

QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRYDate: 24.10.2012

STATEMENT OF CHERYL LYN MACDONALD

Exhibit number: 97

I, **Cheryl Lyn MacDonald**, of c/-82-86 Bolsover Street, ROCKHAMPTON, in the State of Queensland, Clinical Nurse Consultant/Child Protection Liaison Officer, solemnly and sincerely affirm and declare:

1. I am a Child Protection Liaison Officer in the Rockhampton Child Protection Liaison Team, Central Queensland Hospital and Health Service, Queensland Health.
2. I have been appointed to the Child Protection Liaison Officer position since June 2007 and I live and work in the Rockhampton Community.
3. When planning and reviewing my work and seeking approval for decisions, when required, I report to Grace Hinder who is based in Rockhampton. My position is part of the Rockhampton Child and Family Health Team. Grace Hinder is the manager of this team and reports to Wendy Hiron, Acting Director of Community and Public Health Rockhampton.
4. Prior to this appointment I held positions of:
 - Clinical Nurse, Child and Family Health Services, Rockhampton District Health Services February 2001- June 2007
 - Clinical Nurse, Rockhampton Aboriginal Health Service, May 2001- July 2001
 - Clinical Nurse, Child and Family Health Services, Emerald District Health Services, June 1989 – December 2000
 - Registered Nurse, Paediatric Unit, Rockhampton Hospital, July 1986 – April 1989
 - Registered Nurse, Hillcrest Private Hospital, October 1995 – June 1986
 - Registered Nurse, Princess Margaret Paediatric Hospital, Western Australia, July 1995 – October 1995
 - Registered Nurse, Brisbane Royal Children's Hospital, April 1982- June 1985
5. I hold a Registered Nurse Qualification from the Queensland Nurses Registration Board (1981), Midwifery Qualification from the Tasmanian Nurses Registration Board (1982), Child Health Nurse Qualification from the Queensland Nurses Registration Board (1989), and an Endorsement in Immunisation from the Queensland Nurses Registration Board (1999).
6. A number of Queensland Health staff members have contributed to the preparation of this statement. These include: Collette Schuster, Clinical Nurse Consultant/Child Protection Liaison Officer, Peter Roper, Director of Paediatrics, Rockhampton Hospital/ Child Protection Advisor/ SCAN Core Member, Dr Roper has provided a separate statement that is an appendum to this statement.
7. Please refer to the witness statement by Corelle Davies, Child Safety Director, Office of the Director-General, Department of Health for background information on the health system and its applicability to child protection.

Signature of officer

Witness Signature

ROLE

8. The purpose of my role, as the Child Protection Liaison Officer (CPLO) based in the Rockhampton Region of the Central Queensland Hospital and Health Service, is to provide a single point of contact for child protection issues within the region.
9. My duties and activities include:
- Providing daily advice and support to Queensland Health staff on child protection issues.
 - A liaison role within Rockhampton Hospital wards (Maternity, Birth Suite, Antenatal Clinic, Obstetric and Gynaecology, Paediatrics, Special Care Nursery, Emergency Department, Mental Health Unit and other general wards).
 - A consultancy role with all Central Queensland Hospital and Health Services Staff in the Rockhampton Region which incorporates Rockhampton Hospital, Rockhampton Community Health, Rockhampton District Mental Health Services, Philip Street Health Service, Alcohol Tobacco and Other Drugs Service (ATODS) Capricorn Coast Health Service, Mt Morgan Hospital and Woorabinda Health service. This consultancy is particularly in relation to the staff's responsibility to recognise, respond to and report a reasonable suspicion of child abuse and neglect to Department of Communities (Child Safety Services) as per policy and legislation.
 - Providing a liaison service between Queensland Health staff, Child Safety and Queensland Police Service on child protection issues including responding to requests for information (Section 159m1n Child Protection Act 1999)
 - Providing mandatory and ongoing education to Queensland Health staff on Queensland Health Child Protection Policy, Standards and Procedures.
 - Provision of Queensland Health information for the SCAN (Suspected Child Abuse and Neglect) Team and participating as proxy member when required.
 - Implementation of new and modified Queensland Health Child Protection Policy, Standards and Procedures.
10. Examples of data associated with Rockhampton Child Protection Liaison Officers activities:
- Reporting a Reasonable Suspicion of Child Abuse and Neglect
This includes those reports made by Queensland Health staff from Rockhampton Hospital, Rockhampton Community Health, Philip Street Health Service, Capricorn Coast Health Service, Mt Morgan Hospital and Woorabinda Health service.

Year	Number of QH Reports of a Reasonable Suspicion of Child Abuse and Neglect per Year	QH Reports of a Reasonable Suspicion of Child Abuse and Neglect Reports by Ethnicity				QH Reports a Reasonable Suspicion of Child Abuse and Neglect Reports by Profession	
		Aboriginal	Torres Strait Islander	Aboriginal & Torres Strait Islander	Unknown	Medical Officer	Nursing
2006	193	20.20%	0.50%	0.50%	5.69%	10.36%	53.37%
2007	232	23.84%	0.00%	0.86%	30.60%	16.81%	50.86%
2008	311	20.25%	0.00%	0.00%	41.80%	14.15%	54.98%
2009	280	23.21%	0.71%	0.36%	33.93%	20.36%	46.43%
2010	314	24.84%	3.50%	0.00%	3.18%	18.47%	50.96%
2011	398	24.37%	0.25%	1.51%	36.68%	23.62%	46.98%
2012 to (30 Sept)	299	20.07%	0.67%	1.00%	47.16%	23.75%	56.52%

Signature of officer _____

Witness Signature _____

- b) Provision of Information under Section 159 M/N Child Protection Act 1999
The total requests completed for the period 1 January to 30 September 2012 was 911. The CPLO's do not currently have a backlog of Information Requests; this is managed by diverting large requests (e.g. when child safety request a copy of every presentation to a health service) to the Rockhampton Hospital Freedom of Information Department. Requests are reviewed on receipt and urgent requests are prioritised above other requests.

- c) Education and Training
The Rockhampton Child Protection Liaison Officers have provided training and education for Queensland Health staff since its inception in 2005. The training and education focuses on responsibility, recognition, and reporting child protection concerns. For 2012 to date, we have provided 107 training sessions which can include up to 42 participants in a session.
Education is provided to individual units with a program designed and delivered to meet the needs of the unit – real life scenario's are used to aid in the education.

11. As part of my role I:

- a) Encourage displays during Child Protection Week (September each year), to be set up in the various health facilities in my region on safety issues for children and highlighting keeping children safe.
- b) Assisted in the production of a Child Protection Guide, which has been written by Child Safety Services, Queensland Health Child Protection CPA/CPLO's, Department of Education and Training, Child Protection Investigation Unit (CPIU, Qld Police) in collaboration with the Children's Research Centre in America.
- c) Attend a fortnightly meeting with the Paediatric and Maternity Unit Social Workers to update each other on any unborn baby alerts and to discuss potential concerning antenatal or postnatal, paediatric patients and families to ensure correct sharing of information.
- d) Attend the annual Child Protection Liaison Officer Workshop convened by the Queensland Health Child Health and Safety Branch. This has been an opportunity to liaise with other Child Protection Liaison Officers and as an educative tool.
- e) Utilise my Professional Development allowance by attending conferences and workshops to enhance my knowledge and capability in the role of Child Protection Liaison Officer.

12. As part of the CPLO role contact is made with the following:

Internal to Queensland Health

- a) Rockhampton Hospital staff (e.g., Maternity, Birth Suite, Antenatal Clinic, Special Care Nursery, Paediatrics, Emergency Department, Social Work, and other wards/departments)
- b) Rockhampton District Mental Health Services
- c) Rockhampton Community and Primary Health Services, primarily
 - o ATODS
 - o Family Care Program
 - o Early Intervention Specialists
 - o Child Development Team
 - o Child Health Nurses
 - o Philip Street Health Service (Indigenous Health)
- d) Capricorn Coast Hospital and Health Service
- e) Woorabinda Multipurpose Health Service
- f) Mt Morgan Hospital

Signature of officer _____

Witness Signature _____

External to Queensland Health

- a) Department of Communities (Child Safety Services) in the Central Queensland Region (Regional Intake Service, Rockhampton North Child Safety Service Centre, Rockhampton South Child Safety Service Centre, Emerald Child Safety Service Centre and Gladstone Child Safety Service Centre).
- b) Queensland Police Service (Child Protection Investigation Unit and SCAN Coordinators).
- c) Australian Red Cross (Referral for Active Intervention Service)
- d) CentreCare
- e) Central Queensland Indigenous Development Limited
- f) Anglicare
- g) Darumbal Community Youth Services Incorporated
- h) Roseberry Community Services
- i) Helem Yumba CQ Healing Centre
- j) Wharongha Counselling Centre

13. Some of the outcomes from my role and its work within the Rockhampton Region of the Central Queensland Hospital and Health Service include:

- a) Implemented a service that did not previously exist. As part of the child protection reform, the Rockhampton Child Protection Liaison Officer Team was established. There is now a formalised consultation liaison service which is a single point of reference for Queensland Health, Child Safety and Police. The service commenced in 2005 with one full time equivalent staff, this staff establishment has been increased to 2.5 full time equivalent positions, the positions are Nursing and at the Clinical Nurse Consultant Level (Nurse Grade 7)
- b) Provided education and training to Queensland Health staff on their responsibility, recognition, and reporting in relation to child protection concerns. We have contributed to building a workforce that has an increased awareness of child protection. This is evidenced by the numbers of participants at the training sessions, increased numbers of reports being made to Child Safety and anecdotally the quality of the consultations with the CPLOs.
- c) Strengthened the partnership between Child Safety and Queensland Health.
- d) A coordinated approach to identifying, recognising and responding to risk factors in the antenatal period.
- e) Trialled an outpatient clinic (health passport) for children in care. However, due to high rates of non-attendance (FTA), we reviewed this model and identified that most of the children who had complex health needs were already linked in with a specialist. The CPLO's thought this would benefit more from a primary health care model and the child health passports were referred to the child's GP or existing treating physician, to facilitate continuity of care.

14. Key Issues and Challenges for the Rockhampton Child Protection Liaison Officers.

- a) CPLO's are spending increasing amounts of time in administrative and record keeping activities. Two functions of the CPLO that have a significant time component are responses to Information Requests and reports for the SCAN team.
- b) Both of these functions are expected to be completed in a timely manner. Inability to provide timely information directly impacts on Child Safety's ability to carry out some of their assessment work. Of particular concern to CPLO staff is the amount of time spent on responding to requests and completing SCAN reports which then reduces the time available for liaison with other health professionals and education.

Signature of officer _____

Witness Signature _____

- c) The CPLO's receive multiple requests for the same information from different officers within the Department of Communities (Child Safety Services), there appears to be a lack of effective communication and record keeping.
- d) Currently the Queensland Health information system and the Child Safety information systems are not compatible. For example, the Queensland Health information system does not have up-to-date details of the children who are on orders and where they are living. As a result, children can miss appointments (which have included flights) with specialists and this is a cost that is incurred by Queensland Health.
- e) Locally, children who have been significantly harmed will usually be brought to the Emergency Department and admitted to the Paediatrics Ward at the Rockhampton Hospital. The CPLOs have observed that the response from Queensland Health, Child Safety Services and the Police is inconsistent. For example, Child Safety and Police may not be able to attend the hospital at the same time and medical staff may not be immediately available for consultation. Of relevance, is the distress and trauma this may place on the child. There would be benefit to a coordinated approach between the three Government services.
- f) There is effective communication between Child Safety and the Child Protection Liaison Officers, but the communication is less effective with other Queensland Health workers. There would be benefit in improving the communication between Child Safety and key Queensland Health clinicians who are directly involved with the children and their family.
- g) Those children with specialised needs, including those with physical and intellectual disabilities and those with significant mental health problems have severely limited care options where children are being placed at further risk because the carers do not have the specialised knowledge, skills and resources to manage the behaviours.
- h) There are occasions when Child Safety Officers will make request of Queensland Health in relation to things that do not meet legislative practice. examples:
 - I. That a newborn baby be removed from a mother without any statutory orders being in place.
 - II. Request that Queensland Health invoke a Care and Treatment Order for a Child instead of Child Safety applying and invoking a Temporary Assessment Orders (TAO) when the conditions for a Queensland Health Care and Treatment Order are not indicated.
 - III. Requests from the Child Safety After Hours to health professionals to serve a Temporary Assessment Order on parents in the absence of local staff during weekends.
- i) Following the Unborn High Risk Alert procedure on weekends and public holidays and in the absence of availability of Local Child Safety Offices uniformed police officers have attended the Maternity Unit and served a post-partum woman with a Temporary Assessment Orders (TAO) and arranged for the baby to be removed immediately. This order is served without any knowledge of why it is being done and no explanation given to the mother. Maternity ward staff are then expected to counsel the woman, deal with the anger and possible aggression while attending to the medical needs of the mother. The Department of Communities (Child Safety Services) After Hours Service do not have the capacity to provide support and information to the women, thus leaving a large gap in services.
- j) When Child Safety have interviewed parents in the hospital setting, parents are often left uncertain about what is required of them, particularly where they have been asked to make decisions and CPLO experience has been that there is no written information/case plan given to the families. In other words, families have no point of reference.
- k) We observe that the role of the Indigenous Recognised Entity (RE) is not really clear for parents. It appears that they are often seen as an 'arm' of child safety. There are times when REs are not present during interviews with parents.

Signature of officer _____

Witness Signature _____

- l) There is inconsistency in skill level, knowledge and application of child protection frameworks across the Central Queensland Hospital and Health Services CPLO's. There is no clinical leader for the CPLO's in the Central Queensland Hospital and Health Services District to address these issues.
- m) Support and advice for CPLO's has been available from the Queensland Health Child Health and Safety Branch, following the restructure of Queensland Health, the capacity of staff in the branch to provide this service has been decreased. For the past 6-7 years there have been 2 annual statewide forums organised by the Queensland Health Child Health and Safety Branch, one for the CPLO's and one for the CPA's, these forums were the only structured means of education specific to the role, provision of information in relation to policy and legislation changes and issues. Following the restructure of Queensland Health these forums are no longer convened.
- n) Since the introduction of the Department of Communities (Child Safety Services) Regional Intake Service the CPLO's have been provided with the outcomes of the reports made to Child Safety Services. The provision of these outcomes however is not timely. An example is receiving the outcome of a report made in May 2012 in September 2012, with the outcome received being a Notification with a 5 day response period. This matter would have been referred to SCAN as it met the criteria if the outcome was provided in a timely manner. CPLO's remain unsure of when the matter was assessed and the commencement of the 5 day period. This is not a case in isolation.

Declared before me at Rockhampton this 08 day of October 2012.

Signature of officer _____

Witness Signature _____