prevention with an emphasis on promotion, prevention and early intervention.

The development of an Early Intervention and Prevention Framework under the National Disability Agreement.

National Partnership Agreement on Homelessness

<https://www.dss.gov.au/our-responsibilities/housing-support/programmes-services/homelessness/national-partnership-agreement-on-homelessness>

On 23 March 2015, the Australian Government announced it will provide \$230 million to extend the National Partnership Agreement on Homelessness for two years to 30 June 2017, with funding priority given to frontline services focusing on women and children experiencing domestic and family violence, and homeless youth under 18.

National Road Safety Strategy 2011-2020

http://www.infrastructure.gov.au/roads/safety/national_road_safety_strategy/

The strategy is firmly based on Safe System principles and is framed by the guiding vision that no person should be killed or seriously injured on Australia's roads. As a step towards this long-term vision, the strategy presents a 10-year plan to reduce the annual numbers of both deaths and serious injuries on Australian roads by at least 30 per cent.

The strategy outlines broad directions for the future of Australian road safety, planned initiatives for the first three years and a range of options for further consideration as the strategy progresses. The initiatives and options are set out in four key areas—Safe Roads, Safe Speeds, Safe Vehicles and Safe People.

National Road Safety Action Plan 2015–2017

http://www.transportinfrastructurecouncil.gov.au/publications/files/National_Road_Safety_Action_Plan_2015-2017.pdf

A new Action Plan for the three years from 2015 to 2017 was developed cooperatively by Commonwealth, state and territory transport agencies, and was endorsed by the Transport and Infrastructure Council in November 2014. This Action Plan is intended to focus national efforts on activities that will deliver or support significant long-term improvements to the safety of Australia's road transport system, especially through strategic investment in infrastructure safety, vehicle safety and capacity building work. The Action Plan was informed by a comprehensive review of the National Road Safety Strategy conducted in 2014 by Austroads.

The Roadmap for National Mental Health Reform 2012–2022

<https://www.coag.gov.au/sites/default/files/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf.pdf>

The roadmap outlines the reform directions governments will take over the 10-year period 2012-2022 and re-commits the Australian Government and states and territories to working together towards real improvements in the lives of people with mental illness, their families, carers and communities. It recognises the first signs of mental health issues and mental illness may emerge in childhood, and often appear in adolescence or early adulthood.

National legislation, strategic frameworks, policies and initiatives

The National Drug Strategy 2010-2015

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/nds2015>

A framework for action on alcohol, tobacco and other drugs. The aim of the National Drug Strategy 2010-2015 is to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.

Australian Water Safety Strategy 2012-15

http://www.watersafety.com.au/Portals/0/AWSC%20Strategy%202012-15/AWSC_Strategy2012_Brochure%20-%20Lowres.pdf

Aims for a 50% reduction in drowning deaths by the year 2020.

Other standards and legislation:

- Australian Standards (AS) for built environment and product safety
- *Therapeutic Goods Act 1989* (e.g. poisoning)
- *Trade Practices Act 1974* (e.g. product safety)
- *Motor Vehicle Standards Act 1989* (e.g. motor vehicle safety)
- *Work, Health and Safety Act 2011* (e.g. workplace safety)

Other specific Australian legislation legislations and regulations enforced to ensure child safety.

- Child restraint laws (The National Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles have been developed by Neuroscience Research Australia and Kidsafe - The Child Accident Prevention Foundation of Australia. The National Guidelines provide best practice recommendations that have been approved by the National Health and Medical Research Council (NHMRC). See <http://www.kidsafe.com.au/crguidelines>
- The NSW *Swimming Pools Act 1992* establishes safety standards for privately owned swimming pools and spas. Significant amendments were introduced in 2013 with the aim of increasing safety around backyard swimming pools, and reducing drowning and near-drowning incidents by including new obligations, responsibilities and accountability for owners of swimming pools, and for councils tasked with ensuring compliance. In 2015, the NSW Government announced a review of swimming pool legislation, in part due to a high level of non-compliance with barrier requirements. See <https://www.olg.nsw.gov.au/content/swimming-pool-barrier-review-2015>
- Fencing around pools (NSW Fair Trading) - Inadequate pool fencing continues to be a major contributing factor in the rate of drowning among children under five years of age. Pool fencing legislation is different in all Australian states and territories. See http://www.fairtrading.nsw.gov.au/ftw/Consumers/Product_and_service_safety/Pool_safety/Pool_fencing_requirements.page
- Product safety regulation and monitoring - A number of different government agencies are responsible for monitoring and regulating the safety of different types of products. Any products that fall outside the specific product categories are known as general consumer products. These are usually products for personal use around the home. The Australian Competition and Consumer Commission and state and territory consumer protection agencies monitor, promote and oversee their safety. While these agencies do not check and regulate all consumer products, there are certain voluntary and compulsory rules that work to minimise risks. See <http://www.productsafety.gov.au/content/index.phtml/tag/ProductSafetySystem>
- Playground safety and accreditation (see <http://www.kidsafensw.org/playground-safety/playground-standards/>)

Table 6: Examples of NSW childhood injury prevention policies and strategies**NSW policies and strategies aimed at preventing childhood injury**

Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-24 (NSW Health)

<http://www.kidsfamilies.health.nsw.gov.au/media/233616/strategic-health-plan-final-low-res.pdf>

Healthy Safe and Well- A Strategic Health Plan for Children, Young People and Families 2014-24 is a plan that focusses on the health and wellbeing of children from preconception to young adulthood. The strategic plan was developed through extensive consultation with the NSW health workforce, other government agencies, the private health sector, consumers, academics and community groups. The ten year plan aims to improve efforts to promote health, prevent illness and embed early intervention to create a connected and responsive health system for all NSW children, young people and families.

The strategy includes five strategic direction areas including, Caring for Women and Babies, Keeping Young People Healthy, Addressing Risk and Harm, Early Intervention and Providing the Right Care in the Right Place at the Right Time. Each strategic direction area has clearly defined objectives, strategies and performance benchmarks to improve health, early intervention and to deliver best-practice care. Implementation of the strategic plan will be continually evaluated and refined over the ten years to monitor the plan's objectives and to ensure that outcomes are measured and reported.

NSW Health Aboriginal Family Health Strategy: Responding to Family Violence in Aboriginal Communities (2011-2016) (NSW Health)

<http://www.health.nsw.gov.au/aboriginal/Pages/pub-family.aspx>

The NSW Health Indigenous Family Health Strategy provides a framework for responding to family violence in Indigenous communities within a culturally competent, family based context with a focus on healing. The Strategy contributes to the provision of an integrated response based on collaboration between services.

Protecting and Supporting Children and Young People Policy (NSW Department of Education and Communities)

https://www.det.nsw.edu.au/policies/student_serv/child_protection/prot_children/PD20020067.shtml

Sets out roles and responsibilities of staff in relation to child protection including training, reporting on safety, and supporting children and young people, as well as monitoring, evaluation and reporting requirements.

Keep Them Safe Framework (Department of Family and Community Services)

<http://www.keepthemsafe.nsw.gov.au/>

Keep Them Safe: A shared approach to child wellbeing is the NSW Government's five-year (2009-14) action plan to re-shape the way family and community services are delivered in NSW to improve the safety, welfare, and wellbeing of children and young people. The goal of Keep Them Safe is that 'all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential' (NSW Health, 2014b). In particular, Keep Them Safe includes actions to enhance the universal service system, improve prevention and early intervention services, better protect children at risk, support Aboriginal children and families, and strengthen partnerships with non-government organisations in the delivery of community services. The Action Plan supports children earlier by improving services, helping to strengthen families, and building a child protection system on a foundation of strong, universal, early intervention and community-based services.

Child Wellbeing and Child Protection Policies and Procedures for NSW Health

http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_007.pdf

This policy articulates the professional and legal responsibilities of all health workers to promote the health, safety, welfare and wellbeing of children and young people, working collaboratively with interagency partners in the shared system of child protection in NSW. These responsibilities apply whether workers are providing health care directly to children and young people or to adult clients who are parents / carers or are pregnant.

This policy informs Local Health Districts, Specialty Health Networks, other health services and health workers about the tools and resources available and the interagency arrangements in place to assist them to meet their responsibilities and provide a consistent NSW Health response to child protection and wellbeing.

Kids Don't Fly (NSW Health)

<http://www.health.nsw.gov.au/childsafety/Pages/default.aspx>

The NSW campaign, Kids Don't Fly – prevent falls from windows and balconies, provides information to parents and carers on simple, effective and simple strategies to protect children from falling from windows and balconies.

Falls are the most common cause of injuries in children. Over 8,000 children are admitted to NSW hospitals each year due to a fall. In 2010 across NSW, 34 children were hospitalised after falling from a window and 46 children were hospitalised after falling from a balcony.

Other common injury related hospitalisations are due to being struck by an object, motor vehicle / transport, burns and poisoning. Motor vehicle accidents and drowning cause the highest number of deaths in children each year.

Four Kids Don't Fly publications provide messages for parents and carers on ways to increase window and balcony safety. These publications have been translated into ten languages.

NSW policies and strategies aimed at preventing childhood injury

NSW 2021

http://www.nsw.gov.au/sites/default/files/nsw_2021_plan.pdf

The NSW 2021 plan sets the Government's agenda for change in NSW and includes goals about improving road safety.

NSW Suicide Prevention Strategy 2010–2015 (NSW Health)

http://www0.health.nsw.gov.au/pubs/2010/pdf/suicide_ps.pdf

The NSW Suicide Prevention Strategy 2010-2015 sets out the NSW Government's direction and intended outcomes for suicide prevention over the next five years. It is built upon NSW's first suicide prevention strategy 'Suicide: we can all make a difference', and is aligned with the national suicide prevention framework: Living Is For Everyone (LIFE).

The NSW Strategy provides a comprehensive, whole of government approach to suicide prevention in NSW, as well as promoting whole of community involvement through collaboration and partnerships with academics, researchers, non-government organisations, service providers, people bereaved by suicide, and families, friends and individuals.

A major focus of the Strategy is to ensure suicide prevention is a shared responsibility, by further strengthening cross government partnerships and strengthening the capacity of individuals, families, schools, workplaces and local communities to work together and share responsibility in supporting each other and the whole community.

Appendix 2 Policies and strategies aimed at preventing childhood disease

Table 7: Examples of national childhood disease prevention policies and strategies

National policies and strategies aimed at preventing childhood disease
<p>Australian Government National Partnership Agreement on Preventive Health http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/npaph</p> <p>The National Partnership Agreement on Preventive Health (NPAPH) was announced by the Council of Australian Government on 29 November 2008.</p> <p>The NPAPH will provide \$872.1 million over six years from 2009-10, with a variation in 2012 to extend it to 2018. This is the largest investment ever made by an Australian Government in health prevention. It builds on the Council of Australian Government Australian Better Health Initiative and the National Reform Agenda's Type II Diabetes Initiative, and supplements the National Health Care Agreement.</p> <p>The NPAPH seeks to address the rising prevalence of lifestyle related chronic disease by laying the foundations for healthy behaviours in the daily lives of Australians through settings such as communities, early childhood education and care environments, schools and workplaces, supported by national social marketing campaigns.</p> <p>The NPAPH includes the Healthy Children initiative, with programs for children from birth to 16 to increase levels of physical activity and improve the intake of fruit and vegetables in settings such as child care centres, preschools and schools.</p>
<p>The National Framework for Universal Child and Family Health Services (The Framework) http://www.health.gov.au/internet/main/publishing.nsf/Content/nat-fram-ucfhs</p> <p>The Framework outlines the core services that all Australian children (from birth to eight years) and families should receive at no financial cost to themselves, regardless of where they live, and how and where they access their health care. The Framework was developed through a strong partnership between the Commonwealth, State and Territory governments and the non-government sector.</p>
<p>Australian Government Chronic Disease Prevention and Service Improvement Fund http://www.health.gov.au/internet/main/publishing.nsf/Content/budget2011-flexfund-chronic03.htm</p> <p>The Chronic Disease Prevention and Service Improvement Fund is an initiative administered by the Department of Health to support initiatives that address the rising burden of chronic disease.</p> <p>The objective of the fund is to support targeted action related to chronic disease prevention and service improvement, particularly within the primary care and community sectors to:</p> <ul style="list-style-type: none"> • Reduce the incidence of preventable mortality and morbidity • Maximise the wellbeing and quality of life of individuals affected by chronic disease from initial diagnosis to end of life • Reduce the pressure on the health and hospital system including aged care and • Support best practice in the prevention, detection, treatment and management of chronic disease. <p>The following priority areas were identified to achieve the fund's objectives and translate its key principles into practice:</p> <ul style="list-style-type: none"> • Prevention across the continuum • Early detection and appropriate treatment • Integration and continuity of prevention and care and • Self-management.
<p>National Aboriginal and Torres Strait Islander Health Plan 2013-2023 http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\$File/health-plan.pdf</p> <p>The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 was developed to provide an overarching framework which builds links with other major Commonwealth health activities and identifies areas of focus to guide future investment and effort in relation to improving Aboriginal and Torres Strait Islander health. This Health Plan signals the need to expand the focus on children's health to broader issues in child development.</p>
<p>Immunise Australia Program http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/about-the-program</p> <p>The Immunise Australia Program funds the purchase of vaccinations to protect millions of Australians from vaccine-preventable diseases. Immunisation is a simple, safe and effective way of protecting people against harmful diseases that can cause serious health problems in the community. Immunisation not only protects individuals from life-threatening diseases, but also dramatically reduces transmission in the community. The more people who are vaccinated, the fewer opportunities a disease has to spread. The Australian Government's Immunise Australia Program implements the National Immunisation Program (NIP) Schedule, which currently includes</p>

National policies and strategies aimed at preventing childhood disease

vaccines against a total of 16 diseases. These include routine childhood vaccinations against diseases that were once widely fatal, such as measles, diphtheria and whooping cough (pertussis), as well as more recently developed vaccines, such as Human Papillomavirus (HPV) and the meningococcal C vaccine.

Investing in the Early Years—A National Early Childhood Development Strategy (An initiative of the Council of Australian Governments)
https://www.coag.gov.au/sites/default/files/national_ECD_strategy.pdf

A collaborative effort between the Commonwealth and the state and territory governments to ensure that by 2020 all children have the best start in life to create a better future for themselves and for the nation.

Australian National Breastfeeding Strategy 2010–2015

[https://www.health.gov.au/internet/main/publishing.nsf/Content/6FD59347DD67ED8FCA257BF0001CFD1E/\\$File/Breastfeeding_strat1015.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/6FD59347DD67ED8FCA257BF0001CFD1E/$File/Breastfeeding_strat1015.pdf)

The aim of the Strategy is to contribute to improving the health, nutrition and wellbeing of infants and young children, and the health and wellbeing of mothers, by protecting, promoting, supporting and monitoring breastfeeding.

National Partnership Agreement on Early Childhood Education (2009–2013)

http://www.federalfinancialrelations.gov.au/content/npa/education/early_childhood/national_partnership.pdf
 and National Partnership Agreement on Universal Access to Early Childhood Education (2013–2015)

http://www.federalfinancialrelations.gov.au/content/npa/education/early_childhood_education/early_childhood_education.pdf

The first National Partnership Agreement on Early Childhood Education was signed by the Council of Australian Governments on 29 November 2008. Under this agreement, all governments committed to work together to ensure that all children have access to a quality early childhood education programme, delivered by a qualified early childhood teacher for 600 hours of preschool education in the year before they attend full-time school.

The second ECE national partnership was committed to maintaining Universal Access to quality early childhood education program(s) for all children in the year before full-time school for 600 hours per year, delivered by a degree qualified early childhood teacher who meets the National Quality Framework requirements with a focus on participation by vulnerable and disadvantaged children.

National Partnership Agreement on Indigenous Early Childhood Development (2009–2014)

http://www.federalfinancialrelations.gov.au/content/npa/education/ctg-early-childhood/national_partnership_superseded.pdf

Supports the Closing the Gap targets and focuses on the establishment of Children and Family Centres, increasing access to antenatal care and child and family health services for Indigenous children and their families.

National Quality Framework for Early Childhood Education and Care

<http://www.acecqa.gov.au/national-quality-framework>

The National Quality Framework raises quality and drives continuous improvement and consistency in Australian education and care services. Established in 2012, the NQF applies to most long day care, family day care, preschool/kindergarten and outside schools hours care services.

The Australian Government's Social Inclusion Agenda highlights the importance of improving people's wellbeing by supporting individuals and families to participate in society. Priorities of particular relevance to children include addressing the incidence and needs of jobless and homeless families with children, delivering effective support to children at greatest risk of long-term disadvantage and closing the gap in disadvantage for Indigenous children.

Other groups such as the Association for the Welfare of Children in Healthcare (a national organisation advocating for the needs of children, young people and families within the health care system in Australia) have numerous policies, such as:

- Standards for the Care of Children and Adolescents in Health Services
- Health Care Policy Relating to Children and Their Families
- A Recommended Policy Relating to the Provision of Play for Children in Hospital (see <http://www.awch.org.au/child-health-policies.php>)

Children's headline indicators

<http://www.aihw.gov.au/chi/>

The Headline Indicators for children's health, development and wellbeing (Children's Headline Indicators) are a set of 19 indicators endorsed by the Australian Health Ministers' Conference, Community and Disability Services Ministers' Conference and the Australian Education, Early Childhood Development and Youth Affairs Senior Officials Committee.

The indicators are designed to focus policy attention on identified priority areas for children aged 0–12, with a focus on different groups of children (for example, Indigenous children, children living in remote areas). Priority areas include: Birthweight; Breastfeeding; Child abuse and neglect; Dental health; Early childhood education; Family economic situation; Immunisation; Infant mortality; Injuries; Literacy; Numeracy; Overweight and obesity; Smoking in pregnancy; Teenage births; Transition to primary school.

Table 8: Examples of NSW childhood disease prevention policies and strategies**NSW policies and strategies aimed at preventing childhood disease**

Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-24 (NSW Health)
<http://www.kidsfamilies.health.nsw.gov.au/media/233616/strategic-health-plan-final-low-res.pdf>

Healthy, Safe and Well provides a comprehensive planning, service and policy roadmap for NSW Health from preconception to 24 years of age, addressing the health of women and their partners during pregnancy, babies, children, young people in the context of their families and communities.

Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures (NSW Kids and Families)
http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_073.pdf

This policy is designed for young people in NSW, the NSW Health system, and partners. It aims to guide the NSW health system to encourage and support young people to achieve optimal health and wellbeing, to ensure young people experience the health system as positive, respectful, supportive and empowering, and to achieve positive outcomes for young people that are organisationally effective. This policy represents a commitment to NSW Kids and Families' partners to maintain and strengthen relationships and identify opportunities for new partnerships. The policy adheres to the following principles: accessibility, youth participation, collaboration and partnerships, professional development, evaluation, evidence based approaches and sustainability.

NSW Immunisation Program
<http://www.health.nsw.gov.au/immunisation/pages/default.aspx>

The NSW Immunisation Program provides the community of NSW with protection against vaccine-preventable diseases through initiatives targeting infants, children, adolescents, healthcare workers and older people.

Changes to the NSW Public Health Act (Part 5, Division 4, Sections 85-88) and NSW Public Health Regulation (Part 7, Division 2, Sections 42-44A) came into force on 1 January 2014 to improve the timeliness of vaccine coverage in children, and help prevent outbreaks of serious vaccine-preventable diseases.

The new requirements prevent child care facilities from enrolling children unless immunisation certificates proving that they are fully immunised, or have a specified exemption, are provided at enrolment. This means that child care facilities must have documented evidence that children are up to date with their vaccinations, or that they are on a recognised catch-up schedule, or that they have a medical contraindication to vaccination, or their parents have a conscientious objection to vaccination, before enrolling a child.

Unvaccinated children may be excluded from child care facilities in the event of an outbreak of a vaccine-preventable disease for their own protection (see <http://www.health.nsw.gov.au/immunisation/Pages/Background.aspx>).

NSW Health and the Multicultural Health Communication Service provides guidance for programs, services and activities involving and affecting culturally and linguistically diverse communities.

These strategic directions, plans, standard procedures and guidelines provide a supportive environment for evidence informed practice.

For NSW Health Multicultural Health Policies and Guidelines and Multicultural Health Communication Service Policies and Guidelines see <http://www.mhcs.health.nsw.gov.au/policiesandguidelines>

Maternal and Child Health Primary Health Care Policy
http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_017.pdf

The Maternal and Child Health Primary Health Care Policy is one part of the NSW Health/Families NSW Supporting Families Early package. The package contains policies and guidelines for the identification of vulnerable families from a universal platform of primary health care services. This is through the comprehensive primary care assessment model, SAFE START, and the provision of maternal and child primary health care services including Universal Health Home Visiting. The package is underpinned by the Families NSW strategy, equity and clinical practice principles that include working in partnership with the family and facilitating the development of the parent-infant relationship.

NSW 2021
http://www.nsw.gov.au/sites/default/files/nsw_2021_plan.pdf

The NSW 2021 plan sets the Government's agenda for change in NSW and includes goals about improving child health and wellbeing.

NSW Tobacco Control Policy
<http://www.health.nsw.gov.au/tobacco/Publications/nsw-tobacco-strategy-2012.pdf>

The NSW Tobacco Strategy 2012-2017 outlines a comprehensive set of policies, programs and regulatory initiatives to achieve tobacco control targets and includes early prevention of the uptake of smoking.

The *Public Health (Tobacco) Act 2008* (the Act) aims to reduce the uptake of smoking, in particular by young people by restricting the availability and supply of tobacco. The Act bans the sale of tobacco products and non-tobacco smoking products to children under 18 and also restricts the display and advertising of these products. Smoking in cars with a child under the age of 16 is also banned under the Act. NSW Health undertakes a comprehensive compliance monitoring and enforcement program to ensure compliance with the legislation.

NSW policies and strategies aimed at preventing childhood disease

Electronic Cigarette legislation to protect children and young people

<http://www.parliament.nsw.gov.au/Prod/parlment/nswbills.nsf/131a07fa4b8a041cca256e610012de17/3024e3f5c4b942a2ca257e3d0004442c?OpenDocument>

The *Public Health (Tobacco) Amendment (E-Cigarettes) Act 2015* protects children and young people from any potential harms associated with e-cigarettes. The new legislation bans the sale of e-cigarettes to minors (commenced 1 September 2015), restricts the display and advertising of these products (from 1 December 2015) and bans the use of e-cigarettes in a car while a child under 16 is present (from 1 December 2015).

NSW Healthy Eating and Active Living Strategy 2013-2018

<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>

Provides a whole of government framework to promote and support healthy eating and active living in NSW and to reduce the impact of lifestyle-related chronic disease.

The Strategy aims to encourage and support the community to make healthy lifestyle changes at a personal level, and create an environment that supports healthier living through better planning, built environments and transport solutions. The Strategy aims to ensure that everyone (including children and adults) has opportunities to be healthy through the delivery of evidence-based programs and policy initiatives.

Fresh Tastes @ School NSW Healthy School Canteen Strategy

https://www.det.nsw.edu.au/policies/student_serv/student_health/nutrition/PD20110420.shtml?level=

The Fresh Tastes @ School NSW Healthy School Canteen Strategy came into effect at the start of the 2005 school year. Since then, it has been mandatory for all public schools in the state. It requires all NSW government schools to provide a healthy, nutritious canteen menu in line with the Australian Dietary Guidelines for Children and Adolescents.

Suggestion citation:

Thompson C, Morris D, Bennett-Brook K, Aisbett J and Clapham K (2015) A scan of childhood injury and disease prevention infrastructure in NSW. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

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