CHILD AND FAMILY FOCUS SA

Child and Family Focus SA Submission:

Preventive Health Draft Bill

July 2024

Acknowledgement of Country

We acknowledge the traditional lands of the Kaurna people and acknowledge the Kaurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kaurna Elders past, present and emerging.

We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains, and pay our respects to all Aboriginal Elders past, present and emerging.

We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.

The role of Child and Family Focus – SA

CAFFSA is the South Australian peak body and industry association for child safety and child protection, representing the needs of South Australian children, young people, families, and the non-government, not-for-profit organizations who support them.

Background to this submission

This submission responds to the draft Bill for Preventive Health. It specifically speaks to the object of the act to improve health equity for populations requiring priority consideration in relation to preventive health action, especially First Nations persons.

This submission focuses on the underlying causal factors linked with preventive health conditions. Existing knowledge indicates that childhood maltreatment is linked to various adverse outcomes throughout life, encompassing a spectrum of health risk behaviours and conditions. Recent findings from the Australian Child Maltreatment Study[1] show that a significant proportion of Australians have experienced child maltreatment, leading to markedly elevated occurrences of health risk behaviours and conditions. Notably, sexual abuse and emotional abuse pose the greatest risks. Consequently, there is a need for trauma-informed approaches in health promotion strategies and interventions targeting the prevention of health risk behaviours and conditions.

This submission also recognises that the National Preventive Health Strategy 2021-2030[2] aims to ensure:

1. children grow up in communities that nurture their healthy development - providing the best start to life;
2. individuals are living well for longer, enjoying life as they age – adding health to life;

[1] Lawrence D, et al. (2023). The association between child maltreatment and health risk behaviours and conditions throughout life: The Australian Child Maltreatment Study. *Med J Aust*. 218 (6).
[2] Department of Health. (2021). *The National Preventive Health Strategy 2021-2030*. Commonwealth of Australia. https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

3. groups that experience poorer health outcomes compared to the rest of the population have greater improvements in health – addressing inequity in health; and
4. prevention is valued and viewed as a worthwhile and important venture – funding is rebalanced towards prevention.

The draft Bill seeks to strengthen collaborative action across government and nongovernment agencies on prevention. Do you think the wording in the draft Bill will enable this? What, if anything, could be considered to strengthen this approach?

CAFFSA welcomes the goal of strengthening collaboration across government and non-government organisations (NGOs), recognising the wealth of knowledge that NGOs bring and the extensive footprint they have across the range of relevant service areas. The wording of the draft Bill contains little regarding this collaboration and any involvement of NGOs is implicit. The members of the Preventive Health SA Council may include NGO representatives, but this is not specified, and appointment is based on recommendations by the Chief Executive.

The collaborative intention of the Bill could be strengthened by including requirements for at least twenty per cent NGO representation to be on the Council, given their proportionate activity and reach in this area. The Bill could also require an advisory committee within the Preventive Health SA Council specifically dedicated to non-government representation, focusing on priority groups. This committee could provide valuable insights, recommendations, and feedback on preventive health strategies, ensuring that the voices of non-government entities are heard and integrated into decision-making processes.

Which aspects, if any, of the draft Bill align or support current or future prevention activities or initiatives which your agency is involved in planning or delivering?

Across CAFFSA's membership, non-government agencies are currently providing an array of prevention activities and initiatives for vulnerable children, young people and families without any additional funding. These initiatives are aligned with the mission of the not-for-profit sector but the consistent expectation that these agencies contribute to government goals without resourcing undermines the effectiveness, efficiency, and sustainability of these agencies.[3]

CAFFSA's member agencies are currently facing financial unsustainability with numerous issues having been raised with government.[4] It is further recognised that early intervention and prevention funding is typically insufficient, particularly in the child protection and family support sector,

[3] Gilchrist, D., & Perks, B. (2023). *Myths and biases derailing Australian human services' sustainability*. University of Western Australia. https://api.research-repository.uwa.edu.au/ws/portalfiles/portal/359472591/231129_EP_5_Myths_and_Biases_Covered_Version.pdf
[4] Child and Family Focus SA. (2024). *Submission to A Common Goal – The South Australian Not for Profit Funding Policy Review*. https://www.childandfamily-sa.org.au/policy-and-advocacy/reports-and-submissions/#ras

contributing to intergenerational disadvantage.[5] Given the wide prevalence of child maltreatment, identified by the Australian Child Maltreatment Study at 62% of all Australians, and the associated health risks and known poorer health outcomes, prevention and early intervention in the child protection and family support sectors will have significant benefits nationally. The NGO sector cannot continue these efforts unfunded or under-funded.

Which aspects, if any, of the draft Bill will enable and encourage your agency to support preventive health action and positive health and wellbeing outcomes?

The draft Bill provides little information to indicate how it may enable or encourage current initiatives, as it will depend heavily on the implementation of the Bill. However, this submission identifies important considerations for any future initiatives by highlighting important wider determinants of health specific to the child protection and family support sectors.

CAFFSA recognises that preventative health conditions are predicated on layers of vulnerability within the community, with CAFFSA member agencies often providing services to the most vulnerable. The most significant vulnerability affecting the community at present is that of homelessness. Homelessness intersects with preventive health conditions in a complex and multifaceted manner.[6] People experiencing homelessness often have complex health conditions but may have difficulty accessing primary health care services, putting a heavy burden on emergency health systems. Housing instability increases the risk of many health problems, including psychiatric illnesses, substance use, chronic diseases, musculoskeletal disorders, skin and foot problems, poor oral health, and infectious diseases like tuberculosis, hepatitis C, and HIV. There are many barriers that prevent homeless individuals, rough sleepers, or those with insecure housing from accessing primary care. These barriers can be personal or practical, including competing needs, poor health, physical access to health services, difficulty contacting services, medication security, and the cost of health care. Additionally, differences in social status and fears of being judged can create relationship barriers that hinder access to primary care. Evidence from CAFFSA's member agencies identifies that the cost-of-living crisis and associated housing instability is critically affecting the health and wellbeing of the community.

[5] Child and Family Focus SA. (2024) *Submission to the Economic and Finance Committee on Home Care*. https://www.childandfamily-sa.org.au/policy-and-advocacy/reports-and-submissions/#ras

[6] Davies, A. and Wood, L.J. (2018), Homeless health care: meeting the challenges of providing primary care. *Medical Journal of Australia*, 209: 230-234. https://doi.org/10.5694/mja17.01264

Figure 1
Factors affecting health outcomes

A second priority group is people with an out-of-home care experience. Young people in Australia frequently transition to homelessness. While most young people in out-of-home care thrive in the community, some struggle to find appropriate post-care support, with up to 30% experiencing homelessness during their first year post-care.[7] This service gap is most apparent for young people transitioning out of residential care.

Unlike young people with supportive foster care families, residential care leavers may have no 'fall back option' if they are not coping with independent living. As young people transition, they face an opportunity to gain independence and more control over their daily life. They are also at increased risk of mental ill-health, suicide, and self-harm[8]. South Australia has a high proportion of children and young people in residential care, typically averaging 16.1%, the highest nationally alongside Queensland.[9] Of those in residential care, 39% are between the ages of 15-17 years, preparing to

[7] McDowall, J. J. (2020). *Transitioning to Adulthood from Out-of-Home Care: Independence or Interdependence*. CREATE Foundation.
[8] Rahamim, A., & Mendes, P. (2015). *Mental health supports and young people transitioning from Out-of-Home Care*, Victoria Children Australia, First view
[9] Australian Institute of Health and Welfare. (2023). *Child Protection Australia 2021-22. Supplementary Data Tables*. Table S5.3

transition to post-care pathways.[10] These young people need much higher levels of support regarding preventive health conditions, including education, transport, and priority access to services.

A third priority group is people experiencing domestic and family violence (DFV). Not only can DFV be causative of health conditions classed as preventive but people experiencing coercive control may be unable to access health care. Women experiencing domestic violence may face barriers to seeking healthcare due to fear, isolation, and limited resources.[11] They may feel it is their responsibility to navigate a healthcare system they don't trust and don't fully understand. Trauma makes it harder for them to get the care they need, affecting their understanding of domestic violence, their ability to share information, and their overall awareness. Additionally, they struggle to remember information given to them and don't feel safe enough to talk about their experiences with domestic and family violence.

Finally, First Nations peoples further experience the impacts of trauma from colonisation, the Stolen Generations, and systemic racisms. CAFFSA acknowledges that the draft Bill identifies First Nations peoples as a priority group. Within the child protection and family support sector, many people experience all of the above vulnerabilities, that is they are experiencing homelessness, an out-of-home care experience as a child, being in DFV relationships, and identifying as Aboriginal with the associated racism and trauma. These cumulative layers of vulnerability and disadvantage translate to high demand on health services.[12]

The monitoring of active efforts

CAFFSA also identifies the importance of research, data collection, monitoring and evaluation, which is often under or unfunded.

Two of the functions of the Chief Executive are identified in the Bill as:

> (e) to monitor and report on investment and expenditure on preventive health measures, their potential benefit and economic impact, including on productivity; and
>
> (f) to collect, monitor and support the sharing of population level health and wellbeing data and analyses to inform evidence-based practice in preventive health and wellbeing.

[10] Australian Institute of Health and Welfare. (2023). *Child Protection Australia 2021-22. Supplementary Data Tables*. Table S5.7

[11] Hollingdrake, O., Saadi, N., Alban Cruz, A., & Currie, J. (2023). Qualitative study of the perspectives of women with lived experience of domestic and family violence on accessing healthcare. *Journal of advanced nursing*, 79(4), 1353-1366.

[12] Neil, A. L., Islam, F., Kariuki, M., Laurens, K. R., Katz, I., Harris, F., ... & Green, M. J. (2020). Costs for physical and mental health hospitalizations in the first 13 years of life among children engaged with Child Protection Services. *Child Abuse & Neglect*, 99, 104280.

These data collection activities are important, however, there is no mention of active efforts regarding preventive health initiatives. Recording investment and expenditure does not account for the implementation challenges that many initiatives face, inadvertently creating the perception that there is not a significant return on investment. However, research shows that it is difficult to adequately translate knowledge into outcomes within healthcare settings.[13] The monitoring of active efforts to translate knowledge into outcomes is critical. One key measure is the accessibility of services to priority populations and the current waitlists, with a reduction in these waitlists representing an important outcome.

Concluding remarks

CAFFSA welcomes a direct focus on preventive health and argues that focus will be further sharpened, and impact amplified with the required recognition of the prevention and early intervention activities being carried out in a range of sectors by NGOs.

SUBMISSION ENDS

[13] Lau, R., Stevenson, F., Ong, B.N. et al. Achieving change in primary care—causes of the evidence to practice gap: systematic reviews of reviews. *Implementation Sci* 11, 40 (2015). https://doi.org/10.1186/s13012-016-0396-