

# RACP Health Care of Children in Care and Protection Services – Australia

## Summary

### Children and young people in care and protection



Within care and protection services in Australia:

- **Around 3% (1 in 32) of all Australian children** aged under 18 years encounter care and protection services each year.
- Rates of children admitted to out-of-home care (OOHC) are **highest for children under one (1) year of age**.
- Disability status is currently only available for 71% of all children in OOHC, with about **29% reported as having a disability**.
- Up to **60% of children** in out-of-home care are identified as having **developmental concerns**, including developmental delays.
- **48-61% of children** in OOHC are diagnosed with **behavioural problems**.
- Children from very **remote areas** are almost **four times** as likely as those from major cities to be the subject of a **child protection notification**.

### First Nations children



Despite being an identified target in Closing the Gap, **First Nations children continue to be overrepresented in care and protection services**.

Compared to non-Indigenous children, First Nations children are:

- **11 times more** likely than non-Indigenous children to be **placed in OOHC** and this inequality begins in infancy.
- **5.5 times more** likely to be reported to **child protection authorities**.
- **10.2 times more** likely to be subject to a **child protection order**.
- **10.4 times more** likely to be in **out-of-home care** (including on permanent care orders).

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

## The issue

### Access to Health Services



Each year, around 3% (1 in 32) of all Australian children aged under 18 years encounter care and protection services. Most children and young people who enter care and protection services do so because they are deemed to be at risk of significant harm because of potential exposure to family violence, child abuse and/or neglect.

Children and young people in care and protection services are more likely to have **chronic health problems** and these children have **poorer physical, mental and developmental health outcomes** and **increased health needs** compared with the general population. They experience poorer health outcomes than their peers in large part due to the adverse effect of neglect, alcohol and substance abuse, family violence and other forms of abuse on neurodevelopment, but also from the effects of disruption to family attachment and structures.

Children and young people in care and protection services, and those who experience multiple placements within care, can **experience profound trauma, distress and a sense of loss and non-belonging**. This in turn can lead to **distrust of government and societal institutions**, a **fear of forming secure healthy relationships**, **increased behavioural problems**, **poor academic achievement**, **encounters with the justice system**, **chronic physical and mental health problems** and **poorer health and wellbeing outcomes as adults**, including higher mortality.

**Both the care and protection and health systems can be complex to navigate, especially concurrently. Fragmentation between sectors and 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.** Barriers have frequently been reported at every step involved in accessing health care, including receiving necessary paperwork, such as child Medicare numbers or eligibility; obtaining past medical history, including immunisation records; lack of clarity around roles, responsibilities and authorisation of adults and agencies involved; gaining appropriate authorisation or consent for health care; insufficient availability of services; bureaucratic delays, and the challenges of navigating complicated health and disability systems such as the NDIS.

Peak child health bodies around the world agree that **children and young people entering care and protection services should have routine and timely assessment of their health needs upon entry, with regular review thereafter**, to ensure that outcomes are tracked throughout the child's journey in care and their needs are met.

## Tackling the issue



The RACP established a working group to lead the development of the RACP *Health Care of Children in Care and Protection Services – Australia* position statement. The working group has consulted with a wide range of expert medical specialists, stakeholders and consumer groups throughout the development of the document.

The RACP *Health Care of Children in Care and Protection Services - Australia* 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. Recommendations are directed to the Commonwealth and State/Territory Governments, as well as services and providers involved with children and young people, and care and protection, across Australia.

## The solutions



Nine (9) key areas for improvement to address the health needs of children and young people in care and protection services have been identified:

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.



## Key asks of the Federal Government



The Parliamentary Child Health Roundtable event will focus on the delivery of a specific set of asks:

1. **Commit to, and invest in, full implementation of the [Safe and Supported National Framework for Protecting Australia's Children 2021-31](#) and the **National Clinical Assessment Framework**.**

With focused attention on ensuring:

- **Funding a comprehensive health assessment and health management plan for each young person** entering or involved with care and protection services.
  - **Investing in specialised multidisciplinary services** to deliver integrated primary health, specialist, and mental health care.
  - **Developing specific Medicare item numbers for initial comprehensive and follow-up health assessments** delivered by health care workers for children and young people in care and protection services.
2. **Invest in evidence informed prevention, early intervention, support programs and best practice models of healthcare** as alternatives, to reduce the number of children and carer/s involved with care and protection services and the risk of statutory intervention.
  3. **Achieve Target 12 under Closing the Gap**, which aims to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45% by 2031.
  4. **Appoint Aboriginal and Torres Strait Islander Children's Commissioner roles** in each jurisdiction.
  5. **Raise the age of criminal responsibility** to at least 14 years of age and act on the findings of the Council of Attorneys-General Draft 2020 report.

