SUBMISSION TO THE SPECIAL COMMISSION OF INQUIRY INTO ACUTE CARE SERVICES IN PUBLIC HOSPITALS
MARCH 2008

NSW Commission for Children and Young People
Level 2, 407 Elizabeth Street
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1. The Commission for Children and Young People

1.1. The NSW Commission for Children and Young People (‘the Commission’) promotes the safety, welfare and well-being of children and young people in NSW.

1.2. The Commission was established by the Commission for Children and Young People Act 1998 (NSW) (‘the Act’). Section 10 of the Act lays down three statutory principles which govern the work of the Commission:
   - the safety, welfare and well-being of children are the paramount considerations;
   - the views of children are to be given serious consideration and taken into account; and
   - a co-operative relationship between children and their families and community is important to the safety, welfare and well-being of children.

1.3. Section 12 of the Act requires the Commission to give priority to the interests and needs of vulnerable children. Children are defined in the Act as all people under the age of 18 years.

1.4. Section 11(d) of the Act provides that one of the principal functions of the Commission is to make recommendations to government and non-government agencies on legislation, policies, practices and services affecting children.

2. General comments

2.1. The NSW Commission for Children and Young People is pleased to make a submission to the Special Inquiry into Acute Care Services in NSW.

2.2. The Commission’s work with children and young people in recent years has highlighted various issues relating to the provision of health services, including the experiences of children and young people in regards to acute care services. This submission will be informed by what children and young people in NSW have told us. The Ask the Children, Children and young people talk about Health report can be found on the Commission’s website at www.kids.nsw.gov.au/kids/resources/publications/askchildren.cfm.

2.3. Between August 2005 and February 2006, the Commission spoke with over 200 children and young people aged 4-18 years about what health means to them. This consultation was to inform the NSW Health Futures project, which set out to develop long term directions for the State’s health system for the next 20 years. The consultations
provided us with invaluable information on children and young people’s perceptions of health and of health services.

3. **General comments**

3.1. Public policies aiming to achieve a healthy ageing population and reduced expenditure later in life are best based on strategies promoting increased investment in early childhood.

3.2. In 2006 there were over 1.5 million children and young people aged 0 - 17 in NSW, comprising 23.9% of the population in NSW. Most of these children are in good health. The *2005-2006 NSW Population Health Survey Report on child health* found that 90.8 % of the parents or carers of children aged 5-16 reported that these children had excellent, very good or good health status.

3.3. This is consistent with national research which reports that the rates of young people assessing themselves to be in good health is high (85% for males and 80% for females in the 15 -17 year age group).

3.4. Reductions in infant deaths and illnesses, improvements in maternal health, reductions in the mortality rates of young people and improved standards of living mean that we should expect children and young people in NSW to live longer and enjoy better health than previous generations.

3.5. While most children and young people in NSW have good health, there are some, notably Indigenous children, those in care or detention, and homeless or refugee children, who have much lower health status. Unless the health inequalities that these kids experience are addressed they will present to acute health services as they grow and develop.

3.6. There is increasing concern about the emergence of “new morbidities” such as obesity, and issues of behavioural development and mental health. If not addressed, these new morbidities will place additional demands on acute health services in the medium to long term.

3.7. The demand on acute services has increased over time and is likely to continue to do so, particularly given the ageing Australian population. In this context securing the health of children and young people now is vital.

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3.8. The relationship between child and youth health and health in adulthood is well documented. Research now demonstrates conclusively that the patterns of health and illness throughout life are influenced strongly by patterns that are established early in life. Biological and environmental risk and protective factors, together with early life experiences, affect people's long term health and disease outcomes. Child health is influenced by maternal and family health and well-being. The early years in particular are crucial for laying the foundations for children's (and adults') later health and well-being.

3.9. Research demonstrates that brain development in the early years of life, including in utero, significantly affects physical and mental health and the onset of future illness and disease. Brain development impacts on outcomes such as coronary heart disease, blood pressure, type II diabetes, immune pathways, obesity, anti-social behaviour, violence, drug and alcohol abuse and smoking.5

3.10. Barker and his colleagues point to the importance of early life factors as risks for chronic disease in adults6. They showed that low birth weight, together with weight gain in the first year of life, is associated with cardiovascular disease, diabetes, and hypertension in the fifth and sixth decades of life. There is an accumulating body of evidence suggesting that problems and risk factors can be identified reliably early in childhood, and effective intervention improves the developmental trajectory and ultimate life outcomes.

3.11. The Australian Institute of Health and Welfare has reported trend data against 15 indicators of child health. They found changes for the better against seven indicators (relating to death rates, dental health and tobacco), no change against six indicators (injury hospitalisations, asthma, cancer, leukaemia survival, low birthweight and vaccinations) and changes for the worse against two indicators (diabetes and obesity)7.

3.12. The health system needs to do more to maximise the health of children and young people so they will be healthy and productive now and in the future. Based on children and young people's reports of their lived experience, we believe that the following factors need to be considered as the health system is reshaped:

- Children and young people see their health and well-being as an interconnected, organic whole. They have difficulty understanding,

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and navigating, a system which is segmented into illness and injury specialities and components.

- A consistent, predictable and warm relationship with at least one caring adult is necessary for a child to deal with life’s adversities.
- Children and young people turn primarily to their parents and family for health support and care. Parents need to be supported and recognised as partners in protecting children’s health.
- Children learn to make life choices, including health choices, and develop skills in making them, through experience, adult modelling and guidance and access to resources and information.
- The health system and health professionals need to be visible and present early in children’s lives in positive, “feeling good” contexts. Otherwise the health system may have connotations of negativity and limited relevance to the child, who may be reluctant to use the system.

3.13. The health of NSW’s ageing population depends largely on how healthy they have been as children. Healthier children make for healthier older people and a healthier and more productive population overall.

“How will services handle the waiting lists when they are already long now and there will only be more people and maybe new diseases? The way to combat that is to have preventative techniques so you don’t have people getting sick and having to wait for operations.” (boy, 17)

3.14. The demand for acute services is best reduced through public policies aiming to achieve a healthy ageing population. Strategies promoting increased investment in early childhood will reduce the need for increased expenditure later in life.

4. Children and Young people in acute care services
4.1. Children and young people are not heavy users of acute health services. The NSW Population Health Survey found that during 2005-2006 54.6% of children did not attend any health service, 10% were admitted for one night, 12.1% attended a community health service and 12.1% attended a public dental service or hospital. Among children 0-4 years, 40.4% attended an early childhood health centre.

4.2. While children may not be a large consumer of health services, there has been an increase in the numbers presenting to some acute services. Data from NSW Health shows that there has been an increase in the proportions of children who presented to an emergency department between 2001-2002 (18.4%) and 2005-2006 (21.7%). The increase was significant in children in the 0-8 years and 9-15 years
age groups. Presentations to emergency departments were higher for children in rural areas than for urban areas in 2005-06.

4.3. When kids do present to acute services they are generally accompanied by their parents or carers. Indeed children are reliant on adults to act on their behalf to address their health issues until they are of an age where they can confidently access services independently. How kids are treated when they are in need of health care is very important to them.

4.4. When we have spoken to children and young people they have told us that the treatment they receive, and importantly the way it is delivered can impact on their willingness to seek and receive treatment in the future.

4.5. Children and young people are not miniature adults. They have different physical, intellectual, and emotional abilities and needs, and different biochemistries. If they find their contact with health services and professionals unhelpful, embarrassing or perplexing, they may be reluctant to use services again.

“They could take kids first when you are waiting”  (girl, 7)

“I like the nurses who take care of me and have a magic wand that puts all the kids to sleep.”  (girl, 5)

“What makes them good? – warm hands, understanding, someone who will listen and explain well. Not too emotional – you don’t want them upset.”  (boy, 16)

4.6. Physical environments in hospitals impact on children’s experience of health care. There are centres of excellence that specialise in providing child and youth appropriate services, such as the Children’s Hospitals at Westmead, Randwick and Newcastle, but these are not readily accessible to all children and young people in NSW. Consideration needs to be given to where children are located when receiving care in hospital settings, which can be confusing and overwhelming for many children.

4.7. The Commission does not support the location of children in wards with adults. Children and young people have told us that they would prefer not to be placed in wards with adults.

“I was scared because there were all these people with like, half an eye”  (boy, 10)

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"You don’t want to watch old people die around you. Old people tend to be much sicker”  
(girl, 11)

RECOMMENDATIONS:
That children and young people are prioritised for treatment in emergency departments.

That, wherever possible, children and young people are not co-located with adults in hospital wards.

That, if it is unavoidable for children and young people to be co-located with adults in hospital wards, the staff, particularly nurses, should be paediatric trained.

5. Improving acute health services for children and young people
5.1. Acute care services have an opportunity not only to treat the presenting health problem but also to influence the decisions children and young people make about their health in the future. If these opportunities are missed, or children’s experiences with health services are poor, the choices they make may be very costly, with wide ranging and long lasting impacts.

“I’ve learnt to deal with things myself. I’m over counsellors”
(girl, 17)

“If you have a bad experience with the health system you could be put off ever going again”
(boy, 15)

5.2. The Commission has developed Health Care Operating Principles for Children and Young People, based on feedback from children and young people about their own health, their experiences of the health system and what they would like to see in a healthy world:

1. Focus more on children and young people
2. Help children and families manage their own health
3. Provide services close to children and young people
4. Provide services that are personalised and individualised
5. Communicate directly with children and young people
6. Communicate in new ways

5.3. The principles are important for improving the delivery of acute health services and are translatable to other health and related settings. We believe it is important that NSW Health apply these principles in the short to medium term.
5.4. Families are the primary providers of health services to most children and young people. Acute health services providing treatment to children with an illness need to recognise this and develop treatment plans that support families. This is particularly important in exit planning.

5.5. Ongoing treatment for seriously ill children will occur in acute settings and in family settings. As children and young people move in and out of acute health settings their families may require assistance and support from a range of environments.

5.6. If parents are unavailable to provide care for sick children at home, the children may have no option but to remain longer than medically necessary in hospital, occupying scarce bed space. Parents need access to adequate leave from their employment, to enable them to spend adequate time with their children as inpatients and when they are return home.

RECOMMENDATIONS:
That acute health services develop models of child-centred and family-centred service delivery, including family-centred exit and after care plans.

That NSW raise with COAG the need for additional parental leave provisions for families with sick children in the context of the COAG agendas on productivity and health reform.

6. Reducing the demand for acute care services
6.1. The challenges of increasing demands arising from an ageing population are significant and long term. Reducing future demand on services through improved population health is essential – the key to improving the health of the population in NSW is securing the health of children.

6.2. Reducing future demand on acute services in NSW and the health system in general will require a fundamentally different approach to promoting, maintaining and improving health.

6.3. It seems likely that the current illness disease and injury focus has not engaged children and their families, nor has it contributed to a reduction in demand on acute services.

6.4. There is clearly scope for a health system to do more to maximise the health of children and young people so they will be healthy and productive now and as adults in the future.
6.5. Investing in the early years provides the best returns of any health investment. In addition, the economic benefits from investments in early childhood are quantifiable and can be substantial.

6.6. There is a growing body of evidence on early years’ investment which is influencing public policy. While much of this is not new information, the health system has not adequately responded to the need to increase investment in promoting health and well-being. Attitudes and resource allocation practices need to shift to accommodate this new knowledge.

RECOMMENDATION:
That NSW Government increases investment in health promotion, population health and promotion of well-being for antenatal, maternal, child and adolescent health as a key strategy to reduce future demand on acute health services.

That decisions on investment in health care be based on long term directions for sustainable health care and that resource transfers to address the failures of an unsustainable system be avoided.

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