

Child Health Advocacy Strategy

2022-2025

BACKGROUND

In recent years, the College has published three position statements relating to child health and well-being:

- [Inequities in Child Health \(2018\)](#)
- [Early Childhood: The Importance of the Early Years \(2019\)](#)
- [Indigenous Child Health in Australia and Aotearoa New Zealand \(2020\)](#).

The Child Health Advocacy Strategy builds on the positions established in these statements and provides an overarching framework for advocacy on child health. The Child Health Advocacy Strategy will take a rights-based approach to child health.

Significant groups of children and young people in Australia and Aotearoa New Zealand are at risk of poor development outcomes due to entrenched and often intergenerational disadvantage.

These issues have been exacerbated by the impacts of the COVID-19 pandemic. Some groups of children and young people have been hit hardest by the pandemic, including those experiencing poverty, Indigenous children, children from culturally and linguistically diverse backgrounds, children with disability and those living in families with domestic or family violence.

Strong social and economic benefits flow from providing universal child health and education services that are proportionate to a population group's needs, with those children most at need having the greatest access to quality services.

There is strong evidence that investment in the early years of a child's life is the most cost-effective means of tackling long-term health conditions and health inequity. Investing in the early years offers the possibility of shifting the trajectory of a person's health and social outcomes over the course of their life and disrupting intergenerational cycles of disadvantage. The early years encompass the period from conception through pregnancy and the preschool years.

Government discourse in Australia recognises the benefits of investing earlier in prevention and early intervention. There is also increased government recognition of the importance of the early years and policy focus on the first 1000 days¹. However, in practice, government funding has not made a substantial shift towards greater investment in prevention and early intervention.

While this advocacy strategy focuses primarily on early childhood, the RACP recognises the need for continued focus and investment in adolescent health and well-being. Indeed, there is also evidence around the benefits of early intervention targeted to older children and adolescents.²

Note: Policy and Advocacy are also developing specific advocacy strategies for Indigenous Child Health and Raise the Age. There are some linkages across the three strategies and the

¹ In NSW, the policy framework has been extended to the first 2000 days

² Early Intervention Foundation, (2018) Realising the potential of early intervention, <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>

three advocacy strategies will all work towards the same key outcome – improved equity in child health. We will work collaboratively to ensure a coordinated approach.

VISION

- All children, no matter where they live or who they are, have the same opportunity to fulfil their potential.
- Aboriginal, Torres Strait Islander and Māori children enjoy the same high standard of health as other children in Australia and Aotearoa New Zealand.
- A strong system of universal child health and education services delivers the right care to children for their health, development and well-being, regardless of their family circumstances, socioeconomic status, ethnicity, geography or other social determinants.

GOALS

1. Position the RACP as a constructive and influential participant in policy reform processes relating to child health and well-being.
2. Give voice to child health issues and establish children and young people as an important priority in the policy landscape, working in partnership with families and caregivers and with Indigenous peoples.
3. Build the capacity of paediatricians and physicians to advocate and promote health equity for children and young people, including a focus on addressing the inequitable health outcomes experienced by Indigenous children in Australia and Aotearoa New Zealand.
4. Establish a comprehensive, whole-of-government and long-term strategic approach to address inequities in child health. This should include a focus on addressing the needs of priority population groups of children who are at increased risk of experiencing poor health outcomes including children experiencing poverty, Indigenous children, children with disability, children in the care and protection system, children from culturally and linguistically diverse backgrounds and those living in rural and remote areas.
5. Increased government investment in integrated early childhood programs that improve access to child health care and allied health, early childhood education and social care. Delivery of such programs should ensure equitable delivery of services based on the principle of proportionate universalism.³ Program models should be evidence informed, culturally appropriate and trauma informed.

It is important to recognise that the goals in this strategy are ambitious and it will take sustained advocacy as well as strong engagement and collaboration with key stakeholders and others to achieve these goals.

STRATEGIC APPROACH

In developing the Child Health Advocacy Strategy, the key challenge was to ensure that the strategy was sufficiently focused and achievable given the range of issues and recommendations covered in the position papers.

³ Proportionate universalism means that actions are universal but with a scale and intensity that is proportionate to the level of disadvantage

To address this challenge, the Child Health Advocacy Strategy seeks to clearly distinguish the issues where the College is well placed to lead and drive advocacy, versus those where we will support broader campaigns that align with our positions.

Under the proposed strategy, planned advocacy efforts for child health will focus on four key areas:

1. Strengthening whole-of-government planning and accountability for child health outcomes (*Lead in collaboration with other key stakeholders*).
2. Promoting healthy relationships: parental child and adolescent mental health (*Support*).
3. Enhancing access to quality early childhood education (*Support*).
4. Promoting healthy nutrition and oral health (*Support*).

The proposed focus on these four areas does not preclude more ad-hoc policy and advocacy responses on other important issues that may arise. The Child Health Advocacy Strategy will leverage the opportunities provided by government election and budgetary cycles. The Australian Federal election is due at the latest by May 2022. The next Aotearoa New Zealand general election is due to be held by June 2024.

The development of the next iteration of the National Framework for Protecting Australia's Children is also a key opportunity for advocacy relating to more cross-sectoral and integrated planning and provision of services.

KEY ADVOCACY ACTIVITIES

- In the lead-up to the next Australian Federal election, the College will include a focus on the importance of the early years, addressing inequities in child health and Indigenous child health in our election platform.
- In the lead-up to the next Australian Federal Budget (May 2022), the College will include a call for investment in key measures relating to the importance of the early years, inequities in child health and Indigenous child health in our Budget submission.
- Incorporate College positions relating to child health in policy responses to government consultations and inquiries.
- Engage with policy decision makers including Ministers/Shadow Ministers, MPs and bureaucrats.
- Develop a communications plan to enable the College to undertake planned media opportunities through traditional and social media avenues (developed in conjunction with the College Marketing and Communications team).
- Use key calendar dates, such as Child Protection Week, to amplify the voice of the College on child health issues.
- Engage and work collaboratively with stakeholders in the child health community to support our positions.
- Develop resources to support Fellows to advocate on issues relating to child health.



KEY FOCUS AREAS

Key Focus Area 1: Strengthening whole-of-government planning and accountability for child health outcomes

- i. The Australian Government establishes a mechanism at a senior level for co-ordination of policy initiatives relating to child and youth health and well-being.
- ii. The Australian Government appoints a national Chief Paediatrician to provide national clinical leadership and advocacy for child health.
- iii. The Australian and Aotearoa New Zealand Governments ensure that children, young people and families have a strong voice in shaping the development of policy and services.

RACP role: Lead

Lead advocacy in collaboration with other key stakeholders.

Advocacy Type

Public and behind-the-scenes advocacy.

Activities

- Develop fact sheet/briefing to support engagement with Government and other key stakeholders on this issue.
- Meet with influential stakeholders, such as the National Children's Commissioner, to build support for our proposals.

Key government stakeholders

- Australia - Department of Health, Department of Social Services, Department of Prime Minister and Cabinet, state/territory health departments, state/territory departments responsible for child protection/child and family well-being (eg. NSW Department of Communities and Justice).
- Aotearoa New Zealand - Ministry of Health, Ministry of Social Development, Department of the Prime Minister and Cabinet.

Other key stakeholders (potential allies)

Paediatric Specialty Societies, The Australian Research Alliance for Children and Youth (ARACY), the National Children's Commissioner, National Families, EveryChild (Australian national campaign established by the Benevolent Society), the Telethon Institute, the New Zealand Children's Commissioner, Child Poverty Action Group (AoNZ), AYCA, Barnardos AoNZ.

Key Focus Area 2: Promoting healthy relationships: parental, child and adolescent mental health

- i. The Australian and Aotearoa New Zealand Governments implement and/or scale up sustained nurse home visiting and other evidence based pre- and post-natal support programs for high need families across all jurisdictions. This should include models which have been shown to be appropriate and effective for Indigenous communities.
- ii. The Australian and Aotearoa New Zealand Governments focus on strengthening assessment and early identification of parental antenatal and postnatal depression.
- iii. The Australian and Aotearoa New Zealand Governments develop and fund more integrated and trauma informed models of care for children and young people with



developmental, behavioural or mental health problems. This should include expanding mental health services for children and young people across prevention, early intervention, treatment and recovery to ensure timely access to support.

RACP role: Support

Support broader advocacy to influence policy change.

Advocacy Type

Public and behind-the-scenes advocacy.

Activities

- Incorporate key messages in submissions to all levels of government.
- Monitor implementation of the Australian Federal Budget commitment to work with State/Territory and Federal governments to implement universal mental health screening for parents in the perinatal period.
- Influence other stakeholders to include these positions in their State/Territory budget and election statements (eg. NCOSS has previously advocated for scaling up sustained nurse home visiting).
- Incorporate key messages in the communications plan.

Key government stakeholders

- Australia - Department of Health, state/territory health departments
- Aotearoa New Zealand - Ministry of Health

Other key stakeholders (potential allies)

ARACY, Centre for Community Child Health, the Translational Research and Social Innovation Group (TReSI) at Western Sydney University (Professor Lynn Kemp), NCOSS, mental health peak bodies, the Perinatal Society of Australia and New Zealand, National Mental Health Commission, National Mental Health and Well-being Commission (AoNZ), State and Territory Mental Health Commission bodies, the Telethon Kids Institute, Barnardo's New Zealand, Emerging Minds (leads the National Workforce Centre for Child Mental Health), AIFS, the Parenting Research Centre, RACGP.

Key Focus Area 3: Enhancing access to quality early childhood education

- i. The Australian and Aotearoa New Zealand Governments provide long-term, sustainable funding for universal access to two years early childhood education (ECE).
- ii. The Australian and Aotearoa New Zealand Governments scale up integrated models of ECE. Integrated ECE services provide a range of child and family supports, including early learning, maternal and infant health, and parenting support from one location. Integrated ECE models reduce stigma and provide a soft entry point to other needed services. They are particularly appropriate and effective for disadvantaged children, including Indigenous children.

RACP role: Support

Support broader campaigns and help to influence change.

Advocacy Type

Public and behind-the-scenes advocacy.



Activities

- Work collaboratively with other key stakeholders working to improve access to quality ECE.
- Incorporate key messages in the communications plan.
- Incorporate key messages in submissions to governments.

Key government stakeholders

- Australia - Department of Education, Skills and Employment, state/territory education departments.
- Aotearoa New Zealand - Ministry of Education.

Other key stakeholders (potential allies)

Early Childhood Education peak bodies, ARACY, ACOSS, The Mitchell Institute, The Parenthood, the Paul Ramsay Foundation, SNAICC, the Front Project, Social Ventures Australia, Thrive by Five.

Note: We know that access to affordable, quality ECE will be a key Federal Government election issue in Australia because it is priority issue for the Opposition and there are already strong coalitions campaigning on this issue.

Key Focus Area 4: Promoting healthy nutrition and oral health

- i. The Australian and Aotearoa New Zealand Governments improve access to dental care for children and young people, including measures to improve availability of dental services in rural and remote areas and for Indigenous children.
- ii. The Australian and Aotearoa New Zealand Governments introduce mandatory regulations to restrict the marketing of unhealthy diets to children and young people.
- iii. The Australian and Aotearoa New Zealand Governments implement an effective tax on sugar-sweetened beverages to encourage reformulation and reduce consumption, and use the revenue generated to facilitate access to healthy diets.
- iv. The Australian and Aotearoa New Zealand Governments increase funding to deliver multidisciplinary and integrated models of care for children overweight and living with obesity. Since no single approach to weight management will work for all children, the funding must be used to deliver a suite of evidence-based, targeted, stepped-approach options to treat and support children with overweight and obesity.

RACP role: Support

Support broader campaigns and help to influence change.

Advocacy Type

Public and behind-the-scenes advocacy.

Activities

- Support broader advocacy to improve access to dental care for children and young people.
- Support [Obesity Policy Coalition](#) (OPC) campaign for a tax on sugar.⁴

⁴ The College currently supports the position of the OPC on a tax on sugar but not endorsed



- Support [OPC Brands off our Kids](#) campaign.⁵
- Support State and Territory branches of the College to advocate on issues relating to childhood obesity.
- In Aotearoa New Zealand, support the advocacy of the [Health Coalition Aotearoa](#) to introduce a sugary drinks tax and central regulation of advertising and marketing to children.
- Incorporate key messages in the communications plan.

Key government stakeholders

- Australia - Department of Health, state/territory health departments.
- Aotearoa New Zealand - Ministry of Health.

Other key stakeholders (potential allies)

Paediatric Specialty Societies, ARACY, the National Children's Commissioner, the New Zealand Children's Commissioner.

KEY DELIVERABLES

1. Communications plan, including refinement of key messages
2. Government engagement plan
3. Traditional and social media outputs
4. Resources (such as fact sheets/briefing notes to support government engagement and involvement of Fellows in advocacy on child health⁶)

MONITORING AND REVIEW

Policy and Advocacy staff will work with the Paediatric and Child Health Division Policy and Advocacy Committee to monitor progress towards the goals and focus areas, as well as any relevant changes in the policy landscape, and adjust the strategy accordingly.

IMPLEMENTATION AND RESOURCING

The Child Health Advocacy Strategy, once endorsed, will be implemented over the next three years as part of the forthcoming Policy and Advocacy Strategic Plan.

At the end of three years progress will be reviewed and the College Policy and Advocacy Council will consider next steps in the context of the range of priorities at that time.

The Policy and Advocacy Team will provide support to the agreed activities, subject to available resourcing and other agreed priorities across the College.

⁵ The College currently supports the position of the OPC Brands off our Kids campaign to protect children from unhealthy food marketing, but not endorsed

⁶ Advocacy documents and e-resources will also be used to build capacity of Fellows to advocate on child health



STRATEGY DEVELOPMENT

Thank you to the following people who have been involved in the development of the Child Health Advocacy Strategy:

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Fellows –

Paediatric and Child Health Division Policy and Advocacy Committee
Paediatric and Child Health Division
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