

## **The imperative for the Commonwealth to establish an independent National Commissioner for Children and Young People**

Children's Hospitals Australasia (CHA) represents key Children's Hospitals providing broad health services children across Australia. It is a widely regarded non-for-profit peak body tasked to enhance the health and well-being of children and young people by supporting member hospitals to deliver excellence in the clinical care of children by benchmarking, and innovation. Membership includes the leading children's hospitals and health services located throughout Australia and New Zealand.

CHA fully support the intention of the Commonwealth Commissioner for Children and Young People Bill 2010 to establish an independent Commissioner for Children and Young People with the brief to advance and promote the status of children and young people and their needs. This echoes the Human Rights Commission which has been consistently calling for the establishment of a Federal Commissioner for Children and Young People<sup>1</sup>, which was also canvassed in the *National Child Protection Framework* (COAG 2009)

CHA calls for all jurisdictions to recognise **the importance of investing in the health of our children by ensuring that networks and systems exist to provide consistency, continuity and quality of care across the country.** At present there is no Commonwealth department, agency or commission that carries responsibility for assessing the impact of national public policy on children and young people. Children and young people are not small adults. They have very distinctive needs that change at different stages of development and growth. These various needs (physical and emotional health and wellbeing, care, safety, education, etc) all require significantly different public policy responses from those of adults. Current social and cultural trends provide compelling evidence that as a nation, our focus and interest in children is subsumed by concerns about the impact of our ageing population.

The Federal Health Minister has recognised that "life expectancy for Australian children alive today will fall two years by the time they are 20 years old". This is clearly not an acceptable position for Australia. As with any aspect of our society which may not be meeting expectations, we should look to set targets for children and young people - our focus is on their health and wellbeing - and try our

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<sup>1</sup> HREOC media release 12 May 2010

hardest to achieve them. A fundamental governance issue essential to achieving a coordinated approach to promoting child health and wellbeing across agencies and jurisdictions is the fulfilment of the Government's election commitment to establish national leadership in the form of a **National Commissioner for Children and Young People**. The Commission would broadly promote the interests and participation of children and young people in our community and promote investment in them as well as to develop a coordinated strategy between, and analysing policies from, different portfolios for their impacts on children and young people. It would provide a well needed prism to examine the impact legislative issues, policies or programs are having on the health and wellbeing of children and youth.

A further overarching strategy essential to making a real difference to the future health and wellbeing of our children is the development of an **Australian Service Framework for Children and Young People**: The preparation of such a framework, akin to that developed in the UK in late 2004<sup>2</sup> and in Canada in 2007<sup>3</sup>, will help align action from several different portfolios including Health, Education, Justice, Families, Housing, Community Services and Indigenous Affairs. A coherent strategy to address poor health and disconnected service provision for children and young people will be essential if we are to make a real difference. The Framework should contain a set of national standards which look at the whole child and raise the bar on the quality of care provided to children in all environments – schools, child care centres, maternity units as well as primary and acute care facilities. CHA proposes that the Commission would bring together child health experts, consumers, policy makers and politicians to inform the development of such a Framework.

In summary CHA anticipate the establishment of an independent a **National Commissioner for Children and Young People** would bring about considerable benefits such as:

- Placing children and young people firmly on the national agenda
- The development of an evidence-based National Framework for the Health and Wellbeing of Children and Young People which would facilitate partnership arrangements between all governments and peak bodies working for children and young people
- Greater alignment of national policy, for example greater coordination of Commonwealth policy initiatives providing for the health, education and social services for children and young people
- A commitment to evidence-based policy development

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<sup>2</sup><http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childservicesinformation/index.htm>

<sup>3</sup><http://www.hc-sc.gc.ca> Reaching for the Top: A Report by the Advisor on Health Children and Youth

- Alignment with Strategy 1.3 in the COAG (April 2009) document *Protecting Children is Everyone's Business*

### **Comments on legislation**

Crucial to the success of the Commission is to ensure it has enough autonomy, independence, funding and status to undertake its important roles. The governance structures, functions and reporting frameworks are also crucial. The proposed legislation is vital to protect the Commissions permanency and place in the system.

The monitoring of protective services should remain the primary role of the States and Territories as the complexity and volume of this work can be overwhelming if not adequately resources and supported, (and even when well resourced) which can unintentionally divert attention away from the advocacy and policy functions.

CHA would also like to ensure that the functions of the Commission include the following scope. Firstly, to extend the advocacy function to include the ability to act as an ombudsman for individual children and young people. Secondly, to act as a children and young people analysis "lens" for all government legislation and policy that impact on children and young people in any way during their development and reviews.

In listing whom the Commissioner must consult with, we note that paediatric and young people health services are not included. We strongly recommended their inclusion into this Act.

CHA will be happy to discuss any aspect of this submission with you further. All queries can be directed to Elizabeth Chatham, CEO CHA on 02 61751900.

Yours sincerely

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