

Child Protection Inquiry
GPO Box 1708
DARWIN NT 0801



Via email: submissions.childprotectioninquiry@nt.gov.au

Dear Board Members,

Thank you for your letter inviting submissions to the Inquiry into the Child Protection System.

GPNNT is a peak organisation representing general practice and primary health care in the Northern Territory with a member base of 250 general practitioners and registrars, and approximately 250 nurses, allied health professionals and practice managers. GPNNT was pleased to have been part of the Really Caring for Kids Alliance which successfully influenced changes to the Care and Protection Act to reduce potential deterrents to young people accessing health services for sexual health advice.

While Child Protection is not a formal program area for general practice; the following child protection issues have a significant impact on general practice and primary health care providers:

- compliance with mandatory reporting requirements
- the effects of the legislation on young people accessing health services
- the impact of child abuse and harm on long term health and well-being of the child
- the impact of child abuse and harm on health care providers and services
- family mental health and well-being
- drug and alcohol use

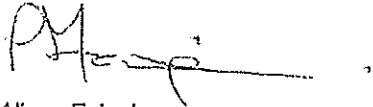
Having spoken with colleagues in AMSANT, GPNNT welcomes the opportunity to bring the following issues to the attention of the Inquiry for consideration.

1. Child protection and health services could be enhanced through improved relationships and communication between primary health care clinicians and NT F&CS officers, an issue highlighted in the Little Children are Sacred Report. Recognising that confidentiality is a factor, primary health care clinicians would welcome feedback about the results of notifications and the progress of a child to enable clinical follow-up and health monitoring. In addition, children in care often present to PHC clinicians with little or no health information, provided by foster carers or NT F&CS, making it difficult for PHC clinicians to provide good quality and appropriate care.
2. Clinicians in member services have raised concerns when police investigating cases of suspected sexual abuse take a fairly heavy handed approach without involving trained social workers. While we understand that it is NT policy that police investigate cases of suspected child abuse, when the suspected perpetrator is outside the family, social work support for others involved in the matter would support family and community recovery.

3. While OATSIH offers free workshops on the detection and management of child abuse for clinicians working in PHC, there needs to be a system for ongoing orientation and training of PHC clinicians in this area. This is particularly important as the Care and Protection Act now makes it a legal requirement for PHC organisations to orientate their staff to their responsibilities under the Act. AMSANT and GPNNT have provided training which looked at sexual problems in young people and the OATSIH training was well received by clinicians. However, the turnover of the workforce means that the effect of this training will dissipate quickly unless funding is provided for ongoing training of new clinicians and updating existing providers.

Thank you for the opportunity to comment. GPNNT looks forward to receiving the report from the Inquiry and supporting primary health care providers in implementing health-related recommendations.

Yours faithfully



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CEO
General Practice Network NT

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