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RACP Submission

**Implementing the successor plan to the National
Framework for Protecting Australia's Children 2009-2020**

August 2021

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients. The RACP membership includes over 5,600 paediatric fellows and trainees, who routinely work with newborns, infants, young children and their families.

Executive summary

The RACP welcomes the opportunity to comment on the discussion paper on implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020 (the Framework).

In 2015 the RACP launched the position statement [Protecting Children is Everybody's Business: Paediatricians Responding to the Challenge of Child Protection](#), which outlines the roles and responsibilities of paediatricians in responding to child protection issues in Australia and Aotearoa New Zealand. The position statement also calls for greater support for a public health model of child protection. This model incorporates primary and secondary interventions, in addition to tertiary responses for those children who have or may have suffered abuse.

This submission focuses on specific questions in the discussion paper that are relevant to the work of RACP Fellows. In summary, the RACP recommends the following regarding the successor plan:

Service Delivery

- Develop integrated, innovative models of care that connect families with services and acknowledge the social determinants of health.
- Develop mechanisms for rapid response where there are escalating and serious concerns for the safety and wellbeing of the child.
- Focus on supporting families to care safely for their children in their family, culture and community and increase investment in prevention and early intervention.
- Enhance complex care pathways at both individual and structural levels.
- Develop more streamlined and structured support for families within the National Disability Insurance Scheme (NDIS) and strengthening early intervention programs for children with developmental disabilities.

Governance and accountability

- Be underpinned by a robust evaluation framework designed in the development phase in collaboration with relevant experts and key stakeholders.
- Has a strong governance structure and robust mechanisms for performance monitoring and accountability and collaborative commissioning across governments and sectors.

Workforce and capability building

- Include a range of initiatives to support young people leaving out-of-home care, including priority access to services, investment in aftercare support services, investment in accommodation options and the option to remain in out of home care until age 21.
- Increase investment in Aboriginal and Torres Strait Islander organisations to deliver early intervention services.
- Develop workforce capability in relation to culturally safe care and trauma awareness and practice across all parts of the child and family sector workforce.

The successor plan can only be successful if governments, the non-government and Aboriginal community-controlled sectors work together to identify and agree on more integrated approaches. This will require significant effort and investment and, given the scope of change required, should be a key focus of both five-year implementation plans.

It will only be possible to achieve the objectives of this successor plan with significant investment. One of the key focus areas of the successor plan should be to put in place mechanisms to ensure sufficient and ongoing resourcing.

Responses to the discussion paper

Strategic Priority: Addressing the over-representation of Indigenous children in child protection systems

- 1. Beyond delivering on the existing commitments in the National Agreement on Closing the Gap, what is the most important thing we can implement under the successor plan to reduce over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%?**

The RACP is pleased to see the successor plan is being co-designed with Aboriginal and Torres Strait Islander communities with SNAICC leading separate co-design consultations.

As Aboriginal and Torres Strait Islander leaders emphasise, limited change can be facilitated within child protection without a critical focus of the impact of intergenerational trauma and its far-reaching implications in the lives of Aboriginal and Torres Strait Islander children, families and communities.¹

Many of the impacts of intergenerational trauma in Aboriginal and Torres Strait Islander communities fall within areas of joint Commonwealth and State/Territory Government responsibility such as housing and homelessness, domestic and family violence, education and mental health. The successor plan must therefore include a focus on these areas of joint responsibility.

It should also align with the priorities and targets in the Closing the Gap reforms including a focus on reducing the over-representation of Aboriginal and Torres Strait children and young people in the criminal justice system.

The RACP supports Aboriginal and Torres Strait Islander communities and leaders calling for:

- A system that no longer focuses on removal but is realigned to focus on supporting families to care safely for their children in their family, culture and community.
- Increased investment in prevention, including to address structural issues, such as poverty and intergenerational trauma, that increase the risk of child protection intervention.
- Increased investment in Aboriginal and Torres Strait Islander organisations to deliver early intervention services including family support, early childhood education and maternal and child health services.²

This must involve a commitment to supporting a strong community-controlled sector, meaningful partnerships between governments and Aboriginal and Torres Strait Islander communities and investment in building a strong Aboriginal and Torres Strait Islander workforce.

¹ SNAICC Turning the Tide: Designing a new plan to address the over representation of Aboriginal and Torres Strait Islander Children in Out-of-Home Care https://www.snaicc.org.au/wp-content/uploads/2021/03/SNAICC_ConsultationGuide_successor-plan-2021.pdf?mc_cid=cfdeb2cfd5&mc_eid=dce4521eb0

² SNAICC Turning the Tide: Designing a new plan to address the over representation of Aboriginal and Torres Strait Islander Children in Out-of-Home Care https://www.snaicc.org.au/wp-content/uploads/2021/03/SNAICC_ConsultationGuide_successor-plan-2021.pdf?mc_cid=cfdeb2cfd5&mc_eid=dce4521eb0

Strategic Priority: A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage

- 2. How do you think we could facilitate greater access to and navigation through public supports such as disability, early childhood education and care, health and mental health, drug and alcohol, domestic violence, justice, housing, and employment service systems?**

Establish robust governance and accountability mechanisms

The evaluation of the Framework found that the Framework did not effectively coordinate the policy agenda for all children and young people. The development of action plans focussed on smaller initiatives and trials, rather than delivering on the broad mandate of reducing childhood abuse and neglect (and preventing children entering the child protection system).³ Additionally, activities delivered by State/Territory jurisdictions were largely driven by reforms and programs that were relevant to the Framework but were not conceived by it.

Broadening action beyond the remit of child protection departments and their Ministers is essential to actively engage all relevant portfolios, working in genuine collaboration around a common goal.⁴ As the discussion paper acknowledges, where data is available, it is Australian families who are child protection clients that are often facing multiple and complex adversities. Most often, this includes the co-occurrence of parental mental health issues, substance use, and family violence.

There is an opportunity to position the successor plan as a key driver for a more united approach by providing the authorising environment and enabling services across sectors to work more collaboratively. Bringing together governments, the non-government and Aboriginal and Torres Strait Islander community controlled sectors to identify and agree on more integrated approaches will require significant effort and investment. Given the scope of change required this should be a key focus of both five-year implementation plans.

A strong governance structure and robust mechanisms for performance monitoring and accountability are essential to ensure effective implementation and drive the system level changes referred to in the consultation paper. This should include:

- Establishing a mechanism at Ministerial level for co-ordination of policy initiatives relating to child and youth health and wellbeing.
- Making director-general/secretaries and chief executives of all relevant Government departments accountable for the achievement of key performance indicators that align with the successor plan and promote the wellbeing of children and young people.
- Establishing an independent monitoring and reporting mechanism in line with the recommendations of the PwC evaluation⁵.
- Strengthening the role of non-government organisations in governance arrangements.

Collaborative cross-government funding and commissioning

The evaluation of the Framework also found that the action plans were not supported by a sound investment and resourcing model that would enable effective implementation and achievement of outcomes.⁶ As the evaluators suggest, the successor plan should be underpinned by joint Commonwealth and State/Territory government funding with investment matching opportunities.

³ PwC Australia, 2020, *Evaluation of the National Framework for Protecting Australia's Children 2009-2020*, [evaluation-national-framework-pwc-report-12-july-2020-updated-oct-2020.pdf \(dss.gov.au\)](#)

⁴ <https://familiesaustralia.org.au/wp-content/uploads/2020/08/BEYOND-2020-FINAL-NATIONAL-CONSULT-REPORT-28MAY2020-1.pdf>

⁵ PwC Australia, 2020, *Evaluation of the National Framework for Protecting Australia's Children 2009-2020*, [evaluation-national-framework-pwc-report-12-july-2020-updated-oct-2020.pdf \(dss.gov.au\)](#)

⁶ PwC Australia, 2020, *Evaluation of the National Framework for Protecting Australia's Children 2009-2020*, [evaluation-national-framework-pwc-report-12-july-2020-updated-oct-2020.pdf \(dss.gov.au\)](#)

Collaborative commissioning across governments and sectors is needed to support long-term, integrated and place-based approaches to service delivery. Funding agreements should also actively enable and encourage more collaborative, united approaches to meet client needs and deliver outcomes.

The successor plan should also leverage existing mechanisms, such as place-based initiatives, that are delivering more collaborative cross-sectoral approaches at the local level, with a view to scaling up these initiatives in other areas.

3. What action can governments take to support collaboration between services to offer wrap around supports to vulnerable children and families?

The successor plan should continue to strengthen the public health approach begun under the Framework, through better coordinating investments by all governments in universal and targeted supports. This should include strengthening linkages between universal services and provision of targeted supports for children and families with more complex needs. All children should have access to a comprehensive and timely diagnostic assessment by resourced multidisciplinary teams that can address key underlying issues that lead to involvement in child protection and provide parenting education and support.

Develop integrated, innovative models of care

The Sydney Local Health District initiative Healthy Homes and Neighbourhoods (HHAN) Integrated Care is an example of an innovative, integrated model which recognises that the problems that some families face are highly complex, often spanning over multiple generations, and cannot be addressed by one agency alone. HHAN aims to connect services, and ensure families have their complex health and social needs met, keep themselves and their children safe, and keep families connected to society. HHAN has multiple components to achieve its vision of an integrated service system that supports families and acknowledges the social determinants of health. These include:

- Whole-of-family care coordination to wrap care around families.
- Place-based work in areas identified as “hot spots” of family disadvantage.
- General Practice linkage, engagement and support.
- Sector-wide capacity building.
- Collaboration and system reform.
- Family health improvement.⁷

Importantly, HHAN is led by Sydney Local Health District and governed by a multi-agency steering committee, with representatives from health and social care services that provide services to adults and/or children.

Integrated models of early childhood education also reduce stigma and can provide a soft entry point to other needed services such as parenting programs. Co-location of services provides opportunities for families to become familiar with other staff and makes transition to other programs within the service much easier.

Investment in early childhood development and parental support

While work commenced under the third Action Plan of the Framework to focus on the early years, particularly the First 1000 Days, significant work is required to build a more effective system of early childhood development and parental support. This should include scaling up sustained nurse home visiting and other evidence based pre- and post-natal support programs for high need families across all Australian jurisdictions.

⁷ <https://aci.health.nsw.gov.au/resources/chronic-care/social-determinants-of-health/sdoh/initiatives/red-link>

Develop escalation pathways

A key priority in the successor plan should be developing mechanisms for rapid response where there are escalating and serious concerns for a child. An easy access escalation pathway should be developed for paediatricians to allow them to respond quickly and escalate to the level of care required. This mechanism must involve clear pathways of communication between, and access to, child and youth psychiatrists, psychologists, mental health nurses, and allied health professionals such as speech pathologists, physiotherapists and social workers. For this to be successful, investment is needed in sustained and flexible intensive services that actively engage (including proactively) with health services.

Build the capability of service providers

Often the families who are most difficult to engage or retain in support services are those experiencing economic disadvantage and/or social isolation. A parent who is preoccupied with “survival” for example, due to fears about housing or job instability, will be at high risk of either not accessing or not sustaining engagement with support services. Further barriers to engagement exist at the level of service delivery with for example, cost, location and availability of appointments, outreach and childcare services, as well as at the interpersonal level with service providers’ level of cultural awareness or parents’ lack of confidence in interacting with service professionals.

The plan should include a focus on building the capability of service providers to identify and address these barriers. Research has found that strategies resulting in increased attendance at parenting interventions, for example, include motivational enhancement strategies (providing information about the importance of attending, eliciting motivational statements from parents about attendance and developing plans to overcome barriers to participation), reminder calls, providing programs in venues which are accessible and familiar, and provision of childcare and transport.⁸

Service providers could also provide information tailored to general practitioners and relevant specialists servicing the area on the content, benefits and expected outcomes of their services. This would assist general practitioners and specialists to provide more reassurance to their patients, who are more likely to be motivated to enrol in programmes if encouraged by health professionals with whom they have an established relationship of trust.⁹

Strategic Priority: Improved information sharing, data development and analysis

4. What data and information is needed to better understand and improve outcomes for vulnerable children and families?

The evaluation of the Framework found that while there were significant efforts over the life of the Framework to improve data collection, there were challenges preventing the comparability of data across jurisdictions. The lack of a prevalence study of child abuse and neglect also resulted in an inability to make conclusive findings on whether the Framework achieved its intended outcomes.¹⁰

As the evaluators suggest, a national prevalence study on child abuse and neglect to set an accurate baseline at the beginning of the successor plan, and then at regular intervals, will help to accurately measure whether there is a significant shift in the prevalence of child abuse and neglect during the next term of the Framework.

The successor plan should be underpinned by a robust evaluation framework designed in the development phase in collaboration with relevant experts and key stakeholders. As outlined

⁸ RACP Position Statement: [Early Childhood: The Importance of the Early Years](#)

⁹ RACP Position Statement: [Early Childhood: The Importance of the Early Years](#)

¹⁰ PwC Australia, 2020, *Evaluation of the National Framework for Protecting Australia’s Children 2009-2020*, [evaluation-national-framework-pwc-report-12-july-2020-updated-oct-2020.pdf \(dss.gov.au\)](#)

previously (question 2), this should include an independent monitoring and reporting mechanism to drive accountability and measurement of implementation and outcomes.

The evaluation and monitoring framework should include a focus on developing measures to track outcomes for young people who have left out of home care. Currently, in Australia there is no data routinely collected on outcomes for young people once they have left care. In contrast, in the United States of America, the Department of Health and Human Services maintains a National Youth in Transition Database to assess states' performance in providing support to young people transitioning from care. States must provide data on support provided and measure outcomes for young people across multiple domains.¹¹

Strategic Priority: Strengthening child and family sector workforce capability

5. What skills, competencies, and/or practices does the workforce need to provide the most effective support for children and families in the priority groups?

Key priorities for workforce development should include:

- Developing workforce capability in relation to trauma awareness and trauma informed practice across all parts of the child and family sector workforce.
- Developing the skills and competencies to all service providers to work in a culturally safe way with Indigenous families and communities.
- Building capability of service providers to identify and address access barriers for disadvantaged families (see question 3).

Priority groups

Aboriginal and Torres Strait Islander children and families

6. What do you think we need to know about the experiences of Aboriginal and Torres Strait Islander children and families in their dealings with family support and other targeted support services and their ability to access and/or navigate them?

For Aboriginal and Torres Strait Islander children and their families, it is essential that all services are culturally safe and that upholding the right to self-determination is a core feature of the system. As outlined in the RACP Position Statement on Indigenous child health in Australia and Aotearoa New Zealand¹² a culturally appropriate service is one which considers language(s), beliefs, gender and kinship systems; delivers care in a manner which respects these factors, is free of discrimination and takes account of the need for trauma-informed care.

Children and families with multiple and complex needs

7. What are the top things that work to develop the referral mechanisms, partnerships, practices and services needed to better support families with multiple and complex needs?

Children with multiple and complex needs are often referred to one specific medical specialty or more commonly are subject to multiple consecutive referrals to different specialties. The diagnostic process may be delayed or lead to multiple consecutive referrals for the same unresolved medical or functional problem. Complex care pathways have the potential to improve outcomes by providing a mechanism to coordinate care and reduce fragmentation, an increased or clearer documentation of care and better clinical outcomes. The successor plan must consider how complex care pathways can be enhanced at both individual and structural levels.

¹¹ <https://www.acf.hhs.gov/cb/fact-sheet/about-nytd>

¹² RACP Position Statement Indigenous child health in Australia and Aotearoa New Zealand

Improved support for young people leaving out-of-home care and transitioning to adulthood

- 8. For young people leaving out-of-home care and transitioning to adulthood, what works to help young people to transition into adulthood well? For example, to find somewhere safe to live, continue education or get a job, and have good health and mental health.**

The absence of careful planning and ongoing support post-care contribute to the poor outcomes experienced by many care leavers. Research suggests the leaving care transition needs to be flexible, gradual and well planned. For Aboriginal and Torres Strait Islander young people, this transition should have a strong focus on supports to build an enduring connection to culture and community during and after care.

In the United Kingdom and America, programs giving young people the option to stay in care until the age of 21 found participants were twice as likely to be in full-time education at age 19,¹³ and have improved housing and employment outcomes.¹⁴ They were also less likely to be involved in the criminal justice system or have children at an early age.¹⁵

Key priorities for the successor plan to support young people leaving out-of-home care and transitioning to adult should include:

- Giving young people the option to remain in out-of-home care until they are 21.
- Provide priority access to universal government services including social housing, health and assistance with the costs of education and training.
- Increase investment in specialist aftercare support services, including a focus on young parents.
- Increase availability of accommodation options which meet the needs of young people transitioning from out-of-home care.
- Strengthen processes for data collection, monitoring and evaluation.

Children and young people with disability and/or parents and carers with disability

- 9. Tell us about what works to support vulnerable or disadvantaged parents with disability help their children reach their full potential in safe and caring homes?**

More streamlined and structured support for families within the National Disability Insurance Scheme (NDIS)

Families and carers often have difficulty navigating the NDIS, including case management and care coordination. The RACP supports the implementation of more streamlined and structured support for families within the NDIS, so they do not need to approach multiple services for different aspects of care. More effort needs to be made in supporting families to choose services during early stages as they may not be well informed or have a clear enough understanding of the needs of the child. For children with complex needs, NDIS plans should include allocated time for collaboration with other professionals. To complement this, referral and coordination pathways between NDIS services, health, early childhood education and community services should be made clearer and strengthened so that there is no 'wrong door' for families.

Early intervention programs for developmental disabilities

There is evidence that providing support and services for infants and young children with early developmental impairments and their families can alter the child's longer-term developmental

¹³ Peters, C., Dworsky, A., Courtney, M., and Pollack, H., 2009, Extending foster care to age 21: weighing the costs to Government against the benefits of youth, Chapin Hall Issues Brief, University of Chicago

¹⁴ Munro, E., Lushey, C., National Care Advisory Service, MakellGraham, D., Ward, H. and Holmes, L., 2012, Evaluation of the Staying Put: 18 Plus Family Placement Programme: Final Report, Department for Education, UK.

¹⁵ Courtney, M., Dworsky, A., Gretchen, R., Keller, T., and Havlicek, J., 2005, Midwest evaluation of the adult functioning of former foster youth: outcomes at age 19, Chapin Hall, University of Chicago.

trajectory, and reduce the risk of secondary health and psychosocial complications. This should be a focus of the successor plan. Early intervention programs are best delivered in a coordinated, planned, family-centred manner that reflects a life-course approach to strengthening health and wellbeing outcomes. Supporting the family is a crucial component of early intervention programs, as the family has a key role in fostering their child's developmental potential and may experience additional stresses as they meet the needs of their child.¹⁶

Rural and regional areas often experience a confluence of health and disability services workforce shortages that impact upon the type, variety and, potentially, the quality of disability services available. Where services do exist in remote and rural areas, their workloads are often large and diverse, which limits time available for the provision of early intervention for young children. An opportunity exists to supplement these services in rural and remote areas of Australia with innovative use of virtual care/telehealth, parent coaching and therapy assistance to supplement the service provided by existing allied health staff.

Conclusion

The successor plan should continue to strengthen the public health approach, through better coordinating investments by all governments in universal and targeted supports. This should include strengthening linkages between universal services and provision of targeted supports for children and families with more complex needs.

Significant work is still required to build a more effective system of early childhood development and parental support. This should include scaling up sustained nurse home visiting and other evidence based pre- and post-natal support programs for high need families across all Australian jurisdictions.

The successor plan should also scale-up innovative, integrated models of care such as the Sydney Local Health District Healthy Homes and Neighbourhoods (HHAN). Such initiatives should include a focus on place-based work and linkages with general practitioners.

The RACP supports Aboriginal and Torres Strait Islander communities and leaders calling for a system that no longer focuses on removal but is realigned to focus on supporting families to care safely for their children in their family, culture and community. This will require increased investment in prevention, including to address structural issues, such as poverty and intergenerational trauma.

A strong governance structure and robust mechanisms for performance monitoring and accountability are essential to ensure effective implementation and drive system level changes. This should include an independent monitoring and reporting mechanism.

Collaborative commissioning across governments and sectors is needed to support long-term, integrated and place-based approaches to service delivery. Funding agreements should also actively enable and encourage more collaborative, united approaches to meet client needs and deliver outcomes.

¹⁶ RACP Position Statement [Early Intervention for Children with Developmental Disabilities](#)