

Submission
No 93

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

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Submission to portfolio committee No2. Amanda Cohn etc

My Submission is based on the impact of the NSW Children's and young persons (Care & protection Act) since privatisations of "out of home care" system, through Barnadoes, My forever Family and other Non-Government foster care agencies in or about 2016 firstly. Secondly I look at the consequences of DCJ NSW removal of "supported out of home care allowances" and the subsequent reframing of grandparent carers as volunteers or unpaid carers and its impact on the mental & physical health of the de identified children and the informal unpaid grandparent carers.

My particular concern is that all the children placed in informal unpaid grandparent care are NOT recognised as being in OOHHC and are directly discriminated against as they and their carers are unable to access the same entitlements as all children in formal out of home care or children with a Care order. Further their de identified and informal status denies them equity in accessing health services and social support structures as children with Care orders showing the inequity of access to outpatient mental physical and dental health services @ (a)

I am a retired Social worker who worked in child protection NSW and ACT in roles ranging from Statutory child protection District Officer, caseworker, foster care caseworker, school counsellor and finally health professional in The ACT child at risk assessment unit, Canberra Hospital.

Luckily for me I had the statutory training and skills before I became a grandparent carer of two high care needs boys, nearly six years ago. Both children were well known to both ACT and NSW statutory child protection authorities, but never formerly assisted by way of risk assessments Care & protection orders and/or authorisation of grandparent carers to ensure equity to access outpatient mental, including trauma informed research and care & physical and psychosocial health care needs.

I approached DCJ for a Care Order as I was aware of FACS policy:

- "Why is a court order required." This is because informal care arrangements do not provide children/young people with safety& permanency:... even if the parents are, for example, struggling with alcohol/drug abuse or domestic violence, they may resume the care of their child at any time,sometimes unexpectedly. This may expose the child to significant risk of harm.
- Further Chief Justice Pascoe in submission 91, 13 March 2014 to the Senate inquiry into "Grandparents who take primary responsibility for raising their grandchildren", raised concerns that there are significant barriers for grandparents getting court orders"...as a result there maybe no enforceable order securing the safety of the children,either under the Family Law Act or under State or Territory legislation..." and
- State, Territory and Federal Governments have not implemented the recommendations of the senate inquiry. The COTA 2003 findings were referred to by Chief Justice Pascoe also <https://www.dss.gov.au/sites/default/files/documents/grandparentsraisinggrandchildrenreport.pdf>,
- The above directly impacts the physical and mental health of the traumatised children/ young people and their carers. Few professional have knowledge of the impact of Advance Childhood Experiences (ACEs) as noted by Dr' Bessel Van de Kolk (the body keeps the score) and Gabor Matte (The Myth of Normal) there are limited services available, and most are siloed and casework coordinated.
- The extent of the problems associated with this trauma across the state of our failing child protection agencies as noted by Tune : "... The New South Wales system is ineffective and unsustainable. The system is not client centered, expenditure is crisis driven, and not alined to an evidence base..." NB Tune ignored all those in so called ' informal care' at the bottom of page 43 he notes, " in a 2014–15 financial year, a total of 268,051 reports were made to

the child protection help line. Of those reports, 47%.(126146) were assessed as ROSH albeit at risk of significant harm, “ of the 126146 over 90000 were ignored “ ... Closed with no further action, including reports, for which the level of risk was assessed as high or very high.” The mental/ physical impact of this operational practice by DCJ, the statutory child protection system can be seen by referencing the ACE, adverse childhood events, program.

- <https://psa.asn.au/wp-content/uploads/2018/06/TUNE-REPORT-indep-review-out-of-home-care-in-nsw-ilovepdf-compressed1.pdf>
- Preventing ACEs can reduce a large number of health issues and take pressures of our health professionals.
- <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>
- <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- Tune failed to identify the discrepancies between those in OOHC and those forced to be in so called ‘informal’ care.
- Informal care comes about due to the structural bias in the Care Act. No child or carer can access the children court. Section 61 allows only the ‘secretary’ to access the children’s court.
- http://www5.austlii.edu.au/au/legis/nsw/consol_act/caypapa1998442/s61.html
- Section 71 1A prevents the court from looking at abuse if not pleaded by DCJ.
- http://www5.austlii.edu.au/au/legis/nsw/consol_act/caypapa1998442/s71.html
- The DCJ workers encourage people to take children, especially grandparents then abandon them saying their safe. Totally misrepresenting the care act section 71 and 23.
- http://www5.austlii.edu.au/au/legis/nsw/consol_act/caypapa1998442/s23.html
- The siloed systemic problems are still there in 2023. It’s National Child Protection week, 3-9 September 2023. Sadly 30 years after being established Napcan in 2023 continues to promote media tiles of “ Every child in every community deserves a Fair Go,” and “Where we start matters”. These slogans do very little to address the legislative gaps in child care and protection systems, the privatisation of foster care arrangements and other structural health service limitations for these vulnerable children in our communities and seems to be in conflict with the Children’s Commissioners report as shown below. The impact on children’s and their grandparent carers mental,physical and psychosocial health needs is now noted as “shocking” and is overwhelming due to siloed services which does not address the structural and systemic problem as noted by health care professionals and ors as shown below by the Ombudsman and the Children’s Commissioner.
- NSW ombudsman May 2023
https://www.ombo.nsw.gov.au/_data/assets/pdf_file/0020/138710/More-than-shelter-special-report-2023.pdf
 - NB Most of the children presented to specialist homelessness services without a parent present, even some under the care of the Minister.
- Children’s Commissioner April 2023
- <https://humanrights.gov.au/about/news/media-releases/national-childrens-commissioner-calls-action-after-shocking-research>

The above links give a snapshot of the structural and systemic problem.

I am also a member of grandparent carers support group and have heard grandparents carers accounts or experiences as below.

One reported asking DCJ/ FACS for help to be authorised and gain Care orders only to be told they are volunteers and if they couldn't continue caring for the children without payment and Care order DCJ would notify the carers and or remove the children and restore the children back to the place they were abused and neglected, with either parent with Ice addiction issues and without any updated risk assessment as obliged. In response to those threats by public officials, the carers continued caring as unpaid informal grandparent carers.

Grandparents carers experiences are similar and verify COTA findings in the 2003 report. Grandparent carers are regularly referred to Centrelink for income management payments only and DCJ close the child protection files. Thereby transferring the State obligations of children's Care & Protection to the Commonwealth.

Grandparent carers now have access to Commonwealth Grandparents advisors, however there are only 3 grandparent advisors in NSW and a former call back message service is being discontinued.

Grandparent advisors have noted that 70% of foster care is grandparent carers. Data of informal unpaid carers has not been available however it is expected to be available by October 2023.

Other issues of concern is the lack of referrals to NDIS for informal grandparent carers resulting in some situation as children only being diagnosed with autism at 16 years of age for example.

The impact on carers and children and their physical and mental health is enormous. Medical practitioners are unable to resolve the health problems because of the structural issues. The mental and physical health of all suffer!