

**Submission  
No 41**

## **CHILD PROTECTION AND SOCIAL SERVICES SYSTEM**

**Organisation:** AMA NSW

**Date Received:** 18 December 2020



***From the President's Office  
Dr Danielle McMullen  
MBBS (Hons), FRACGP, DCH, GAICD***

16 December 2020

The Hon Matthew Mason-Cox, Committee Chair  
Parliament of New South Wales  
Macquarie Street  
Sydney NSW 2000

Via email: [childrenyoungpeople@parliament.nsw.gov.au](mailto:childrenyoungpeople@parliament.nsw.gov.au)

Re: Inquiry into the child protection and social services system

Dear Committee on Children and Young People,

Thank you for providing the Australian Medical Association of New South Wales (AMA NSW) with the opportunity to make a submission on the effectiveness of the NSW child protection and social services system in responding to vulnerable children and families.

Regarding the Terms of Reference, AMA (NSW) would like to specifically address:

*2. The respective roles, responsibilities, including point of intersection, of health, education, police, justice and social services in the current system and the optimum evidence-based prevention and early intervention response that the current system should provide to improve life outcomes.*

We'd like to acknowledge some positive changes that have been made to the child protection and social services system.

#### **Child Wellbeing Unit**

AMA (NSW) commends NSW Health for amending the Children and Young Persons (Care and Protection) Act 1998 to allow all registered medical practitioners and general practice nurses access to the NSW Health Child Wellbeing Unit.

The legislative change has made it easier for all health professionals to make a mandatory report. It also provides a much-needed overarching service that coordinates and aligns service systems.

The Child Wellbeing Unit telephone support service has proven to be a very effective resource. We recommend future resourcing allocation build upon this positive reform and additional resources be earmarked for the service so that the Child Wellbeing Unit can further improve its advice and

support. One potential improvement would be to expand the Child Wellbeing Unit's awareness of local resources and links to these primary and secondary services.

### **Coordination across NDIS and child protection and social services**

Whilst the Child Wellbeing Unit's telephone support service has done a good job of coordinating and aligning service systems, AMA (NSW) suggests there is still some fragmentation in the system, particularly between NDIS and child protection and social services. AMA (NSW) recommends increased training and education of case workers and healthcare providers to improve visibility and knowledge across the child protection, social services and NDIS systems.

Cooperation and coordination between medical practitioners in different disciplines and medical practitioners and experts in other professions is important in effective prevention and management of child abuse and neglect, as such AMA (NSW) endorses an integrated strategy and response.

### **Information sharing**

We note there is also a lack of coordination between public and private health services, as well as between primary care and hospital services. There can be reluctance from some services to share relevant information with other service providers because of concerns about privacy and confidentiality, even where legislation and policy allow them to do so. Greater information sharing between health services and agencies where consent is possible could strengthen the system's overall child protection response.

Whilst we acknowledge better sharing of information across health services would improve each service's ability to deliver a comprehensive and effective response, AMA (NSW) recognises this must be balanced by the individual's need for privacy and confidentiality and the need to ensure families feel comfortable to be open with their healthcare providers.

We also recognise that health services across different clinical settings record information on different systems. Introducing some consistency between systems is key to improving information sharing.

### **Early identification and education for doctors-in-training**

It has also been identified that increased training and education of junior doctors would improve opportunities in hospital settings for identification of vulnerable children or children at risk of abuse or neglect. Doctors-in-training may be the members of the care team who are able to spend the most time with families or able to establish a relationship of trust with children. While it is important that reporting of concerns about abuse is supported, and preferably undertaken, by senior doctors, doctors-in-training play an important role.

Training in child protection is currently limited depending on stage of training for paediatric doctors and does not typically begin until paediatric trainees reach the Advanced Trainee level. As the frontline of the NSW Health System, our doctor-in-training members noted that more robust education will assist in the early identification of children at risk.

### **Specialist training to support children with disabilities, Indigenous families and those from CALD backgrounds**

Lastly, AMA (NSW) is advocating for greater resourcing in specialised training for evaluation and management when child abuse or neglect is suspected, particularly for vulnerable populations including children with disabilities, First Nations children with disabilities and children from CALD backgrounds with disabilities.

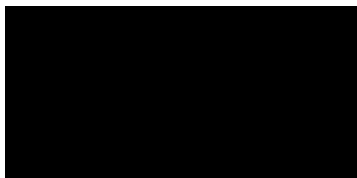
Children with disability are at increased risk of abuse and face multiple barriers to accessing help – including physical access and communicative barriers. First Nations and culturally and linguistically diverse children with disability also require culturally safe services. The nature of some disabilities, particularly in conditions such as autism, may lead to inappropriate referrals for child abuse or may mask abusive behaviour. There should be increased resourcing to ensure children from vulnerable populations are able to access specialised assessment support, even from the initial stages of notification, and that where notifications are made in relation to children in vulnerable populations, they are considered on the basis of the broader risk those children face.

AMA (NSW) would like to emphasise the need to address this concern as a priority in any reforms to the child protection and social services system.

**Recommendations:**

1. Increase funding to the Child Wellbeing Unit to improve awareness and access to local services and resources.
2. Increase training and education of case workers and healthcare providers to improve visibility and knowledge across the child protection, social services and NDIS systems.
3. Greater information sharing between health services and agencies where consent is possible could strengthen the system's overall child protection response.
4. Increased training and education of junior doctors would improve opportunities in hospital settings for identification of vulnerable children or children at risk of abuse or neglect.
5. Increased training and education of junior doctors would improve opportunities in hospital settings for identification of vulnerable children or children at risk of abuse or neglect.
6. Greater investment in specialised training for evaluation and management when child abuse or neglect is suspected, particularly for vulnerable populations including children with disabilities, First Nations children with disabilities and children from CALD backgrounds with disabilities.

Yours Sincerely,



***Dr Danielle McMullen***  
***President, AMA (NSW)***