

1 December 2025

Department of Social Services

Via: <https://engage.dss.gov.au/a-new-approach-to-programs-for-families-and-children/>

Dear Department of Social Services,

Thank you for the opportunity to comment on 'A new approach to programs for families and children'.

The Royal Australian College of General Practitioners (RACGP) is the voice of specialist general practitioners (GPs) representing more than 50,000 members in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

Every year more than 22 million Australians see a specialist GP for their essential healthcare – making GPs the most accessed health professional in the country. The 2025 [General Practice: Health of the Nation](#) Report showed 99% of people could see a GP when they needed and 80% of patients have a preferred GP. GPs have a clear and valued role in providing support for children and families as their principal healthcare provider.

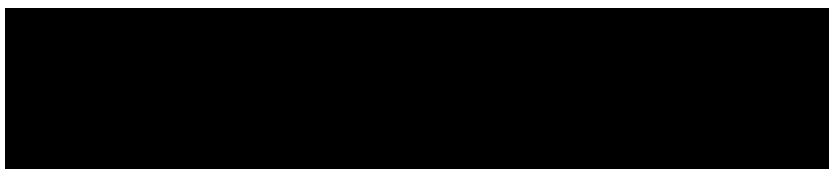
We welcome the opportunity to offer feedback and suggestions on your proposed reforms. The overarching aims of the program are sound, including the focus on supporting families, parents, caregivers and children; recognising the strength and successes of Aboriginal and Torres Strait Islander led programs and designing the program reforms to free up services to deliver support and reduce administrative burden. It will be important in establishing a single national program, that the successes of local, community driven programs that work are not diluted and that families and children experience minimal disruption, and enhanced services that meet their needs. There are a number of overarching themes we believe are important to support this proposed reform to be successful in its aims to support families and children:

1. Embedding a human rights-based approach, including recommendations from the '[Help Way Earlier](#)' report to inform support for those children and families at greatest need.
2. Embedding the commitments under all four of the [Closing the Gap Priority Reforms](#) to support the program to contribute to Closing the Gap targets.
3. Examining the social and cultural determinants of health, including relevant policies that may significantly impact the aims of the program and the health and wellbeing of vulnerable young people. Do they support or are they barriers to achieving the vision of a new approach to programs for families and children? Examples of enabling policies to support the aims of this program would be raising the minimum age of criminal responsibility to 14 years and funding justice reinvestment programs.
4. Ensuring relevant case studies and themes from the Thriving Kids Parliamentary Enquiry are incorporated.
5. Build accountability markers into program design – for funders and for services. With markers driven by accountability to the diversity of families and communities, acknowledging that different markers will exist for different populations and should be informed by each population.

We have provided responses to a relevant selection of your questions below:

*1. Does the new vision reflect what we all want for children and families?*

The vision articulated by Minister for Social Services, the Hon Tanya Plibersek MP, is welcomed as a strategic statement. In particular, the focus on longer term funding arrangements will bring stability to familiar and effective community supports. The focus on preventative care and early supportive intervention is also laudable, as is the



particular focus on supporting Aboriginal and Torres Strait Islander community-controlled organisations to deliver supports to First Nations communities. Self-determination is a non-negotiable principle to achieve this aim. We welcome the ongoing focus on moving towards early identification and support of families at risk of child protection involvement. We are concerned about policies that may conflict with the aims of the program, including state and territory government policies that take a 'tough on crime' approach. Implementing trauma-informed approaches which can inform systemic responses that are individualised and recognise the relevance of trauma for children at risk of contact with child protection or youth justice are important.<sup>1</sup> A whole system approach is needed, with crosscutting policy portfolios, prioritising the health and wellbeing needs of children and their families.

*2. Are the two main outcomes what we should be working towards for children and families?*

*Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children.*

*Outcome 2: Children are supported to grow into healthy, resilient adults.*

These two broad main outcomes are supported. We would like to draw attention to the importance of healthy communities in achieving these outcomes. GPs have embedded long term relationships with communities and are often the first point of access for families at risk. A robust, integrated system of non-punitive supports for families in a way that incorporates community co-design will be critical to achieving your desired outcomes.

To achieve greatest success, it will be important the program is designed for those at most need of support. Nonpunitive supports are crucial and the Australian Human Rights Commission's <sup>2009</sup>report provides important recommendations for supporting young people and families at highest need. A clear definition of resilience developed with stakeholders including communities and services will be important to have a shared understanding of service design requirements. Understanding the impacts of trauma in relation to prior healthcare and social service experiences will also be important to inform system design and definitions of resilience.

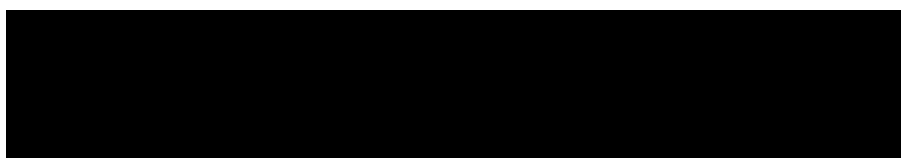
Aboriginal and Torres Strait Islander families and children experience ongoing and compounded impacts of intergenerational trauma and direct trauma as a result of colonisation and racism.<sup>3</sup> These can include disconnection from family and kinship systems, Country, spirituality and cultural practices, and the loss of parenting practices.<sup>4</sup> The gravity of these impacts must inform the reform, and any solutions be designed by Aboriginal and Torres Strait Islander families and communities.

*3. Do these streams (Stream 1 National Programs and Information Services, Stream 2 Prevention and Early Intervention and Stream 3 Intensive Family Supports) reflect what children and families in your community need now – and what they might need in the future?*

These streams are reflective of the broad needs of the children and families in our communities. We see a fundamental need for easily accessible universal 'soft entry' supports for families particularly targeting the core determinants of their health- nutrition, sleep, exercise, positive and safe social exposure and development. Above that we see a need for targeted support proportionate to the degree of adversity a family is experiencing. Through it all we see a need for families to maintain trusted relationships with a safe, empowering and non-judgemental set of support providers. When considering opportunities for supporting families at risk of child protection, ensure that key programs such as SNAICC's child and wellbeing child placement principle are considered.<sup>5</sup>

*4. Are there other changes we could make to the program to help your organisation or community overcome current challenges?*

We strongly recommend that families receive funding support for regular long appointments with their general practice. As a trusted community 'safe space' general practice has the capacity to embed regular monitoring and support of at-risk families with an effective support team of GPs, practice nurses and other allied health professionals. Currently, patient rebates are lower per minute for longer consultations, financially disadvantaging people who require more time with their GP.<sup>6</sup> Many patients seeking bulk billed care can only access shorter consultations, exacerbating access challenges for those most in need.<sup>7</sup>



5. *Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?*

Some groups may have specific needs, including but not limited to Aboriginal and Torres Strait Islander families; families coming from refugee or asylum seeker backgrounds, with disability or in areas of socioeconomic disadvantage, or access difficulty. Some of these communities may have already developed novel supports and we recommend working with communities to build on identified strengths, whilst supporting areas of need.

We recommend the Department consider the voices of the young people as recorded in the Help Way Earlier Report.<sup>8</sup> 24 recommendations have been provided as a result of that consultation, and they should be central to informing program design.

We also recommend people who live in areas of socio-economic disadvantage, some of whom live in poverty, are involved in program design. Services under the program should be embedded in the local community, and the community should have a say in the way the service is run. This ensures care is provided locally, as close to home as possible, but also that the people in the service understand the local context and the local services to allow care to be tailored to local need.

6. *What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?*

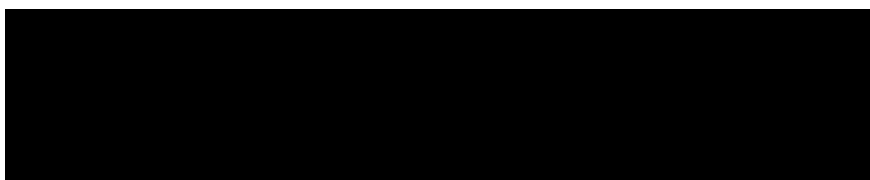
Embedding shared frameworks for transfer of information between health, disability and social services in program design is essential for ensuring safe and coordinated support. The use of peer workers to assist in making and attending appointments with diverse services is also welcomed. Finally shared language frameworks that embed strengths and goals in written communication are essential for empowering individuals and families to feel understood and supported.

7. *Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?*

Geographic location is only one factor to consider in disadvantage. We welcome the inclusion of Socio-Economic Indexes for Areas (SEIFA) data in the national program. The health consequences of poverty are well described globally and are appropriate for our Australian context. Poverty causes ill health through a range of social circumstances – so-called adverse social determinants of health, through limiting the choices and agency that people have over their own lives, and through reduced access to services for a range of reasons. The impact of poverty on families is an important consideration in program design. Children are less likely to attend preschool in areas of poverty – 95% of 4-year-olds in the highest socioeconomic status (SES) areas attend pre-school, compared with 76% in the lowest.<sup>9</sup> Children in the lowest SES are more likely to be vulnerable on the Australian Early Development Census, which has implications for their educational needs at school, usually in the underresourced public education system, and has long term implications for future employment prospects and health outcomes.

Aboriginal and Torres Strait Islander people are over-represented in people living in poverty, which is in itself a consequence of centuries of colonisation, and racism, the effects of historical and current policy, such as child removals from family, and the lack of cultural safety in health services. People living in rural and remote Australia experience higher rates of poverty than those who live in metropolitan areas,<sup>10</sup> and have the challenges of geographic distance, workforce shortages, and limited infrastructure and resource availability to contend with.

Refugees and asylum seekers have often experienced significant trauma, from which they have fled, and may not speak or understand English. Many people who have been in prison are also in poverty and have their own challenges in contact with the justice system. Many people with disabilities live in poverty, caught between inadequate benefits, and work opportunities limited by systems and stigma.



The circumstances of all these groups must be taken into account, and solutions should be considerate of specific community needs.

8. *How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?*

We recommend consultation with existing local ACCOs, with the National Aboriginal Community Controlled Health Organisation and with the Coalition of Peaks to inform this.

9. *What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?*

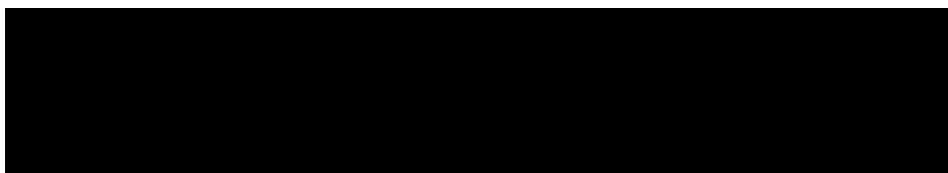
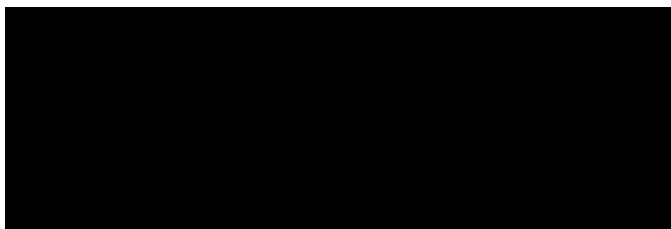
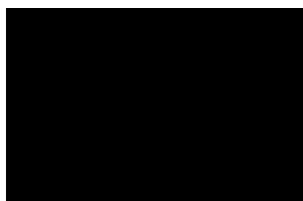
The 2021 Census showed that one-third (33.1%) of all Aboriginal and Torres Strait Islander people were under 15. This highlights the importance of supporting Aboriginal and Torres Strait islander young people to thrive.<sup>11</sup> Embedding the four priority reform areas under Closing the Gap into program design will be a crucial foundational principle for program design.

We recommend working with the local communities and that any initiatives are supported by the community. Communities will have case studies on what works, many of these are being shared as part of the Thriving Kids enquiry and should be considered for their relevance to program design. Self-determination is crucial to success, and it will be important to consider Treaty Agreements and other state and territory agreements in national program design, including the three pillars of the Uluru Statement from the Heart and what they mean for program design. At a national level peak bodies such as the National Aboriginal Community Controlled Health Organisation, and SNAICC, the peak body for Aboriginal and Torres Strait Islander children will be important advisors. State and locally based Aboriginal and Torres Strait Islander organisations and services that reflect local context will also be important stakeholders in program design. While all Aboriginal and Torres Strait Islander communities may share a common experience of colonisation, racism and inequity, local community identified strengths, needs and opportunities should guide program design.

It will also be crucial that program design works to remove barriers to accessing services that racism creates for people from culturally and racially marginalised groups. Systemic racism is an important consideration and embedding Closing the Gap Priority Reform 3: Transforming Government Organisations is important. The RACGP has a [national position statement on racism in the healthcare system](#) that provides further information.<sup>12</sup>

Cultural safety and trauma informed care design are paramount.

Thank you again for the opportunity to provide this feedback. We welcome further and ongoing discussions if helpful. Please contact Samantha Smorgon – RACGP National Manager, Funding and Health System Reform – [samantha.smorgon@racgp.org.au](mailto:samantha.smorgon@racgp.org.au) if you have any questions or comments regarding this letter. Yours sincerely



## References

- <sup>1</sup> McLachlan, Katherine J. "Using a trauma-informed practice framework to operationalise the# raisetheage campaign." *Current Issues in Criminal Justice* 36.4 (2024): 433-450.
- <sup>2</sup> Australian Human Rights Commission (2024). 'Help way earlier!': How Australia can transform child justice to improve safety and wellbeing. Sydney: Australian Human Rights Commission.
- <sup>3</sup> McLachlan, Katherine J. "Using a trauma-informed practice framework to operationalise the# raisetheage campaign." *Current Issues in Criminal Justice* 36.4 (2024): 433-450.
- <sup>4</sup> Australian Institute of Health and Welfare (2024) *Youth detention population in Australia 2024*, AIHW, Australian Government, accessed 09 January 2025.
- <sup>5</sup> <https://www.snaicc.org.au/our-work/child-and-family-wellbeing/child-placement-principle/>
- <sup>6</sup> <https://www.racgp.org.au/general-practice-health-of-the-nation>
- <sup>7</sup> Norman, K., Gunatillaka, N., West, K., & Sturgiss, E. (2025). What happens in general practitioner consultations?: A study of video-recorded Australian general practitioner consultations. *Australian Journal of General Practice*, 54(10), 736-742. <sup>8</sup> Australian Human Rights Commission (2024). 'Help way earlier!': How Australia can transform child justice to improve safety and wellbeing. Sydney: Australian Human Rights Commission.
- <sup>9</sup> Australian Institute of Health and Welfare (AIHW) Social Determinants of health 2022 <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health> <sup>10</sup> National Rural Health Alliance. Poverty in Rural & Remote Australia Factsheet 2017 <https://www.ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-poverty-nov2017.pdf>
- <sup>11</sup> <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>
- <sup>12</sup> <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/racism-in-the-healthcare-system>