CAFFSA Submission on the Our Future, Women's and Children's Health Network Strategic Plan 2026-2032.

Child and Family Focus SA

September 2026

'Reconciliation' by Kobe and Hamish Collins
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Contents

1. Purpose 3
2. Background 3
3. Overall position 3
4. CAFFSA Recommendations: 5
5. Feedback on the Strategic Priorities 5
   - Children and young people need a stand-alone strategic priority 5
   - Legislative and strategic responsibilities 6
   - Childhood adversity is a population health issue 6
   - Non-medical factors affecting children and families 7
   - Opportunities across the life course 8
6. Feedback on Aboriginal Health and Wellbeing Impact 8
7. Feedback on CREATE Values and Our Future 9
8. What "Doing Well" Looks Like 9
9. Feedback on Implementation Actions 10
   - Care Closest to Home 10
   - Connected Care and Navigation 10
10. Conclusion 10

Acknowledgement

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 and present.

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

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

Child and Family Focus SA (CAFFSA) is the South Australian peak body representing the needs and interests of children, young people and families, particularly those connected with or at risk of entering the child protection system, and the NGOs and ACCOs that support them.

1.Purpose

This submission responds to the consultation on the *Our Future Women's and Children's Health Network Strategic Plan 2026-2032* through a South Australian child and family sector lens.

2. Background

CAFFSA's member organisations provide crucial services and responses to vulnerable children, young people, families and communities across South Australia. Most members provide this support through a mix of state, national and philanthropic funding programs, often with augmentation through their own fund-raising efforts.

CAFFSA's membership encompasses a range of Aboriginal Community Controlled Organisations (ACCOs) and Non-Government Organisations (NGOs) that work in the child and family sector in South Australia. Members share CAFFSA's commitment to the vision of: *A future where every child thrives, deeply connected to their family, community and culture, and empowered to reach their full potential. They are supported by a resilient and sustainable sector with resources and innovation to drive meaningful change.*

3. Overall position

CAFFSA welcomes the draft Plan's commitments to the First 2000 Days, integrated and accessible care, Aboriginal health and wellbeing, trauma-informed outcomes, disability inclusion, partnership and measurable population impact. These provide a strong foundation.

At the 2021 Census, South Australia is home to approximately 363,100 children and young people aged under 18, including approximately 16,400 Aboriginal children and young people.[1] South Australian children experience significant levels of poverty and developmental vulnerability, with consequences for health and wellbeing across the life course. Recent estimates indicate that 18.3% of South Australian children are living in poverty, one of the highest rates nationally.[2] The 2024 Australian Early Development Census (AEDC) also shows that developmental vulnerability remains higher in South Australia than nationally, with 24.5% of South Australian children in their first year of full-time school being developmentally vulnerable on one or more domains, compared with 23.5% nationally.[3]

Within this context, CAFFSA is deeply concerned that children are not clearly identified as a stand-alone strategic priority in the draft Plan. Children's health is critical to South Australia's health and wellbeing, both now and into the future. The Plan should establish a distinct priority for children while retaining its First 2000 Days and broader life-course commitments.

The Plan should also make WCHN's role in preventing harm, supporting recovery and helping children and families remain safely together more explicit. This is particularly important given 1 in 3 children in SA are reported to the child protection system by the age of 10.[4] Prof. Leah Bromfield, Director of the Australian Centre for Child Protection has described the scale of child abuse in Australia as an "epidemic" and called for a broader response that supports families to access help rather than relying primarily on the statutory child protection system[5]

This is particularly important given WCHN's legislative responsibilities to develop a Children and Young People Safety and Support Plan (Agency Plans), setting out how it will contribute to achieving the outcomes of the State Strategy as part of South Australia's implementation of the *Children and Young People (Safety and Support) Act 2025*. Given the government's commitment to implementing a public health approach to child protection, the legislative requirement that WCHN to prepare such a plan, and the central role of WCHN services in the success of the strategy, the consultation on the development of the plan, along with its implementation and monitoring, should be incorporated in the Strategic Plan as a priority.

Children's safety, development and wellbeing should be visible as both a population health and whole-of-system responsibility. Universal services need the capability to recognise and respond to adversity, alongside increasingly targeted and intensive responses as needs increase.

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[1] https://childrensa.sa.gov.au/wp-content/uploads/2022/12/Data-snapshot-CYP-Proportion-of-SA-Popn-2021-2022-12-07.pdf

[2] Duncan, A. & Twomey, C. (2025). *Child Poverty in Australia 2025: The current and future impacts of rising rates of financial deprivation on child wellbeing*. Bankwest Curtin Economics Centre, Curtin University. Child Poverty in Australia 2025

[3] https://cdcwbrc.childrensa.sa.gov.au/education-all/children-enter-the-school-system-ready-to-take-advantage-of-the-learning-environment/?utm_

[4] Pilkington R, Lynch J. (2023). Witness Statement: Royal Commission into Early Childhood Education and Care. Adelaide: BetterStart Health and Development Research Group, The University of Adelaide.

[5] https://www.abc.net.au/listen/programs/radionational-breakfast/changing-oz-leah-bromfield-building-safe-child-protection-/107152720

4. CAFFSA Recommendations:

The detailed recommendations in this submission are set out under the relevant consultation questions. In summary, CAFFSA recommends that the Plan:

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1: Establish children as a stand-alone strategic priority in the WCHN Plan

2: Explicitly include the development, implementation, monitoring and adjustment as required of a Children and Young People Safety and Support Plan and align activities to give effect to the implementation with the *State Strategy for the Safety and Support of Children and Young People*.

3: Recognise childhood adversity and children's recovery as core health issues

4: Incorporate a commitment to responding to integrated responses to broader non-medical factors affecting children and families

5: Adopt a more comprehensive life-course approach from the First 2000 Days through adolescence and transition to adulthood, with a focus on young parents.

6: Strengthen safeguards against systemic bias, particularly in decisions and practices related to child removal.

7: Strengthen priority access, continuity and accountability for children, young people and families most likely to experience barriers to care.

8: Strengthen the *Care Closest to Home* and *Connected Care and Navigation* implementation actions to explicitly recognise the wider child and family support system by committing to strengthen shared pathways, warm referrals and care coordination across the broader system.

5. Feedback on the Strategic Priorities

Children and young people need a stand-alone strategic priority

Children's health and development are shaped by their family, community and social circumstances. Poverty, housing instability, disability, family violence, abuse and neglect, parental mental ill-health and AOD use can create significant and cumulative barriers to good health and timely access to care.[6] There are also cohorts of children and young people who are not receiving the health, developmental, mental health and therapeutic care they need because of capacity constraints, eligibility thresholds, waiting times and gaps between services.[7].

The South Australian Royal Commission into Domestic, Family and Sexual Violence further identified the need for action within SA Health to improve responses for children experiencing violence and disadvantage, including recognising children as victim-survivors in their own right.[8] These needs should

[6] Health of children - Australian Institute of Health and Welfare

[7] Government of South Australia. (2024). *South Australian Government Submission to the Royal Commission into Domestic, Family and Sexual Violence*. p. 10.

[8] https://royalcommissiondfsv.sa.gov.au/

not be confined to a reference to "vulnerable children" or individual specialist services. They warrant clear strategic visibility, leadership, resourcing and accountability across WCHN.

Legislative and strategic responsibilities

The draft Plan recognises "regional or vulnerable children and families" within the First 2000 Days and refers to child protection and children in out-of-home care among those engaged. However, it does not yet set out a substantive strategic response for children at risk of entering care, children in care or care leavers. Domestic, family and sexual violence is also not explicitly identified.

Under the *Children and Young People (Safety and Support) Act 2025, WCHN is required to develop a Children and Young People Safety and Support Plan (Agency Plan)*setting out how it will contribute to achieving he outcomes of the State Strategy *for the Safety and Support of Children and Young People*. The Agency Plan provides an important mechanism for translating the State Strategy into WCHN's own priorities, actions and accountability arrangements..[9]

The State Strategy's outcomes and measures will provide a population-level framework for shared accountability for improving child safety, wellbeing and family wellbeing across South Australia, giving WCHN a clear role in both implementation and monitoring progress.

As a prescribed body under the Act, WCHN's responsibilities should be clearly reflected in its Strategic Plan, implementation actions, partnerships, measures and accountability arrangements, including prevention, early intervention, therapeutic support, recovery and priority services for children in and leaving care.

This legislative responsibility should be incorporated under the stand-alone priority for children and reflected in implementation actions, partnerships, measures and accountability arrangements.

Recommendation 1: Establish children as a stand-alone strategic priority in the WCHN Plan

Recommendation 2: Explicitly include the development, implementation, monitoring and adjustment as required of a Children and Young People Safety and Support Plan and align activities to give effect to the implementation with the *State Strategy for the Safety and Support of Children and Young People.*

Childhood adversity is a population health issue

In 2024, child abuse and neglect was the second leading risk factor contributing to burden of disease and injury among Australian children aged under 15, accounting for 1.3% of total disease burden and 0.4% of deaths.[10] The Australian Child Maltreatment Study further demonstrates that maltreatment and exposure to domestic violence are common rather than exceptional childhood experiences and are associated with substantial lifelong health impacts.[11]

Children who experience DFSV are victim-survivors in their own right, with distinct safety, developmental, mental health and recovery needs. Violence, abuse, neglect and other forms of adversity can also

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[9] *Children and Young People (Safety and Support) Act 2025*.

[10] Australian Institute of Health and Welfare (AIHW). (2026). *Health of children*. Australian Government. Updated 26 June 2026.

[11] Australian Child Maltreatment Study

contribute to psychological distress, self-harm and suicide risk. Children and young people in out-of-home care are at particularly elevated risk, with Australian research finding suicidal behaviour to be almost five times more likely among young people in care than among those without a history of child abuse and neglect.[12]. There are also particular implications for other young people experiencing multiple forms of vulnerability, including those leaving care or experiencing homelessness.

WCHN should therefore recognise childhood adversity and recovery as core health issues. This includes embedding trauma-responsive and child-rights capability across universal health services, explicitly recognising children affected by DFSV as victim-survivors in their own right, ensuring access to timely, developmentally appropriate and culturally safe therapeutic support, and strengthening connections with youth mental health, self-harm and suicide prevention responses.

Recommendation 3: Recognise childhood adversity and children's recovery as core health issues

Non-medical factors affecting children and families

Recent South Australian evidence from the BetterStart evaluation of the Department of Human Services (DHS), Intensive Family Services (IFS) demonstrates the level of complexity experienced by families requiring intensive support. Among children supported by IFS, 74.7% had a parent with a mental health issue, 62.7% had an indicator of domestic and family violence, 53.3% experienced parental drug and alcohol misuse and 49.5% had a parent with a child protection history. Half (50.1%) experienced three or four of these domains concurrently.[13]

Disability, poverty and housing instability can add further pressure and create barriers to families receiving the support they need These circumstances do not, in themselves, indicate diminished parenting capacity. The relevant concern is their cumulative impact, the practical barriers families experience and whether accessible support is available early enough, without families needing to enter the child protection system to receive it.

Importantly, the evaluation also found a beneficial effect of IFS on family preservation. Within 24 months, 93.2% of children receiving IFS remained with their families compared with 90.5% in the matched comparison group, representing an absolute increase in family preservation of 2.7 percentage points. Supporting children to remain safely withing their families wherever possible protects important family and community relationships and avoids the disruption associated with unnecessary entry into out-of-home care. The findings provide South Australian evidence of the value of intensive, coordinated support in helping families remain safely together, including where families are experiencing multiple and intersecting vulnerabilities.

While responsibility is shared across systems, WCHN has a critical role in recognising how these factors can interact and affect children's safety, health and development. This includes early identification, accessible and holistic child and family care, therapeutic responses, warm referral, navigation and shared pathways across health, family support, housing, disability, AOD and DFSV services, including collaboration with government agencies, non-government organisations and Aboriginal Community Controlled Organisations.

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[12] Lack of evidence for effective suicide interventions for YP in contact with CP systems.

[13] *Evaluation of Intensive Family Supports*

The Plan should also give substantive attention to culturally and linguistically diverse, refugee and migrant children and families, including language access, culturally responsive care and safe responses to DFSV and child safety.

Recommendation 4: Incorporate a commitment to integrated responses to broader non-medical factors affecting children and families

Opportunities across the life course

Young parenthood represents an important opportunity for early investment. Many young parents, including those with histories of adversity, homelessness or care, demonstrate strong motivation to create a different future for their children. Accessible, trauma-responsive and practical support during pregnancy and early parenting can build on this motivation and improve outcomes across generations.[14]

This is also reflected in South Australia's Child and Family Support System, which identifies children born to young parents as a priority population. DHS data indicates that young parents are more likely to engage with services when support is offered, with young parents 12% more likely to engage in service provision than parents aged 25 years or older. DHS identifies pregnancy as an important window for early intervention and an opportunity to support generational change.[15]

The Plan's strong First 2000 Days focus should be complemented by adding explicit attention to adolescence and transition to adulthood. This is particularly important for young people experiencing mental ill-health, suicide risk or self-harm, AOD use, DFSV and sexual violence, homelessness, disability or neurodivergence, and for young people transitioning from child to adult services, leaving care or becoming parents.

Recommendation 5: Adopt a more comprehensive life-course approach from the First 2000 Days through adolescence and transition to adulthood, with a focus on young parents.

6. Feedback on Aboriginal Health and Wellbeing Impact

CAFFSA supports the draft Plan's Aboriginal Health and Wellbeing Impact commitments, particularly its emphasis on self-determination, Aboriginal leadership, culturally safe care, shared decision-making and genuine partnership with Aboriginal communities and organisations. These commitments should extend across all child and family safety actions and be consistent with the Aboriginal and Torres Strait Islander Child Placement Principle, particularly its prevention, partnership, participation and connection elements.[16]

Recent South Australian research on Aboriginal infant removals in a hospital setting identified concerns about deficit-based documentation, limited engagement with mothers, kin and Aboriginal health

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[14] Moore, T., & McDougall, S. (2025). "I wanted to be able to stand on my own two feet first". Younger parents exiting homelessness and care and their aspirations. *Australian Journal of Social Issues*. https://doi.org/10.1002/ajs4.70072.

[15] Department of Human Services (2026). *A learning approach for the Child and Family Support System*. Government of South Australia, p. 24.

[16] Child Placement Principle | National Framework | SNAICC

providers, and potential systemic racism.[17] This reinforces the importance of transparent, culturally accountable practice that supports early assistance and prevents unnecessary family separation. As a key interface between health, maternity, child and family health and child protection systems, WCHN has an important role in supporting Aboriginal families to remain safely together wherever possible.

Recommendation 6: Strengthen safeguards against systemic bias, particularly in decisions and practices related to child removal.

7. Feedback on CREATE Values and Our Future

CAFFSA supports the CREATE values and their emphasis on compassion, respect, equity, accountability, collaboration and excellence. We particularly welcome the commitments to reducing barriers to care, culturally responsive and trauma-informed practice, co-design, shared expertise, measurable outcomes and partnership.

These values provide a strong foundation for the Plan. Our feedback focuses primarily on ensuring that they are translated into clear strategic priorities, implementation actions and measurable outcomes for children, young people and families, particularly those experiencing vulnerability or disadvantage.

8. What "Doing Well" Looks Like

WCHN's proposed measures of success include seamless care, continuity, easy-to-navigate pathways, equitable excellence, accessibility, cultural safety and person- and family-centred care.

CAFFSA supports this direction. For children, young people and families, however, success should be measured not only through health service activity, but by whether they experience earlier support, timely access, easier navigation, continuity of care and fewer gaps between systems.

Measures should include access and waiting times, continuity across services and transitions, access to therapeutic and recovery support, cultural safety, and outcomes for Aboriginal children, children with disability, CALD and refugee children, children in care and care leavers. Measures should be co-designed with children, young people, families, Aboriginal organisations and sector partners, with progress reported transparently.

Given their elevated health, mental health and suicide risks, children in out-of-home care and care leavers should be identified as a priority population for health, developmental, mental health, disability and therapeutic care. Priority pathways and continuity of care should extend through leaving care and transition to adult services, with implementation mechanisms such as dedicated navigation, specialist clinics or a Gold Card model considered further.

Recommendation 7: Strengthen priority access, continuity and accountability for children, young people and families most likely to experience barriers to care.

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[17] Removal of Aboriginal infants in a hospital setting: Examining practices.

9. Feedback on Implementation Actions

Care Closest to Home

CAFFSA supports the focus on reciprocal partnerships and recommends broadening this action to explicitly recognise the wider child and family support system. For children and families experiencing vulnerability, effective health outcomes depend on partnerships across health, child and family support, child protection, disability, education, housing, AOD and DFSV systems.

This should include services provided or funded by DCP and DHS and delivered by non-government organisations and Aboriginal Community Controlled Organisations.

Connected Care and Navigation

For children and families who need support across multiple systems, connected care should extend beyond health services. Stronger shared pathways, warm referrals and care coordination across systems would improve continuity of care and reduce the risk of families falling through service gaps.

Recommendation 8: Strengthen the *Care Closest to Home* and *Connected Care and Navigation* implementation actions to explicitly recognise the wider child and family support system by committing to strengthen shared pathways, warm referrals and care coordination across the broader system.

10. Conclusion

CAFFSA welcomes the foundations established in the draft Plan and the opportunity to shape WCHN's strategic direction for 2026–2032.

The final Plan provides an important opportunity to strengthen WCHN's newly legislated responsibility to contribute to the safety and wellbeing of children and young people and recognise their health, safety, development and wellbeing needs as both a population health and whole-of-system responsibility. This includes responding earlier to adversity, supporting recovery, strengthening continuity of care, and working across health, child and family support and other systems to reduce the gaps experienced by children and families.

CAFFSA encourages WCHN to embed these priorities through clear implementation actions, partnerships and measurable outcomes, with particular attention to Aboriginal children and families, children experiencing vulnerability or disadvantage, and children in and leaving care.

CAFFSA looks forward to continuing to work with WCHN and contributing the expertise of the child and family sector as the Plan is implemented, monitored and evaluated.

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