

Date: 11.9.2012QUEENSLAND CHILD PROTECTION  
COMMISSION OF INQUIRYExhibit number: 58

## STATEMENT OF JOAN MARGARET McNALLY

I, JOAN MARGARET McNALLY, of 5b Sheridan Street in the State of Queensland, Manager, Cape York North & Torres Strait Islands Child Safety Service Centre, Child Safety Services, Department of Communities, Child Safety and Disability Services solemnly and sincerely affirm and declare:

## ROLE

1. I am the Manager of the Cape York North & Torres Strait Islands Child Safety Service Centre (CSSC), Child Safety Services, Department of Communities, Child Safety and Disability Services (the department).
2. I have been appointed to this position since August 2009.
3. When planning and reviewing my work and seeking approval for decisions, when required, I report to Arna Brosnan, Regional Director, Far North Queensland who is based in Sheridan Street, Cairns.
4. Prior to this appointment I was a team leader for approximately four years, based in the Cairns North CSSC. Prior to this I was a child safety officer based in Cairns North CSSC for approximately three years.
5. I hold a Bachelor of Social Work degree.

## INTRODUCTION

6. The following statement provided is in response to the letter requesting a written statement which was issued to the Director-General, Margaret Allison, by the Honourable Timothy Francis Carmody of the Queensland Child Protection Commission of Inquiry, reference number 1992326.
7. The information provided has been done so on the advice from the relevant business units responsible for management of the applicable areas.

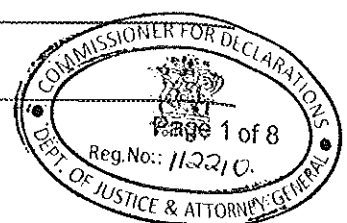
## QUESTIONS

## Service delivery – how well is child protection functioning?

8. The Cape York North & Torres Strait Islands Child Safety Service Centre (CYN & TSI CSSC) is comprised of two community based hubs and a Cairns based office.
9. The Thursday Island (TI) hub which is based in TI consists of a team leader, four child safety officers (CSOs), two child safety support officers (CSSOs), two placement support officers (PSOs) and one administration officer.
10. The hub provides ongoing intervention and kinship and foster care support to the Northern Peninsula communities of Seisia, Bamaga, Injinoo, New Mapoon and Umagico, and the fourteen islands of the Torres Strait.

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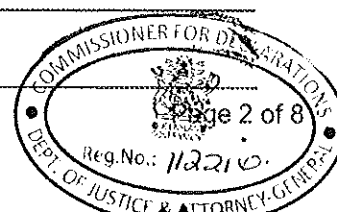


11. The Weipa hub is of the same constellation as that of the TI hub but is based in Weipa. Weipa staff provide ongoing intervention and kinship and foster care support to Western Cape communities of Napranum, Mapoon, Aurukun and the township of Weipa.
12. The Cairns based office is comprised of an investigation team which includes a team leader, three CSOs and one CSSO. The office also includes a manager, senior practitioner, court coordinator, two ongoing intervention CSOs and a business support team of five.
13. The Cairns based team is currently undergoing changes with the investigation and assessment team and two administration officers being relocated to a regional investigation and assessment office.
14. The CYN & TSI CSSC has only been operational since approximately August 2009. Prior to this, it was part of a larger office known as the Cape Office, which also included what is now the Cape South CSSC.
15. As the manager of the CYN & TSI CSSC I am unable to comment on the functioning of the Cape South office. However, I feel secure in stating that, both CSSCs are cognisant of the many improvements, in both service delivery and staff well being, that have occurred since the splitting of one CSSC, which covered the large geographical area of the entire Cape York and Torres Strait Islands, to two manageable CSSCs.
16. The last two years have seen improved stability in both hub offices, and in particular in the Weipa hub. Staff turnover has decreased in Weipa with the six of the eight staff having served between eighteen months and two years.
17. Service delivery to communities from both hubs has been consistent and regular in the last two years. Planned travel schedules ensure that ongoing intervention staff visit communities on a fortnightly basis at the very least. Cancellation of service delivery to communities only occurs when there is sorry business, or on occasions when police inform that unrest in the community is high.
18. Collaboration with government and non government agencies in community continues to improve and this is demonstrated through increased participation in stakeholder meetings. Due to regular and consistent attendance in community, workers have been able to forge relationships with other service providers and community members in general. I would suggest that this has resulted in a greater acceptance of child safety in community, but would hasten to add that this is an evolving journey.
19. Investigation and assessment teams (I&A) are not based in communities and I would suggest that when hubs were first developed it was considered unsafe for workers undertaking removal of children to be community based. I will elaborate on this in a later question, but indications are that community based staff for ongoing intervention continues to flourish and develop.
20. I&A staff attend communities purely to investigate and assess a notification. They are a fly in-fly out service based in Cairns. The current I&A team for CYN & TSI CSSC is a stable one, with all but one of the workers having worked in the team for two years. Due to this, these particular workers are known to our communities, and though it would be a stretch to suggest they are welcomed, they are at least no longer vilified.
21. Again, due to stability of the team and the consistency of workers attending to communities, productive relationships have developed with our core partners, particularly the police, and

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there is ongoing improvement with health and education. But maybe of greater importance are the positive relationships that have been formed with our Indigenous service providers.

22. The establishment of Placement Support Unit (PSU) workers in community based hubs has seen an increase in the recruitment of kinship and foster carers. Although there are still insufficient carers within communities, this is largely due to obstacles of blue cards and overcrowding. These workers are an integral part of child protection service delivery and work closely with CSOs. Below is a table which shows all approved carers in the CYN & TSI CSSC area, current placements in these areas and potential new carer numbers.

Data for Commission of Inquiry

as at  
03/09/2012

Cape York North and Torres Strait Island CSSC

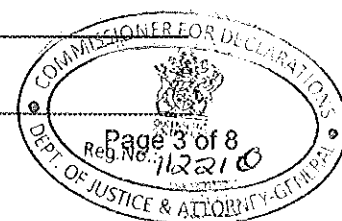
Community	Current Approved Carers				Current Placements				Potential New Carer Numbers		
	AFC	KIN	LTG	TOTAL	Approved Foster Carer	Approved KIN Carer	Residential/Safe House	TOTAL	Expression of Interest	Applications in progress	TOTAL
Aurukun	0	5	1	6	0	7	5	12	3	1	4
Bamaga	4	2	1	7	2	4	0	6	2	3	5
Mapoon (Weipa)	0	2	0	2	0	5	0	5	1	0	1
Napranum	0	1	2	3	0	2	6	8	3	2	5
New Mapoon (NPA)	2	2	0	4	1	4	0	5	1	5	6
Selsia	0	1	0	1	1	0	0	1	1	1	2
Umagico	0	0	0	0	0	0	0	0	1	1	2
Weipa	4	1	1	6	6	1	3	10	3	4	7
	10	14	5	29	8	19	10	47	15	17	32

23. The delivery of child protection services throughout the areas undertaken by the CYN & TSI CSSC has grown and improved. This is demonstrated by:
- the establishment of community based hubs
  - fully staffed hubs
  - case plan completion rates increased from 27 per cent to 80 per cent
  - the location of placement support officers in hubs
  - an increase in kin carers throughout the Torres Straits
  - regular and planned community visits
  - consistency of staff
  - the establishment of safehouses in Bamaga, Aurukun and Napranum
  - collaboration with our Indigenous service providers which has resulted in Indigenous non government workers travelling with CSOs to outer islands to undertake work with our clients
  - excellent relationships with the Recognised Entities (REs), particularly in Aurukun and Torres Strait Islands
  - training and information sessions provided by staff to local agencies, and importantly services and organisations asking for information sessions
  - staff acceptance and participation in community events – a number of staff in TI have been formally invited to funerals and tombstone openings.

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24. The well meaning and compassionate nature of child safety officers is well documented, but working and living in remote areas such as Weipa and Thursday Island, necessitates more than this; there must be a passion to work with Indigenous people. The remoteness and thus lack of services in both their professional and personal lives is a stark reality. In a professional capacity it includes either: having no specialist service such as sexual assault counselling; or services that are underfunded, and thus have limited capacity to travel to outer islands regularly, only offering services on a monthly or, at times, a quarterly basis. This is obviously insufficient to provide real support for a family. Thus some of the most disadvantaged and marginalised families are again subject to systemic failure.

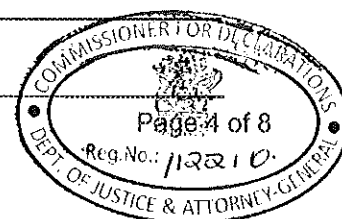
**Key regional examples of service delivery and the identification of any other key persons able to speak to the initiatives**

25. I have primarily spoken to the service delivery of the CYN & TSI CSSC, but to provide a holistic service we rely on other agencies to work in collaboration with child safety. I would like to preface this by stating that, we are a long way from providing a model of holistic service delivery but, in saying that, I believe that we continue to attempt to work better with our partners in community.
26. A relatively recent initiative was the establishment of safehouses in Aurukun, Napranum and Bamaga. The safehouses were initially established for short term placements (up to six months) and attached to the safehouses were kinship and foster care (KFC) positions. The intention was for the KFC workers to identify kinship carers in communities for children based in the safehouse, thus ensuring a flow through effect; enabling more children placed outside of community to be returned.
27. Unfortunately this has not transpired as anticipated with the organisation responsible for the safehouses in Aurukun and Napranum, returning the money to the department. This is not intended as a slight on this organisation, as any service within a community will understand the difficulties in employing to a specialist position. The safehouse in Bamaga has experienced the same problems, and have not had someone employed in the position for a long period of time. This has meant there is no recruitment of carers in this area, and the ongoing support of the current carers has had to be undertaken by the TI CSOs.
28. The unintended outcome of this has seen some children staying in safehouses for much longer than was originally intended. Though not the intention, having up to six children in a safehouse in their own community (albeit longer than six months), as opposed to being placed in Cairns, is a far better outcome.
29. The CYN & TSI CSSC's experience with the safehouses, particularly those in Aurukun and Napranum, has been very positive. The relationship, though initially difficult, has evolved into a harmonious working relationship, whereby the safehouse has at times gone above and beyond to assist the CSSC with placements of children. There have also been a number of reunifications of children who were placed in the safehouses. One would have to say that this is due to the fact that the children were placed in their own community thus making reunification a realistic and achievable goal.
30. The current model of family group meeting (FGM) convenors based in Cairns and flying in flying out to undertake FGMs in communities is not appropriate. FGM convenors attempt to organise all relevant participants for the meeting, whilst based in Cairns and generally then fly into community on the day to conduct the meeting. There are times when a FGM is conducted over the phone with the family in community. This is not just difficult for the FGM

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convenors but does not meet the needs of the family. Consideration needs to be given to having a community based FGM convenor or a mediator to convene FGM's in community.

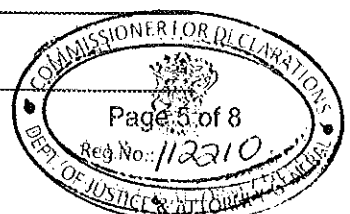
**Agencies, government and non government that partner with us to provide child protection services**

31. CYN & TSI CSSC is reliant on many other government and non government agencies to provide child protection services in the Cape and Torres Strait Islands. In saying this, it must be noted that although relationships with other agencies are generally positive, there are real gaps in service provision that must be addressed. The anomaly of government and non government service provision to Aurukun compared to that of the Torres Strait Islands and the Northern Peninsula Area (NPA) is considerable.
32. In providing child safety services, there are many and varied government and non government services that our staff rely upon. In Aurukun these include:
- ACT for Kids - services the Safehouses in Aurukun and Napranum
  - Apunipima Child Health Services
  - Well-being Centre (Royal Flying Doctors) - the coordinator has worked closely with child safety staff, and his ongoing commitment has been integral in reunification of children in Aurukun
  - Kool'kan Child Care
  - Family Responsibility Commission
  - Education Queensland - a Guidance Officer is fly in, fly out
  - Queensland Health - includes the Child Protection Liaison officer and the Aurukun Clinic
  - Queensland Police Service
  - Housing Queensland
  - Community Corrections
  - Youth Justice
  - the Commission for Children and Young People and Child Guardian - very positive relationship with the community visitor (CV) attending at the hub office whenever they are in community
  - remote area Aboriginal and Torres Strait Islander Child Care (RAATSIC) - oversee the Recognised Entity (RE) and the Family Intervention Service(FIS) - RE is highly regarded by Child Safety Services staff.
  - Cape York Partnership - the service run the Parenting Centre, however there has been some ongoing problems with staff turnover
  - Queensland Family Violence Legal Service
  - Legal Aid Queensland
  - Government Coordinator
  - Bruce Marshall, Service Development and Integration Officer in Community Services Funding and Support (previously Community Capacity and Service Quality), the department.
33. Some of the above government services are based in Weipa, but there are very few direct services to Mapoon or Napranum.
34. Thursday Island has similar government services, with two Indigenous service providers in Port Kennedy Association providing Recognised Entity and Aboriginal and Torres Strait Islander Family Support Services and Murra Kosker providing counselling services. These services are stretched to undertake service provision on the outer islands. The Recognised Entity has been consistent in TI for a period of time, which has resulted in productive and meaningful work with families.

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35. Provision of services to the NPA is similar to that of Napranum and Mapoon. The NPA also has a Family and Community Resource Centre which provides various counselling.
36. RAATSIC and Wuchopperen are responsible for the REs and Aboriginal and Torres Strait Island family support service (ATSIFSS) across the Cape and, apart from Aurukun, have struggled to provide consistent services. Where there are no REs in a particular community, departmental workers seek community advice from justice groups or reference groups.
37. The ATSIFSS program has struggled to provide service provision to our Indigenous clients. Recruitment to these positions in the Cape North catchment area has proved to be difficult, with some positions not being filled for months and others that have been filled experiencing regular staff turnover.
38. What has become obvious is that non government agencies experience great difficulties when recruiting and retaining staff to Community positions, particularly those positions that are recruited from the local community and not roles that fly in fly out from Cairns. Turnover impacts on client engagement and is frustrating for families who need to tell it all again and in having another person know about their private family business. From a statutory perspective, vacant positions in the non-government sector and frequent change-over delays the resolution of child protection concerns and impacts on reunification decision making. Significantly and bluntly, a parent who needs parenting support is significantly disadvantaged if the service, while funded, has not been able to fill their positions. It is well acknowledged that recruitment to remote positions is challenging for government and non-government services and the ongoing efforts of agencies is openly discussed as a persistent concern in providing fair and consistent service delivery to all families, regardless of where they live.
39. Further recruitment of local Community members required intensive and tenacious training, mentoring and development to adequately equip staff to complete their roles. Non-government services are, for the most part skilling up their local employees over time to ensure the worker is able to achieve the role's requirements rather than being able to recruit workers who can immediately take on the complexities of working with families who need intensive intervention. This proves an ongoing challenge, for agencies whose line management of the local staff member is Cairns based. In measuring service outcomes one must be mindful of the additional needs that the non-government agency require to achieve set targets including the allocation of budgets and setting of expectations. Both hubs continue to provide support, mentoring, coaching and education with respect to statutory child protection services which is a significant and long term commitment by the Hubs.
40. Child safety officers and team leaders in remote settings specifically need the skills, therapeutic and interventionist, to be able to work with families when there are no services available in the Community or Island to address the core child protection concerns.

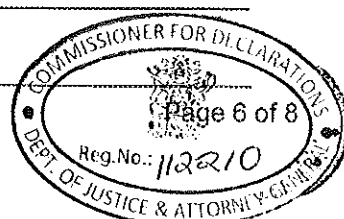
#### Current challenges

41. Staff from this centre and particularly those based in community would say that it is a privilege to have the opportunity to work in the Cape and Torres Strait Islands. The work is challenging but some changes within legislation and policy and procedure would improve child safety service provision but more importantly would, I believe, have better outcomes for our Indigenous families.
42. Currently cultural adoption is not recognised within the *Child Protection Act 1999* (the Act). Cultural adoption should be included in definition of Parent under the Act. Currently adoptive

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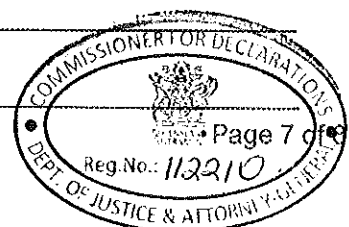
parents do not have full legal standing within the Act. Section 11 part 3 and 4 recognises but if going to remove have to locate birth parents

43. The necessity for all household members to hold blue cards severely impacts on recruitment of carers in community. If one member of a household is not able to obtain a blue card then the foster/kin process does not proceed. This is despite the identified foster/kin in the household already possessing a blue card.
44. Time frames in the Child Safety Practice Manual (CSPM) are difficult to meet, for working in communities, particularly around I&A work. The placement of a child on a safety plan with family suggests that this can occur for two to three days. This is almost impossible for I&A workers in the Cape to abide by. I would suggest that these safety plans be extended to the same time as that of care agreements or assessment orders.
45. Fiscal constraints are a major barrier, particularly when delivering services to the Torres Strait Islands. Due to the cost of air travel, workers only travel to outer islands on a fortnightly basis. This also has an impact on the monitoring of safety plans, which in some instances might lead to workers being risk averse to placing a child with a non approved carer. This would lead to court intervention for a temporary assessment order and, unfortunately, the removal of a child.
46. Policy and programs must be implemented to support Indigenous employees in gaining qualifications to enter the professional stream of child safety. Eighteen months ago a program was offered to CSSOs which enabled them to undertake studies that lead to qualifications to become CSOs. The program has not since been offered, but would greatly benefit current Indigenous CSSOs to enter the professional stream.
47. For intensive and productive work to occur with families on the outer islands, outreach services must be offered on a regular basis. Services must be funded to work with these families, as opposed to funding that only allows work to occur on Thursday or Horn Islands.
48. Child Safety Services hubs in community are operating well and, I believe, having officers based within communities has improved our working with families and resulted in better outcomes for children. With this in mind, it is time to consider placing I&A workers in community based hubs.
49. The ever increasing number of notifications and child concern reports that are referred to the department must be addressed. Early intervention and prevention programs which are funded by government should be responsible for working with these families prior to them coming to the attention of the department. An example is the large number of domestic violence referrals by the Queensland Police Service could be dealt with by funded agencies who specialise in this area.
50. On the whole child protection service provision to Indigenous communities still has many obstacles to overcome to ensure that we are providing a holistic service. Many of the issues I have discussed in my statement are issues that are the responsibility of child safety; some of the issues that need to be addressed are the responsibility of other government and non government agencies. But it must be understood that harm and risk of harm to children in Indigenous communities is symptomatic of social disadvantage, that cannot be addressed by child safety alone, but rather by a proper focus on the broader and far reaching disadvantages of our Indigenous communities.

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Declared before me at Cairns this 5<sup>th</sup> day of September 2012.

Terence Gail Blamford Commissioner for  
Declarations 112210.

*Terence Gail Blamford*

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*Terence Gail Blamford*

