



Child
Development
Council

Women's, Child and Youth Health Plan 2021-2031

Submission

7 May 2021



Government
of South Australia

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1 General statement

The Child Development Council (Council) thanks the Minister for Health and Wellbeing and SA Health for the opportunity to comment on the above summary framework.

The values positions are clearly articulated and repeated in the summary framework and reflect current views about how people should be cared for by state services. Some data are used to inform the policy directions, leading to substantiated policy intent. The focus on wellbeing and prevention is consistent with SA Health's responsibilities and the specific populations being addressed.

The Council respectfully requests that consideration be given to the recommendations made in this submission.

There are references in the summary framework to two Council publications, namely:

- [How are they faring? South Australia's 2020 Report Card for Children and Young People](#) (SA's 2020 Report Card)
- [Evidence Matters: Every Young South Australian Counts!](#)

Thank you for taking specific note of the early childhood development data evidence in the above publications.

The Council's next annual report card *How are they faring? South Australia's 2021 Report Card for Children and Young People* (SA's 2021 Report Card) and future report cards will be one mechanism for monitoring the achievements/changes that result from this 10-year plan.

The Council encourages SA Health to consider the many other indicators of health and wellbeing in [South Australia's Outcomes Framework for Children and Young People](#) (framework) and especially the recommendations for priority action in [SA's 2020 Report Card](#) eg, the increasing obesity rates of children and young people and the mental health concerns of children and young people.

2 Pregnancy outcomes

The consultation paper refers to the rate of perinatal mortality (p 9) which is high for South Australia (SA) generally and very high for Aboriginal families.¹

The Council recommends that SA Health specifically addresses the access and utilisation of antenatal services by (largely) young Aboriginal women. More broadly the access to antenatal care in regional SA should be considered.

¹ The summary framework uses the Perinatal Mortality Rate (PMR) for South Australia, rather than the Infant Mortality Rate, as evidence to guide change. The former includes foetal death in the second half of pregnancy, stillbirths and deaths in first days after birth (ie, the PMR reflects maternal health, whereas the latter IMR used by the Child Development Council directly reflects infant/child outcomes for which South Australia is world-class).

Access to, and awareness of, appropriate nutrition throughout pregnancy needs to be universal.

3 Developmental delay

Early identification is crucial to improve short-, medium- and long-term health, outcomes for children and young people (eg, mental and physical health including dental health) as well as their social inclusion and economic participation.

Early identification and referral for early intervention by a range of services and supports including those of the National Disability Insurance Scheme is consistent with an ethical, evidence-based and holistic approach to health and wellbeing.

Developmental delay in early childhood is clearly highlighted in both [SA's 2020 Report Card](#) and in [Evidence Matters: Every Young South Australian Counts!](#)

In recognition of the evidence and priorities recommended in these two publications, babies and *all* young children should be regularly screened to identify and proactively respond to early indications of developmental delay.

This proactivity should be universal for all babies and young children in SA, not only those identified as vulnerable at a first home visit after birth.

The Council recommends that the role of the Child and Family Health Service (CaFHS) and related community services be redefined to proactively identify and respond early indications of developmental delay.

4 Acknowledging fathers and men

Overall, the summary framework is inclusive politically and philosophically; however, it doesn't appear to acknowledge and accommodate the involvement of fathers and men (ie, non-gestational parents) in antenatal care, delivery services and post-natal care.

The Council recommends that consideration be given to recognising and including the role of fathers and men in the summary framework with a view to redefining the nature and responsibilities of fatherhood and parenthood in general. Within family health services, specific services for fathers may be beneficial.²

5 Family violence

The Council recommends that consideration be given in the summary framework to working with other departments and/or agencies to institute workplace and community programs aimed at reducing family/marital violence, and child abuse, neglect and out-of-home care. For example, the summary framework lack clarity regarding how fathers will be involved in services.

² In the 1990s the WHO Health Promotion documents related to child health included the need to address male parenting (especially, violence reduction).

6 Wellbeing and connectedness

With regard to child/youth wellbeing and connectedness, thought could be given to increasing support of individual students by teachers, other school staff, counsellors and health workers. Awareness of, and access to, youth health and mental health services should be universal. These strategies would be very important to improve outcomes for 10 to 15-year-olds in South Australia, especially adolescent girls.

7 Obesity

This 10-year plan ie, the summary framework, could include a strategy to roll out a reliable population measure of child/youth growth parameters and nutrition.

Once South Australia is clear about the pattern of diet-related obesity, then strategies could be implemented to contain this increasing health problem, especially for adolescent girls.

8 Local Health Networks (LHNs)

The summary framework suggests a focus on services in the Northern Adelaide, and the Barossa/Hills/Fleurier LHNS, with one aim being to improve access to hospital and other services.

The Council recommends that consideration be given to addressing the following:

- a focus on monitoring avoidable hospital admissions as part of the changes
- as the new Women's and Children's Hospital becomes operational, the 10-year plan could also focus on relocating post-hospitalisation and long-term care of patients (particularly children and young people) to community health centres/services, including specialist paediatric and allied health services.

9 Governance, leadership and accountability

The summary framework refers to partnering with consumers which is commendable; however, in terms of the overall context, it appears to be silent on:

- the role and leadership responsibility of the Women's and Children's Health Network as a state-wide health service
- the new women's and children's hospital planning and commissioning over the coming decade³

³ The Council suggests that the new Women's and Children's Hospital has the potential to impact significantly on funding for other existing and/or new services and result in a reformulation of services across the metro area if not state-wide.

- who will lead change eg, is the summary framework a services plan or a departmental plan?
- the roles of, nor partnerships with other providers eg, general practitioners, community health services, private providers etc.

10 Future service standards, evaluation and continuous improvement

The summary framework appears to be silent regarding the need to continue or expand collaboration with the tertiary education sector, universities and research institutions.

In the interest of sustaining a world-class system with a full commitment to best practice in a rapidly changing technical/scientific environment, the Council recommends that:

- how service providers will/should maintain current knowledge and standards of practice be addressed
- in the interests of transparency and external accountability that metrics of quality and quantity of service provision be publicly reported.

11 Partnerships in prevention

The summary framework appears to be silent regarding the need to develop and strengthen partnerships eg, cross-government agency partnerships.

The Council recommends that the summary framework would benefit from a focus on how SA Health will partner with other state government departments and agencies.

Such partnerships for collaborative and collective action would be to reduce household poverty, family and community violence, substance use, entrenched racism, low education attainment by some sectors etc. Without explicit reference, it might be assumed that SA Health will take leadership in, or sole responsibility for, say, the prevention of socially related health problems.