

ANONYMOUS 17226 - New submission from Early Years Strategy - Public Submissions

To whom it may concern,

As a Clinical Psychologist working for Youth Justice, I work with some of the most vulnerable, disadvantaged young people in the country. These young people have unfortunately "slipped through the cracks" as they were not identified as being vulnerable and/or disadvantaged in their first 5 years of life and were not adequately screened, assessed and subsequently diagnosed at a crucial time that would have guided early intervention, resulting in these young people never coming into contact with the Justice System. At present, there are 174 children in custody, 50% of these children are Aboriginal and 64% are on remand (awaiting sentence). 1 child in the justice system is 1 child too many.

In response to A) 1. The structure of the Strategy should be guided by the submissions received as well as input from families with young children, in particularly our Aboriginal and Torres Strait Islander families.

B) 2. The vision should be "Prevention Instead of Reaction: a Cost-Effective, Culturally-Informative, Child-Centred Approach."

C) 3. Short-term: each child right now upon entry to our system (DCJ) should be screened for diagnoses.

Medium-term: each child should receive ongoing intervention in order to support any disability and/or neurodiversity.

Long-term: for there to no children in custody!

D) 4. Priorities: childhood physical and mental health along with family support and intervention where required.

5. We need to intervene EARLY to improve outcomes of those that are vulnerable and/or disadvantaged.

6. In order to achieve the utmost collaboration and coordination, we need a centralised system for all documentation and case management.

Furthermore, a big issue we face is that a young person enters the justice system and we have no idea what assessments have been conducted as well as limited information regarding diagnoses and medication. We often have to start from scratch given it is either their first contact with our system or they are transient between towns and/or states. We require a centralised system where all the child's health, education, justice, child protection information is stored including key people to communicate with to ensure the child's immediate needs are cared for.

E) 7. Key Principles: family and child centred, listen first, inclusion of all diversity and consultation with ATSI elders around all issues concerning our ATSI children.

F) 8. Gaps include the acknowledgement of disability from conception (E.g. Fetal Alcohol Spectrum

Disorder) as well as consultation with ATSI elders in regards to the First 5 Years.

In conclusion, young people in the DCJ system (E.g. Child Protection, Out of Home Care) need to be screened/assessed upon entry into the system. This will ensure no child is missed or slips through the cracks. It will also ensure better outcomes are provided for the rest of the child's life as they will receive targeted intervention and medication (where appropriate) and function as healthy children. Any services engaged with family services need to be trained in working with the family unit with the child at its centre.

Please be aware the above submission is my own opinion and does not represent the opinion of the Department of Communities and Justice (DCJ). For that reason, I would appreciate my submission remaining anonymous.

Warm regards,

A solid black rectangular box used to redact the signature of the sender.

Clinical Psychologist