



North West Hospital & Health Service

Information for consideration of inclusion in the Queensland Health Portfolio to the Queensland Child Protection Commission of Inquiry

From North West Hospital & Health Service Child Protection Unit
22nd August 2012

We would like to make comment around Terms of Reference 3: reviewing the effectiveness of Queensland's current child protection system in the following areas:

1. *whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;*
2. *the current Queensland government response to children and families in the child protection system including the appropriateness of the level of, and support for, front line staffing;*
3. *tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes; and*
4. *the transition of children through, and exiting the child protection system;*

The Child Protection workload for all relevant agencies in Mount Isa region is extremely high and the issues are complex. As a high proportion of the population of the district is indigenous, cross-cultural factors add to the complexity. The remote location leads to a high turnover of staff in all agencies, resulting suboptimal continuity of care.

From a child health viewpoint, the major child protection issues we commonly face include:

- Excessive parental alcohol consumption resulting in high rates of FASD (Foetal Alcohol Syndrome), domestic violence and neglect;
- Problematic volatile substance misuse amongst children as young as ten, associated with poor school attendance;
- High rates of sexually transmitted infections and pregnancy in minors.

Foetal Alcohol

For the period 1.7.11 – 30.6.12 there were 27 Reports of Reasonable Suspicion lodged with Child Safety Services for women drinking when pregnant (please note reporting an Unborn Child is not mandatory).

Volatile Substance Misuse

Between Jan 2011 and 22.8.12 there were 53 presentations by children under 14 years to the Mt Isa Hospital Emergency Department.

(As per EDIS data -the ICD code is Intoxication with volatile substance/glue sniffing).

There were 76 Reports of Reasonable Suspicion lodged with Child Safety Services for the North West Hospital and Health Service for 0-18 age group for period 1.7.11 – 30.6.12.



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Sexually Transmitted Infections

For the period 1.7.11 – 30.6.12 there were 24 Reports of Reasonable Suspicion for children under 18 years presenting for STI testing. 7 under the age of 14 years tested positive. 2 over 14 years tested positive. Reporting STIs in children over 14 years is not mandatory unless abuse is suspected; this explains the low number of over 14 year olds being reported.

Count of notifications for Chlamydia (STI), Gonorrhoea (STI) and Infectious and Congenital Syphilis for the North West HHS in <18 year olds by condition and sex for the period 01 July 2011 to 30 June 2012.

Data Source: Notifiable Conditions System, Communicable Disease Branch, Queensland Health, Brisbane

Prepared by: Health Surveillance Unit, Cairns Public Health – 24.08.12 – data correct as of 24.08.12.

Notifiable Condition	Males	Females	Grand Total
Chlamydia (STI)	23	68	91
Gonorrhoea (STI)	12	37	49
Syphilis (Infectious & Congenital)	15	25	40
Grand Total	50	130	180

A further issue we believe should be tabled is that current Policy and Legislation on Informed Consent for children on child protection orders fails to give clarity in relation to the provision of non emergent treatment and assessment in a timely manner. This has resulted in delayed treatment for these children. This has compromised to varying degrees the recovery and/or wellbeing of children being treated.

We believe the Mount Isa SCAN team functions well, and this effective collaboration allows us to achieve optimal outcomes for children more efficiently. However, we recognise that the enormous social problems outlined above will continue to place the children in the district at significant risk of harm unless they are addressed effectively.

FASD combined with abuse and neglect throughout childhood lead to major educational impairment, mental health and behaviour problems and increased risk of long-term unemployment, substance abuse, relationship difficulties, criminal behaviour and suicide.

These few issues are devastating our indigenous population. We believe an intensive whole of government approach is required for effective management.

We urgently need to increase efforts to improve resources in an attempt to reverse and prevent these issues, and this needs to be done in a culturally sensitive manner. This can only be achieved by all involved agencies working together collaboratively. Any attempt to



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reduce resources in this district will inevitably lead to further deterioration in the already precarious standards of health, education and safety of our children.

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