Australian Human Rights Commission

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National Children's Commissioner

14 May 2018

A human rights approach to addressing inequities in child health:

RACP Congress 2018 – Disruption for healthy futures

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Role of the National Children's Commissioner

- National **advocate** for rights and interests of children
- Embed **mechanisms** that ensure a focus on children
- Provide national **leadership** and coordination
- **Research and education**
- Examine **laws, policies and programs**
- **Regularly report** on children's enjoyment of their rights

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UN Convention on the Rights of the Child

Four guiding principles:

Non-discrimination

(Article 2)

Best interests of the child

(Article 3)

Survival, development and protection

(Article 6)

A voice

(Article 12)

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Convention on the Rights of the Child

Article 6

States Parties recognize that every child has the inherent right to life.

States Parties shall ensure to the maximum extent possible the ***survival and development*** *of the child.*

Article 24

States Parties recognize the right of the child to the ***enjoyment of the highest attainable standard of health*** *and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*

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Convention on the Rights of the Child

Article 19

States Parties shall take all appropriate legislative, administrative, social and educational measures to ***protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation****, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 24

States Parties shall respect and ***ensure the rights*** *set forth in the present Convention* ***to each child within their jurisdiction without discrimination of any kind****, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.*

States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

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What young people want from health services

- “More support for young people with mental illnesses.”
- “More health and mental health centres for teenagers.”
- “More doctors in hospital to look after my baby brother!”
- “Sexual health and drugs & alcohol clinics especially for young people where you didn’t get judged.”

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What NT kids told me about healthy communities

“What does a healthy community look like?”

- [A healthy community] means you can have lots of opportunities and can have a kickstart in reaching your dreams
- Safe environments. Don’t have to worry about violence, drugs, alcohol, things that make you feel scared
- Enough healthy food and fresh water.

“How does an unhealthy community become a healthy community?”

- Make sure that there are lots of safe schools for a good education (it’s good to learn and it’s good that school is a safe place for those kids who don’t have anywhere else that’s safe)
- Domestic violence is stopped so no kid is unsafe
- Give people more support because there’s lots of people who hurt themselves, are depressed or suicide. There’s not enough around
- Make sure that every kid has someone they trust and they can talk to.

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Suicide and Self-harm

Key stats:

- Suicide is the leading cause of death for children aged between 10 and 17.
- Indigenous children account for 28.1% of all child suicide deaths, and 80% suicides of children aged between 4 and 11.
- During 2012 to 2013 around **40%** of calls from children (5-17 years) to the kids helpline related to **suicide or self-injury or self-harm**
- In the five year period to 2013, there were **18,277 hospitalisations for intentional self-harm** in children (3-18 years) – **between 50 and 60 hospitalisations per week**
- For the 1,248 hospitalisations involving Indigenous children, two-thirds lived in regional or remote areas.
- 33% LGBTQI young people reported ever self harming, 16% reported attempting suicide

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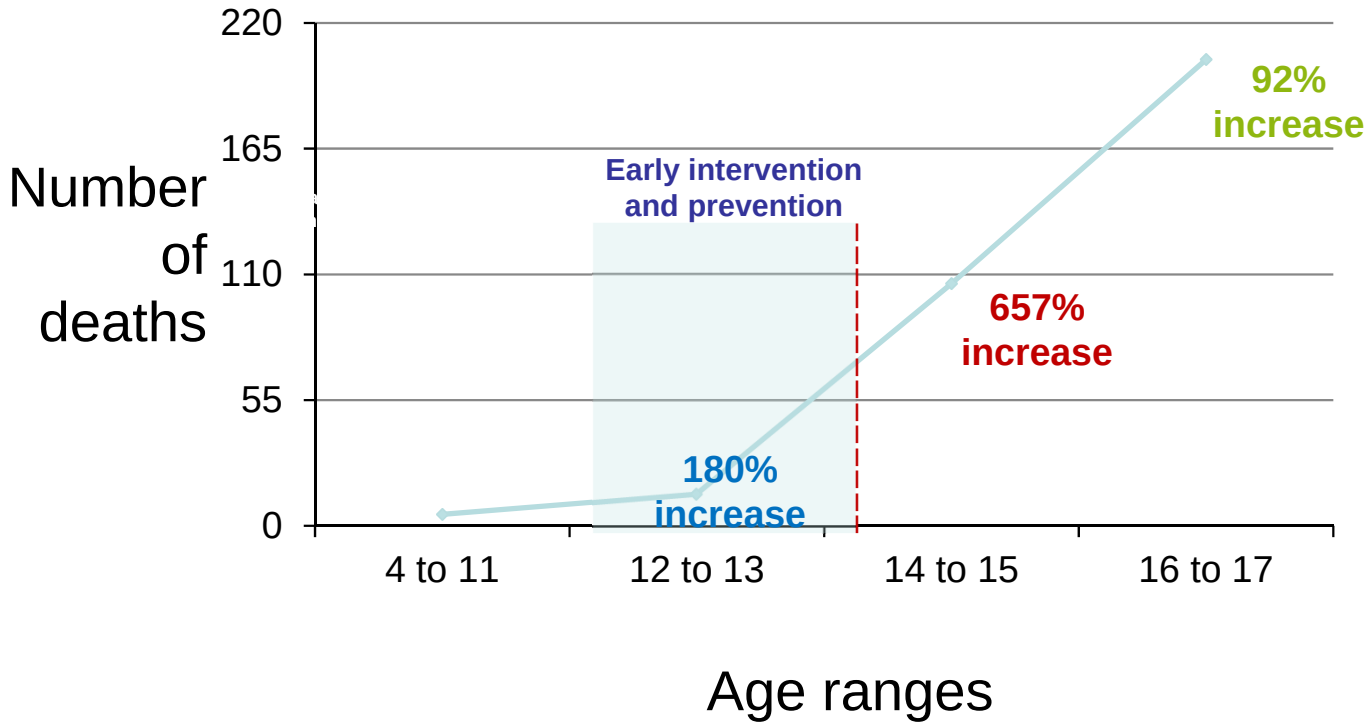
ABS Data 2007 – 2012: Deaths due to intentional self-harm



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Risk Factors

Distal Risk Factors

- Mental health problems
- Alcohol and drug abuse
- Child abuse, including physical and sexual abuse
- Previous suicide attempt(s)
- Communicated suicidal intent
- Intentional self-harm, with or without suicidal intent
- Adverse family experience including:
  - Poverty
  - Family and domestic violence
  - Parent(s) with alcohol or drug dependency
  - Parent(s) in gaol
  - Parent(s) with mental illness
- Knowing a person who died due to intentional self-harm

Proximal Risk Factors

Negative life events such as:

- Relationship difficulties
- Conflicts with parents or peers
- Bullying
- Substance abuse
- Grief and loss
- Certain types of media reporting

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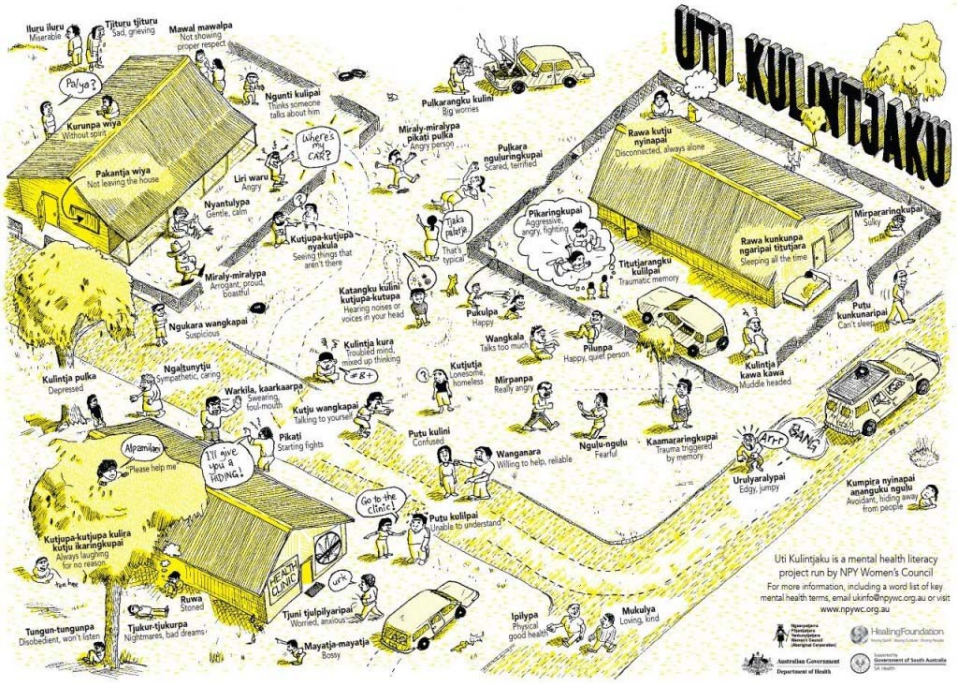
Barriers to help seeking



- Communicating feelings
- Past bad experience
- Fear of response from potential source of help
- Embarrassment or guilt
- Concerns about confidentiality
- Stigma and judgement
- Cost
- Inexperience with independent help seeking and limited awareness of services
- Not identifying self harm as a serious problem

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Recommendations

- A national research agenda on self-harm and suicidal behavior among young people - directly engaging young people, particularly in relation to risk and protective factors, help seeking and the experiences and needs of diverse groups of young people..
- National data on children and young people who die due to intentional self-harm through a standardised National Police Form and consistent reporting of coronial findings across jurisdictions.
- Annual reporting on self-harm in young people aged between 0 and 17, using disaggregated data about hospitalisations.
- Supporting the Australian and New Zealand Child Death Review and Prevention Group continue its work in relation to the development of a national child death database.

Young parents and their children

- 8,574 births to teen mothers in 2015
- Rate of 11.9 per 1,000
- 57 per 1,000 in rural and remote areas
- 59.3 per 1,000 to Aboriginal and Torres Strait Islander mothers (26% of all teen births)
- Poverty and long term welfare dependency
  - Estimated 40% will be receiving welfare payments in 20 years' time
- Maternal and child health problems, poor emotional health and well being
- Interrupted education, limited capacity to re-engage or gain secure employment
- Unstable, unsafe housing
- Stigma and prejudice are barriers to service engagement

Children of young parents

“Children born to teenage mothers are at greater risk of low birthweight and increased morbidity during their first year of life, tend to develop more behaviour problems than children of older mothers and are more likely to be born into, and continue to live in, social and economic disadvantage.”

– AIHW, 2013

Health outcomes

- Teenage pregnancy is associated with poorer health outcomes for both the young mother and the child.
- Information from the ANZCDR & PG:
  - In 2014, children of teenage mothers had the highest perinatal death rate of all maternal age groups, with the most frequent causes being maternal conditions (28%) and spontaneous pre-term (20%)
  - In 2015, children of young mothers had a significantly higher rate of Sudden and Unexpected Death of Infants (SUDI) (2.6 per 1,000 births) than children of other mothers (0.7% for children of mothers aged 19-25, 0.3% for children of mothers aged 26 or older)
  - Babies born to young mothers aged under 20 are more likely to be pre-term (11%) compared to babies born to mothers aged 20-39 (8%)
  - Babies born to young mothers aged under 20 are more likely to have low birth weight (13%) compared to babies born to mothers aged 20-39 (9%)

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Gaps in data, information and research

- Aboriginal and Torres Strait Islander fertility rates
- Young parents in the juvenile justice system
- Young fathers
- Parenting and expecting young people who are enrolled students
- Young parents and their children in the child protection system
- Employment pathways
- Delivery of housing and homelessness services

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Discrimination, stigma and prejudice

“One of the hardest things was going around in public. I had my kid at 14. The looks I got going down the street. I would never walk out of the house by myself. One of my biggest fears was the public. Now I don’t care.”

“There were many times I needed counselling because of my clinical depression and the people I tried to seek help from were awful to me.”

“They [hospital staff] looked at me like I was a bloody idiot.”

“They think you’re immature, no doctors took me seriously.”

57% said they experienced stigma and were treated differently because they were a young mother

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Discrimination, stigma and prejudice

Child protection services

“They [care and protection services] won’t leave me alone. Someone keeps putting in reports that I’m not looking after my child.”

“[Agency] workers are more concerned with reporting than helping or educating.”

“Help out young mums more rather than overflowing your foster homes, because you’re taking babies away from more than adequate homes.”

“Kids need to be stopped taking off parents that don’t need to be taken off – kids taken off for no good reason!”

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Sexual health education and access to contraception

- 57% of calls to Kids Helpline about pregnancy concerns were for advice about the uncertainty and biology of pregnancy
- Conflict over pregnancy options was another significant concern, especially from males
- 25% were from culturally and linguistically diverse backgrounds
- 3% were from young people who identified as Aboriginal or Torres Strait Islander backgrounds

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Culturally safe programs and services

“Aboriginal health workers … make sure nothing makes you feel uncomfortable, and there is ongoing support even after you leave the hospital.”

Positive and aspirational

“I want to work in the community, be successful … and make my family happy.”

“I want her to grow up better than what I did. Have an amazing future.”

“A better life than what I grew up with … a lot less violence, and stable.”

“Anything and everything to make my children happy healthy and loved. To have a stable house for my family and to have a stable career.”

“My new goals are gaining a good job to provide for my children and also assist my children to become happy, healthy and well-rounded adults one day. I think for both of those goals education is the key.”

“I am now focused on how I can make my son’s future perfect, happy and safe. And how I can help prepare him for the future.”

“Before I was selfish and on the wrong path. She [my child] saved my life.”

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Recommendations

- Youth focused parenting support
- Access to education and health services, help with housing
- Specialised employment support
- Information resources on sexual health, pregnancy and parenting
- No unfair discrimination on the grounds of pregnancy or parental status, including work and education
- Support for rather than surveillance of young and expecting parents
- Alternative sentencing options and programs for offenders who are young parents
- Further data collection and research
- Integrated approach informed by the views of young parents

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ABS 2012 *Personal Safety Survey* - estimates

839,400 adult women and 596,400 adult men first experienced physical abuse by a family member between 0 to 14 years

515,200 adult women and 97,800 adult men first experienced sexual abuse by a family member between 0 to 14 years

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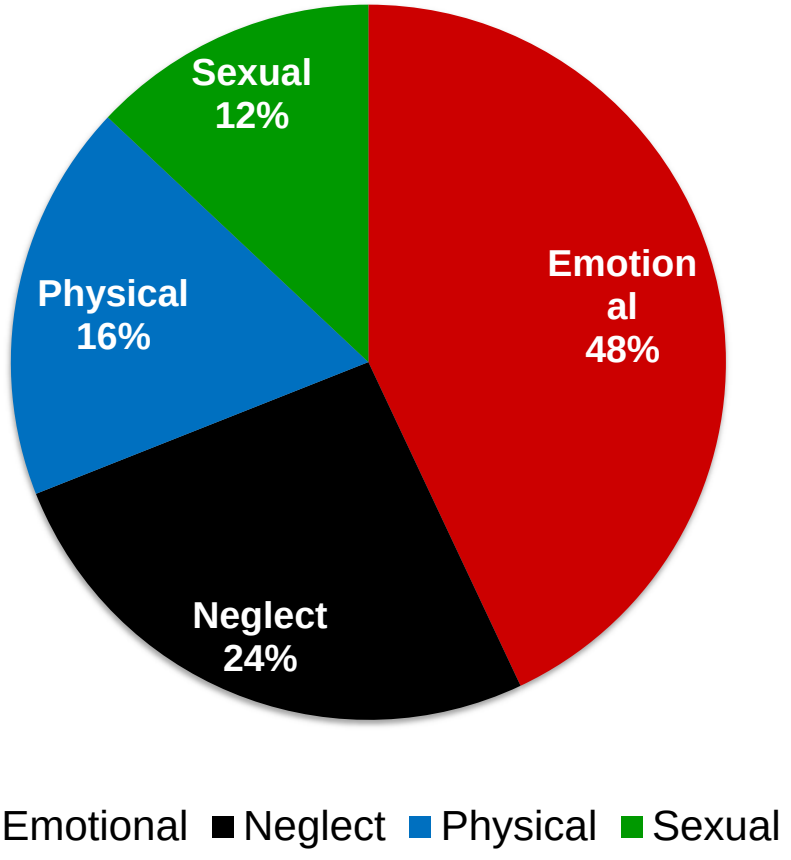
Child protection data – Australian Institute of Health and Welfare, 2018

- In 2016/17, **49,315 children** were the subjects of substantiated child protection notifications in Australia
- **48%** of these concerned **emotional abuse** (including exposure to family and domestic violence)
- **24%** concerned neglect, **16%** concerned physical abuse and **12%** concerned sexual abuse



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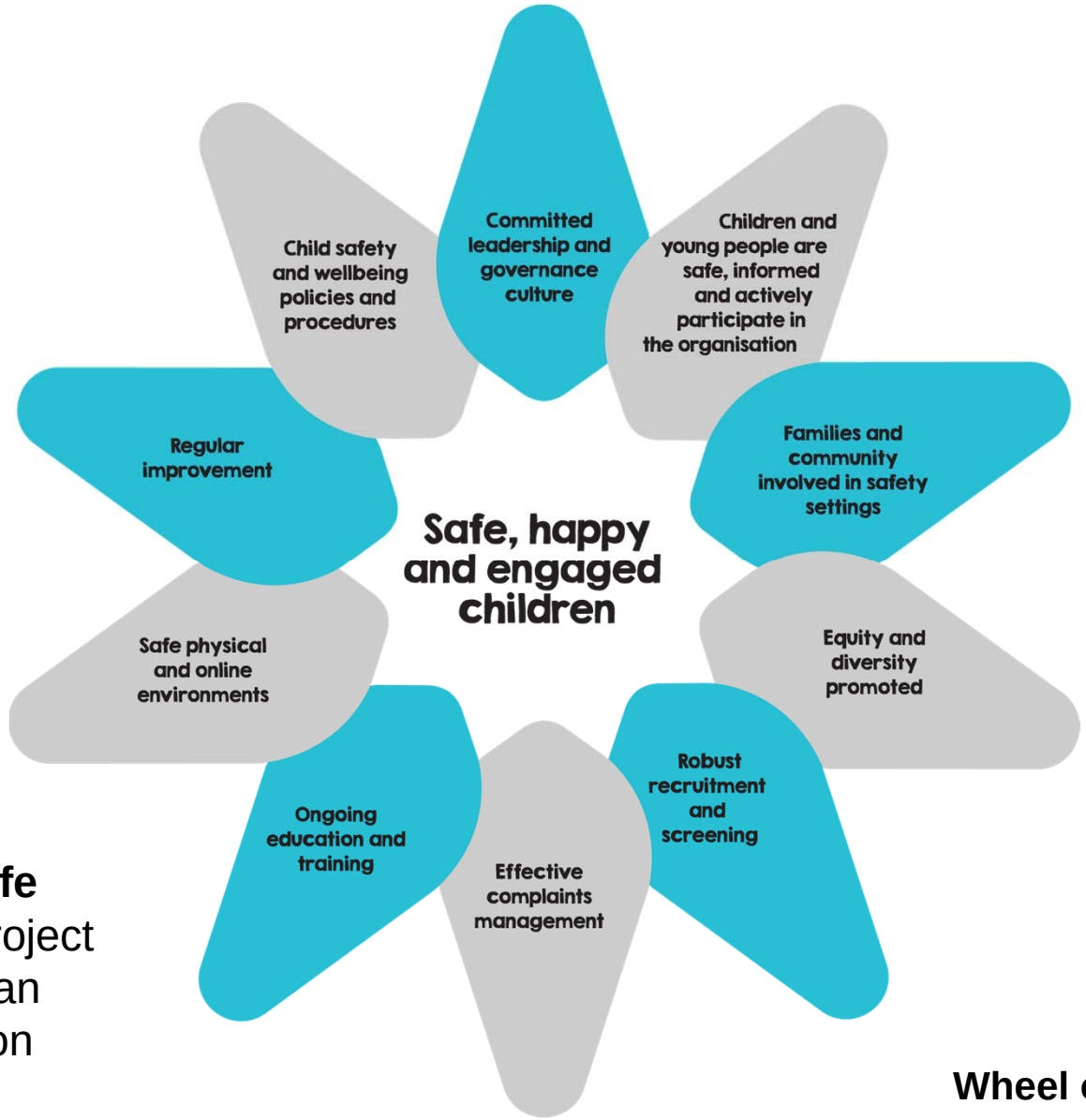
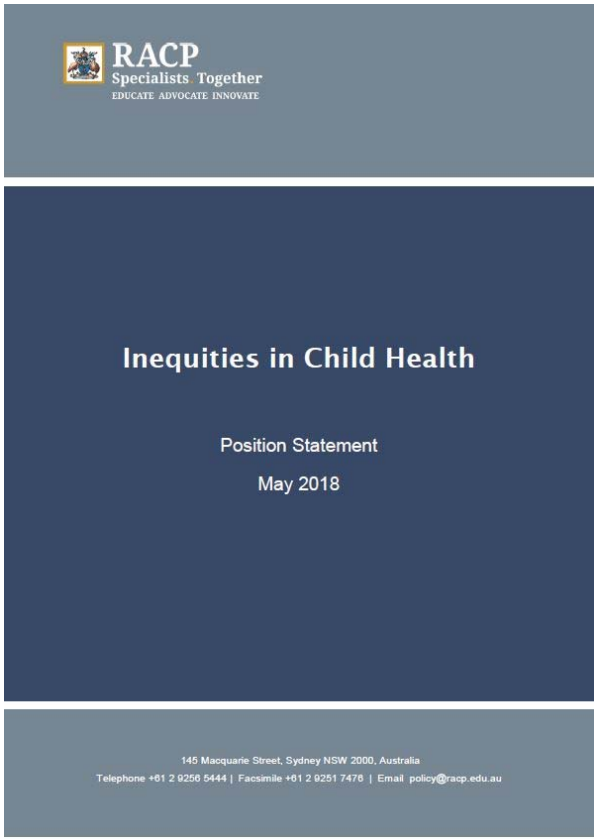


Visit the **Child Safe Organisations** project page on the Human Rights Commission website

Wheel of Child Safety

Inequities in Child Health Position Statement



RACP

- **Advocate** for the need to address child health inequities across Australian and New Zealand by**:**
  - **Considering child health equity in any future policy documents relating to children**
  - **Working with all levels of government, national and state children's commissioners, other colleges and organizations to promote evidence-based policy change that addresses inequity.**

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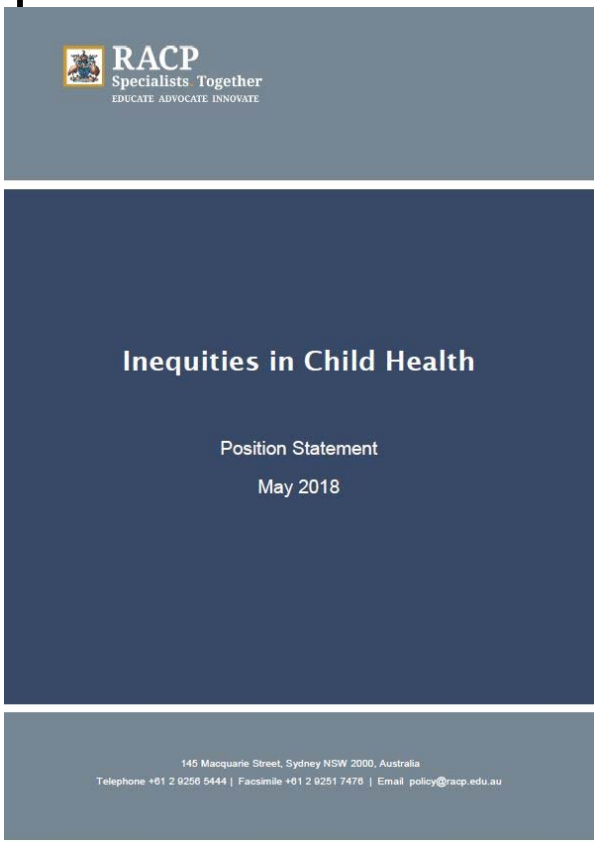
Inequities in Child Health Position Statement



What Paediatrician's can do

Sensitively seek information from families about their social determinants of health

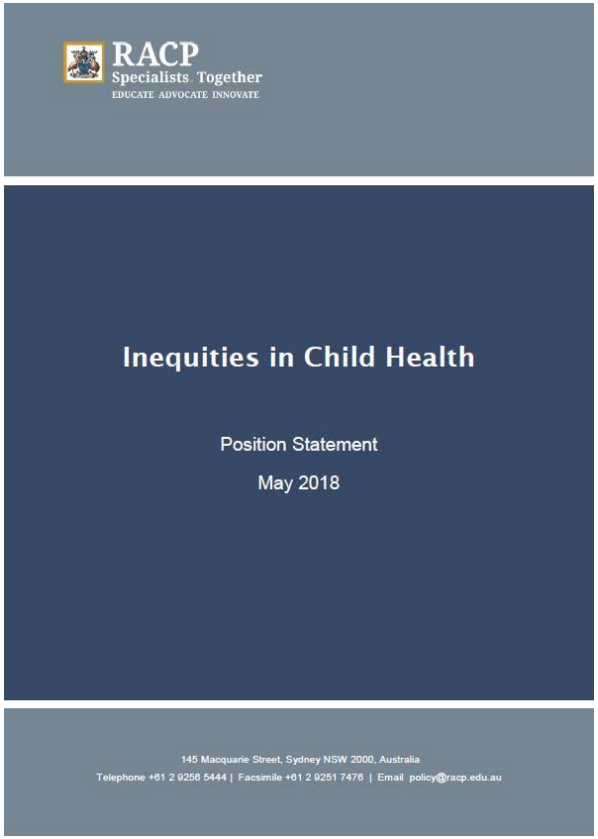
Identify and advocate for services that can assist children and their families who are experiencing health inequity

Recognise socioeconomic disadvantage and social adversity as factors in any clinical decision

Work with their health services to develop an explicit plan of action

Encourage the health services that they work in to regularly evaluate their progress towards elimination of inequity

Inequities in Child Health Position Statement:



- Annual reporting against the AIHW's *Children's Headline Indicators* to keep **governments accountable**
- ***Equitable Access*** *Indicators* for children accessing health services and report on performance annually
- A national Chief Paediatrician to provide **child health leadership** in children's healthcare policies and programs
- Reinstate the Australian Health Ministers' Advisory Council subcommittee on **child and youth health**
- Fund, establish and maintain a national **collaborative approach** on research on inequities in child health.

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Thank you

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