

Children and Young People's Health and Rights

Policy Position Statement

Key messages:	<p>Australian children and young people aged 0 to 24 must be adequately supported to achieve optimum health and wellbeing.</p> <p>Prevention and early intervention strategies are needed both within and across health and wellbeing sectors and all of government.</p> <p>Children and young people should be supported to engage engaging in policy, research, program development, and resource development.</p>
Key policy positions:	<ol style="list-style-type: none">1. Governments have a responsibility to ensure children's rights, wellbeing and safety, including by ensuring adequate social determinants of health and supporting families and communities;2. A public health model and child rights approach should guide the promotion of children and young people's wellbeing, including prevention of harm, and ensuring that individuals receive appropriate, safe and effective support as required;3. A culture of child-engaged service development and policy-making should be built within and between Australian jurisdictions.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
Responsibility:	PHAA Child and Youth Health Special Interest Group
Date adopted:	September 2022
Citation:	Children and Young People's Health and Rights: Policy Position Statement Canberra: Public Health Association of Australia, 2022. Available from:

Children and Young People's Health and Rights

Policy position statement

PHAA affirms the following principles:

1. Australia is a signatory to the United Nation's (UN) Convention on the Rights of the Child.¹ By adopting this international legal framework, the Australian Government promises to protect and fulfil the rights of children and young people 0 to 18 years so they can live safe, respected, happy and fulfilled lives.
2. Young adults 18 to 24 years also need protection and support given their ongoing brain development and vulnerability transitioning from school, parental and system-based support.
3. At all levels of government, Australia commits to upholding children and young people's rights, promoting wellbeing and safety, and mitigating the risks of poverty, inequality, and discrimination.
4. Children should be recognised as agents in their own lives who are entitled to participate in decisions about them and about matters that affect them. Children and Young People's voices need to be heard, respected and responded to at all levels of decision-making.²
5. Decisions and actions affecting children should be child-centred, child-inclusive and view children and young people holistically within the context of their families, communities and cultures.³
6. Co-design and participatory approaches are needed to engage children and young people meaningfully and actively in policy, research program and resource development (using co-design, participatory approaches and engaging with children and young people as co-researchers in the development and reporting).⁴
7. A public health model and child rights approach should guide the promotion of children and young people's wellbeing and prevention from harm and ensure they receive appropriate, safe and effective support as required.
8. Protecting the cultural and identity rights of Aboriginal and Torres Strait Islander children requires all governments to work in a way that recognises the authority, leadership, decision-making rights and right to self-determination of Aboriginal and Torres Strait Islander peoples.⁵
9. Embed principles of inclusion regarding diverse genders, sexualities and sex characteristics reproductive health, and the rights of young people through the lens of intersectionality.⁶

PHAA notes the following evidence:

10. Some groups of young people experience disadvantage that is more likely to affect their health and wellbeing and support should be prioritised. Marginalised groups include young people who are Aboriginal and Torres Strait Islander, culturally and linguistically diverse (including refugee and asylum seeker families), with disability, identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and others (LGBTIQ+),⁷ in contact with the child protection and/or the criminal justice systems, experiencing homelessness, young parents, children born into poverty, experiencing socioeconomic disadvantage, and those living in rural and remote communities.⁸
11. Increasing marginalisation is associated with poorer health status in young people. Using an intersectional lens can be useful in understanding the disadvantage experienced by young people belonging to multiple marginalised groups.⁹
12. Aboriginal and Torres Strait Islander children are significantly overrepresented in the child protection and juvenile justice systems.^{10 11} Significant gaps remain in ensuring meaningful responses to family violence within Aboriginal and ¹²Torres Strait Islander communities, including the need to improve

cultural safety in mainstream organisations, and the secure funding of legal and support services for Aboriginal women.¹³

13. Nearly three quarters (72%) of young people in juvenile detention are unsentenced,¹⁴ and many will not receive a judicial sentence.¹⁵ Unnecessary contact with the juvenile justice system impacts their long-term health outcomes.¹⁶
14. Children, young people and their families experience challenges accessing health services and navigating health systems.¹⁷ In addition, socially or culturally marginalised people face additional challenges in navigating healthcare and wellbeing support, contributing to health inequity.
15. To achieve equity in health outcomes for marginalised youth populations, access to timely, affordable and appropriate health care is a major social determinant of health.¹⁸ Services that are friendly, respectful and non-judgmental, and where young people can be actively and meaningfully involved in making decisions about their health and wellbeing increase access and engagement.
16. Children and young people experience violence, abuse and intimidation. The greatest risks faced by children are at home in the form of abuse or neglect by parents and carers.¹⁹ The most common reasons children are placed on care and protection orders and subsequently placed in out-of-home care is due to familial abuse or neglect. Children's diverse experiences of domestic and family violence are also a source of significant harm, including through lack of integration between child protection and domestic violence service systems.
17. Particular groups of children in Australia experience greater risks of violence, coupled with barriers to reporting or seeking support from services.²⁰
18. Children in out-of-home care are among Australia's most vulnerable children. Significant concerns remain that children continue to experience physical, emotional and/or sexual abuse while in care and that many children are placed in unsafe out-of-home care placements where their basic needs are not met.²¹
19. Women and girls with disability are at far greater risk of violence, particularly sexual violence, than the general population.²²
20. Forced sterilisation for all children and young people and adults with disability or diverse sex characteristics is unlawful,²³ yet ongoing, practice in Australia. .^{24 25 26 27 28 29}
21. Early intervention, especially in early childhood, is the most cost-effective means of breaking cycles of intergenerational disadvantage and trauma and improving long-term health and wellbeing outcomes.³⁰
22. Access to quality Early Childhood Education and Care (ECEC) for young children is beneficial for development, especially among those living with disadvantage,³¹ and allows parents/carers to access employment opportunities. There are limited ECEC places in regional, rural and remote locations,³² and mainstream ECEC services can be perceived as inaccessible, culturally unsafe or otherwise inappropriate by marginalised families, leading to reduced participation.^{33 34}
23. Children and young people have increased vulnerability to the mental health impacts of climate change;³⁵ they represent a vulnerable group that is likely to disproportionately suffer the direct and indirect health impacts caused by climate disruption.^{36 37}
24. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goal 3 – Good Health and Wellbeing](#).

PHAA seeks the following actions:

25. The Commonwealth, state and territory governments should:

- a. work to achieve the highest level of implementation of the Convention on the Rights of the Child to ensure the wellbeing of all Australian children and young people, including comprehensively incorporating the Convention into Australian law and policy.
- b. take a more systematic approach to achieve the goals of the Convention on the Rights of the Child and commit to strengthen implementation efforts to address the UN Committee on the Rights of the Child's recommendations to Australia and recommendations made by other UN Committees, Special Rapporteurs and member states about children's rights in Australia.
- c. establish clear accountability arrangements to monitor and report on its progress in responding to recommendations made by the UN Committee on the Rights of the Child and others, including adequately resourcing Australian civil society to play its role in these arrangements.
- d. ensure that all children's and young people's interests are equitably represented in organisational approaches and activities. Principles of social inclusion and a rights-based approach should guide the authentic engagement of marginalised groups.
- e. fund and support mechanisms to improve understanding and build a culture of child-engaged and child rights-based service development and policymaking. For example, there should be increased participatory strategies created for children and young people to have meaningful input in discussing, designing and deciding policy on and programs for important public issues such as responding to global warming and climate change.
- f. address inequality and discrimination facing children and young people in Australia, particularly in healthcare, police and justice, education and welfare systems.
- g. address structural issues that underpin issues facing Aboriginal and Torres Strait Islander children and young people through a focus on self-determination, value for Aboriginal culture and support for children and young people to grow up strong in their identity.
- h. reduce over-representation in out-of-home care through applying the Aboriginal and Torres Strait Islander Child Placement Principle.³⁸
- i. provide holistic support for children, young people and families, especially marginalised and vulnerable groups, to protect them from violence, prevent children from being removed from families and address their unique recovery needs where they do experience violence.
- j. Decrease the proportion of young people in unsentenced detention by increasing police diversionary programs, promoting alternate actions such as community service.
1. reduce disproportionate incarceration of Aboriginal and Torres Strait Islander children and young people by investing resources into communities, reorientating the criminal justice system, and diverting the system to community-led development programs and providing avenues to hear the voices of Aboriginal and Torres Strait Islander young people.³⁹
- k. ensure equity of access to health services at primary, secondary and tertiary levels, with special attention to marginalised and excluded groups of young people.
- l. provide accessible health services including preventive health care, particularly in mental health and sexual health, outreach and non-traditional services to reach marginalised groups, early intervention, and holistic health service provision.
- m. ensure access to healthcare and wellbeing support for young people in juvenile justice facilities at a level at least equivalent to that offered by community health services.
- n. health literacy, sexuality, relationships and consent education are prioritised in children and young people's education.

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- o. prohibit physical punishment in all settings, including home, alternative care settings, ECEC, schools and prisons.
- p. end detention of children who are seeking asylum. And ensure support for refugee and vulnerable migrant children and people to access to healthcare and other supports.
- q. commit to providing national leadership for all jurisdictions to raise the minimum age of criminal responsibility to at least 14 years of age and providing programs and support to work with vulnerable children and families between 10 and 13 years of age through appropriate health, education and human service programs.
- r. provide greater investment in preventing poor mental health via early intervention and addressing the underlying causes of increasing rates of mental distress in young people, including experiences of trauma.
- s. ensure adequate resourcing of child protection, family support, child-focused domestic and family violence, health, and welfare service support for children and young people and their families to protect and promote children's rights, including funding for service systems and directly raising the rate of funding support for vulnerable families.
- t. ensure that free, quality ECEC is available to all children regardless of location.

PHAA resolves to:

- 26. Advocate for the above steps to be taken based on the principles in this position statement.

ADOPTED September 2022

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