Submission No 49

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

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Mr Matthew Mason-Cox
Chair
Committee on Children and Young People

Re: Inquiry into the child protection and social services system

Dear Mr Mason-Cox,
I am a qualified Child and Adolescent Psychiatrist currently registered and employed in Western Sydney Local Health District as a Senior Staff Specialist with the Perinatal, Child and Youth Mental Health Service (PCYMHS). I have been working in this and similar roles continuously within WSLHD since January 2000. During this time I have worked with the full scope of children living in out-of-home care, kinship care and with vulnerable families working to improve their capacity to care for their children to prevent removal into state care. It is from this perspective that I respectfully make the following individual submission to your Inquiry. The opinions expressed are entirely my own and do not in any way reflect the opinions of my employer or colleagues.

Thank you for the opportunity to have an input into the above-mentioned Inquiry. I am submitting this response as an individual, separately from any connection to WSLHD, however I am drawing on my 20+ years of experience working in the Child and Adolescent Mental Health Service to provide the clinical background to the following thoughts. I am a member of the Faculty of Child and Adolescent Psychiatry of the Royal Australian College of Psychiatrists and have attached links to 2 position papers from this College that may be helpful to the Committee, one outlining ***the role of psychiatrists in the prevention and early intervention of mental illness in infants, children and adolescents***[1], and the second that outlines ***the mental health care needs of children in out-of-home care***[2]. While this information has been in the public domain for several years, there continues to be a lack of political will to enact the recommendations in full. There is no need to 're-invent the wheel' in the area of child protection and social services, as children and families are biologically and psychologically still the same as they ever were. It seems to me that Government, and society more broadly, has created unrealistic expectations of multiple generations of children and families that have been subjected to persistent experiences of systematic disconnection, trauma and abuse. When Government then insists on 'criminalising' the physiological, psychological emotional and behavioural trauma responses that arise when children and families are expected to function "normally" and deny the ongoing systemic nature of this abuse, the inevitable result is the current "crisis" in child protection and social services.

Therefore, I submit that any genuine solutions to the situation will require a systematic review of the current constitutional and legal frameworks that underpin the Government as a whole. Ideally it will include issues such as full Recognition of First Nations people and their Human Rights as inviolable; changes to legal protections so that perpetrators of family violence are required to move out the family home to create physical and emotional safety for those they have abused instead of further traumatising the non-offending parent and children by forcing them to completely uproot their lives; and addressing the artificial disconnection between the physical and mental health of children that exists within the Ministry of Health. There is a vast body of literature that has identified the social determinants of health for all people. I refer you to the report by the Lowitja Institute, ***Beyond Bandaids***[3], for a more detailed analysis and recommendations in this area. Again, the reasons for not implementing recommendations in full must be the focus for any genuine systemic change in the child protection system.

A significant factor for every child and every family that I see in my practice is the complete lack of coordination of services due to segregated Government Departments, disconnected policy making and implementation, arbitrary inclusion and exclusion criteria, lack of awareness of the concept of continuity of care, and a fundamental ignorance of the impacts of developmental trauma for individuals, across generations and across communities. It is inexcusable that in 2020 agencies that are funded to provide services to traumatised families are allowed to employ staff who are not appropriately qualified in basic knowledge of developmental trauma and how this applies in their work. I am personally aware of a young child in kinship care with extended family members who, when the carer was finally provided with some irregular in-home care support, was expected to function like a "normal" child in the care of underpaid students who had very little life experience, let alone any training in to be with an extremely traumatised child. This situation resulted in the carer being called to help the support worker to manage the child's behaviour, thereby nullifying the reason for the care ie to provide the carer with some respite on a regular basis. The young support worker did not return to work with this agency as a result of this incident. Surely this is systemic abuse of the young worker as well as the family... and yet it continues to be a standard practice for most agencies. It would be helpful if the sector could be have a standard set of competencies for this work similar to the CAMHS Core Competencies Clinical Framework. This would ensure that people working in this space are adequately qualified to "first do no harm" and maybe achieve some positive outcomes for these children.

In an ideal world Government would recognise its role to promote child and family wellbeing as the most important investment opportunity available to it. All Government Departments would orient themselves around meeting the needs of a particular family in a coordinated and organised way that ensures no aspect of the situation 'falls through the cracks". At present is appears that a main focus of being in Government is to criminalise individuals who suffer disadvantage as a result of the unequal distribution of resources across the state, and monetise the 'industries' that have arisen to 'manage' this increasing 'crime rate'. Decriminalising substance use; recognising that the majority of addiction is an attempt to 'self-medicate' neurobiological impacts of chronic trauma and resulting disadvantage; and providing supportive, effective local treatment services would make a significant difference to the lives of families that come into contact with the child protection and social services system. While this may seem to be an ideological position, I would offer that it is one based in the fact of the basic humanity of each citizen and their basic human rights to safety, shelter, health and wellbeing. A focus on removing the obstacles to achieving this for our most vulnerable families, and funding the proactive prevention and early intervention services, instead of blaming and punishing parents who may parent in a slightly different way, would go a long way to reducing the current 'crisis' in the child protection and social services system.

A particular example of this change of approach would be to consistently provide kinship carers, including all grandparent carers, with the financial and knowledge resources to support the recovery of the children in their care. I have encountered too many situations in which the grandparents are the ones providing all of the care but are not receiving any of the Government support payments for the children in their care. The facts of transgenerational trauma may mean that extended family members may have also experienced developmental trauma, however when they are able to provide safety and support for children, they may also be able to learn and implement the specific strategies that will support a child's emotional and behavioural recovery from trauma. Carers more generally are often given very little information about a child coming into their care, presumably as a result of the misconception that they would not take on the care of the child if they knew the details. However, this results in carers being placed in a situation of not being able to understand a child's reactivity, and relinquishing care when they feel overwhelmed by the challenge of supporting a traumatised child.

In short, any overhaul of the child protection system must focus on the child as a whole human and design service delivery to meet all needs in a holistic, connected wrap-around way. It has become a cliché to speak of "child-centred" care, but genuine service organisation that has the individual child, their family and community at the centre of decision-making is what the scientific research is showing will generate the types of positive and sustainable outcomes the Government says they want. The very nature of the current piecemeal approach is guaranteed to end in the situation currently facing the Inquiry.

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1. https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/the-role-of-psychiatrists-in-the-prevention-and-ea

2. https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/the-mental-health-care-needs-of-children-in-out-of

3. I. Anderson, F. Baum & M. Bentley (eds), *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, Cooperative Research Centre for Aboriginal Health, Darwin.