

28.10.2025

Submission Child Safety Inquiry

I hope this is useful.

I am [REDACTED] and have been working here since [REDACTED]
as a [REDACTED]

These are my own views but have been discussed with many in [REDACTED] – in fact we discussed many of these issues in our local [REDACTED]. I only touch on a few points.

- 1. Submission of Reports to Department of Child Safety – Sharing with Child protection units.** [REDACTED] has many clinical staff who interact with children and families and are required to notify the department of child safety when they have concerns about a child's safety or risk to safety. Staff have different levels of skill and experience in this area, and many may be working predominantly in adult health areas but become aware of a child at risk. There is a child protection unit embedded in the [REDACTED] and support the right information getting to the department to help with the best decision being made for the child and family. Currently staff from health submit an online form to Child safety when making a report. The [REDACTED] then relies on the staff member remembering to physically print out their report then scan it and then email it to the [REDACTED]. Surely there is someone clever with IT who in 30 minutes could update the software so that if someone from within the [REDACTED] submits a report a copy goes to the [REDACTED] [REDACTED] (we have been raising this system issue for about 10 years)
- 2. Expert trauma support for children and carers.** Children in care of the department very often suffer from trauma related to their early life experiences. [REDACTED] has been set up to provide trauma informed care to these particularly vulnerable children. Every week when I have been at [REDACTED] meeting cases are discussed where the comment is that the child meets criteria for [REDACTED] but that [REDACTED] does not have capacity. Could this service be expanded or other NGOs such as [REDACTED] who are set up to help children with a history of Trauma be funded to provide periods of intensive support to help these children and their new carers.
- 3. Health assessments and coordination for children in care.** Children in out of home care often have unmet health needs. Some of this is basic care and some is more complex. In [REDACTED] there are apparently no primary care GP doctors who are willing to see children for health check or passport examination after going into care. It seems that the Medicare funding models don't work for this cohort of children as they are hard work and take longer time – or perhaps there are other

barriers to their care. As a [REDACTED] we could take on this work and would be able to recruit staff but do not have funding or executive support to do such. (As it would involve moving resources from other overstretched services. Suggest 1. Funding for a [REDACTED] could be rolled out to all [REDACTED] This was supposed to be a trial program and was rolled out to 3 areas – I think [REDACTED] and I understand has been successful. Why did this then not get provided to other places. We really need such a coordinating health person in [REDACTED] - would help to coordinate initial health assessments for children going into care as well as children in care who have complex health needs and often are in residential care with no carer who really understands their health needs.

And 2. Work out a funding model for medical /health assessments for children who move into care. This could be by providing funding or by directing health services they need to provide this. Perhaps [REDACTED] services could run this but use Medicare as a partial funding source.

4. **Continue developmental programs in children in the juvenile justice system.** An improved program for health and Developmental assessment and support for children who enter the Juvenile Justice System was introduced at [REDACTED] this year. The service has only really been gearing up in the last few months after developing processes and recruiting appropriately trained staff etc. There is also a program to assist youth after leaving detention to help link with ongoing health services and community supports which may include NDIS etc. In addition, these programs have some ability to support vulnerable children from the same families and households. Although these children are not all in the care of the department of child safety a large proportion will have or will have had contact with the department, and all are vulnerable as are the other younger members of their households. In my view it would be important to continue funding for these development programs. Current funding expires in mid-2026, and the program will not be running long enough for proper evaluation. I would advocate that funding is continued and that evaluation is conducted probably in late 2026-27 with an aim of improving the programs.

Sincerely

[REDACTED]

[REDACTED]