

**Joint Response
to the
Government's Health Reform Initiatives
From
National Peak Bodies
Children and Young People's Health
May 2010**



*National Council of
Community Child Health*

*Hospital in the Home Society of
Australasia Paediatric Special
Interest Group*

Contributors

Association

Association for the Wellbeing of Children in Healthcare (AWCH)

Australian College of Children and Young People's Nurses (ACCYPN)

Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)

Australian Research Alliance for Children and Youth (ARACY)

Children's Hospital Australia (CHA)

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Hospital in the Home Society of Australasia Paediatric Special Interest Group (HITHPSIG)

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Executive Summary

The peak bodies listed above would like to congratulate the Council of Australian Governments (COAG) on a historic agreement leading to the establishment of a National Health and Hospitals Network, with a strong focus on health promotion as well as the prevention of illness.

We have come together to highlight the issues we believe are of critical importance to the health and wellbeing of children and young people in the context of the current COAG Agreement and the National Health Reform Plan. We have joined to present this paper because we find we share a clear commitment for change and a passionate commitment to children and young people and their health. We are deeply concerned that there should be appropriate consideration for the needs of children and young people in the context of many of the proposed reforms. We believe it is critical to raise issues and in so doing, to enter a meaningful dialogue with Government to improve the prospects for children and young people's health services.

The continuum of care provided in children and young people's services spans health promotion to tertiary inpatient care and is provided through multiple services, structures and initiatives and by government and non-government agencies. It is underpinned by recognition of the importance of the social determinants of children's and young people's health.

Children and young people are not small adults. They have particular emotional, social and physical needs as they grow. The health and well-being of children and young people is strongly influenced by the quality of relationships with caregivers and other significant adults. Services need to be designed for children and young people taking this into account.

The health and hospital reforms present both opportunity and risk for the health of children and young people and this paper highlights some of these. The challenge in the reform process is to improve upon that which is currently in place. We look forward to working with, and contributing to, the planned reforms.

At a meeting to discuss the COAG Agreement and the Commonwealth's National Health and Hospitals Network, we identified nine priorities covering several areas. The priorities are (in no particular order):

1. To reduce the apparent disconnection between this COAG Agreement and other COAG and Federal policies affecting the health, development, wellbeing and safety concerns of children and young people:
2. To reduce the likely disconnection between acute, sub-acute, ambulatory and primary health care services for children and young people as a result of the governance arrangements being proposed or considered under the COAG Agreement
3. To reduce the apparent disconnection between the COAG Agreement and Children and Young People
4. To strengthen the place and recognition of Specialist Ambulatory care services for children and young people in relation to the COAG Agreement
5. To align the governance of Maternal, Family and Child Health services with other specialist services for this population
6. The imperative for the Commonwealth to establish an independent National Commissioner for Children and Young People
7. The cogent argument for casemix funding formulas to reflect the real cost of providing care to children and young people
8. Improving the emotional wellbeing and mental health needs of Children and Young People
9. The implementation of National Standards for the Care of Children and Young People in Health Services

These priorities are detailed and discussed in the following pages. We, both as a group and as individual associations, look forward to continued collaboration and consultation with Commonwealth, State and Territory governments on these priorities.



Graham Reynolds
Associate Professor
President: Children's Hospitals Australasia
On behalf of the group of Peak Bodies, Children and Young People's Health

PRIORITY 1: To reduce the apparent disconnection between this COAG Agreement and other COAG and Federal policies affecting the health, development, wellbeing and safety concerns of children and young people

Within the last 12 months, the Commonwealth has produced four major documents which relate to providing health, education and social services for children:

- *Protecting Children is Everyone's Business* (COAG April 2009)
- *Investing in the Early Years—A National Early Childhood Development Strategy* (COAG July 2009)
- *The Health and Hospitals Reform Agreement* (COAG, April 2010)
- *National Strategy for Young Australians* (2010)

Despite the fact that all of them have significant implications for children's services, none of them is cross referenced to the others and none leverages off the other. For example, the COAG *Health and Hospital Reform Agreement* noted the importance of linkage between health services for vulnerable children and other State and Territory government agencies such as education, child protection and disability services, but it omitted to acknowledge reform proposals in other COAG and Commonwealth documents that would promote stronger collaboration and partnership between services for children provided by State government agencies or NGOs.

In States and Territories where there have been comprehensive inter-agency, coordinated, state-based programs investing in early childhood services there is evidence of lower rates of vulnerability on the Australian Early Development Index (AEDI).

One example is the recently proposed "*NSW Kids*", an organisation with state wide policy and planning responsibilities for all children's health services (including acute, child health and child protection) and direct operational

responsibility for the Sydney-based tertiary services. This organisation is being established on the basis of recommendations from the NSW Commission of Inquiry into acute care services in NSW Public Hospitals (*the Garling Report*).

Our concern is that the apparent policy disconnections will lead to a lack of cohesion in the delivery of children and young people's health services which will not maximise the benefits to be gained from shared objectives.

Any policy disconnection would become more obvious and might be able to be addressed by the overseeing of children and young people's policy initiatives by a Commissioner for Children and Young People as canvassed in the *National Child Protection Framework (COAG 2009)*. This echoes the Human Rights Commission which has been consistently calling for the establishment of a Federal Commissioner for Children and Young People¹

¹ HREOC media release 12 May 2010

PRIORITY 2: To reduce the likely disconnection between acute, sub-acute, ambulatory and primary health care services for children and young people as a result of the Governance arrangements being proposed or considered under the COAG Agreement

The COAG Agreement presents an opportunity to improve on current service integration and delivery and for the government to implement strategies and incentives to ensure that services work together. There is a need to identify the best governance and funding arrangements for children's health services that will further their integration with other government initiatives for children and young people at a National and State/Territory level, as well as being consistent with the principles underlying national health and hospital reforms.

The integrated approach to children's health and wellbeing will be at risk if community-based services for children are separated from acute services and are placed in such governance structures as the Primary Health Care Organisations (PHCO) as is one option under the COAG Agreement. The PHCOs, we believe, are more closely aligned to general practice and we foresee PHCOs being heavily dominated by adult concerns, especially around chronic and complex care needs.

It would be preferable for community based services for children to sit either within a Local Hospital Network (LHN) or within a State-wide Functional Health and Hospital Network with responsibility for the policy and planning of acute, paediatric, child health and ambulatory services. Line management could then be contracted out to LHNs, rather than being situated within PHCO. Maternity services could also be part of a State-wide network, as is the case in South Australia.

The LHN option is our preferred way forward because it would facilitate links between:

- Preventive services
- Maternity services
- Hospitals
 - Emergency Departments
 - Paediatric inpatients
 - Hospital in the home
 - Paediatric ambulatory care services.
- Sub-acute care services
- Community-based services

This preferred way forward is in line with, *Investing in the Early Years: a National Early Childhood Development strategy* which envisages integration between health, care, education, welfare and early intervention services provided by the States and Territories in child and family centres.

PRIORITY 3: To reduce the apparent disconnection between the COAG Agreement and Children and Young People

The COAG Agreement gives little, specific attention to health services for children, young people and their families. Children and young people represent 22% of the population and the health and wellbeing of children affects life long health, education, employment and relationship trajectories.

There is a need for recognition at every level of Government that the success of supporting children's health, development and wellbeing is predicated on the provision of services that engage in health promotion, prevention and early intervention. The investment in the early years is undisputedly a sound investment in better health and wellbeing outcomes across the lifespan.

Well and challenged children and young people may be missing out on services that promote health and wellbeing and subsequently the opportunity to influence life trajectory in relation to health, education, employment and relationships.

We believe it is important to develop a *framework for the health and wellbeing of children and young people aged 0 – 24 years*. The need for this strategy was supported by 560 delegates at the ARACY conference last year, via the conference declaration². We would seek to work with government in developing this. This framework would recognise children's and young people's needs across a developmental and service delivery continuum, identify key areas of child development and set national targets to achieve a level for children and young people's health and wellbeing which meets community expectations. It would incorporate strong input and ownership by those agencies that are largely responsible for meeting the needs of children and young people.

² ARACY 2009 Declaration and Call to Action

PRIORITY 4: To strengthen the place and recognition of Specialist Ambulatory care services for children and young people in relation to the COAG Agreement

The COAG *Health and Hospital Reform Agreement* appears to take no account of the third stream of services for children and young people - specialist multidisciplinary ambulatory care - provided in a range of non-inpatient settings. This stream has been expanding in size and complexity over the past 50 years, as a result of changing patterns of children's health needs and care. This stream bridges acute and primary care services, as it ranges from providing hospital-style acute illness care in an outpatient setting through to other services provided in community settings. Most operate out of an acute care framework, that is, hospital rather than community based, but with increasing links and liaison with primary and community care.

Specialist ambulatory health care services for children and young people and their parents include:

- Acute paediatric ambulatory care services providing specialist paediatric care at home for acutely unwell children
- Chronic and complex care for conditions such as oncology and asthma
- Therapeutic services for women with chemical dependency during pregnancy
- Rehabilitation and other sub-acute services for children with disability
- Palliative care services
- Developmental and behavioural paediatric services, including health assessment of children with learning problems
- Child protection counselling and therapeutic services linked in some instances with forensic paediatric services
- Secondary and tertiary parent support services
- Infant, child, adolescent and family mental health services including perinatal psychiatry
- Specific health care services for populations with additional needs – Aboriginal children, refugees, children in out of home care, mothers with additional vulnerabilities (eg young age, poverty, mental health issues).

Our concern is that the policy disconnections between LHNs and PHCOs will lead to a lack of cohesion in the delivery of children's health services resulting in a lack of shared objectives and unnecessary duplication which does not maximise funding opportunities.

Specialist ambulatory health care services need to be recognised and maintained *in a single governance* stream rather than be distributed between LHNs and PHCOs as we believe such a distribution would disrupt the pathway of care and impact on care outcomes.

Our preference is for them to be aligned with LHNs whether by functional state wide entities or by geographical boundaries.

PRIORITY 5: To align the governance of Maternal, Family and Child Health services with other specialist services for this population

A decision on the governance arrangement for Maternal, Family and Child Health has been deferred to December 2010. There appears to be an assumption that Maternal, Family and Child Health services are part of primary health care. If so, it seems possible that responsibility for them would be transferred to the Primary Health Care Organisations (PHCO), which are more closely aligned with general practice.

We are concerned because, with the focus of PHCOs on the chronic and complex care needs of older adults, the needs of children and the role of Maternal, Family and Child health services in supporting families and promoting early childhood development might be lost. Moreover, it is important to realise that Maternal, Family and Child health services comprise both universal programs and targeted programs; for example, child health and developmental surveillance (universal) and sustained health home visiting (targeted).

There is also a risk of losing the focus on improving support for parents, childhood prevention and early intervention in favour of primary care treatment services for disease management.

The current governance arrangements for child and family health services differ between the States and Territories and in NSW, within the state. Three states and territories have services embedded in government departments other than Health which have a range of responsibilities for children.

The COAG agreement noted the importance of linkage between health services for vulnerable children and other State and Territory government agencies (education, child protection, disability services), but it failed to acknowledge other reform proposals in other COAG documents that would

promote stronger collaboration and partnership between services for children provided by State government agencies or NGOs funded by them.

For example, *Investing in the Early Years: a National Early Childhood Development strategy* envisages integration between health, care, education, welfare and early intervention services provided by the States and Territories in child and family centres, a process that will have far-reaching consequences for the delivery of maternal and child health nursing and one that will require strong state wide or territory-wide leadership, a process that is likely to be impeded if these services were to be devolved to PHCOs. There is a risk for an integrated approach to children's health and wellbeing if acute and community-based services for children are placed in different governance structures.

The best governance arrangement for Maternal, Family and Child health is therefore maintaining and building upon the current service model. Management autonomy within these services has enabled a focus on the core business of prevention and early intervention for young children. It allows a population-based health approach based on universalism with targeting and intensive services for those with additional needs. It should remain with other services relating to maternal and children's health, which are to remain with the States, such as oral health, sexual health and school based health services.

The current model has also separated Maternal, Family and Child health nurses from the pressures to respond to chronic and complex disease in adults which are a normal part of primary health care. The model has allowed Maternal, Family and Child Health nurses to be closely aligned with policy initiatives within and beyond Child Health, (e.g. maternity services, emerging services for fathers, welfare, disability, education and child care). It has also encouraged closer alignment with Local Government and NGOs in services such as Early Parenting Services, Brighter Futures, Keep them Safe and other child protection initiatives, Best Start and fostering agencies.

PRIORITY 6: The imperative for the Commonwealth to establish an independent National Commissioner for Children and Young People

There is presently no Commonwealth department, agency or commission that carries responsibility for assessing the impacts of national public policy on children and young people. Children and young people are not small adults. They have very distinctive needs that change at different stages of development and growth. These various needs (physical and emotional health and wellbeing, care, safety, education, etc) all require significantly different public policy responses from those of adults. Current social and cultural trends provide compelling evidence that as a nation, our focus and interest in children is subsumed by concerns about the impact of our ageing population.

The Federal Health Minister has recognised that “life expectancy for Australian children alive today will fall two years by the time they are 20 years old”. This is clearly not an acceptable position for Australia. As with any aspect of our society which may not be meeting expectations, we should look to set targets for children and young people - our focus is on their health and wellbeing - and try our hardest to achieve them.

We recommend the establishment of an independent Commissioner for Children and Young People with the brief to advance and promote the status of children and young people and their needs. This echoes the Human Rights Commission which has been consistently calling for the establishment of a Federal Commissioner for Children and Young People³, which was also canvassed in the *National Child Protection Framework* (COAG 2009). Some States and Territories already have a Commissioner for Children and Young People in place.

We anticipate the establishment of an independent Commissioner would bring about considerable benefits such as:

³ HREOC media release 12 May 2010

- Placing children and young people firmly on the national agenda
- The development of an evidence-based National Framework for the Health and Wellbeing of Children and Young People which would facilitate partnership arrangements between all governments and peak bodies working for children and young people
- Greater alignment of national policy, for example greater coordination of Commonwealth policy initiatives providing for the health, education and social services for children and young people
- A commitment to evidence-based policy development
- Alignment with Strategy 1.3 in the COAG (April 2009) document *Protecting Children is Everyone's Business*

PRIORITY 7: The cogent argument for *Casemix* funding formulas to reflect of the real cost of providing care to children and young people

CHA's study "*Costing Kids Care: A Study of the Health Care Costs in Australian Specialist Paediatric Hospitals*" 2008 shows unequivocally that the higher costs for specialist children's hospitals and paediatric units compared to the costs of adult units, reflect both the greater dependence of children on adults for their care and the co-morbidity that is frequently present in children admitted to hospital. We are concerned that if the new funding models are based on generic *casemix* formulae, the true cost of children's health care will not be taken into account. This will adversely affect paediatric hospital funding which in turn will precipitate a crisis in children's hospitals and children's units' budgets which will not meet community expectations in the provision of care.

The key findings of the CHA study mentioned above were that:

- The current Australian Refined Diagnosis Related Groups (ARDRG) classification system fails to account for a large number of complications and co-morbidities that materially affect the cost of care of children
- The AR-DRG system does not recognise age effects on complication and co-morbidity levels of diagnoses
- The increased cost of care for children with complications and co-morbidities (CCC) materially affect ARDRG costs for both specialist children's hospitals and paediatric units. This shows that the observed cost variation is about the treatment population and not hospital practice. Similar studies in the US and UK have demonstrated the higher cost of treating children in hospital, particularly children under 3 years of age, as a direct result of their greater dependency.

It is clear that the cost of care for children in Specialist Paediatric Hospitals and Paediatric Units is higher when compared to the costs of treating other patients. In the most part, this reflects inadequacies in the current classification system for acute inpatient specialist paediatric care to reflect the

complexity of this particular cohort. The impact is a systematic underfunding of Specialist Paediatric Hospitals and Paediatric Units.

The cost pressures experienced by Specialist Paediatric Hospitals and Paediatric Units in treating a population with hidden complexity should be recognised in future funding models. We therefore recommend the following strategies:

- Redesign the ARDRG system to accommodate diagnosis codes with age affected co-morbidity and complication levels
- Calculate individual ARDRG cost-weight uplifts based on the relative frequency of age-interacting childhood complexity codes not accounted for within the ARDRG system
- Base productivity assessments of Specialist Paediatric Hospitals and Paediatric Units on their performance on the unaffected (DRGs with low frequency of CCCs) portion of their caseload
- Conduct further research on the list of age-interacting co-morbidities to more precisely discriminate the ARDRG

CHA has a long history in benchmarking activity and costing *casemix* data between its member hospitals and therefore CHA has a number of members with significant expertise in this area. CHA would like to offer the services of these members to collaborate with the relevant *Activity Based Funding (ABF) Workstreams* that have been convened to implement the *National ABF Framework*. CHA also requests that they be included as a key stakeholder in the *Review of the AR-DRG Classification System* that is currently being undertaken by the Department of Health and Ageing.

PRIORITY 8: Improving the emotional wellbeing and mental health needs of Children and Young People

Children are different from adults. We seek Commonwealth funding agreements that reflect the cost and complexity of providing mental health care to infants, children, adolescents and their families and addressing their needs across the developmental spectrum. The current situation reveals a lack of funding for services that promote the mental health of children and their families. Inpatient, sub-acute and specialised community mental health care are under-funded. Access to primary mental health care has improved but continues to be inequitable for vulnerable groups of children.

Almost one in five young people have one or more mental, emotional, behavioural (MEB) disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three quarters by age 24.⁴

Child mental health problems predict persistent and early adult mental health and substance abuse problems. Nevertheless, continuity of care and service provision is reported by service providers and consumers to be fragmented⁵. Identification of children's mental health problems often occurs in primary care services, schools and specialist paediatric services. Integrated models of care have been developed but not broadly implemented or disseminated throughout Australia. Access to specialist child and adolescent mental health services (CAMHS) continues to be a gap in comprehensive mental health care delivery.

Increased Commonwealth funding over the past four years for young people focussed services such as Headspace and early psychosis programs are positive steps towards the detection, early intervention and ongoing management of mental health problems and illness in young people 12 to 25 years.

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⁵Senate Select Committee on Mental Health 2006

Mental health promotion and prevention of the development of mental health problems and illness in children (infant to 12 years) is important and has not been adequately coordinated or funded. The risk of developing mental health problems is present at specific age ranges during the course of child and adolescent development, in particular the first few years of life and when children commence attendance at school. Research (*WHO 2005*) shows that the promotion and prevention of mental health issues in young children can improve the prospects of social, educational and vocational outcomes for adolescents and adults.

The *Longitudinal Study of Australian Children (2007)* and the *Australian Early Childhood Development Index (2009)* also highlight the increased risks to the social and emotional development of young children in families who live in lower socioeconomic conditions and who may experience multiple risk factors in their lives.

Over the past four decades strong connections have been well established between mental illness among parents and increased lifetime psychiatric risk for their children. However, mental health and drug and alcohol services for adults who are parents are generally not equipped to promote mental health for families nor address the children's well being.

The recent COAG agreement raises concerns for mental health services for children for the following reasons:

- Specialist mental health care reforms have been deferred to 2011
- The current model of Primary Health Care Organisations (primary care) and hospital (tertiary) does not adequately address funding for specialist community (ambulatory) mental health care. It is important that a continuum of care is maintained between community and inpatient services
- The funding for sub acute service delivery has been identified but policy settings will not allow sufficient funding to address child and adolescent mental health sub-acute needs

- Investment in the Early Years policy, in line with the COAG document *“Investing in the Early Years: A National Early Childhood Development Strategy”* was not reflected in the COAG agreement
- The *National Preventative Health Strategy 2009* does not focus on the prevention of mental health problems and disorders or early intervention with infants, children and their families. Disturbed relationships between infants and their carers are a precursor to disruptive behaviour disorders, including childhood conduct disorder and a developmental antecedent to antisocial behaviour in adulthood. These problems have an excellent evidence base for their prevention through specific parenting programs implemented before adolescence, but such programs are not widely implemented in Australia.

We have identified the need to create a well resourced and integrated model of care through:

Addressing Funding Issues:

- 15% of mental health budget dedicated to specialist Child and Mental Health Services service provision because children (under 14 years) make up 19.6% of the population
- Clarification of the funding stream for children and young people’s specialist community ambulatory mental health care
- Prevention and early intervention funding incentives for vulnerable families, such as those experiencing parental depression that may experience risk factors such as abuse, neglect, drug and alcohol abuse; and the anti-social behaviour of children of parents who experience mental illness.

Coordinating Service Provision:

- The creation of an Advisory Committee to government with a focus on addressing the specific needs of infants, children and young people in relation to mental health and the development of mental illness

- Ensuring adequate representation of multi-disciplinary, clinicians and consumers of child and adolescent mental health services in the planning of mental health services
- Development of an infrastructure plan for integrated acute, sub acute and community services.

Increasing the availability of coordinated services for children and their families who experience mental health problems that:

- promote factors to enhance children's resilience and emotional health
- reduce risk factors for children's mental health and social problems
- provide access to primary care and specialist level early intervention

The benefits of such a model will bring:

- A comprehensive model of care with a cascade of accessible services across primary and specialist community based and inpatient care; and
- A national system of prevention, supported by funding incentives to promote mental health and reduce the morbidity of child and adolescent mental health problems, especially those that have continuity with adolescent and adult mental health problems.

PRIORITY 9: The implementation of National Standards for the Care of Children and Young People in Health Services

The Australian Council on Healthcare Standards (ACHS) and other standards-setting bodies generally assess standards of care via an accreditation process. However there are currently no standards in place to assess healthcare facilities' capacity to adequately care for babies, children and young people. While the ACHS has an important role to play in accrediting health care facilities it should not be responsible for developing the standards and criteria used in the assessment process. This is clearly a role for the new Australian Commission for Safety and Quality in Health Care (ACSQHC). We are pleased that the ACSQHC will become a permanent entity with a broader remit

However, we have grave concerns about the narrow focus on measuring adverse events and the timeliness of health care delivery. We believe that a 'balanced scorecard' approach is required which monitors whether care is delivered in the right place, with the right staff, at the right time, in the right way.

The rights of children and young people to high quality, appropriate healthcare are being undermined and in some cases ignored as a result of pressures in the system. Sick children and young people are vulnerable in a health care environment, particularly where they are exposed to disturbed adults and where they can potentially suffer harm, and it is vital that their rights are protected and their psychosocial needs met.

The *Association for the Wellbeing of Children in Healthcare's* survey (2004) of public hospitals revealed a number of critical issues that deserve national attention including:

- The continuing closure of children's beds in teaching and district hospitals - a 30% reduction in paediatric units

- Increasing co-location of children in adult wards – 35% of hospitals do not routinely house children separately from adults
- Only 1 in 4 registered nurses in paediatric units have appropriate postgraduate training
- Only 1 in 3 hospitals have preadmission programs, or arrangements for children whose parents can't visit, or available play staff.

We strongly urge the Government to adopt and implement the *National Standards for the Care of Children and Adolescents in Health Services*. These National Standards were developed collaboratively over two years ago by the AWCH, CHA and the Paediatric & Child Health Division of the RACP but have yet to be implemented. The standards provide clear guidance for health care facilities to assess their capacity to care for children and young people in a safe and caring environment which acknowledges the rights and needs.

These National Standards are relevant to all areas of the health service where children and adolescents are attended to and specifically define the need for:

- Patient-and-family centred care that helps to minimise the potential distress caused by a healthcare experience
- Child-centred and family-focused communication between children, families and health professionals
- Provision of equipment and facilities to enable parents to support their child during a healthcare experience
- Recognition of cultural and ethnic differences in the provision of children's healthcare
- The importance of and inclusion of developmentally appropriate play and education in healthcare settings
- Timely access to health, disease, and illness-related information for parents/carers and health professionals
- Safe, secure, and child/adolescent friendly healthcare environments

Glossary

The Association for the Wellbeing of Children in Healthcare (AWCH) is a national, 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. *Contact: 02 98172439*

Australian College of Children and Young People's Nurses (ACCYPN) is the National Professional Organisation for Children and Young People's Nurses. Our membership is nurses working with children and young people in all settings. ACCYPN advocates for and facilitates the continuing development of specialty nursing practices to meet the unique needs of children and young people. ACCYPN is a Corporate Partner of RCNA. *Contact: chairperson@accypn.org.au <http://www.accypn.org.au>*

Australian Infant, Child, Adolescent and Family Mental Health

Association (AICAFMHA) actively promotes the mental health and well-being of infants, children, adolescents and their families and carers. *Contact: 0417 496323*

Australian Research Alliance for Children and Youth (ARACY) is a national non-profit organisation working to create better futures for *all* Australia's children and young people. *Contact: 02 62324503*

Children's Hospitals Australia (CHA) is a national peak body for Children's Hospitals in Australasia. Our vision is to enhance the health and well being of children and young people. We achieve this by supporting member hospitals to aspire to excellence in the clinical care of children by sharing knowledge and the evidence that underpins best practice. Our membership comprises 19 leading children's hospitals and health services located throughout Australia and New Zealand. *Contact: 02 6175 1900*

Council of Children's Nurses (CCN) is the principal professional organisation in NSW for nurses who provide care for children and young people within the context of their families and community. *Contact: 02 8197 8450*

Hospital in the Home (HITH)

The HITH Society is the peak body representing doctors, nurses, allied health, and other health care workers in Australia, Asia & the Pacific who provide Hospital in the Home (HITH) care. The Society provides education, promotes networking and through its Executive Council, represents its members by providing expert commentary and lobbying Governments at a local and Federal level on HITH issues. *Contact: 02 4394 7586 M: 0421 800 377*

National Council of Community Child Health (NCCCH) was formed in 1990 and has a membership of clinicians, service providers and policy makers in the area of Child Health. *Contact: 02 62051197*

National Investment for the Early Years (NIFTeY) is a research dissemination and educational body that highlights the importance of the environments and experiences to which young children are exposed on early brain development and the need for universal and targeted prevention and intervention services to optimise young children's outcomes *Contact 02 4921 4458*

Paediatrics & Child Health Division of the Royal Australasian College of Physicians (RACP) is the peak body for all Paediatricians in Australia and New Zealand. It is responsible for the specialty training of Paediatricians, and has a strong policy and advocacy agenda representing the interests of children, young people and their families. *Contact: 02 92565408*