Commissioner for Children & Young People

April 2024

Why we need an overarching vision for children and young people's health in South Australia

Commissioner's Position

South Australia's future depends on investing in healthy children, families, and communities. However, South Australia currently lacks an overarching or unifying vision for children and young people's health, and therefore a way of aligning cross government and community efforts to a common set of goals and actions. An overarching vision for children and young people's health as a focus for government policy and decision making is needed to ensure priority investment in children and young people's health. The vision should link to an overarching plan that builds on existing evidence, policy, and partnerships, to repeat, enhance and expand what is working, and to remedy and reform what isn't.

This requires us to address the health of neighbourhoods and communities and develop rights-based child and youth-friendly health infrastructure, collect data, set priorities, and make decisions about policy and services across South Australia.

Decision-makers across all levels and areas of government and non-government agencies as well as service providers, families, and communities, will benefit from increased understanding of how children and young people are faring, and whether current investments are actually working.

A social determinants of health approach that aims to reduce health inequities is considered best practice when developing a health vision and policy for children and young people. Such an approach improves the conditions in which children and young people live, by ensuring 'secure, safe, adequate and sustainable environments, including housing, education, nutrition, information exchange, childcare, transportation, and necessary community and personal social health services' are available.[1]

A shared understanding of the State's vision for children and young people's rights to health is instrumental in determining the actions and commitments required to realise this vision.

Children's right to health

The United Nations Convention on the Rights of the Child (UNCRC) recognises the right of every child to enjoy the highest attainable standard of health (Article 24). Children's right to health is not only important in and of itself, but it is also critical to children's enjoyment of all other rights. Realising children's right to health depends on the realisation of other rights, such as the right to non-discrimination (Article 2), the right to be heard (Article 12), and for the best interests of the child to be considered in all actions affecting children (Article 3).

Meeting the State's obligations under the UNCRC also requires consideration of the underlying determinants of health. As the Committee on the Rights of the Child emphasises, a child's right to health is an 'inclusive right',

extending beyond health promotion and access to services, to a right to live and grow in conditions that enable each child to develop to their full potential and attain the highest standard of health possible 'through the implementation of programmes that address the underlying determinants of health'.[2]

This aligns with the World Health Organisation's definition of health as 'complete physical, mental and social wellbeing' rather than 'merely the absence of disease or infirmity'.[3] This is also consistent with how children and young people describe their opportunities to be healthy, namely:

- Being able to afford healthy food, having access to reliable and safe transport, opportunities to participate in sport and other activities, and access to quality healthcare.
- Feeling confident, safe, and connected in their own bodies and in their communities, including having access to comfortable and welcoming child and youth-friendly places in which to relax and have fun.
- Being included in the design of public spaces, services, programs, and facilities.

The current situation in South Australia

A range of policies, datasets and services cover different aspects of children's and young people's health in South Australia, each providing part of the picture of how children and young people are faring. However, without an overarching vision and strategy, there is no overall oversight or measure of children and young people's health at the population level.

The Department for Health and Wellbeing is responsible for the high-level strategic directions and policy framework for SA Health. The Children's Policy Domain within SA Health covers all matters relating to child protection and child policy, seeking to ensure a system-wide approach to children's safety and wellbeing, with a primary focus on protecting children from harm.

South Australia's ten local health networks are responsible for the provision of health services in line with the *Health Care Act 2008* (SA) and annual service agreements. The Women's and Children's Health Network (WCHN) provides health services for children, young people, women and families, including Child and Adolescent Mental Health Service (CAMHS), Child and Family Health Service (CaFHS), Youth Metropolitan Health, Child Protection Services (CPS) and Disability Services. The Child and Adolescent Health Community of Practice (CAHCoP) provides state-wide leadership in relation to child and adolescent health services.

Relevant strategies at a state level include the:

- South Australian Health and Wellbeing Strategy 2020–2025
- State Public Health Plan 2019–2024, Public Health Indicator Framework and Regional Public Health Plans, required under *Public Health Act 2011*
- Mental Health Strategic Plan 2017–2022 and Mental Health Services Plan 2020–2025; and
- South Australia's Oral Health Plan 2019–2026.

The South Australian Health and Wellbeing Strategy 2020–2025 referred to the development of a Women's, Child and Youth Health Plan as an 'early priority'.[4] Although a Summary Framework for Consultation for the Women's, Child and Youth Health Plan 2021–2031 was released in March 2021, the final plan (originally expected to be launched in 2022) has not yet been released.[5]

There are several strategies at a national level that seek to improve children's and young people's health including the Healthy, Safe and Thriving National Strategic Framework, the National Action Plan for the Health of Children and Young People: 2020–2030 and the National Children's Mental Health and Wellbeing Strategy. Several whole-of-population national health policies are also relevant to children and young people, including the National Preventive Health Strategy (2021–2030) and the National Oral Health Plan 2015–2024, as well as policies relating to chronic conditions, disability, physical activity, injuries, and dependency on drugs and alcohol.

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What the data is telling us

Child health inequities consist of differential outcomes in children's health, wellbeing and development that are 'unjust, unnecessary, systematic and preventable'.[6] Inequities start early in life and compound as children age, leading to adverse long-term health, education, and employment outcomes.

In South Australia some groups of children are at increased risk of experiencing health inequities, including Aboriginal children, children with disability, refugee and asylum seeker children, children living in out-of-home care, children living in regional and remote communities, and children in the youth justice system. However, health data can be limited in relation to children in each of these groups.

There is no systemic accountability for measuring equity across the health system and health networks. This limits our understanding of who is missing out. Population level or system data obscures inequities across key health indicators so that we can miss valuable insights about the groups of children hidden or overrepresented, or not see the patterns around the same children who are missing out across multiple indicators. Such insights are critical to planning policy and the shaping and delivery of services. Available data clearly highlights the need for a system wide focus on child health inequities that will focus efforts on the compounding and multiple impacts of low income and social disadvantage on children's health outcomes. Unequal access to health care and other services can amplify child health inequities and exacerbate disadvantage.

Some key indicators in SA include:

- Data from the National Perinatal Data Collection shows the proportion of low birthweight babies is higher among babies born in the most socio-economically disadvantaged areas compared to those born in the least disadvantaged areas.[7]
- People on lower incomes are much more likely to skip or delay necessary dental care, including preventative care, due to cost.[8] The National Child Oral Health Study in 2019–2020 reported that children from low-income families were much more likely to have teeth removed due to dental decay compared to children from high-income families (30.7% of children from low-income families compared to only 3.7% of those with high-income families).[9]
- According to 2021 Australian Early Development Census (AEDC) data:
  - Children living in South Australia's most disadvantaged communities are twice as likely to be developmentally vulnerable than those in the least disadvantaged communities (33.8% in SEIFA Quintile 1 compared to 16.0% in SEIFA Quintile 5).
  - Across the state, 10.7% of children are developmentally vulnerable on the physical health and wellbeing domain. When broken down by socio-economic status, the proportion of children who are developmentally vulnerable is much higher in the most disadvantaged communities (16.4% of children in SEIFA Quintile 1 compared to 5.8% of children in SEIFA Quintile 5).[10]
- According to the 2022 South Australian Population Health Survey (SAPHS):
  - 18% of all 5 to 15-year-olds surveyed reported having a mental health condition, with this proportion higher among children and young people in lower socio-economic circumstances (25% of the low and lowest SEIFA quintiles compared to 13.3% and 15.9% in the high and highest SEIFA quintiles respectively). This pattern is consistent across previous SAPHS reports since 2019.[11]
  - Housing quality and security has important direct and indirect impacts on health and wellbeing. According to 2021 Census data, 29% of homeless persons in South Australia were aged 18 years or under (18% were under 12 years and 11% were aged 12 to 18 years).[12]

- According to the South Australian Population Health Survey, the proportion of children aged 0 to 17 years who experienced food insecurity in the past twelve months is significantly higher among those living in lower socioeconomic areas.[13] Australian households with children, experienced higher severe levels of food insecurity in 2023 than those without children at home.[14]

Current challenges to be addressed in a plan

The following challenges hinder our ability to fully understand, track and improve the health of South Australian children and young people, and to determine whether current investments are working as intended. They also make the system difficult to understand and navigate, not only for children, young people and families, but also for clinicians, service providers and policy makers. They therefore must be directly addressed in the plan for children and young people's health.

1. Limited focus on how children and young people experience health

We know that children's health outcomes depend on outcomes across a range of areas that go beyond health, including education, housing, employment, transport, infrastructure, child protection and youth justice. Yet strategies for promoting health equity are often narrowly geared toward improving access to health services, the quality of services and workforce development. When systems take a 'clinical' view of health and health services, key agencies may consider addressing the social determinants of health as being 'someone else's responsibility', with the risk that this becomes nobody's responsibility. In this context, there is also a risk of overlooking:

- the diversity of experiences of children and young people living with disability or chronic illness
- important intersections between physical health and mental health
- local-level and region-specific considerations that support healthy communities and consider experiences across systems
- intersections of cultural background, religion, gender identity, and sexuality
- significant barriers and long waiting lists for young people to access gynaecological services, including access to support for pelvic pain
- health impacts of racism, gender inequality, bullying, and discrimination
- health impacts of 'corporate, environmental and global forces' such as climate change, marketing and media consumption; and[15]
- consideration of issues and experiences specific to the 21st century.

South Australia's Health in All Policies (HiAP) initiative is an approach that involves working across government to address factors outside the health system known to be influencing health and wellbeing outcomes. The *Public Health Act 2011* introduced Public Health Partner Authorities (PHPAs) as formal partnerships that build on principles of the HiAP approach.

2. Siloes and fragmented effort

Currently, key departments and agencies are developing policy and delivering services in a siloed manner. This 'fragmentation of effort' is evident across policymaking, data collection, and service delivery.[16] Fragmentation not only occurs horizontally (both within and between government departments), but also vertically (across federal, state and local governments), as well as across age groups and target groups.

Key agencies may have competing agendas or priority areas. They may not understand each other's language or share information, and have different levels of funding and workforce capacity. Further, the policy design stage tends to be separate from – rather than integrated with – the policy implementation stage.

Siloes and fragmented effort cause inefficiencies, duplication, and a lack of coordination and collaboration towards a broader set of common goals. For children, young people, and their families attempting to navigate service systems across different agencies and levels of government, can mean contact with a range of providers, and lead to an increasing number of referrals that fail to get them the support they need.

3. Limited focus on prevention

Despite long-standing recognition of the importance of early intervention and prevention, the focus of our service systems tends to be on dealing with children's and young people's health issues once they have escalated, rather than on preventing problems from emerging in the first place.

The imbalance towards a 'siloed and predominantly acute care approach' limits action on social determinants. It also limits the success of early intervention and prevention.[17] Despite increasing recognition of equity and the social determinants of health in the health policy agenda, a recent policy analysis study found that this tends to translate into 'limited impacts on programs and actions.'[18]

Failures in prevention are evident across all areas of children and young people's health. In relation to oral and dental health, the rate of potentially preventable hospitalisations due to dental conditions in 2020–21 was highest in the 5 to 9-year-old age group.[19] At the same time, there is low uptake of Child Dental Benefit Schedule (CDBS), with only 40% of eligible families accessing this support.[20]

Mental health is another area where late (and often biomedical) intervention is often the norm, with most support available once people reach a 'crisis' point. A 2022 report by South Australia's Auditor-General concluded that 'SA Health is not able to demonstrate how well it is performing in providing the public with access to the right mental health services at the right time' – mainly due to significant gaps in planning, monitoring and reporting processes.[21]

We know that experiences across early childhood and adolescence lay the foundations for future health and wellbeing. The estimated costs associated with late intervention in Australia is $15.2 billion each year,[22] but this is not inevitable. Key opportunities to reduce preventable conditions arise during childhood, with early investment proven to provide substantial health gains across the lifespan.[23]

Current responses to sexual and reproductive health tend to be reactive and focused on individuals. Preventative and community-focused responses are needed to ensure universal access to comprehensive relationships and sexual health information, including through partnerships brokered across health and education.

4. Data gaps

There is a lack of data collected directly from children, including in relation to their overall health and wellbeing, sleep, body image, social networks, living arrangements, and experiences of bullying or violence. Ongoing data sources tend to be administrative (collected as part of service delivery) or based on surveys that are generally completed by adults. For respondents to the South Australian Population Health Survey (SAPHS) aged 15 years or younger, for example, a parent or guardian completes the interview on the child's behalf. Further, a national survey on the 'top ten child health problems' only asked adults about their perceptions of the key child and adolescent health issues.[24]

Other significant data gaps include:

- A tendency to focus on deficit-based measures of harm or poor outcomes rather than more strengths-based measures of wellbeing or desired outcomes.
- Variable quality and consistency of data in terms of geographic insights and insights into health inequities.
- Indicators that have only been measured once or may have been measured regularly in the past but are not anymore.

- Lack of indicators to measure how children transition through major development stages, interact with services, and move through different systems.[25]
- Inconsistent collation and reporting of data by services.

Key datasets tend to focus on pregnancy, maternal health indicators, birth and early childhood health and development (0–6 year olds), and then on adolescence and young adulthood (15–24 year olds). The health and wellbeing of children aged 7 to 14 years garner less attention.

Despite some indicators measuring 'protective factors' such as physical activity, screen time or fruit and vegetable intake, there is less consideration of broader contextual factors that influence children and young people's physical health. For example, overweight and obesity rates among children and young people are based on measurements of body mass index (BMI) despite BMI being less accurate during puberty. There is less attention to environmental factors, including access to parks and recreation facilities, and food environments, including food insecurity and poverty. This has implications for the focus of policy, with the 2022 Built Environment and Child Health policy review finding that few policies 'specifically addressed the needs of children through the built environment'.[26]

A range of datasets provide insights into aspects of children and young people's health with variable frequency in terms of collection and reporting. Annual reporting on the South Australian Population Health Survey (SAPHS) includes a children-specific report for respondents aged 0–17 years.[27] Data from SAPHS informs the South Australian Wellbeing Index, which was launched in 2022 to monitor physical, mental, social/community, and cultural wellbeing indicators over time.

Other state-level reports include the Child Development Council's annual *How are they faring?* Report and annual reports from the Child Death and Serious Injury Review Committee.[28] Key national data sources include the Australian Early Development Census (AEDC), the Australian Bureau of Statistics Census, Australian Institute of Health and Welfare Children's Headline Indicators, and the Report on Government Services (ROGS).

5. Lack of focus on children and young people

While attention to children and young people varies across existing policies, there is a limited dedicated focus on children and young people. This is evident in the way children are grouped with women in the Women's and Children's Health Network and the Women's, Child and Youth Health Plan. Despite the existence of the Children's Policy Domain within SA Health, its primary focus is on protecting children from harm and responding to welfare risks.

Without a dedicated focus on children and young people, their experiences and voices tend to be overlooked or invisible, with the needs and experiences of adults generally assumed to be the 'norm'. For example, the Areas to Act review of potentially preventable admissions does not explicitly refer to age groups.[29] Gaps in relation to children and young people generally tend to be taken as given, rather than acknowledged, despite some exceptions. For example, the state's Palliative Care Strategic Framework 2022–27 provides a comprehensive definition of a 'good death,' but notes that 'the definition of a good death in children and young adults is less defined'.[30]

The Health Performance Council (HPC) is an independent body established under the *Health Care Act 2008* to review the performance of South Australia's health systems and provide advice to the Minister for Health and Wellbeing. While the HPC's functions include reporting on population groups, references to children in the latest report – *Monitoring the performance of the South Australian health system 2018–19 to 2021–22* – are limited to childhood immunisations.[31]

6. Inconsistent definitions of children and young people

The defined age range for children and young people varies significantly in policy, legislation, data collection and service delivery, both within and across Australian jurisdictions as well as internationally. This has significant ramifications for the design, delivery and monitoring of policy and services. If we cannot agree on who children or young people are, how can we appropriately design, deliver, monitor, and evaluate policies, programs and services? How can we be sure that we are acknowledging the unique experiences and differences between and amongst children and young people across different ages and stages of development?

While children are defined as aged 0–12 for the purposes of reporting national Children's Headline Indicators, health-related data from the Australian Bureau of Statistics (ABS) uses 0–14 years of age as their definition. Legal definitions are different again, with the *Public Health Act 2011* defining a child as a person under 16 years of age. While some policies span from birth, others start from before conception. 'Youth' are sometimes defined as being aged between 12 and 25 years (eg Metropolitan Youth Health services), 12–24 years (eg National Youth Information Framework) or 16–25 years (eg South Australia's Youth Mental Health Services Model of Care).

There is also inconsistency across services in terms of the ages and stages of development at which children and young people can access support. The division of services into paediatric and adult populations has limited focus on the key 'transitional' years of adolescence and young adulthood. Government is promising that a Statewide Adolescent Transitional Care Network will improve the transition to adult services for young people living with chronic illness in South Australia, through development of an Adolescent Transition Framework and Action Plan. Too often, however, young people's health issues are viewed as being the individual's fault or as 'transitory rather than as foundations for long-term health and wellbeing'.[32]

7. Ad hoc engagement with children and young people

It is essential that health systems value and support the participation of children and young people in decision-making, both to ensure children and young people's safety and to tailor policies and services to their needs, experiences and expectations.

The right of all children to be heard and taken seriously in all matters that affect them is enshrined in Article 12 of the UN Convention on the Rights of the Child (UNCRC). Article 12 constitutes one of the general principles of the UNCRC, meaning it should be considered in the interpretation and implementation of all other rights.

Systems and services cannot presume to meet children and young people's needs without directly sourcing children and young people's views and experiences. Yet children's participation rights are often diluted in favour of other priorities and agendas. There is a tendency to underestimate the competencies of children and young people and rely on adult perspectives and assumptions. This not only undermines effective decision-making, but also impacts children and young people's confidence and trust in adults and institutions.

Gathering feedback from adults is now standard practice across many areas of policy development and service delivery. State authorities should afford children and young people the same opportunities consistent with their obligations under the UNCRC.

Meaningful engagement with children and young people improves the design and delivery of services, builds trust and drives better health and wellbeing outcomes at an individual as well as a system level. Meaningful engagement respects children and young people as active contributors and citizens and includes at a minimum:

- Providing a range of ways in which children and young people can be informed and involved across the planning, delivery and review of policies and services that aim to support them.

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- Enabling children and young people to speak for themselves rather than through a parent, carer or other adult.
- Establishing or expanding child and youth friendly feedback mechanisms.
- Tailoring information to children and young people in age- and stage-appropriate language so they can understand their rights, supports available to them.
- Recognising and respecting the breadth and diversity of children and young people's experiences and identities, including diversity in terms of cultural background, religion, disability, age, sexual orientation, and gender identity.

It is recommended that:

1. The South Australian government develop a state-wide child and youth health vision that sets out:

a. Clear aspirations, based on human rights-based principles, priority groups, actions, outcomes, and timeframes.

b. Mechanisms for accountability and reporting that set out goals, targets and requirements for cross portfolio leadership.

2. The South Australian government develop and implement a plan for children and young people's health that will:

a. Provide for all children and young people aged 0–18 years and be tailored to different ages and stages of development, including consideration of young people aged 18–25 years to support key transitions through adolescence to adulthood, and clarifying current inconsistencies in data collection and service provision.

b. Cover children's and young people's physical, mental, oral and dental health, and sexual and reproductive health.

c. Address underlying determinants of health encompassing health inequities with regard to:
   - reducing poverty and mitigating the multi-dimensional impacts of poverty (material, social, relational) on children and young people
   - recognising the links between health and safe and secure housing, food security, transport, infrastructure, and built environments, climate change and urbanisation, bullying and discrimination, and barriers to participation in sport and extracurricular activities; and
   - set targets to close equity gaps in health, wellbeing and education outcomes.

d. Provide for a continuum of supports and services ranging from primary and community-based interventions through to secondary and tertiary services, with greater coordination of different levels of care.

e. Promote health literacy and improve access to information and support that considers the differing needs of preschool, primary and secondary school aged children and young people.

3. The South Australian government ensure there are appropriate governance arrangements in place and to drive outcomes that:

a. Address 'fragmentation of effort' and reduce siloes that hinder coordination, partnerships, transparency and accountability.

b. Ensure responsibility for the Plan sits with the Minister for Health and Wellbeing, with active engagement and integrated efforts made by other government and non-government agencies.

c. Ensure the Plan will endure changes of government and changes in departmental structures and responsibilities and be a living document, updated as actions are completed, and with new actions as gaps are identified.

d. Ensure ongoing and meaningful input from children and young people that includes a reporting back mechanism.

e. Establish an oversight committee to monitor service and data gaps, system equity and effectiveness, and emerging issues.

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