

RACP 2023 PARLIAMENTARY CHILD HEALTH ROUNDTABLE REPORT



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About the Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, 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.

Acknowledgements

We express our appreciation to everyone whose efforts and commitment contributed to the success of the RACP 2023 Parliamentary Child Health Roundtable. We extend our sincerest gratitude to:

- All panellists and presenters for sharing their invaluable expertise, insights, and passion for child health.
- The Co-Chairs of the Parliamentary Friends of Child and Adolescent Health and Mental Health, Dr Mike Freeland MP, Dr David Gillespie MP and Dr Monique Ryan MP, for their generous support of the event and participation on the day.
- The members of the Health Care of Children in Care and Protection Service working group, including Dr Alison Vogel FRACP (Chair), Dr Maree Crawford FRACP, Dr Mick Creati FRACP, Dr Meredith Forsyth FRACP, Ms Elizabeth Harnett, Dr Paul Hotton FRACP, Dr Niroshini Kennedy FRACP, Dr Clare Maley FRACP, Dr Karen McLean FRACP, Mr Gregory Nicolau and Professor Graham Vimpani FRACP
- All RACP staff members that supported the planning, coordination and execution of the event in particular Lee Bradfield, Anja Cuskelly, Samuel Dettmann, Kaitlyn Fernando, Katrina Gardner, Rema Hayek, Nicola Lewis, Hannah McLeod, Rhiannon Moran, Melissa Nicol, Priscilla Rodriguez Monique Vandeleur and Justine Watkins.
- Every individual who attended, engaged, and actively participated in the event. The enthusiasm and eagerness to collaborate is pivotal in driving positive change to improve the health of children and young people.

This report has been developed by the RACP Policy and Advocacy team, in particular:

- Priscilla Rodriguez, Policy and Advocacy Officer
- Hannah McLeod, Senior Policy and Advocacy Officer
- Justine Watkins, Manager, Policy and Advocacy



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

SECTION 1: EXECUTIVE SUMMARY

The Royal Australasian College of Physicians (RACP) held a Parliamentary Child Health Roundtable on 21 June 2023. This event focused on the health and wellbeing of children and young people involved with care and protection services and youth justice settings. This report is a collated document that summarises the Child Health Roundtable, identifies the key learnings and establishes next steps.

Children and young people involved with care and protection services and youth justice settings are more likely to have chronic health problems. They have poorer physical, mental and developmental health outcomes and increased health needs compared with the general population. This is in large part due to the adverse effects of trauma (both physical and psychological) on neurodevelopment resulting from neglect, alcohol and substance abuse, family violence and other forms of abuse, but also from the effects of disruption to family attachment and structures.

The care and protection, youth justice, and health systems can be complex to navigate, especially concurrently. Fragmentation between these sectors and service providers can lead to discontinuities in health care which result in a lack of routine health checks, along with undiagnosed and/or untreated health conditions.

Radical change is needed within services and systems and between sectors to deliver the health care that children and young people need at the right time, in the right way and in the right place.

Key Learnings

From the discussions at the event **five (5) key principles** were identified:

1. **Collaboration** between health services and care and protection services are essential in meeting the health needs of children and young people involved with these services.
2. **Prevention and early intervention programs** that support families, including those that address the impact of social and cultural determinants, are key to reducing the rates of children and young people in the care and protection system.
3. **Investment is needed in best practice multidisciplinary models of care** that address the complex health needs of children and young people in care and protection services so these models can be implemented and sustained.
4. A **holistic and culturally safe approach** is needed to meet the complex health needs of children and young people in care and protection services which considers the unique presentation and circumstances of each child.
5. **Investment and support** for children, young people and their families/carers now will result in better health and wellbeing outcomes in the future.

SECTION 2: CHILD HEALTH ROUNDTABLE

Purpose and objectives

The Child Health Roundtable was convened with several key objectives. One of which was to put forward policy recommendations to the Federal Government, with the goal of improving health care delivery for children and young people who find themselves at risk of entering out-of-home care, are in out-of-home care, or are in contact with care and protection services throughout Australia.

The RACP Health Care of Children in Care and Protection Services – Australia position statement was launched at the Child Health Roundtable and used to facilitate discussions surrounding the necessity of providing children associated with the care and protection system, as well as those within the youth justice system, access to comprehensive health care.

The Child Health Roundtable also served as a platform to showcase best practice models of care and innovative approaches that can serve as viable alternatives to traditional care and protection and youth justice settings, with a particular focus on highlighting groundbreaking strategies. The event therefore offered valuable insights and information to guide the future steps and actions taken by both the Federal Government and the RACP regarding child health and wellbeing.



Pictured: At the lectern, Dr Mike Freeland MP, pictured with (L-R) Dr David Gillespie MP, RACP President Dr Jacqueline Small, Dr Monique Ryan MP, Professor Frank Oberklaid, Professor Sharon Goldfeld, Ms Elizabeth Harnett, Professor Ngiare Brown, Professor Jonathan Carapetis.

The event

On 21 June 2023, the RACP 2023 Parliamentary Child Health Roundtable was held at Parliament House, Canberra ACT, and brought people together for conversations about the health and wellbeing of children and young people involved with care and protection services and youth justice settings.

The Child Health Roundtable was co-hosted with the Parliamentary Friends of Child and Adolescent Health and Mental Health, which is co-chaired by three RACP Fellows and Members of Parliament (MPs): Dr Mike Freeland MP, Dr David Gillespie MP and Dr Monique Ryan MP.

The event involved RACP members, MPs, advisers and stakeholders discussing the health needs of children and young people in care and protection services and the youth justice system, exploring collaborative ways to address these issues. Key stakeholders who attended the event included (in alphabetical order):

- Professor Katie Allen FRACP, former MP
- Associate Professor Paul Bauert FRACP, Paediatrician Royal Darwin Hospital and Vice President Australian Paediatric Society
- Dr Devin Bowles, CEO, ACT Council of Social Service (ACTCOSS)
- Donna Burns, CEO, Australian Indigenous Doctors Association (AIDA)
- Tracey Brand, CEO, Derbarl Yerrigan Health Services Aboriginal Corporation
- Penny Dakin, CEO, Australian Research Alliance for Children and Youth (ARACY)
- Jill Gallagher AO, CEO, Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Professor Daryl Higgins, Director, Institute of Child Protection Studies Australian Catholic University
- Anne Hollonds, National Children's Commissioner
- Dr Kim Isaacs, General Practitioner and Clinical Lead, Derbarl Yerrigan Health Services Aboriginal Corporation
- Juan Larranaga, Director of Public Affairs, Thrive By Five
- Dr Jane Lesslie FRACP, President, Neurodevelopmental and Behavioural Paediatric Society Of Australasia (NBPSA; now Australasian Society for Developmental Paediatrics (ASDP))
- Dr Matthew O'Meara FRACP, NSW Chief Paediatrician
- Representatives from the Australian Medical Association (AMA).



***Pictured:** RACP President, Dr Jacqueline Small, welcomes attendees to the RACP 2023 Parliamentary Child Health Roundtable*

The program for the event opened with a Welcome to Country by Paul Girrawah House, a senior Ngambri-Ngunnawal custodian of the Canberra region with Wiradjuri, Walgalu and Ngunnawal ancestry, and the program for the day included a panel and roundtable discussion sessions.

Full details of the program and list of attendees can be read at *Appendix A and B*.



Pictured: Ngambri and Ngunnawal custodian, Paul Girrawah House provides a powerful Welcome to Country at the RACP 2023 Child Health Parliamentary Roundtable.



Pictured: The three co-chairs of the Parliamentary Friends Group (Dr Mike Freeland MP, far left; Dr David Gillespie MP, second from left; and Dr Monique Ryan MP, at lectern) are all Fellows of the RACP and MPs spanning the political spectrum. They are pictured here with RACP President Dr Jacqueline Small and on the right members of the expert panel – Professor Frank Oberklaid; Professor Sharon Goldfeld; Ms Elizabeth Harnett; Professor Ngiare Brown and Professor Jonathan Carapetis.



***"The child protection statistics are disturbing, and the cost is enormous.
It pays to invest."***

RACP President, Dr Jacqueline Small

Position statement launch

The Child Health Roundtable provided the opportunity for RACP President Dr Jacqueline Small FRACP to launch and promote the [RACP Health Care of Children in Care and Protection Services - Australia position statement](#).

The position statement considers current evidence and proposes strategies and recommendations to deliver effective health care to children and young people who are at risk of entering out-of-home care, are in out-of-home care, or are in contact with care and protection services across Australia.

The position statement identifies nine (9) areas for improvement:

1. Health assessment and management plans, with appropriate follow-up
2. Culturally safe care
3. Trauma informed care
4. Prevention and early engagement with support services
5. Transitioning out of care
6. Integrated care and accessible health care records
7. Accountability, acknowledging State/Territory and National variations
8. Reporting, data and research
9. Care and protection system and care and protection workers.



To complement the position statement, two additional documents have been developed: a [summary document](#) and an overview of the [principles and recommendations](#).

The RACP acknowledges the hard work of all involved in the development of the position statement, particularly the members of the working group who led this important work.



Pictured: Members of the Health Care of Children in Care and Protection Services Position Statement Working Group. (Left to right: Dr Mick Creati FRACP, Dr Karen McLean FRACP, Dr Paul Hotton FRACP, Dr Niroshini Kennedy FRACP, Dr Clare Malley FRACP, Professor Graham Vimpani FRACP, Ms Elizabeth Harnett)

Minister and Member of Parliament (MP) Engagement

Many MPs joined the Child Health Roundtable throughout the day, with several MPs also addressing attendees to acknowledge the health and wellbeing issues being discussed and the important work needed to implement change. These included:

- Hon Linda Burney MP, Minister for Indigenous Australians
- Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health
- Ms Melissa McIntosh MP, Shadow Assistant Minister for Mental Health and Suicide Prevention
- Ms Marion Scrymgour MP, Member for Lingiari
- Ms Kylea Tink MP, Member for North Sydney.



Pictured: The Hon. Linda Burney

Additional MPs and staff who also joined the event included:

Government	Opposition	Independents	Greens
<ul style="list-style-type: none"> • Hon Dr Anne Aly MP • Dr Michelle Ananda-Rajah MP FRACP • Hon Tanya Plibersek MP • Dr Gordon Reid MP • Mr Tony Zappia MP 	<ul style="list-style-type: none"> • Mr Gavin Pearce MP • Dr Katie Allen FRACP, former MP 	<ul style="list-style-type: none"> • Ms Kate Chaney MP • Staffer for Ms Rebekha Sharkie MP 	<ul style="list-style-type: none"> • Staffer for Senator David Shoebridge • Staffer for Senator Jordan Steele-John



Pictured (L-R): Ms Marion Scrymgour MP, Ms Kylea Tink MP, Ms Emma McBride MP



Pictured: Panel session facilitated by Dr Monique Ryan. Panellists (L-R): Professor Frank Oberklaid, Professor Sharon Goldfeld, Ms Elizabeth Harnett, Professor Ngiare Brown and Professor Jonathan Carapetis

Panel session

The panel discussion session focused on the topic of the health and wellbeing of children involved with care and protection services and youth justice settings. Dr Monique Ryan MP served as the facilitator for the session, highlighting the need for increased leadership to improve standardised approaches and the economic benefits of providing better supports for young people at risk of involvement in the child protection system. The panel comprised (refer to *Appendix A* for detailed bio information):

Professor Ngiare Brown, senior Aboriginal medical practitioner and Chair of the RACP Aboriginal and Torres Strait Islander Health Committee, discussed the social and cultural determinants of health that lead to over-representation of Aboriginal and Torres Strait Islander children in out-of-home care. Professor Brown emphasised the need for community-based understanding of physical, neurological and emotional development which needs to be implemented across systems and policies.

Professor Jonathan Carapetis, paediatrician and Executive Director of the Telethon Kids Institute, spoke about children in the child protection and youth justice system who generally have complex needs which are often made worse by systems not designed to comprehensively address them. Professor Carapetis noted there is not enough research regarding the 'overlap' between the child protection system and transition to youth justice system, i.e. 'cross-over' kids.

Ms Elizabeth Harnett, CEO of the Association for the Wellbeing of Children in Healthcare, provided insights into how health planning and decision-making can be more inclusive of the voice of children and young people in care and protection services and the youth justice system. Ms Harnett raised the importance of inclusive health planning, that child protection systems need feedback from young people and co-design with young people is essential for systems-level change.

Professor Sharon Goldfeld, paediatrician and Director of the Centre for Community Child Health, discussed prevention and equity measures to address the needs of children whilst in care. Professor Goldfeld discussed the need for appropriate support across every facet of life, such as housing, prenatal, perinatal, adolescents, education, healthcare, as well as the need for a public workforce dedicated to children.

Professor Frank Oberklaid, paediatrician and Co-Group Leader of Child Health Policy, Equity and Translation at the Murdoch Children's Research Institute, raised the high costs to keep a child incarcerated, which is not beneficial, especially to children and young people. Professor Oberklaid indicated that governments are not acting despite the medical evidence about brain health, and identified a need to change the language that is used regarding mental health to look at it from a holistic lens.



Pictured: (left) Dr Monique Ryan MP, (right) group photo of expert panellists during discussion.



"If we can't deliver what is needed, then what are we actually doing for our children?"

- Professor Sharon Goldfeld



"We really need to act now. We cannot continue business as usual. We need to start looking at kids holistically; looking at their strengths and put scaffolding around them and their families."

- Professor Frank Oberklaid

Roundtable 1 – Innovative Models of Care

The first roundtable session was facilitated by Dr Mick Creati FRACP, paediatrician and a RACP spokesperson for the Raise the Age campaign¹, and centered on the topic of innovative models of care to address health inequities.

The roundtable 1 session opened with three presentations (these can be read at *Appendix C*):

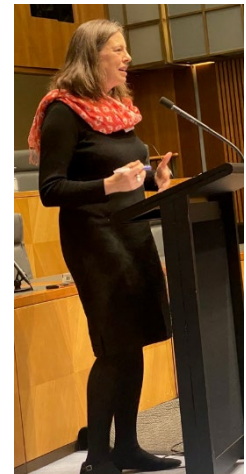
1. **Dr Niroshini Kennedy** FRACP presented on Integrated Models of Care for Aboriginal Children in Out of Home Care, showcasing effective international models of care aimed at supporting First Nations children in Australia.
2. **Tracey Brand and Dr Kim Isaac** from Derbarl Yerrigan Health Service in Western Australia spoke about their experience running a culturally safe model of care for First Nations children.
3. **Dr Karen McLean** FRACP presented on the intersection of the health and child protection systems, sharing best practice approaches to managing the health needs of children involved with care and protection services.



Pictured: Dr Niroshini Kennedy at lectern. Seated (L-R) Dr Mick Creati, Tracey Brand, Dr Kim Isaacs and Dr Karen McLean.



Pictured: Dr Kim Isaacs at the lectern, Tracey Brand standing.



Pictured (L-R): Dr Karen McLean

¹ The Raise the Age campaign seeks to raise the age of criminal responsibility to at least 14 years of age, with no exceptions. The RACP is a founding member, campaign partner and member of the National Raise the Age Steering Committee. For more information: <https://raisetheage.org.au/>

After the presentations, attendees discussed two key questions:

Question 1: What are the key features of successful health models of care, what are the barriers and what makes them successful?

Attendees determined that features of successful models of health care encompass accessibility, emphasising an inclusive 'no wrong door' approach that ensures equitable and affordable care. Additionally, they stressed the importance of providing wrap-around services that prioritise prevention and early intervention across the life course.

A key theme that emerged from discussions was the necessity of a holistic approach. This approach should address not only the child's physical health but also their mental and emotional wellbeing, considering the social determinants of health and focus on their life course. To accomplish this, multidisciplinary health teams should be integrated across services and sectors.

All attendees agreed on the importance of culturally appropriate, safe and First Nations-led care that acknowledges a child/young person's cultural background. Trauma-informed care was also recognised as crucial, acknowledging the profound impact of physical and psychosocial trauma on a child's development. Family-centered care was another fundamental principle, involving the active participation of the family in the child/young person's care.

Attendees highlighted the critical role of sustainable funding. They noted that appropriate models of health care should be appropriately staffed and supported by long-term funding that takes a longitudinal approach, rather than episodic support. The discussions emphasised the importance of ongoing evaluation and improvement, with clear roles and responsibilities assigned to ensure accountability. They referred to this as "funding the glue" – which represents the leadership, structures, practices, and infrastructure required for an integrated, holistic service.

Attendees also mentioned the need to build trust with communities and make a long-term commitment to addressing the barriers that prevent equitable access to vital support services, including health care. This means that sustainability needs to be prioritised, e.g. supporting consistency of workforce and ensuring funding is not geared around government-election cycles. It was also noted that funding needs to be more targeted and go directly to the appropriate service provider, e.g. presently funding is provided to the Primary Health Network (PHN) model of care, and not directly to Aboriginal Medical Services; some which rely heavily on external sources of funding, such as grants.



Pictured: Dr Mike Freeland MP in discussion with Prof Sharon Goldfeld

Attendees provided the following examples of effective models:

- The Koori Maternity Service, offering flexible, inclusive, holistic, and culturally appropriate pregnancy and postnatal care to Aboriginal and Torres Strait Islander people.
- Aboriginal Community Controlled Health Organisations (ACCHOs), such as Derbarl Yerrigan Health Service, were recognised as leaders in addressing the social determinants of health and providing comprehensive primary health care clinics.
- Birthing on Country is a continuation of thousands of years of knowledge and practice, which provides holistic maternal, child and family health care that embeds cultural integrity and safety during pregnancy, labour, birth and postnatal care for Aboriginal and Torres Strait Islander babies and their families across Australia.
- Los Angeles County Hub deliver a range of community-based services to children and young people in contact with child protection. The Hub model provide services in a non-discriminatory manner that demonstrates sensitivity to differences in culture, ethnicity, sexual orientation, gender identity, physical and mental ability, language, religious beliefs, and other forms of human diversity.
- Southcentral Foundation's Nuka System of Care is recognised as one of the world's leading models of health care redesign. Nuka is a whole health care system, which provides medical, dental, behavioural, traditional and health care support services to more than 65,000 Alaska Native and American Indian people.



Pictured: From Derbarl Yerrigan Health Service, CEO Tracey Brand at lectern with Dr Kim Isaacs to the right

Attendees agreed key barriers to successful health models of care involve data systems; noting that many health and social service data systems do not interact, leading to gaps and difficulties in tracking children in the care and protection system from the health sector. An additional barrier identified highlighted siloed funding from different government sections, competitive funding, and narrow criteria limit effective funding of health services. Attendees also noted the lack of access and funding for health services that meet the needs of priority populations and the need to invest in other services unrelated to healthcare, e.g. accessible and affordable transport services would enable better access to community health services.

A more holistic approach, where children, young people and families/carers have priority access to multidisciplinary health teams, along with flexibility to respond to specific needs of the child, young person and their family/carers, is needed to achieve better outcomes.

Question 2: What is needed to scale up/roll out successful health models of care and who is responsible?

Attendees concluded that the following is needed to 'scale up/roll out' successful health models of care:

- Integration of data
- Health records that are accurate, accessible by all healthcare providers, and that travel with the child/young person
- Transparency and trust around how data is collected, managed, used and embeds respect for Indigenous Data Sovereignty
- Increased and sustained funding for models of health care, to address siloed funding, competitive funding, and narrow criteria limit for effective funding of health services
- Investment in ACCHO medical services
- Training for providers on trauma-informed care and cultural safety
- Dissemination of evidence-based practices.
- Specific MBS items for assessing and treating children in care and protection services and justice systems, and ensure Medicare covers those in custodial settings



Pictured (L-R): Dr Mike Freelander MP, Dr Niroshini Kennedy and Dr Michelle Ananda-Rajah MP

A wide range of bodies are responsible for working together to scale up/roll out successful health models of care including the Federal Government, state and territory governments, child welfare agencies, healthcare providers and community organisations.



Pictured: Paediatrician Dr Niroshini Kennedy (left) in conversation with The Hon Dr Anne Aly MP, Minister for Early Childhood Education and Youth (centre), and paediatrician Professor Sharon Goldfeld FRACP (right).

Roundtable 2 – Systemic issues and advocacy

The second roundtable session focused on discussing systemic issues impacting the health of young people at risk of or involved with care and protection and youth justice settings. The session was facilitated by Dr Matthew O'Meara FRACP, NSW Chief Paediatrician, who emphasised the broader impact of social and cultural determinants of health on children and young people in contact with these care and protection services and youth justice settings.

The roundtable 2 session opened with two presentations (these can be read at *Appendix C*):

1. **Dr Paul Hotton** FRACP presented on “Stronger Families: Breaking the intergenerational cycle”, discussing the key issues faced by children and young people at risk of involvement with care and protection and youth justice services.
2. **Professor Elizabeth Elliott** FRACP presented on fetal alcohol spectrum disorders (FASD), highlighting the prevalence of FASD in children and young people who come into contact with care and protection and/or youth justice systems.

After the presentations, attendees discussed a key question:

How can we best advocate and implement the health-related recommendations from the position statement?

Advocacy strategy and implementation plan

Attendees agreed that the Health Care of Children in Care and Protection Services position statement needs to be promoted through an advocacy approach that embeds stakeholders noting what needs to be addressed and exploring responsibilities to contribute to change. One attendee commented that when considering advocacy, we “*need to hug agencies we want to change, not push them.*”

Attendees noted the challenges of advocacy including different responsibilities across sectors, departments and levels of government. Attendees suggested that messaging must be clear and direct, and it was agreed that the recommendations should be:

- Straightforward and easily communicated to the public and to decision-makers
- Realistic and achievable
- Specific and measurable
- Focused on a few key priorities.



Pictured: Dr Paul Hotton



Pictured: Dr Elizabeth Elliott

An example was provided of the NSW Government Brighter Beginnings: First 2000 Days Framework which identifies regulatory and funding barriers and opportunities for reform in the early years. The importance of investing in the early years was not a new idea but the messaging captured the attention of governments and the public. The First 2000 Days Framework advocates for a whole-of-government approach to taking action to support the early years. This was noted by attendees as an important approach needed to address the recommendations outlined in the position statement.

Advocacy on effective approaches to prevention, diagnosis and support for FASD was also provided as a good example. Health experts worked with politicians who formed a Parliamentary Friends Group. This resulted in an inquiry with bipartisan support for the resulting report and recommendations.



"We need to invest in our children. If we don't, we're telling them they'll have a half-life and not the full life they deserve."

Dr Paul Hotton

Post event survey

Attendees were sent a post event survey to provide feedback on the Child Health Roundtable and seek their views on the advocacy priorities for youth justice and the [Health Care of Children in Care and Protection Services position statement](#).

Feedback indicated that the Child Health Roundtable had been informative and engaging. The interactive elements of the event, such as the Q&A session and breakout groups in the roundtable sessions, were valuable for engaging participants. Suggested advocacy priorities in the survey feedback echoed discussions on the day.



Pictured: Addressing event attendees, (left) Dr Monique Ryan MP, (right) RACP President, Dr Jacqueline Small.

SECTION 3: PROMOTION

The RACP released a media statement on the morning of the Child Health Roundtable – Physicians convene roundtable calling for urgent resourcing of health care for children in care and protection services. The event was also reported by a range of media outlets as well as attendees at the Child Health Roundtable, including RACP members and MPs live tweeting discussions.



Jacki Small
@DrJackiSmall

3%of Australian children are in contact with child protection system each year. @TheRACP has recommendations to make a difference. racp.edu.au/docs/default-s... @sharon_goldfeld @FrankOberklaid @DrJaneMunro @jenhelenmar



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Systems must do much better at caring for children in greatest need

Editor: **Melissa Sweet** Author: **Julie Hourigan** Wednesday, June 21, 2023

The RACP | Hear news first on The ROC Retweeted



Dr Niroshini Kennedy
@DrNiroKennedy

1/Kids in #OOHC are falling thru the cracks because we are failing to give them the health care that they deserve. In Vic, less than 1% receive health care in line with national guidelines. Annually, this failure to provide early intervention costs the Aust gov \$5.9Bil @TheRACP

9:47 PM · Jun 21, 2023 · 218 Views

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NEWS AMA attends RACP child health roundtable

Published 29 June 2023



Important issues affecting the health of children in care and protection services were discussed at the Royal Australasian College of Physicians' roundtable.



ARACY @ARACYAustralia · Jun 21

We're here to show our support of @TheRACP and the position statement: Health Care of Children in Care and Protection Services Australia #Children



SECTION 4: NEXT STEPS

This report summarises the broad priorities that were discussed by attendees at the Child Health Roundtable and the key reflections will inform the RACP's ongoing work to address the health and wellbeing issues facing children and young people involved with care and protection services and youth justice settings.

Two components of work will follow – one with a focus on the Health Care of Children in Care and Protection Services position statement, and the other regarding youth justice, in particular the RACP's involvement in the national Raise the Age campaign.

Care and protection services

The determined advocacy approach will support the implementation of the recommendations outlined in the [Health Care of Children in Care and Protection Services position statement](#). The approach will focus how the RACP and members engage with the Federal, State/Territory governments and key stakeholders to achieve the changes urgently needed to support children, young people and their families/carers.

The advocacy approach will give direction and guide which activities contribute to making the most impact. It will help deepen the understanding of the advocacy context (who, what, why and how) and support specific outcomes.

Federal Government

- Work to implement the recommendations targeted towards the Federal Government as outlined in the [Health Care of Children in Care and Protection Services position statement \(Recommendations 9-23\)](#), reflecting discussions of the priority actions from the Child Health Roundtable.
- Meet with relevant Ministers/MPs and/or staffers from both the Government and non-government to highlight the health and wellbeing issues of children and young people involved with the care and protection system and discuss how best to implement the recommendations developed to address the issues.

State and Territory Governments

- Work to implement the recommendations targeted towards the Federal Government as outlined in the [Health Care of Children in Care and Protection Services position statement \(Recommendations 9-23\)](#), reflecting discussions of the priority actions from the Child Health Roundtable.
- Meet with relevant Ministers/MPs and/or staffers from both the Government and non-government to highlight the health and wellbeing issues of children and young people involved with the care

and protection system and discuss how best to implement the recommendations developed to address the issues.

Stakeholders

- Work to implement the recommendations targeted towards the State/Territory governments as outlined in the [Health Care of Children in Care and Protection Services position statement \(Recommendations 1-8\)](#).
- The RACP will build on the relationships developed with experts and stakeholders who attended, or were invited to, the Child Health Roundtable to collaborate further on this important work.

Youth Justice

[#RaisetheAge](#) is a national campaign to raise the minimum age of criminal responsibility (MACR) from 10 years of age to at least 14 years of age, without exception. The RACP is a founding member of the national Raise the Age campaign and continues to support the campaign as a key member of the Steering Committee.

Generally, the States/Territories are responsible for legislating the MACR. As such, the Raise the Age campaign is focused on jurisdiction-based advocacy. Many of the RACP State/Territory Committees actively engage in activities aimed at raising the MACR in their jurisdiction and improving health outcomes for young people in contact with the youth justice system, particularly those who are or have experienced incarceration. This includes letters to key Government stakeholders, including State/Territory-based Attorney Generals and the Standing Council of Attorneys General, attending meetings with MPs, and participating in public inquiries into raising the MACR.

The Raise the Age campaign recognises the need to engage with the Federal Government to influence and lead State/Territory Governments on this issue. The RACP will continue to support ongoing advocacy across all Australian jurisdictions to raise the MACR to at least 14 years of age, without exceptions and no carveouts. The RACP State/Territory Committees will continue to advocate for raising the minimum age of criminal responsibility from 10 years of age in their respective jurisdictions.

The Child Health Roundtable discussions highlighted the importance of the nexus between involvement in the care and protection system and contact with the youth justice system, as well as the need to work closely with Aboriginal and Torres Strait Islander communities and healthcare providers to co-design culturally safe and responsive health models of care.



***Pictured:** (top left) Dr Mike Freeland MP and Prof Katie Allen FRACP, former MP (top right) Professor Ngiare Brown and Dr Monique Ryan MP, (bottom left) Event attendees gathering for a group photo, (bottom right) RACP staff members with RACP President, Dr Jacqueline Small.*

Appendix A: Program

THE RACP 2023 PARLIAMMENTARY CHILD HEALTH ROUNDTABLE

IMPROVING THE HEALTH OF CHILDREN IN CARE
AND PROTECTION AND YOUTH JUSTICE SETTINGS



RACP
Specialists. Together
85TH YEAR ANNIVERSARY

The Royal Australasian College of Physicians (RACP), with the Parliamentary
Friends of Child and Adolescent Health and Mental Health



Event Program

Wednesday 21 June

11:00AM - 3:30 PM

PROGRAM TIMES & EVENT DETAILS

11am Morning session

Launch of the RACP Health Care of Children in Care and Protection Services position statement – Dr Jacqueline Small, President RACP.

Guest Speakers:

- Dr Monique Ryan, MP
- Dr Mike Freelander, MP
- Dr David Gillespie, MP
- Health Minister Mark Butler
- Assistant Minister for Mental Health and Suicide Prevention Melissa McIntosh

There will also be a panel discussion featuring:

- Professor Ngiare Brown
- Professor Jonathan Carapetis
- Professor Sharon Goldfeld
- Professor Frank Oberklaid
- Elizabeth Harnett

Lunch - A networking lunch, with RACP members, Members of Parliament, their staff and other key stakeholders

12.30pm Afternoon session

Two roundtables and presentations led by RACP Members and child health stakeholders:

ROUNDTABLE 1 - Innovative Models of Care to address health inequities.

Facilitator: Dr Matthew O'Meara – NSW Chief Paediatrician

Presenters:

- Dr Niroshini Kennedy
- Tracey Brand
- Dr Kim Isaac
- Dr Karen McLean

ROUNDTABLE 2 - Systemic issues impacting health of young people at risk of or involved with care and protection and youth justice settings.

Facilitator: Dr Mick Creati – RACP Spokesperson, Raise The Age

Presenters:

- Dr Paul Hotton
- Dr Elizabeth Elliot

2.30pm: Closing remarks and networking afternoon tea

Dr Jacqueline Small

RACP President



In May 2022 Jacki assumed the Presidency of The Royal Australasian College of Physicians. This is an important leadership role for our profession, and an opportunity to continue to work with Fellows and trainees to improve the health of our communities. Jacki has been a Member Director, RACP Board since 2018, and has also held roles that include Chair, Fellowship Committee, Chair Appeals Committee, Chair College Journals Committee and Chair College Policy and Advocacy Committee.

Jacki was Chair of the Paediatric Policy and Advocacy (PPAC) Committee for six years, leading the strategic development and implementation of paediatric policy and advocacy. She was also Chair of the Chapter of Community Child Health and Chair of the Paediatric Scientific Programme Committee.

As a member of the Executive Committee, PCHD Council she contributed to the governance of the Paediatric and Child Health Division for over six years. During this period Jacki supported the establishment of the Academy of Child and Adolescent Health, increased engagement with paediatric special societies and paediatric response to substantial RACP governance changes.

Jacki qualified as a paediatrician in 1997. For over 25 years she has worked in multidisciplinary disability health teams that provides care across the lifespan for people with developmental disabilities. Her role has involved provision of clinical care for young children suspected to have a disability, older children with severe and complex conditions associated with their disability and transition to adult health services. She was President Australian Association Developmental Disability Medicine (AADDM) from 2015-2021. Other leadership roles include membership of both state and national intellectual disability strategic and COVID pandemic response initiatives.



Welcome to Country



Paul Girrawah House

Paul Girrawah House has multiple First Nation ancestries from the South-East Canberra region, including the Ngambri-Ngurmali (Walgalu), Pajong (Gundungurra), Wallaballoo (Ngunnawal) and Erambie/Brungle (Wiradjuri) family groups. Paul acknowledges his diverse First Nation history, he particularly identifies as a descendant of Onyong aka Jindoomang from Weereewaa (Lake George) and Henry 'Black Harry' Williams from Namadgi who were both multilingual, essentially Walgalu-Ngunnawal-Wiradjuri speaking warriors and Ngunnawal-Wallaballoo man William Lane aka 'Billy the Bull' - Murrjinille. Paul was born at the old Canberra hospital in the centre of his ancestral country and strongly acknowledges his First Nation matriarch ancestors, in particular his mother Dr Aunty Matilda House-Williams and grandmother, Ms Pearl Simpson-Wedge. Paul holds a Bachelor of Community Management from Macquarie University, Graduate Certificate in Wiradjuri Language, Culture and Heritage and Management, CSU. Paul along with his Mum, delivered the Welcome to Country for the 47th Opening of the Parliament of Australia. Paul works on country with the ANU, First Nations Portfolio as a Senior Community Engagement Officer.

Guest Speakers

Co-Chairs Of The Parliamentary Friends Of Child Health



Dr Mike Freelander, Australian Labor Party, Member for Macarthur

Dr. Mike Freelander is a dedicated paediatrician who has served the Campbelltown community for 37 years, prioritising the well-being of children. After training at the Royal Alexandra Hospital for Children in Camperdown, he assumed the role of Head of Paediatrics at Campbelltown Hospital in 1984 until 2013. Throughout his career, Dr. Freelander has observed the challenges faced by families in accessing healthcare, work, housing, and education. Inspired by these experiences, he decided to run for the Federal seat of Macarthur, aiming to make a positive impact on the lives of the children and families he has cared for. His unwavering commitment has garnered the respect and trust of local residents, having treated over 200,000 patients in the Macarthur region.



Dr Monique Ryan, Independent, Member for Koyong

Dr. Monique Ryan MP is a pediatric neurologist and the Member of Parliament for Kooyong. With extensive experience at renowned institutions like Boston Children's Hospital, she brings expertise in healthcare and research. Driven by concerns about climate change, government transparency, gender equality, and social cohesion, she entered politics to make a difference. Committed to responsible economic policies and integrity, she advocates for a better future for Kooyong. With a focus on quality healthcare and addressing pressing issues, Dr. Ryan is dedicated to representing the needs and aspirations of the community she serves. Her passion, expertise, and dedication make her a formidable advocate for Koyong's residents.



Dr David Gillespie, The Nationals, Member for Lyne

David is an accomplished medical professional and MP focused on healthcare. With over 33 years of medical practice, including 21 years as a specialist Gastroenterologist, he brings extensive expertise to his role. David has actively contributed to postgraduate medical training and owned a successful day surgery facility. As an MP, he advocates for an efficient and affordable health system while reducing government red tape for small businesses. David's ministerial appointments include Regional Health and assisting in Trade & Investment. He has also served on various committees covering human rights, public accounts, disability insurance, health, agriculture, and the environment. David is dedicated to improving healthcare and supporting small businesses for the benefit of his constituents and all Australians.

Members of Parliament



Minister for Health and Aged Care Mark Butler, Member for Hindmarsh

Mark Butler has been a Labor Member of Federal Parliament since 2007 and is the Minister for Health and Aged Care. Mark served as Minister for Ageing and Australia's first Minister for Mental Health in the Gillard Government. He has also held the ministries of Housing, Homelessness, Social Inclusion, Climate Change, Water, and the Environment. Before entering politics, Mark worked for the United Workers Union for over 15 years, including 11 years as State Secretary. He received the Centenary Medal for services to trade unionism and the Alzheimer's Disease International Award for Outstanding Global Contribution to the Fight Against Dementia. Mark was President of the South Australian Branch of the ALP and Labor's National President. He is the author of "Advanced Australia – The Politics of Ageing" and "Climate Wars." Mark holds a First Class Honours Law degree, an Arts degree, and a Masters degree in International Relations.



Shadow Assistant Minister for Mental Health and Suicide Prevention Melissa McIntosh, Member for Lindsay

In June 2022, Melissa was appointed Shadow Assistant Minister for Mental Health and Suicide Prevention. Melissa has spent her working life serving the community and helping those in need. After graduating from Western Sydney University, Melissa established programs dedicated to women in leadership and helping our most vulnerable in the social housing sector. Working in the leadership team of a Penrith not-for-profit, Melissa has been a strong advocate for affordable housing. She knows how to listen and deliver for the community. As a former small business owner and having raised a family, Melissa understands the importance of backing small businesses and investing in our local infrastructure. Melissa is the Deputy Chair of the Standing Committee on Health, Aged Care and Sport.



Panelist

Professor Ngiare Brown

Professor Ngiare Brown is a Yuin nation woman from the south coast of NSW. She is a senior Aboriginal medical practitioner with qualifications in medicine, public health and primary care, and has studied bioethics, medical law and human rights.

Professor Brown is the first female and first Indigenous Chancellor of James Cook University

She was the first identified Aboriginal medical graduate from NSW, and is one of the first Aboriginal doctors in Australia. Over the past three decades she has developed extensive national and international networks in indigenous health and social justice, including engagement with the UN system.

Ngiare is a clinician, researcher, and a chief investigator on multiple national and international grants. She works largely in the translation and implementation space, exploring how to utilise 'best evidence' to inform policy, resourcing and service delivery.

Ngiare is a founding member and was Foundation CEO of the Australian Indigenous Doctors' Association. She is a founding member of the Pacific Region Indigenous Doctors' Congress.

Ngiare is also a member of the Prime Minister's Advisory Council.



Professor Frank Oberklaid

Professor Frank Oberklaid, AM, MD, FRACP, DCH, was the Foundation Director of the Centre for Community Child Health at The Royal Children's Hospital – Melbourne for over 25 years. He is currently Co-Group Leader of Child Health Policy, Equity and Translation at the Murdoch Children's Research Institute and an Honorary Professor of Paediatrics at the University of Melbourne. Professor Oberklaid is an internationally recognised researcher, author, lecturer and consultant, and has written two books and over 200 scientific publications on various aspects of paediatrics.

Professor Oberklaid was co-Chair of an expert working group tasked with developing the National Children's Mental Health and Wellbeing Strategy in 2021. Professor Oberklaid is especially interested in prevention and early intervention, child mental health and the use of research findings to inform public policy and service delivery. His clinical and research training is in child development and behaviour, and his work as a specialist paediatrician is with children who have developmental and behavioural problems.





Professor Sharon Goldfeld

Professor Sharon Goldfeld is a paediatrician and Director, Centre for Community Child Health (CCCH) the Royal Children's Hospital, Co-Group leader of Policy and Equity, and Theme Director, Population Health at the Murdoch Children's Research Institute. She has a decade of experience in state government as a senior policymaker in health and education including Principal Medical Advisor in the Victorian Department of Education and Training. Her research program is made up of complementary, synergistic and cross-disciplinary streams of work focused on investigating, testing and translating sustainable policy relevant solutions that eliminate inequities for Australia's children. As an experienced policymaker, public health and paediatric researcher she aims to ensure ongoing effective, rapid translation of research into the policy and service arena.

Elizabeth Harnett



Lizzy Harnett is the CEO of the Association for the Wellbeing of Children in Healthcare (AWCH), a national NFP organization that has been advocating for the wellbeing of children, young people, and their families in healthcare for over 50 years. With a BAppSc (Physiotherapy) degree, Lizzy worked as a children's physiotherapist in various settings before transitioning to health management. In 2000, she became the Director of Physiotherapy at John Hunter Children's Hospital and later established the Clinical Governance Unit at The Children's Hospital at Westmead in 2001, where she served as Director for 13 years. Driven by a passion for improving healthcare, Lizzy actively partners with consumers and ensures the voices of children and young people are heard. She holds positions on several state and national committees focused on the wellbeing of children and young people, including the RACP Advocacy and Policy Committee. Lizzy also serves as a director on the Genetic Alliance Australia and Health Consumers NSW Boards. Notably, she was one of the lead authors of the Charter on the Rights of Children and Young People in Healthcare Services in Australia, demonstrating her commitment to involving children and young people in the ongoing improvement of healthcare nationally.

Professor Jonathan Carapetis



Professor Carapetis is Executive Director of the Telethon Kids Institute in Perth, Western Australia, an infectious diseases consultant physician at Perth Children's Hospital, and a Professor at The University of Western Australia. He holds qualifications as a medical practitioner (MBBS), specialist paediatrician (FRACP Paediatrics), specialist infectious diseases physician (FRACP Infect Dis), and specialist public health physician (FAFPHM), as well as a PhD; and is a Fellow of the Australian Academy of Sciences (FAA) and the Australian Academy of Health & Medical Sciences (FAHMS). Professor Carapetis' previous roles include President of the Association of Australian Medical Research Institutes (AAMRI), Director, Menzies School of Health Research, Darwin; Director, Centre for International Child Health, University of Melbourne; and Theme Director, Murdoch Children's Research Institute, Melbourne. During the COVID-19 pandemic he was a member of the National COVID-19 Health and Research Advisory Committee.

Roundtable Facilitators



Dr Matthew O'Meara

Matthew is the NSW Chief Paediatrician, providing state-wide clinical leadership in the development, implementation and evaluation of strategy, policy and programs across paediatric healthcare in the NSW public health system. In this capacity he also gives expert advice to the Paediatric Healthcare team within NSW Health.

A paediatric emergency physician who began his training at Sydney Children's Hospital Randwick in 1989, he is the former Head of the Hospital's Emergency Department and Director of Critical Care and continues to work clinically. He is passionate about improving the care and health of children, something he has advocated for throughout his career, in part through roles in Child Health Networks, State health advisory groups and the Royal Australasian College of Physicians.



Dr Mick Creati

IDr Mick Creati is a Paediatrician / Adolescent Physician and Senior Fellow, Royal Australian College of Physicians. He currently holds the positions of Clinical Lead, Wadja Aboriginal Family Place, Royal Children's Hospital and for the last 10 years has been a Paediatrician at the Victorian Aboriginal Health Service, where over 50 per cent of the children seen are involved in the Child Protection System. Mick has an intimate knowledge of the Youth Justice and System having been the Head of Medical Services at Parkville Youth Justice Precinct, Melbourne 2010 to 2012. Mick has provided evidence as expert witness in regards to the health needs of children in Out of Home Care and the Youth Justice Systems to both the Royal Commission into the Detention and Protection of Children in the Northern Territory as well as the current The Yoorrook Justice Commission in Victoria. Mick is the RACP Spokesperson for Raising the Minimum Age of Criminal Responsibility.



Roundtable Presenters

Tracey Brand
Derbarl Yerrigan Health
Service, WA



Dr Kim Isaacs
Derbarl Yerrigan Health
Service, WA



Tracey Brand is an Eastern Arnernte woman born and raised on Mparntwe country in Central Australia. Tracey is the Chief Executive Officer of the Derbarl Yerrigan Health Service on Noongar Boodjar country in Metropolitan Perth. The Derbarl Yerrigan Health Service is the largest Aboriginal Community Controlled Health Service in the State and one of the largest in the country. Prior to joining Derbarl, Tracey was the General Manager of Health Services with the Central Australian Aboriginal Congress. She has over 30 years' leadership experience predominantly working for her community in Aboriginal community Controlled services. Tracey is an Independent Director on the Indigenous Allied Health Australia Board of Governance and continues to serve on community boards in her hometown. She also chairs the Aboriginal Health Council West Australia CEO Council and the Perth Metro Aboriginal Health Planning forum. Master of Business Leadership, Master of Business Administration, Masters of Arts in Aboriginal Administration, a Bachelor of Business and member of the Australian Institute of Company Directors and an alumni of the WA Health Aboriginal leadership program.

Dr Kim Isaacs is a Yawuru, Karajarri and Noongar woman from the Kimberley and South-West region of Western Australia. She is a General Practitioner with a strong background in rural and remote medicine and Aboriginal primary health care. She has worked in remote communities in the Kimberley region as a GP and also within Aboriginal Community Control Health Service leadership. She enjoys lecturing medical students and being a Medical Educator with the GP Colleges. In 2020 Dr Isaacs was awarded the Rural Health West Award for Clinical Leadership for her work and advocacy for rural and remote communities. Dr Isaacs has clinically mentored and supervised many medical students and GP Registrars over the years and continues to nurture the next generation of work force.



Dr Niroshini Kennedy

Dr Niroshini Kennedy is a member of the working group for the RACP's HCPPS policy paper and President-Elect of the Paediatric division of the RACP. Dr Kennedy is a paediatrician whose clinical, policy and advocacy work has focused on the needs of vulnerable children. Dr Kennedy works at the Victorian Aboriginal Health Service and the Royal Children's Hospital, Melbourne. Her clinical work involves the care of Aboriginal children involved with the child protection, out-of-home care and youth justice systems. Prior to this, she worked in tertiary forensic/ child protection paediatrics for seven years.

She is a graduate of the University of Melbourne (MBBS 1999 and MPH 2008) and trained at the Royal Children's Hospital, Melbourne.

Dr Kennedy was awarded the 2018 Jack Brockhoff Foundation Churchill Fellowship to investigate models of integrated care to improve the health of Aboriginal children in statutory care. She investigated a range of innovative and renowned models of integrated care in the USA, Canada and New Zealand. She has expertise in the use of 'medical home' hubs: team-based care where primary, specialist, mental health and wrap-around services are delivered in community settings. Dr Kennedy's work explored a number of innovative ways of delivering mental health care, the use of social prescribing, and trauma-informed care. Her research affirmed the strengths of the ACCHO model, the need for self-determination and proportionate investment in Aboriginal-led services. Dr Kennedy is one of ten Churchill Fellows selected for the 2021-22 Policy Impact Program Fellowship. Her policy paper "Safe, Healthy and Thriving: how culturally safe health hubs can close the gap for Aboriginal children in care" focussed on how to centre health in the design of equitable and accountable child welfare policy. Dr Kennedy has contributed to the RACP's policy and advocacy work for over a decade. She is a member of Victoria's Consultative Council on Obstetric and Paediatric Mortality and Morbidity.



Dr Karen McLean

Dr McLean is a developmental paediatrician and child public health researcher with experience in developing evidence to inform policy. She is the Vulnerable Child Health Lead at the Centre for Community Child Health, RCH Melbourne/MCRI and both her research and clinical work focuses on the provision of healthcare for children in out-of-home care.



Professor Elizabeth Elliott



Elizabeth is a Distinguished Professor of Paediatrics and Child Health at the University of Sydney, Consultant Paediatrician at the Children's Hospital Westmead, and Director of the Australian Paediatric Surveillance Unit. She co-Chairs the National Fetal Alcohol Spectrum Disorder (FASD) Advisory Group; is Head of the NSW FASD Diagnostic Clinic; author of the Australian Guide to the Diagnosis of FASD; and lead for the FASD Hub Australia and FASD Australian Register. Prof Elliott is a member of the WHO committee to address the global burden of birth defects and the National Institute on Alcohol Abuse and Alcoholism Working Group for classification of FASD. She was a member of committee that developed NHMRC Guidelines to minimise harms from alcohol and WHO guidelines for identification and treatment of substance use in pregnancy. Her research provides new data about FASD epidemiology, diagnosis, management, and impacts in vulnerable populations.

Dr Paul Hotton



Paul is the Chair of the Chapter of Community Child Health (CCH) Committee, RACP and the Chair of the RACP Advance Trainee Committee in CCH. Paul is a specialist Paediatrician in CCH and has worked in a variety of positions in developmental, neurodevelopment, behavioural issues, child population health, and child protection. Currently, Paul works as a Staff Specialist in the Child Protection Unit at Sydney Children's Hospital Network (Westmead Campus) and is the Paediatric Clinical Lead for Prevention & Response to Violence, Abuse and Neglect at North Sydney Local Health District. Paul has both a master's in public health and a master's in clinical forensic medicine. He is currently studying a master's in criminology and medical Law. Paul has a strong research and advocacy interest in children in the care and protection system, with work focusing on improving those children's health and wellbeing needs through a public health framework.



Appendix B: Attendees

Name	Organisation
Hon Dr Anne Aly MP	Minister for Early Childhood Education and Minister for Youth
Professor Katie Allen	University Of Melbourne
Dr Michelle Ananda-Rajah MP FRACP	Member of the House of Representatives for Higgins, Victoria
Dr Paul Bauert	NT Department of Health
Dr Devin Bowles	CEO ACTCOSS
Tracey Brand	CEO Derbarl Yerrigan Health Services Aboriginal Corporation
Professor Ngiare Brown	Medical Director DJANABA – Wollongong, NSW – Child & Adolescent Wellness
Tania Brown	CEO Gayaa Dhuwi (Proud Spirit) Australia
Donna Burns	CEO Australian Indigenous Doctors Association
Professor Jonathan Carapetis	Executive Director Telethon Kids Institute
Ms Kate Chaney MP	Member for Curtin, WA
Dr Mick Creati	Clinical Lead: Wadja Aboriginal Family Place, Royal Children's Hospital
Penny Dakin	CEO Australian Research Alliance for Children and Youth
Professor Elizabeth Elliott	University of Sydney
Dr Mike Freeland MP	Member for Macarthur, NSW Chair of Standing Committee on Health, Aged Care and Sport
Jill Gallagher	CEO Victorian Aboriginal Community Controlled Health Organisation VACCHO
Dr David Gillespie MP	Member for Lyne, NSW Deputy Chair of House Standing Committee on Climate Change, Energy, Environment and Water
Prof. Sharon Goldfeld	Royal Children's Hospital Melbourne; Murdoch Children's Research Institute
Sophie Greer	Office of Senator Steele-John
Elizabeth Harnett	CEO Association For The Wellbeing Of Children In Healthcare
Professor Daryl Higgins	Director, Institute Of Child Protection Studies, Australian Catholic University
Anne Hollonds	National Children's Commissioner, Australian Human Rights Commission
Dr Paul Hotton	Sydney Children's Hospital Network
Paul Girrawah House	Ngambri and Ngunnawal Custodian
Dr Arnagretta Hunter	Cardiologist, The Royal Australasian College of Physicians / ANU
Jimmy Ingram	Office of Senator Lidia Thorpe
Dr Kim Isaacs	Derbarl Yerrigan Health Service
Dr Andrew Kennedy	Westmead Hospital Dept of Adolescent & Young Adult Medicine
Dr Niroshini Kennedy	Victorian Aboriginal Health Services
Juan Larranaga	Thrive By Five
Dr Jane Lesslie	President, Neurodevelopmental And Behavioural Paediatric Society Of Australasia
Dr Clare Maley	Paediatrician, Perth Children's Hospital
Alison Martin	Office Of Senator David Shoebridge
Emma McBride MP	Assistant Minister For Rural And Regional Health, Mental Health And Suicide Prevention

Name	Organisation
Dr Karen McLean	Centre For Community Child Health, RCH/MCRI
Anita Mills	Manager Public Health Policy, Australian Medical Association
Dr Theresa Naidoo	Community Paediatrician, Tasmanian Health Service
Professor Frank Oberklaid	Murdoch Children's Research Institute
Dr Matthew O'Meara	NSW Chief Paediatrician
Gavin Pearce MP	Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services
Hon Tanya Plibersek MP	Minister for the Environment and Water
Dr Gordon Reid MP	Federal Member for Robertson
Ms Susan Rudall	Senior Legislation and Policy Advisor, Office of Rebekha Sharkie MP
Dr Monique Ryan	Independent Member for Kooyong
Dr Vanessa Sarkozy	Paediatrician, Sydney Children's Community Health Centre
Dr Jacqueline Small	President, RACP
Dr Khalil Soniwala	Paediatrician, National Capital Paediatrics
Todd Steele	Chief of Staff, Parliament of Australia
Tais Topal Silva	Director, Indigenous Health Division, Department of Health and Aged Care
Dr Barb Vernon	CEO, Women's and Children's Healthcare
Prof Graham Vimpani	Chair, RACP PCHD Policy and Advocacy Committee
Dr Bianca Williams	Senior Policy Officer, Families Australia
Sally Witchalls	Manager Public Health Policy, Australian Medical Association
Mr Tony Zappia MP	Member for Makin, South Australia

Appendix C: Presentations

Parliamentary Child Health Roundtable:

Improving the health of children and young people in care and youth justice

Innovative models of Integrated Care from ACCHOs and International best-practice

Dr Niroshini Kennedy MBBS, MPH, FRACP
Jack Brockhoff Foundation Churchill Fellow 2018
Policy Impact Program Fellow 2021-22

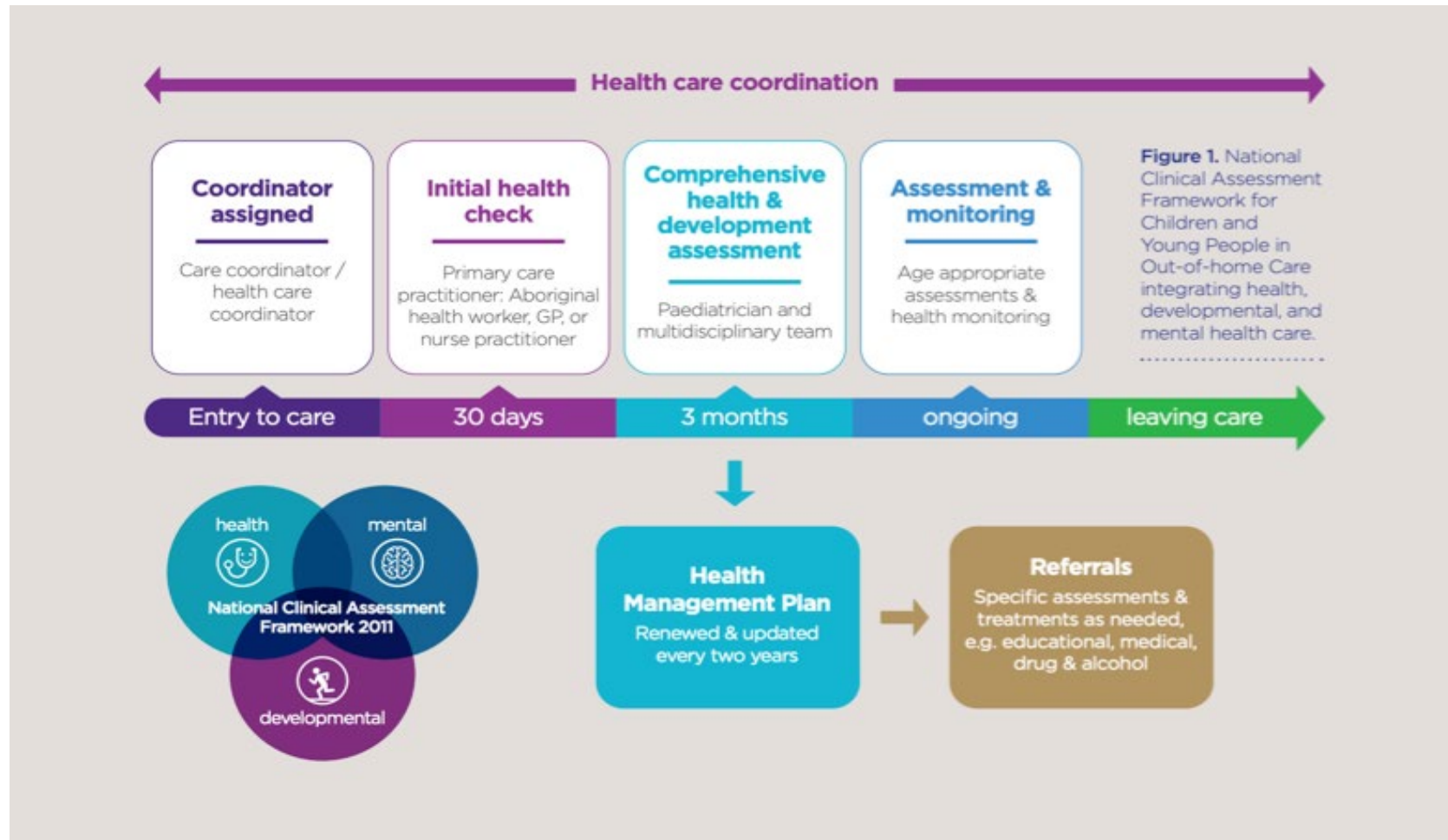


**Winston
Churchill Trust**
Learn globally, inspire locally.

National Clinical Assessment Framework (2011)

National Standards for OoHC: Standard 5- Timely Access to Health Care

Source: Kennedy, N (2022) *Safe, Healthy and Thriving: How culturally safe health hubs can close the gap for Aboriginal children in care*. Policy Futures: A Reform Agenda, 2nd edition.



Victorian Aboriginal Health Service's Clinical Pathway/ Model of Care:



Initial health check

- MBS 715 ATSI Health check
- Aboriginal Health Worker and GP

Comprehensive developmental assessment

- Paediatrician MBS 132
- GP care plans for allied health and mental health

Health management plan

- Biopsychosocial and cultural formulation; cultural support, social prescriptions; liaison
- Case conference: education, mental and allied health, child protection and CSOs

Care coordination and ongoing review

- Longitudinal care in Paed Clinic
- Aboriginal Health Worker cultural support
- Brokerage funding
- Annual MBS 715 ATSI Health check

International models of Integrated Care

Case Studies available at: Kennedy, N. Improving the Health of Aboriginal Children in Out-of-Home Care: The 2018 Jack Brockhoff Foundation Churchill Fellowship to investigate integrated models of care for Aboriginal children in out-of-home care. Churchill Fellowship Report: The Winston Churchill Memorial Trust, 2020.



Patient-centred multidisciplinary teams and self-determination in the Nuka System of Care (Alaska, USA)

‘The leading example of health redesign in the world’
Don Berwick, CEO Institute for Healthcare Improvement

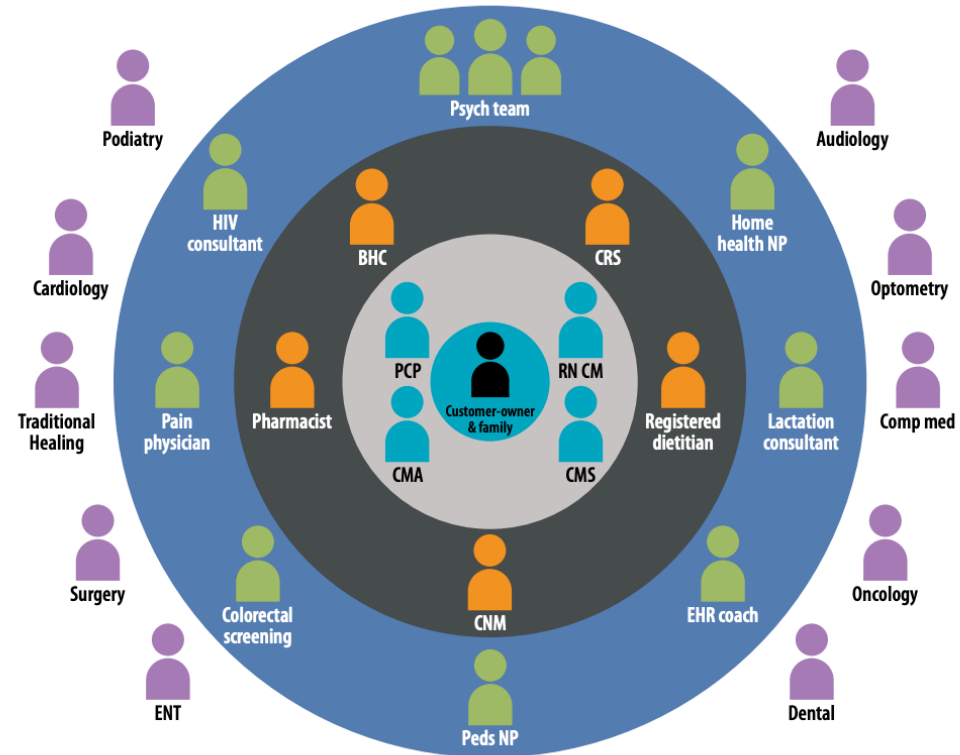


FIGURE 1B. The Nuka System of Care’s revised work flow relationship between customer-owner (patient) and primary and specialty care.

Light gray ring: Integrated primary care team—primary care provider (PCP), who may be an MD or nurse practitioner; certified medical assistant (CMA); case management support (CMS); and registered nurse case manager (RN CM).

Dark gray ring: Support services—behavioral health consultant (BHC); pharmacist; community resource specialist (CRS); registered dietitian; and certified nurse midwife (CNM).

Dark blue ring: Shared services—available to customer-owners in all their various distributed teams.

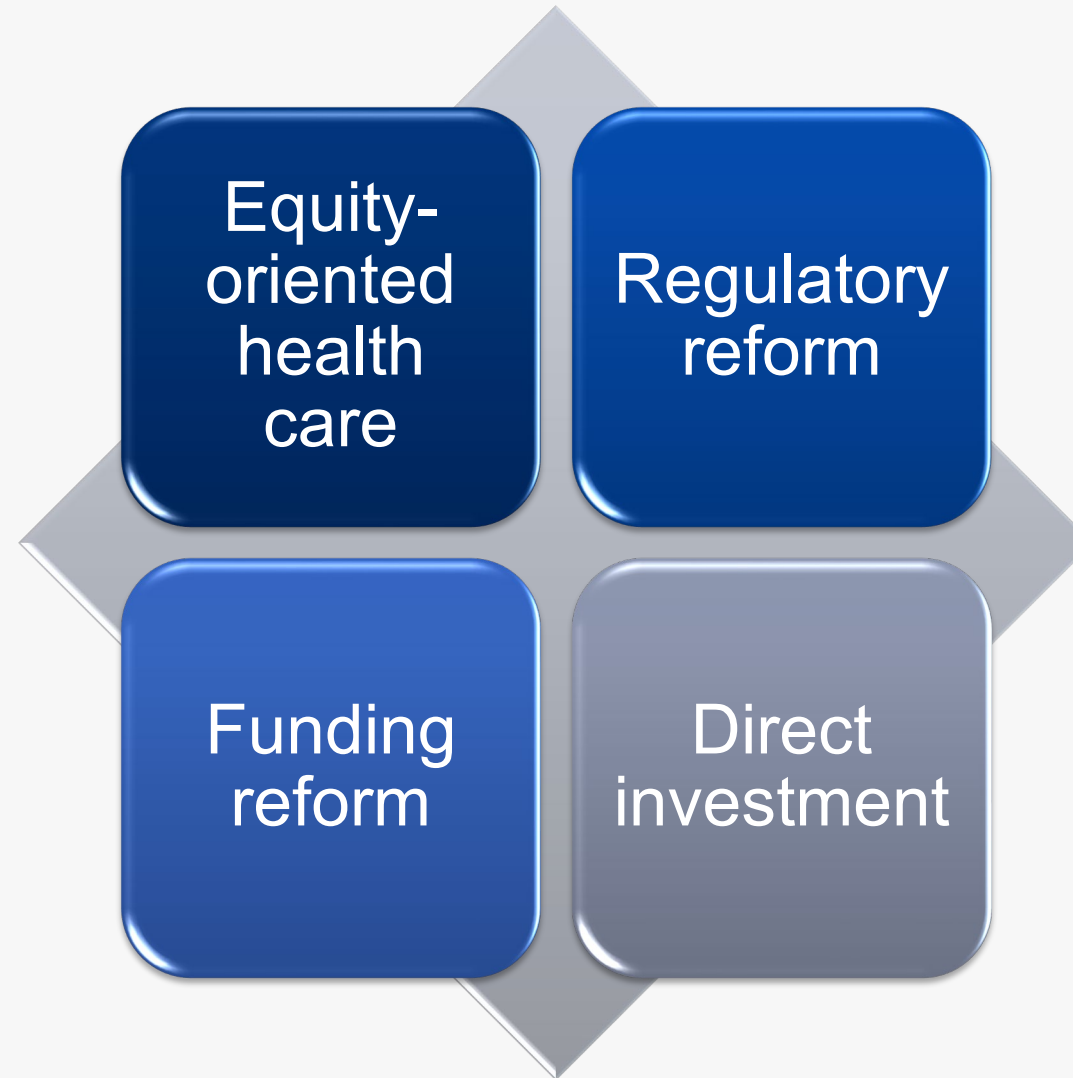
Purple figures: Specialty resources.

Source: Figures 1A and 1B come from the Behavior Health Integration. Participant Guide. provided in the Behavior Health

How do we get there?

*‘When we start to define this as a **wellbeing and health problem**, we start to bring in supportive measures to address the child and family and focus on that rather than the punitive measures and actually strengthen family functioning’*

-Bryan Samuels, USA Commissioner for the Administration for Children, Youth and Families, Obama Administration



Full recommendations available at:

Kennedy, N. Improving the Health of Aboriginal Children in Out-of-Home Care:

The 2018 Jack Brockhoff Foundation Churchill Fellowship to investigate integrated models of care for Aboriginal children in out-of-home care.

And Kennedy, N (2022) *Safe, Healthy and Thriving: How culturally safe health hubs can close the gap for Aboriginal children in care*. Policy Futures:

A Reform Agenda, 2nd edition.



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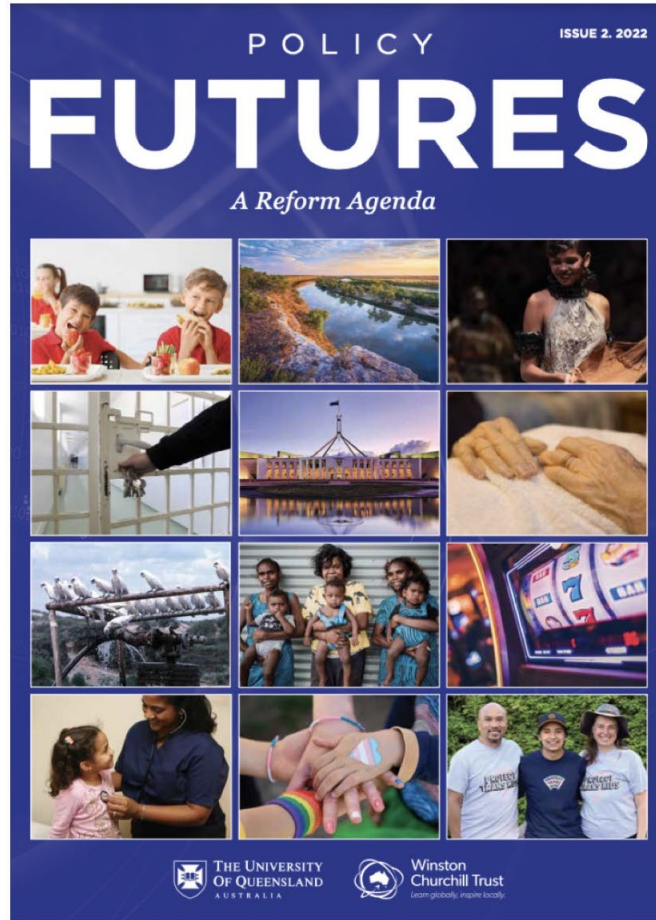


Image credit: LittlePanda29 / Shutterstock.

Safe, Healthy, and Thriving

How culturally safe health care hubs can close the gap for Aboriginal children in care.

By Niroshini Kennedy

Improving the Health of Aboriginal Children in Out-of-Home Care:

The 2018 Jack Brockhoff Foundation Churchill Fellowship
to investigate integrated models of care for
Aboriginal children in out-of-home care

(New Zealand, Canada, USA)

Report by Dr Niroshini Kennedy
Churchill Fellow



Acknowledgements

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Churchill Trust

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Mr Andrew Jackomos PSM

Magistrate Jenny Bowles

Dr Jacki Small

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SHOWCASING AN EVIDENCE BASED
CULTURALLY RESPONSIVE MODEL OF CARE
FOR ABORIGINAL
CHILDREN, YOUNG PEOPLE AND FAMILIES

TRACEY BRAND, CHIEF EXECUTIVE OFFICER

DR KIM ISAACS, GP AND CLINICAL LEAD



WHO WE ARE

The Derbarl Yerrigan Health Service is an Aboriginal Community Controlled Health Organisation providing culturally responsive primary health care for the Aboriginal population across Perth metro through four clinics located across Perth.

Derbarl is the largest and oldest Aboriginal Community Controlled Health Organisation in Western Australia providing care to over 23,000 Aboriginal patients and employing 163 staff. We are proud to have 5 Aboriginal Doctors and a staffing compliment of 59% Aboriginal.





Aged Care

SEWB

Health Promotion

Cancer Support

Community Engagement

Child & Maternal Health

Elders Support Group

Social Worker

Audiologist

Mental Health

Diabetes Educator

Womens Health

Clinic Manager

Aboriginal Liaison Officer

Clinic RN

Counsellors

Driver

Aboriginal Health Practitioner

Patient



Chronic Disease Nurse

Psychologist

Clinical Outreach

Physio

Hospital Discharge Planner

Dental Assistants

Receptionist

Dentist

Dietitians

Needle & Syringe program

Optometrists

Child Health Nurse

Sexual Health Nurse

Specialist Clinics

Social Worker

Environmental Health

Employment

Speech Pathologists

Child Health Nurse

Pharmacists

Podiatrists

Mens Health

Research

occupational Therapist

Social Worker

CURRENT PAEDIATRIC MODEL



- EMBEDDED INTO THE ETHOS OF ABORIGINAL COMMUNITY CONTROL – HOLISTIC HEALTH CARE
- GP PARALLEL CLINIC: GP WORKING ALONG SIDE THE PAEDIATRICIAN DOING:
 - CHILD HEALTH CHECKS
 - GP REFERRALS TO OTHER SERVICES
 - CO-PRESCRIBING ADHD MEDICATION TO FREE UP PAEDIATRICIAN TO SEE MORE PATIENTS
- GRIFFITHS TRAINED CLINICIANS
- STRONG FOCUS ON TRUST, CULTURAL SECURITY, FAMILY CENTRED CARE
- CASE COORDINATION
- ACCESS TO DERBARL SERVICES AND PROGRAMS AND SPECIALIST SERVICES
- 90% ATTENDANCE RATE
- STRONG CASE LOAD OF CHILDREN AND YOUNG PEOPLE IN CHILD PROTECTION AND DETENTION
- MULTIPLE SHORT TERM FUNDING PARTNERS



IDEAL PAEDIATRIC MODEL



ABORIGINAL CHILDREN IN WESTERN AUSTRALIA

- 69% not developmentally on track - AEDC data
- 55x more likely to be in detention
- Min age Youth Detention 10 yrs
- TKI Banksia Hill Study found 89% in detention had a neurodevelopmental disability (36% FASD)
- Aboriginal Children 16x more likely to end in the Child Protection System
- Lengthy delays in the WA public health system

Derbarl is strategically positioned with a solution that allows Aboriginal families to have a responsive and culturally safe model.



CHALLENGING CONVERSATIONS

- Paediatric and Developmental Paeds clinics can be co-designed and embedded within an Aboriginal Community Controlled Health Service
 - Are State and Territory Governments ready or willing to work in this space?
 - Funding and its sustainability: State/Territory Health or Federal Health or both?
 - Do we need to turn into an NDIS provider to provide allied health services?
 - Is there appetite to do funding differently eg: NDIS Early Intervention cash-out
 - Remember that disadvantage and access issues also occur in urban areas.





DERBARL
YERRIGAN
HEALTH SERVICE

Aboriginal Health in Aboriginal Hands



DERBARL
YERRIGAN
HEALTH SERVICE

THANK YOU



Innovative models to address health inequities among children and young people: Pathway to Good Health clinics and in-reach nurses

Dr Karen McLean MBBS FRACP MEpid PhD

Vulnerable Child Health Lead, Centre for Community Child Health

We
acknowledge
the Traditional
Owners of the
land on which
we work and
pay our
respects to
Elders past
and present

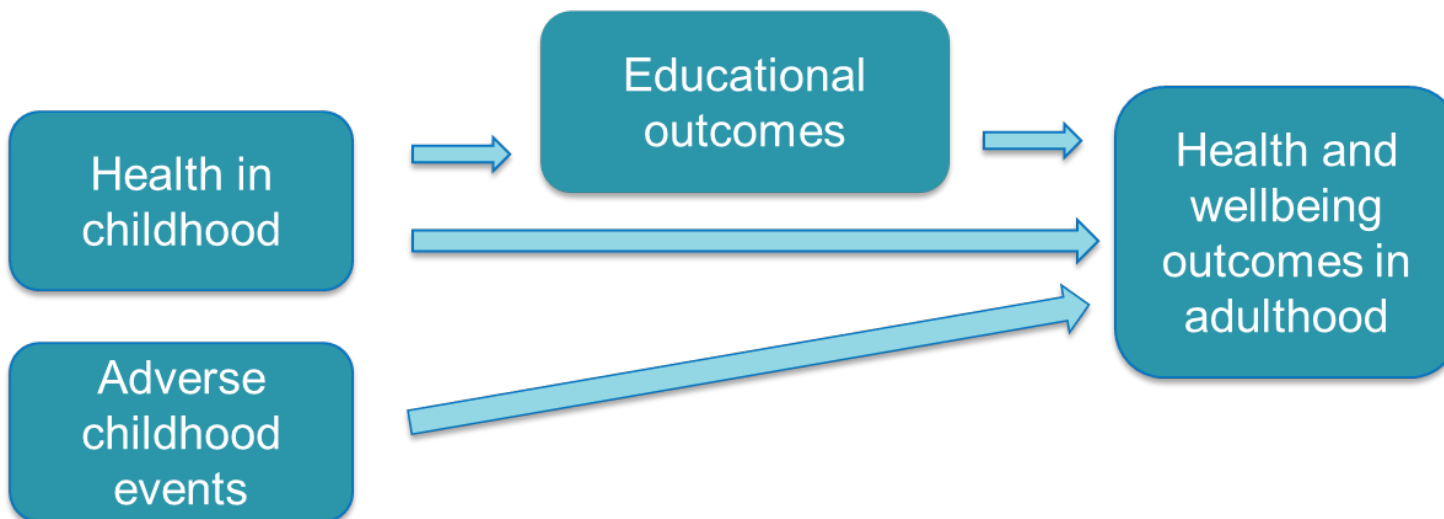
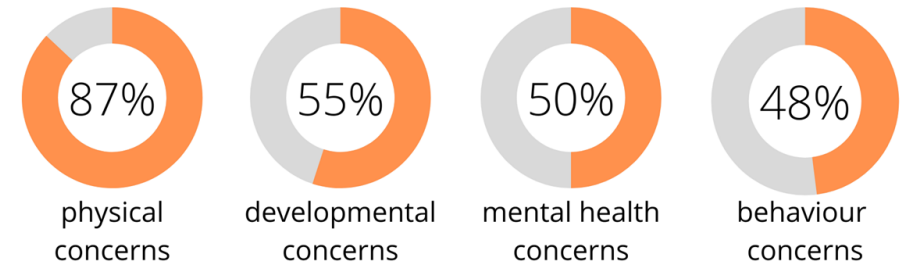


Why healthcare in out-of-home care matters

Children who have experienced adverse childhood events, particularly those in out-of-home care, have more health needs in all domains of health.

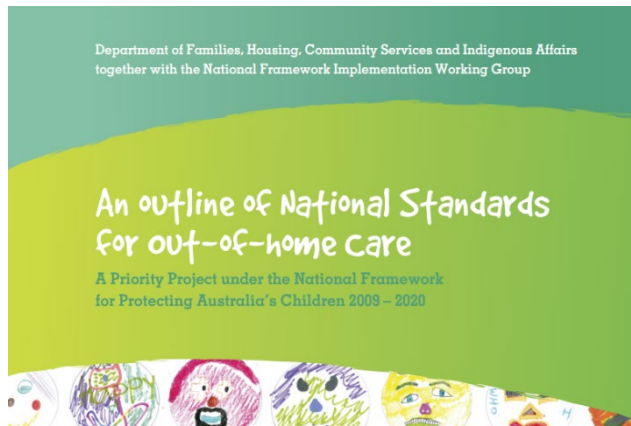
This can lead to poorer health in childhood, poorer health as an adult and poorer educational outcomes.

Proportion of children in OOHC aged 0 to 12 years with health concerns



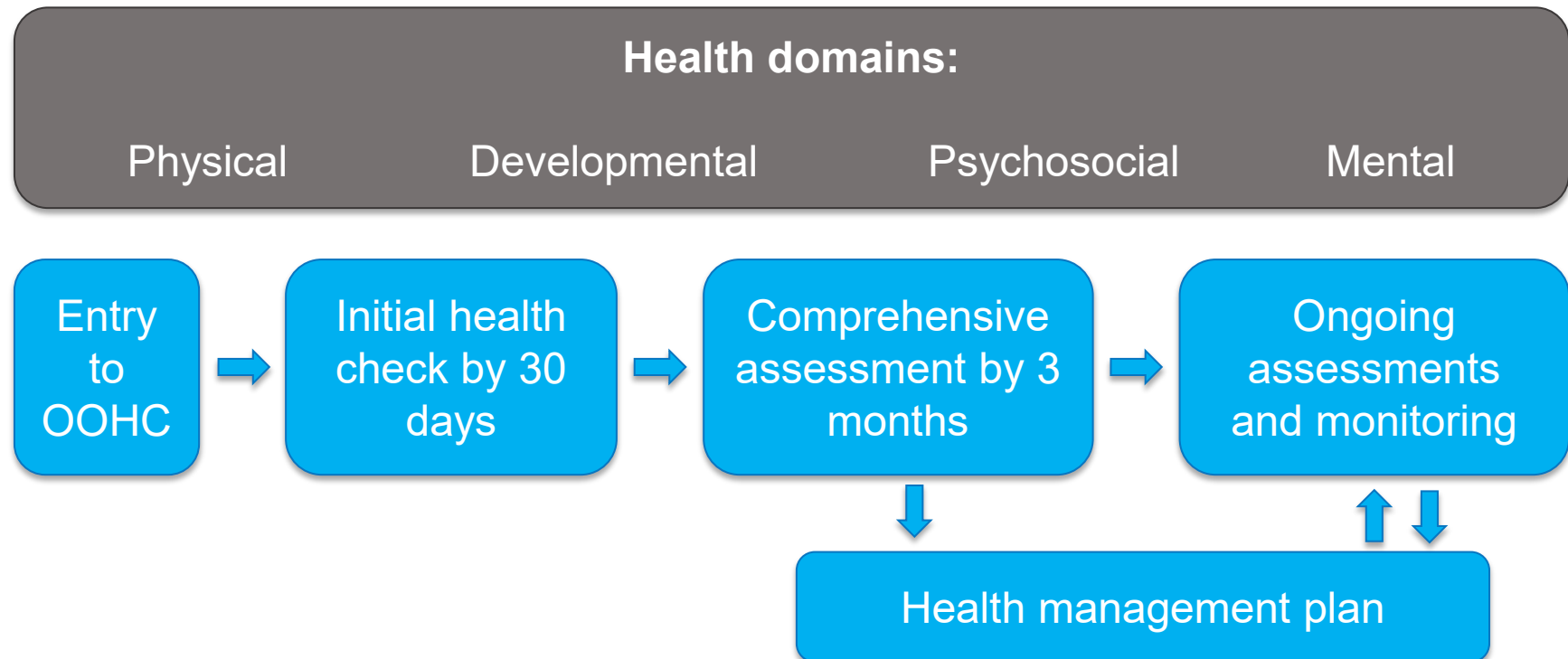
McLean et al, Health needs and timeliness of assessment of Victorian children entering out-of-home care: An audit of a multidisciplinary assessment clinic, *Journal of Paediatrics and Child Health*, 2019. doi: 10.1111/jpc.1472

National standards for out-of-home care and national clinical assessment framework

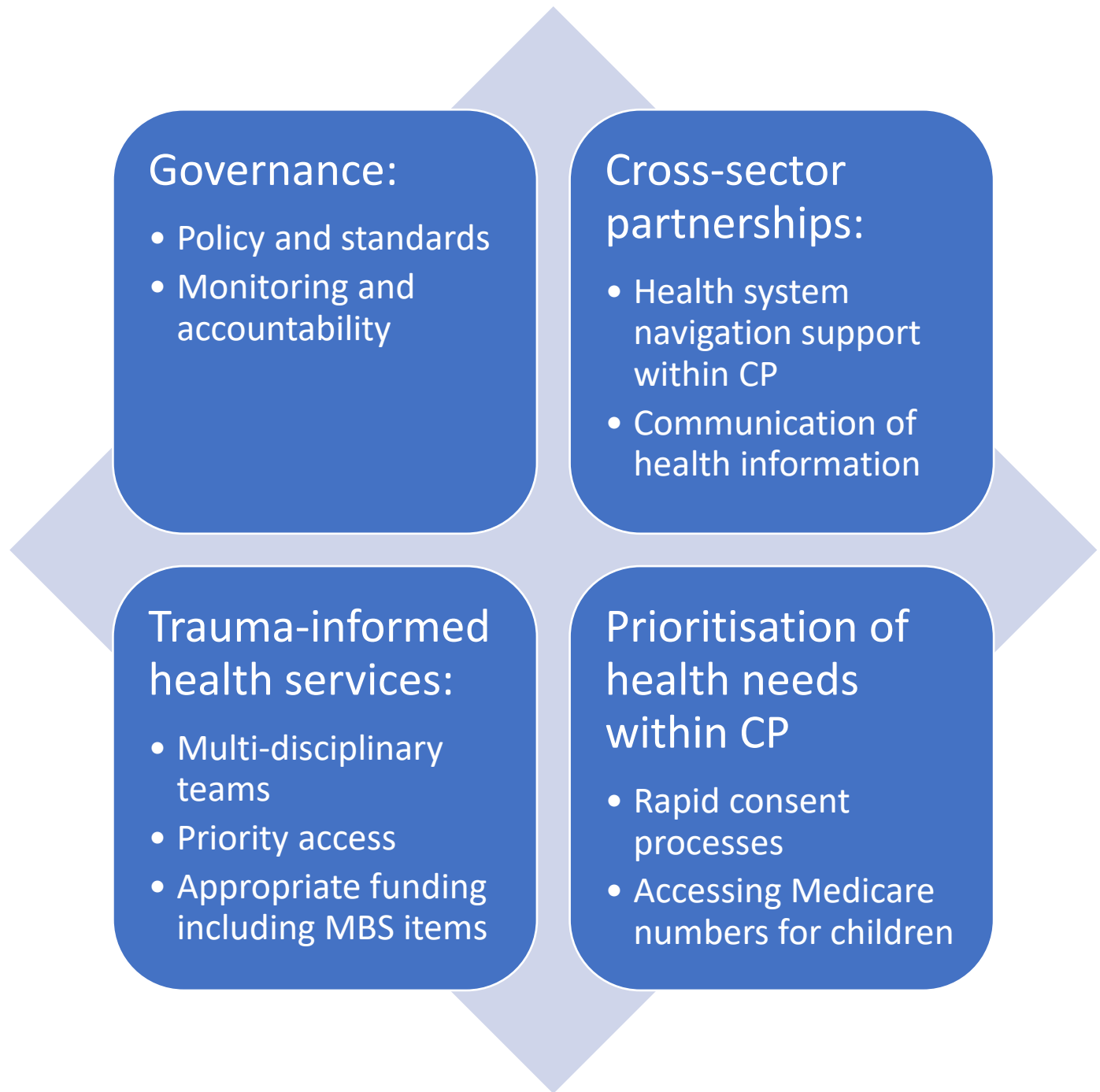


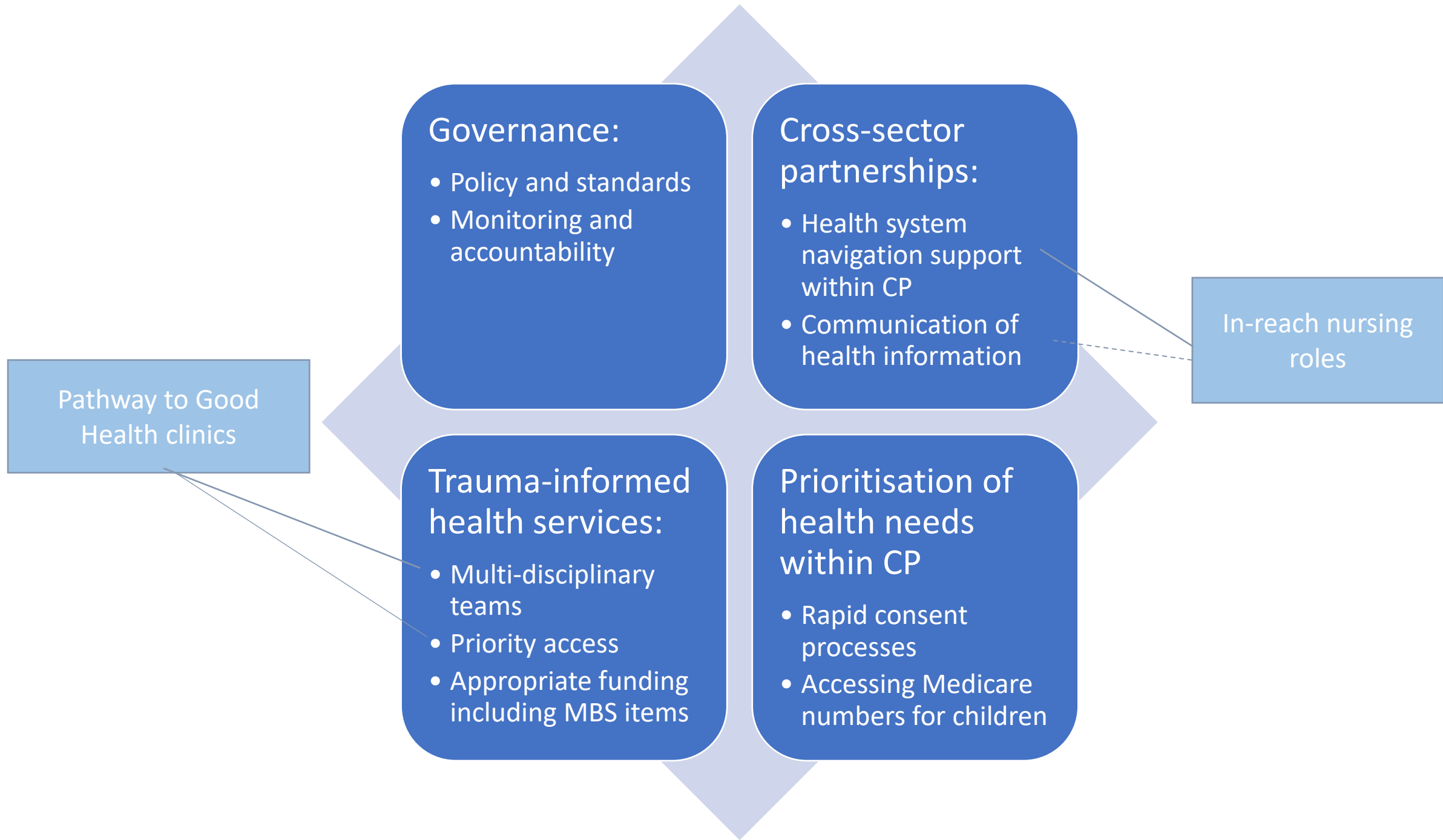
Standard 5

Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.



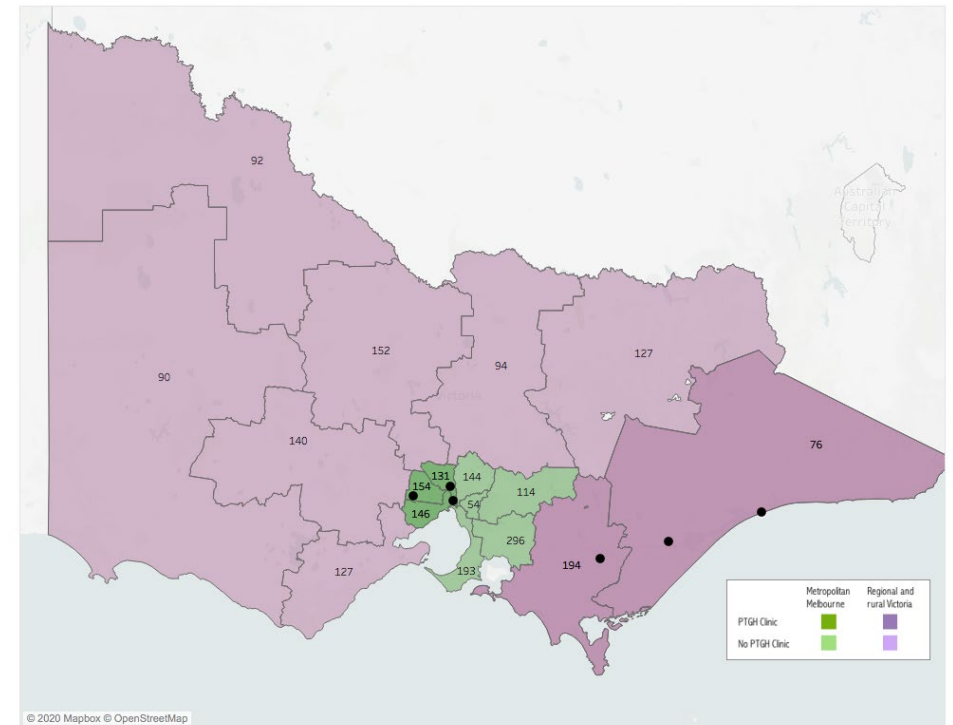
Healthcare for children and young people in out-of-home care:
we all have a part to play





Model of practice: Pathway to Good Health

- 10 years of experience
- Developed in response to National Standard 5 and NCAF
- Delivers comprehensive assessments and health management plans
- Paediatrician, psychologist & speech pathologist
- Research found improvements in health service attendance where PTGH implemented



Model of practice: In-reach nursing roles

- Since 2019
- RCH nurses within CP teams
- Providing secondary consultations to CP case workers
 - Gathering and interpreting health information
 - Identifying appropriate health services
 - Facilitating access and referrals
 - Interpreting health management plans



Round Table – Session Two
**“Stronger Families: Breaking
the Intergeneration Cycle**

Dr Paul Hotton

Chair of Chapter of Community Child Health, RACP

Community Child Health Paediatrician

Intergenerational Trauma



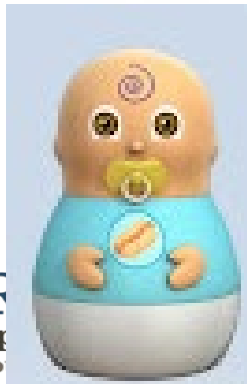
SAM

- Physically assaulted by stepfather growing up as a young person
- Left school due to behavioural issues and difficult with learning
- Difficulties with periods of depression
- Excessive drinking and violence toward partner



SAMANTHA

- Removed from their parents' care into foster care (out of home care)
- Multiple placements
- Involvement with juvenile justice system
- Sexually assaulted within a violence relationship



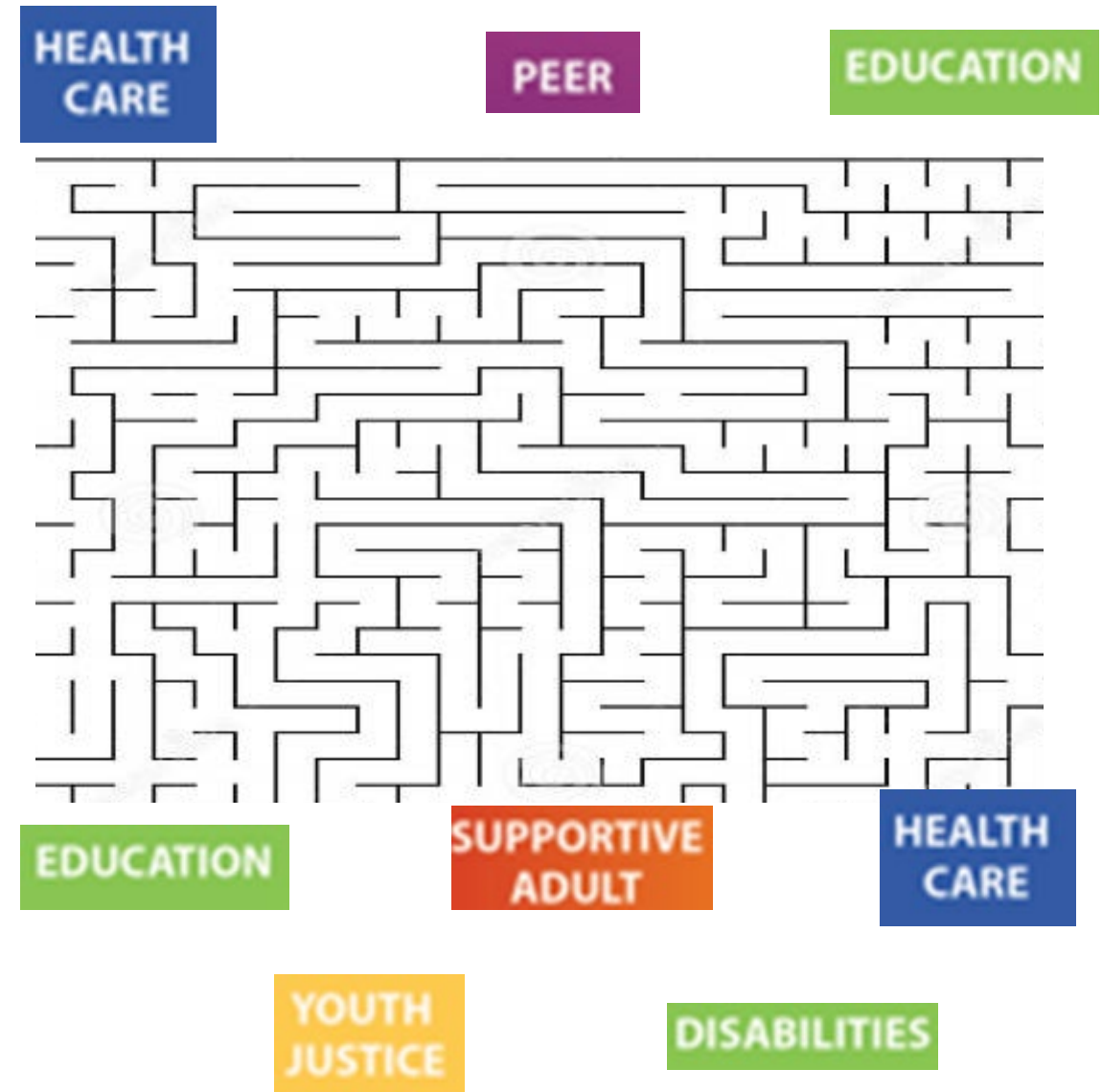
SAMMY

- Antenatal exposure to drugs and alcohol in first trimester
- Poor antenatal care – maternal distress of health services
- Wanted and loved, but challenges with parenting as never learnt model from own parents.

Ideal



Reality





Organ Transplant

Complete investigation of medical condition

Meticulous matching of donor and recipient

Large team with many experts. Few specialised centres of excellence

Careful Follow up to ensure graft and recipient are compatible

Longitudinal perspective with ongoing research to improve practice



Social Transplant

Variable completeness of investigations

Emergency search for available foster home

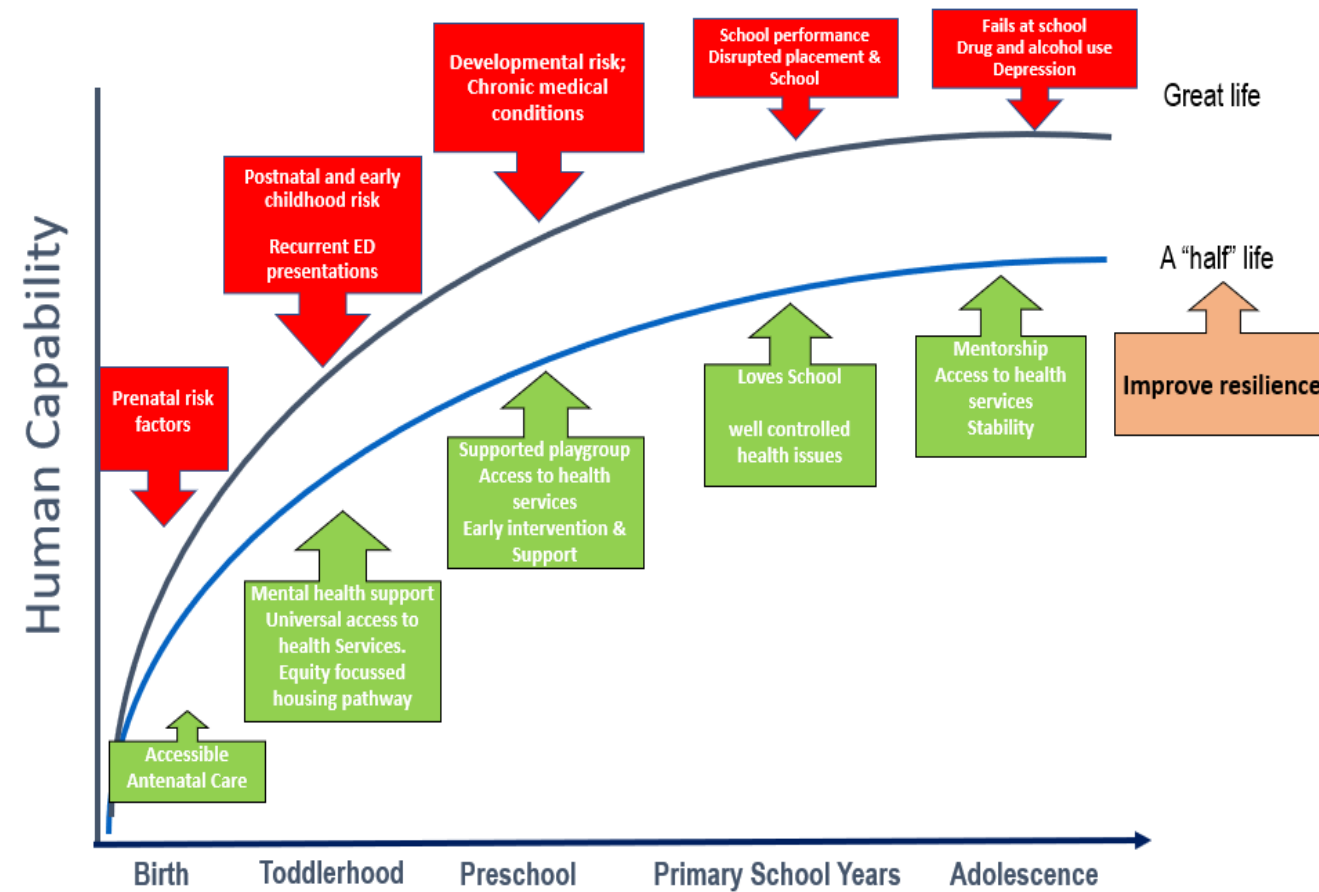
Assessment by junior workers in many municipalities

Sparse follow up with inadequate services for children and families

Failure to consider long term perspective



Maximising Health Care



The earlier the investment, the greater the return

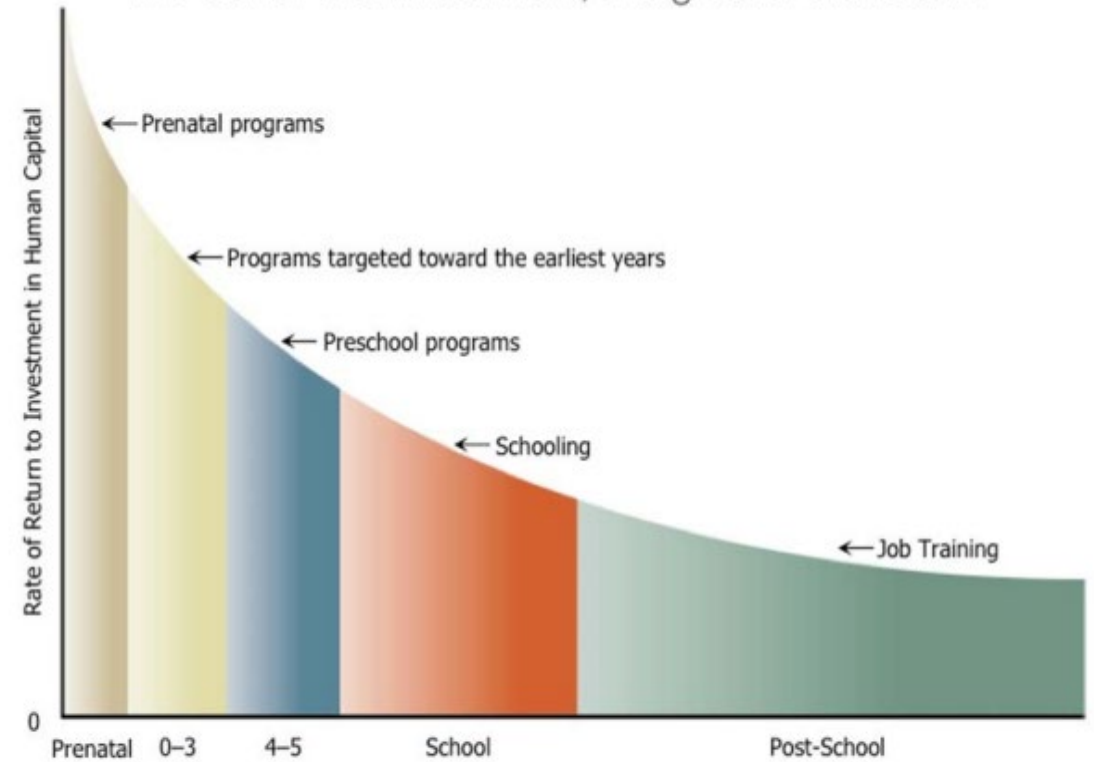


Figure 3: The Heckman Curve (Source: The Heckman Equation 2019²⁶)

Improve resilience

Specialists. Together
EDUCATE ADVOCATE INNOVATE



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE