

2024 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 Commissioner for Children and Young People

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.



2024 Child Rights Progress Report on Child Health



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

What the data says

Measure	Year: Data	1 year change	5 year trend	5 year assessment
Proportion of 5–15 year olds who reported having a mental health condition. ¹	2023: 18.3% 2022: 18.8% 2021: 17.2% 2020: 19.4% 2019: 19.1%	Stable	Fluctuating, stable from base year	No change
Proportion of 16–17 year olds who reported having a mental health condition. ²	2023: 34.5% 2022: 31.7% 2021: 35.3% 2020: 35.8% 2019: 25.1%	Increased	Fluctuating, increase from base year	- Unfavourable
Proportion of 5–17 year olds who reported accessing a mental health service in the last 12-months. ³	2023: 16.6% 2022: 15.7% 2021: 14.6% 2020: 15.0% 2019: 17.9%	Stable	Fluctuating, slight decrease from base year	No change
Mental health-related presentations to emergency departments in public hospitals among 0–17 year olds (rate per 10,000 population). ⁴	0–11 year olds 2022/23: Not available 2021/22: 19 2020/21: 23 2019/20: 20 2018/19: 22	Not available	Not available	Not available*
	12–17 year olds 2022/23: Not available 2021/22: 232 2020/21: 314 2019/20: 245 2018/19: 238	Not available	Not available	Not available*
	0–17 year olds 2022/23: 79 2021/22: 91 2020/21: 121 2019/20: 95 2018/19: 93	Decreased	Fluctuating, decrease from base year	Favourable*
Chlamydia notification rates among females (15–19 years) (rate per 100,000 population)	2023: 1,531.9 2022: 1,464.4 2021: 1,438.6 2020: 1,275.9 2019: 1,585	Increased	Fluctuating, slight decrease from base year [^]	No change
Chlamydia notification rates among males (15–19 years) (rate per 100,000 population) ⁵	2023: 641.9 2022: 563.0 2021: 474.8 2020: 480.5 2019: 528	Increased	Fluctuating, increase from base year	- Unfavourable

What the data says

Measure	Year: Data	1 year change	5 year trend	5 year assessment
Gonorrhoea notification rates among females (15–19 years) (rate per 100,000 population)	2023: 303.6	Increased	Fluctuating, increase from base year	- Unfavourable
	2022: 224.2			
	2021: 196.4			
	2020: 146.8			
	2019: 189.8			
Gonorrhoea notification rates among males (15–19 years) (rate per 100,000 population) ⁶	2023: 249.6	Increased	Fluctuating, increase from base year	- Unfavourable
	2022: 165.2			
	2021: 163.3			
	2020: 137.0			
	2019: 169.0			
Proportion of South Australian 5–17 year olds who are reported to be overweight or obese. ⁷	2023: 33.1%	Stable	Fluctuating, increase from base year	- Unfavourable
	2022: 32.5%			
	2021: 29.7%			
	2020: 30.8%			
	2019: 26.3%			

* The age groups for Australian Institute of Health and Welfare reporting on mental health services provided in emergency departments changed in 2022–23, combining 0–17 year olds into one group where previously these were separated (0–11 years and 12–17 years).

^ Notification trends are influenced by the amount of testing. Testing declined during the COVID-19 pandemic which may account for lower numbers in those years.

Areas of concern include:

- Insufficient mental health services, particularly for primary school aged children, children and young people with disability and/or children and young people living outside of metropolitan areas.
- Children and adolescents not adequately addressed in South Australia's *Mental Health Act 2009 (SA)*.
- Lack of a statewide strategy for children and young people's health generally and reproductive and sexual health specifically.
- Inconsistent access to comprehensive relationships and sexual health education and lack of oversight of curriculum delivery.
- Barriers to safe access to sexual and reproductive health services and information, particularly for LGBTQIA+ children and young people.
- High rates of sexually transmitted infections among young people.
- High levels of food insecurity for households with children.
- Insufficient legal protections to prevent the sterilisation of children with disability without their consent.

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 Commonwealth 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.

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'.⁸ 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'.⁹

The Health System in South Australia

The Department for Health and Wellbeing is responsible for the high-level strategic directions and policy framework for SA Health. 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 a 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.

South Australia has multiple plans and strategies that cover aspects of 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. However, there is no overarching strategy that aligns cross-government efforts to a set of common goals for children and young people's health, including physical, mental, dental and sexual health. 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' for completion by June 2020.¹⁰ 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 is yet to be released.¹¹

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 was listed in the 2023–24 State Budget as being targeted for review in 2023–24. There is no publicly available information on the process or outcomes of this review, nor what will follow the Mental Health Strategic Plan 2017–2022.

Several strategies at a national level seek to improve children's and young people's health, including 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 drugs and alcohol.

Successive South Australian governments have committed to the National Sexually Transmissible Infections Strategy and associated state implementation plans (most recently, the Fourth National STI Strategy 2018–2022 and the SA Implementation Plan 2019–2023 respectively). These strategies seek to reduce the transmission of STIs, minimise their impact and ‘eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health’.¹²

In 2024, the South Australian Government established Preventive Health SA; a new independent agency established to ‘prevent and reduce the burden of non-communicable health conditions and improve health equity across South Australia’.¹³ Preventive Health SA’s Strategic Directions outline the agency’s priorities, which include obesity prevention, tobacco, vaping, mental health, suicide prevention, alcohol and other drugs, and the determinants of health. This encompasses work that was previously sitting within Wellbeing SA or Drug and Alcohol Services South Australia (DASSA).

In September 2024, the Preventive Health SA Bill was introduced into parliament to legislate for Preventive Health SA to be a permanent part of South Australia’s health system.

Some welcome developments in 2024 include:

- Expansion of the Child and Adolescent Virtual Urgent Care Service to cover mental health related matters 9am–9pm seven days a week.
- Efforts to reduce the costs of participating in sport and recreation activities, including expansion of the sports voucher scheme to double the number of vouchers made available per child.
- Release of the draft South Australian Alcohol and Other Drugs Strategy 2024–2031 with children and young people identified as a priority population.

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.

In 2023, 59.3% of the South Australian children and young people aged 5 to 15 years with a diagnosed a mental health condition in the South Australian Population Health Survey, reported receiving treatment. This is similar to 2022 (59.9%) but a decrease from the high proportion in 2021 (64.4%).¹⁴

In 2022–23 the proportion of South Australian children and young people receiving a Medicare Benefits Schedule (MBS) subsidised primary mental health care service (in person or via telehealth) was similar to the previous financial year: 0.8% of 0–4 year olds (0.9% in 2021–22), 5.8% of primary school-age children 5–11 year olds (6.1% in 2021–22), and 12.1% of secondary-school age 12–18 year olds (13.1% in 2021–22).¹⁵

Previous progress reports have noted the high rates of mental health presentations to emergency departments among 12–17 year olds. For 2022–23 reporting, the Australian Institute of Health and Welfare changed the age groups to combine children in the 0–11 years and and young people in the 12–17 years into one age group: 0–17 years. This change makes the overall rate much lower and obscures high rates of mental health emergency presentations among young people in the 12–17 years age group. It is important to separate these age groups out to ensure policies and services appropriately address the needs of children and young people across all age-groups, with a particular focus on those who have the greatest need.

As per 2021–22 reporting, the average annual change (percent) between 2017–18 and 2021–22 was decreasing (-1%) for 0–11 year olds, but increasing (+2%) for 12–17 year olds.¹⁶

The length of stay for children and adolescents accessing mental health services in acute units within South Australia's public hospitals remained steady at 6 days per 1,000 population between 2020–21 and 2021–22.¹⁷ The average annual change from 2017–18 to 2021–22 increased in South Australia (+4%) compared to a reduction in the national total (-2%).¹⁸

This suggests there continues to be insufficient services to meet the mental health care needs of South Australian children and young people with more non-clinical initiatives and community-based supports also needed to avoid hospitalisation wherever possible.

Reviews of services

A joint review of Child and Adolescent Mental Health Services (CAMHS) was commissioned by the Office of the Chief Psychiatrist and the Women's and Children's Health Network in 2022. The review noted significant gaps in the provision of services from the early years up to children aged 12 years and young people with disability. The review also noted a reduction in CAMHS capacity for assertive outreach and prevention, due to a 'shift to focusing more heavily on the tertiary end of care'.¹⁹

The final report made 94 recommendations to inform future service and workforce requirements, strategic directions and contemporary models of care. Recommendations included establishing an adolescent day program service to provide 'step-up and step-down options in the continuum of mental health care', developing an Intensive Community Care Service to target 'high risk and difficult to engage adolescents', and establishing a hospital outreach post-suicide engagement service for children and adolescents who are at risk in this regard.²⁰ The state government released an interim response to the CAMHS Review in May 2024, which considered combining the above recommendations 'to establish a service that is multi-functional'.²¹

Signed in February 2024, the Bilateral Agreement between the Commonwealth and South Australia on Mental Health and Suicide Prevention provides funding to establish a Head to Health Kids Hub that will provide multidisciplinary mental health care for children aged 0–12 years.²²

During the Estimates Committee in June 2024, the Hon Chris Picton, Minister for Health and Wellbeing, noted that Head to Health services have been 'rebadged' and 'a specific Head to Health centre focused on young children [is] to be based in Bedford Park'. However, this 'has not been contracted yet'.²³

A report released in 2024, examined the unmet mental health service needs of South Australians, highlighting insufficient expenditure on services for children and young people and gaps in the service available to those not eligible for support via the National Disability Insurance Scheme. In August 2024, the Australian Government released the Final Report of the Analysis of Unmet Need for Psychosocial Supports Outside of the NDIS, prepared by independent consulting firm Health Policy Analysis.²⁴

Legislative reviews and policy updates

In January 2024, the Office of the Chief Psychiatrist sought feedback on the response to the review of the *Mental Health Act 2009* undertaken by the SA Law Reform Institute (SALRI); in particular, how the Act can be amended to focus more on prevention and 'shift away from a crisis focused approach to mental health'.²⁵ The SALRI report recommended a separate review on the use of the Act for children and adolescents. Such a review has not been initiated and a draft Bill to amend the *Mental Health Act 2009* has not yet been introduced to Parliament.

Following consultation in 2023, SA Health released the Youth Mental Health Services Model of Care alongside a Consultation Summary Report.²⁶ The final Model of Care focuses more explicitly on human rights than the draft report did. It includes an appendix of human rights provisions in South Australian legislation with implications for the mental health sector.

The Commissioner remains concerned that South Australia lacks an overarching vision for children and young people's health.²⁷ The final Women's, Child and Youth Health Plan 2021–2031 was expected to be launched in 2022 following consultation throughout 2021, but this has not occurred.

Preventive Health SA released the draft South Australian Alcohol and Other Drug Strategy 2024–2030 for public consultation in June and July 2024.²⁸ The draft includes children and young people as a priority population.

Other support services

The 2024–25 State Budget provides \$5 million over four years to fund a range of programs to support youth mental health services, including expansion of the Child and Adolescent Virtual Urgent Care Service. Other initiatives supported by this funding are the delivery of workshops to support parents of children and teenagers with mental health issues. This includes delivery of education services and online support groups led by Eating Disorders Australia, to support carers and families of young people who have eating disorders.²⁹

Almost half (45%) of children who were vulnerable on 1 or more Australian Early Development Census (AEDC) domains in 2021, lived in Adelaide's northern metropolitan area.³⁰ The State Budget 2024–25 also committed \$4.3 million over four years for the Children in the North Alliance, which supports place-based, collaborative and community-led approaches to improving outcomes for children in South Australia's northern suburbs.³¹ In 2024, this funding has supported two nurses from the Lyell McEwin Hospital to be based at Swallowcliffe Primary School to help families navigate the health care system and access the services they need.³²

The Child Dental Benefits Schedule is currently significantly underutilised across Australia. In July 2024, the Australian Government released a response to the recommendations of the Senate Select Committee into the Provision of and Access to Dental Health Services in Australia, which 'noted' two recommendations (recommendations 22 and 23) focused on improving access to the Child Dental Benefits Schedule.³³

The School Mental Health Service continued in 2024, with the Department for Education's 2023 Annual Report (released in March 2024) noting the recruitment of more than 40 FTEs.³⁴

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.

South Australia currently lacks an overarching vision for children and young people's general health, let alone a statewide strategy that meets children and young people's specific reproductive and sexual health needs.

A range of structural barriers limit children and young people's rights to access comprehensive and inclusive sexual health information and services. Children and young people who are LGBTQIA+, Aboriginal and Torres Strait Islander, living outside metropolitan areas and/or living with disability, face particular barriers to accessing safe services and information.

In February 2024, South Australia's Department for Health and Wellbeing released a response to the recommendations of the South Australian Sexual Health Services Review (the Review). The Review recommended the state government establish a statewide strategic framework for sexual and reproductive health, including 'a policy framework that brings together sexual and reproductive health, including but not limited to STIs'.³⁵ While the proposed framework is not specific to young people, young people are a priority population in the Review, as well as in the Fourth National STI Strategy 2018–2022 and South Australian Sexually Transmissible Infections Implementation Plan 2019–2023.

The Department for Health and Wellbeing agreed in principle to the recommendation, but proposed that establishment of the overarching policy framework occur over a longer timeframe than the 12 months proposed and only 'once the Fifth National STI Strategy 2024–2030 is finalised'.³⁶ The Commissioner's 2023 progress report noted delays in the development of Australia's Fifth National STI Strategy. The Department of Health and Aged Care opened public consultation on the draft Strategy in November 2024.³⁷

Access to information and education

Access to comprehensive and inclusive relationships and sexual health education in South Australia remains inconsistent across schools and school sectors. Instead there is a range of curriculum frameworks and learning resources supporting the delivery of relationships and sexual health education (or elements of it) being used across the State. The South Australian Curriculum for Public Education – an adaptation of the Australian Curriculum developed for South Australian Reception to Year 10 students attending government schools – was released in 2024. There is no state-wide policy consistently mandating or prescribing school-based relationships and sexual health education, and no oversight mechanism to monitor or report on the delivery of such curriculum across primary and secondary schools.

SHINE SA provides training, curriculum resources and support for educators to facilitate the evidence-based Teaching It Like It Is Curriculum, as part of the Focus Schools Program. This program, currently delivered in almost 80% of government secondary

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schools, is aligned with the Australian Curriculum and South Australia's Child Protection Curriculum, and is recognised nationally as a best practice model due to its full compliance with UNESCO International Technical Guidance on Comprehensive Sexuality Education. Individual schools can elect to implement this program or not. They currently have the option of delivering alternative models, potentially including those which are not comprehensive, evidence-based, or inclusive of diversity.

Standardising and resourcing best-practice relationships and sexual health education protects children and young people's rights to access information and services that are essential to their health and wellbeing.³⁸ Age appropriate, developmentally appropriate and culturally appropriate education should begin in early childhood, and be consistently made available across all primary and secondary year levels across all school sectors. Additionally, targeted support is needed to ensure access for young people who may be disengaged from school, in out-of-home care and/or in contact with the justice system. The South Australian Sexual Health Services reviews recommendations to strengthen primary prevention and health promotion, include expanding the reach of SHINE SA's programs and improving access to 'community programs for young people not engaged in school'.³⁹

A wide range of non-government and for-profit external providers may deliver topic-focused programs, including those related to consent and respectful relationships. In 2024, the Department for Education developed a list of 'approved providers' for the delivery of sexual health education in government schools.⁴⁰ Greater oversight is needed to monitor the extent to which these providers are able to ensure quality, consistency and inclusivity.

Pregnancy and abortion rates and access to safe abortion services

The teenage pregnancy rate has been steadily declining in South Australia since 2008 and has remained at a similar level since 2019. In 2022, 1.5% of women who gave birth were aged under 20 years of age (compared to 1.6% in 2019, 1.8% in 2020, 1.4% in 2021, and 1.5% in 2022).⁴¹ The annual National Perinatal Data Collection continues to show that people giving birth who are under the age of 20 years are less likely than other age groups to have an antenatal visit in their first trimester, or to have five or more antenatal visits throughout their pregnancy.⁴² Their babies are also more likely to be pre-term, have low birthweight and have an Apgar Score (health assessment) of less than 7 out of 10 directly after birth. This highlights the urgent need for better sexual and reproductive health care for teenagers.

Abortion rates in South Australia for teenagers aged 15–19 years have been steadily declining since 2008, however, the rate did increase slightly from 8.3 per 1,000 women in 2022 to 9.6 per 1,000 women in 2023.⁴³ There were 12 terminations by young people under 15 years of age.⁴⁴ Pregnancy and abortion rates are currently measured as the number of women per 1,000 women, overlooking trans men and non-binary people who experience pregnancy and/or abortion.

South Australia's *Termination of Pregnancy Act 2021*, which came into effect in July 2022, decriminalised abortion in South Australia and set out conditions for which a late-term abortion can be undertaken. Access to safe and affordable abortion services varies significantly according to a range of factors, including young people's geographic location, Medicare status and type of termination and provider.

In September 2024, Liberal MP Ben Hood introduced a bill into South Australia's parliament that would have required people seeking an abortion after 28 weeks to undergo an induced birth and either keep the baby or put the baby up for adoption.⁴⁵ The Termination of Pregnancy (Terminations and Live Births) Amendment Bill 2024 was narrowly defeated in the Legislative Council in October 2024.

Access to contraception and sexual health services

There is inequitable access to contraception and sexual health services in South Australia, particularly in regional, rural and remote areas. There is currently no publicly funded sexual health service offered outside of the Central Adelaide Local Health Network. Alongside a disinvestment in specialist sexual health services, there is inadequate support at a systemic level for general practices to consistently deliver high quality, accessible, culturally safe and gender affirming reproductive and sexual health care.

South Australia's Community Pharmacy Oral Contraceptive (OCP) Resupply Services Scheme commenced in May 2024. The new scheme allows those on oral contraceptives to access advice and a resupply of their medication through their community pharmacist without the need for a doctor's prescription. The eligibility criteria for the initiative may limit its benefit to adolescents, as it is available to women aged 17 to 50 years who have been using an approved oral contraceptive pill continuously for two years.⁴⁶ It is also difficult to find clear information about how to access the scheme and which pharmacies are participating.

While emergency contraceptive pills are available through community pharmacies without a prescription, they are not listed on the Pharmaceutical Benefits Scheme and cost can be a barrier, particularly for young people. Long-acting reversible contraceptives (LARCS) are highly effective but uptake is low across all age groups, particularly among young people.

The 2024–25 Federal Budget includes a commitment of more than \$160 million to 'tackle gender bias in the health system, upskill medical professionals, and improve sexual and reproductive care' in line with the National Women's Health Strategy, Gender Equality Strategy and recommendations from the senate inquiry into universal access to reproductive healthcare.⁴⁷

In 2024, the Parliament of South Australia formed a Select Committee on Endometriosis to inquire and report on the prevalence and impacts of the illness, as well as what barriers exist to diagnosis, education, treatment and supports.⁴⁸ The Commissioner's Period Justice Working Group provided a submission recommending improved education with a specific focus on young people's experiences, including the impact that having endometriosis has on a young person's capacity to participate in education, sport and employment.⁴⁹

Access to gender affirming care

In July 2023, SA Health released the final state-wide Gender Diversity Model of Care.⁵⁰ The model aims to provide timely access to appropriate, evidence-based, and affirming health care and support for trans, gender diverse and gender non-binary children, young people and adults across South Australia.

There remains no publicly accessible information on how and when the model of care has been or will be implemented.⁵¹

Thorne Harbour Health SA provides a LGBTIQ+ mental health service for those aged 16 years and over in the Adelaide region, funded by Adelaide Primary Health Network (PHN). From 2016 to 2022, SHINE SA was funded by Adelaide PHN to provide peer and mental health support for trans and gender diverse people aged 12 years and over. SHINE SA and other providers continue to report experiencing 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 of age.

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 who have questions about being or providing support to those who identify as trans, gender diverse or who are 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.

In November 2023, a motion to establish an inquiry into young people seeking assistance for gender dysphoria was tabled in South Australia's Legislative Council. Health professionals and human rights experts urged Members of the Legislative Council (MLCs) to vote down the motion on the basis that it is harmful, unnecessary and inconsistent with evidence of the benefits of gender affirming care. The motion was defeated in February 2024, but several MLCs have continued to call for an independent review.

Sexually Transmissible Infection rates

In South Australia, the rate of sexually transmissible infections (STIs) has risen over the last decade with young people disproportionately impacted. Notification trends are influenced by the amount of testing in a population. Testing only increased modestly between 2011 and 2022, with a decline during COVID-19.⁵² Data for 2023, provided to the Commissioner by the Communicable Disease Control Branch of SA Health, allows for comparison to previous years with the following observations:

- Between 2022 and 2023, notification rates for both chlamydia and gonorrhoea among 15–19 year old males and females (per 100,000 population) increased.
- Between 2019 and 2023, rates of chlamydia among 15–19 year olds were consistently higher among females compared to males, and young people under 24 years consistently made up more than half of all chlamydia notifications.
- Between 2019 and 2020, chlamydia rates among females aged 15–19 years decreased from 1585 per 100,000 to 1275.9 per 100,000, before increasing year on year to 1531.9 per 100,000 in 2023. Rates among males aged 15–19 years also decreased between 2019 and 2020 (from 528 per 100,000 to 480.5 per 100,000) and have since increased year on year, with 641.9 per 100,000 recorded for 2023.
- Between 2019 and 2023, rates of gonorrhoea among 15–19 year olds were more evenly split between males and females, although the rate was higher for females. In 2023, young people under 24 years made up more than one third (36%) of all gonorrhoea notifications.

- Between 2019 and 2020, gonorrhoea rates among females aged 15–19 years decreased (from 189.8 to 146.8 per 100,000) before increasing year on year with 303.6 per 100,000 recorded in 2023. Rates among males similarly decreased between 2019 and 2020 (169.0 to 137.0 per 100,000) before increasing year on year, with 249.6 per 100,000 recorded in 2023.

Additional data for 2023 provided to the Commissioner by the Communicable Disease Control Branch of SA Health breaks down the notifications of STIs among children and young people under 18 years by age at notification:

- Chlamydia notifications at 13–15 years increased from 37 in 2022 to 56 in 2023. Chlamydia notifications at 16–18 years also increased from 559 in 2022 to 600 in 2023. In both 2022 and 2023, there were no chlamydia notifications at 0–12 years.
- Gonorrhoea notifications increased at both 13–15 years (from 16 in 2022 to 46 in 2023) and at 16–18 years (from 123 in 2022 to 178 in 2023). In both 2022 and 2023, there were 3 gonorrhoea notifications at 0–12 years.
- There were 5 syphilis notifications among 16–18 year olds in 2023, an increase from no notifications in 2022.⁵³

In 2023, place of residence at notification (where reported) shows that for 0–18 year olds, there were 461 notifications of chlamydia in the Adelaide region compared to 194 in the rest of SA, and 141 notifications of gonorrhoea in the Adelaide region compared to 86 in the rest of SA.⁵⁴

The Department for Health and Wellbeing's Agency Statement in South Australia's State Budget 2024–25 includes the following target for the 2024–25 financial year: 'Develop a comprehensive, long-term strategic framework to guide the South Australian Government's response to the human immunodeficiency virus, viral hepatitis, syphilis, and other sexually transmissible infections.'⁵⁵

Harmful sexual behaviour

There continues to be a lack of specialist therapeutic services for children displaying harmful sexual behaviours despite recommendations made by the Nyland Royal Commission. 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.

There is also limited data being collected on the prevalence of harmful sexual behaviour in children in South Australia. There are several government and non-government funded research projects underway focused on improving data and services and community responses, but South Australia lacks a statewide framework for responding to harmful sexual behaviour.

South Australia's Royal Commission into Domestic, Family and Sexual Violence commenced on 1 July 2024. The Royal Commission is an opportunity to improve access to comprehensive relationships and sexual health education, investment in prevention and early intervention, and the capacity of services, including sexual health services, to identify and respond to domestic, family and sexual violence.



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. According to the South Australian Population Health Survey:

- In 2023, the proportion of children reported to be obese was 11.7%, which is slightly lower than 2019 (13.5%) but similar to 2022 (11.0%).
- In 2023, the proportion of children reported to be overweight was 21.4%, up from 12.8% in 2019.
- In 2023, the proportion of children reported to be either overweight or obese was 33.1% – on the increase since 2018 (28.6%), 2019 (26.3%), 2020 (30.8%), 2021 (29.7%) and 2022 (32.5%).
- The proportion of children reported to be obese was higher in rural and regional locations compared to metropolitan areas. They were relatively similar across the socio-economic index for area (SEIFA) groupings, but with the proportion of children reported to be obese in the lowest socioeconomic areas almost double those of other SEIFA groups.⁵⁶

A report released in September 2024 by Preventive Health SA, projected the impact of increasing childhood obesity on life expectancy. It found that South Australia needs to reduce childhood obesity rates by 25% to restore baseline life expectancy.⁵⁷

The State Public Health Plan has set targets to address obesity, and the South Australian Health and Wellbeing Strategy 2020–25 committed to developing a ‘comprehensive, fully integrated response designed to address overweight and obesity at both population and individual level’.

There appears to be no publicly reported updates on South Australia’s progress towards these goals for 2024. Preventive Health SA’s 2023–24 Annual Report notes the delivery of the Healthy Food Environments Hub to ‘support South Australian schools and health facilities to implement healthy food and drink policies’.⁵⁸

Physical activity, active transport and infrastructure

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.⁵⁹ In 2023, 20.0% of children aged 5–17 years reported meeting this level of exercise, down from the previous three years: 2020 (28.3%), 2021 (25.0%) and 2022 (23.0%).⁶⁰

South Australia’s State Budget 2024–25 provides funding for the expansion of the sports voucher scheme to double the number of vouchers able to be claimed per child (from 1 to 2), or allow parents to claim a \$200 deduction on fees paid per child for one sport and recreation activity per calendar year.⁶¹

Preventive Health released the South Australian Walking Report Progress Data (2023), which reports on progress made against the objectives of South Australia’s Walking Strategy 2022–32. More South Australians are making short trips by walking, accessing green spaces for walking, and improving their health and wellbeing through walking.⁶² All data measures report on the percentage of South Australians aged 18+ years, however, there is no reporting on data for children and young people.

- **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

According to the 2023 Benchmarking Adelaide report, Adelaide has the lowest proportion of people living in walkable neighbourhoods compared to similar cities around the world, with high levels of car dependence.⁶³ Public and active transport was the most frequently raised topic across submissions received from public and community advocacy groups in relation to South Australia's 20-Year State Infrastructure Strategy. The Strategy is expected to be presented to the State government in March 2025.

Food insecurity

The National Obesity Strategy 2022–32 recognises food insecurity as 'one of the main drivers of unhealthy weight'.⁶⁴ It is significant that households with children continue to be among the groups most heavily affected by food insecurity. While the proportion of households with children experiencing food insecurity decreased between 2023 and 2024, the improvement was only among non-single parent households. Food security among single-parent households continues to worsen over time, with more than two thirds (69%) of single-parent households experiencing food insecurity in the past 12 months and 41% experiencing severe food insecurity.⁶⁵

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

Lack of legal protections

While available data suggests sterilisations have become less common over recent years, the practice is still permitted by legislation in South Australia. While sterilisation is a 'prescribed treatment' under Section 61 of the *Guardianship and Administration Act 1993* (SA), there is no specific criteria or consistent standard that prescribes the circumstances in which a child may or may not be sterilised.

The final report of the Disability Royal Commission recommended 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 who has given voluntary and informed consent (Recommendation 6.41).⁶⁶ The South Australian Government's formal response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was released on 31 July 2024. The government's response to Recommendation 6.41 is 'subject to further consideration', noting 'differences between legislative frameworks and current reform processes underway in some jurisdictions'.⁶⁷

Data gaps

As noted in previous reports, there is limited data available in relation to the sterilisation of children in Australia. The Australian Guardianship and Administration Council reports annually on sterilisation but this reporting is limited to tribunal-approved medical procedures on adults with cognitive disability. From 1 July 2022 to 30 June 2023, there were no cases of sterilisation of an adult with cognitive impairment approved by the South Australian Civil and Administrative Tribunal.⁶⁸ The 2022–23 Australian Sterilisation Data Report notes that the next (2023–24) report will include 'more demographic and other detail' in line with recommendations from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

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