

REVIEW

What's data got to do with it? A scoping review of data used as evidence in policies promoting the health of Aboriginal and Torres Strait Islander children in the Northern Territory, Australia

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Abstract

Issue addressed: Accurate data on the health of Australia's First Nations peoples is critical in determining appropriate public health programs and establishing a baseline against which to measure progress. The effective translation of evidence into practice continues to be a challenge for Australian health departments and policymakers. The objective of this scoping review was to (i) determine the extent and range of policies relevant to the health and well-being of Aboriginal and Torres Strait Islander children in the Northern Territory (NT); to (ii) identify what data is reported to be used as evidence to reconcile policy goals with outcomes, (iii) to describe issues acknowledged by policy makers relating to data availability and/or limitations, and to (iv) examine how principles of Indigenous inclusion and self-determination are included in these policies.

Methods: A search for current policy documents, strategic plans/initiatives or frameworks was conducted across Ovid Medline, PubMed, Informit, Scopus, in addition to a web-based search for grey literature. Current policy documents for the period 2010-2021 were included providing at least one of the goals or objectives were relevant to the health and well-being of Australian Aboriginal and Torres Strait Islander children from the NT.

Results: The search located 2610 unique citations. Full-text screening was conducted on 85 documents, a total of 49 policy documents or strategic plans/frameworks were included in the final synthesis. The source of data being used as evidence was unclear or absent in 10 of the 49 (20.4%) identified policy documents. Limitations of the available data were mentioned to some extent, but detailed information on quality and completeness was largely absent. In mapping the key principles of working in Aboriginal and Torres Strait Islander health contexts, only two policies articulated the need for information sharing and data governance.

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Conclusions: This review underscores the importance of providing clear information about which data is being used to inform policy decisions so that they may be evaluated and critiqued in meaningful ways that ensure decision makers are accountable.

So what?: Specific data items and/or indicators should be explicitly referenced as evidence used in the development of policies promoting the health of Aboriginal and Torres Strait Islander children and their communities from the outset so that evaluation is clear and policy makers are held accountable.

KEYWORDS

Aboriginal and Torres Strait Islanders, children, evidence-based practice, health policy, systematic review

1 | INTRODUCTION

Children remain central to the life and culture of Aboriginal and Torres Strait Islander communities.^{1–3} Childhood is a time of significant biological and psychosocial development. It is during this critical period that life-long health behaviours and attitudes develop that can have a profound impact on future health and wellbeing.⁴ Aboriginal and Torres Strait Islander children and young people continue to be negatively impacted by the consequences of colonialism and experience significant challenges that can lead to poorer health outcomes.⁵ This places them at risk of disadvantage in other aspects of their lives. Public health initiatives that intervene early in the life course have the greatest potential to prevent or reduce health disparities and shift health trajectories.^{4,6}

Public health policies establish principles or goals that inform programs and initiatives. In Australia, public health policies are codified at all levels of government – federal, state or territory, and local. The complexity of our federated health system, which involves shared funding and other responsibilities, means that no single body has all the policy levers needed.⁷ Individual state and territory governments and the non-government sector all play a role in the development of policies, frameworks, plans and strategies to guide change and promote the health of all Australians. In fact, many policies draw on, and are linked to, other policies and strategic plans formed across government.

There is broad agreement that all policy efforts should be evidence-based.⁸ However, translation of available data into evidence continues to be a challenge.⁹ Brown describes the historical approach to Aboriginal and Torres Strait Islander child health policy as ‘disjointed’ and ‘poorly coordinated’.¹⁰ Others have also reported that evidence has been either inconsistently applied, or not applied at all.^{11–13} In his narrative framing of Aboriginal and Torres Strait Islander peoples in policy, Fogarty et al reminds us to be conscious of ‘the way policy is constructed, and the assumptions that underpin it’.¹⁴ Policy development in Australia is usually characterised as a cycle or series of sequential stages: issue identification, policy analysis, policy instruments, consultation, coordination, decision making and implementation.¹⁵ The outcomes are then subject to evaluation and the cycle begins again.^{16–19} In reality, the process is influenced by multiple social, economic and political factors.^{17,20}

Black and Donald caution against the assumption of a linear relationship between evidence and policy¹² suggesting that evidence-based

policy making is more an interactive process. This view is supported by Fogarty who writes that ‘different narratives and priorities come together in complex ways – coexisting and sometimes sitting in tension with one another’.¹⁴ Collectively, these perspectives underline the critical, and sometimes dynamic, role for data and evidence in policy efforts, from identification of public health needs to providing a baseline to monitor improvements in health outcomes post implementation.^{12,21,22}

Historically, government-led policy approaches addressing the health and well-being of Aboriginal children and their communities have been influenced by ideology, historical practise, or political pressure.^{10,14} These have often caused more harm than good. The Northern Territory National Emergency Response, known as the ‘NT Intervention’, is one such example. In 2007 the government staged a massive intervention to ‘protect’ Aboriginal children from alleged sexual abuse following the release of the ‘*Ampe akelyememane meke mekarle*: Little Children are Sacred’ report. Without warning or consultation, a series of interventions saw Aboriginal peoples’ lives heavily regulated. Despite rigorous advocacy against the intervention, the successive government rebranded many of the same measures in the 2012 Stronger Futures in the Northern Territory Act (Stronger Futures) and extended its implementation until 2022. Most of the policy measures were not evidence-based.^{3,10}

In July 2020, the Australian government announced a new National Agreement on Closing the Gap which acknowledged the need for improved data in the ongoing policy effort to improve the lives of Aboriginal and Torres Strait Islander peoples.^{23,24} The Australian Government’s commitment to an evidence-based approach is welcome, however, the extent to which current policies disclose the data underpinning policy decisions is unknown. The revised National Agreement has also adopted a new target to increase the proportion of Aboriginal and Torres Strait Islander children assessed as being developmentally ‘on track’ in all five Australian Early Development Census (AEDC) domains. The goal is to reach 55% by 2031.²⁵ The latest AEDC results indicate that 34.3% of Aboriginal and Torres Strait Islander children nationally were on track compared with 56.2% of non-Aboriginal children.²⁶ Only one in six Aboriginal and Torres Strait Islander children in the NT (16.4%) were found to be developmentally on track across all five AEDI domains in 2021.²⁶ While this varies across regions, it is still well below the national average.²⁷

Supporting young Aboriginal and Torres Strait Islander children from the NT to thrive requires recognition of the ongoing impact of past injustices and compounding effect of social disadvantage experienced by many families in the NT. Understanding these factors, along with the unique local setting is important. The NT covers about one-sixth of Australia's land mass and yet it accounts for <1% of Australia's population (232 605 in 2021). About 26% of the NT population identify as Aboriginal and/or Torres Strait Islanders.²⁸ Compared with Australia's general population, the NT population is much younger, more mobile, and more likely to live in remote or very remote areas.^{29,30} In 2021 there were 48 902 NT children aged between 0 and 14 years. Aboriginal and/or Torres Strait Islander people made up 35.2% of this group.³¹

To date, there have been no systematic analyses of data reported to underpin the evidence-base for the development and evaluation of health policy objectives relevant to Aboriginal and Torres Strait Islander children in Australia, let alone those from the NT. With this in mind, we conducted a scoping review (i) to identify the extent and range of federal and territory-based policies relevant to the health and well-being of Aboriginal children in the NT, (ii) to identify which data items or indicators are reported to be used as evidence to reconcile policy goals with outcomes, (iii) to describe issues acknowledged by policy makers relating to data availability and/or limitations and (iv) to review the extent to which principles, for working with Aboriginal and Torres Strait Islander peoples, were included in policy aimed at improving their health and well-being. These principles, informed by key ethical guidelines, were developed in 2018 following a call for greater involvement of Aboriginal and Torres Strait Islander peoples in the development and evaluation of programs and policies.^{32–36}

2 | METHODS

This study followed a six-stage scoping review framework developed by Arksey and O'Malley.³⁷ The framework specifies the following five steps: (i) development of the research question; (ii) identification of relevant studies; (iii) study selection; (iv) charting the data; (v) collating, summarizing and reporting the results.

2.1 | Step 1: Development of the research question

Our research question was 'What is known from the existing literature about data items or indicators being used as evidence base to inform Aboriginal child health policy in the NT?'

2.2 | Step 2: Identification of relevant policy documents

To identify relevant policy documents addressing the research question, we undertook a broad literature search of both primary research

through four electronic databases [Ovid Medline, Scopus, Informit and PubMed] and online grey literature. Subject categories and key search terms (shown in Table 1) were developed in collaboration with an academic librarian based at the Royal Children's Hospital in Melbourne. No limiters were used. Based on the requirements and search constraints of each database or website, the initial search (Appendix S1) was adapted as needed and filters applied. The search was first performed in February 2019 and later updated in September 2021 to include policy documents current as of January 1, 2010, up until September 20, 2021.

2.3 | Step 3: Study selection

Search results were entered into an Excel spreadsheet. Duplicates were either automatically removed in Endnote or manually removed in Excel prior to being combined and imported into a custom-built Research Electronic Data Capture (REDCap) database for screening.⁸⁷ This review is reported following the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)⁸⁸ (Appendix S2). The pre-defined protocol is available from the authors upon request.

Documents issued by a government or non-government organisation (NGO) containing an authoritative statement or commitment articulating a plan, strategy, framework, goal and/or objective relating to one or more health issues on behalf of the public, were considered to be a 'policy document' for the purpose of this scoping review.^{89–91}

To be eligible for inclusion, documents were:

- high level policy documents, strategic plans, initiatives or frameworks (as above);
- published between 2010 and 2021 (to ensure currency);
- by a government or NGOs at either the Federal or Territory level (NT) of Australia;
- most current publicly available version in English;
- aimed at addressing issues of child health and well-being;
- with at least one stated target, goal or action applicable to Aboriginal and Torres Strait Islander children in the NT (aged 0–8 years). This includes national policies that, by design, are applicable to all Australian children which includes Aboriginal and Torres Strait Islander children from the NT.

The following were excluded from the review:

- policy statements or position papers
- implementation plans
- evaluation reports
- standard operating procedures (SOPs)
- documents relating solely to adults, with no reference to young children.

The search generated 4751 potential records, which were managed using EndNote X9 (Clarivate Analytics, Philadelphia,

TABLE 1 Summary of policy documents relevant to the health and well-being of Aboriginal and Torres Strait Islander children in the Northern Territory

Policy document (reference and grading)	National/ Northern territory	Policy period	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss ^{38,***}	National	2005-	Eye health	All Australians (children and adults)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility ✓ Engagement × Capacity building × Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
Investing in the early years – A national early childhood development strategy. An initiative of the Council of Australian Governments ^{39,**1/2}	National	2009-2020	Early childhood education	All Australian children (0-8 years of age)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> × Partnership ✓ Shared responsibility × Engagement × Capacity building × Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Framework for Protecting Australia's Children 2009-2020 ^{40,**1/2}	National	2009-2020	Child protection	All Australian children and young people (<18 years of age)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility × Engagement × Capacity building × Equity × Accountability × Evidence-based × Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
National Disability Strategy 2010-2020 ^{41,**1/2}	National	2010-2020	Disability	All Australians (children and adults)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility × Engagement × Capacity building

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020 ⁴² *+1/2	2010-2020	Northern Territory	Chronic conditions	All Territorians (children and adults)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> × Equity × Accountability × Evidence-based × Holistic concept of health × Cultural competence × Data governance × Indigenous strengths ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Plan to Reduce Violence Against Women and their Children 2010-2022 ⁴³ *	2010-2022	National	Family violence	All Australian women, children, and young people (<18 years of age)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> × Partnership × Shared responsibility × Engagement × Capacity building × Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Framework for Universal Child and Family Health Services ⁴⁴ *	2011-	National	Child and family services	All Australian children and young people (<18 years of age)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity × Accountability ✓ Evidence-based ✓ Cultural competence × Data governance × Indigenous strengths

(Continues)

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Stronger Futures in the Northern Territory: A 10-year commitment to Aboriginal people in the Northern Territory ⁴⁵ ****	2012-2020	Northern Territory	General health and well-being	Territorian Aboriginal and Torres Strait Islanders (including children)	No	No	<ul style="list-style-type: none"> × Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths × Partnership × Shared responsibility ✓ Engagement ✓ Capacity building × Equity × Accountability × Evidence-based × Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
National Strategic Framework for Rural and Remote Health ⁴⁶ *	2012-	National	General health and well-being	All Australians (children and adults)	Yes, explicitly refers to data items and source	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement × Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Aboriginal and Torres Strait Islander Health Plan 2013-2023 ⁴⁷ ****	2013-2023	National	General health and well-being	Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths

TABLE 1 (Continued)

Policy document (reference and grading)	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
National Framework for Neonatal Hearing Screening ^{48*}	National	Hearing	All Australian infants	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement × Capacity building ✓ Equity × Accountability ✓ Evidence-based × Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
National Aboriginal and Torres Strait Islander Peoples' Drug Strategy ^{49*****}	National	Drug and/or Alcohol	Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024 ^{50***1/2}	National	Oral health	All Australians (children and adults)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health ^{51*}	National	General health and well-being	All Australian children and young people (<18 years of age)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility × Engagement × Capacity building

(Continues)

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Northern Territory Nutrition and Physical Activity Strategy 2015-2020 ^{52**1/2}	2015-2020	Northern Territory	Nutrition and/or physical activity	All Territorians (children and adults)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health × Cultural competence × Data governance ✓ Indigenous strengths ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building × Equity × Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
Northern Territory Mental Health Service Strategic Plan 2015-2021 ^{53*1/2}	2015-2021	Northern Territory	Mental health promotion and/or suicide prevention	All Territorians (children and adults)	No	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Aboriginal and Torres Strait Islander Education Action Strategy 2015 ^{54*****}	2015-	National	Education	Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility × Engagement × Capacity building ✓ Equity ✓ Accountability × Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
A Share in the Future: Indigenous Education Strategy 2015-2024 ⁵⁵ *****	2015-2024	Northern Territory	Education	Territorian Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> × Cultural competence × Data governance × Indigenous strengths × Partnership × Shared responsibility ✓ Engagement ✓ Capacity building × Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families ⁵⁶ *****	2016-2023	Northern Territory	Child and family services	Territorian Aboriginal and Torres Strait Islander children	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
SNAICC 2016-2021 Strategic Plan ⁵⁷ *****	2016-2023	National	General health and well-being	Aboriginal and Torres Strait Islander children	No	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building × Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths

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TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
National Diabetes Strategy 2016-2020 ^{58**1/2}	2016-2020	National	Chronic conditions	All Australians (children and adults)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility × Engagement ✓ Capacity building × Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017-2023 ^{59*****}	2017-2023	National	Mental health promotion and/or suicide prevention	Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
National Strategic Framework for Chronic Conditions ^{60***1/2}	2017-2025	National	Chronic conditions	All Australians (children and adults)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement × Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
National Drug Strategy 2017-2026 ^{61*}	2017-2026	National	Drug and/or alcohol	All Australians (children and adults)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Fifth National Mental Health and Suicide Prevention Plan ^{62**1/2}	2018-2022	National	Mental health promotion and/or suicide prevention	All Australians (children and adults)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> × Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building × Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
Northern Territory suicide prevention: strategic framework 2018-2023 ^{63*}	2018-2023	Northern Territory	Mental health promotion and/or suicide prevention	All Territorians (children and adults)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> × Partnership ✓ Shared responsibility × Engagement × Capacity building ✓ Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
Northern Territory (NT) Health Strategic Plan 2018-2022 ^{64**1/2}	2018-2022	Northern Territory	General health and well-being	All Territorians (children and adults)	No	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility × Engagement × Capacity building × Equity × Accountability ✓ Evidence-based

(Continues)

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy ⁶⁵ ****	2018-2022	National	STIs/blood born viruses	Aboriginal and Torres Strait Islanders (including children)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
The Best Opportunities in Life – Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028 ⁶⁶ ****	2018-2028	Northern Territory	General health and well-being	All Territorian children and young people (<18 years of age)	No	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence ✓ Data governance ✓ Indigenous strengths
Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018-2024 ⁶⁷ *1/2	2018-2024	Northern Territory	Fetal Alcohol Disorder (FASD)	All Territorian children and young people (<18 years of age)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility × Engagement ✓ Capacity building × Equity × Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
National Fetal Alcohol Spectrum Disorders (FASD) Strategic Action Plan 2018-2028 ^{68*,1/2}	2018-2028	National	Fetal Alcohol Disorder (FASD)	All Australian children and young people (<18 years of age)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building × Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
Starting early for a better future: Early Childhood Development in the Northern Territory 2018-2028 ^{69*}	2018-2028	Northern Territory	Early childhood development	All Territorian children (0-5 years of age)	No	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health × Cultural competence × Data governance ✓ Indigenous strengths
Education NT Strategic Framework 2018-2022 ^{70*}	2018-2022	Northern Territory	Education	All Territorian children and young people (<18 years of age)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> × Partnership × Shared responsibility × Engagement × Capacity building × Equity × Accountability × Evidence-based × Holistic concept of health × Cultural competence × Data governance × Indigenous strengths
National Asthma Strategy 2018 ^{71*,1/2}	2018-	National	Chronic conditions	All Australians (children and adults)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> × Partnership ✓ Shared responsibility × Engagement ✓ Capacity building

(Continues)

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Australian Student Wellbeing Framework ^{72*}	2018-	National	Education	All school aged Australian children	No	No	<ul style="list-style-type: none"> ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths ✓ Partnership × Shared responsibility ✓ Engagement × Capacity building × Equity × Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Utmenge, Tyerrtye, mwarre atnyenetyeke iltye tyerrtye urrperle – kenhenge: Health in the Hands of the People. The Children's Ground Family Health and Wellbeing Framework ^{73,****}	2018-	National	General health and well-being	Aboriginal and Torres Strait Islander children	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Central Australia Aboriginal Community Controlled Out-of-Home Care Strategy 2019-2023 ^{74,*****}	2019-2023	Northern Territory	Child protection	Aboriginal and Torres Strait Islander children	No	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building × Equity × Accountability × Evidence-based

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
National Strategic Action Plan for Childhood Heart Disease: beyond the heart: transforming care ^{75**}	2019-	National	Chronic conditions	All Australian children and young people (<18 years of age)	No	Yes	<ul style="list-style-type: none"> ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths ✓ Partnership ✓ Shared responsibility × Engagement ✓ Capacity building ✓ Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths
Australian National Breastfeeding Strategy: 2019 and beyond ^{76*1/2}	2019-	National	Breastfeeding	All Australian children and young people (<18 years of age)	Yes, explicitly refers to data items and source	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement × Capacity building × Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
National Immunisation Strategy 2019-2024 ^{77*}	2019-2024	National	General health and well-being	All Australians (children and adults)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility ✓ Engagement × Capacity building × Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths × Partnership × Shared responsibility ✓ Engagement × Capacity building × Equity ✓ Accountability ✓ Evidence-based × Holistic concept of health ✓ Cultural competence × Data governance × Indigenous strengths

(Continues)

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Strong Eyes, Strong Communities: A five-year plan for Aboriginal and Torres Strait Islander Eye Health and Vision 2019-2024 ^{78,****}	2019-2024	National	Eye health	Aboriginal and Torres Strait Islanders (including children)	Yes, explicitly refers to data items and source	Yes	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Roadmap for Hearing Health ^{79,****}	2019-	National	Hearing	All Australians (children and adults)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> × Partnership × Shared responsibility ✓ Engagement × Capacity building × Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Everyone Together: Aboriginal Affairs Strategy 2019-2029 ^{80,****}	2019-2029	Northern Territory	General health and well-being	Territorian Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity × Accountability × Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
National Action Plan for the Health of Children and Young People 2020-2030 ^{81,****}	2020-2030	National	General health and well-being	All Australian children and young people (<18 years of age)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19): Management Plan for Aboriginal and Torres Strait Islander populations ⁸² ****	2020-	National	COVID-19	Aboriginal and Torres Strait Islanders (including children)	No	No	<ul style="list-style-type: none"> ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths ✓ Partnership ✓ Shared responsibility ✓ Engagement × Capacity building ✓ Equity × Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Northern Territory Aboriginal Health Plan 2021-2031 ⁸³ ****	2021-2031	Northern Territory	General health and well-being	Territorian Aboriginal and Torres Strait Islanders (including children)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Framework to inform the development of a National Aboriginal and Torres Strait Islander Early Childhood Strategy ⁸⁴ *****	2021-	National	Early childhood development	Aboriginal and Torres Strait Islanders (including children)	Yes, explicitly refers to data items and source	No	<ul style="list-style-type: none"> ✓ Partnership × Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths

(Continues)

TABLE 1 (Continued)

Policy document (reference and grading)	Policy period	National/ Northern territory	Area of focus	Target population	Is data/evidence used to measure outcomes against stated targets?	Does policy document acknowledge gaps in data/evidence?	Principles referenced
The National Children's Mental Health and Wellbeing Strategy ^{85****}	2021-	National	Mental health promotion and/or suicide prevention	All Australian children and young people (<18 years of age)	Yes, but only generally referred (no specifics)	Yes	<ul style="list-style-type: none"> ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths ✓ Partnership ✓ Shared responsibility ✓ Engagement × Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths
Northern Territory Mental Health and Suicide Prevention Foundation Plan 2021-2022 ^{86**}	2021-2022	Northern Territory	Mental health promotion and/or suicide prevention	All Territorians (children and adults)	Yes, but only generally referred (no specifics)	No	<ul style="list-style-type: none"> ✓ Partnership ✓ Shared responsibility ✓ Engagement ✓ Capacity building ✓ Equity ✓ Accountability ✓ Evidence-based ✓ Holistic concept of health ✓ Cultural competence × Data governance ✓ Indigenous strengths

Note: Policies were graded between * (low significance) to **** (high significance).

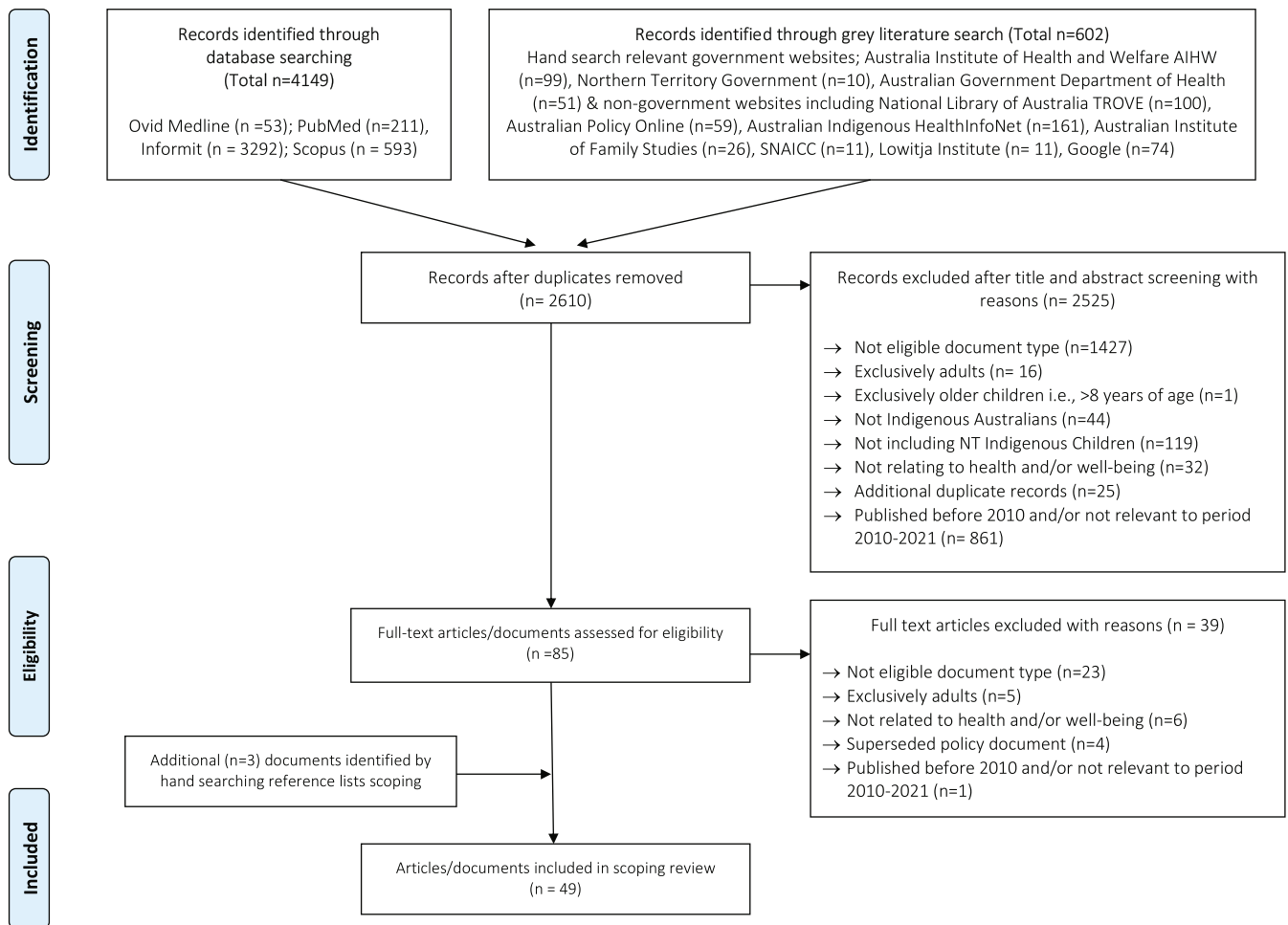


FIGURE 1 PRISMA flow diagram

Pennsylvania). Titles and abstracts were screened to determine eligibility for inclusion after 2141 duplicates were removed. Data were extracted and coded by one reviewer (CLJ) using a standard data collection form. Due to time and budget constraints a second reviewer was not available to double-screen records. The status of all identified documents were verified by a senior policy officer at the NT Department of Health as 'current' policies relevant to Aboriginal and Torres Strait Islander children from the NT. No changes to the selection of policies were made at this stage.

Following the exclusion of 2525 abstracts, we retrieved 85 full-text articles for detailed review. None of the included policy documents were published in peer-reviewed journals. An executive decision was made to include four key policy documents published prior to January 1, 2010 as they were still current policies within the period 2010 to 2021.^{38-40,42} The reference lists of all full-text documents were hand-searched by one reviewer (CLJ). Three additional documents were identified by hand searching these reference lists. This left 49 eligible policy documents or strategic plans/frameworks for analysis. The review process is presented in the PRISMA flowchart (Figure 1).

2.4 | Step 4: Charting the data

Data was extracted using a standardised data extraction form in REDCap⁸⁷ developed following discussion within the team. Data was captured on the following topics: (i) characteristics of the document, including the source and type of publication, (ii) the target population, (iii) area of focus, (iv) whether or not the document referenced a system of measurement for evaluating or tracking performance, (v) the source data/indicators reportedly used as evidence and (vi) any reference to data quality and/or completeness. We assigned a grade for each policy to signify where it sits along a continuum of overall 'significance' for the health and well-being of Aboriginal and Torres Strait Islander children. The criteria we considered included: the presence of background data on the health status of Aboriginal and Torres Strait Islander peoples, the volume of text dedicated to describing the health and well-being of Aboriginal and Torres Strait Islander peoples, whether the policy referred to Aboriginal and Torres Strait Islander peoples as a priority population, and the number of targets, goals or actions set to improve the health and well-being of Aboriginal and Torres Strait Islander children.

Policies were graded between * (low significance) to **** (high significance). Policies specifically targeting Aboriginal and Torres Strait Islander peoples automatically ranked higher (Table 1).

We also recorded any reference made to key principles underpinning Aboriginal and Torres Strait Islander health planning policy contexts. The principles are; shared responsibility, cultural competence, engagement, partnership, capacity building, equity, a holistic concept of health, accountability, and evidence-based.^{32,92} We coded principles as present if they were mentioned in any part of the documents reviewed. Descriptive statistics for extracted data were calculated using STATA version 17 (StataCorp, College Station, Texas). Ethical approval was not required for this scoping review.

3 | RESULTS

3.1 | Step 5: Collating and summarising the findings

Of the 49 eligible policy documents identified in this scoping review, 34 were national documents and 15 were specific to the NT. Here follows a synthesis of the findings.

3.2 | Focus of identified policy documents

Each of the included documents articulated at least one goal or objective to improve the health and well-being of Aboriginal and Torres Strait Islander children from the NT.

Twenty-two policy documents were broadly directed toward improving the health and wellbeing of *all* Australians (adults and children), while another 11 targeted all Australian children. Statistics on the health status of Aboriginal and Torres Strait Islander people were included in the majority of these broad policies (n = 29, 88%). Yet only 19 of them described Aboriginal and Torres Strait Islander peoples (including children) as a 'priority' group. Seven of the broad policies were deemed to be relevant to the health and well-being of Aboriginal and Torres Strait Islander children (scoring *** and above). This includes:

- National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss (2014)³⁸
- National Action Plan for the Health of Children and Young People 2020-2030⁸¹
- Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024⁵⁰
- National Strategic Framework for Chronic Conditions⁶⁰
- The Best Opportunities in Life - Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028⁶⁶
- Roadmap for Hearing Health⁷⁹
- The National Children's Mental Health and Wellbeing Strategy⁸⁵

Each of these policies ascribed priority status to our population of interest and included several targets, goals and/or action items aimed

at promoting their health and well-being. The documents discussed the health status of Aboriginal and Torres Strait Islander children over several pages or across multiples sections throughout each document.

Twenty percent of the policies identified in this review (n = 10) specifically targeted Australian Aboriginal and Torres Strait Islanders of all ages (adults and children). Another 12% (n = six) aimed to address the health and wellbeing of Aboriginal and Torres Strait Islander children, 4 of which were national^{54,56,57,69} and 2 were specific to the NT.^{55,74}

The policies varied in terms of their purpose and focus. A quarter of the identified policy documents (n = 12) focused on improving general health, development and well-being.^{45-47,51,57,64,66,73,77,80,81,83} Six policies addressed issues of social and emotional well-being including mental health and suicide prevention.^{53,59,62,63,85,86} Four policies focused on education^{54,55,70,72} with an additional three specifically on early childhood development and education.^{39,69,84} Five focused on chronic diseases such as diabetes, asthma and childhood heart disease.^{42,58,60,71,75} Three documents focused on child protection and/or family violence.^{40,43,74} Two each addressed child and family services,^{44,56} drug and alcohol/foetal alcohol spectrum disorder (FASD),^{67,68} hearing^{48,79} and eye health.^{38,78} One policy each was observed on nutrition and/or physical activity,⁵² sexually transmitted infections (STIs) and blood born viruses (BBVs),⁶⁵ oral health,⁵⁰ eye health,³⁸ breastfeeding⁷⁶ and disability,⁴¹ respectively. Table 1 provides an overview of the included policy documents.

In February of 2020, the Australian Government published the first Australian Health Sector Emergency Response Plan for the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),⁹³ and the associated coronavirus disease (COVID-19). This document provided guidance for the national response to the emerging global pandemic. A subsequent management plan titled, Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19): Management Plan for Aboriginal and Torres Strait Islander populations, was published in July 2020 and is included in this review.⁸² The COVID-19 pandemic had an unprecedented effect on the community in the NT and around the world. There have been significant changes in the way the community lives. How this will impact children and young people's trajectory in life remains unknown.

The release of the new Northern Territory Health Aboriginal Health Plan 2021-2031⁸³ in September of 2021 fills a 3-year gap since the previous Northern Territory Aboriginal Health Plan 2015-2018 expired.⁹⁴ Several other updates to policies and strategic plans relevant to the health and well-being of Aboriginal and Torres Strait Islander children from the NT were also due in 2020/2021. The global pandemic has likely impacted the timelines, as several of these updates were not available at the time the search was conducted.³⁹⁻⁴² The Australian Government has articulated it is committed to delivering an update to the National Aboriginal and Torres Strait Islander Early Childhood Strategy in 2021 working in collaboration with SNAICC, as the national peak body for Aboriginal and Torres Strait Islander children.^{39,84} Whilst the current National Aboriginal and Torres Strait Islander Health Plan (Health Plan) is not due to expire until 2023,⁴⁷ a refreshed Health Plan was published after the search was performed in

late 2021. The new National Disability Strategy and National Framework for Protecting Australia's children were also published after the search date in late 2021. As such, the National Disability Strategy 2010-2020⁴¹ and National Framework for Protecting Australia's Children 2009-2020 were included in the review.

3.3 | Monitoring and evaluation

The majority of policy documents ($n = 38$, 77.5%) made general reference to plans for monitoring, review and/or evaluation process but detail was generally absent. Non-specific reference to future, as yet unpublished, implementation plans was common. We identified five (10.2%) policy documents that made specific reference to the health performance framework (HPF). The HPF is a national tool used for reporting on the key drivers of health and health system performance.⁹⁵ Established in 2006, the HPF is made up of 68 measures across three broad domains or tiers: (i) health status and outcomes, (ii) determinants of health and (iii) health system performance.⁹⁶ The Framework was designed to promote accountability and inform policy and research. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023⁴⁷ expressly referenced the HPF as their primary source for reporting on progress in meeting the Plan's policy objectives. Only one of the policy documents targeting Aboriginal and Torres Strait Islander children outlined specific details for monitoring and evaluation. The others provided dot points on broad long-term plans across implementation cycles.

3.4 | Available indicators

The source of data reportedly used as evidence base, was unclear or absent in 10 of 49 (20.4%) the identified policy documents, 6 of which were specific to the NT. Just over half of the identified policies (26 of 49, 53%) referred to the source of data on which their goals and objectives were determined in general terms only with no specifics. Reference was often given to national, or territory-based Key Performance Indicators (KPIs), cross-sectional surveys or other reports but with minimal alignment to individual goals proposed.

We did identify 13 of the 49 (22.7%) policy documents that provided specific detail regarding which data items, variables or indicators were to be used for measurement of strategic progress or performance against goals and objectives. These exemplary documents were the:

- Fifth National Mental Health and Suicide Prevention Plan⁶²
- National Framework for Protecting Australia's Children 2009-2020⁴⁰
- National Framework for Universal Child and Family Health Services⁴⁴
- National Strategic Framework for Chronic Conditions⁶⁰
- Northern Territory Nutrition and Physical Activity Strategy 2015-2020⁵²

- Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018-2024⁶⁷
- National Strategic Framework for Rural and Remote Health⁴⁶
- Australian National Breastfeeding Strategy: 2019 and beyond⁷⁶
- National Asthma Strategy 2018⁷¹
- National Immunisation Strategy 2019-2024⁷⁷
- National Framework for Neonatal Hearing Screening⁴⁸
- Strong Eyes, Strong Communities: A 5-year plan for Aboriginal and Torres Strait Islander eye health and vision 2019-2024⁷⁸
- Framework to inform the development of a National Aboriginal and Torres Strait Islander Early Childhood Strategy⁸⁴

This last policy is the only one targeting Aboriginal and Torres Strait Islander children to provide specific detail on data items, variables or indicators to be used. Data items and/or indicators explicitly referenced across 13 policy documents are presented in Table 2.

3.5 | Gaps in the data

The lack of high-quality data was frequently raised as an issue but not well described. Twenty documents made general reference to the limitations of available data ($n = 20$, 40.8%), but only eight of these documents provide specifics on which data items or indicators are of concern. Table 2 outlines specific issues raised. The National Strategic Framework for Chronic Conditions (in particular) provided very detailed information about data items/indicators with quality issues or where data was not routinely available.⁶⁰

3.6 | Identification of principles present in policy documents

Table 1 presents data on which policy documents referenced key principles underpinning Aboriginal and Torres Strait Islander health planning policy contexts.^{32,92} The principles were not consistently embedded across the 49 policy documents identified. We found that the principles of evidence-base ($n = 42$, 86%), cultural competence and cultural respect ($n = 37$, 75.5%), partnerships ($n = 35$, 71.4%) and engagement ($n = 36$, 73.5%) were well articulated across the identified policy documents, followed closely by capacity building ($n = 30$, 61.2%), holistic concepts of health ($n = 32$, 65.3%) and equity ($n = 28$, 57%). Twenty-nine policies (59.2%) specified some form of accountability being instrumental, although it was not always clear who needed to be 'accountable'.

Shared responsibility was present in nearly half of all policies ($n = 22$, 44.9%). Surprisingly, only three policies – the NT 'Best Opportunities in Life' Strategic Plan 2018-2028, the National Children's Mental Health and Wellbeing Strategy and Framework to inform the development of a National Aboriginal and Torres Strait Islander Early Childhood Strategy,⁸⁴ included principles for information sharing and data governance.^{66,85} We attempted to determine how meaningfully each policy incorporated these principles. Upon

TABLE 2 Referenced indicators/data items used as evidence

	Antenatal	Birth	Infancy (0-2 years)	Preschool age (3-5 years)	School age (6-8 years)
General health	<ul style="list-style-type: none"> Maternal alcohol consumption during pregnancy data^{b67} Smoking during pregnancy⁶⁰ First antenatal visit (AHKPI)^{46,84} Proportion of pregnant women who receive perinatal care¹⁰ GAP IDENTIFIED: Australia is missing national FASD prevalence data^{67,68} 	<ul style="list-style-type: none"> Birthweight^{46,60,84} Proportion of low birthweight babies^{40,52} Proportion of macrosomic babies⁵² Rates of anaemia^{b46,52} Rates of underweight/stunting^{b46,52} Rates of undernutrition^{b52} Proportion of children who have first contact with Universal Child and Family Health Services within 2 weeks of birth⁴⁴ 	<ul style="list-style-type: none"> Children with developmental health checks^{b60} Body Mass Index (BMI)⁵² Episodes of health care and client contacts⁴⁶ Proportion of children who have contact with Universal Child and Family Health Services at 6-8 months of age⁴⁴ Children exposed to tobacco smoke in the home⁶⁰ 	<ul style="list-style-type: none"> Children with developmental health checks^{b60} Episodes of health care and client contacts⁴⁶ Proportion of children who receive a health check prior to school entry⁴⁴ Children exposed to tobacco smoke in the home⁶⁰ 	<ul style="list-style-type: none"> Episodes of health care and client contacts⁴⁶ Proportion of children vulnerable on one or more domains of the Australian Early Development Index^{40,62,84} Children exposed to tobacco smoke in the home⁶⁰
Infant mortality	<ul style="list-style-type: none"> Mortality rate for infants less than 1 year of age^{44,84} 				
Breastfeeding			<ul style="list-style-type: none"> Proportion of children ever breastfed⁷⁶ Proportion of children breastfed 0-24 months⁷⁶ Proportion of children predominantly breastfed 0-6 months³⁷⁶ Proportion of infants exclusively breastfed 0-6 months of age^{a44,52,60,76} Proportion of children receiving soft/semi solid/solid foods 0-12 months^{a76} Proportion of children receiving non-human milk or formula 0-12 months^{a76} GAP IDENTIFIED: Australia is missing overall rates of breastfeeding in infancy⁵² 		
Immunisation			<ul style="list-style-type: none"> Rates of fully immunised children^{44,46,60,77} Timeliness of Immunisations^{46,77} 	<ul style="list-style-type: none"> Rates of fully immunised children^{44,46,60,77} Timeliness of Immunisations^{46,77} 	<ul style="list-style-type: none"> Rates of fully immunised children^{44,46,60,77} Timeliness of Immunisations^{46,77}
Asthma			<ul style="list-style-type: none"> Number of children with well-controlled asthma⁷¹ Number of children with Asthma action plans⁷¹ Number of children using Preventer⁷¹ Number of children accessing GPs for asthma⁷¹ Number of Hospitalisations⁸⁷¹ 	<ul style="list-style-type: none"> Number of children with well-controlled asthma⁷¹ Number of children with Asthma action plans⁷¹ Number of children using Preventer⁷¹ Number of children accessing GPs for asthma⁷¹ 	<ul style="list-style-type: none"> Number of children with well-controlled asthma⁷¹ Number of children with Asthma action plans⁷¹ Number of children using Preventer⁷¹ Number of children accessing GPs for asthma⁷¹

TABLE 2 (Continued)

	Antenatal	Birth	Infancy (0-2 years)	Preschool age (3-5 years)	School age (6-8 years)	
Overweight and obesity	<ul style="list-style-type: none"> Rates of pre-pregnancy overweight and obesity⁵² GAP IDENTIFIED: Rate of overweight and obese NT women during pregnancy^{b52} 		<ul style="list-style-type: none"> Body mass index (BMI)⁵² Proportion of children whose BMI score is above the international cut-off points for 'overweight' and 'obese' for their age and sex^{44,60} Insufficient physical activity, by age group^{52,60} Salt intake per capita^{a60} Energy intake from discretionary foods, by age group^{a60} Inadequate fruit and/or vegetable consumption, by age group^{52,60} Raised total cholesterol, by age group^{a60} 	<ul style="list-style-type: none"> Number of Hospitalisations^{a71} Asthma patient quality of life^{a71} Direct Costs of asthma^{a71} Prevalence of children with asthma^{a71} Asthma-related deaths (all ages)^{a71} 	<ul style="list-style-type: none"> Number of Hospitalisations^{a71} Asthma patient quality of life^{a71} Direct Costs of asthma^{a71} Prevalence of children with current asthma^{a71} Asthma-related deaths (all ages)^{a71} 	<ul style="list-style-type: none"> Number of Hospitalisations^{a71} Asthma patient quality of life^{a71} Direct Costs of asthma^{a71} Prevalence of children with current asthma^{a71} Asthma-related deaths (all ages)^{a71}
Eye health			<ul style="list-style-type: none"> Body mass index (BMI)⁵² Proportion of children whose BMI score is above the international cut-off points for 'overweight' and 'obese' for their age and sex^{44,60} Insufficient physical activity, by age group^{52,60} Salt intake per capita^{a60} Energy intake from discretionary foods, by age group^{a60} Inadequate fruit and/or vegetable consumption, by age group^{52,60} Raised total cholesterol, by age group^{a60} 	<ul style="list-style-type: none"> Body mass index (BMI)⁵² Proportion of children whose BMI score is above the international cut-off points for 'overweight' and 'obese' for their age and sex^{44,60} Insufficient physical activity, by age group^{52,60} Salt intake per capita^{a60} Energy intake from discretionary foods, by age group^{a60} Inadequate fruit and/or vegetable consumption, by age group^{52,60} Raised total cholesterol, by age group^{a60} 	<ul style="list-style-type: none"> Body mass index (BMI)⁵² Proportion of children whose BMI score is above the international cut-off points for 'overweight' and 'obese' for their age and sex^{44,60} Insufficient physical activity, by age group^{52,60} Salt intake per capita^{a60} Energy intake from discretionary foods, by age group^{a60} Inadequate fruit and/or vegetable consumption, by age group^{52,60} Raised total cholesterol, by age group^{a60} 	
			<ul style="list-style-type: none"> Proportion of children who receive a vision screen between the ages of 3.5 and 4.5 years⁴⁴ Prevalence of vision impairment due to uncorrected refractive error⁷⁸ Number of visiting optometrists Scheme (VOS) occasions of service⁷⁸ Number of rural health outreach fund (RHOF) occasions of service⁷⁸ MBS/PBS = Use of MBS item 12325 (assessment of visual acuity and bilateral retinal photography with a non-mydiatic retinal camera)⁷⁸ Use of MBS item 42587 (trichiasis surgery for trachoma)⁷⁸ 	<ul style="list-style-type: none"> Prevalence of vision impairment due to uncorrected refractive error⁷⁸ Number of Visiting Optometrists Scheme (VOS) occasions of service⁷⁸ Number of rural health outreach fund (RHOF) occasions of service⁷⁸ MBS/PBS = Use of MBS item 12 325 (assessment of visual acuity and bilateral retinal photography with a non-mydiatic retinal camera)⁷⁸ Use of MBS item 42587 (trichiasis surgery for trachoma)⁷⁸ 	<ul style="list-style-type: none"> Prevalence of vision impairment due to uncorrected refractive error⁷⁸ Number of Visiting Optometrists Scheme (VOS) occasions of service⁷⁸ Number of rural health outreach fund (RHOF) occasions of service⁷⁸ MBS/PBS = Use of MBS item 12 325 (assessment of visual acuity and bilateral retinal photography with a non-mydiatic retinal camera)⁷⁸ Use of MBS item 42587 (trichiasis surgery for trachoma)⁷⁸ 	

(Continues)

TABLE 2 (Continued)

	Antenatal	Birth	Infancy (0-2 years)	Preschool age (3-5 years)	School age (6-8 years)
Oral health				<ul style="list-style-type: none"> non-mydratric retinal camera)⁷⁸ Use of MBS item 42587 (trichiasis surgery for trachoma)⁷⁸ Use of PBS for anti-VEGF medicines⁷⁸ Dentist visit in last 12 months⁶⁰ 	<ul style="list-style-type: none"> Use of PBS for anti-VEGF medicines⁷⁸
Ear health		<ul style="list-style-type: none"> Proportion of infants who complete a neonatal hearing screen⁴⁸ Proportion of infants who test positive for potential permanent childhood hearing impairment⁴⁸ Proportion of infants who diagnosed with permanent childhood hearing impairment⁴⁸ 	<ul style="list-style-type: none"> Rate of ear disease in children⁴⁶ 	Rate of ear disease in children ⁴⁶	Rate of ear disease in children ⁴⁶
Social and Emotional wellbeing	<ul style="list-style-type: none"> Proportion of parents with a mental illness⁴⁰ 				<ul style="list-style-type: none"> Proportion of people with self-reported mental illness^{a,b,40,62} Proportion of people with a mental illness who have been hospitalised for an avoidable physical illness in the previous 12 months⁶² Proportion of people who receive clinical mental health care from a GP, private psychiatrist, private hospital or public specialised mental health service⁶²
Injuries		<ul style="list-style-type: none"> Aged-specific death rates from all injuries for children aged 0-2 years^{40,44} 	<ul style="list-style-type: none"> Aged-specific death rates from all injuries for children aged 3-5 years^{40,44} 	<ul style="list-style-type: none"> Aged-specific death rates from all injuries for children aged 6-8 years^{40,44} 	<ul style="list-style-type: none"> Aged-specific death rates from all injuries for children aged 6-8 years^{40,44}

TABLE 2 (Continued)

	Antenatal	Birth	Infancy (0-2 years)	Preschool age (3-5 years)	School age (6-8 years)
Attending early childhood education/care			<ul style="list-style-type: none"> Proportion of children attending an early childhood educational program^{40,44,84} 	<ul style="list-style-type: none"> Proportion of children attending an early educational program in the 2 years prior to beginning school^{40,44,84} 	
Transition to primary school					<ul style="list-style-type: none"> Proportion of children entering school with basic skills for life and learning^{40,44,84}
Child protection/out-of-home care/neglect or abuse			<ul style="list-style-type: none"> Rate of children aged 0-12 who were the subject of child protection/abuse substantiation in a given year^{40,44,84} Rate of children in out-of-home care⁴⁰ Rate of children reported with sexually transmitted diseases⁴⁰ Number and rate of children with substantiations related to sexual abuse⁴⁰ 	<ul style="list-style-type: none"> Rate of children aged 0-12 who were the subject of child protection/abuse substantiation in a given year^{40,44,84} Rate of children in out-of-home care⁴⁰ Rate of children reported with sexually transmitted diseases⁴⁰ Number and rate of children with substantiations related to sexual abuse⁴⁰ 	<ul style="list-style-type: none"> Rate of children aged 0-12 who were the subject of child protection/abuse substantiation in a given year^{40,44,84} Rate of children in out-of-home care⁴⁰ Rate of children reported with sexually transmitted diseases⁴⁰ Number and rate of children with substantiations related to sexual abuse⁴⁰
Social determinants of health	<ul style="list-style-type: none"> Low household income⁶⁰ Parental education attainment⁶⁰ Parental unemployment⁴⁰ Rate of children living where family violence occurs⁴⁰ Overcrowding⁸⁴ Trends in availability, variety, quality and relative costs of food in remote communities⁵² Speaking an Indigenous language⁸⁴ 		<ul style="list-style-type: none"> Rate of children living in households where there is alcohol and/or other drugs⁴⁰ Rate of children accessing assistance through homelessness services⁴⁰ 	<ul style="list-style-type: none"> Rate of children living in households where there is adult abuse of alcohol and/or other drugs⁴⁰ Rate of children accessing assistance through homelessness services⁴⁰ 	<ul style="list-style-type: none"> Rate of children living in households where there is adult abuse of alcohol and/or other drugs⁴⁰ Rate of children accessing assistance through homelessness services⁴⁰

^aData not routinely available.
^bIndicator comprehensiveness issues.

closer examination, we found that 21 only made cursory reference to the key principles whilst 17 provided some detail on how they were applied. The remaining 11 policy documents provided extra detail about the ways in which key principles were to be incorporated into the design and implementation of the policy.^{47,49,56,59,60,65,66,73,83,85,86} The majority of these were national policies, published in the past 5 years. Only three related to children specifically.

4 | DISCUSSION

This scoping review was undertaken to determine the extent and range of policies relevant to the health and well-being of Aboriginal and Torres Strait Islander children from the NT; and to examine what data items or indicators (if any) are reported to underpin aspirational policy targets set within them.

Synthesis of the 49 included policy documents revealed a number of inconsistencies. Despite a strong rhetoric of the importance of evidence-base as a principle in policy development, it was often unclear which data items or indicators were used to inform policy development or as evidence in monitoring progress against goals or objectives set. Only 13 policies provided detailed information on specific data items used. Policies that failed to provide any detail on data items or indicators used were more often specific to the NT, focused on general health issues and referenced fewer principles overall. The general lack of reference to specific data items is concerning. Policy makers have a responsibility to ensure that their programs and initiatives are relevant to the needs of Aboriginal children and their families and are based on the most reliable data available so that resources are going to where they are needed most. We acknowledge that reference to specific data items or indicators is sometimes provided in subsequent implementation plans or technical reports. However, this information is often published years after the initial policy plan has been released and may not be made publicly available. Determining the quality and appropriateness of data used was outside the scope of this review. Future research should assess whether the data used by policy makers are in fact 'fit for purpose'.

In this scoping review, we found that the principles of evidence-base, cultural competence, partnerships and engagement were well articulated across the identified policy documents, followed closely by capacity building, holistic concepts of health, equity, and accountability. Shared responsibility was referred to a lesser degree. Integration of data governance as a principle was largely absent. This suggests we still have a long way to go to achieve recommended reform whereby Indigenous data sovereignty guides the data ecosystems supporting policy.⁹⁷ Our analysis identified superficial reference to key principles in over 40% of the identified policies. While about 20% were found to have embedded the key principles more meaningfully. These policies tended to be national documents published in the past 5 years.

Around 40% of the identified policies (n = 20) acknowledged data quality issues, and yet specific details on quality and completeness of data items/indicators were provided in only eight of these policies.

Whilst technology might mean that obtaining data is now easier, it does not necessarily mean that every kind of relevant data is available. When data is lacking or incomplete, it hinders policymakers' ability to evaluate which initiatives or programs are effective and therefore whether the public dollar is well spent. These challenges should ideally be acknowledged more frequently. We know that data in itself cannot eliminate disparities between the health of Aboriginal and Torres Strait Islander children and other Australian children, but it is a valuable tool to help decision makers more confidently address the complex causes of poor health.²¹ High quality data provides an opportunity to course correct should policy initiatives fail to meet their targets or aspirations. However, when the wrong data is used, without the inclusion of Aboriginal and Torres Strait Islander voices, it only perpetuates a negative legacy of stereotypes and deficits.^{98,99} Greater emphasis on developing and accessing data that is fit-for-purpose, contextualised and local is also needed.²⁴

This study has some limitations. The review was restricted to publicly available documents and focused on the early stages of the policy life cycle. A more thorough investigation might include contacting and consulting all agencies to access unpublished material. The reader should also bear in mind that our evaluation of stated principles only included a superficial count. Future work should include an in-depth examination of how well these principles were embedded in practice. Moreover, the grading of 'significance' for broader focused policy documents does include some subjective decisions. In spite of its limitations, the study contributes to the debate on challenges inherent in policy development and data quality issues across a broad range of policies over the past decade. Commentary on the effectiveness of individual policies included was outside the scope of this paper. Instead, we identified policies that provided transparent reference to data items/indicators used as 'evidence' in the establishment and evaluation of specific policy goals and aspirations.

Efforts to develop policy should be based on the best available evidence.¹⁰⁰ This review shines a light on how well specific data items are referenced as underpinning decisions made in the development and evaluation of high-level policy documents. Analysis of this set of policies showed a marked lack of detail on which data items were used as evidence-base in policy relevant to the health and well-being of NT Aboriginal and Torres Strait Islander children (0-8 years of age). Whilst there are some notable exceptions, such as the (2017) National Strategic Framework for Chronic Conditions⁶⁰ and the (2018) Fifth National Mental Health and Suicide Prevention Plan,⁶² there appears to be a lack of transparency at the onset of the policy development cycle.

There is an urgent need to expand quality information collected by Aboriginal and Torres Strait Islander peoples for Aboriginal and Torres Strait Islander peoples.¹⁰¹ This includes resourcing the collection of data that is contextual and reflects Indigenous realities. Such information would be a valuable asset for Indigenous groups to set their own goals, make strategic decisions and monitor their own progress.⁹⁸ Better data on connections to culture, to homelands, spirituality and ancestry, family, kinship, and community that are critical to the social and emotional well-being of Aboriginal and Torres Strait Islander children are also greatly needed.^{61,102} Without sufficient and

meaningful data on Aboriginal children policy makers cannot design effective policy nor can they adequately anticipate potential adverse impacts of policy initiatives.

Information on policy development procedures is seldom made public. As such, it is important that we highlight these issues so that the public can take part in an exercise of evaluation making governments accountable in their decision making. We support the reporting of the limitations of empirical and data-based evidence in defining new policies. We argue that specific data items or indicators used to set targets and monitor progress toward goals for Aboriginal and Torres Strait Islander children and their communities should also be explicitly referenced from the outset so that evaluation is clear and policy makers are held accountable.

AUTHOR CONTRIBUTIONS

This paper is the result of close collaboration between the Aboriginal author (Sandra Eades) and non-Aboriginal authors (Catherine Lloyd-Johnsen, Anita D'Aprano and Sharon Goldfeld). Sharon Goldfeld and Catherine Lloyd-Johnsen conceived the initial subject of the scoping review. Catherine Lloyd-Johnsen carried out the search, collected and analysed the data. Anita D'Aprano checked eligibility of included policy documents. Catherine Lloyd-Johnsen drafted the manuscript with supervision by Sharon Goldfeld, Anita D'Aprano and Sandra Eades. All authors contributed to the refinement of the draft and final manuscripts. The authors alone are responsible for the views expressed in this article and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

All policies analysed in this study were available on non-restricted websites at the time the study was conducted. The dataset used and/or analysed during the current study are available from the corresponding author on reasonable request.

ETHICS STATEMENT

Ethical approval was not required for this scoping review.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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