Consultation on Draft Children's Mental Health and Wellbeing Strategy

17 February 2021

Dear Secretariat

Thank you for the opportunity to comment on the draft National Children's Mental Health and Wellbeing Strategy (draft Strategy) being developed by the National Mental Health Commission as part of the Australian Government's *Long-Term National Health Plan*. Families Australia is very pleased to see the elevation of child mental health as a key policy priority of Government.

Families Australia is a national, peak, not-for-profit organisation that strives to improve the wellbeing of Australian families, especially those experiencing the most vulnerability and marginalisation. Families Australia does this by providing policy advice on a range of issues relevant to Australian families to the Australian Government and Parliament on behalf of more than 800 member organisations around Australia.

In addition, Families Australia convenes the 250 member National Coalition on Child Safety and Wellbeing (National Coalition), the primary voice for the community and research sectors on the *National Framework for Protecting Australia's Children 2009–2020* (National Framework) and most recently, the National Framework successor plan. The National Coalition was established by Families Australia in 2007 and is an equal partner in the development and implementation of the National Framework through a unique tripartite governance arrangement.

The draft Strategy *notes the considerable work being completed to revise and refresh the National Framework for Protecting Australia's Children 2009-2020*. In 2019-20, Families Australia, on behalf of the National Coalition, led a series of national consultations on the successor plan to the National Framework. 21 consultations involving nearly 800 participants from government, non-government, research and community backgrounds, as well as young people, carers and families, were conducted in all States and Territories and a final report was delivered to the Department of Social Services in May 2020. The report highlighted the need to join up policy agendas across sectors and portfolios to improve outcomes for children, young people and families, including those in, or at risk of entering, child protection systems. This was considered essential given the strong intersectionality of issues and drivers impacting outcomes.

> *'Consistent with an ecological view…threats to the health and wellbeing of children, young people and parents and families originate in all sectors and strategies to strengthen protective factors and improve health and wellbeing will not succeed unless they are truly multisectoral. This includes addressing the drivers of child maltreatment including poverty, homelessness, alcohol and other drug misuse, **mental health** and domestic and family violence and utilising national level data to monitor outcomes.'* (Beyond 2020: Towards a successor plan for the National Framework for Protecting Australia's Children 2009-2020. Page 20)

The need for better integrated, wrap around services and a focus on prevention and early support were also identified as key priorities, with a particular emphasis on children, young people and families with complex needs. The successor plan for the National Framework and the National Children's Mental Health and Wellbeing Strategy are two areas of policy development where all stakeholders must work together to align effort and improve mental health and wellbeing outcomes for all children.

Families Australia provides the attached additional comments against a selection of the consultation questions.

Yours sincerely,

Dr Brian Babington
Chief Executive Officer

Strategy language

The Strategy argues that an optimal system responds to children who are struggling, and that support and intervention should not be dependent upon a diagnosis being made. It proposes using a 'wellbeing continuum' rather than diagnoses to help conceptualise a child's needs. The wellbeing continuum is discussed briefly on page 6 and in more detail on page 22.

The Strategy acknowledges that the specific words used to describe the anchor points of the wellbeing continuum are not firmly established.

1. What words would you suggest best describe the key anchor points on the wellbeing continuum?

The current terms 'coping' and 'struggling' are negatively framed and have the potential to reinforce labelling and to 'categorise' children. Over a long period of time, parents and young people have repeatedly told Families Australia's that 'language matters' and spoken of their continuing battles against the stigma associated with negative language. They report, as a consequence, that they have not sought help, even when it was available and they needed it. This could be tested further with children and parents. A needs based continuum utilising two labelled anchor points – healthy and unwell - could be considered as an alternative model, supplemented by the current text used to describe 'coping' and 'struggling'.

Parenting programs

Parenting programs that help families identify when a child is struggling and teach parents/carers how they can help a child are useful for all families. Parenting programs are discussed in the Strategy in Focus Area 1, which is outlined briefly on page 8 and detailed on pages 26-33.

The Strategy proposes that parenting programs be routinely offered to all parents/carers.

2. What might help encourage parents and carers to engage with these programs?

- The Parenting Research Centre and Raising Children Network have expertise in, and should be consulted on, this issue. The Australian Institute of Family Studies is another source of research and practice expertise.
- The importance of parenting programs and the need to improve accessibility was raised at a number of Families Australia's consultations on the National Framework successor plan. Key elements to be considered included:
  - o Co-design with parents and tailored to parent and child needs;
  - o Co-design with, and tailored to meet the needs of, fathers;
  - o Tailored to the needs of diverse groups eg. LGBTQI, Aboriginal and Torres Strait Islander, CALD, parents with disability, parents of children with disability. Trauma-informed and culturally relevant/safe/competent;
  - o Scaling up of programs already demonstrating success where appropriate to the local community;
  - o Offer appropriate incentives (not necessarily financial) to support and encourage vulnerable families to attend eg. transport, childcare;
  - o Locations integrated with other services parents already attending eg. community health centres, schools, preschools;
  - o Supported by workplaces – allow flexible arrangements to encourage attendance
  - o Supported by online resources including chat rooms, blogs etc.;
  - o Co-lead with parents as partners who share their own experience and learnings;

        o   No or low cost. We understand waiting lists for no cost parenting programs are extensive in many areas. Allowing Medicare rebates to support parenting programs by private providers may assist with this issue.

Integrated care model

The Strategy discusses a model of integrated child and family care. This model proposes co-location of multidisciplinary service providers in various centres that are networked across the country. They would provide a combination of general and select specialist care, through both face-to-face and telehealth services. It is proposed that these new centres would largely emerge out of existing services, e.g. Child and Adolescent Mental Health Services and Child and Youth Mental Health Services, but would also require additional funding.

A model of integrated child and family care is described in Box 3 on pages 36 and 37 of the Strategy.

3.   Would the model outlined in Box 3 help to achieve the objectives outlined in Focus Area 2?

- The model supports long-standing calls from parents, families and the sector to break down siloed approaches to services through integrated, family-centred approaches. This was a key finding from Families Australia's consultations on the successor plan for the National Framework.
- Integrating professional health services across multiple disciplines and across physical locations will be challenging, as noted in the paper. Sufficient time and resources must be allocated to appropriately manage these challenges, meet community and sector expectations, and support effective implementation. A phased roll-out based on community readiness and capability and a continuous quality improvement approach will help the model achieve its stated objectives. The National Framework launched in 2009 included action to implement *integrated approaches to service design, planning and delivery for children and families across the lifecycle and spectrum of need.* While some progress has been made in some areas, significant change has not been achieved as priorities have shifted over time and/or investment decisions have been made by jurisdictions relevant to their particular contexts.
- The model should guide the establishment of integrated models in the selected local communities but allow tailoring to the local context and needs. There are a number of initiatives in the social services sector that aim to deliver better outcomes through more integrated approaches, for example, *Stronger Places Stronger People* and the *Communities for Children Facilitating Partners (CfC FPs)* model that operate in disadvantaged communities across Australia. Stronger Places, Stronger People aims to interrupt the intergenerational cycle of disadvantage that is concentrated in particular communities around Australia. Through partnering with communities and their leaders, local organisations, policy makers and funders, the aim is to create stronger futures for children and their families in these communities. CfC FPs take an early intervention approach that supports families to improve the way they relate to each other; improve parenting skills; and to ensure the health and wellbeing of children. Consideration could be given to what, if any, scope exists to leverage existing models and approaches that may have already established a level of community readiness and infrastructure to support integrated approaches.

4.   What do you consider critical to this model working?

- A recent article published in BMC Medical, *Systems integration to promote the mental health of Aboriginal and Torres Strait Islander children: protocol for a community-driven continuous quality improvement approach*, describes a theoretical framework for systems integration: 'It comprises three key components that do not comprise a separate program or 'package of

activities', but dynamic elements that interact with the extant services and communities into which a continuous quality improvement approach is introduced. They are: 1) a spectrum of services and supports that interact with children and families to deliver mental health promotion and care; 2) a set of values and principles; and 3) an infrastructure, including leadership and governance, financing, health information, and workforce capacity, and networks and partnerships among agencies and with families and children.' Each of these elements will need to be conceptualised, co-designed, implemented and tested with the children, families and communities they will serve.

- Sufficient resources. New funding should be provided in the formative years given the existing, extensive demand and long waiting lists. Demand may actually increase as a result of the National Strategy.
- Affordable for families. Medicare funded mental health packages with no or low out-of-pocket expenses and Medicare rebates for private providers to support publicly funded services.
- Time to build a collaborative culture, foster new ways of working and demonstrate improved outcomes. Clinical caseloads need to allow for this.
- Collaborative approaches across sectors more broadly who are all supporting the child and family across a range of life domains.
- Telehealth services and the use of technologies in service delivery must be supported through the Medicare system.
- A strong culture of continuous review and quality improvement at all levels, including at the systems level, based on feedback from children, parents and key stakeholders. As an example, in the child protection space, the Tasmanian Government is developing a Quality and Accountability Framework (QAF) for out-of-home care in Tasmania. It will guide how the Tasmanian Government works with service providers and stakeholders to build a coordinated, integrated and accountable system. By identifying the standards of service delivery for out-of-home care, measuring success and embedding a culture of continuous improvement, the QAF will be an important mechanism to achieve wellbeing outcomes for children and young people in out-of-home care.
- Addressing barriers to integration such as different records and data systems, cultural barriers and issues with data sovereignty, particularly in Aboriginal and Torres Strait Islander communities, and issues around information sharing.
- Addressing skilled workforce shortages, particularly in regional and rural locations to support transitions onto other services.
- An evaluation strategy established as part of the development phase with learnings feeding into enhancements and improvements.

5. What changes would you suggest to the model to make sure it achieved the stated objectives?

- Box 3 is titled 'Model of integrated child and family care' but as described, integrates a range of health services and health disciplines only. The model should include relationships with the broader child and family support sector that extends beyond health eg. early childhood education and care, child protection and intensive family support, homelessness services, domestic and family violence services, National Disability Insurance Scheme providers and the disability services sector more broadly.
- A care coordinator role could be considered as part of the model, particularly to support children and families with complex needs who are accessing multiple services. This works well in rehabilitation settings and could be translated here.
- Address how the model will support information sharing and holistic care eg. with family support services, National Disability Insurance Scheme providers, Family Mental Health Support Services funded through the Commonwealth Department of Social Services.

Mental health workforce

The Strategy discusses the need for increased consistency across care received by children and their families, and details some approaches for incentivising training by speciality and location.

This content is in Focus Area 2 and is covered briefly on page and in detail within pages 34-51.

6. What additional actions may be required to ensure there is a sufficient workforce skilled in child and family mental health?
    - Issues in relation to attracting and retaining a skilled workforce also exist in the community services sector. Initiatives being taken in other sectors should be explored and leveraged where possible and appropriate.
    - Leverage and extend programmes administered by the Australian Government Department of Health under its Health Workforce Program.
    - Consider findings of the National Mental Health Workforce Strategy Taskforce that is due to present its final report to Government in June 2021.
    - Build on strategies and investments by State and Territory Governments who are also working to increase the availability of a skilled workforce for the mental health sector.

Connecting with children and families who are struggling

The Strategy recommends using (almost) universal mechanisms such as schools, early childhood learning centres and maternal child and family health checks, as opportunities to identify children who are struggling and connect them with services. However, there are some children and families who do not engage with these touchpoints and may miss out on crucial support. This topic is discussed in Focus Area 1 and Box 2 of the Strategy. Box 2 can be found on page 27 and 28.

7. How would you recommend we reach these children and families? How might we do this systematically across the country?
    - Child Family Community Australia (CFCA) at the Australian Institute of Family Studies has produced a practice sheet on engaging disadvantaged families in child and family services. Their publication provides ideas for practitioners and policy-makers about how to increase engagement of disadvantaged (or "hard to reach") families in child and family services and programs.
    - The Parenting Research Centre also produces a range of research and other materials relevant to engaging parents, including in the early years.
    - The Department of Social Services requires Families and Children service providers funded under its Families and Communities Program to develop an access strategy to increase access for vulnerable children and families to their services as part of their funding requirements. This approach encourages approaches relevant to the local context and to the needs of the communities where the services are operating.
    - Schools and preschools do serve as universal platforms to reach children and families with Governments introducing policies to increase access. The ratios of mental health professionals in schools and as consultants in early childhood settings should be increased to support prevention and early intervention approaches and timely referrals to specialist services.
    - Active effort and investment to encourage and share innovative, cross-sectoral approaches, including at the local level.

8. Are there any additional actions necessary to improve the mental health and wellbeing of children who may be struggling, such as those in the care of the State?

- As noted in the draft Strategy, meeting the needs of children in State care in all relevant services has been an action under the National Framework for Protecting Australia's Children 2009-2020. The National Standards for out-of-home care (NOOHCS) agreed by all States and Territories include actions in relation to health assessments and services. However, there is currently no data available or reported that measures how well Standard 5 *Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way* is being implemented. There is another indicator used under the National Framework in relation to social and emotional wellbeing however reporting is based on data from the Australian Child and Adolescent Survey of Mental Health and Wellbeing for 11-17 year olds only. Prioritising data collection and reporting of mental health support and outcomes for children in the care of the State – under NOOHCS Standard 5 - would need to be explored with all jurisdictions and the Department of Social Services through appropriate governance mechanisms. Families Australia's understanding is that measure development is challenging, resource intensive and requires a high degree of States and Territories' consensus.
- There are a number of non-government organisations who engage with, and include children, young people and parents with experience in child protection systems and who are well placed to have input into this issue. These include the [Create Foundation](#) and the [Family Inclusion Network](#) who have been actively involved in the National Framework and Families Australia's consultations on the successor plan.
- The successor plan for the National Framework is due to be launched later this year and provides an opportunity to join up policy agendas and action plans targeting children and families with multiple and complex needs, including those in State care.
- The successor plan may also provide a mechanism to leverage State and Territory Government reporting requirements, in relation to their responsibilities and support for children in out-of-home care.

General

9. In your opinion what avenues should be used to promote the Strategy upon publication, to ensure it reaches as many people as possible?
   - Work with other Commonwealth and State and Territory government agencies to develop a comprehensive list of target groups across sectors and portfolios. Governments should leverage their relationships with service providers and organisations.
   - Use peak bodies to share promotional material.
   - Use a variety of media to promote the strategy through print, television, online and social media in simple, easy to understand language; accessible formats for vision impaired; translated into other languages.
   - Develop a child-friendly version.
   - Develop culturally appropriate versions for Aboriginal and Torres Strait Islander children and families and those from diverse cultural backgrounds, with these processes led by members of those communities.

Please provide any additional feedback you would like considered regarding the Strategy.

Families Australia welcomes the opportunity to provide feedback on the draft Strategy, recognising it seeks to drive broad based systems reform. It also presents the opportunity to join up policy agendas across a number of relevant portfolios which is also very welcome. This approach is consistent with our findings from consultations on the National Framework successor plan. The draft Strategy is, rightly, ambitious and therefore must be underpinned by a comprehensive implementation plan with clear implementation priorities, outcomes and time frames. Based on

Families Australia's experience as a partner with Government in implementing the National Framework and supporting the development of the successor plan, we know systems reform is complex and long-term. Adequate resourcing and political will must be sustained over the long term to enable the strategy to succeed. Strong governance arrangements that involve government, non-government and consumer representation should also oversee implementation, progress reporting and evaluation. Clear indicators and a robust reporting regime and methodology must be developed and enforced.