

Child Safe Organisations Bill 2024

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Child Safe Organisations Bill 2024



Queensland
Mental Health
Commission

Queensland Mental Health Commission submission

Introduction

The Queensland Mental Health Commission (the Commission) welcomes the opportunity to make a submission to the *Child Safe Organisations Bill 2024* (the Bill).

The Commission is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013* (the Act) to drive ongoing reform towards a more integrated, evidence-based, and recovery-orientated mental health, alcohol and other drugs (AOD) and suicide prevention system in Queensland.

One of the Commission's primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders, particularly people living with mental illness, problematic AOD use, and those affected by suicide. The current strategic plan is *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028* (*Shifting minds*)¹. *Shifting minds* is complemented by two sub-plans:

- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027* (*Achieving balance*)²
- *Every life: The Queensland Suicide Prevention Plan 2019-2029* (*Every life*)³

The Bill has numerous points of connection to strategic priorities under the *Shifting minds*, *Achieving balance*, and *Every life* plans.

The Commission is also responsible for facilitating the development of a whole-of-government, whole-of-system, and whole-of-community Trauma Strategy for Queensland. The draft strategy focuses on preventing trauma, improving the supports provided to people who have experienced trauma (and their friends and family), and reducing the long-term impacts on individuals and the community. The development of this strategy is a direct response to Recommendation 6 of the Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. It is a proactive commitment from government to help prevent, support, and heal from trauma, recognising the complex and varying experiences of Queenslanders.

During consultation for the Trauma Strategy, the Commission heard overwhelmingly from Queensland communities that strengthening and embedding human rights is essential to developing a trauma-informed framework.

The Commission also engaged preeminent academics and leaders to prepare consultation papers on trauma-informed approaches for children and young people, including:

- *Trauma concepts and context – Whole-of-Government Trauma Strategy*, prepared by Julie Blake, Akina Kato and James G. Scott⁴
- *The experience of trauma by Queensland children*, prepared by Sophie Morson and Michael Hogan, Thriving Kids Queensland Partnership⁵
- *Infants and young children*, prepared by Dr Elizabeth Hoen and Dr Alexandra De Young, with support from staff of Queensland Centre for Perinatal and Infant Mental Health, Children's Health Queensland Hospital and Health Service⁶

¹ <https://www.qmhc.qld.gov.au/shifting-minds-2023-2028>

² <https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>

³ <https://www.qmhc.qld.gov.au/every-life-suicide-prevention-plan>

⁴ chrome-extension://efaidnbmnnnibpcajpcgiclfndmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf

⁵ chrome-extension://efaidnbmnnnibpcajpcgiclfndmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf

⁶ <chrome-extension://efaidnbmnnnibpcajpcgiclfndmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Infant%20and%20Early%20Childhood%20Updated.pdf>

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- [Trauma in young people](#), prepared by Julie Blake, Akina Kato and James Scott.⁷

This submission is based on the Commission's work and is not intended to be a comprehensive response to the Bill. In addition, the Commission does not seek to duplicate the work or role of other agencies. This submission should, therefore, be considered alongside these papers.

The Commission welcomes the Bill's focus on improving the safety and wellbeing of children in Queensland organisations and ensuring children who are at risk of experiencing abuse or who have experienced abuse in institutional settings are supported early, in a trauma-informed, appropriate way. In particular, the Commission:

- supports an approach which enhances compliance with human rights in Queensland organisations that interact with children
- supports the adoption of the National Principles for Child Safe Organisations, mandatory child safe standards and the inclusion of a Universal Principle to embed the right to cultural safety for Aboriginal and Torres Strait Islander children across all child safe standards
- suggests that the Bill include trauma-informed principles as a 'guiding principle' for implementing and complying with the Bill, supported by a trauma-informed framework for Child Safe Standards and the Reportable Conduct Scheme.

Protecting children from risk and harm is critical for healthy development, mental health, and, wellbeing

The Commission supports the adoption of the National Principles for Child Safe Organisations, mandatory child safe standards and the inclusion of a Universal Principle to embed the right to cultural safety for Aboriginal and Torres Strait Islander children across all child safe standards. These steps are integral to embedding legislation which protects children from risk and harm, to foster healthy development and mental wellbeing.

Mental health and wellbeing are the foundations for thriving individuals, families, and communities. Mental health and wellbeing enable children to reach their full potential, experience fulfilling relationships, and cope with the normal stresses of life.^{8,9}

A child's social and physical environments are key determinants of mental health and wellbeing throughout life, and institutions that interact with children play a critical role in shaping a child's development and influencing mental health and wellbeing outcomes. To enable and empower children to reach their full potential, they need access to quality health care and nutrition, a sense of security and attachment, positive and nurturing family environments, opportunities for early learning, responsive caregiving, and **protection from risk and harm**.¹⁰ These are protective factors.

Adverse childhood experiences (sometimes referred to as ACEs) is an umbrella term that refers to potentially traumatic experiences that occur during childhood. These experiences include physical, sexual, or emotional abuse and encompass emotional or physical neglect. As well as other experiences including; mental ill-health, problematic alcohol and other drug use, parental separation, parental incarceration, domestic and family violence, bullying and/or victimisation, or exposure to a natural disaster, war or terrorism.¹¹

Experiences of adversity and trauma during childhood, can significantly disrupt a child's development journey and have long lasting impacts on mental health and wellbeing.¹²

Mental health, social competence, cognitive development, emotional development, language and physical health and development are interrelated functions that are shaped by the interplay between a child's genetics, experiences, relationships, and physical and socioeconomic environments. Young brains are highly malleable and responsive to

⁷ <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20in%20young%20people-plain-text-1.pdf>

⁸ <https://www.qmhc.qld.gov.au/shifting-minds-2023-2028>

⁹ <https://www.who.int/publications/i/item/9789240049338>

¹⁰ <https://data.unicef.org/topic/early-childhood-development/overview/>

¹¹ <https://psycnet.apa.org/record/1998-04002-001>

¹² https://www.researchgate.net/publication/47635916_Childhood_adversities_and_adult_psychopathology_in_the_WHO_World_Mental_Health_Surveys

both protective and adverse experiences, and environments that influence how the brain develops. While the immediate impacts of harm can often be explained, the impacts of sustained exposure to adverse experiences are pervasive and complex. However, evidence shows that sustained exposure can lead to permanent changes in brain development and have lifelong impacts on learning, behaviour, and physical and mental health and wellbeing.¹³ The experience of potentially traumatic circumstances can also impact education or employment outcomes and is linked to an increased likelihood of experiencing mental illness, problematic alcohol and other drug use, self-harm and suicidal behaviour.

There is emerging evidence, to indicate that childhood adversity is preventable by targeting risk, protective and developmental factors at individual, family, community, structural and environmental levels.¹⁴

Preventative measures that target adversity in childhood can reduce occurrences of mental ill-health, problematic alcohol and other drug use, and suicidal distress later in life.¹⁵ Investing in the prevention and early intervention of trauma is beneficial for population health and wellbeing, with economic benefits. An Australian study has estimated the annual cost of unresolved childhood maltreatment alone amongst adults could be as high as \$24 billion. This excludes the costs of supporting currently affected children and young people, such as the demands placed on caregivers and the service system. As at 2019, Australian governments were spending \$15.2 billion each year on high intensity and crisis services for problems that may have been prevented had they invested earlier.¹⁶

Promotion, prevention and early intervention focused on supporting infants, children, young people, and families are integral for effective reform, and can improve lifelong mental health and wellbeing outcomes.

Shifting minds, Every life and Achieving balance emphasise the importance of addressing risk and protective factors, facilitating healthy development, protecting children from ACEs, and identifying concerns and providing support as early as possible, whether in life course, illness, or distress. Key priorities under these plans include:

- Promote the optimal start in life (0-11 years)
- Support the mental health and wellbeing of young people (12-25 years)
- Enable Queensland children and families to thrive
- Improve prevention and early intervention through earlier identification and provision of appropriate child, youth and family services for children and young people experiencing vulnerabilities, such as trauma, fetal alcohol spectrum disorder, disability, developmental delay, and risky or challenging behaviours.

Creating a trauma-informed child safe organisations system

The Commission commends the Queensland Government on working to improve the safety and wellbeing of children in Queensland organisations and ensuring children who are at risk of experiencing abuse or who have experienced abuse in institutional settings are supported early, in a trauma-informed, appropriate way. However, the Commission:

- suggests that capacity and capability building strategies, including education and training and any investigations and enforcement carried out pursuant to the Bill should be underpinned by trauma-informed principles
- suggests that trauma-informed responses and supports are tailored for and developed with diverse and at-risk groups and underpinned by trauma informed principles
- recommends development of a guiding framework which includes trauma-informed principles in relation to oversight and implementation of Child Safe Standards and a Reportable Conduct Scheme.

Shifting minds, Every life and Achieving balance emphasise the importance of strengthening and embedding human rights alongside enhancing system responses to preventing and reducing the impacts of trauma. Key priorities under these plans include:

¹³https://www.childrens.health.qld.gov.au/_data/assets/pdf_file/0020/177113/childhood-maltreatment.pdf

¹⁴https://www.childhoodadversity.org.au/media/olcjin2nw/summary_evidence_interventions_report_final_aug20.pdf

¹⁵https://www.childhoodadversity.org.au/media/olcjin2nw/summary_evidence_interventions_report_final_aug20.pdf

¹⁶chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Infant%20and%20Early%20Childhood%20Updated.pdf

Shifting minds

- Reduce the impact of adversity and trauma
- Strengthen human rights protections and reduce harm
- Facilitate opportunities for the health, education, justice and human services workforce to develop skills, knowledge and competencies to respond to trauma, culture, age, gender and neurodiversity.

Every life

- Improve system-wide responses to people who have experienced adversity and trauma.

Achieving balance

- Build workforce capacity to recognise and respond to underlying vulnerabilities that could contribute to problematic alcohol and other drug use by clients.
- Listen to the voices of young people involved with youth justice, child safety, alcohol and other drug services, housing and other support services, and involve them in co-designing solutions, and the services and systems that impact on them.

Trauma-informed principles

Several principles underpin trauma-informed approaches. Trauma-informed frameworks adopt different terminologies, and these concepts continue to evolve, however, the core concepts remain consistent. This includes safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and humility and responsiveness to diverse needs, experiences, and preferences. These principles can be tailored and adapted to diverse settings, contexts, and sectors.

Creating an effective trauma-informed child safe organisations system is essential to preventing harm, and inflicting further harm for children and young people who are at risk of experiencing abuse or who have experienced abuse in institutional settings.

While understanding of the psychological, social, emotional, and physical manifestations of trauma continues to improve among practitioners in a range of settings, it is often systems, policies, processes, and environments that create the conditions for support or further harm.

A trauma-informed system places the potential needs and wellbeing of children at its core. This approach involves providing choice, control, and respect throughout the process. Operational policies, procedures, and processes that facilitate clear and effective communication, ethical handling of reporting and enforcement, fully informed consent, and consideration of the person's comfort and safety are ways to reduce the potential for re-traumatisation because of investigation processes.

Trauma-informed workforces

Ongoing education and training focused on understanding trauma should be required for all professionals involved in implementing a child safe organisations system in Queensland, including both those responsible for oversight and entities implementing child safe standards. Training should be provided to workforces to educate staff about: the impact of trauma; recognizing trauma-related presentations and behaviours; and practical, evidence-based methods that can be appropriately used in their setting to support individuals exposed to trauma and prevent further harm. Training should be tailored to the needs of the audience, within each sector, and where possible codesigned with staff and people with lived experience of trauma. Specialist training may be required for some roles; however, all staff should be required to have a minimum level of 'trauma awareness'.

Increased knowledge and awareness of trauma, its harmful impact and implementation of strategies that reduce exposure to trauma and assist those who are impacted will lead to improved health and wellbeing of Queenslanders providing benefits to all members of our community.

Tailored trauma-informed approaches for diverse populations

A child safe organisations system must provide tailored trauma-informed supports and responses and prevent system re-traumatisation.

Evidence shows that some population groups disproportionately experience trauma, and this is often compounded by factors such as stigma, racism, systemic harm, and socioeconomic disadvantage.

Traumatic experiences are particularly common amongst children in services including emergency departments, public mental health services, child protection, and the youth justice system. It is particularly important to consider the specific needs of children and young people at risk of, or in contact with the child safety and youth justice systems.

In Australia, children involved with child protection services are markedly more likely to also be engaged with youth justice services. The connection between childhood adversity and later contact with the criminal justice system is complex and influenced by multiple factors, including family conflict, limited parental involvement and the challenges of out-of-home care.¹⁷ Although many young consumers of health and human services have a lived history of exposure to trauma, over 85% of young people involved in the youth justice system, have experienced multiple childhood adversities and exhibit symptoms of trauma.¹⁸

Due to compounding historical and systemic trauma, and ongoing system failures, First Nations children are overrepresented in tertiary sectors including youth justice and child protection. First Nations peoples are additionally impacted by the profound, ongoing, and cumulative effects of colonisation, including inter-generational trauma, recurring grief, and loss, forced removal, and individual and structural racism and discrimination.

Multiple adversities are significantly more reported by First Nations and culturally and linguistically diverse (CALD) families, especially those experiencing socio-economic disadvantage. Other groups for whom the experience of trauma can be more frequent, serious and/or compounding include children with disability, those living with chronic and/or serious medical conditions, and children who are asylum seekers or refugees. These groups are also more likely to report experiencing system related trauma, including through negative experiences navigating systems and structures.¹⁹

When a person identifies with more than one at-risk group, the rate of adversity can be even greater.

Tailored responses for First Nations children and families must be led by First Nations peoples. In addition, responses should be co-designed with people with lived experience of trauma, and children, young people, and their families.

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¹⁷ <https://www.qgso.qld.gov.au/issues/10321/youth-offending-april-2021-edn.pdf>

¹⁸ chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20in%20young%20people-plain-text-1.pdf

¹⁹ chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf