



Submission to Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

*Child Protection Reform
Amendment Bill 2017*

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submission

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) for the opportunity to provide a submission on the *Child Protection Reform Amendment Bill 2017* (the Bill).

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 56,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

General Comment

Our submission responds in general terms to the Bill, supporting the improvement of permanency outcomes for children and young people in out-of-home care. A key aim for permanency planning for children in out-of-home care is to achieve a stable long-term care arrangement once safe reunification with the child's family has been excluded (AIHW, 2016). Research has shown that permanency planning provides the best outcomes for the child and is critically important for a child's positive development (AIHW, 2016).

The QNMU considers nurses and midwives as integral in the holistic approach in the provision of long-term support to children and families. The QNMU agrees that the main principle for administering the Act is that the safety, wellbeing and best interests of a child are paramount. This includes both immediate and long-term implications when determining the best interests of a child.

The QNMU supports the view that the Bill must promote the safe care and connection of Aboriginal and Torres Strait Islander children with their families, communities and cultures. Evidence has shown that the effects on children being separated from their Indigenous community, destroys cultural links and increases their sense of loss of identity as well as impacting the family and community (Commonwealth of Australia, 1997). Strengthening connection to land and culture is a protective factor for young Aboriginal people

(Commonwealth of Australia, 2017). The QNMU also supports moving towards greater self-determination for Aboriginal and Torres Strait Islander communities in decision making for the child and their family.

The QNMU recommends the information sharing guidelines and the secure use, storage, retention and disposal of information be developed as per national and international standards. The inclusion for a whole-of-government information sharing approach for research purposes is accepted. To prevent the inappropriate sharing of information when providing or planning to provide a service to a child or child's family, the seeking of consent should still continue as best practice. The QNMU supports the Bill that the information sharing must relate to the safety, welfare or wellbeing of a child.

Nurses and midwives have a unique role in protecting the safety of a child after their birth. The QNMU supports the Bill in sharing information to support a pregnant woman and her family. To share information with other relevant parties that an unborn child may need protection after their birth as well enabling support and help to a pregnant woman, is paramount. This sharing of information aligns with the Nursing and Midwifery Board of Australia National Standards for Practice that RN, RM and ENs comply with.

The QNMU recognises children and young people are disproportionately affected by homelessness. In 2010, half of the people who sought help from a specialist homelessness service were under 25, and a third were under 17 (Mission Australia, 2017). The QNMU agrees the need for transition to independence should be part of a child's case planning. This case plan must be specifically tailored to meet the needs of the child and include actions and assistance to facilitate their transition from out-of-home care to independence.

Conclusion

The QNMU regards the provision of optimum services to protect the safety, wellbeing and best interests of vulnerable families and children as a fundamental obligation of government. This includes immediate needs and long-term impacts for children in the child protection system. Nurses and midwives play an important role in this process.

References

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