Office of Communities
Commission for Children & Young People

Mr Andrew Cornwell MP
Chair
Parliamentary Joint Committee on Children and Young People
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

Dear Mr Cornwell

I am writing in response to questions taken on notice at the Parliamentary Joint Committee on Children and Young People's hearing held on 7 May 2012 into the Commission for Children and Young People's 2009-10 and 2010-11 Annual Reports, the Child Death Review Team 2009 Annual Report and the Child Death Review Team Report on *A Preliminary Investigation of Neonatal SUDI in NSW 1996-2008: Opportunities for Prevention.*

Please find attached my response to these questions. These responses are due by 25 May 2012.

Should you require any additional information please don't hesitate to contact me on (02) 9286 7278 or at Megan.Mitchell@kids.nsw.gov.au.

Yours sincerely

Megan Mitchell
Commissioner
23 **May 2012**

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Questions Taken On Notice – Committee on Children and Young People Hearing held on 7 May 2012

1. **On page 4 of the transcript the Dr Andrew McDonald asked:**

   You said that 27 out of 123 had drug and alcohol criminal violence, mental illness and narcotics. There has been a tendency to keep these mothers in hospital for longer after the birth but that is not always feasible because they frequently have multiple needs to go home. How should such people be monitored in the first weeks after going home?

   Response:

   The CDRT report *A Preliminary Investigation of Neonatal SUDI in NSW 1996-2008*, found that of the 123 Sudden and Unexpected Deaths in Infancy that occurred over this period, in 27 of the infants' families there was evidence of drug abuse, alcohol abuse, criminal behaviour, violence, and mental illness.

   The report notes that 26 of these infants were identified as vulnerable: they had been reported to the Department of Family and Community Services before their death or a sibling had been reported in the three years prior to their death. One of these infants was living in foster care at the time of death.

   The NSW Ministry of Health has a Maternal and Child Health Primary Health Care Policy 2010 which is meant to ensure the vulnerable mothers are identified pre and postnatally, and provided with the support and services they require. This Policy identifies a model for the provision of universal assessment, coordinated care, and home visiting, by NSW Health's maternity and community health services, for all parents expecting or caring for a new baby. Under this Policy, a comprehensive primary health assessment is to occur antenatally at the first point of contact with NSW Health during pregnancy, postnatally at the first health home visit and at 6 to 8 weeks following birth. A further assessment is recommended at 6 to 8 months postnatally. A psychosocial risk assessment is to form part of the assessment. In addition the assessment is to include a current or history of mental illness, substance abuse, child protection issues, domestic violence, physical, sexual or emotional abuse.

   Following the antenatal assessment, a care plan for pregnancy and birth is to be developed. Where the family is identified as requiring additional support, the care plan should include postnatal care. The postnatal assessment is to involve review of this plan, and a further plan for the postnatal period is to be developed.

   Mothers identified with Level 2 vulnerabilities (factors that may impact on ability to parent, for example unsupported parent, infant care concerns, multiple birth, housing, depression and anxiety) and Level 3 vulnerabilities (complex risk factors, for example mental illness, drug and alcohol misuse, domestic violence, current/history of child

protection issues) are to be provided with universal maternity and child and family health services, however case management is to be transferred to a more appropriate service, such as Brighter Futures, mental health and drug and alcohol services and relevant non-government organisations. Early intervention and prevention services are to be provided to mothers with Level 2 vulnerabilities. This should include ongoing and active follow-up/review such as day stay clinics, family care centres, specialist support groups and services, general practitioner, paediatrician or psychiatrist referral to 12 sessions of Allied Health assessment and care through 'Better Access Medicare Agreements'. Mothers assessed with Level 3 vulnerabilities are to receive a coordinated team management approach and referral to relevant needs-specific services such as Brighter Futures.

In addition, specific procedures exist under this Policy where child protection issues are identified. For example, prenatal reports may be made to Family and Community Services where there is judged to be a risk of significant harm to the child following the birth.

While the policies and procedures that the NSW Ministry of Health have in place appear adequate in principal, it is important that the system is monitored to check that these procedures are followed in practice. It is suggested that the NSW Ministry of Health be asked to provide advice on what is occurring in this regard[1].

2. On page 6 of the transcript the Hon Greg Donnelly asked:

Has the topic of the issue of sexualisation of children and young people been on the agenda for those meetings?

Response:

The sexualisation of children is an issue that has been on the Australian Children's Commissioners and Guardians (ACCG) agenda more than once since 2008, at the behest of several States and Territories in different contexts and remains current. In 2008 the ACCG discussed the Senate Inquiry into the Sexualisation of Children in the Contemporary Media, to which Victoria, ACT, WA and QLD and NSW made submissions.

The most recent work by ACCG members is a Tasmanian Inquiry (raised at the May 2010 ACCG meeting), which had a particular focus on the prostitution of children and young people. Work currently available for viewing on the website of the WA Commissioner regarding the sexualisation of children includes:

- Literature review
- Issues review

[1] The NSW Ministry of Health were asked to comment on a draft of this advice but were not able to respond in the timeframe that was available. The Ministry indicated that they would be willing to provide advice on this matter upon the request of the Committee.

- Guide/resources for parents and others

This is new work for the WA Commission and an update will be provided to members of the ACCG when they next meeting in May 2012.

3. On page 9 of the transcript the Chair Mr Cornwell asked:

In terms of children who are disengaging from school or disengaging from the community are there statistics around what proportion of them have suffered emotional injury in their childhood which has led to that?

Response:

The Juvenile Justice NSW *2009 Young People in Custody Health Survey* represents 80% of young people in custody. It indicates that 27% of these young people had been removed from their families and placed in out of home care due to substantiated abuse or neglect. Significantly more young women than young men and young Aboriginal than non-Aboriginal people had a history of out-of-home-care. Only 28% of young people were attending school prior to custody. Of those who had left school, the average school leaving age was 14.4 years.

In regard to mental health, 87% had at least one psychological disorder and 73% had 2 or more psychological disorders. Young women and young Aboriginal people were more likely to suffer from a psychological disorder (for example a behavioural disorder, anxiety disorder, mood disorder, or alcohol or substance abuse disorder).

4. On page 12 of the transcript the Hon Greg Donnelly asked:

Just some questions on financial statements. I have an immediate past financial report or the annual report and the one before that. You probably do not have the one before that but in terms of the financial tear 2008-09 expenditure and income was $9,376,000. We then look at the financial year 2009-10 – and I appreciate that some of this is during the time when you were not the Commissioner – and it increased to $13,632,000. Then we look at 2010-11 and it goes back down to $9,858,000. So it goes from $9.3 million up to $13.6 million and down to $9.8 million. During that period – and once again I acknowledge that you were not the Commissioner at that time – what was the effect of the change on the Commission? Did that have a significant impact, as far as you know, on the capacity of the Commission to carry out its work?

Response:

In March 2010 the functions associated with youth programs and the Better Futures grant program were transferred from the former Department of Community Services to Communities NSW based in the Commission. This transfer of functions included a funding transfer of

$4.392 million. Approximately $3.5 million of this funding related to the Better Futures grant program. This accounts for the increase in funding in the financial statements between 2008-09 and 2009-10.

In July 2010 it was agreed that these programs would be located within Communities NSW rather than the Commission due to their capacity to manage a range of grants programs. The funding for these programs was therefore transferred from the Commission to Communities NSW.

The Commission's budget in 2009-10 and futures years includes $1.3 million funding under the *Keep the safe: a shared approach to child well-being* funding program to expand background checking to additional categories of paid workers and high risk volunteers.

5. On page 16 of the transcript the Dr Andrew McDonald asked:

Do you know at a rough guess how many children we lose per year?

Response:

The *2010 Child Death Review Team Annual Report*, published by the NSW Ombudsman in October 2011, does not include details on deaths of children from unexpected causes as a specific category. This is also the case for the Child Death Review Team Annual Report 2009, published by the Commission in 2010. Categories used in these reports are based on the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10- AM). As there is no category of this nature for child and infant deaths in the ICD-10- AM, reporting deaths of this nature would appear to be problematic.

The *2010 Child Death Review Team Annual Report* does report that diseases of the circulatory system accounted for 18 deaths registered in 2010, 3 of these being from pulmonary hypertension and 2 from ischaemic heart disease.

The Child Death Review Team Annual Report 2009 identifies 14 deaths of children in 2009 attributed to diseases of the circulatory system.

6. On page 17 of the transcript the Ms Gibbons asked:

The number of freedom of information and Government Information (Public Access) [GIPA] requests has been fairly consistent over the past few years. I think it was six and the other one was seven, or nine and seven. Without going into detail, what types of information are being requested and who is looking for that information?

Response:

The majority of requests under the former *Freedom of Information Act 1989* and the *Government Information (Public Access) Act 2009* relate to the Working With Children Check. Individuals may request information from the Commission regarding relevant employment proceeding notifications.

Section 43 of the *Commission for Children and Young People Act 1998* provides for individuals to obtain and correct information on relevant employment proceeding notifications and that the normal fees or charges payable for access do not apply in relation to these applications.

Other requests for information are usually sought from individuals requesting copies of all documentation used by the Commission to undertake a risk assessment that is triggered when an application for a Working With Children Check identifies a relevant record.