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**RACP submission to the National Action  
Plan for the Health of Children and Young  
People: 2020 to 2030**

**March 2019**

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 25,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

# RACP submission to the National Action Plan for the Health of Children and Young People: 2020 to 2030

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the draft *National Action Plan for the Health of Children and Young People: 2020 to 2030* ('The National Action Plan'). Please note that due to the short time frame provided for consultation, we have been unable to consult widely with our Fellows, however we have distributed the consultation website link to allow them the opportunity to provide feedback in an individual capacity.

We commend the National Action Plan for its strong theme throughout the document of equity of outcomes for all children. This theme aligns well with the RACP's position statement on [Inequities in Child Health](#), and we strongly support this approach to child health. Reducing child health inequities is a long-term focus for the College, and therefore it is important to see a long-term commitment and funding allocation to properly resource the implementation and evaluation of the actions. Actions taken on child health are cumulative, and the National Action Plan should reflect a longer-term commitment to reducing inequities.

## Timeframes and Governance

Although we note that the National Action Plan recommends that actions be addressed within the next three years, this is too general a time frame to ensure that the actions can be successfully achieved. **Providing specific time frames for implementation and suggested budget allocation for each action is critical to demonstrating and measuring progress and ensuring that the Plan is effective in achieving its objectives.** To truly take a life course approach, as the National Action Plan suggests, it must ensure that necessary resources are allocated to ensure that actions can be carried forward and reflect the Australian Government's commitment to supporting and improving child health and wellbeing.

The National Action Plan would be strengthened through a whole-of-government approach with clearly defined governance structures articulated throughout the document. While the plan is focused on the health of children and young people, health is influenced by a wide range of factors commonly referred to as the social determinants of health. Poor housing, education and other economic and social disadvantages can result in poor health outcomes. For this reason, it is our view that the health of children and young people should be viewed as a whole-of-government priority with actions that span a number of different portfolios.

A cross-departmental steering committee should be established to ensure there is a joint approach to implementation. Jurisdictional ongoing governance would also ensure that the National Action Plan is able to maintain a national focus, particularly as many of the important service entry points for child health sit at a state and territory level. This would help the Australian Government to accurately drive and monitor progress against actions and increase the likelihood that they are ultimately achieved.

Because of the structure of the health system, where both state and federal governments play a significant role in the way services are funded and delivered, The RACP suggests that strong governance frameworks should be established between federal and state governments to ensure delivery of the National Action Plan. We call for the reinstatement of the Australian Health Ministers' Advisory Council subcommittee on child and youth health.

## Aboriginal and Torres Strait Islander children and families

It is well evidenced that Aboriginal and Torres Strait Islander children in Australia experience higher burden of disease and have poorer health outcomes than their non-Indigenous peers. Indigenous child mortality for children under 5 is still higher than the non-Indigenous rate<sup>1</sup>, and the most recent Close the Gap report indicates that the target to halve the gap in child mortality rates is not on track<sup>2</sup>. Indigenous children are more at risk of developmental vulnerabilities<sup>3</sup> and are hospitalised for respiratory illnesses at 1.6 times the rate of

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<sup>1</sup> Australian Institute for Health and Welfare (2016) Australia's Health 2016 p 229

<sup>2</sup> Department of Prime Minister and Cabinet (2019) Close the Gap Report 2019, Canberra, accessed 22/03/19 <https://ctgreport.pmc.gov.au/sites/default/files/ctg-report-2019.pdf?a=1>

<sup>3</sup> Australian Government (2015) Australian Early Development Census, 2018

non-Indigenous children<sup>4</sup>. For this reason, it is crucial that the National Action Plan recognises the skilled leadership of Aboriginal and Torres Strait Islander people who are best placed to provide health services which allow for self-determination and full participation in decision making.

Actions and outcomes in the National Action Plan aimed at Indigenous children must be driven by Indigenous communities themselves, by funding Aboriginal Community Controlled Health Organisations. These organisations have been highly successful in addressing some of the particular challenges in Indigenous health, such as community members not seeking treatment because of a lack of cultural safety or competence in mainstream health services. Mainstream health services must also be supported to develop enhanced and culturally safe clinical practice to support Aboriginal and Torres Strait Islander children and families.

Some local examples of successful Aboriginal Community Controlled Health Organisations are available in the RACP's [Medical Specialist Access Framework](#) case studies, with examples of services provided through the Victorian Aboriginal Health Service<sup>5</sup> and Royal Darwin Hospital<sup>6</sup>. Any child health action plan that aims to improve overall outcomes in child health must have a significant and meaningful focus on Aboriginal and Torres Strait Islander children.

## The First 2000 Days

While the importance of the first 2000 days is acknowledged under Priority 1 in the National Action Plan, the document would benefit from a greater emphasis on the importance of investing in implementation of evidence-based interventions for children to have optimal developmental, health and wellbeing outcomes. NSW Health has recently developed a First 2000 Days Framework<sup>7</sup>, which presents key strategic objectives that could be expanded and implemented at a federal level. The Action Plan should also ensure that collaboration with target audiences also includes clinicians such as GPs, nurses, and medical specialists, to improve collaboration and service delivery outcomes.

## Research and data collection

The RACP is broadly supportive of the actions regarding nationally consistent data collection, which remains a consistent barrier to accurate reporting on health outcomes. Within this priority area, actions regarding age eligibility should be aligned with international metrics, including those for adolescence and young adulthood. Actively working with paediatric medical research institutions and clinical trial centres will ensure data harmonisation and more positive, evidence-based outcomes.

The RACP is also supportive of actions to increase investment into research, policy and practice translation. To expand the scope of research available, these actions should be expanded to include other priority areas such as integrated care, obesity, allergy, antenatal and prenatal periods, and reducing variation in care between hospitals and health services.

## Other areas of interest

While the RACP is broadly supportive of the actions within the Plan, we do not believe that taken as a whole they represent a comprehensive plan to address child health inequities and improve on health outcomes for all children. Consequently, we would like to highlight particular action areas that we consider to be important additions (in no particular order):

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<sup>4</sup> Australian Health Ministers' Advisory Council (2017) Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC Canberra

<sup>5</sup> MSAF Case Study: 'Reaching out to mums, bubs and children in Top End Communities'  
[https://www.racp.edu.au/docs/default-source/default-document-library/medical-specialist-access-framework-victorian-aboriginal-health-service-case-study.pdf?sfvrsn=450c0b1a\\_8](https://www.racp.edu.au/docs/default-source/default-document-library/medical-specialist-access-framework-victorian-aboriginal-health-service-case-study.pdf?sfvrsn=450c0b1a_8)

<sup>6</sup> MSAF Case Study: 'Reaching out to mums, bubs and children in inner-city Melbourne'  
[https://www.racp.edu.au/docs/default-source/default-document-library/medical-specialist-access-framework-darwin-case-study.pdf?sfvrsn=6bdd0b1a\\_0](https://www.racp.edu.au/docs/default-source/default-document-library/medical-specialist-access-framework-darwin-case-study.pdf?sfvrsn=6bdd0b1a_0)

<sup>7</sup> NSW Health (2019) 'The First 2000 Days Framework', accessed 25/03/19  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf)

- **Childhood Obesity** – Childhood obesity is a risk factor in many other conditions and has significant and life-long health impacts. The Action Plan would be strengthened through the inclusion of actions which directly address obesity, such as a tax on sugar-sweetened beverages (with the revenue from the tax used to facilitate access to healthy diets) or revising the Health Star Rating system's nutrient profiling algorithm to give stronger weight to sugar content<sup>8</sup>.
- **Antenatal Services** – Although the National Action Plan includes a recommendation to invest in research and evaluation focusing on Australian Child and Family Centres, additional funding should be committed to support Aboriginal Child and Family Centres. Aboriginal Community Controlled Health Organisations are important for achieving a better uptake of pregnancy health services.
- **Foetal Alcohol Spectrum Disorders (FASD)** – FASD encompasses a wide range of preventable disorders caused by the consumption of alcohol during pregnancy. The current state of data regarding the prevalence of FASD could be vastly improved by an evidence base which demonstrates the prevalence of FASD in Australia, and a standardised national tool should be implemented to assist health professionals in the assessment and diagnosis of FASD<sup>9</sup>. Actions which reflect this issue would also support the recently introduced *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028*.
- **Immunisation** – Between the recent version of the National Action Plan and the current draft, all mentions of actions regarding immunisation have been removed. Although there have been excellent strides made in increasing immunisation coverage across Australia, the RACP is in support of evidence-based measures aimed at achieving as close to 100% vaccine coverage as possible – this could be achieved through an action which supports the National Immunisation Register and allocates funding for vaccinations (including influenza).
- **Breastfeeding** – The National Action Plan should support funding the implementation of the Australian National Breastfeeding Strategy 2018 and Beyond. Including an action to expand the Paid Parental Leave scheme to 12 months will also support breastfeeding, mental health and early childhood development.
- **Oral Health** – Oral health is an important part of overall health and wellbeing. An action should be included to recommend broadening the child dental benefit scheme to improve oral health.
- **Child Health Headline Indicators** – The action to continue funding of child health headline indicators could include measuring home safety for families (to cover domestic and family violence) based data collected through the Australian Bureau of Statistics National Personal Safety Survey<sup>10</sup>.
- **Equitable Access Indicators for children accessing health services** - we recommend the development of equitable access indicators and establishment of annual performance reporting to ensure governments are accountable.

We hope that the above feedback helps to strengthen the *National Action Plan for the Health of Children and Young People: 2020 to 2030*, and create a comprehensive and effective plan for the future health outcomes of Australian children and young people.

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<sup>8</sup> Please see the RACP's Position Statement on Obesity for more detailed recommendations and data regarding childhood obesity - [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf?sfvrsn=6e3b0b1a\\_5](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf?sfvrsn=6e3b0b1a_5)

<sup>9</sup> Please see the joint RACP/RANZCP Alcohol Policy for more detailed recommendations and data regarding FASD - <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf>

<sup>10</sup> For more headline indicator recommendations, please see Blair M. and Hiscock H. (2017) 'Themes emerging from State of Child Health: UK and Australia' in *Archives of Disease in Childhood* 2017;102(11):1001-1003