

NRHA / CHA Key Outcomes

More than 400 expert delegates participated in a unique event focussed on the health care of Australia's rural and remote children. The **Caring for Country Kids** Conference in Alice Springs on 16-19 April 2016 was convened by the National Rural Health Alliance (the Alliance) and Children's Healthcare Australasia (CHA).

Throughout the Conference, delegates submitted recommendations based on the learnings of a wide range of experts in children's health care. The full list of the 137 recommendations received can be found [here](#).

The NRHA and CHA have analysed the suite of recommendations submitted by Conference delegates and distilled priority areas for action. These priority recommendations now form the basis of approaches which the organisations will seek to progress both individually and jointly with the aim of raising the profile of child health care in Australia and dramatically improving our national capacity to understand what needs to be done and to act on it.

These initiatives are not exclusively relevant to 'rural and remote' children and young people, but they are presented as key elements in better caring for country kids.

Key Outcomes

1. The formation of a **coalition of child & youth health and wellbeing expert bodies** to drive national investment in the early years as the most evidence based way of improving child, youth and wider community health.
2. Implementation of a **National Child & Youth Health Action Plan**, based on the practice of genuine consultation with children must give particular consideration to the needs of rural and remote children and young people.
3. A plan for **Child and Adolescent Mental Health** to sit within the National Mental Health Plan, with its own implementation plan and dedicated funding.
4. Establishment of a **platform to bring together data** collected in different agencies to analyse and report on child and youth health and wellbeing, including issues relating to family violence, self-harm and suicide.
5. Development and maintenance of a **virtual hub to provide information on joined-up care** for rural and remote children and youth;
6. Progressing improvement to healthcare needs **high-speed broadband to be available** to families, services and businesses in rural and remote areas

7. A **consistent national approach to closing the gap is vital** – one not affected by changes in government – and for improved integration between Commonwealth-funded and State and Territory services for at risk Aboriginal and Torres Strait Islander children.
8. Young people are a sophisticated audience who are able to lead and advocate for the health needs of local youth. This would be enhanced by the development of **One Stop Shops for young people** in remote centres to bring together in a youth-friendly space the range of health, education, communication and community services they need. These services could also include access to a range of simple general hygiene and health related video messages delivered in local languages with English subtitles.
9. Rural and remote oral health care needs are in need of greater support. Delegates called for **bipartisan commitment to the Child Dental Benefits schedule (CBDS)** and noted the need to ensure access to better dental and oral health services in rural and remote areas.
10. Supporting the needs of young children requires **population screening of infants for developmental issues and other vulnerabilities** to be available to all families with children aged 0-2 years.
11. Governments and relevant regulatory agencies and professional bodies should recognise and act on the fact that **birthing on country and in rural and remote areas** is as safe as in large birthing centres, where appropriate investment is made to support the midwifery workforce and in appropriately monitoring and managing outcomes.
12. The **National Disability Insurance Agency (NDIA)** should improve the quality and quantity of information to people in rural and remote areas about the NDIS, and ensure that the NDIS Framework include mechanisms for the identification, reporting and management of children with complex psychosocial needs.

Overarching issues also included:

- greater engagement of children and their families in decision making affecting their health and wellbeing,
- the need to specifically support better health and wellbeing of mothers and young children in the three years up until the baby reaches two years of age and
- the impact of racism on health and wellbeing.

Both CHA and the Alliance are examining how to provide a greater voice to children and young people in their advocacy of rural and remote health needs. And both organisations will consider ways to reduce the impact of racism in health services caring for children and young people.