

# 1. Establish a National COVID-19 Taskforce to lead a recovery plan

The full impact of the COVID-19 pandemic cannot yet be clearly determined. However, there is increasing global concern about the likely disproportionate impact of the pandemic on children experiencing adversity, widening existing disparities in child health and wellbeing, and developmental outcomes. While the virus that causes COVID-19 has been generally mild to moderate for most children and young people, the broader impacts of the COVID-19 pandemic are considerable.

As outlined in a [recent 2022 review by Goldfeld and colleagues](#), the key impacts of the COVID-19 pandemic on children and families included:

- Poorer mental health of children and parents
- Poorer maternal and newborn health
- Poorer child health and development
- Poorer academic achievement
- Reduced family income and job losses
- Increased household stress
- Increased abuse and neglect
- Reduced access to health care.

Solutions to these issues will need collaboration and input from all levels of government and across different areas of government and include all relevant stakeholders. The best way to develop a solutions-based approach will require the establishment of a child-focused National COVID-19 Taskforce to lead the COVID-19 recovery plan.

Such a model is advocated for by the Organisation for Economic Co-operation and Development (OECD) in a 2021 report [“Securing the recovery, ambition, and resilience for the well-being of children in the post-COVID-19 decade”](#). The report outlines a framework which includes five pillars of action including: child poverty and inequalities, family stress, learning loss and school disengagement, increased need for mental health supports, and increased need for support among already-vulnerable groups of children. The report also provides an example from Norway where this has been used in practice. Norway created a cross-ministry group to coordinate the efforts of the different ministries whose policy responsibility affect children directly. Ministries included in this group included those with responsibility for children, families, health, justice, culture, kindergarten and schools.

A similar, but smaller scale, group was created in 2020 by the Australian Federal Government to address issues arising in the disability sector related to COVID-19. An Advisory Committee was created to oversee the development of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) Management and

Operational Plan for People with Disability and advise the Chief Medical Officer about the ongoing needs of people with disability. The committee now meets regularly to discuss COVID-19 issues relevant to people with disability and has also participated in several Roundtable discussions with a broader range of stakeholders across the disability sector. It provides a model for cross-sector collaboration which should be considered in the National COVID-19 Taskforce.

The National COVID-19 Taskforce would aim to deliver an evidence-informed, child-centred national COVID-19 recovery plan that:

- Delivers a coordinated, cross-jurisdictional approach to recovery.
- Identifies and prioritises evidence gaps.
- Supports increased engagement across sectors and jurisdictions in addressing child health and wellbeing.

The objectives of the National COVID-19 Taskforce would be to ensure that:

- All children and young people have opportunities to thrive.
- Children and young people have a central voice in decisions about their future.
- There is increased knowledge about constructive and sustainable approaches to improve the health and wellbeing of children and young people following the COVID-19 pandemic.
- Evidence-based initiatives are delivered to help children and young people catch up from the setbacks of the COVID-19 pandemic.
- There is improved levels of coordination and collaboration of existing efforts at the local, regional, state and territory, and commonwealth levels of government and across sectors.
- A package of recommendations are actioned within the first 6 months and over the longer term.

Activities of the National COVID-19 Taskforce may include the following, however following consultation other activities may be identified.

- Identify and assess the severity of impacts of the COVID-19 pandemic on children and young people in Australia.
- Undertake a comprehensive stock-take of existing efforts to address the impacts of the COVID-19 pandemic on children and young people in Australia across all jurisdictions and identify best practices approaches to address the impacts.
- Identify evidence gaps and needs for further Australian research.
- Consider urgent actions to address: mental health of children and parents; maternal and newborn health; abuse and neglect and trauma; child health and development; child health inequalities; access to health care; learning loss/academic achievement and school disengagement, and the impact on family income (job losses) and household stress.

- Establish clear and consistent models of collaboration and cooperation across jurisdictions and sectors.
- Identify actions to build awareness, knowledge and capacity of key initiatives and programs.
- Deliver recommendations to Government to address the impacts of the COVID-19 pandemic on children and young people and lead a coordinated response.
- Consider future pandemic preparedness and advice regarding managing future events and health and wellbeing responses.

The National Chief Paediatrician (new position and appointment) and the National Children’s Commissioner should be appointed as Co-Chairs of the National COVID-19 Taskforce, which should have broad representation. Members of the National COVID-19 Taskforce will represent the key areas associated with children and young people health and wellbeing, including:

- Public and private health
- Education
- Mental health
- Culturally and linguistically diverse communities
- Indigenous communities
- Families from lower socio-economic backgrounds
- Representatives for the voices of children, young people, families and carers
- Representatives from States and Territories
- Department of Health: Commonwealth and State/Territory
- Department of Education: Commonwealth and State/Territory
- Department of Family and Children Services, or equivalent: Commonwealth and State/Territory

The National COVID-19 Taskforce should report to the Chief Medical Officer, under the direction of the National Cabinet to ensure a cross sector response.

The National COVID-19 Taskforce should operate initially for three (3) years. Recommendations should be provided in the first year and annual reports provided on implementation across the first three (3) years. The National COVID-19 Taskforce should conduct any necessary consultancies to inform interim/draft reports. Public consultation would also be considered to inform reports.

## Further reading:

RACP Position Statement: [RACP Inequities in Child Health](#), which recommended the Federal Government:

1. Report annually against AIHW's Children's Headline Indicators to keep governments accountable.
2. Develop Equitable Access Indicators for children accessing health services and report on performance annually.
3. Appoint a national Chief Paediatrician to provide clinical leadership in paediatric healthcare policies and programs (see below).
4. Immediately reinstate the Australian Health Ministers' Advisory Council subcommittee on child and youth health.
5. Fund, establish and maintain a national collaborative approach on research on inequities in child health.

RACP Position Statement: [Early Childhood: The Importance of the Early Years](#), which recommended the Federal and State/Territory Governments implement policies, programmes and interventions including:

1. Improved parental, post-natal and infant mental health support.
2. Increased paid parental leave, more paid sick leave for working parents and carers, and affordable childcare.
3. Mandatory regulations to restrict the marketing of unhealthy diets to children and young people, a sugar tax and parental education on health nutrition, physical activity and sleep.
4. Integrated healthcare delivery to improve access to child and allied health and social care services to disrupt the intergenerational cycle of disadvantage.
5. Long-term sustainable funding for early childhood education and care.
6. A social safety net for disadvantaged children.
7. Creating safe environments for children by encouraging non-violent parenting and providing trauma informed mental health services for families exposed to family violence, child abuse and neglect.

Medical Journal of Australia: [Potential Indirect Impacts of COVID-19 Pandemic on Children](#), which found the key impacts on children of the COVID-19 pandemic could be grouped into 3 key areas:

- Child-level factors (poorer mental health, poorer child health and development, poorer academic achievement).
- Family-level factors that affect children (poorer parent mental health, reduced family income and job losses, increased household stress, increased abuse and neglect, poorer maternal and newborn health).
- Service-level factors that affect children (school closures, reduced access to health care, increased use of technology for learning, connection and health care).