

2023 Child Rights Progress Report on Child Health

South Australia's progress on recommendations made
by the UN Committee on the Rights of the Child



About the CCYP

The [South Australian Commissioner for Children and Young People](#) is an independent position, established under the [Children and Young People \(Oversight and Advocacy Bodies\) Act 2016](#) (OAB Act). This legislation was introduced to the South Australian Parliament in response to the [Child Protection Systems Royal Commission 2014](#).

The Commissioner promotes and advocates for the rights, development and wellbeing of all children and young people in South Australia and seeks to change laws, policies, systems and practice to uphold children's rights.

The work of the Commissioner for Children and Young People is guided by the [United Nations Convention on the Rights of the Child](#) (UNCRC); the core international treaty established in 1989 to which Australia is a signatory. This important agreement sets out the civil, political, economic, social, and cultural rights of children around the world.

The Commissioner aims to ensure that as a part of the Australian Commonwealth, South Australia enacts its international obligations under this Convention.

Each year the Commissioner produces a series of Child Rights Progress reports measuring South Australia's progress against recommendations made by the UN Committee on the Rights of the Child (the Committee).

This year's progress reports comprise:

- Child Health
- Child Justice
- Child Protection
- Disability
- Education
- Environment
- Physical Punishment

Data reported in the data tables are the most accurate available at the time of writing.



2023 Child Rights Progress Report on Child Health



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What the data says

Measure	Year: Data	1 year change	5 year trend	5 year assessment
Proportion of children (5–15 years) who reported having a mental health condition. ¹	2022: 18.8% 2021: 17.2% 2020: 19.4% 2019: 19.1% 2018: 16.1%	Slightly increased	Fluctuating, increase from base year	- Unfavourable
Proportion of 16–17 year olds who reported having a mental health condition. ²	2022: 31.7% 2021: 35.3% 2020: 35.8% 2019: 25.1% 2018: 22.7%	Decreased	Fluctuating, increase from base year	- Unfavourable
Proportion of children (5–17 years) who reported accessing a mental health service in the past 12-months. ³	2022: 15.7% 2021: 14.6% 2020: 15.0% 2019: 17.9% 2018: 14.3%	Slightly increased	Fluctuating, slight increase from base year	No change
Mental health presentations to emergency departments among children and young people (12–17 years) (rate per 100,000 children) ⁴	2021/22: 2,940 2020/21: 3,910 2019/20: 2,995 2018/19: 2,863 2017/18: 2,564	Decreased	Fluctuating, increase from base year	- Unfavourable
Chlamydia notification rates among females (15–19 years) (rate per 100,000 population)	2022: 1,464.5 2021: Not available 2020: Not available 2019: 1,585 2018: 1,766 2017: 1,658	Not available	Fluctuating, decrease from base year	+ Favourable
Chlamydia notification rates among males (15–19 years) (rate per 100,000 population) ⁵	2022: 563.3 2021: Not available 2020: Not available 2019: 528 2018: 525 2017: 529	Not available	Increasing	- Unfavourable
Gonorrhoea notification rates among females (15–19 years) (rate per 100,000 population)	2022: 224.2 2021: Not available 2020: Not available 2019: 189.8 2018: 143.5 2017: 140	Not available	Increasing	- Unfavourable
Gonorrhoea notification rates among males (15–19 years) (rate per 100,000 population) ⁶	2022: 165.2 2021: Not available 2020: Not available 2019: 169.0 2018: 96.6 2017: 121	Not available	Fluctuating, increase from base year	- Unfavourable
Proportion of South Australian children and young people who are reported to be overweight or obese. ⁷	2022: 32.5% 2021: 29.7% 2020: 30.8% 2019: 26.3% 2018: 28.6%	Increased	Increasing	- Unfavourable

Areas of concern include:

- Not enough public and private services to meet the mental health needs of children and young people in South Australia.
- High rates of mental health presentations to emergency departments among children and young people aged 12–17 years.
- Children and adolescents not adequately addressed in South Australia’s *Mental Health Act 2009 (SA)*.
- Barriers to safe access of mental health and sexual health services and information, particularly for LGBTQIA+ children and young people, and children and young people living outside of metropolitan areas.
- High rates of sexually transmitted infections amongst young people.
- Increased proportion of children and young people reported to be overweight or obese.
- Lack of a public health approach to planning and transport.
- High levels of food insecurity for households with children.
- Insufficient legal protections to prevent the sterilisation of children with disability without their consent.
- Generally poor access to health services in rural and regional areas.

Background

The UN Convention on the Rights of the Child (UNCRC) was the first international Convention to acknowledge that children have rights and that these rights should be protected. Australia ratified the UNCRC in 1990 and South Australia’s *Children and Young People (Oversight and Advocacy Bodies) Act 2016 (OAB Act)* states that all government authorities must seek to give effect to the UNCRC. The Convention sets minimum standards and obligations for the protection of children’s and young people’s rights, including their rights to have access to justice, education, health care and social services. All children have the right to have a say on all matters that affect them and for their views to be taken seriously. In making decisions about children their best interests should be the primary concern, as well as the right to be safe and to be free from discrimination.

Every five years, the Australian Government reports to the UNCRC Committee to explain how Australia is fulfilling its obligations in relation to child rights. In response to Australia’s fifth and sixth periodic reports, the Committee highlighted key areas of concern and made recommendations to ensure governments at both the Federal and State levels fulfil their obligations under the Convention. One of the Committee’s main areas of concern requiring urgent attention is child health.

A Child’s Right to Health

Article 24 of the UNCRC states that all children are entitled to ‘the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health’. State parties should ensure that every child has access to health care services, with emphasis on the development of primary and preventative health care.

Australia has a health care system that combines public and private health care services. The Commonwealth and State/Territory governments broadly share responsibility for funding (approx. 70% of total health care expenditure) as well as the operation, management, and regulation of the health care system. The remainder of the funding comes from non-government sources such as individuals, private health insurers, injury compensation insurers, and other private sources.⁸

The Health System in South Australia

The State Department for Health and Wellbeing is responsible for the overall management and strategic direction of South Australia’s health care system, while local health networks are responsible for the provision of health services in line with the *Health Care Act 2008* and performance agreements.

South Australia has multiple plans that cover children and young people’s health and wellbeing, including the State Public Health Plan 2019–2024, the South Australian Health and Wellbeing Strategy 2020–2025 and regional public health plans.

During 2021, SA Health undertook extensive consultation to inform the development of South Australia's Women's, Child and Youth Health Plan 2021–2031. The Summary Framework for Consultation was released in March 2021, and although the final plan was expected to be launched in 2022, it has not yet been publicly released.

The Mental Health Strategic Plan 2017–2022 and the Mental Health Services Plan 2020–2025 promote and provide access to mental health services in South Australia. The Mental Health Services Plan is listed in the 2023–24 State budget as being targeted for review in 2023–24. There is no publicly available information on what will follow the Mental Health Strategic Plan 2017–2022.

Wellbeing SA was established in 2020 as an independent state government agency that leads cross-government and cross-sector strategies to 'rebalance the health and wellbeing system' in South Australia, and to ensure a greater focus on prevention across the life course.

The Wellbeing SA Strategic Plan 2020–2025 outlines the agency's three key priority areas for the duration of the plan: the early years; chronic disease and injury prevention; and mental health and wellbeing. The Wellbeing SA Strategic Plan 2020–2025 Progress Report, January 2023–June 2023 outlines actions which have been taken, including the release of two *Navigating the Early Years System in South Australia* reports.

In June 2022, Wellbeing SA launched a Wellbeing Index for South Australia to monitor indicators of the physical, mental, social/community, and Aboriginal cultural wellbeing of South Australians over time. In 2023, a new publicly accessible online portal was launched sharing deidentified South Australian population health data. This includes data from the South Australian Perinatal Statistics Collection, South Australian Population Health Survey, and South Australian Cancer Registry. Some of the measures include data on children and young people, although several focus on adults only.

In September 2023, it was announced that a new body called Preventive Health SA will be created, merging Wellbeing SA with Drug and Alcohol Services SA's population health policy and program. The Commissioner will continue to monitor if the new agency has more of a focus on preventive health for children and young people, including in relation to areas such as transport, planning, and education.

Some welcome developments in 2023 include:

- Release of the State-wide Gender Diversity Model of Care, which aims to provide timely access and clear pathways to appropriate, evidence-based, and affirming gender health care and support for trans, gender diverse, and non-binary children, young people, and adults across the state.
- Release of the Aboriginal Health Care Framework 2023–2031, which uses a life course approach that considers health and wellbeing at different life stages. Improving oral health is mentioned in relation to children, and sexual health screening is mentioned in relation to young people.
- Release of the Aboriginal Health Promotion Strategy Action Plan 2022–2026 in February 2023 which follows on from the Australian Aboriginal Health Promotion Strategy 2022–2030: Strengthening and promoting the cultural determinants of health and wellbeing released last year.
- Opening of a dedicated Telethon Kids Institute in the Adelaide CBD in June 2023, focused on child health research.
- Expansion of Act for Kids in South Australia – 'a for-purpose organisation that delivers evidence-led professional therapy and support services to children and families who have experienced or are at risk of harm' with funding provided by the Daniel Morcombe Foundation.⁹ The service also includes therapeutic support for children displaying harmful sexual behaviour.
- Extension to urgent care services for children aged 6 months to 18 years via a State budget commitment of \$30.8 million over four years.

South Australia's progress on the latest recommendations made by the UN Committee in relation to child health



No evidence that the UN Committee's recommendation is being addressed



Some evidence that the UN Committee's recommendation is being addressed



Clear evidence that the UN Committee's recommendation is being addressed

Current Status

The government should expand and fund the delivery of child targeted mental health and other necessary support services.

There are still not enough services – public and private – to meet the mental health needs of South Australian children and young people. Children and young people in South Australia aged 12–17 years had the second highest rate of mental health presentations to emergency departments in 2021–22, behind those 85 years and over.¹⁰ The length of stay for children and adolescents accessing mental health services in acute units within public hospitals in South Australia has increased from 4.7 days per 1,000 population in 2018–19 to 4.8 days in 2019–20 to 6.1 days in 2020–21.¹¹ Non-clinical initiatives and services are required to avoid hospitalisation.

Of the South Australian children and young people aged 5 to 15 reported to have a mental health condition in the South Australian Population Health Survey, 59.9% reported receiving treatment in 2022. This shows a decrease from 2021 (64.4%), and change from previously increasing proportions (2018 (50.4%), 2019 (55.6%), 2020 (62.6%)).¹²

The percentage of South Australian children and young people receiving a Medicare Benefits Schedule (MBS) subsidised primary mental care service (in person or via telehealth) in 2021–2022, is similar to the national average across age groups. For South Australia this was 0.9% of preschool children (0–<5 years old), 6.1% of primary school children (5–<12 years old), and 13.1% of secondary school young people (12–<18 years old).¹³ Young people under 25 years of age were much more likely to have had contact with MBS subsidised primary mental health care services either in person or via telehealth in major cities (10.4% of young people) and inner regional South Australia (also 10.4%) compared to those in outer regional (7.2%), remote (5.8%) or very remote (3.4%) regions of South Australia.¹⁴

For 2023, the federal government changed the number of MBS subsidised mental health professional sessions available for people with a mental health treatment plan. During the COVID-19 pandemic those on a plan could receive an additional 10 individual sessions on top of the initial 10 sessions (a total of 20) under the *Better Access Pandemic Support* measure. As of 1 January 2023, the number of subsidised sessions returned to the initial 10 sessions available prior to the pandemic. As 2023 data is not yet available, it is difficult to determine the impact this change has had on children and young people.

The review of rural mental health services in South Australia, released in May 2023, highlights the need for more mental health services outside of metropolitan areas.¹⁵ There is a low number of Child and Adolescent Mental Health Service (CAMHS) clinicians working in regional areas. The Women's and Children's Health

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Network (WCHN) tends to centralise specialist staff in Adelaide leading to regional communities being severely underserved. The review recommends that regional local health networks have more control over CAMHS provision in their areas, and that locally based clinicians are made available. The review also found that South Australia has 'by far the greatest metro to country workforce disparity in Australia', with a deficit of more than 50 rural psychiatrists, along with a similar need for more mental health nurses and allied health workers.¹⁶

In 2022, the Office of the Chief Psychiatrist (OCP) reviewed the assessment, treatment, management and follow up plans of children and young people presenting to the Women's and Children's Hospital Emergency Department for mental health care.¹⁷ This was in response to concerns raised by Parents for Change, a community-based campaign of parents advocating for better mental health care and services for children and adolescents, particularly in relation to the availability of crisis support. No further details on actions are publicly available following the release of the report in 2022.

In 2022, the OCP also developed a draft Youth Mental Health Services Model of Care, which was open for consultation until early February 2023.¹⁸ The final report is yet to be released.

The OCP commissioned a report to explore unmet mental health service need in South Australia that could be met by the NGO sector. This report was released in February 2023.¹⁹ It highlights the significant amount of additional expenditure needed to provide mental health services for different age groups, including children aged 0–17 years. This additional expenditure need includes a significant investment of over \$22 million for individual support and rehabilitation for children.²⁰

The South Australian *Suicide Prevention Act 2021* commenced in September 2022. The South Australian Suicide Prevention Plan 2023–2026 was launched on 12 July, 2023.²¹ The Plan contains very few mentions of children and/or young people, although it does include reference to the higher rates of suicide amongst Aboriginal young people as well as people with adverse childhood experiences. Australian Bureau of Statistics (ABS) figures for South Australia highlight the higher rate of deaths related to intentional self-harm amongst young people aged 15–17 years compared to those aged 5–14 years for 2018–2022 (8.3 per 100,000 population compared to 0.8).²²

The South Australian Law Reform Institute (SALRI) led the statutory review of South Australia's *Mental Health Act 2009* (SA) throughout 2022. The final report of this independent review was released in February 2023.²³ The report suggests that children and adolescents are not adequately addressed in the Act and made multiple recommendations including the need for a separate review to be conducted in relation to use of the Act for children and adolescents.

A federally funded Head to Health Kids Hub for 0–12 year olds has been promised, as part of a national service model. The hub will focus on holistic and multidisciplinary mental health care for children. A mental health drop-in centre for young people aged 16 years plus has been opened in the Adelaide CBD with another centre soon to be established in the Northern suburbs. This leaves a gap for those under 16 years in need of urgent mental health care.

The Department for Education has been rolling out its new School Mental Health Service throughout 2023. This followed the success of the pilot undertaken in nine SA schools throughout 2022/2023. The early intervention service involves school-based mental health practitioners supporting young people with 'mild to moderate and emerging mental health concerns'. Up to 65 high schools, area schools, and reception to year 12 schools will have this service, with a focus on need.²⁴

The Commissioner will monitor the government's response to the above reviews in future progress reports.

The 2023–24 State budget provides funding related to childrens mental health that includes:

- Continuation of funding for the new Women's and Children's Hospital (\$119 million in 2023–24 budget).
- Continuation of support for mental health and learning support in schools (\$7.2 million in 2023–24 budget).²⁵

The government should ensure health systems and services meet the specific sexual and reproductive health needs of adolescents, including access to prescribed medical forms of contraception, safe abortion services and sexual health information.

Young people experience a range of structural, social and cultural barriers to accessing sexual health services and information. Children and young people who are LGBTIQ+, as well as those living outside of metropolitan areas, face particular barriers to safe, inclusive services and information.

In July 2023, SA Health released the final state-wide Gender Diversity Model of Care.²⁶ The model aims to provide timely access to appropriate, evidence-based, and affirming gender health care and support for trans, gender diverse and gender non-binary children, young people and adults across South Australia and across three health service streams: mainstream health and gender support services; specialised gender health services (separate child/adolescent and adult services); and specialised gender surgical services. The model includes reference to the need for sexual health and fertility preservation information for children and young people.

Under the model of care, the Child and Adolescent Gender Diversity Service will be based at the WCH, but will service the whole state. While there will be outreach and virtual services, more support is needed for children and young people outside of metropolitan Adelaide. The Commissioner welcomes the model of care noting, however, that funding and resourcing for its implementation are yet to be determined. The Commissioner will continue to monitor the resourcing and implementation of the model in future reports.

Adelaide Primary Health Network (PHN) funding for SHINE SA's Gender Wellbeing Service ceased from 1 July 2023. The Gender Wellbeing Service, which commenced in 2016 as a small pilot project, provided individual support to trans and gender diverse people aged 12 and older, as well as support for families of young people aged 10–25 in the Families in Transition program. As a result of an open tender process, funding is now being provided to Thorne Harbour Health SA for a broader LGBTIQ+ mental health service for those aged 16 years and over in the Adelaide region. SHINE SA continues to experience very high demand for gender related care and associated psychosocial, mental health and related supports, and there is now no similar referral point for those aged between 12 and 15 years old.

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Country SA PHN continues to fund SHINE SA's Gender Connect Country SA Service. This phone and web-based service provides peer support services for people of all ages who live in country SA and have questions about being or supporting those who identify as trans, gender diverse or gender questioning. The service also provides resources, individual support and workplace training for healthcare professionals supporting trans and gender diverse people living in country SA.

The South Australia Mental Health Services Plan commits to addressing discrimination of gender and sexually diverse people by 'providing staff training in the delivery of safe and effective services to the LGBTI community'. However, this commitment is not specific to children and young people, nor has there been any publicly reported update on the State's progress against this commitment.

While the teenage pregnancy rate has been declining steadily year on year, reducing from 15.1 per 1,000 women aged 15–19 in 2013 to 6.9 in 2021, people giving birth under the age of 20 in Australia are less likely than other age groups to have an antenatal visit in their first trimester or to have five or more antenatal visits. Their babies are also more likely to be pre-term, have low birthweight, and have an Apgar score (medical assessment) of less than 7 out of 10 directly after birth. This highlights the pressing need for better sexual and reproductive health support for teenagers.²⁷

Abortion rates for teenagers aged 15–19 years in South Australia increased from 7.8 per 1,000 women in 2021 to 8.3 in 2022.²⁸ The Commissioner's 2021 report explains how this rate varies from year to year. The Commissioner will continue to monitor these figures, particularly following the *Termination of Pregnancy Act 2021* coming into effect in mid 2022, which included the decriminalisation of abortion, and Therapeutic Goods Administration (TGA) changes improving access to early medication abortion in primary care.

Pregnancy and abortion rates are currently measured as the number of women per 1,000, which overlooks the people who are not women who experience pregnancy.

The rate of sexually transmissible infections (STIs) has risen over the last decade in South Australia, with young people disproportionately impacted. SHINE SA communicated to the Commissioner's officer that STIs have increased in 2023, including among those in younger age groups. Data for 2022 provided to the Commissioner by the Communicable Disease Control Branch of SA Health²⁹ allows for a comparison to the 2019 STI data in last year's progress report,³⁰ with the following observations:

- Chlamydia notifications in South Australia continue to be most common in people aged 15–29 years (75% in 2019 and 74% in 2022), with 54% of all notifications in young people aged 24 years and under in both 2019 and 2022.
- Seventy-one per cent of chlamydia notifications among 15–19 year olds in 2022 were among females (738 females compared to 300 males), slightly lower than the 74% in 2019 (793 females compared to 278 males). This is a decrease from 1,585 per 100,000 females aged 15–19 years in 2019 to 1,465 in 2022. However, rates have increased for males aged 15–19 years, from 528 per 100,000 in 2019 to 563 in 2022.

- The rates of gonorrhoea among 15–19 year olds in South Australia has increased among females from 189.8 per 100,000 in 2019 to 224.2 per 100,000 in 2022. Rates among males aged 15–19 increased from 121 to 169 per 100,000 from 2017 to 2019 before slightly decreasing to 165.2 per 100,000 in 2022.

Additional 2022 data provided to this office by the Communicable Disease Control Branch of SA Health breaks down the data further by age:³¹

- Chlamydia notifications increased with age: 0 cases at 0–12 years, 37 at 13–15 years, and 559 at 16–18 years.
- Gonorrhoea notifications also increased with age: 3 at 0–12 years, 16 at 13–15 years, and 123 at 16–18 years.
- There were no notifications of syphilis amongst 0–18 year olds.

Place of residence at notification shows that for 0–18 year olds, there were 432 notifications of chlamydia in the Adelaide region compared to 164 in the rest of SA, and 95 notifications of gonorrhoea in the Adelaide region compared to 45 in the rest of SA.

Young people are a priority population in the Fourth National Sexually Transmissible Infections Strategy 2018–2022. There have been delays in finalising the Fifth National STI Strategy, and there are no further updates released publicly relating to this in 2023.

In January 2022, the Department for Health and Wellbeing commissioned a review of sexual health services in South Australia. The SA Sexual Health Services Review has been endorsed by the Minister for Health and Wellbeing as at November 2023. A government response to the review recommendations is being drafted in partnership with key stakeholders in the sexual health sector in South Australia with a view to implementation in the following year.

The right of South Australian children and young people to access comprehensive relationships and sexual health (CRSH) curriculum in primary and secondary school is currently impacted by the lack of consistently mandated curriculum in South Australia. In Victoria, Respectful Relationships education is mandated as a core component of the Victorian Curriculum from foundation to year 12. SHINE SA trains and supports teachers in South Australian public schools to facilitate evidence-based, best practice Teaching It Like It Is CRSH curriculum. At present, individual schools may elect to implement the SHINE SA program, or deliver alternative models, potentially including those which are not comprehensive, evidence-based or inclusive of diversity. Standardising and supporting the implementation of best practice CRSH curriculum protects the right of South Australian children and young people to access this essential health and wellbeing education. Access for adolescents who leave the school system early and who may be in youth detention or out of school programs also require additional resourcing and support.

There continues to be a lack of specialist therapeutic services for children displaying harmful sexual behaviours. As reported in previous child rights progress reports, eligibility for existing services is largely restricted to those whose behaviour is classified as 'serious'. There needs to be greater investment in protective services that reduce harm and de-escalate behaviours at the earliest possible stage of intervention.

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There is also currently no specific data being collected on the prevalence of harmful sexual behaviour in children in South Australia. There are some research projects underway including a new project focused on improving responses to harmful sexual behaviour in children and young people being led by the Australian Centre for Child Protection at the University of South Australia, with funding supplied by the Department for Child Protection SA (\$500,000). A state-wide framework for responding to harmful sexual behaviour in children and young people is also being developed.

Address the increasing rate of child obesity

According to the 2022 South Australian Population Health Survey:

- The proportion of children reported to be obese was 11.0% in 2022, a reduction from 13.5% in 2019.
- The proportion of children reported to be overweight was 19.0% in 2022, up from 12.8% in 2019.
- The proportion of children reported to be either overweight or obese was 32.5% in 2022, which has increased since 2018 (28.6%), 2019 (26.3%), 2020 (30.8%), and 2021 (29.7%).
- The proportion of children reported to be overweight or obese was higher among males, and in rural areas. It was similar across SEIFA groupings, but less prominent in the highest group.³²

The State Public Health Plan has set targets to address obesity, and the South Australian Health and Wellbeing Strategy 2020–2025 has committed to developing a ‘comprehensive, fully integrated response designed to address overweight and obesity at both population and individual level’. However, there appear to be no publicly reported updates regarding South Australia’s progress towards these goals during 2023.

The Australian Physical Activity and Exercise Guidelines recommend that children aged 5–17 years should undertake at least 1 hour of moderate to vigorous intense physical activity every day.³³ In 2022 under a quarter (23.0%) of South Australian children aged 5–17 years reported meeting this level of exercise, similar to the 22.2% of children in 2019.³⁴

The Active Healthy Kids Australia 2022 Report Card on physical activity for children and young people shows very low levels (a third or less than a third) of overall physical activity, physical fitness, and active transport amongst Australian children and young people.³⁵ Levels of participation in organised sport and physical activity are higher, at around two thirds of children and young people. All of these are at similar levels reported in the 2014, 2016, and 2018 report cards and have either remained the same or shown a slight decrease. The Global Matrix 4.0 shows that these grades are lower than the international average, apart from levels of Australian children and young people’s participation in organised sport and physical activity.³⁶

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According to the 2023 Benchmarking Adelaide report, Adelaide has the lowest proportion of people living in walkable neighbourhoods when compared to similar sized cities around the world, with high levels of car dependence.³⁷ The *Healthy and Sustainable City Indicators Report* found that policies related to transport and land use planning in Adelaide, do not appear to incorporate 'health-focused actions'.³⁸

At the national level, the National Obesity Strategy 2022-2032 was launched in 2022 which recognises food insecurity as 'one of the main drivers of unhealthy weight'.³⁹ As such, it is significant that Australian households with children experienced higher severe levels of food insecurity in 2023 than those without children at home. Severe levels of food insecurity were experienced by 27% of households with children (46% of single-parent households with children and 25% of non-single-parent households with children), compared to 19% of households with no children at home. The national average for severe food insecurity was 22% of all households in 2023.⁴⁰ A South Australian school survey found that nearly two thirds of families with primary school-aged children reported food insecurity.⁴¹

The Commissioner will continue to monitor the development and implementation of initiatives related to obesity prevention that align with state and federal commitments.

Governments should introduce legal protections to prevent sterilisation of children with disability without consent.

As noted in previous reports, there is limited data available about the sterilisation of children in Australia. While available data suggests sterilisations have become less common over recent years, the practice is still permitted by legislation in South Australia. From 1 July 2021 to 1 June 2022, there were no cases of sterilisation of an adult with cognitive impairment being approved by the South Australian Civil and Administrative Tribunal, compared to one in the previous year.⁴²

While sterilisation is a 'prescribed treatment' under Section 61 of the *Guardianship and Administration Act (SA) 1993*, there is no specific criteria or consistent standard that prescribes the circumstances in which children may or may not be sterilised.

The final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was handed to the Federal government in September 2023. The report recommends that by the end of 2024 'all jurisdictions should amend or enact legislation prohibiting non-therapeutic procedures resulting in permanent sterilisation of people with disability' except where there is a threat to life, or the person with disability is an adult and has given voluntary and informed consent.⁴³ It is also recommended that collation and publication of data relating to the sterilisation of people with disability should be disaggregated by several demographic factors, including age.

Given concerns about how a child's best interests are determined, and the potential for a child's wishes to be overlooked, governments must put in place policies and procedures that allow support for children and their families, including providing access to the least invasive non-surgical alternatives to sterilisation available.

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Endnotes

- 1 Wellbeing SA, *South Australian Population Health Survey: 2019 annual report: Children*, Government of South Australia, 2020, accessed 23 November 2023, <https://das7nagdq54z0.cloudfront.net/downloads/SAPHS/SAPHS2019AnnualReport-Children.pdf>, p 17; Wellbeing SA, *South Australian Population Health Survey: 2020 annual report: Children*, Government of South Australia, 2021, accessed 23 November 2023, <https://www.wellbeingsa.sa.gov.au/https://www.wellbeingsa.sa.gov.au/assets/downloads/SAPHS/SAPHS-2020-Annual-Report-Children.pdf>, p 17; Wellbeing SA, *South Australian Population Health Survey: 2021 annual report: Children*, Government of South Australia, 2022, accessed 23 November 2023, <https://www.wellbeingsa.sa.gov.au/assets/downloads/SAPHS/SAPHS-2021-Annual-Children-Report.pdf>, p 17; Wellbeing SA, *South Australian Population Health Survey: 2022 annual report: Children*, Government of South Australia, 2023, accessed 23 November 2023, <https://www.wellbeingsa.sa.gov.au/assets/downloads/SAPHS/SAPHS-2022-Annual-Children-Report.pdf>, pp 17, 18.
- 2 Wellbeing SA, *South Australian Population Health Survey: 2022 annual report: Children*, p 16.
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