

Establishing the National Action Plan for the Health of Children and Young people: 2020-2030 – Response to Consultation Questions

SECTION A – DEMOGRAPHICS

1. Please provide your name (optional): **James McDougall**
2. Where are you based? **Australian Catholic University (with offices in Melbourne and Canberra)**
3. Are you providing your response on behalf of an organisation?
Institute of Child Protection Studies
4. Please provide your email address (optional), this will allow us to alert you to when the Action Plan is finalised.
James.mcdougall@acu.edu.au
5. Your organisation's area of expertise: **Child Safety; Child Participation; Child Protection; Child Rights – research and analysis**
6. Are you providing your response as:
Researchers and policy workers
7. Do you identify as an Aboriginal or Torres Strait Islander person? **No**
8. Do you identify as a person from one of the priority population groups identified in the Action Plan?
None of the above
9. Are you responding on behalf of an organisation that represents one of the priority population groups? **No**
10. In which country were you born? **Australia**

SECTION B – THE STRUCTURE OF THE ACTION PLAN

11. Is the overall structure of the Action Plan appropriate and easy to follow? (*relates to the entire Action Plan*).

The Plan is broad and detailed in terms of health activities; and reasonably clear. It could be richer and more effective in addressing health and wellbeing challenges (including the measures set out on page 7 of the Plan) if there was a coordinated strategy for a broader consultation with sectors other than health (such as education; child protection and child safety) and with groups of and representing children and young people themselves. There are barriers to engaging across these sectors that require careful attention. Working with these other sectors, it would also be possible to develop an ongoing strategy¹ to include children and young people in the development, implementation and monitoring of the Action Plan.

12. Do the sections: **About the Action Plan and the Action Plan in context** provide adequate context and background for the Action Plan?

As a technical document for health services, it appears to be strong. The Action Plan states "Importantly, this is an Action Plan for everyone". It would be valuable to understand how this is to be achieved. We highlight other opportunities such as the national conversation around child safety (through the National Office of Child Safety) and the work of the National Children's Commissioner to develop the context and background to address the health and wellbeing of children and young people more comprehensively.

SECTION C – PRIORITY AREAS

13. Do you agree with the priority areas identified for the Action Plan?
 - Priority Area 1 - Enhance services for rural and remote areas
 - Priority Area 2 - Expand parenting support for families, especially families living with adversity
 - Priority Area 3 - Increase investment in research, policy and practice translation
 - Priority Area 4 - Commit to ongoing nationally consistent data collection

As priority areas for the health sector, they seem reasonable and appropriate. The Institute would support some priority attention to be given to three additional areas:

1. **Building collaborative capacity across sectors in addressing child protection and child safety²**
2. **Building a cross-sectoral platform for a National Plan for Children that coordinates activities such as data collection, monitoring and planning and research for child health and wellbeing more broadly**
3. **Building a collaborative strategy for ensuring the meaningful and ongoing involvement of children and young people in all aspects of the planning and implementation of the Action Plan (and these other suggested priorities).**

¹ https://www.westernsydney.edu.au/ics/news_and_media/news/2016/young_people_engagement_and_public_policy_report_published

² <https://ama.com.au/ausmed/campaign-public-health-approach-preventing-child-abuse>

Priority area 1 – Enhance services for rural and remote areas

14. Noting that further actions and activities may be determined as the Action Plan is operationalised, are the initial actions (page 11) and activities (Appendix A) specified for **priority area 1** appropriate?

The Institute supports the priority activities. We note that under Priority Action 3 the focus seems to be on families. There will be circumstances where children and especially young people will need access strategies independently of their family; and that there will be additional barriers to access experienced by particular groups of children and young people that will need to be addressed³. Particular attention should also be given to supporting the ability of indigenous communities to plan and implement their own access and service strategies⁴.

Priority area 2 – Expand support for families, especially families living with adversity

15. For **priority area 2**?

The Institute supports the individual priority activities. We would suggest that the Action Plan requires a more coordinated approach to addressing disadvantage / adversity. This could focus on families but also recognise other barriers to access to services and the broader issue of poor health outcomes particularly for particular groups and communities. This approach would complement the work of Priority Areas 3 and 4. This could include support for the development of public health approaches to prevention of child maltreatment⁵ and adverse life events, given the known health consequences in the short and long term.

Priority area 3 – Increase investment in Research, policy and practice translation

16. For **priority area 3**?

The Institute supports the priority activities. We reiterate our previous comments that the Action Plan requires a more coordinated approach to addressing disadvantage / adversity and poor health outcomes. In particular, as discussed above, the public health approach to prevention of child maltreatment calls for knowledge translation that will equip universal service delivery sectors (including GPs and child and youth health specialists) with evidence-based strategies in implementing population-level approaches to prevent and respond to child maltreatment. These will include sexuality and relationships education, supports and services which can be delivered or supported by primary health services. This would support and complement the work of the National Framework for Protecting Australia's Children⁶.

Priority area 4 – Commit to nationally consistent data collection

17. For **priority area 4**?

The Institute supports the priority activities. Again we reiterate our previous comments that the Action Plan requires a more coordinated approach to addressing disadvantage / adversity and poor health outcomes. We would appreciate further clarification about Priority Activity 13 to ensure that age-appropriate and patient-appropriate services are not undermined by more restrictive approaches to age-eligibility.

SECTION D – OVERALL COMMENTS

18. Do you have any additional comments? (200 word limit)

The Institute supports the intent of the Action Plan but notes the risk that it will entrench silo approaches to services and issues particularly relating to addressing the poor results identified in page 7 of the Action Plan. It is our view that there is significant leadership that can be provided by the health sector to the wider service community in developing evidence-based approaches to improving the health, wellbeing and safety of Australia's children and young people. This work requires the development of collaborative platforms and shared understandings. This work takes time and the building of relationships. Ten days to consult on the National Action Plan is insufficient time. Finally we note the good practice that the health sector demonstrates in involving children and young people in individual case work and decisions concerning treatment. This would be a strong foundation to build a broader strategy for ensuring the meaningful and ongoing involvement of children and young people in all services and in the delivery of programs and practices to improve their lives in health and wellbeing, education and in social, political and cultural activities.

³ Robards et al. "Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia" International Journal for Equity in Health (2019) 18:41

⁴ Mazel "Self-Determination and the Right to Health: Australian Aboriginal Community Controlled Health Services" Human Rights Law Review (2016) Vol 16, Issue 2, Pages 323–355.

⁵ <https://aifs.gov.au/publications/family-matters/issue-100/population-approach-prevention-child-maltreatment>

⁶ <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>