Submission No 61

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

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Date Received: 25 February 2021

DECENTRALISED NSW CHILD PROTECTION SERVICES

Warning: Some of this content may cause distress.

Australia is a country that is called the "lucky country" and gives a voice to our most vulnerable and marginalised children who have experienced emotional, psychological, sexual and spiritual abuse.

As Australians, we stand proud of our achievements regarding the Royal Commission into Institutional Responses to Child Sexual Abuse in obtaining justice, reforms and compensation granting children a "voice" who were sexually abused under the care of institutions.

Do these same recommendations of the Royal Commission apply to our state and Federal Government departments entrusted in protecting children?
Regrettably, both Federal government and NSW Government since 2013 till 2020 have failed to address their role of "protecting" children with only 31% [1] of children of Risk of Significant Harm (ROSH) having a face- to- face assessment.

77,026 [2] "aussie kids" received no intervention.

The harm continues.

In our adult world, we can proudly state, that no hospital system, no medical centre, no workers compensation claim, no legal system refuses any individual there right to treatment and legal representation. Why does this happen in our NSW child-protection framework (and possibly nationwide)?

77,026 "aussie kids" (2019) who have been neglected, sexually, emotionally and psychologically abused have been identified by our NSW child protection system at risk of significant harm (ROSH) but refused any assistance due to competing interest of state and federal government. I would like to add I would like to endorse and support FAMS submission to the Child Protection Enquiry. I will not include their discussion but also refer you to their detailed submission.

[redacted]

This is the reason for my submission to give abused children a voice and adult survivors of child abuse hope of change by our current NSW child protection framework to protect our most vulnerable.

RECOMMENDATIONS

My recommendation is to "decentralise" NSW Child Protection based on the inadequacy of the current system that have been clearly documented in major reviews such as the Wood Report (2008), Tune Review (2016), Donnelly Inquiry (2017) and Family is Culture (2019).

I am suggesting a more effective use of funds by DCJ that would enable all children identified as ROSH to receive assessment and treatment externally by the Medicare funded "family GP," psychologist/neurodevelopmental psychologists, State based school counsellors and intern psychologist (University Placements). For e.g., instead of DCJ completing a 30% face to face assessment, it may only be 5% that may be considered life threatening and severe requiring immediate action. The remainder of the 95% could be met by the thriving and strong Medicare workforce and school systems that currently intersect with this work when they treat children under mental health care plans.

There is a "myth" that needs dispelling that Child Protection is the domain of its state and territories. This perpetuates the dysfunction and ineffective use of valuable resources by both State/Federal and continually "props up" a failing system - NSW Child Protection. Everybody is familiar with the insanity quote, first published by Narcotics Anonymous (1981) and sadly reflects this very system. A radical change is needed, cost effective and reflects Australian values surrounding NSW Child Protection.
As you will read on, the NSW Child protection system is afforded more protection than the children it serves. Lack of transparency and "watchdogs" of NSW child protection "asleep," colluding with the same "abuse" dynamics as the perpetrator of the harm, silencing 77,026 childrens voices. This lack of transparency and accountability needs addressing immediately.

I am suggesting that that NSW state government share the information of these 77,026 with the federal government services such as Medicare to be case managed by the current primary health network of a multidisciplinary team involved in preventative care of mental health issues.
Currently, there is considerable evidence of a disjoint between NSW child protection and federal funded areas such as Medicare. In contrast, the research into child mental health would point to considerable overlap, that is untreated ROSH children are at high risk of developing a mental health issue[6].
Why are these 77,026 ROSH children at risk of developing mental health issues and /or undiagnosed, ignored by Federal government by not identifying these 77,026 in its current strategy by NMHC "National Children's Mental Health and Wellbeing Strategy?"

1. **Collaboration is required between state and federal government in measured outcomes** as clearly articulated in the *National Framework for protecting Australian's Children 2009-*

2020.[3] The Federal government and state government for over decade would be acutely aware that the funding and prioritising strategies/framework need to be child focused and trauma informed. It is so clear from the statistics this is a long-standing issue for NSW Child protection agency who is unable, solely, to meet the "human rights" of abused children. More resources are desperately needed and Federal government resources need to be targeted in already identified 77,026 children.

The Federal government is currently providing services under Medicare Better Access and this funding could be more targeted to our most vulnerable "aussie kids" with long term cost savings and a healthier workforce, community and families.

Australians are empathic and compassionate and care about human rights abuse especially amongst children who are continuing to be harmed with names identified. This was clearly demonstrated in our proud achievements of the Royal Commission into Institutional Responses to Child Sexual Abuse.

Australians would expect the Federal and State Government to collaborate and provide humanitarian relief to their "aussie kids" identified as consisting of 77,026 "ROSH" children, currently ignored under "competing interest."

Australians would expect all levels of governments to prioritise and stop the harm for every "aussie kid" identified.

Australians would expect that same resiliency, passion, problem solving and flexibility the Federal and the State government displayed during the Covid19 pandemic.

Here is another pandemic.

2. **First Aid Critical Intervention** for 77,026 children identified as meeting ROSH by a current workforce trained in evidence-based treatment that are trauma informed. A multidisciplinary approach including NSW Child protection agency as overseers and psychologists (school counsellors, Medicare funded psychologist, Neuropsychologists) may be a significant contributor to assist DCJ/FACS with enormous task of face- to-face assessment and evidence- based intervention strategies for ROSH children.

3. **First aid psychological treatment is mandatory to be provided for each child that meets ROSH threshold and be placed on a "waiting list" for DCJ intervention.** "Competing interest" is inappropriate, negative, non-inclusive label that suggests the child is not important and not a priority. I would strongly recommend the category change to a more child-focused and trauma informed care label in line with NSW child protection legislation and national/ international human rights standards.

   A large majority of these 77, 026 children would be attending a school setting and/or childcare centre and would be able to receive first aid psychological treatment in these environments and ongoing trauma informed intervention. I concur with Australian Psychology Society (APS) psychologist nationwide peak body who are providing submission for a federal funded survey "The National Children's Mental Health and WellBeing Strategy" (NCMHWS) of funding more salaried school counsellors as currently there is a shortfall of staff.[4] Furthermore, to make it cost-effective the submission also included the availability of intern psychologists who would be supervised and trained in evidence-based assessment and treatment, that is, utilising a multidisciplinary approach[5] and in this instance DCJ would

be instrumental in overseeing it. Child protection would also involve tertiary institution involvement ensuring up to date treatment approaches are used.
APS White Paper [6] has strongly recommended neurodevelopmental assessment needs to be funded by Medicare due to the costs involved for low socioeconomic families. Research has found that early identification of treatment and neurocognitive impairment may prevent progression towards mental illness. (Kandaher et al., 2014). [7]
Furthermore, the current government has responded to the rise of mental health issues resulting from Covid19 in Medicare-Better access by providing telehealth and increasing 10 sessions per annum to 20.
Sadly, it appears no direct funding from state or federal govt was provided to the 77,026 children identified as being at risk of harm while also being traumatised by the stressors of covid19. I am requesting the state government request assistance from federal government as also a major player in child protection framework, redirect increased critical funding in Medicare to 77,026 children known in NSW (including the other state and territories) impacted extensively by Covid-19. NCOSS is concerned of the "economic tsunami" of Covid19 and resulting in 27,447 children at risk of neglect due to unemployment.[8]
The DCJ would have identified the 77,026 ROSH children who would be at the "most" at risk for developing neurocognitive impairment due to risk factors of neglect/abuse at early stages of development. Interestingly the survey from the Federal government asked respondents how it could identify these at-risk children and did not use statistics readily available by states to identify ROSH children who have received no intervention. Why?
Interestingly, APS had stated in their submission (NCMHWS), "Further detail regarding how the strategy will proactively address the needs of children who are at risk and/or struggling would be helpful."[9]
This would seem to highlight that collaboration between state and federal government are quite fragmented.
The NSW Helpline that identifies ROSH children have utilised considerable resources to identify critical information and then categorise 77,026 (70%) ROSH children in competing interest and cases are then closed.
There appears to be no collaboration between state and federal to share this critical information of children at significant risk of harm, which could be utilised by the federal government for future children mental health strategies such as the current survey (NCMHWS) funded by National Mental Health Committee (NMHC).
This fragmented approach is a considerable waste of taxpayers' money. It also creates a duplication of enquiries/surveys at state and federal level in finding critical "at risk groups" that are readily identifiable.
Why aren't ROSH children that have been identified by DCJ utilised by the Federal Government as its "target group" within this current strategy?
These children identified as ROSH do not need another enquiry but action to provide safety, otherwise their abuse narratives will "see" our governments as neglectful just like the alleged perpetrators. These narratives are commonplace in the therapy room and requires addressing, immediately.

Due to the unprecedented times of COVID-19 where we all felt the threat of harm to our safety. I would like you take time and sit with that.....just for one minute.
Imagine this for a child..... no protection, no safety.
Both State and Federal government worked tirelessly during COVID-19 to protect Australians with necessary funding and amendments to create flexibility and accessibility to mental health services.

I would like to ask both state and federal government to bring that same passion, dedication and problem-solving ability to these significant and forgotten 77,026 children which will be increasing due to the impact of Covid19.
We can all, collaboratively, make a difference, a significant one.

HOW DO WE DO THIS?

- Utilise existing funding frameworks e.g., Medicare Better Access, additional funding for School Counsellors, Neurodevelopmental psychologists to be funded also under Medicare.
- Regarding accessing Medicare, GP complete mental health care plans, DCJ may assist parents under its legislative power to access Medicare and children access their "own" family GP, for case management of the ROSH child with DCJ oversight. This may alleviate stigma of solely DCJ's involvement and have positive flow on effects to the child as Medicare is accessed by the society at large. Furthermore, allow long term care with a consistent medical/mental health professional, targeted approach and cost effective.
- Chapter 16A may allow the exchange of information to overcome the barriers that restrict the disclosure of personal information with DCJ and other prescribed bodies that include registered psychologists, school counsellors and GP's in the interest of the child's wellbeing. If not, the scope of Chapter 16A may need to be revisited and amendments made to expand and allow the exchange of information in the interest of the child's wellbeing.

4. Transparency and Public interest disclosure
   Prior to completing this, DCJ need transparency with regards to providing statistics that are child focused and trauma informed. There are currently no statistics for "competing interest." Why?
   I went on a journey to do just that.
   Parliament had responded to the Hon Penny Sharpe's questions of requesting statistics for this year and prior periods, and they stated this was available publicly.
   Their response is inconsistent with actual statistics published by DCJ, and none provided for competing interest.
   Trauma informed care is about exposing the abuse and providing appropriate intervention in a timely manner. The current system by both State and Federal government "hides" these children and "silences" their voices. In particular, with regards to the Federal funded strategy for children mental health these 77,026 "aussie kids" were not mentioned. Why? This is not in the child's interest nor the public and is "un-Australian."

5. Why is the public denied investigations of allegations of systemic abuse against DCJ?
   In my research, I directly contacted the National Children's Commissioner, NSW Children's Advocate, NSW Children Guardian and the Ombudsman and was clearly informed only individual cases where able to be investigated and that none of these organisations had any authority to independently review any systemic abuse allegations made against DCJ.
   This is inconsistent with the Royal Commission findings of institutional abuses surrounding sexual abuse and would warrant immediate redress to allow complaints of this nature to be allowed with a transparent and fair investigation. This would undermine public confidence

in NSW child protection advocates and may constitute a form of secondary traumatisation that is just as harmful as the abuse perpetrated. This requires immediate addressing.

Summary of Recommendations:

- First Aid Psychological evidence-based treatment to be provided by psychologists for every identified ROSH child.
- Utilise existing funding frameworks e.g., Medicare Better Access, additional funding for School Counsellors, Neurodevelopmental psychologists to be funded under Medicare.
- Utilise a multidisciplinary approach with "existing family GP," Treating Psychologists/School Counsellor/Neurodevelopmental Psychologists/Intern Psychologist with DCJ oversight to ensure a targeted and collaborative approach and effective use of resources. This would involve a collaborative approach between state and federal government including funding. Redirect existing Federal funding under Medicare Better Access to directly target 77,026 with "undiagnosed" mental health issues that will continue to be negatively impacted by Covid19. State Funding can be utilised more effectively in DCJ being more of a "supervisory role" regarding assessment and treatment with significant cost savings, allowing all identified ROSH children to have trauma informed care.
- Review "scope" of Chapter 16A that would allow exchange of information between stakeholders to ensure the safety, wellbeing of the ROSH child is prioritised and barriers removed.
- Transparency with regards to DCJ publicly publishing statistics of "competing interest" and relabelling this category to a child focused, inclusive and trauma informed approach. KPI's and outcomes to be attached to this category to prioritise all identified ROSH "aussie kids" in receiving trauma informed care.
- The "watchdogs" for child protection who are independent from DCJ are given authority in their investigative powers to review any complaint from the public surrounding allegations of systemic abuse by DCJ/FACS due to the dynamics of power differential inherent in child protection. Furthermore, they have departed from the recommendations from the Royal Commission for institutional abuses of sexual abuse by refusing to investigate complaints of a systemic nature against child protection agencies. This is a serious concern and not in accordance with trauma informed care nor in the interest of children's welfare.

Thank you for allowing me to express my concerns and contribute to an area that measures our humanity as Australians.

[redacted]

Kind Regards
Nita Hidalgo

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