



## SPARK AND CANNON

### TRANSCRIPT OF PROCEEDINGS

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THE HONOURABLE TIMOTHY FRANCIS CARMODY SC, Commissioner

MS K McMILLAN SC, Counsel Assisting  
MR M COPLEY SC, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 1) 2012

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

MT ISA

..DATE 16/10/2012

Continued from 10/10/2012

..DAY 24

**WARNING:** The publication of information or details likely to lead to the identification of persons in some proceedings is a criminal offence. This is so particularly in relation to the identification of children who are involved in criminal proceedings or proceedings for their protection under the *Child Protection Act 1999*, and complaints in criminal sexual offences, but is not limited to those categories. You may wish to seek legal advice before giving others access to the details of any person named in these proceedings.

16102012 01/ADH (MT ISA) (Carmody CMR)

THE COMMISSION COMMENCED AT 9.36 AM

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COMMISSIONER: Yes, good morning.

MS McMILLAN: Yes, good morning, Mr Commissioner. I appear as counsel assisting this morning.

COMMISSIONER: Thanks, Ms McMillan. Yes.

MR SELFRIDGE: Yes, good morning, Mr Commissioner. Selfridge, initial G, appearing on behalf of the state of Queensland.

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COMMISSIONER: Thank you.

MR SELFRIDGE: Thank you.

COMMISSIONER: Mr Capper.

MR CAPPER: Thank you. Capper, for the Commission for Children and Young People and the Child Guardian.

COMMISSIONER: Thank you.

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MS BATES: Yes, good morning, it's Bates, initial J, an employee of the Aboriginal and Torres Strait Islander Legal Service in Mt Isa.

COMMISSIONER: Thanks, Ms Bates. Welcome.

MS McMILLAN: Mr Commissioner, you no doubt received a message that the CMC won't be appearing at the hearings this week.

COMMISSIONER: Okay.

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MS McMILLAN: We were notified some days ago. Mr Commissioner, Mount Isa district has a population of approximately 23,000 permanent residents. Added to this figure is a large contingent of fly in fly out workers employed in the mining industry, and also some tourists during the winter months. It is of particular note that for instance with the police area, this district covers some 15 different policing divisions and incorporates some 43,000 square kilometres-odd in Queensland, so it is an extremely large area that this district covers.

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Similarly in relation to the Department of Child Safety this covers obviously Mount Isa, but also several communities in the Gulf area including Mornington Island and Doomadgee. The combination of the type of population; for instance, 30 per cent of the residents in this area are less than 18 years, which is higher than the state average; and factors such as the level of service delivery provided by government and non-government agency to those children

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and young people in the Queensland child protection system, but also on the increase, the number of children and young people who are at risk of entering the child protection system, including the over-representation of Aboriginal and Torres Strait Islander children and young people in the system throw up a number of factors.

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One is an alleged shortage of therapeutic and support services for children and young people and their families, particularly in our rural and remote communities. For instance, you will hear that there is little, if no therapeutic assistance available often for children up to the age of five years, and if they do need it they need to travel from Mount Isa, for instance, to Townsville.

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A second issue is social issues, including alcohol and drug abuse, chronic volatile substance abuse and mental health issues; high instances of domestic violence and juvenile offending. Senior Sergeant Kelly Harvey's statement contains examples relating to those particular issues. A third issue is a lack of affordable housing options. Fourthly a shortage of foster and kinship carers to care for our young people who are in care, and in particular specialist and indigenous foster carers; high removal rates of children from discrete indigenous communities due to neglect where concerns must be seen in the wider context of community disadvantage.

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The transience of clients and child protection workers is a further issue, as is the lack of placement options in communities resulting in children being placed out of their communities with non-indigenous carers. A further issue is the attraction and retention of staff, high staff turnover rates, and an inexperienced workforce; barriers to recruiting kinship carers, for example, blue card eligibility and overcrowding. Over the next two days I intend to adduce further evidence in relation to these issues and we will hear from a number of government witnesses who have been summoned to appear to give evidence.

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The first will be Mr Paul Garrahy, who is the acting director government coordination North Queensland region Department of Aboriginal and Torres Strait Islander and Multicultural Affairs as his previous iteration, but currently he's the acting director government coordination of the responsible department. His evidence will comprise that there are 24 full-time positions in Mount Isa in relation to the department; 22 in Mount Isa, one is in Mornington Island but it, as at the moment, is unfilled. You will hear from Ms Kelly Harvey, the officer in charge, Mount Isa District Child Protection Investigation Unit.

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It's a very substantial statement and she outlines, as I have already adverted to, the particular unique features of the Mount Isa area. She would also say that the CPIU role

has changed quite dramatically over the years from youth justice investigations to more of a child protection focus. She will say that as at September this year child protection notifications are up 30 per cent from 2011 and that in turn was up 20 per cent from 2010. She will give evidence about the joint investigations between the police and the child safety office.

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She will also give evidence about proactive strategies she has been instrumental in; the substance misuse group, the mental health youth stakeholder group are just some. The next witness will be Dr Rhys Parry, who is a director of paediatrics, Northwest Hospital and health service, Queensland. As part of his role he acts as a child protection adviser and has the Queensland Health core responsibility on the Mount Isa SCAN team; service delivery issues, health assessments of children in care and paediatric outreach visits to surrounding communities.

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He isolates the social difficulties of alcohol abuse, domestic violence, foetal alcohol syndrome and poor school attendance, volatile substance misuse, and high rates of sexually transmitted diseases and pregnancy amongst young adolescents. The last witness will be Gregory Anderson, who is the regional director for North Queensland of DATSMA. DATSMA projects include Closing the Gap, in ATSI disadvantage, and improved regional and remote service delivery, for example, Leap Strategy and the national partnership agreement on remote service delivery, and local coordination and projects across government departments.

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He also highlights current challenges including the recruitment of indigenous employees into child safety in regional and remote areas and the government's lack of cultural understanding. That is the evidence I intend to adduce.

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COMMISSIONER: Thank you. Are you ready to corner first witness?

MS McMILLAN: Yes, thank you. I'd call Paul Garrahy.

**GARRAHY, PAUL** sworn:

ASSOCIATE: For recording purposes please state your full name, the occupation and business address?---Paul (indistinct) Garrahy, acting director government coordination, 42-44 Simpson Street, Mount Isa.

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COMMISSIONER: Thanks, Mr Garrahy. Welcome?---Thank you.

MS McMILLAN: Mr Garrahy, you prepared a statement in relation to this commission, have you not, which was declared before you on 4 October this year?---That's correct.

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Have a look at this. Mr Garrahy, Do you recognise that document?---I do. 1

What is it?---That's my statement.

All right. Are the contents of that true and correct?  
---They are true and correct.

All right, thank you. I tender that.

COMMISSIONER: That will be exhibit 81. 10

ADMITTED AND MARKED: "EXHIBIT 81"

COMMISSIONER: Is it publishable?

MS McMILLAN: Yes.

Mr Garrahy, there's no reason that couldn't be published, is there?---My statement?

Yes?---No, that's fine.

All right. Now, Mr Garrahy, have you overnight prepared with the assistance of Mr Selfridge some, shall I call them, statistics and also some anecdotal - would that be a fair summary of that?---Yes, that's correct. 20

Which you've entitled "Operational Data Snapshot - Gulf and Mount Isa Child Safety Services". Now, I note at the top it's got "Not for public release"?---Yes.

So I understand that you would contend it shouldn't be published?---That's correct. 30

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GARRAHY, P. XN

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All right. Would you just explain to Mr Commissioner why that is?---Yes, the data pulled together within this document is essentially local-level data that operationally I'd use on day-to-day basis. It's not departmental-wide data that's gone through various, I guess, checks in terms of accuracy. The data that's contained here can change day to day to so I believe, yes, just for operational reasons it's of use for today but shouldn't be published.

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I understand, because I haven't had a chance to read it through, that you also include some case studies, if you like?---Some examples, yes.

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Do you say that if that was published, that might identify the children or not? So, for instance, on page 9 that would not seem to necessarily identify the child, would it?---No, that example wouldn't identify the child.

All right. Mr Commissioner, can I leave it at this point? I will tender it. Can I make some more submissions once I have had a chance to read it through and perhaps the other representatives who don't yet have a copy of it also have a chance? They may want to be heard about that.

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COMMISSIONER: All right. Mr Selfridge, do you want to argue the point that it should be suppressed?

MR SELFRIDGE: Not at this moment in time. I would rather have some discussions with counsel assisting.

COMMISSIONER: Right. I will wait to hear that.

MS McMILLAN: Thank you.

COMMISSIONER: Are we live stream?

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MR .....: Yes.

COMMISSIONER: It's going to be a bit hard if you ask questions about it?

MS McMILLAN: Mr Commissioner, can I just say for my purposes at this stage I won't be really asking questions about it because I haven't had the chance to absorb it.

COMMISSIONER: All right. Why don't I take it? It will become part of the record.

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MS McMILLAN: Yes.

COMMISSIONER: At the moment I will direct that it not be published till further or other direction.

MS McMILLAN: Yes, and I understand copies will need to be made for the other representatives.

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MR SELFRIDGE: Those have been provided. 1

MS McMILLAN: They have been provided, thank you.

COMMISSIONER: Obviously they are provided on the basis that they are not to be published to anybody else unless and until I - - -

MR SELFRIDGE: At this moment, yes.

COMMISSIONER: Thank you. 10

MR SELFRIDGE: Thank you.

MS McMILLAN: Mr Garrahy, do you wish to be able to have recourse to this during your evidence, the document I have just tendered through you? In other words, you may want to refer to it. Is that correct?---I will be, yes.

Yes, right, thank you.

COMMISSIONER: All right. The operational data will be exhibit 82. 20

ADMITTED AND MARKED: "EXHIBIT 82"

MS McMILLAN: Thank you, Mr Commissioner.

Now, do you have a copy of your statement with you?---I do.

All right. Do you also have a copy of the statement of Kelly Marie Harvey?---I do.

All right; and is it the case that you've read that through prior to today?---I have. 30

All right, thank you. Now, can I just ask you - in your statement at paragraph 5 on page 1 you say your duties and activities include - and you set them out with bullet points. There are about seven of them?---Yes.

Now, you say your activities include those so, for instance, providing leadership and management in the delivery of high-quality child protection services to clients and communities. Is it your view that at this point in time the Department of Child Safety in Mount Isa does that, that they do deliver high-quality child protection services?---It is. I would say that. I think there's always better practice but I do believe we do provide high-quality practice. 40

For instance, you say, "Ensuring that staff and physical and financial resources are effectively managed to give effect to relevant legislation, government policies and contemporary best practice standards." Is it your view that that's occurring?---It is.

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And do you say that you're actively participating and where appropriate leading local area forums with government and non-government stakeholders?---That is correct, taking into consideration that I'm currently in a different role to that of the manager of Gulf Child Safety Service centre. However, when I would be in my substantive role, that would be the case. 1

All right. So just perhaps I should take a step back?  
---Yes.

The director government coordination - just explain what that entails?---Okay. So I'm currently on secondment to the role of director government coordination which is a position within the Queensland government, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. We have a team working jointly with the Commonwealth government under the Closing the Gap agenda so we work from a regional operation centre and we focus purely on the two communities of Doomadgee and Mornington Island in relation to the Closing the Gap. 10

Right. Your formal qualifications - you have a bachelor of social work from Charles Sturt University and bachelor of social science from the University of Newcastle?---That's correct. 20

Your substantive position is manager, Gulf Child Safety Service centre?---That's correct.

Department of Communities, Child Safety and Disability Services, the department, as we'll call it?---Yes.

Now, you've been in that position since January 2010?  
---Yes. 30

Prior to that you managed the Caboolture Child Service Centre from October 2008 to January 2010?---Yes.

And then between 1999 and 2008 you held a number of positions in the New South Wales child protection system?  
---That's correct.

Including caseworker, team leader and manager of client services?---Correct.

So what you actually entail in paragraph 5 is what you would ordinarily do in your role as manager, Gulf Child Safety Service centre. Is that correct?---That's correct, yes. 40

All right. So you realise when I'm asking you questions about these issues today that I'm asking you really in that role largely?---I understand, yes.

Yes, all right, thank you. Now, at paragraph 17 of your



statement you say, "Gulf CSSC" - so that's the Child Safety centre, isn't it?---Yes. 1

"Has internal resources it requires to perform its core functions of investigation and assessment through the continuum to ongoing intervention". Correct?---Correct.

And you've identified that delivering services in remote communities can be complex and challenging throughout the continuum?---Correct.

Now, in terms of that, would you also agree with Senior Sergeant Harvey's statement at paragraph 18 where she says, "Child Safety provides a lead agency response across the Mount Isa district through the Child Safety Service centre." Is that correct, that the Child Safety office is the lead agency in relation to child safety, child protection issues?---That is correct. The only point of correction I would note there is that in Mount Isa we have two Child Safety Service centres. There's the Mount Isa Child Safety Service centre. That covers the Mount Isa area. 10

Yes?---There's the Gulf Child Safety Service centre which covers the gulf community. 20

She then goes on to say that the office has two sections, correct, Mount Isa and the other one servicing the gulf? ---That is correct. They're two separate offices co-located.

So they're in the one building?---That's correct.

But they have different responsibilities?---Correct.

Areas of responsibility?---Yes. 30

All right, but the department would be the lead agency in both the gulf and Mount Isa district. Correct?---Correct, yes.

All right, thank you. Now, I understand from your statement that in relation to employees here, paragraph 13, you have got 24 - is that "FTE" full-time positions? ---That's correct.

They're team members within the gulf CSSC. 22 are physically located in Mount Isa with one position on Mornington Island and one in Normanton. Correct?---That's correct. 40

Now, the Mornington Island position - that has been unable to be filled. Is that correct?---That is correct. It's been filled predominantly for the last few years. However, it's been vacant for a period of time this year.

How long?---I don't actually have that. I could obtain that information for you, but it's several months.

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Would you?---Yes.

Thank you. So it has been most of this year, would you say, approximately?---I couldn't say that with accuracy.

Okay, thank you. So in terms of the gulf team, if you like, it actually has almost everybody sited within Mount Isa office?---That's correct.

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You have an office in Normanton but there's not an officer there, is there?---In Normanton we have a child safety support officer permanently based.

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So not a child safety officer but a support. Is that correct?---That's correct. A child safety support officer, yes.

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So just for the purpose of perhaps those who may not understand the distinction, that person doesn't have the qualifications necessarily that a child safety officer does?---That's correct.

Is that person a member from the indigenous community there?---Yes, that person is an indigenous person from community.

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All right. Now, in terms of the fact that it's been - the Mornington Island has been effectively vacant at least for some months this year, do you have a view about what more the department could do to attract and retain staff in rural and remote areas?---Not necessarily. I think if we look at the establishment for Gulf and Mount Isa most of our positions are filled. I think there will always be times where there might be vacancies, as we're experiencing on Mornington Island, however in the document that I put forward I do actually identify the length of time people have been in positions and I think that in actual fact we are retaining our staff in positions.

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Given that at least for the Gulf office almost all of the officers are sited in Mount Isa how does the department work to avoid disruptions to service delivery caused, for instance, by staff vacancies and turnover?---Whilst the staff are based in Mount Isa the Gulf Child Safety Service and the staff are physically based here. The majority of those staff would travel to the Gulf communities on a very regular basis. On the document I've put forward on page 5 there's actually a table that identifies how many days in each community staff actually spend. So when you look at those figures, it's quite substantial. So we actually - whilst we're physically based in Mount Isa in the one office the staff regularly travel to those communities to perform their core functions.

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Can I ask you this, please, that when you say total number of staffing days, if, for instance, two officers go out is that classed at two days?---That's correct.

Even though it's one day but two staff members?---That's correct, because on that day they might be performing different functions or - yes.

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Right, so just so I understand this, on page 5 if you look at 2009, Doomadgee, 152, that in reality is more likely to be half that number of visits, isn't it, because two officers always attend, don't they, there's never just one?---That's correct, yes.

That's done, no doubt, for good reasons about - I imagine

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safety might be one, the ability to optimise services whilst they're there, for instance?---Generally that would be the case, yes.

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Right, so it's probably about half that in terms of actual visits. Would that be right?---Yes. What we do need to take into consideration, though, is those figures are for child safety officers, not for child safety support officers. So the way we actually practice would be, particularly within our discrete communities, we would send a child safety officer with a child safety support officer. So those figures wouldn't also identify that the CSSOs would predominantly be accompanying the CSOs.

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So just so I understand this, is a CSSO not incorporated in these figures?---That's correct.

Right, so it's very hard, is it, from this document to say how many visits have actually been made?---Yes. The intention there isn't to demonstrate that.

Right, okay. Thank you. Now, can I also ask you this. The number of staffing days, does that include travel time in those days that you indicated there?---It would, yes.

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Now, is this correct, that your staff need to travel by motor vehicle to those communities?---On occasions it's motor vehicle. Obviously for Mornington Island being an island, all travel to Mornington Island is by air.

Yes?---Travel to Normanton, whether you travel by air or travel by road it's roughly the same amount of time to get there. It's slightly less by air but only by an hour or so, and travel to Doomadgee, depending on the time of year, with the wet seasons we can't drive so we would fly and at other times of the year we'd have a combination of air travel plus motor vehicle travel.

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In Ms Harvey's statement, for instance, she says that it's always approved air travel for officers within the QPS. That's not the case within child safety?---No. We would drive as well, yes.

Is that particularly efficient, though?---Well, I think that's a difficult question to answer. For communities like Mornington Island we would have no option but to fly.

Well, understandably, yes. It's an island?---For Normanton, as I mentioned, air travel and road travel is roughly similar. For Doomadgee, yes, it could be problematic, but it's a reasonable issue as well financially, isn't it?

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Yes, because obviously - how long does it take to travel by road to Doomadgee?---Approximately seven hours, yes.

Right, so if they're travelling by road then it basically means pretty much that you've got quite a bit of one day just travelling, a day at Doomadgee and then basically almost another day coming back?---Correct, yes.

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So that's really three days out of the office for that officer, isn't it?---For road travel it could be, yes.

Yes, so that that means obviously they can't be attending to other core business. Correct?---Correct.

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Right, okay, but you say it's an issue of resources?---We would need to look at the use of resources, be it air travel, motor vehicle travel, yes.

All right. What percentage of your - can I just ask, what do you understand by the term "frontline worker"?---I would consider frontline workers to be all my team members within the child safety service centre apart from administrative staff.

So does that mean that they're having face to face contact with members of the public?---It could be, or supervising those staff that - - -

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So they may not individually have contact with members of the public if they're supervising other staff?---That's not necessarily the case. If you're a team leader you would be going to meetings with members of the public.

Yes?---If you're a manager you might be meeting with members of the public as well, yes.

Okay, thank you. Now, what percentage of your frontline workers are new graduates? Are you able to tell us?---I am. So if we were to look at page 4 - sorry, I'm probably not able to exactly give you the numbers of new graduates, but I can talk about average experience levels of my team members.

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Well, firstly, yes, I'd like you to do that, but secondly, no doubt you could get us that information?---I could get that information, yes.

Thank you. All right, yes?---So on page 4 we see for Gulf Child Safety Service Centre that in terms of the child safety officers being in the role there's a minimum of one year. So they've been in the role for one year. Like, one of our staff members would have been in the role for one year. One of our CSOs has been in the role for 6.5 years and across the CSOs there's an average experience of about 2.7 years. For Mount Isa Service Centre if we go to page 6 of that document we can see that the average length of time in the CSO role is 5.2 years, again with a more recent graduate being one year's experience in the role or a

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maximum of one of the CSOs being there for 10 years, noting that whilst they might have been in the role for one year, that wouldn't automatically mean that they're a new graduate. They might have come in from the human services field.

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All right, so perhaps you could find out for both offices?  
---Yes.

Now, can I just ask you, is it the fact that sometimes undergraduates are employed as child safety officers? So undergraduates, for instance, doing a bachelor of social work?---Yes, that's one of the requirements. So to be a child safety officer you need to have an undergraduate degree.

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Sorry, they're still completing their degree?---I'm not aware of that.

You're not aware that they've been allocated case loads?  
---Not aware.

Perhaps up to 25 cases?---I'm not aware of that, no.

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All right. Could you find - - -

COMMISSIONER: Sorry, I'm not sure what "not aware" means. It means you don't know or you do know that that's not so?--I don't know of any child safety officers who have not completed their degree and who have got a case load.

So does that mean that you're confident that there is no such person in your office?---I haven't physically - I haven't physically been in this role, the manager of Gulf, for the last 14 months. Up until the point I left we would not have a child safety officer performing the role unless they've got a degree. It's my understanding that you cannot gain employment in the department as a CSO until you have an undergraduate degree completed. It would be my take that that wouldn't happen anywhere in the state.

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MS McMILLAN: All right.

COMMISSIONER: So you work on the assumption that that rule is obeyed?---I do, yes.

MS McMILLAN: What if they're on a student placement? Would they be allocated a case load?---They shouldn't be. If they're on a student placement they should be working under supervision and they should not have a primary case load.

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Would you be confident that that hasn't occurred within the office?---Under my leadership, I would be. 1

COMMISSIONER: Who's responsible for supervising that?---I assume, placement. So if they're starting a social work degree you would have to - it's my understanding, unless it has changed from the university as it provides social work courses - someone studying social work would need to be supervised by an employee that has a social work qualification and would have a certain amount of years' experience with that degree. That person could be a child safety officer, they could be a team leader, they could be a manager, or they could be a senior practitioner. 10

All right. So are there any student placements in the office at the moment in the region?---I'm not aware of any in Mount Isa or Gulf, but I can confirm that.

MS McMILLAN: Thank you. Who's actually performing your substantive role at the moment?---I've been in my acting role since April 2011.

Yes?---Up until last month the senior practitioner - would you like a name, or - - - 20

Yes, please?---Christine Mann, who's our senior practitioner for Gulf, has been acting manager. She's an indigenous lady from here. She's just gone one mat leave and Sue Legano is now acting manager.

And who's she? What's her experience?---I believe approximately 30 years in the department experience.

Right. But was she already within the office?---She's from Townsville. 30

Right, so she's from the Townsville office?---That's right, from the North Queensland region.

All right. Do you think that might be problematic at all, that within the last 14 months this now been effectively then three managers?---No.

No?---No.

Doesn't impact at all?---I think it can, but I think in reality Christine Mann took up the position once I left. She's a very strong indigenous person, A lot of experience in child protection, and has been in that role up until last month. I am returning to my substantive role on 12 November so I think within any workforce you have times when people go on leave, you always need to have someone cover your position, so I think whilst permanency is ideal, the reality is in a workforce people go on leave, they need someone to act up in those roles. 40

All right. Now, can you tell me from your knowledge how members within the child safety office - and of not talking about administrative staff, I'm talking about those who might be termed frontline, if you like?---Yes.

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How they supported? For instance, do they receive training?---So upon entry into the department, so as I mentioned, if you're a CSO you've already completed an undergraduate degree. You then go on to child safety officer training; your induction; you do cultural competency training; so there's a series of training programs that you would complete. Within the office as part of the - particularly for the CSOs there's a particular requirement for supervision around - - -

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By whom?---By the team leader, yes.

Is there training the team leaders?---There has been training. I would need to confirm what the current training is now.

Well, can I ask you this: according to the Children's Commissioner - I'll just use the shortened title - their report of this year indicated that within both the Mount Isa and the Gulf offices the mandatory child safety entry-level training, the compliance with that was 30 per cent for Mount Isa and 29 per cent for the Gulf office?---Mm.

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Now, it is mandatory, isn't it, that child safety entry-level?---It is, yes.

That compliance rate, does that trouble you?---I think the figure of 30 per cent sounds troubling. I don't actually know whether that figure is accurate. I think it's a definition of that training which might be the question.

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Well, why would that be problematic? Because it would seem that there could only be one interpretation, couldn't there, what mandatory child safety entry-level training is?---Yes.

It's not like you could qualify in the main, could you? ---May I just refer to notes?

Yes?---It is my understanding that for the CSO training there are five phases.

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Yes?---That the first four phases generally speaking has been completed by the majority of staff; there's a fifth phase which relates to a graduate certificate. It is my understanding that there are people who are still within timeframes to complete the graduate certificate and that that hasn't been completed. So until that is completed, based on the figures it would look like they haven't completed the training, but in actual fact my understanding



is that the majority of staff have completed that training but they haven't completed the graduate certificate component. 1

What's involved in the graduate certificate?---I'd need to get further information on that.

All right, so the five phases; one and two are required before a caseload can be allocated. Correct?---Yes.

The other phases include 11 months of workplace learning. Correct?---I'll just refer to the training document if I can. Okay. 10

Yes, is that right? The other phases consist of 11 months of workplace learning?---Yes.

One week of consolidation training, and the other one is academic requirements?---Yes.

So what is it that is not being completed as you understand it in these five phases?---My understanding is that there is a fifth phase that requires the CSOs themselves to submit documentation for a graduate certificate. I don't any, probably, further information on that. I can certainly look into that and obtain something if I can. 20

So really is the submission of paperwork that fifth level? ---I would have to do find out further information, if I may.

All right. But given that on its face according to the Children's Commissioner's report, they seem very low compliance rates, don't they? So you're not aware of what may have been taken within the department to check whether that's accurate?---I don't know, yes, that's right. 30

Now, team leader training; what sort of training is undertaken within the child safety office in Mount Isa and Gulf?---So within - so team leaders receive induction, cultural awareness training; however, there is no formal team leader training in the department at this stage.

Well, indeed again according to the Children's Commission report for the Mount Isa office it's zero percentage compliance, and Gulf, 33 per cent?---Okay.

But your understanding is there is currently no training for them?---That's correct, the team leaders. 40

Well, that would seem problematic, wouldn't it, for a number of reasons? One is they're a more senior officer, they're supervising more junior child safety officers, aren't they?---Yes.

And no doubt they would obviously become involved probably

in more complex child protection matters, wouldn't they? Personally involved, I mean?---They could be. I think if you're taking into consideration, though, a few factors, many other team leaders become team leaders from the role of CSO, so they've already historically completed caseworker training.

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Yes?---We do recruit team leaders from external to the department. If we were to look at the document I submitted on page 4, we can see that the qualifications that our team leaders have - so they've already done their primary undergraduate degree or postgraduate studies. And they also have an average - for example, within the Gulf - of nine years' human services experience. So I think we need to also take their wider human services experience into account.

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All right. Accepting that, I want to take you then please to senior Sergeant Harvey's statement?---Yes.

Would you have a look at that, please. Now, you will have noted that she goes into some detail about the training that QPS provides. For instance, paragraph 24, page 5? ---Yes.

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She says, "2012: officers wishing to become permanent members of the CPIU" - and you obviously know what that term refers to, don't you?---Yes.

That's the Child Protection Investigation Unit - "became mandated to undertake psychological assessments, psychometric testing and a psychological interview"?---Yes.

"This is a mandated process to reduce the risk of psychological harm to officers working in the specialist CPIU field"?---Yes.

30

Firstly, is there anything like that offered within the department to your knowledge? Your department, I mean? ---Yes. I'm not aware of any requirement for us to undergo psychological assessments to perform roles.

And she goes further in paragraph 25, "All members positioned in 2012 in the CPIU became required to undertake yearly psychological health assessments. Whilst this has been voluntary it's planned that this will be mandated by the board of management in the near future"?---Yes.

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"This year several members of the Mount Isa CPIU have undertaken these assessments." Now, is anything like that offered within your department, to your knowledge?---We're not offered yearly psychological health assessments, to my knowledge.

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Do you think those would be beneficial to your staff?---I think what's beneficial to staff is support and counselling as needed. I don't necessarily have the expertise to comment on whether psychological assessments are a valid - of any purpose to staff.

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Well, the fact that it's apparently mandated to reduce the risk of psychological harm that could only perhaps be seen as beneficial, couldn't it?---That would be one view, yes.

Sorry?---That might be a view, yes.

Might be, all right. Then she goes on further about, "Officers are provided specialist training throughout their plain-clothes career"?---Yes.

Understandably some of these might relate more specifically to the QPS, but newly appointed officers are required to complete the detective training program and then paragraph 27, "Newly appointed officers also readily attend training in child protection areas and courses," you can read for yourself at paragraph 27?---Yes.

20

Importantly at 28 it might seem that newly appointed officers undertake an induction process and in either case they're under direct control for a mentoring period?---Yes.

Now, just looking at some of those issues, do you say that there's anything specific of this type of, it seems, tiers, if you like, of support and training that exists for CSOs in the Mount Isa and gulf office?---Yes, all of our team, our CSOs, if you're talking about CSOs, receive an induction process. They receive CSO training. They receive ongoing supervision from their team leaders. They receive additional support from their senior practitioners for complex cases. So I do see that whilst the term here is used "mentoring", what I would see with our staff probably would be - "supervision" would be the term.

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Do you regularly undertake feedback within - you can only no doubt speak for the gulf and Mount Isa - - -?---Yes.

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- - - of whether your frontline staff, for instance, do feel supported?---Yes, I do.

What's your understanding?---As to whether they feel supported?

Yes?---Well, my understanding would be that the majority of the staff would feel supported.

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What about training? Do they feel they receive adequate training?---I think training is a different issue. I think that some staff might feel that more training would be beneficial.

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How long do you think this might have been something that staff have felt the need for?---I don't know. I know that historically all of our staff receive their induction training, their CSO training. We were very fortunate in this location, and still are to an extent, to receive ongoing training opportunities from the department so - - -

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Can I just stop you there?---Yes.

We have just heard that the entry level isn't necessarily fulfilled, all phases, correct, from the Children's Commissioner's report, firstly. Correct?---I think I didn't agree with that necessarily.

Right; and there's no training at all for child safety team leaders?---Well, there may be no formal training like the police offer but I do believe that - again if I refer back to the fact that many of our team leaders come in as previously CSOs or having worked within the human services field, I think that's all relevant.

20

That no doubt is relevant to them obtaining the job, isn't it?---Yes.

Because they don't come without - and particularly being appointed to more senior roles such as a team leader? ---Yes.

But isn't there a need for ongoing training of them? ---There is, yes.

30

If for no other reason than to have a standardising of the sort of training?---Yes.

All right. There's been criticism levelled at inexperienced departmental officers; that they lack clear understanding that they are administering legislation and consequently it's resulting in a lack of accurate advice to parents about their rights and legal positions. I'm referring to a submission dated 3 October from ATSI North Queensland, Mr Commissioner.

What do you say about that?---About our staff being inexperienced?

40

Yes, they lack a clear understanding they are administering legislation and consequently results in a lack of accurate advice given parents about their rights or legal position? ---I think if I was given specific examples of cases which we could explore further, that would assist me to know what's happened. However, if I don't have access to that

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interest, I can talk generally and again, if I refer to the experience levels of our staff, I don't believe the inexperience is necessarily the issue. I can't talk about those cases around the performance of the staff involved, but if I look at the figures from my officer in Mount Isa, we can actually see that our staff do have some - what I consider significant experience.

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All right.

COMMISSIONER: Can I just interrupt you?

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MS McMILLAN: Sure.

COMMISSIONER: I think that's not really the point of the proposition?---Okay.

CSOs have to administer a piece of legislation?---Yes.

Right, as do police?---Yes.

As do dogcatchers and other people who have got powers and it's the legislation that sets out the limits of their powers and authorities and responsibilities?---Yes.

20

Not the manual?---Yes.

There's a suggestion made from time to time that in the administration of a piece of legislation sometimes the practices actually overrule and misinterpret the law? ---Yes.

That's really the basis of the proposition that you were asked to comment on?---Okay.

It's not about how much experience they have got because you can have all the experience in the world with a bad golf swing but it doesn't make you a good golfer?---I understand, yes.

30

So what do you say about the proposition that it's the law that you're administering, nothing else, and how satisfied are you that those administering the law actually understand the law when they're talking to the parents about what the law says in a particular situation as distinct from the manual?---Okay. So I do believe that particularly in this location my team would have a very good understanding of the legislation and I do believe that we operate from the framework of looking at how we can respectfully work with the families. I think in this document that I've put up I have given an example where - for example, the definition of "parent" where through our practice we've chosen to really look at the legislation and go, "Well, what is a parent?" how we can apply that within our community, particularly the discrete communities. So I can't speak for all staff but I do believe that there are

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supports through our legally trained staff, through our senior practitioners. I do believe that from a practice perspective we try to interpret legislation - - -

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Being a lawyer, I'm going to ask you what's your basis of belief?---Okay, yes.

So how do you satisfy yourself? See, one of the ways you would do it is by training?---Yes.

And your feedback?---Yes.

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And having things where people get together and they - seminars and that sort of thing?---Okay, yes.

So do you conduct those sorts of things about the law? ---Locally we do. We have informal training sessions with our senior practitioner, with our coordinators. Both coordinators - the coordinator from Mount Isa and Gulf are both solicitors so they do work side by side with the CSOs around the legislation, around practice, and our senior practitioners do as well. Those are more informal local training sessions that we might have. They're not necessarily formal, but on a regular basis they are conducted.

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So if I was to want to have a look at, say, how much training do they have on the interpretation of the legislation and its implementation according to the law, I really couldn't find out. I would have had to have been at one of these informal things?---Yes, or ask in general.

Right. So no records of that sort of informal training. I'm just going to keep going for a little while if you want to take a seat.

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You mentioned before about the definition of "parent"? ---Yes.

Are you talking about the definition in, because it varies through the act, section 11?---Yes.

All right. Now, what did you mean? You interpret "parent" what, in a way that - - -?---I think from a practice perspective if we're working with families within, for example, Doomadgee and Mornington Island where the population is mainly indigenous, when we're looking for placement options, for example, because we do have the belief that finding suitable care for children that need to come into care is problematic - - -

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You have got subsections (3) and (4) that tell you that a parent of an Aboriginal child is regarded as such under tradition and then under custom for islanders. So is that what you're talking about?---Yes.

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How do you interpret subsection (3)? Who is a parent of an Aboriginal child, regarded as a parent under Aboriginal tradition? How do you identify that person or group of people?---So within the communities, so if I'm thinking about the communities such as Doomadgee, we would look at immediate family, clan groups, et cetera. So not necessarily aunties, uncles - sorry, we'd be looking at extended family of that person. 1

Yes, okay?---Yes.

Sorry, when you say looking at them you don't mean visually, you mean what?---Considering them as a suitable person. 10

On the basis of - against what reference points? How do you identify a person who is a parent under Aboriginal tradition? What do you do?---Okay, so we would engage with the family. We would work with the recognised entity. We would try to identify people within the family or clan groups that might be a suitable person that they would consider to be - - -

So you would say to the RE, for example, "Who under Aboriginal tradition is this child's parent"?---We could do that. 20

No, do you?---We do, yes.

Do you always get a clear answer?---No.

All right, so what are the difficulties around that that you can help me with?---So I think there might be differing views on who might be from a particular clan group or who might be - within the family there might be concerns about who might be suitable for a child to be placed with. 30

Yes, but that's a different question?---Okay.

The question is who under Aboriginal tradition is a parent? ---Yes.

Leaving aside suitability?---Yes.

It seems to suggest when you read this that there is a fixed and fast set of rules that identifies somebody, that there is actually an established Aboriginal tradition of who is a parent?---Yes. 40

Now, is that your experience or not?---Not necessarily.

No, because it might vary from within a community as to who might be regarded as a parent?---Yes.

So are you telling me that it's difficult to identify a thing called a tradition, or for Islanders something called

a custom, that allows you to identify someone who is a parent other than a biological one?---It is difficult. 1

So how do you resolve that difficulty bearing in mind the obligation to place ATSI children with parents if they - how do you resolve the difficulty?---Well, again, I think it's around engagement with families, it's around engagement with the recognised entities. That's pretty much the way we would do it.

That's about it?---That's our options, yes. 10

I'm going to go to that schedule that you tendered, exhibit 80, was it? 82. I hope I'm not breaching any confidential information, but you tell me that in respect of, on page 2, the Gulf service centre, that 53 children, which represents 55 per cent of those under ongoing intervention live in their communities. That's half?---Yes.

Where are the other half?---The other half would more than likely be in Mount Isa.

Does that mean to say that those other half are living in Mount Isa because you couldn't identify someone in the community who was either by custom or tradition a parent? ---That could be the case, yes. 20

Would there be other explanations? I suppose you could have identified such a person but they weren't appropriate?---Yes, or it could be that there might be children placed in Mount Isa for different reasons such as if a child needed to enter care but needed medical attention. They might be here, they might be in Townsville. It would depend on those kind of circumstances. We might have some young people that needed some therapeutic intervention, so they might need to be here or in Townsville as well. 30

But they would be exceptional rather than the rule, wouldn't they?---Generally speaking, yes.

So it's still a lot. 45 per cent aren't in their community?---I agree, yes.

So you've got to help me here?---Yes.

What's the problem? Why can't you get more in the communities? What are the barriers to that?---From my perspective we need to consider within the child protection arena the bigger - the external social issues that might be impacting a community such as Doomadgee, the levels of disadvantage. There's, you know, many clan groups within community, so you may have a child that we can't place for whatever reason with their own family but there might not be other options. 40



But how do you work out the clan problems, as not being an indigenous person?---I can't.

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No, so I still don't understand why - I mean, I can understand the difficulties, don't get me wrong?---Yes.

But I can't understand why those difficulties can't be resolved. Other than in 45 per cent of cases the children are taken out of community?---Yes. I think when we look at the figures for children entering care, if we look at Mornington Island and Doomadgee - - -

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Yes, I've looked at that?--- - - - the figures would suggest from my perspective - and if we go to page 1, for Mornington Island we've had two children enter care, for Doomadgee we've had three.

That's 2012 to date?---2012 to date, yes. I do believe that what these figures demonstrate is some of the work that we're doing at the investigation and assessment point in terms of working in alternative ways around intervention with parental agreement or other options. So I do believe we may be seeing a reduction in children entering care.

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Well, that was going to be my next question, because the difficulty is you can't have your cake and eat it too. If from 2012 we're improving things and fewer children are going into care, that means that before 2012, before we woke up, too many children went into care outside their communities?---Yes.

Would that follow logically?---I understand that, yes.

So what are we doing about the children who are now in the system who arguably might have avoided it if we did in 2008, 2009, 2010, 2011, what we're now doing in 2012?---I think the figures here actually demonstrate a change of practice over a period of years. I do think that we're seeing services within those two communities now that is starting to engage with families that are giving us options. So I think one of the challenges we face with our work is that if we're engaging with families in Doomadgee and Mornington Island, for example, and we want to do some earlier work with them around provision of services we need those services to be in place. So historically if we also take into consideration Mornington Island and Doomadgee, historically, for example, there hasn't been a high level of investment necessarily or investment that might meet the needs of this particular part of the community.

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Yes. No, I understand that?---Yes.

But what I'm saying is does the department - if it accepts that there might - the gatekeeping, if you like, to the system might not have been perfect in the past and have

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done things to rectify it both institutionally because of more services being available, change of philosophy, change of approach, more earlier interventionist focus and that sort of thing, we've still got a separate problem. We've got too many children who are in the system under orders? ---Yes.

1

Does the department say, "Well, look, we've just got to draw the line under the sand and it's better for them overall to stay under orders rather than be united with family because they've been there for too long already. That would be destabilising"?---That would be one perspective. I think what we're seeing here, though, is linking it back to some of those services, and I think predominantly if they remain on Mornington Island and Doomadgee, we've now got safe houses in those communities, for example. So I think what we're seeing is that by the actual enhancement of services within communities such as the safe houses, that's actually providing us with options to return children to community. So I think again we've been utilising the safe houses to actually facilitate family contact more often and actually try to bring the children back to community.

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Well, could we have a look at that?---Yes.

See the children unified on page 2?---Yes.

I'm not quite - don't quite understand the figure. 2012 to date is 14 but there's no comparison as there is in all the other categories back to 2009?---That's right, yes.

How come?---Again, this being operational data, this is what I was - local information I was able to pull together.

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So I was trying to focus on what I could quickly obtain, and that was the figures for 2012. I believe that information would be available, it would just take longer to actually pull together.

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Righto. So what I'd like to know; is the reunification rate going up in this part of the region? Or you can't help me with that?---I could obtain that information, Commissioner. I think I don't probably have the current knowledge of that.

Because we've got a conundrum now, got a system that, say, has got children who in 2012 might not have been the subject of orders in the system; we've got work out what we do with - - - ?---Yes.

10

- - - those children based on best interests?---Yes.

This is assuming that they are still children in need of protection for a start?---Yes.

But let's assume that. We then need to have a look at what we've learnt since they went in. Does it mean now that perhaps the system could return them to family that were now safe enough by reference to our new set of standards or mores or cultural understanding?---Yes.

20

So if we could do that, are we doing that, is the next question. Is there a departmental policy to actually try to do that?---I think we're always actively working with Safe to do so, to have children with families. I do believe that. I think I do, I agree with your comments before about once children are on orders and so forth it's - I think the challenge is - I hear what you're saying about the two different areas, I think - - -

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Let me put it to you this way: has the department - the executive - sent out to regional areas - people in your position who can do it - "check everybody who is under orders and see whether there are any under orders who could actually go back to their community now, as at today, without it being detrimental to them and their development overall". That is, are there any children currently in the system under long term orders who could safely be returned to their community in their overall best interests? And if there are, send them home?---I wouldn't expect the executive to do that. I think day to day that's what we would do in the child safety service centre. We would always be looking at the children in our care and always considering that and see whether there are options. If policy was to change I think that would be different situation.

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Let's have a look that on a day-to-day basis. Are you saying to me that doing that routinely, checking to see whether - I mean, would you do that for a child who's been

under orders for five years or would you assume that:  
well, this person is not a candidate for reunification  
after such a long period of time, and make the assumption  
rather than conduct an evidence-based inquiry?---I think  
permanency planning is an area where there would need to be  
some very clear guidance around those kind decisions. I  
think that that would represent a particular way of doing  
our work, I think.

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Is there enough guidance, cultural and developmental, in  
the permanent planning area or not in your view?---I  
think - - -

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Because I'm going to ask you next what the tools are?  
---Yes. So I think there's always room to develop further.  
I think, though - I think that is an area we could look at  
and do more work in.

What do you do now? What tools are available for you to  
ask and answer that question?---So in terms of children in  
care, probably a key component of the work we're doing  
would be the children's case plan, which would involve  
family. So that would involve the discussions with family  
whilst the child is on order; you know: what other steps  
we actually need to take to be able to work with you and  
ensure that we can get this child back to your care when it  
is safe to do so? So I think the case plan would be the  
first key step in that process. The case plan has to be a  
truly meaningful document -sorry, it has to be a truly  
meaningful tool and not just a document. It has to be  
something that parents are actively engaged in and willing  
to participate in as well. And to an extent that would  
really guide our practice. Within the case-planning  
process we would need to be working with whatever services  
the family might need, be it alcohol, detox - - -

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These are the families who are on Mornington Island and  
Doomadgee and - - - ?---Yes.

All right. Well then, can we test that? Of the 14 who  
have been reunified - - -?---Yes.

- - - how many of them were on long-term as opposed to  
short-term orders?---I don't have that information,  
Commissioner. I could obtain that.

Because it's the answer to that question that would help  
identify how actively the reunification process is managed  
post-two years or four years, wouldn't it?---Yes, it would.

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Can you get that for me?---I can.

Excellent. And last question in this package: from a  
practitioner's point of view, if the definition of parent  
in section 11 was extended to expressly include as well as  
traditional and customary parents - maybe we tighten that

up a bit - you were to include a new category of any person  
- any appropriate adult who was genuinely interested or  
concerned about the welfare of the child? If that person  
was a parent for the purposes of section 11 would that help  
you in your day-to-day practice at Doomadgee or Mornington  
Island?---My personal belief is that my concern with that  
would be who could that person be? Could it be a non-  
indigenous person within community? And from a personal  
perspective I  
wouldn't - - -

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They're not mandated, it's just another option?---I  
understand. I think it's a - from my personal view I think  
it's a risky option that would be put forward. My personal  
belief is that our indigenous children should be with our  
indigenous people. I think the law should be - - -

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That's true, but 45 per cent of them aren't?---Yes.

We're looking for ways - you having difficulty identifying  
the traditional parent - - - ?---Yes.

- - - and the customary parent?---Yes.

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So given that you're genuinely looking for that - - -?  
---Yes.

- - - you want to keep them in family?---Yes.

Extended family; and then the next would be within  
community, wouldn't it?---It would. Commissioner, for me  
it starts back at the front end of our work and I think for  
me if we looked at how we did our practice up front, if we  
looked as a group of professionals working together in  
terms of whatever services might be that a family needs, I  
think for me personally we need to look at ways in which we  
keep our children in community and not into the statutory  
system.

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That's what I'm trying to deal with, the definition,  
looking at a way that might work; or alternatively what if  
a parent was a person who the RE recommended as being a  
person who was capable of fulfilling the parental role?  
Would that be helpful?---It could be. Again, I personally  
believe that this type of question would be good for our  
indigenous people to comment on as well because I think I'm  
a bit unsure as to how I could respond, yes.

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I'm asking you as a practitioner looking for a way of  
actually keeping a child in community rather than a reason  
to remove them from the community?---Yes.

Okay. All right, that's me finish at the moment, thank  
you.

MS McMILLAN: Mr Garrahy, in terms of placement of

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indigenous children, would you agree that there would be a particular need to have regular oversight of whether children can be reunified, because indigenous communities often by their very nature are transient in terms of their population. Correct? That is, people come and go fairly regularly?---That could be said. 1

So for instance, let's assume a member of the household means that someone who might otherwise be eligible as a carer isn't eligible because you've assessed that Mr so-and-so who's living there at the moment is a risk and therefore that counts them out; well, it could well be that they're gone within two weeks, couldn't it?---That does happen, yes. 10

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So is there a mechanism for a regular, if you like, bring up or oversight to check what is the reason that we needed to take the order and the nature of the order and has any of that changed so that we can look at returning a child? ---I would suggest that within our day-to-day casework practice currently we engage with the child. We engage with the carers so we would be doing that on an ongoing basis.

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Can I ask you, practically speaking how does that work with communities like Doomadgee and particularly Mornington Island where you don't have someone there at the moment? ---Yes.

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How are you regularly engaging with them because - correct me if I'm wrong, but if you go out - say, you and a child support - child safety, sorry, support officer go out? ---Yes.

You've probably got a fair degree of core business that you have to attend to on that visit, don't you?---What you're talking about though is our core business.

20

Well, aren't there perhaps often more emergent issues that you need to deal with when you're there?---I think in any - - -

Like acute issues?---There could be, but we still need to perform that function as well.

Is that being done?---Yes.

And you're confident, from your knowledge, that that is being done?---Historically, yes, in my role I would say that is being done because we do spend that time in the communities, yes, engaging - - -

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So how much of, say, a visit to Doomadgee - how much of a percentage of that visit ordinarily or approximately would be spent on looking at those sorts of issues?---So when we visit a community such as Doomadgee, we have different teams that might go. We might have the investigation and assessment team that might go to Doomadgee to do their investigations and their assessments. That's one piece of work. We have separate teams that might go to Doomadgee that are working with children that might be in care under orders or doing intervention with parental agreement so the team - - -

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They are different personnel?---Different personnel; different teams, yes.

And they go out together?---The I and A team would normally perform their functions separately to the ongoing investigation team. It could happen that they're both in

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community at the same time and they can certainly assist each other. However, when the I and A team goes to Doomadgee, they perform investigations and assessments. When the ongoing intervention team goes to Doomadgee, they perform ongoing intervention work.

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All right. Just so I understand again the issue with, say, your visits to Doomadgee on page 5, Mornington Island and Normanton, so the figures for 2012, 196 for Doomadgee - that incorporates both sorts of teams, does it, the investigation and assessment team and the other team you spoke of?---That is the ongoing intervention team, not the investigation and assessment team.

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So that's a different figure?---That's a different team. That's a different figure, yes.

So that's not incorporated in that?---No; no.

Why is the figure for Doomadgee so much less in 2012? It's 344 in 2011. It's 196 this year. We're most of the way through the year. Do you have any reasons that you can advance?---It would vary. It depends on - within the Child Safety Service centre at the gulf office you have teams as well; some working with Doomadgee; some working with Mornington Island. It could be depending on where the children are actually from as to the amount of days as well so that can fluctuate.

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Now, is it correct that, again according to the Children's Commission report, safe houses provide the only alternative to foster care within communities such as Doomadgee? Is that correct, Doomadgee, Normanton and Mornington Island? ---That's not technically correct, no.

All right. What are the other options?---So we do have foster carers in the communities.

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No, I said "other than foster carers"?---My apologies.

The only alternative to them?---That's correct, yes.

Yes, and is it correct that young people are only able to remain in a safe house for a period of three months? ---That's correct.

And obviously beds are limited?---There's a six-bed capacity in the safe houses.

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Right. Are you aware of children remaining longer than three months?---I'm not personally aware, no, in the gulf - in the Mornington Island or Doomadgee. I could find that information out for you though.

Yes, please, thank you, for each community?---Yes.



And is it correct that if the child cannot be placed with foster carers or in a safe house or they can't continue to remain in the safe house, the only alternatives then are Townsville, Mount Isa or Brisbane?---The first alternative and the normal alternative would be Mount Isa, yes.

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Right. What do you say about this as a proposition: given the difficulty in obtaining, as one understands it, foster carers, say, in Doomadgee - just using that as an example, what do you say about there being foster care provided in Mount Isa by foster carers from Doomadgee so, if you like, almost an outreach from Doomadgee? Do you think that might be more attractive for foster carers to come from the Doomadgee Community if they could secure accommodation in Mount Isa and you would have the benefit of children from Doomadgee being cared for Doomadgee Community members? ---Are you referring to a professional model of care where we ask people to come from Doomadgee to become carers in Mount Isa or - - -

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Say, foster carers in Doomadgee, "We can provide you with accommodation. Would you be interested in being foster carers sited in Mount Isa"?---I think it sounds like a reasonable proposal. I guess the alternative way to view that would be we're asking people to leave their community to provide care for their own children.

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Do you think that might be attractive though to some community members?---I don't know. I think we'd have to ask community.

All right. So it's not something that's been canvassed? ---No.

All right?---Not that I'm aware of, no.

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Now, I just wanted to ask you some further questions about training. Senior Sergeant Harvey, paragraph 31, says:

*Having specific skill and training in the area of child protection is crucial and the QPS ensures officers are fully equipped and trained appropriately, but it is my experience that child safety officers receive little training which hinders investigations and the ability to successfully obtain disclosures from abused children.*

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Now, I'm not going to ask you to comment about the first sentence, but the second one - given that you've indicated, as I understand it, that although child safety officers may not have necessarily concluded the five phases of the entry level and you don't have formal training for team leaders, what do you say otherwise about this statement that they receive little training which hinders investigations? ---Okay. So probably the most significant training that I

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would understand Sergeant Harvey is referring to might be around the ICARE training. I think she's referring to that. 1

Such courses include in paragraph 27 interviewing children, recording evidence, I care?---Yes.

Child protection workshop?---Yes.

Investigative interviewing?---Yes.

The child offender register which probably is not particularly apposite to you?---Yes. 10

Blue card investigations, child death investigations and dealing with volatile substance misuse?---Yes.

Now, probably other than the child offender register most of those would be relevant to your staff, wouldn't they? ---Okay. So I don't know what child protection workshop is; whether I need to get a definition or an understanding about what that workshop is. The blue card investigations we - I don't see that that would be relevant to us. Child death investigations are undertaken centrally. Dealing with volatile substance misuse would certainly be of relevance to us and there should be some training that might be undertaken by our staff anyway. If I can refer to the ICARE, we have seven ICARE trained officers here in Mount Isa across both service centres so, you know, we do attend that training. It is problematic to get on that training but it is something that's available to us. 20

Why is it problematic?---I don't know the reasons for it but it has been challenging to get our staff on that.

Where is the challenge emanating from?---Positions on that course, on that training program - from our perspective we seem to be unable to regularly get staff to attend that program. 30

What, the staff don't want to - - -?---No.

- - - or the positions aren't available on training? ---Positions aren't available for us to attend is my understanding.

So who runs ICARE training?---It's my understanding that - I'd need to check this, but it's - I thought it was run by the police but I could be wrong on that. 40

All right, yes, go on?---So back to 31, the second paragraph, I don't necessarily agree that we receive little training. We talked before about CSO training. The other thing I think we need to consider is that we're not police officers so we don't - we're not investigating criminality with families or with offenders so I would think that the

level of investigative training for police would necessarily be different to the assessment training that we might need to undertake.

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COMMISSIONER: I think the point was that that is the point. You're not and what you do might affect the criminal investigation - - -?---I understand.

- - - might derail it, because you - - -?---Okay, yes.

So how would you deal with that conflict or tension between the two functions, the policing function and the child protection function, where a crime might be involved? ---Yes, so my understanding would be - and I note that Sergeant Harvey has referred in her statement to some challenges in terms of engaging with us and so forth, however if there was an investigation such as what was put forward, we wouldn't hinder an investigation that would occur and we would be able to work with the police.

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MS McMILLAN: No, I think the point, and I can ask Sergeant Harvey this, is I think the point is you may not intend - of course, there's no - as I read her statement, nothing that you would intentionally hinder the investigation, but the lack of training means that you're hindering the investigation, for instance, and the ability to successfully obtain disclosures. What do you say about that?---If we received a notification and there was enough information in that notification to suggest that there might have - that criminality might be a factor, we wouldn't pursue that without first working with the police, so yes.

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COMMISSIONER: Do you have joint training sessions so you don't get in each other's way?---Not locally necessarily, no.

Well, would that - okay. What about - do you know what their training involves compared with the training that CSOs have?---No, I don't.

I think we probably need to know what training the police have and what training the CSOs have so we can compare? ---Yes.

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It's easy to say, "They're not trained enough, we're trained better," but I really need to know not someone's conclusion, I need to make the conclusion myself based on what's actually done?---Yes.

So can you tell me what your training is - not now, but later?---Yes.

If so, I want to compare apples with apples?---Yes, commissioner.

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MS McMILLAN: So in essence, as I understand the commissioner, the substantive - what it substantively does and over what period, those sorts of details?---Okay, yes.

Also would you accept that your focus, as you say, is quite different?---Yes.

Because the disclosures, for instance, and what you may do with them may very much materially affect what is going to advance that child's interests. So, for instance, what's the sort of risk, are there any protective measures in place, et cetera. That's not clearly the police's focus, is it?---That's right, and that's where my view would be when we get the notification if there was any suggestion of criminality, any suggestion of police involvement, we would be working with them. I would expect that from a practice perspective we wouldn't necessarily in many cases hinder their investigation, I wouldn't have thought, but I would need to have specific examples.

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It depends in the context too?---Yes.

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A child might be interviewed by child safety officers and actually make some disclosures in there?---That's right, yes.

That might be a critical time, mightn't it?---It could be, yes.

Because if you don't have the appropriate training it's what you then do with those?---I understand.

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You might pick up the phone to the police and say, "Hang on, we'd like you to become involved," but you've got to do something immediately about that, haven't you, and understand what to do with those sorts of disclosures. Correct?---Yes, correct.

COMMISSIONER: So at your level are you aware of this being a problem between the two departments?---Not necessarily, commissioner. I'm aware that it does come up occasionally. I think, though - I think they're very valid concerns that Sergeant Harvey has raised. I don't think it's the norm but I certainly think that they are factors that we do need to address.

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MS McMILLAN: I should say, I didn't imply in my question that the police weren't concerned with children's safety, it's just that - - -?---I understand, yes.

You understand from the statement - - -?---I do understand.

- - - they secure the immediate safety, but the longer term issues are not their - yes?---I understand, yes.

Now, can I ask you, paragraph 38 of the senior sergeant's statement she says, "As at 3 September 2012 the number of child protection notifications to CPIU" - now, I accept that that's to CPIU, stands - - -

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COMMISSIONER: Sorry, for the record what is that?

MS McMILLAN: The Child Protection Investigation Unit. That's what you understand CPIU is?---That's correct.

Yes, stands at 768?---Yes.

There was a 30 per cent increase from 2011 notifications and there was a further 20 per cent increase in notifications from 2010. Now, just accepting that's qualified, that's to the CPIU not to the CSSO, but is it your understanding that there's been a significant increase in the last two years of child protection notifications? ---If we refer to page 1 of the document I submitted under "Investigations and assessment" and we look under 2009 we'll see the figure of 322. That's effectively the data

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I've pulled together locally. So that's notifications. 2010, 251, 2011, 263, 2012 to date 267. 1

COMMISSIONER: So the question is whether your notification is their notification.

MS McMILLAN: Yes?---And it's not, no.

No, all right, but certainly looking at that it's fairly level pegging year to date with last year on your figures. Correct?---Correct, yes. 10

COMMISSIONER: And it's considerably less than it was three years ago.

MS McMILLAN: Yes.

COMMISSIONER: I don't understand the average, though. If you've got numbers that are less how come the average is 7.4 in 2012 to date and only 6.19 in 2009? What is that average representing?---It's very basic maths on my behalf. I might have miscalculated it, but if I divide 322 by - - -

52?--- - - - 52, that was my math. 20

Yes, that's what you're trying to achieve, okay?---Yes.

Well, that's not my strong point either, but it just seems a bit incongruous there. So 52 per cent of them your turnaround is 10 days, of the items As up to the end of September - - -?---Commissioner, 52 per cent have been identified for the regional intake as being requiring a 10-day response.

A 10-day response?---Yes. 30

As opposed to an earlier one?---That's correct.

MS McMILLAN: I'm instructed that the average for this year should be 5.13 on the math.

COMMISSIONER: Okay?---Apologies.

MS McMILLAN: No, no - and it's not my doing, it's my trustee instructor.

COMMISSIONER: While we're on it can I ask you some questions about the next column? You see how you've got - this is the column for substantiations, the child in need of protection, right?---Yes. 40

For the Gulf and Mount Isa service centre?---Yes.

This year to date there were 519, right, and is it 14 per cent of them are from Gulf and Mount Isa? Is that what you mean, and is the 519 the total region or is

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it - - -?---Okay, so the 519 is - if I can go up a level, there were 267 notifications for 2012. Within those 267 notifications there were 519 children and of those 519 children 14 per cent of those children have been substantiated as child in need of protection. 1

Okay, so it's like 75 or something like that by number?  
---Approximately, yes.

If someone could check that for me. But just going in the age categories, 2009 we've got less than half a per cent unborn?---Yes. 10

That's jumped to 1.2 almost now this year?---Yes.

Could you explain that hike?---Yes, that would represent - I think 1.1 per cent would be roughly five children, I think, so for the year 2012 - I mean, that looks like a significant jump but it is five children that we substantiated as being in need - - -

But it's four and a half more than you were in 2009?  
---That's right, yes, but that - I wouldn't suspect necessarily that that figure - if we did that over a longer period of time I think you'd expect some of those figures to change. 20

Yes, well, it hasn't really in the intervening period, 2010, 2011?---Yes.

But I suppose what it leads me to is: is there a discernible increase in the number of substantiations in relation to unborn that you've noticed in these two, Gulf and Mount Isa, or not?---I haven't, however I temper that with I haven't been in that substantive role for 14 months. If the question was have I over my period of practice seen an increase in the substantiation of unborn children being substantiated, I wouldn't identify that personally from my experience. 30

All right. Can you have a look then at 4 to 10 - Mr Selfridge, if I'm going too far - I mean, I know I've suppressed this and we're live streaming. If you've got any concerns, you know, let me know. I don't want to transgress my own suppression.

MR SELFRIDGE: May I suggest we have a short period of adjournment to take some instructions in relation to it, Mr Commissioner, because I think if I take some instructions it might make the issue go away. 40

COMMISSIONER: Yes. Put it this way, my tentative view is I don't see it as not appropriate for public release, but I'm open to persuasion, of course.

MR SELFRIDGE: Yes, I understand that, and that's why I

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seek the brief adjournment.

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COMMISSIONER: Okay. We may as well have 10 minutes.

MR SELFRIDGE: Thank you.

THE COMMISSION ADJOURNED AT 11.05 AM UNTIL 11.25 AM

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THE COMMISSION RESUMED AT 11.25 AM

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COMMISSIONER: Yes, Mr Selfridge.

MR SELFRIDGE: Yes, Mr Commissioner. Before we rose for that brief adjournment you asked some questions in relation to exhibit 82. That was the operational data supplied with this witness. There's no need in a general sense to suppress that information, with a caveat that it's only a snapshot taken at a particular point in time and it might not correlate with any corporate data that might be forwarded to the commission at a later date. Also by consent, as I understand it - and I'll be corrected by any of my learned friends - there is a need to suppress certain parts of that document.

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If I could take you to page 8 under the heading Practice Examples, in the last sentence of page 8 down at the bottom of the page there, Mr Commissioner, for obvious reasons - I won't go into the wording that's there - but for obvious reasons it could lead to the identifying of the particular person that's part of that narrative. Again at pages 9 and 10 in their entirety there are in my respectful submission a whole series of identifying particulars or potential identifying particulars that might reach entirely that.

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I say my submission is to suppress pages 9 and 10 and the last sentence of page 8. I think that's by consent, as I understand it, having had a discussion with my learned friends during the adjournment. Because of the remoteness of these communities and because of the specific descriptions that are described there at pages 9 and 10, in particular, I'd say you'd have caution in regards to those and suppress that information. Thank you.

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COMMISSIONER: Anyone want to contradict any of that?

MS McMILLAN: No, Mr Commissioner. Any questions that I may want to ask, I can do it in a way, I'm confident, that wouldn't identify - - -

COMMISSIONER: I'll order that exhibit 82 be published subject to the caveat that Mr Selfridge mentioned, that it's to be read and understood as being a snapshot in time; that it may or may not correlate with other figures, but is taken as the best available evidence of its contents. The last paragraph on page 8, which I've highlighted in yellow, is not for publication; and nor is any part of pages 9 and 10 of the exhibit.

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MS McMILLAN: Thank you, Mr Commissioner.

MR SELFRIDGE: Thank you.

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MS McMILLAN: Without objection I also tender the statement of Nicola Lindsay Jeffers dated 21 September 2012. 1

COMMISSIONER: Is that right for publication?

MS McMILLAN: Yes, Commissioner. Yes, I can't imagine there would be matters that couldn't be - - -

COMMISSIONER: This is a new tender?

MS McMILLAN: Yes, it is. 10

COMMISSIONER: All right. So that will be exhibit 83.

ADMITTED AND MARKED: "EXHIBIT 83"

MS McMILLAN: Thank you. Mr Commissioner, could that be shown to the witness, please?

COMMISSIONER: Sure.

MS McMILLAN: Mr Garrahy, would you please open at page 4 of that statement. Paragraphs 29 and 30; I put to you earlier that the figures about training was from the Children's Commissioner report, in fact I was incorrect, it's from Ms Jeffers' own statement, that it's 30 per cent entry level; you'll see with Mount Isa the 29 per cent? ---Yes. 20

And then she goes on to say - the Current Team Leaders - paragraph 30, for the period 2005 to 2010, again those figures, Mount Isa 0 per cent, Gulf 33 per cent?---Yes.

Does that change your answer at all earlier? I understood you didn't accept necessarily the veracity of it from the Children's Commission report. The source now being Ms Jeffers, does that change your answer at all?---It doesn't change my answer in terms of the context, as I explained before, about the fifth component not being completed. So it's my understanding that the figures that we see under paragraph 29, those percentages are based on the non-completion of vocational graduate certificate, so I can understand where those figures come from, however, I think as I explained before, the context is those figures are based on that fifth - the last element. 30

Very well. Now, I asked you some questions about child safety officers attending ICARE courses. I understood your answer before the break was your understanding was that there was a difficulty in securing places on those courses from the department's perspective. Correct?---That's correct. 40

Can I put to you please paragraph 23. This is Cameron Ian Harsley, who you will recollect, Commissioner, is a

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Detective Superintendent of police. He gave evidence on 21 August. It's exhibit 24. Paragraph 23, I'll read it to you, Mr Garrahy:

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*A minimum of 10 ICARE courses are offered during each calendar year. Recent times have seen, however, an inability on the part of CSS to fill all positions offered on courses, resulting in the decision for the reduction in the number of joint courses being offered and the QPS offering courses to police staff only in order to fulfil the need for training within QPS. During 2011-12 financial year 11 ICARE courses were offered, training a total of 109 QPS staff and 21 CSS staff.*

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I understand you couldn't speak for certainly all of Queensland, but does that in any way alter your impression, that perhaps it's not necessarily the department having trouble finding the places, securing them?---I'm sorry, I don't quite understand.

Well, I've just read to you what Detective Superintendent Harsley said, that apparently there's been an inability on the part of CSS - that's child safety - - -?---Yes.

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- - - to fill all the positions offered?---Okay.

What do you say about that? Do you have any understanding about that?---I don't. I think if the question is around the accessibility of the ICARE training for us, I think a corporate response might be appropriate.

All right?---I can't comment on why we're not accessing those services - that training.

Thank you. All right. Is it correct to say that your offices in Mount Isa - that's for Mount Isa area and the Gulf office - are manned 9.00 to 5.00 Monday to Friday? ---That's correct.

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All right. What happens after hours? Is there a call centre that child care concern reports can be made to? ---Between the hours of 5 pm and 9 am the child safety service has an after hours phone contact service.

Where's that based?---In Brisbane. So essentially the child safety after hours service can take child concern reports, it can take notifications, it can perform the functions of child safety to a level outside of the 9.00 to 5.00 hours.

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The level being recording the notification?---The level being recording the notification but also providing responses through our partner agencies such as the police if it's needed.

So again, do you think that that's appropriate, particularly given (1) the remoteness of a number of the communities that you administer within the Mount Isa Gulf region; but (2) the nature of child protection notifications?---If I may speak from a practise perspective, I believe the after hours service, through the work it would so with our partner agencies, such as police, can achieve the identification of a child, whether they're safe or not, after hours.

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We simply - if we look at the size of the police compared to the size of Child Safety, we don't have the capacity to work after hours in each of these communities. It's just not possible. So I believe that the after-hours system - to what extent I think is the question, but after hours - if we had an issue on Mornington Island, we would be able to work through the after-hours service with the police, with Health, with whomever, and actually provide a response. I think the other thing to consider here is that a Child Safety Service centre such as Mount Isa and gulf also has someone on call after hours so in terms of local knowledge about what's going on - - -

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Are you sure about that, that there's always someone on call?---Yes.

And would they go out if there was - - -?---No.

COMMISSIONER: So you get the identification but no response?---So if we're looking at a community like Mornington Island, there might be a situation that's occurred where there's a child - there are some concerns.

Say it's one of those 18 per cent in your figures that requires a 24-hour response. What happens out of hours? ---So after hours we through the after-hours service centre would liaise with an agency such as the police.

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MS McMILLAN: But if a person is on call in Mount Isa - let's assume that it happens in Mount Isa, the issue? ---Yes.

Do they go out and attend to it?---They don't.

What's the point of having them here on call?---The point of having, for example, the manager available after hours or the PSU director at the placement services unit available after hours is that we can work with the after-hours centre to find placements, to give some local knowledge about what might actually be going on for that child in that community.

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So they give phone advice about potential placements, for instance?---We could, yes.

"We could" - does it happen?---In situations where a placement was required and the after-hours service centre wasn't able to easily identify a suitable placement, they would be able to talk to someone such as myself that's on call, with some local knowledge identify a carer potentially or identify - - -

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COMMISSIONER: The police would. The police would say to you, "Look, we've got this urgent thing we've got to respond to on your behalf"?---Yes.

"We've taken the child. Where are we going to put them"? 1  
---That's right, yes.

MS McMILLAN: So again in Senior Sergeant Harvey's statement, page 8, she says:

*Joint investigations - in that regard QP  
investigators prioritise intakes and attend to  
investigations upon receipt of a notification.*

And she says:

*Joint investigations with Child Safety are hindered  
as Child Safety is not generally in a position to  
respond due to other work commitments and/or time  
frames being outside Child Safety working hours, 9.00  
to 5.00 Monday to Friday.*

Would you accept the force of that statement?---My  
apologies; can you just - - -

Paragraph 40 on page 8?---Paragraph 40, okay.

Then she continues on:

*I consider this a major issue as I have personally  
requested Child Safety continue after hours, but have  
only experienced a few occasions when they have  
continued on after 5 pm?*

---Yes, okay. So if Child Safety receives a notification during the hours of 9.00 to 5.00, we would get that in the Child Safety Service centre. We would respond to that matter. So if there was a 24-hour response that came through between 9.00 and 5.00, we would have to respond to that. If that's working with the police, we would do that. 30  
If Sergeant Harvey is saying that we're not doing that, I'd probably need to see the examples because from my understanding our normal process would be we would continue working with the police or working with that family that day until there was a resolution to whatever the issues were.

COMMISSIONER: Even if it went after 5.00?---Even if it went after 5.00.

So that's one category?---Yes.

I think the other category she is talking about is that there is just nobody available as a responder for an intake that comes in after 5.00?---Yes, that is correct. After 5.00 the police would need to work through the after-hours centre and - - - 40

MS McMILLAN: In Brisbane?---In Brisbane, yes.

And it means, doesn't it, that - for instance, let's say 10 past 5 a report is made. The office is closed. It's made to the after-hours centre. The first time there can be any action from your department other than perhaps some phone advice would be Monday morning when the staff come into work?---Well, the after hours is our department so - - -

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Well, I'm saying other than phone advice they might be able to offer to actually someone get the file, it be allocated to them - the first time is Monday morning. Correct?---If I may explain, I'm not trying to avoid that question.

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Well, just can you answer it, yes - - -?---Well, I don't agree. Our files are kept electronically so after hours in Brisbane have same access to files as what I do in Mount Isa.

Yes?---So in terms of child protection history they could offer whatever I could offer locally in terms of knowledge of the family. Our placement services unit or in terms of foster care placements, if I can go there for a minute - our after-hours centre in Brisbane has access to placement options after hours. So the only thing we don't offer after hours is a response. However, police have the same authority as we do in terms of our child safety officers so after hours under the current legislation - they have as much capacity to respond to a family as what we do.

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COMMISSIONER: I think that's the point?---Yes.

MS McMILLAN: Yes.

COMMISSIONER: I guess the thing is this: is there some agreement at some level that after hours QPS do it or is that just something that's happened by the practice of the department forcing that to be the case? Do you see how your action can impose a reaction on somewhere else?---I understand, yes.

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The question is: has that evolved because of what you do rather than what QPS are happy to do?---Yes.

Do you pass the parcel to them at 5 o'clock on Friday for all the weekend and they really have got 100 per cent responsibility simply because there's no other option? When the music stops, they're the one holding the parcel? ---I understand. I probably don't have enough knowledge to comment on the formal - the decision-making that led to the police having the same powers under the act, et cetera. I don't know whether it's a formal or informal - - -

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No, I think they do have the same powers under the act? ---Yes.

And it's generally for that emergent situation and stuff

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like that?---Yes.

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The point is you both have the powers, but only one of you can exercise the powers after hours because the other one with the powers isn't on duty?---I understand and I can see the challenges with that. I think if you look at the size of the Child Safety Services in terms of resourcing compared to the police, we simply aren't resourced to work 24 hours a day.

Right. They are so therefore they do it?---Yes.

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Whether they want to or not?---They do, yes.

All right. You're probably right. It's really at a higher level, I think, how these things come about, but it's just that from the practitioner's point of view, the police in the field and you in the field, the police are saying, "This is a problem for us"?---I understand, yes.

MS McMILLAN: Can I ask you - at paragraphs 42 through to 50 Senior Sergeant Harvey gives a number of examples of issues where, for instance, the department hasn't been available and particularly paragraphs 47 and 48 you'll see that that - taking that as an example, she says:

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*Child Safety obtained warrants for apprehension for children in Doomadgee. Child Safety attended, could not locate the children, returned to Mount Isa and then requested police complete this retrieval without Child Safety being present, nor having Child Safety explain any details to the parents. Police attended the location regarding another matter and identified that a disturbance/riot would ensue, therefore they withdrew for their own protection. The children have been recovered. There was a risk of harm to the children and police. There was an increased risk of harm as the children would have been placed at the police station for an unknown amount of time.*

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*A charter flight would have had to have been organised and could only be done during Child Safety hours. In effect, this could take three days if the children were recovered on a Friday night. Also this could limit police being able to attend to core business. I personally discussed the implications of this matter with Child Safety and stated that CPIU officers from Mount Isa were able to attend as soon as possible with child safety officers on Police Air Wing. Child Safety took a further four weeks to supply personnel to attend Doomadgee, placing the children at further risk of harm.*

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Now, I don't know. Do you have personal knowledge of that case?---I don't have personal knowledge of that case.



Well, from what you understand the way staffing and resources works, could you understand how that may have occurred?---I can see how the view may be formed in that way. I think there would probably be an alternative view held by us around our engagement with both the family and with police. I think that would be an interesting example to look at further. I note though that Sergeant Harvey has put in here at one point though that the police had to - - -

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Withdraw themselves because of the risk of disturbance - - -?---Withdraw themselves, yes. I think that's a pretty powerful statement. The police have gone in themselves and had to withdraw because of what could have happened. Our Child Safety staff have gone in. I don't really know how in some scenarios - in terms of our work I think the reality is that some situations - we cannot deal with those situations without a police presence so - - -

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Do you coordinate it ahead with the police, to your knowledge?

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---We would generally do it. We would generally work with the police. I think from a practise perspective again, though, we would try to do our work without intruding on the police resources, not just because of resourcing issues but also because of the fact that if we are trying to work less intrusively the families we don't want to go to families with police with us.

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COMMISSIONER: Except on weekends?---Except on weekends.

MS McMILLAN: And indeed from what she says at paragraph 41, "Particularly the situation has eventuated in police having to care for children until child safety after hours can organise placement, which can take several hours"?  
---Yes.

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Obviously it impacts on their core business, but clearly that's not, one would think, particularly appropriate for children, having to be cared in police premises?---Sure, yes.

With no disrespect to them, but that's not an appropriate forum for them, is it?---I agree it wouldn't be. Again, I see 41 as being similar to 47 and 48 in that they're specific circumstances. That probably is one perspective of those scenarios. I think that's possibly - particularly if I go back to 47, you know, there's probably a little bit more to that scenario; and same 41, I would suggest that as a general practice we don't seek to take the one-car crew or the two-car crew off patrols to care for children. I think we do try to respond as quickly as we can, as appropriately as we can.

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Now, can I just ask you: I wanted to give you an opportunity from paragraphs 40, say, through to 52 of making any comment that you would like to, which is why I asked that you be given the statement ahead of time?---Yes. So I think I may have mentioned before, Sergeant Harvey's points, I think, are all very valid and from my perspective I do believe that CPIU in this location is very proactive and is doing a lot of very good work within the communities. I can see their perspectives on these issues that they've raised; I don't necessarily agree that that is how it always is. I do believe that when these situations occur it is very challenging for police and very frustrating. I agree that after hours is somewhat problematic. I don't have the answer to after hours at this stage. I think we certainly don't have the resources currently to work 24-7. I can say, though, in terms of what Sergeant Harvey has said here, that it would be my view that child safety staff, we generally try to work closely with them and not waste the police's time, as such.

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COMMISSIONER: I suppose is not necessarily 24-7, but, you know, could you look at differential hours - split shifts - so that - I know this doesn't always follow, but that

between 9.00 and 5.00 or between 8.00 and 3.00  
theoretically most kids in school?---Yes.

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Which should be theoretically a safe place for them. The danger periods might be when they get home at 3.30 through to before and after dinner?---Mm.

Up until, say, 10 o'clock, and then between 10 and 6.00 in the morning it should be relatively safe in most places, although in some areas it won't be?---Yes.

But could you, in terms of risk management, adapt or roster to manage the risk according to the various places and the types of risks that exist there for children?---I think I can see that that's an option. I think one of the challenges when you - and it depends on the hours that we're talking about after 9.00 to 5.00 - one of the challenges for child safety staff, I believe, is that when we look at the nature of our work, working outside of hours - and I hear what you're saying, Commissioner, you might be talking about 5.00 till 7.00 - I'm thinking that time, you know, theoretically to have to child safety workers out might be relatively safe, but at some point there is a line were as you go past, and you've got child safety workers working out in the early hours of the morning or late hours at night, that that then becomes a bit of a risk.

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It's a workplace health and safety issues of them?---Yes.

But that's what you've got the police backup rather than - isn't it? Isn't it that you both work together?  
---Commissioner, it will be, but then we get to a situation where myself, wanting to ensure the safety of my staff, if I had staff working at 8 o'clock at night, for example, through to 10, if that was the last shift of the day, I, even at that hour of the day, don't know if I'd be comfortable sending them to people's homes without a police presence anyway.

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I suppose - it's 18 per cent of your notifications that require a 24-hour response?---Yes.

Half of them require the 10-day response, so it's a significant slab; it's a fifth of your notifications require immediate response, virtually. Don't they?---They do. And if my maths is correct that would put it as being about one a week or two a week.

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Well, it depends if you are doing it by week or - it will come in?---Yes.

That might be an average but it won't work that way?---Yes, I agree, yes.

And most of the notifications will be for neglect anyway, which aren't a point in time event, they happen over time?

---Yes.

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So presumably that's why you have a turnaround of 10 days; they would be mainly neglect cases where there's no immediate danger. But if you've got 18 per cent whether might be an immediate danger, I don't suppose you could tell from your notification information how many of those 18 per cent came in after 5.00 or on weekends, eh?---I don't know, Commissioner. I could certainly see whether that's information that is available and try to follow that up, yes.

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Yes, because it might be the answer. Your answer might be to the question: well actually, historically we don't have immediate response notifications much on weekends or after 5.00?---Yes.

So is really for your own benefit. It might not, too, but it might?---Yes, I understand, Commissioner.

So that's what you really need to look at in order to respond to the question. While I'm talking, you said before that - you were asked questions about the law and interpreting the law and that's the stuff?---Yes.

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I just want to ask you a question about that. You see section 87 of the act - you haven't got it with you, have you?---No.

Is where the chief executive has to provide contact between parents and their children?---Yes.

In subsection (1) - I'm going to give you a copy of the act - it says -it's on page 118 of that copy. Got it?---I have, Commissioner.

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"The chief executive must provide opportunity for contact between the child and the child's parents." How do you interpret the word "the child" there? What child? It's not a trick question. If you look back, presumably it means a child who has been placed in care under a child protection order or assessment order, doesn't it?---Yes, it does.

Is that how you interpret it?---My interpretation would be if a child isn't in the care and responsibility of their parent; if they're physically not with them we would be providing contact with the parents.

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But only if they're with the chief executive?---We would - they would still be having contact with their parents - they should still be having contact with their parents.

But what if they were placed with someone else? What does the chief executive do can fulfil the requirement of section 87(1)? See, that's what I mean. What does "a

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child" mean to the department? Does it mean a child who's placed in, say, the custody or guardianship of the chief executive - - -?---Yes. 1

- - - or does it also include a child in the guardianship of another?---I think from my perspective the view would be that that child would be having contact with their family regardless of the orders or regardless of their location, they should be having that contact.

Would it be the chief executive's responsibility to ensure that that contact is being had under that section?---I would probably interpret it that it would be. 10

All right. Now, the other one want to ask you about in respect of statutory interpretation, you see on page 9 - I know this is suppressed, but you refer to the main issue for child safety is whether there is a parent willing and able to protect the child from harm, then you quote section 10?---Yes.

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I think that's right. I don't think anyone who can read would reach a different conclusion, but it has been suggested to me that the chief executive is responsible for protecting a child if the child doesn't have a parent who is able and willing to protect, that is , it - and this is drawn from the principles in 5B(d), I think. You see there is says - it's on page 23:

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*If a child does not have a parent who is able and willing to protect the child, the state is responsible for protecting the child.*

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That is just one limb. It's only a principle obviously, but it's only one limb of section 10, isn't it?---Yes.

So do you interpret section 5B(d) when it refers to "the child" as meaning or implying a child in need of protection within the definition of section 10, that is, a child who has been harmed or at risk of harm and doesn't have a parent willing and able, or does the department approach it on the basis that regardless of whether there is harm or risk of harm the unavailability of an able and willing parent makes the department responsible for the protection of that child because of the principle in 5B(d)?---I think I understand.

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Forget the law for a moment?---Yes.

What if you have got a child who has not been harmed, not at risk of harm, but doesn't have a parent able and willing?---Who would they be with?

Whose responsibility are they?---In that scenario, who would they be currently residing with, auntie, uncle or - - -

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Yes, let's say they're not residing with anyone. They are 15 and they are wandering the streets committing crimes or homeless?---So my interpretation would be that in that scenario we would be responsible because there isn't a parent for them. If you're referring to a child of 15 that was placed with their auntie or uncle, that would be different. I would see no reason for us to be involved.

But why do you get involved as a matter of law with the child on the streets who is 15 but is not at risk of harm, bearing in mind section 10 but also in line with 5B(d)? ---In my experience I've never encountered a 15-year-old that is living on the streets who isn't at risk of harm from one another.

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So the assumption is that the child would be at risk of harm so therefore they would qualify as a child in need of protection and for that reason they would be the responsibility of the state. Is that how it works?---Yes.

Okay. What about though - and I just want to test this a little further because this was the context in which it arose. You have a 15, 16-year-old who's self-placing or absconding repeatedly. That child in the scenario is not at any apparent risk from anybody else. Would the department still assume that that child solely because of his age would be at risk of harm and therefore the state's responsible for protecting him?---I'm sorry, commissioner, but I'm not - in my view from a practice perspective, if I think of a 15-year-old that is absconding, that hasn't got a primary place of residence and has not got someone meeting their physical or psychological needs, et cetera, I'm struggling understanding that they're not at risk of harm.

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Right. I'm not suggesting that they are not?---Yes.

I'm trying to find out how the department views them?  
---Yes.

Even though they're under the guardianship of the chief executive but they're self-placing and their primary placement has broken down, they are still the department's responsibility?---Yes.

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Likewise, would the department not regard self-placement as a contravention of a child protection order?---We could.

You would? I don't want to confuse you. I know these are legal questions?---Yes.

I'm looking at it from a practice point of view which is why I'm giving you the scenario?---Yes; yes; yes.

Let's kick it up to 17. This child is 17 years old?---Yes.

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Self-placing; not at any physical risk?---Yes.

Hasn't suffered any harm that anyone knows of?---Yes.

So the only way he would qualify for state protection and care would be a risk, an assumed risk?---Yes.

But because he keeps placing himself and committing crimes at the same time or absconding for long periods of time, would the department ever consider revoking a child protection order over that person on the basis that he's continually contravening the terms of the order by self-placing?---It's possible that we could do that. I think, would I choose to do that? No, because even though it may seem highly irregular that we're worrying about a 17-year-old with an order, et cetera, the reality is that we're still - someone has still got to - I think to some extent we've still got the role of the parent for that child so I think someone still needs to take responsibility

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for that person.

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Which leads most people to ask the question: who's going to do that in 12 months' time?---I understand, yes.

I suppose if you have a look at 65(6), the court couldn't revoke a guardianship order if it was - they can revoke it if it's no longer appropriate - and it might be arguable that it wasn't appropriate with this 17-year-old fellow - and desirable for the child's protection?---Yes.

So the section keeps bringing you back to the issue of protection, not parent, right?---Yes.

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It's bringing you back to: does this child need protection, not does this child have a parent? However, in seven it says whether you revoke you can have regard to contraventions which is why I asked you would the self-placing - could the self-placing be a contravention?---Yes.

And then, secondly, you have got to have regard to the child's need for emotional security and stability. Now, that might be the reason why a court wouldn't revoke even for a 17-year-old recidivist absconder?---Yes.

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But it would still need to be satisfied of the child's need for emotional security and stability. Now, presumably the department consistently with its expansive view of risk would accept that this child, the 17-year-old recalcitrant self-placer and absconder, would still have a need for emotional security and stability which the department would have responsibility for meeting?---Yes.

Would that be right?---I would interpret it that way and also the child's protection - I think that's still relevant as well so maybe it's not so much about the parent but more about the child's protection.

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Again because of the implied risk?---Yes, or if we - - -

They are at risk because of their age - is that how you look at it - and the absence of any parent?---What's the role of parents within society? So if we expect parents to parent their children into their young adult years, who's going to fulfil that role for the 16 or 17-year-old - - -

If the department doesn't?---Yes.

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Yes, nobody probably?---Yes.

What you say makes perfect sense, but again we have to remember that we're interpreting a piece of legislation? ---Okay, yes.



This is what governs what we do, not moral statements?---I understand, yes. 1

Doing what's clearly logical and sensible - taking a logical and sensible approach to a situation doesn't either?---Yes.

So that's an example, perhaps, of where there might be a gap between what the law is and maybe what it should be? ---Yes.

Or it might even already be that, on one view, because that all leads me back to this question, what is an unacceptable risk and how do you know what it looks like when you see it, and what you've just said to me virtually is, "If I see a 17-year-old on the streets with no primary placement, even though they might be on a crime spree and impossible to contain, I'm going to assume that there is a risk of harm that makes that child in need of protection of the department." So how do you work out if that risk is unacceptable or acceptable, or do you ignore that term to get the right result?---Yes. I think - I hear what you're saying, commissioner. I'd be interested to hear what the views would be of the police, because their view would be, "This 17-year-old, who is responsible for them?" or education would say, "This 17-year-old or 16-year-old, who is responsible? We're not," you know, "Child safety, you are." 10 20

I suppose the question for me is which system is responsible for that?---Yes.

And whether or not there's a gap in the systems for that particular child?---Yes.

Because on top of that, being responsible for that child as substitute parent the chief executive has an obligation to have a transition plan in place?---Yes. 30

How do you do that for a child who simply is not available or engaged to allow that to happen in a meaningful way? ---Yes, it's very hard.

So some people might ask what's the point, because for those children who will have high needs, who are absconding often, and high needs means highest cost to the department and the public?---Yes. 40

All right. There are no easy answers to these difficult questions, I understand, but I do need to understand how the department and departmental officers interpret the legislation in practice in order to see whether or not there needs to be some rejigging of the legislation or the practice?---Yes.

Or a little bit of both. All right, last question I had

for you was on our figures again. Have a look at page 1. You've got in the 15 plus of children's - child being substantiated in need of protection. This is getting back to my 17-year-old roaming the streets?---Yes.

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I see in 2009 there was nearly 30 per cent of them in that category?---Yes.

2012 there's only less than 6 per cent. What happened in the meantime - and it's been decreasing every year from 30 per cent down to 6 per cent in that cohort?---Yes. I haven't specifically looked at that cohort in the last period of time. Noting that those figures are based on substantiated child in need of protection, at the same time that could be an indicator of community wide trends. Given the nature of our work, we receive notifications from community members, from police, from other agencies, so we don't necessarily - - -

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But these are substantiations?---I know, yes, and I referred to that, yes. So it could be that overall we've received less notifications therefore in turn less substantiations, it could be that - - -

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About that cohort of 15 plus?---Yes.

So that's three years left of their minority?---Yes.

Okay, so they seem, on these figures anyway, to be less in need of protection these days than they once used to be? ---Yes.

By a significant margin?---Yes.

By contrast, if you have a look at the under fours it's gone from 2009 from 10.35 per cent up to 35 per cent? ---Yes.

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That's a significant increase, isn't it?---It is. It is, yes.

Can you help me with that? Is that a trend or are there situational or environmental reasons for that?---I haven't really looked into that. It certainly does stand out as a figure, though.

I said that was my last question. It's not, there's one more. Could you tell me in this area, just for Mount Isa and the Gulf, what do you think the proportion of substantiations based on risk of harm as opposed to actual past harm is?

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---Whilst past harm - if we had information based on that - and if we're not just referring to neglect, you're not talking about cumulative harm, or - - -

Well, I suppose it could be any of those things?---Yes.

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What I'm looking for is how many children in need of protection assessments are made based on substantiated risk as opposed to substantiated harm, future risk as opposed to past or existing harm?---I would suggest that a lot of our work would be substantiated harm, however when we start looking at neglect we can - in terms of neglect we can look at more so future harm, I guess.

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Do you keep figures that differentiate between substantiations child in need of protection based on harm as distinct from substantiated child in need of protection based on unacceptable risk of harm?---I think we would be able to pull some of that information out. I'd have to think through how we would get that. I believe we would possibly be able to get that.

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I'd like to get that if you could draw it out for me?  
---Yes.

Because the obvious point - it raises the obvious question, is how many children are in the system for more than seven years based on a risk of harm assessment when they were five. How many are still in the system at 16 and 17 based on their need of protection risk as opposed to harm?---Yes, and I think that's - - -

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Self protection obviously is a graduating thing?---Yes.

The older I get the more self-protective I become?---Yes, and I think that's where the active case planning, the reunification planning, that would pick up on that side of things. I think I wouldn't necessarily be of the view that we have children in care simply because of past harm. I believe we'd have children in care because of either current harm and/or we're working towards reunification at some point once those factors have been addressed, so yes.

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All right. Anything arising out of that?

MS McMILLAN: Just a couple of things.

The self-placing, how prevalent is self-placing in the Gulf and its communities, are you aware?---In terms of the Gulf, if we look at Mornington Island and Doomadgee, self-placing is a difficult concept to talk about given the nature of the communities. So within those two communities it wouldn't be uncommon for family groups to be living together, kids going - children and young people going to their aunties and uncles. So I think in that environment it's kind of - it's a little bit harder to find.

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So do you perhaps - do you understand it in a different context, if you like, from perhaps an adolescent self-placing say in Mount Isa from say a residential care or a foster placement, because you're saying - is this what you're saying, the very nature of the communities at

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Doomadgee, for instance, Mornington Island, they may go and live with another family member, or one who they regard as a family member, which strictly speaking could be seen as self-placing, but you say that that's not abnormal, if you like?---That's possibly what I'm saying. I think - - -

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Well, you tell me what you are saying?---Well, in the Gulf communities, in the discrete indigenous communities, I think it's a different environment to that of Mount Isa. In Mount Isa we're talking over 20,000 people, so I think you're going to have a high percentage of people, you know, potentially self-placing. I'd need to look at the cohort of children within particular age groups.

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So within the communities of Mornington Island and Doomadgee have quite a few young people there; in both of those communities you have essentially roughly 50 per cent of your community is aged under 24 years, so you have a lot younger cohort of people there. So if I thought from a practise - what I say from a practise perspective, self-placing within Mornington Island and Doomadgee communities isn't something that I'm actively watching or, you know, thinking about as a significant issue.

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Because of those differentials, if you like, say, compared to somewhere like Mount Isa?---Well, there might be - - -

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The risks are quite different, is what you really identify? ---The risk might be different. It doesn't mean the risks aren't there, but it doesn't seem to be brought to our attention as much as what it would be in other locations.

All right. Do you think that would be assisted, in terms of matters being brought to your attention generally, if you had someone full-time, for instance, in Mornington Island - a child safety employee?---I think we need to understand that we do have - we have historically had someone full-time in Mornington Island.

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I know, but you don't at the moment?---At the moment we don't, although I do note that in the break I was advised that we have filled that position.

Yes?---And in Normanton we do have someone full-time. I do think that that does make a difference, having people there.

What are the primary reasons for children or adolescents self-placing, that you understand?---Well, it could be family dynamics within the home, it could be drug and alcohol misuse, it could be chroming, it could be any of those activities.

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Now, what's the availability of services for children and young people support services? I understand that there's currently no Evolve inter-agency services available in Mount Isa. Correct?---That's correct.

And Evolve, as I understand it, it's an inter-agency secondary - primary and perhaps secondary service which works with children involving early therapeutic services and works with the foster carers as well as the young person. Correct?---Correct.

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So if that's not available in Mount Isa, are there other early therapeutic services available to children and young people in Mount Isa?---There are other services. We have non-government organisations, we have heath, we have ATOS; we have a range of services that are available.

What's the waiting list like for them?---I don't know. 1

All right. Okay. The Children's Commission has identified that areas of Normanton, Mornington Island, Doomadgee, Cloncurry and Camooweal there's a high need for therapeutic support for a large number of children and young people which has resulted in lengthy waiting lists for the very limited services available. What would you say about that? Can you comment on that?---I think that's probably correct, that services are needed in those communities.

What other support does your department offer for young people who self-place?---We offer - so in terms of Mount Isa there's various organisations that are actually funded. We have, through one of our funded agencies, semi-independent living options. We have an agency in town called Young People Ahead, which is a very good service working with young people, both in terms of substance misuse, but also in terms of providing accommodation options, et cetera. We have - they're probably two key examples, yes. 10

All right. I just want to ask you a couple of questions about intervention with parental agreements - IPAs - I note from the figures that you've provided - and I think we go to page 2 for those, yes - as at September 2012 there were 14; last year it was 26; the year before 17 and 15 respectively, the years before?---Yes. 20

Is it correct that many of those children on IPAs would be indigenous? Are you able to say?---For Gulf child safety service centre 100 per cent of our clients are indigenous.

Okay. Right. So on page 2 all of those 14 would be indigenous?---That's correct. 30

All right. Can I ask you: is it an issue in terms of gaining the consent from the parent where English may not be their first language?---I have never been aware of a situation where we haven't been able to engage with a person in that scenario. We do have recognised entities, so we do have options available us to be able to work with that family.

In terms of language and other issues?---Yes.

And again, the recognised entities in the Gulf communities that you administer, how representative in your view are the recognised entities of the indigenous - and I'm talking about the clan formations?---I don't actually know the country or clan backgrounds of the people that perform the recognised entity role. 40

Yes?---However, I would imagine that the recognised entities that are funded to perform that role would consider the cultural appropriateness of those peoples.

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All right, yes.

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COMMISSIONER: You see the IPAs; 14 is the lowest number of IPAs in the last four years?---Yes.

Is that just as it is, or is there an underlying reason for that that you can identify from your practise?---That's - having not been in that role for the last 14 months it's a little bit difficult for me to respond to those numbers. I could certainly - again that's something I could look further and try to get further information on.

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Yes, because it seems to be reflected in the Mount Isa figure as well?---Okay.

There were 40 last year and this year there's only 15? ---Yes.

So could you - would you mind?---Yes, can do.

Likewise, the short-term orders for the Mount Isa service centre have historically been over 70; as high as 95 in 2010; 84 last year; and they sit at 58 as at September this year?---Yes.

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That seems to be trend as well - a downward trend in short-term orders?---Yes.

MS McMILLAN: Could you also when you're finding out about these IPAs, also indicate how many of them have been in place for more than six months, and also how many of them result in further intervention; and if so, what and why? ---Yes.

Just excuse me, Mr Commissioner. Yes, thank you.

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COMMISSIONER: Just one question arising, thanks, Ms McMillan, just on page 1. Sorry, take your time. You finish writing what you need?---That's all right, Commissioner.

You've done that?---Yes.

See how you've got under Themes - in your category of Themes?---Yes.

In each year from 2009 through to 2011 you've got Risk, Physical Harm?---Yes.

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But in 2012 the only categories are Physical Harm and Neglect; there's no Risk. Is that just a typographical, or is that intended?---I think - that's a typo, I think, Commissioner.

So should I read that as including risk of physical harm as well as neglect as being the themes identified in the

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investigations in 2012?---We would have - within the I and A you would have - it would come up as a risk of physical harm. Post the investigation we would either substantiate or not substantiate physical harm.

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Yes. But it's no different in 2012 than it was in previous years?---No.

Okay. Thank you. Now, Mr Selfridge.

MR SELFRIDGE: I've no questions for the witness, thank you.

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COMMISSIONER: Ms Bates.

MS BATES: Yes, thank you.

COMMISSIONER: It appears that we're having some technological difficulties which makes it difficult for you to be heard?---Yes.

It's not anything to do with the volume you're speaking at, it's just the lack of amplification. So if you could just - everyone be mindful of that?---Okay.

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We'll do our best to overcome it.

MS BATES: Thank you. Could you please describe for the benefit of the inquiry as to your areas specific to the Gulf region how you engage community Elders and leaders in the communities?---Yes, okay. So in terms of - as an example, Doomadgee community, when we enter country we - as a practice we meet with the mayor of Doomadgee, who's the elected official. We engage in Doomadgee, for example, with services such as the safe house, with reference groups which comprises of community Elders, Elders from various clan groups. Mornington Island, we meet with community members.

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Within those two communities you generally would have indigenous persons and elders working within agencies that you're engaging with and - yes.

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So who is the recognised entity for the gulf region?---It's currently Nuwamba.

To your knowledge, are they stationed in the gulf?---At the moment they're serviced out of Mount Isa. I believe they're recruiting to those positions.

COMMISSIONER: How many comprise the RE, Nuwamba? How many in Nuwamba?---To my understanding in Mount Isa, we've got two recognised entity officers for Nuwamba.

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So you fund Nuwamba and then they recruit the RE officers? ---That's correct.

So what's the RE, the organisation or the officers?---The recognised entity we would view as being the organisation and the officers are representing that organisation.

They would become an RE by virtue of what process?---They would recruit people to those positions.

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But Nuwamba - how does it get it's funding? I mean, how does it work that Nuwamba becomes the recognised entity? ---There would have been a funding round, I would imagine, and they would have won the - - -

Bid?--- - - - bid for the funding, yes.

And would the bid be judged based on cultural and community connection issues?---I don't deal with - I don't work in the funding area so I'm probably not the best person to respond to that.

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So again you get an RE in this area. You assume that they're culturally appropriate and suitable for their functions?---We would need to assume that, yes.

What happens during sorry business? Do you still go out unannounced to the communities or do you liaise with the mayor or someone that works around there?---We have a very formal process, particularly for Mornington Island and Doomadgee, working with the regional operations centre which I may have, you may recall, mentioned earlier. We actually have in the regional operations centre staff based in community both - so I'm talking from my - now from my current role in the regional operations centre. We have staff based in both Mornington Island and Doomadgee. Now, we have very formal processes in place with all levels of government where government agencies that are entering community - both Doomadgee and Mornington Island let us know in the regional operations centre. We then in turn let council know and community know that these people are

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coming. In terms of sorry business we have formal sorry business protocols in place which essentially mean that if there is sorry business going on in the afternoon, there's a process in place which government would be able to perform its work in the morning but they wouldn't perform work in the afternoon out of respect to the community. Generally speaking for child protection side of things, if we become aware of sorry business in community, we would definitely follow those protocols where we wouldn't perform our functions when sorry business was occurring.

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Unless you had a 24 hour response requirement?---So there are options available to us then and, if I may draw on the police, we would consider, if there was sorry business going on, whether or not our response was the most appropriate. If there was some way to ascertain the safety of the child, we would liaise with the police and whether or not there was an option there as well as the RE.

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Do children in care who are, say, in Mount Isa from Doomadgee or Mornington - do you organise - on a long-term guardianship order to the chief executive, do you arrange for the children to go back to community for sorry business?---There have been many occasions where we do that. I think that's an area we could do further work in, but we do try to bring children back to community if it's possible.

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How do you know when it's appropriate from the community's point of view that a child in care go back for sorry business and be involved as opposed to when the child's not necessarily part of the sorry business?---Yes, I think that is a challenge. I think one would hope - through our casework process we know who community - who family is. We know their connections. It wouldn't be uncommon for people to hear about sorry business with a particular family in the community so we have the ability to find out - you know, young people may know as well. We in the regional operations centre would inform people if there's sorry business going on, but generally speaking we have staff in community. Mornington Island and Normanton - given that we've got staff based there, they know what's going on and they also know the kids that are actually in care out of community. Doomadgee is certainly more challenging, but again we still have staff going to community so once we become aware of the sorry business, there is a way to then try to work out whether we need to consider that child going back.

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Okay, thank you.

MS BATES: Thank you.

What do you do in the event that the recognised entity is unavailable and you have to make a decision regarding the placement of an indigenous child?---So I think we need to

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understand that within our service centres we still have indigenous staff working with us but, generally speaking, placements would involve the RE. If we got to the point where the RE simply wasn't available, we would have to make a placement decision but - I don't necessarily think that that happens very often where the RE wouldn't be involved in those decisions, but that's my perspective. I can't speak for everywhere.

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Do you have a formal memorandum of understanding with elder groups within your region?---No.

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Do you have a regular meeting process set up in place with elder groups in your region?---Not so much with elder groups. As I mentioned before, upon entry to country - communities such as Doomadgee we regularly meet with the mayor as the elected official for that community.

If I can just take you to paragraph 18 of your statement, "A range of witnesses have identified low socioeconomic status and disadvantage as a significant influence in child protection." I note that you state in that paragraph 18 "where there is a significant focus on Closing the Gap in indigenous disadvantage and where child protection concerns must be seen in a wider context of disadvantage being experienced across the community". Could you, please, clarify what are the contributing risks outside of the parents' control?---Yes. So if we're looking at the communities of Mornington Island and Doomadgee that are two communities identified under the scope of remote service delivery and in Closing the Gap, I think when we look at communities like Mornington Island and Doomadgee, we have got significant challenges in areas such as education. Essentially with our young people or our children one of the Closing the Gap targets is to halve the gap in reading, writing and numeracy achievements, for example.

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Sorry to interrupt you. Could you just expand on what those difficulties are with education?---Well, I think in terms of our children within those communities the evidence would suggest that many aren't at the same level as non-indigenous peoples in terms of their ability to read, write, et cetera. So one of the challenges is to look at how do you actually have those children engaging within the education system, whatever that system looks like, and how do you get them through that kind of schooling process?

Are there high schools in the remote communities?---No; in Doomadgee and Mornington Island, no.

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What do the children in those remote communities do when they reach high-school age?---So you would find for both Mornington Island and Doomadgee there are options both at boarding school, coming to Mount Isa. I think one of the challenges is that many children post-year 11 - young people post - sorry, many people post-year 10 - they don't

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go on to further studies.

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Other than the issue of education, what are the other issues or contributing risks outside of the parents' control?---Yes, so I think when you're looking at communities like Mornington Island and Doomadgee you've got issues with overcrowding within families' homes, you have significant issues with alcohol and other drugs, you have other challenges around economic opportunities, for example, employment. There's other challenges such as access to appropriate services, health issues, children's health.

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If we go to region specific, what support services are there on the Mornington Island?---For children and young people there is the - you've got the children's safe house now which has become operational, you have - based on the Mornington Island you have a school, you have health facilities, you have fly-in, fly-out facilities, or services, you have a women's shelter. There's a family support service within the safe haven. Mission Australia provides a family support service.

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That's operated through the safe house, did you say? ---Mission Australia is funded to provide safe house - safe haven and the women's shelter.

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So what are the benefits, in your opinion, of having those support services located within that community?---I think with the level of investment that's occurring within both Mornington Island and Doomadgee under remote service delivery we're seeing a greater focus on areas such as housing, so there's significant investment going in with housing, there's significant investment going in with those services such as the safe house, safe haven. I think what that does is a few things. Initially it provides us options. For example, a safe house provides us with options to keep children in community. What the safe house also does and the other services also do is assist in the development of community capacity around employment. People who - the work that goes into training those people that work in the safe house, safe haven, enhances community capacity. So longer term if you look at those services you could argue that perhaps they're providing earlier intervention type services to that community.

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Thank you. We've heard evidence about the many successes of safe houses being stationed in community and particularly the importance of children being placed within their community for their own wellbeing and progression towards reunification with their family. Your statement is consistent with that positive evidence, however we have also heard that the family support and foster and kinship care components of the safe houses have proven difficult to implement. Can you provide us with an update of how these components are being implemented in Doomadgee and Mornington Island and what results they are achieving?---I can't provide any up to date information on that. It's probably something I could obtain, but I don't have that information with me.

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We'll just take that point on notice. Considering the significant rates of over-representation of indigenous children should the inquiry explore the expansion of family support and foster and kinship care roles within the safe house program, in your opinion?---I don't know whether it's necessarily linked in with the safe house. I think the safe house model is proving very effective. I think my personal opinion is what is needed is greater understanding

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from a community perspective as to how community sees the need in terms of foster and kinship care within their own community. I think whilst, you know, the safe house model is successful, I can't comment on their ability to also provide the foster care function.

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So you are aware that they're actually funded to have a foster and kinship care worker?---Yes.

And that that role could be utilised to improve the community education?---It could be. My apologies. I thought you were referring to setting up a foster care program within the safe house.

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Okay, so you state - or give evidence in your statement that both safe houses in the respective communities are viewed positively within the community?---Yes.

What do you mean by this?---So if I think about the Doomadgee safe house, there's some indicators that would suggest that community is very accepting. We've achieved high levels of employment, so people are willing to work within the safe house. It's a site which people talk about in a positive way. So when I go to Doomadgee, for example, you hear people talking, saying about the safe house, saying that it's a positive thing for community, and similar for Mornington Island. Although Mornington Island hasn't been operational as long, the feedback that I hear is that people are viewing it as a positive step forward for keeping kids safe in community.

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So given child protection work is often challenging for both practitioners and the community, what learnings can the inquiry draw from this relationship?---I think perhaps where I refer in my paragraph 27 - my thoughts are that one of the ways forward is for us to hear from community themselves about what they perceive to be needed both in terms of the child protection work we do but also the foster care side of things. I think we need to take into consideration historical factors around the welfare or child protection agencies, I think we need to hear community views about that and what it means for them and what impact it has with them - for them in this day and age.

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One of those ways you could hear from community would be to arrange regular meetings with elders and to have a formal memorandum of understanding with elders in those respective communities?---It could be.

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You've highlighted that local community members could be skilled to perform roles in early intervention and prevention. Is this correct?---That's right.

In your opinion, in future child protection models is there a real opportunity to invest in local community members to

become leaders and role models in preventative type child protection work?---It's my opinion that that is the case. 1

What would be the benefits of grass roots community members performing these roles and what would be the impact on the community, in your opinion?---I think any enhancement of community capacity in the areas of earlier intervention or preventative type services such as family support, I think there's significant benefits in having community members performing those roles. I think particularly with the indigenous communities, having skilled workers from within community I think would be a more accepted form of practice. I don't think that will take away from external services needing to go to community, but I think developing community capacity certainly has to be a key. 10

COMMISSIONER: How would you do that?---Community capacity?

How would you build it?---Yes, so I think an example we see now within both Mornington Island and Doomadgee under the remote services delivery model, if we look at an agency such as the safe house, you know, particular funding has gone in to put those services in those communities. Part of that is actually training people to perform those roles. If you look at the other services that are going into the community that weren't there previously, if you draw a line in the sand and say before this point we had five positions, after this point we've now got 20 or 30 working in that area, that has created more opportunity for community members to work in the field. In turn, that provides additional training, skills development. I think it takes a period of time to develop that capacity but I think it's gradually occurring now. 20

So training in - but a safe house isn't really an early intervention response, is it?---It's not - - - 30

It's tertiary?---It is. It is, but there are family intervention services attached to the safe house program. However, I guess the point I was making is that the skilling in some of that work, getting community members working in the safe house, that specifically may not be early intervention or early intervention type work, but they're certainly learning some of the skills. They might be doing certificates, diplomas, that are in the welfare or human services field that they can then transfer to other areas. 40

But do you see child safety being in the early intervention business or is that some other part of communities' responsibility?---I think you have the statutory functions that we perform; the investigation, the assessment, the children entering care; I think that is what it is. I do see that there is a role - or there needs to be further consideration given to early intervention work.

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By CSOs, you mean?---No, I'm not saying that.

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No, so he would do it?---Well, I think we've already got people out there doing it now. Got the safe houses, we've got early intervention services doing it, we've got health professionals. I think we've got a lot of agencies, actually, doing that work. The question to me is how we all work together to do that.

I see. So when you say "we", you don't need the department, you mean society or the state? Yes, I see.

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MS BATES: You sort of answered this question, but in two years' time with the right training and supports, could you see Mornington Island and Doomadgee community members holding expertise at either a certificate and/or a diploma level in the field of human services?---I think we're seeing some of that occurring now. I haven't got exact figures on how many people have got certificates or diplomas, but my understanding is that that is currently occurring.

Given that your clients are 100 per cent indigenous, is it mandatory for your child safety officers, team leaders and staff members to read reports such as the stolen generation reports?---I wouldn't say it is mandatory.

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Why not?---I don't know why not. However, as a professional we would read those reports. I don't think necessarily our staff - I think we need to understand that they're professionals, they would consider their ongoing learning, so I think for example we would read various reports. I can't say which ones we would read or wouldn't read but - - -

But in a region where your clientele is 100 per cent indigenous, would it not be ideal for every single worker or office member in your region to be familiar with at least the stolen generation report, having regard to the type of work you do in removing children?---I agree with that statement, but that's different to being mandated to do that.

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So in paragraph 26 of your statement you have identified:

*Experiences associated with the stolen generation may impact on people to the point where they are unable to get the children or choose not to be involved with child safety due to those past experiences.*

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In your opinion in cases where people are choosing not to engage with child safety due to those past experiences, what are the government or child safety engagement processes that are required to bridge this gap?---So from my perspective that's where we have people to work alongside us such as the recognised entities. We have our

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own indigenous staff, so in terms of Gulf child safety services centre, we have - up until last month we've had an indigenous person in the manager role for Gulf who reverts back to the senior practitioner role; we've got a team leader doing the investigations which is indigenous and an indigenous person; we have six indigenous child safety support officers. For Mount Isa we have - the manager of Mount Isa child safety service centre is indigenous; we have an indigenous family group meeting convenor; we have child safety support officers that are indigenous. So within our own service system we have - in conjunction with the recognised entity in this location we have significant capacity internally to work with our indigenous staff to bridge any of those gaps.

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Are there any non-government organisation or processes in your opinion which would be required?---I don't understand the question.

I've asked you about government or child safety engagement processes?---Yes.

Are there any non-government organisation or processes that you could see as being needed?---I would imagine that non-government services would need to - as well as - to the same level that we would need to have indigenous staff, to have cultural awareness training, et cetera.

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So I put it to you that Aboriginal and Torres Strait Islander child protection professionals, particularly in a region where 100 per cent of your clientele are indigenous, are essential to engaging and supporting children and young people whose families have association with the stolen generation and may be able to overcome the barrier? ---Sorry, can you just say that again.

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I put it to you that Aboriginal and Torres Strait Islander child protection professionals are essential to engaging and supporting children and young people whose families have Association with the stolen generation and may be able to overcome that barrier?---I believe it's essential to have indigenous peoples working in this field, yes.

You've mention that you have a large percentage of indigenous workers within your department?---Yes.

Would it be a benefit to the inquiry to look at your office in terms of assessing cultural competence within your region?

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---That would be up to the commission - Commissioner.

In your opinion would that be useful to the inquiry?---I believe it would be of use to assess the any office's cultural awareness or cultural competency, so yes, that would be fine.

Okay, so those indigenous workers, you've given evidence that they are in quite high-up positions, they're in senior practitioner roles?---Yes.

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That wouldn't be the norm across the state?---It may not be, no.

This question relates to paragraph 26 of your statement, and in particular if I can take you to the third dot point where you speak about a group of people that have a genuine willingness within community to provide care for a child who may be linked child safety, but due to social disadvantage do not have the capacity. We've heard evidence about therapeutic placement services that offer more intensive therapeutic supports to assist families to become successful carers. In your opinion what is the type of support that may benefit these community members, enabling them to become carers?---I think it may not automatically be necessarily something that would need to give people; it may be things that we need to work through with people. There may be - whilst I'm referring to social disadvantage I think what I'm referring to there is if we look at levels of overcrowding in people's homes, that might be an issue; if we look at lack of employment opportunities; if we look at educational issues, people may not have had educational opportunities; there may be health issues. So I don't necessarily think it's anything we can just give to someone by therapeutic training. I think part of the work we're doing within Doomadgee and Mornington Island in terms of closing the gap is addressing the long-term disadvantage. So I think some of those - the issues to do with the long-term disadvantage and how people experience, I think they're the issues that need to overcome. Having said that, within those communities if there were ways in which we could work with community members about specific areas that they might need to be assisted with, that would be beneficial, if there was something would do in that area.

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In the Cairns public hearings we've heard evidence relating to remote service delivery, and in particular the suggestion that a separate funding and service delivery model should be explored. In your experience are there any recommendations which the inquiry should consider whilst exploring the remote service delivery aspect of the Gulf region?---Sorry, could you just say that again?

40

Okay, so we've heard some evidence relating to remote service delivery?---Yes.

In particular the suggestion that a separate funding and service delivery model should be explored. In your experience are there any recommendations which the inquiry should consider whilst exploring the remote service delivery aspect of the Gulf region?---I can't think of any

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specific funding-type issues, but what I would put forward would be that some of the work that is being done within remote service delivery that might be beneficial is the notion of the integration of services or bringing services together to work in terms of meeting the client needs and community needs.

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So I think - I don't think this is necessarily about funding. For me in the communities it's probably more about how existing services work together across all of the fields of practice to assist our community members moving forward. So I may not be answering your question there, I'm sorry, but I don't think it's about funding as such.

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Thank you. Given that you've worked in child safety in both New South Wales and Queensland, are you able to provide some insight or advice to improve Queensland's adherence to the child placement principle?---I think paragraph 27 refers to - what I'm saying there is talking with community. I don't necessarily have the answers and I think a starting point is a genuine engagement within community about what their views are. I'm not saying I don't have ideas necessarily, but I think in terms of the principles that we should be following I think communities are in a pretty good position to talk with us about what they think might be beneficial.

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Could you outline your experience whilst working with the New South Wales authorities specific to what could be termed a higher adherence to the child placement principle in New South Wales?---I don't know what I could comment on that. I haven't worked in the New South Wales system for quite a while and it's my perspective that we attempt to adhere to the principles here so - - -

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COMMISSIONER: Was there any difference in approach between here now and there then?---I'm sure there would be, commissioner. I will need to go back through and consider that.

You can't think of a stand-out feature anyway, differentiating feature?---My recollection of New South Wales was that we had very good engagement in terms of principles. We followed the principles. My view here is that we do the same so whilst it may not appear as we do arguably, I think we still attempt pretty strongly to work within those principles.

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MS BATES: We've talked a little bit about training. Foundations and cultural studies for Aboriginal and Torres Strait Islander engagement is a two-day training session. How many of your staff members have completed that training?---I'd have to look into that.

It's not something that the department requires, to your knowledge?---We do cultural awareness training. So if there's a particularly training model that you're talking about, I don't know, but we have internal training.

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So you talk about cultural awareness training. Who delivers that training?---So in terms of departmentally internally is my understanding. Locally we have option for training on Mornington Island for specific community

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cultural awareness.

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Can you just expand on that local-level training for me, please?---Please forgive my pronunciation, but Mirndiyan Gununa on Mornington Island - the art centre on Mornington Island provides training - provides cultural awareness so entry into community for people. So that would be more about the people within community, their own particular ways, and basically an induction or a brief into the specific community. It's not available - we don't have that same kind of introduction to country in Doomadgee.

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You have mentioned that you employ some indigenous staff within your region. Are you aware if any of those employees have actually been born and raised and lived in community?---What are you defining as "community"?

Defining as to local specific Mornington Island or Doomadgee?---Our CSSO in Normanton is from Normanton. The CSSO that we're recruiting to Mornington Island isn't from community.

I beg your pardon?---Our child safety support officer that we're currently recruiting for Mornington Island isn't from Mornington Island.

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So is not from Mornington Island?---Is not from Mornington Island, and the other - our other indigenous staff - I don't know in what particular country some - you know, where they're from necessarily.

What interaction does your department have with the local community prior to the removal of children from community? ---So in terms of our processes we would be working with the recognised entity, but essentially when we're doing an investigation and assessment resulting in a child needing to come into care, it would depend on the scenario but if there were no options for that child to remain in community, we wouldn't automatically engage with community about that removal.

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You would engage with the police?---Not necessarily.

So who would you engage with prior to the removal?---Well, when we're looking at removing a child from a family, there are a few steps before that. The first step is we receive notification that a child is at harm or risk of harm. We might then investigate that. That might involved talking with the police but it might also involve talking - well, it would also involve talking with family. It could involve talking with Education, Health, whatever. If we have grounds for a child to be removed from a family, we then lodge an application with the Children's Court and a magistrate actually makes that decision whether that child comes into care or not based on the evidence put forward, so we don't automatically talk to police.

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If you haven't spoken to community prior to removal of the children, how have you exhausted all avenues and acted on the principles of the least intrusive way of dealing with the issue?---Again it comes back to what the notification is about. So if we receive a notification where a child has been significantly harmed - an example might be - I don't know if there are injuries or - like, it would depend on the information that's contained within the notification. Through our engagement - and I believe that the information I've put forward here demonstrates that we do attempt to engage with families and work within community prior to removal of children. Removal isn't something that we actually do as a first point of call. I think some of the information that I've got on page 1 would indicate that, for example, in the community of Mornington Island we look at two children entering care in this year. In 2011 we had no children come into care from Mornington Island, so it isn't our first point of call to remove a child. So there are circumstances where we can't actively canvass community and engage with community to discuss a child coming into care.

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In just a reference to your data that you've prepared, how many children under long-term guardianship orders are placed with non-indigenous carers?---I don't have that information on me. That's something we could possibly obtain.

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And you've also listed under the category of data "others". Is that specified into non-indigenous and indigenous? ---Where would you be referring to, sorry?

That would be on page 2. You talk about long-term guardianship and then it has got in reference to "others"? ---That would be to other - sorry, are you referring to kin or to - - -

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Yes, the categories are either long-term guardianship to the chief executive or other?---Yes.

So can that be broken down further into indigenous and non-indigenous others?---So we would be able to - if we look at the figure of 21 for 2012, we would be - sorry, say again, 22. We would be able to identify who they're placed with, yes, if that's a piece of information you would like.

Can you provide that to the inquiry? The last question I just wanted to focus on was contact with community. My understanding is in practice parents or residents or carers or kin involved with children that are removed from communities are often told by the department that their members - the way to contact these children that have been removed is by way of them visiting Mount Isa and making contact with the contact - Child Safety Service office. Can you comment on that?---We have recent examples where we're returning children to community staying in a safe

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house for family contact. We wouldn't expect people to come down here and ask for contact. So we have staff that actually work in the three communities that we cover so when our staff are in community, they're liaising with parents. They're talking to parents. They can talk to parents about areas such as contact so, no, I don't particularly agree with that.

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Sorry, the last question is: how do you ensure compliance with the child placement principle pursuant to section 83 subsection 7 which basically sets out the order required under the legislation to consider when placing a child, in particular an indigenous child in care?---How do we - - -

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Sorry, that question - I'll just have to clarify that, I apologise. It's in relation to long-term guardianship and ensuring contact, cultural retention, as outlined in that section?---I'm not understanding, sorry. Are we referring to 87(3)?

I beg your pardon, section 83 subsection (7) and the question is specifically directed at long-term guardianship orders and it's with respect to what checks and balances or how does the department ensure compliance with the child placement principle?---So if there was a situation where we needed to make a placement of a child or a change of a placement - so you could have a scenario where a child is in care. We need to make a placement change. If for whatever reason we weren't able to engage with a recognised entity, we would continue to attempt to engage with them and at some point we would engage with them, talk about the placement and seek their views.

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Isn't it correct once a long-term guardianship order is made there is no further case planning for that child? ---No, that's not my understanding.

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That's not your understanding?---No.

That's all I have.

COMMISSIONER: Thank you. Mr Capper?

MR CAPPER: I will be about half an hour give or take a minute.

COMMISSIONER: All right. We will resume at quarter past 2. Is that okay?

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THE COMMISSION ADJOURNED AT 1.08 PM UNTIL 2.15 PM

COMMISSIONER: Yes, Mr Capper?

MR CAPPER: Thank you. Craig Capper for the Commission for Children, Young People and Child Guardian. I just have some questions for you in relation to your evidence. In relation to the document you provided, I think it was exhibit 82, you indicate in that document at page 5 the number of staffing days spent in community and it's got 196 for Doomadgee, Mornington 156 and Normanton 109. Now, as I understand the evidence before, you can't distil that further to identify how many of those were perhaps multiple CSOs attending on the one day. Would that be correct? ---No. Yes, that's pretty much to the extent that I could gather that information.

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So in relation to that, so that could include where two CSOs have gone to the one location. Let's say Doomadgee, for example, you've got 196. We know that there's no child safety officer at that location. It's a fly-in, fly-out situation. Is that correct?---That's correct, however that figure of 196 would be CSOs having gone in - there could have been CSSOs that have gone in as well.

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That's right, but it could be two CSOs going in?---Yes.

So that could be down as far as half, that number of visits?---Yes.

Or it could be 196 with just a CSO and a CSSO. Is that right?---No. No, the CSSO figures would be separate to that.

In relation to that - but what I'm saying, though, is this 196 - you could have as many as 196 visits in 2012?---Yes.

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Because there's at least one CSO going in each of those 196 cases?---Yes.

Either with a CSSO, or it could be as low as perhaps 98 with two CSOs going on each of those occasions, 98 occasions. That's right?---Correct, yes.

So you said that you can't distil that figure any further? ---No, I don't think I could.

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If I understand your evidence correctly, you also said that that would include any possible travel time as well. Would that be right?---It's very raw data that I pulled together.

Of course. I'm just trying to get a feel for what the data actually means?---Sure. In pulling that data together I didn't go into travelling time, so I can't specifically say yes or no, having reflected on it, whether that would



include travelling time or not, but in reality it probably  
would include travelling time. 1  
It probably would?---It probably would include travelling  
time.

Okay, so that's a day out and a day back, the 196, each  
time?---If we had driven into community it would be, yes.

Yes, okay, and so that could be as little as - even  
presuming one CSO visit, that could be reducing that by  
two-thirds, essentially, because of the day in, day out and  
one day on the ground. Would that be right? So we could 10  
be down to around about 60 visits in the past - in 2012  
where a CSO and a CSSO, even presuming that it's only one  
of each that attended, it could be down as low as 60 visits  
in 2012. That's what these figures are sort of suggesting.  
We don't know, but it could be as low as 60 visits?---Yes,  
I guess the spirit of providing this information and me  
pulling it together was operationally looking at the days  
in community. We need to factor in that, yes, that what  
you're proposing could be true.

Yes?---It also could be true that of those 196 days we flew  
in for half of those visits. So that might have meant that 20  
we have arrived in community at 10 am.

I guess the point I'm trying to raise with, though, is the  
difficulty in that as I understand - and correct me if I'm  
wrong. As I understand it, you can't actually record in  
ICMS or anywhere else the number of times that you've  
actually visited a child. Is that right?---We do record  
that information.

You record it in a narrative form but there's no check  
field to say, "We visited this child this month." Would  
that be right?---I don't know whether there's a piece of 30  
data that we could tick a box and say tell us how many  
visits we've done, however we would be able to capture that  
data, I would imagine.

Okay, but not just as a print a report. As I understand,  
we can't just simply go to the system and say, "Have we  
visited every child in our care in this region this month?"  
You can't do that at present, as I understand it. Is that  
right?---From a data perspective, no, but I guess as the  
service centre manager I could talk to my staff and say,  
"Of your case load how many visits have you completed with 40  
each child?"

Is that done routinely?---In terms of our work, our CSOs  
and team leaders, it would be, because home visit would be  
part of their core practice.

Do you say it would be or it is occurring?---The reason I  
use the term "would" is without doing a 100 per cent audit  
on every single client I can't say today that those visits

have occurred, but from a practice perspective it would be normal practice for those visits to be occurring. 1

I guess the reason I'm raising this is are you aware the commission obtains reports, and particularly those from children, and conducts surveys of children in care?---Yes.

In relation to the latest report, the 2011 views of children and young people in foster care conducted by the commission, it indicates that 50.3 per cent of children reported seeing their CSO once per month, 31 per cent said once every three months and 7.3 per cent said once a year or less. So if this data is correct, and unfortunately you can't tell me otherwise, but certainly the views of children are that they're only being visited in 31.4 per cent of cases every three months?---Yes. 10

At least half of the cases we can give it that they've been visited in the last month. There certainly appears to be 50 per cent who aren't being visited every month?---Okay.

Well, how are we protecting children if you're actually not in attendance and you can't tell me whether or not the staff are actually attending these locations and visiting these children on at least once a month, which is, I understand, the safeguard that you use?---So I can't talk for the state, however in terms of my service centre, from a practice perspective the data is a data tool. I agree that it's necessary, but the only way essentially for me to really find out how many visits are occurring, how often, the quality of those visits, would be through day-to-day discussions with the staff. So if you're a team leader and you want to find out that information you can pull data, but data is a raw figure. I'm noting what the report is saying and I think that's significant, however a team leader would talk to their CSO. They would be monitoring their practice to work out about how many visits are occurring, how often, et cetera. So I can't talk to that data because I haven't reviewed that specific area. 20 30

So in terms of your actual management of your staff, is there a report that they lodge each month to say, "I visited - I've got 20 children, I've got 20 cases. I visited each of my 20 children this month and conducted face-to-face visits with them on at least a once a month basis"?---So within supervision between the CSO and the team leader - - - 40

Sorry, go back to the question?---Yes.

Do you have a report that says - that the staff fill out and give to you each month, a checklist, some sort of process that they say, "Yes, I certify that I've actually spoken to these children, each of the children, visited them, this month," and if not, why not? Do you have that type of report?---In terms of our computer system I'm

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thinking not.

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Yes?---Yes.

So the computer system can't do it?---Yes.

We've already got that, that there's no field in ICMS to tick, "Yes, I visited this child this month"?---Yes.

We've got that. You said that you then get it through your discussions with your staff?---Yes.

10

So these are anecdotal, ad hoc sort of discussions that are taking place in the office, but there seems to be no - - -? ---I don't think I said that.

Well, there's no structured way, from what you're telling me, that you actually gather that information from your staff to certify that each month you've actually visited the children in care?---I may not have answered this correctly before, however if you have a CSO working with their team leader, going over their cases on a monthly basis and supervision, to me that would demonstrate what work they're doing with that family. Myself as a manager, I don't necessarily ask for that kind of report. I would talk to the team leaders about that information.

20

Now, we heard from the regional director in Beenleigh, I think it was, Mr Payet. He indicated that he receives this report and our reports regularly. He forwards them to his managers. Do you get the same?---I haven't received - I haven't been in this position for 14 months so I haven't received one in the last 14 months - - -

Prior to that?---Historically I have seen the commission's reports, yes.

30

Okay, and when these reports come to you and it says that 50 per cent of children report that they're not seeing their CSOs every month - I mean, this figure hasn't changed a lot over recent years, if we can accept that, but certainly 50 per cent are saying that they don't see their CSOs every month. What do you do and what are you doing about that?---I think to me there's probably a step before that piece of document in your hand as the report. I think from my understanding we actually engage with the community visitors.

40

If they're going out and talking to a client, a child or young person, my experience would tell me that if they're told that the child safety officer isn't actually visiting them, my experience of the community visitors would be they also pick up the phone and talk with us and work with us about that.

1

Okay?---That's my experience, but - yes.

All right. So the visits that are meant to happen, we can accept that they're probably not, from what the kids are telling us, because there's no data to suggest otherwise. You say that you rely on the community visitors. Would you classify the community visitors as a safeguard and one of the safeguards that the department relies upon to ensure the - - -?---I don't think I said that.

10

- - - protect the safeguards of children in care?---I don't think I said that.

I'm asking you would you classify the community visitors as a safeguard?---I see the community visitors as part of the overall service delivery system, as part of the overall team that works with children and young people. And as for our practice, I don't necessarily see that as a safeguard by itself, but they're part of the process that we work in.

20

So they're not a safeguard, or they are? I mean, you said they're not a safeguard of themselves. Like, I mean, do they add to the value for the organisation and are they a level of - as a safeguard in the system as far as your opinion?---So in terms of adding value, yes, they add value.

Are they a safeguard that you rely upon and that assist you in ensuring the protection of children whilst there in care?---They would be a safeguard, yes.

30

Thank you. Are you aware that over the past 12 months the community visitors have raised over 17,679 independent matters - locally resolvable issues with the department? And in particular in this area - in this zone - 2591 locally resolvable issues in the last 12 months raised by children?---No, I'm not, no.

In relation to the safeguards, in relation to the other matters, he indicate in your statement that - I take you to paragraph 26 of your statement - you indicate that one of the challenges of identifying and recruiting carers within communities is blue card eligibility - - -?---Yes.

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- - - and processing of submissions. And then you go on to list some other barriers?---Yes.

Leaving aside the issues as to - and we've certainly heard evidence in relation to issues as to the perception that

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blue card may be an inhibitor - but in relation to blue cards, and more particularly criminal history screening more generally, would you agree also the blue card and that criminal history screening process that takes place is also a significant safeguard protection of children in care?---I would agree that the assessment of backgrounds for people is significant. Whether or not the blue card process is the best way to go is probably another thing.

1

And what you mean by that?---I guess I'm just raising that perhaps there's a better way of assessing peoples histories, et cetera, rather than the blue card process we've currently got in place.

10

Okay, such as?---I don't know, I'm just saying - - -

Well, I mean, you're saying blue cards isn't good enough. What is the alternative?---What I'm suggesting is that a process that can take between one month and 12 months isn't meeting the needs of children and young people in care.

Isn't the department's process of approving carers similar? ---It can be delayed as well, yes.

20

So it can be?---Yes.

And it is an exceptional case?---I would disagree with exceptional, but yes.

Well, it's an exceptional case where it takes over 12 months for blue cards to issue. It's an exceptional case where it takes over 12 months for a parent to be approved, wouldn't you agree?---Yes, over 12 months would be exceptional.

That's correct?---I would say over three months or over six months wouldn't be exceptional.

30

Now, in relation to your data, you indicate in relation to your data that you can't break down further the amount of contact that your CSOs are having with children. You can't get a report to say, "Yes, we visited them." What about contact with their families?---I don't think I'm saying that. I think any information is obtainable. I guess the question is would our CSOs - what do we prioritise our time with our CSOs? I've already indicated that in terms of our day-to-day practice between our CSOs and team leaders, we could identify that, so it is possible to get that information. But it's about what information we need and for what purpose.

40

Right, so you say that you can actually get the data as to how many children have been visited in care within the last month? Is that what you're saying?---I think I said before that, yes, in discussions between team leaders, CSOs, we would identify within that process, yes, how many visits

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have occurred.

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In relation to contact with the CSO - we've discussed that. In relation to contact with families, is that equally available from ICMS?---Information about contact with families would be available, but again I think that's a data issue in terms of pulling that out, is my understanding.

So again we can't just press the button and ask for a report on how the children in care had contact over the last month with their family. We can't do that?---I don't believe so, no.

10

And in relation - - -

COMMISSIONER: Sorry to interrupt, but wouldn't that be a good way of measuring how well the department is performing the substitute parental role, to know how many children in care have lost contact with parents or family as a result of being in care?---Yes. One of my challenges with this, Commissioner, is having not worked in this role for a period of time. I'm not aware of what data is now available.

20

Yes, just leaving aside whether it is available - - -? ---But I agree, yes, I do.

- - - or not, do you think it's a good indicator of how well the system is performing its parental responsibilities?---I think - - -

- - - given that one of them is for the chief executive to maintain that conduct - that contact - it's mandated in the legislation?---I agree. I think it's very useful information to know about contacts. I think what's more useful is knowing how well that contact went; what it meant for the child, what it meant to the parents. So I think - - -

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In order to answer the second question you have to be able to answer the first?---You need to - I agree. I agree, yes.

Okay, thank you. Actually, while we are talking about families and support, you know how one of the general principles in 5B of the act is the preferred way of ensuring safety and well-being is through family support; do you know if the intake service or the case managers utilise the Salvation Army Bridge program out there where CAS used to be at Spear Creek?---I don't have any specific client details about current use, but I understand that that service is operational.

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It is. It has been since June?---Yes.

I asked when I went up there?---Okay.

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And they told me that they've got live-in facilities and I went and had a look at them. And that they have been available since June to take referrals from the department to assist in reunifications between children at risk and parents with an alcohol or drug dependence problem?---Yes.

So that they treat the parental problem and the children's needs together in the same residential place?---Yes.

10

It seems to me to be a reasonable approach to attacking both prongs of the problem, because there is no point being focused solely on the child's placement if you're not also focusing on getting the parents ready, willing and able for the child to return home on a sustainable basis?---Yes.

And that's one program that would deal with both the placement of the child and a sustainable family reunion? ---It's certainly my personal view that any work we can do, either its co-located in a service such as that for a family keep family together, I think that's a really viable option.

20

But you don't fund it, do you? The department doesn't fund that program?---I would have to seek advice on that, Commissioner.

Does it fund - in this area does it fund any similar programs that are not just focused on meeting the needs of the child in care, but on the dual aspects of the protection capacities of the parents and the child's needs?---I can't think of any. It could certainly - if we were to have a break I could certainly - - -

30

Yes. I know that there is a list of the services available that you refer to upon the wall in your offices?---Yes.

But that just seemed to me to be a good one that was funded federally, it wouldn't be any cost to the department? ---Yes.

Because I think to get a slice of the Centrelink of parents and it's federally funded under Closing the Gap something like that?---Okay.

Yes, Mr Selfridge.

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MR SELFRIDGE: Mr Commissioner, can I just say in terms of the questions that yourself and others have put to this witness and he's unable to answer, as per what we've done in the past I have been taking careful notes and instructors will be fastidiously doing those so that we will be able to address those questions and put it back to you at another time. 1

COMMISSIONER: Excellent; thanks very much.

MR SELFRIDGE: Thank you.

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COMMISSIONER: Mr Capper?

MR CAPPER: Thank you.

Just going back to the point I was raising before in relation to contact, you indicated that we can't really identify what contact is occurring beyond the discussions you have with your staff. I'm just picking up something Ms Bates identified in her questions with you. It was a question as to whether or not people would be required to come to Mount Isa from Doomadgee, for example, to obtain contact with their children?---Yes. 20

You responded saying that you wouldn't expect that to be the case, but how does the department facilitate contact between children and their parents, particularly from Doomadgee to Mount Isa, for example? What strategies are in place to allow that to occur?---Sure. So I think the example I gave before, for example, would be - so starting at the first point of contact, we have a child, a young person, come into care. There's a care plan, a case plan. Within that case plan we would identify the contact regime, what it would actually look like, frequency, locations. There would be agreement through that process in development of that case plan to identify where contact would occur and how it would occur. As I mentioned, we are - with the safe houses in both communities on occasion we do send children back home for both family and community contact. Sometimes people would come down. If they're from the gulf communities, they would come to Mount Isa. Where possible we have been trying to get children back, but one of our challenges has been when you look at the gulf communities - if we want to have a child have contact in community which is really a good thing to do, we need somewhere safe for them to go to or safe in terms of a foster placement or a safe house. So whilst we started sending children back to community for contact, it doesn't happen in all cases so people would come down to Mount Isa. We'd have contacts in Mount Isa. 30

Keeping in mind there are only six places in the safe house so there are not too many places available for that purpose, how frequent are families having contact with their children where they're coming from Doomadgee and are 40

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they left to their own devices to get to Mount Isa or is there some other process in place to facilitate that contact?---I'd need to seek advice on that. 1

Okay, thank you. It would be appreciated. The only other area that I want to touch based with you on is in relation to children with disabilities. How many children with disabilities - we've heard previously in evidence that children with disabilities are relinquished to the child safety system or the department. How many children with disabilities have been relinquished in the gulf or Mount Isa or in this region?---I haven't got that information. I can say from my recall I haven't worked in the Mount Isa location or the gulf location with any children that have been relinquished. I 10

Okay?---I haven't been working in that role for 14 months so I would need to really check on that information.

All right, thank you. That would be appreciated. Thank you. Those are my questions.

COMMISSIONER: Thanks, Mr Capper. 20

I have just one question about safe houses. Is it your experience that the limited vacancies for safe houses can create a problem where you have a family of siblings in a safe house for extended periods of time and no-one else can get in?---Theoretically that could happen, commissioner. Probably the true concept of the safe house initially would be if we need to bring children into care, it provides an initial option for us to place - to give those children in care; secondly, it also provides a means for us to provide respite care or provide the opportunity for children to come back to community. So it could happen that the safe house would be full and no-one could get in. That could happen with only the capacity of six. I think it would depend on - that's probably more of a practice issue around - well, if we want to put a sibling group of five - of six in, we need to do so bearing in mind that if we did have the need for someone else to go in the safe house, that option wouldn't be available or - you know, it would be about managing the resources, I guess, to ensure that either (a) there are three beds left in case we need it or (b) we don't want three beds left. 30

Is there a policy or protocol with the service agreement of how long the duration should be and how often the same sibling group comes in and out?---So the length of placements generally wouldn't exceed three months within the safe house, but in terms of respite - - - 40

I heard there was one family of four siblings in the same safe house for more than two years?---Yes. My understanding internally of the safe house is that normally it's a three-month option so - - -

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Yes, that's what it is normally?---Yes, and I'm not aware of that happening in the gulf safe houses.

Okay. Yes?

MS McMILLAN: I just have a couple of things.

Of your eight staff who have done the ICARE training, how many are frontline?---They would all be frontline.

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COMMISSIONER: Define "frontline", the two of you, please? ---Yes. Sorry, I recall seeing - I might have misquoted the figure. I think I meant to say seven, if I said eight.

MS McMILLAN: All right, seven then, fine?---Yes. So "frontline" would be working within the Child Safety Service centre in a non-admin role. So of those seven ICARE staff that are trained theoretically - well, I don't know exactly who in the service centre is ICARE trained at the moment, having not been there for a period of time, but that could be the team leader. It could be the senior practitioner. It could be the CSO.

20

I think you defined this morning "frontline" was anyone who potentially had contact with the public. Whether they in fact did was a different matter?---Generally our definition of "frontline" would be if you work with the Child Safety Service centre and you're not administrative, you're frontline.

Yes, thank you. Now, can I just indicate that, according to the department's web site, in the 2010-11 year after-hour calls received by the department state-wide was some 10,887? Now, I understand from your web site that's not able to be broken down into regions, but obviously that's a considerable number, you'd agree?---Yes.

30

Yes, but you're not able to assist us on how many that would relate to this sort of region, would you?---I'm sorry, I don't have that information.

Do you know whether it's retrievable or not?---I would suggest it would be retrievable. That's something I can certainly follow up.

Okay, thank you. Now, lastly, Ms Jeffers has provided a couple of later statements and I just want to ask you about one aspect because it would seem you would be able to answer it. Mr Commissioner, I'm going to deal with it this way: this is a statement where there will be particular issues about disclosure of it so I just want to put some figures to this witness. Mr Selfridge is aware of why I'm adopting this approach.

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Ms Jeffers - I will just give you the context - has identified that 77 children aged zero to three months were placed in out-of-home care while the mother and baby were in a hospital or medical facility from 1 July 2009 to 26 September 2012 in the North Queensland region. A breakdown of the 77 cases based on the Child Safety Service centre responsible and the year the placement occurred is in this table. Now, I'm just going to take you to the one that would obviously relate to your area of concern. It was 14 children in total over the years 2009 to 2012 inclusive. Now, I imagine you probably can't comment too much about the children this year because you haven't been in that role, but, firstly, can I ask you in relation to those, at what delegation of authority is it signed off for a child to be removed from their mother at birth?---In the Children's Court by the magistrate.

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All right, but in terms of seeking or exercising that power, who makes that decision? What sort of level of authority do you have. That's what I should have asked? ---Okay. So essentially that would rest with, generally speaking, the team leader within the service centre. Again from a practice perspective I think myself as a manager - in my experience over the last 10, 12 years if we're making a decision to remove a child from someone, my practice would always be to be a final check-and-balance point in that decision-making process. So essentially prior to that decision being made we would have received a notification from someone, Health or - if you're talking about Health - you know, it might have been from Health; might have been from police; might have been - whoever it was from. We would have then investigated that. So as we're investigating those concerns, we would have talked with Health. If we're referring to unborn or newborn children, we would've talked to Health, we would talk to police; anyone that's had some involvement. We would've then made an assessment about the risk. So that would have been the child safety officer under supervision from a team leader. There would've been various discussion at points in time where they would've been discussing those concerns.

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Is that through SCAN?---So SCAN - if the report came through SCAN that would certainly be - - -

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But it's got to be a notification before it goes to SCAN, doesn't it?---So in terms of the process, if health made a notification or a CCR it's my understanding that CCR could go to SCAN as well. If they're referring to removal it would depend on the time as to whether a SCAN meeting would have occurred prior to that. There would have been discussion with SCAN core members at that - or prior to that point, so that would have been the process. There would have been some discussion. Their team leader CSO would have signed off, we then would have started the application process with the court.

10

So a CSO would sign off on it but you say that your practice is to have oversight of it?---So a CSO can - ultimately would sign the relevant application with the team leader. I think my experience would tell me within the child protection field when you get to that point your senior practitioners and your managers normally become involved in those discussions.

All right, and how much are you aware ordinarily is the mother given notice of that intended action?---We would have been - throughout that process I would imagine we would have been working with the family, looking at the concerns that have been raised, trying to look at options for if that child was going to be safe with family. So I would suggest that prior to us getting to that point we would have had those discussions.

20

So you say that effectively there should have been some discussion, you would think, over perhaps a number of months?

---No, I'm not saying that. If we were getting to the point where we needed to remove a newborn child we wouldn't have been discussing that over a period of months. If there were risk factors there that had arisen, you know, a week before - - -

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No, sorry, the engagement that you say you would have had with the mother, would that have been, what, ordinarily for some months, or how long before she has the baby?---It wouldn't necessarily be uncommon for us to - well, I wouldn't say it wouldn't be uncommon, but it would be possible for us to become aware of a child that might be at significant risk of harm a week prior to us having to take action, or a day prior.

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Is it your view that intervention is often related to substance abuse, on one hand, issues?---It is difficult to generalise, but substance abuse could be one.

Domestic violence?---That could be another, yes.

Mental health issues?---Yes.

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All right. Yes, thank you. I've got nothing further.

COMMISSIONER: That safe house I had in mind was at Weipa?  
---Okay.

Is it Weipa?---I think there is one there, Commissioner.

The information was that there's been children, siblings,  
who have been there for more than 12 months, up to two  
yeas, which doesn't leave any space for others requiring  
temporary or short-term placement?---That's right.

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Matters of concern being reported on the safe houses in  
Cape York. Are there? Have there been?---I wouldn't know,  
commissioner, and I wouldn't be able to comment more  
recently in terms of Gulf - - -

With infant removals you can't consult the RE without the  
mother's consent, can you, under the legislation?---Through  
the investigative process I would have thought we would be  
liaising with the RE, so I'm thinking pre-natal - we're  
talking pre-natal?

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We are?---Yes, so pre-natal would be slightly different, or  
would be different to intervention post birth.

Yes, but you can't tell the RE without the mother knowing  
or consent - - -?---Yes, we would normally be working with  
the family prior to birth, yes, and we would work with them  
with their consent if consent is available.

Is that an impediment, that provision? Just remind me  
where it is. Does somebody know?

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MS McMILLAN: Section 6.

COMMISSIONER: Was it 6?

MS McMILLAN: Is one section.

COMMISSIONER: 21 or something?

MS McMILLAN: 21.

MR SELFRIDGE: 21A, I believe.

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MS McMILLAN: 21A.

COMMISSIONER: So you must consult the recognised entity  
for the purposes of the protection needs and support to the  
pregnant woman, but only if she agrees. So there's a bit  
of a gap, isn't there, where the department concludes that  
advising the mother might create other risks of her not

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going to a major centre for birth, for delivery, in order to avoid the risk of removal?---Yes. 1

You can't involve the RE in that situation?---I think, though - thank you. I think the notion would be that we would be engaging with the mum not necessarily with the intent to remove. We wouldn't go into those discussions with the intent to remove, we'd be going into that process with the intent of working with the mother and the family to see what we can do to support them.

All right, so you haven't found in your experience that section 21A(4) has presented a problem?---I'm struggling to recall a scenario, commissioner, where I've been involved with such a case, yes. 10

What do you think of the proposal that the REs have a more fortified role in the process. Rather than just be consulted by the department, that they have a more authoritative influence over cultural aspects of care?---My personal view would be whether it's the RE or a representative from the indigenous community I think that's a good idea. I think I'm supportive of any way in which we could ensure that in our practice there's relevant appropriate advice from arguably an RE but probably more specifically a representative from a person's country or plan - - - 20

All right, so whatever - some entity that - - -?---Yes.

For example, it occurs to me that the cultural plan would be better off, arguably, being done by someone from community rather than somebody from the department with the assistance of somebody from the community?---Yes.

Why not do it directly?---That's one option, yes. 30

Then there's no room for misinterpretation, I suppose? ---Yes.

Because I am hearing complaints that a lot of the cultural plans are lacking, either being done at all or in substance?---Okay, yes.

So you might want to take that on board, but it just seems to me to be an option as a solution that we might think about. Okay, well, that seems to be all. Does anyone else have anymore questions? No, okay. Well, thanks very much for coming along and giving your evidence. It's very much appreciated, Mr Garrahy. Thank you. If you would just liaise through Mr Selfridge with that information. You've got a long list there, I know, and we'll look forward to receiving it. Thanks again. 40

WITNESS WITHDREW

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COMMISSIONER: Yes, Ms McMillan?

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MS McMILLAN: Yes, I call Senior Sergeant Kelly Marie Harvey.

**HARVEY, KELLY MARIE** sworn:

COMMISSIONER: Thanks, detective senior sergeant. Welcome?---Thank you.

MS McMILLAN: Detective, you've provided a statement, have you not, in relation to this commission which is declared on 3 October this year?---That's correct.

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Could you have a look at that document? Is that a copy of your statement?---That's the original, yes.

Are you the contents true and correct?---Yes.

Thank you. I tender that.

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Detective, there's no reason why that can't be published, is there?---No, there's not. Just one notation that I just wanted to talk about was the population which I had about 23,000. 1

Yes?---That's actually for the Mount Isa area, but for the whole total division that we have it's more up about 30,000.

Thank you.

COMMISSIONER: All right. With that amendment I will admit and mark your statement exhibit 84 and direct it be published. 10

ADMITTED AND MARKED: "EXHIBIT 84"

MS McMILLAN: Thank you.

Detective, how would you prefer me to refer to you as, detective or senior sergeant? It's a bit of a mouthful, your full title?---Detective would be lovely.

Thank you. Now, you're currently detective senior sergeant of police as officer in charge of the Mount Isa district child protection investigation unit?---Yes. 20

Known as CPIU within Queensland Police Service?---Mm'hm.

You were appointed to the position on 20 January last year? ---Yes.

And prior to this appointment for three years you performed various roles such as district support officer, district domestic violence, mental health and coronial liaison officer?---Yes. 30

And shift supervisor in Mount Isa district and in your role as district support officer you were required to organise travel for juvenile offenders and child victims within the district. Correct?---Yes.

All right; and all that entailed. Between January 2005 and June 2007 you performed duties as a detective sergeant, officer in charge of the newly established Thursday Island CPIU?---Yes.

And your role as officer in charge of Thursday Island CPIU was to provide specialist response to child protection, youth justice across the Northern Peninsula area and the Torres Strait?---Yes. 40

What's the Northern Peninsula area known as? What area does it cover?---NPA - that's Bamaga and the surrounding communities around that area.

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All right, thank you. Prior to that you performed duties for two years as senior constable, officer in charge of Noosa Heads?---Yes.

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Somewhat of a change to where you are now?---Yes, very much so.

Three years as a detective senior constable, Sunshine Coast and prior to that time you performed duties - 98 and 99 you performed duties here as detective senior constable in Mount Isa, did you not?---Yes.

10

And you also managed and coordinated what's known as the SCAN team in that time. Correct?---Yes.

All right. Now, I just want to ask you some questions. You have a copy of your statement you said with you?---Yes.

All right, thanks. Now, you've set out how the CPIU is constituted. In terms of the training that you undertake in regards to paragraphs 24 and 25 you talk about the psychological assessments?---Yes.

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I understand that it's not been dated, the yearly psychological health assessments, but can you tell us, to your knowledge in the CPIU, what's the take-up, if you like, of those health assessments?---Everyone in my section that has had the ability to do it this year has. So we've had quite a few new staff so when they come into the position, they undergo the psychometric testing and then all of the other officers that have been in for some time - we're trying to get them through the yearly testing so probably about two months ago there were about three or four of us that went through the testing. As I said, it's voluntary at this stage, but that was all we could process at the time.

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All right. Now, in terms of the training you say that officers in the CPIU are continually provided specialist training throughout their plain-clothes career. You in paragraph 27 talk of, "The newly appointed officers readily attend training in areas such as interviewing children and recording evidence, ICARE, child protection work, child investigative interviewing," and so on and so forth. Now, is that mandatory for officers to undergo that?---Yes.

In terms of the ICARE model, is it your understanding - was it developed - I'll withdraw that. To your knowledge, is that really like an Australian benchmark, if you like, in terms of what is seemed to be an appropriate training for interviewing children?---Yes, it's a nationally accredited course that was developed for a number of practitioners, not only for the Queensland Police Service as a method to obtaining free narrative from children so that their disclosures or whatever they explain to the practitioner

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isn't tainted in any way.

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When did you undergo the ICARE training?--The first time I undertook the training was when I started in plain-clothes beginning of 1995 here in Mount Isa. That was down at Caloundra on the Sunshine Coast and it was facilitated by the Queensland Police and also Department of Communities so there was Queensland police officers completing the course, plus also members from Child Safety.

Is that the only opportunity that you've had to jointly train with members of that department?---Yes.

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As it was in that incarnation?--Yes.

Did you think that was a valuable experience, being able to undergo joint training with them?---Very much so because as at that stage I was early in my service coming into plain clothes so it gave me a very good idea of how we as investigators should be interviewing children. It also gave me valuable insight into how the Department of Child Safety go about doing their side of the investigation in protective behaviours.

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All right. Now, what if it's suggested to you that perhaps it's not as imperative for departmental - and I'm meaning child safety officers to undergo that training because they're not involved in the criminal - sorry, yes, they are not involved in the criminal investigation side of things, if I can put it that way? What would you say about that? ---I'd say when we are undergoing investigations with children, the overarching philosophy is for child safety. It's not only just for obtaining criminal evidence or evidence to put before a criminal proceeding. So, as I said, it's nationally accredited, the model for the ICARE, and it's open to all practitioners and it's a method to put open-ended questions to children so the children are giving you the information. So in one respect when we are doing the interviews with the children, we are looking for any child safety issues, any risk of harm, but then we're also using any - like, disclosures that the child might make about offences that have occurred so it's a free narrative from that child. If they do disclose, we can put that evidence to a criminal proceeding. If there's evidence that something has happened but we're not going to go criminally, we can still use that as a free narrative to look at the safety of that child and we can provide that information over Child Safety.

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Or indeed both?--Both, yes, so if child safety officers are utilising the same model, they are still obtaining information from the child which is free narrative. We know that it's not tainted in any way. So the information that the child is giving child safety would be able to give them a holistic view of what's happening without knowing that anything would be tainted.

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All right. I suppose if they are not appropriately trained, given that they may in fact be interviewing the child as the first port of call, if you like, and a child makes disclosures which in fact may reveal some criminal activity on the behalf of either another child or an adult, then I take it it may well hinder - would it hinder your investigation if it's not taken, as you say, in that free-flowing narrative?---I think it would not only hinder just a criminal investigation but I think it would hinder the way that the response would be put in for the plan for that child's safety.

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All right. Have you had a recent example where that's occurred?---Yes, up on Thursday Island. So going back, it would've been probably 2006. Thursday Island is the main hub for where the CPIU is located. Child Safety is down in Cairns so they would send officers up every now and then. We had a notification from Murray Island, so where the child had disclosed that her father had burnt her with a cigarette on her forehead. So we were making plans to go and do the investigation. Unbeknownst to us Child Safety actually attended the island and they completed the interview with the child, say, using the ICARE model. When we were able to look at the notes from that, what had happened is the practitioner had actually said to the child, "That was by accident, wasn't it?" so it was putting words into the child's mouth. So meaning "it was an accident", obviously the plan for that child's safety was changed with how Child Safety would deal with it rather than if the child had not have said it was an accident or the free recall would come from the child and obviously we couldn't then use that information in criminal proceedings. As it was, probably about two weeks later the child was burnt again and also stabbed.

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And what, sorry?---And stabbed with a knife on her hand.

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Did you undertake the investigation after that?---We did and the father was charged.

All right, thank you. Now, Mr Garrahy's evidence today was that he understood that there was difficulty in accessing places in the ICARE training for departmental staff here. Do you know anything about that?---I can't talk about the regional policy about child safety officers getting on courses. What I can provide is early last year I actually attended a rehash of the ICARE course. So officers in charge could go back and do a three-day training component.

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A refresher?---A refresher. So I went down there for three days and what was explained to me by the trainers at the time is that there was a series of courses being held during the year which there was places for Queensland police officers and also child safety officers so we could still have that joint training.

Yes?---But child safety weren't providing staff to go and do the training.

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All right. In terms of paragraph 32, you talk about your members receiving ICARE and child protection training. Is it the case that it's not only CPIU police officers that - and I'm talking about just this area, Mount Isa - I couldn't say "just", this enormous area - is it linked only to CPIU or is it to your knowledge wider than that?---No, what I have tried to insist, and which has been supported by my senior management and the officer in charge of the CIB is that all detectives within this district are offered the opportunity to take part in that training, so that way we have a broad spectrum of detectives that we can utilise throughout the district; I can - myself or one of my senior officers in the CPIU can still assist them with follow-up investigation, but the of the training and skill to be able to go in and do that ICARE interview for us.

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So let's just say for instance what happens if something blows up very quickly at perhaps Normanton? What happens? ---At Normanton there's a detective senior constable that works at Normanton. Luckily for us she is actually ex-CPIU.

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Right?---But she has maintained her skill base and she would attend to that investigation. If she wasn't there we'd send someone up from either Mount Isa or we have another detective senior constable's based at Cloncurry who would go up.

Have they done CPIU, that ICARE and child protection training?---Yes, I've ensured that they've all done the training.

All right. And do you think that's been beneficial?---Very much so. They've been able to assist us with a lot of investigations and it enables us to put a timely response into place rather than having to have officers travel from Mount Isa all of the time.

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All right. You say that whilst child safety may find training difficulty due to remoteness and the high turnover of staff, QPS also experiences the same issue but maintain a high standard in your training arena. Now, do you find that - you set out in some detail and I've just taken you to part of it - that what you've outlined on a number of levels of both training and mentoring, that that is a key component of a cohesive workforce?---Yes. I'm not talking about their other training that they have, I'm specifically talking about the ICARE training.

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Yes?---Is that I just think it's something that is extremely beneficial for all practitioners that are working in the child safety arena to have.

Clearly this work is stressful and difficult. You'd agree, no doubt?---Yes. 1

And I take it that that recognition is given by the fact that there's these psychological assessments that are being undertaken?---Yes.

Do you consider it an important issue that your staff feel supported?---Yes.

All right. And I take it from that do you undertake some sort of analysis - that is feedback - to ensure that they do feel supported?---Yes, very regularly. 10

All right. What do you do? How is it done?---I regularly have one-on-one meetings with my staff members. Either - if they're in the office it in person, or with my officers that are based up on Mornington Island and Doomadgee, talk to them on the telephone, see how they're going. Also get them to come down and do training sessions, so they're actually working with other members and they can ask questions. I talk to them if they've got any issues, what their workload is like. We've had times where Doomadgee - predominantly on the youth justice area they've had a spike in the workload, so will get some officers to go up there and assist them with their workload. 20

Is anything like Skype used at all in terms of either further training or just communication, or is it generally telephone-based?---The training is always face-to-face.

Face-to-face, all right?---We have different methods of training is different - like, CAFHS books and everything they can do on the computer and there's another one, I can't think of the name of - computer-based CBTs - computer-based training. 30

Yes?---But generally the training is face-to-face.

All right. Now, I just want to ask you, paragraph 33, you say, "The role of the CPIU has changed dramatically. The focus when you" - 1994 to 1999 was primarily youth justice investigations but you say you've established the unit's primary focus is on child protection investigations. Is that because in your view that more properly reflects causative factors for juvenile justice issues?---In Mount Isa, yes. 40

Yes. So could you give us some examples of what you see, if you do see a pattern of how the juvenile Justice offending is occurring, and what you see as triggers, if you like?---Statistically-based it's roughly about 95 per cent of the offenders - your youth justice offenders - are male ATSI youth, so under the age of 17.

Yes?---What generally we'll find is that a lot of those

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youth are dual clients from youth justice and child safety, so throughout the years they've just sort of grown up probably with neglect within the household, and then as they're growing up, then they start committing offences. And what we see with a lot of the offences is they're stealing money from cars or they're stealing items for volatile substance use, like Rexona is the product of choice for a period of time; and then they're coming into our system and then they're getting locked up. And then it's a continual turnover to these children because once they get locked up, then they get released and then they go on to curfew conditions, and then we'll do a notice of exercise of power so they won't get locked up again, and if that continues on and they continue offending, with a lot of occasions on what we would say are probably minor property offences, then they end up going into youth detention where they - I see it's probably the only time that they get therapeutic care.

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All right. And perhaps from what you've indicated, also some of the other neglect issues adhered to, perhaps, are you finding that part crime has been to go and sometimes buy necessities of life; food, for instance?---On occasions that's what it appears, so.

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All right. Now, just stepping back for one moment, at paragraph 19 you say, "The regional intake service" - that's the child safety regional intake service - - -? ---Yes.

- - - "is based in Townsville"?---Yes.

Now, do you say that - how does that work in practice, or does it not work? What's your view?---Generally the practice is if we have an investigation that comes to us first, we have to provide a notification through the regional intake service to initiate involvement by the department, so they'll assess it and see whether or not be going to become involved in the investigation. It has caused delays with the assessments been completed and then a response being obtained from child safety.

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All right, so a recent example was, was it, that you attend - or your officers attended in relation to a child who'd absconded, was it approximately a week ago?---There was a domestic violence incident which the mother attended a station outside of Mount Isa but within this district, and she'd made claims that there was domestic violence and the father was utilising the - I think the child was 10 - to commit the acts of violence upon the mother. The father then left with the child and we couldn't find them. So we immediately provided the information to SCAN so we started our investigation to try and find them -sorry, we provided the information to regional intake service - the next day we actually located the father and the child in another police division which is outside of Townsville RIS area, it

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was actually in Cairns RIS area. So when I rang up RIS they found difficulties finding the information, and then they ring you back and then they said, "Yes, the information has actually gone to Cairns," so I then had to ring Cairns try and find out who had it, and I still haven't heard back. 1

How long has that been?---That was last Thursday, I believe, so I still haven't heard back from anyone to say this is what the outcome of that investigation was.

All right. Is that an isolated example in your experience? ---That was one occasion. Another occasion which I have referred to in my statement was in relation to a matter here where actually I attended. We located a mother who was quite intoxicated with her baby, who might have been one or two, and due to the mother - - - 10

Is this paragraph 50, I think of your statement?---Yes. Due to the mother's intoxication they've been living down at the riverbed. The other people that were there were also intoxicated, they said the child hadn't been fed, haven't been given much to drink. So we immediately attended child safety and the child safety officer said that they couldn't take any statutory intervention until RIS had been notified. Now, we did actually clarify that afterwards with the regional manager, who I believe did provides a notification down that that wouldn't be the case and they shouldn't have done it that way. 20

Right, okay. In terms of paragraph 47 and 48, you recite an incident at Doomadgee. Now, did you obtain what you considered a satisfactory response from child safety? You said it was four weeks-to supply personnel to Doomadgee, but was there in your view a satisfactory response to that situation?---I think the response should have been completed jointly by the police and child safety a lot earlier. 30

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Was it requested of you a lot earlier?---Yes.

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Did they make the request to you earlier to attend with them?---The initial request was child safety attending and then the children - attending Doomadgee, and then the children couldn't be located so child safety requested that the police at Doomadgee try and locate the children after they left.

All right. Now, in terms of what you set out from paragraph 40 onwards in your statement, is it the situation that it's been with at least the tacit agreement of the police that your service so far as this district has undertaken a lot of the primary response, particularly after hours, or do you say it's really you're the last man standing, so to speak, you're it because there isn't - - -?---Well, there is no - - -

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- - - departmental officers on the ground?---Child safety have their set working hours, so because the police are authorised under the act to conduct investigations the matters are then referred back to the police because there's no-one else here to do the work after hours.

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You say that you've only experienced a few occasions when they've continued on after 5 pm?---That's correct.

Have you personally requested them to do that?---Yes.

All right, and in terms of - Mr Garrahy was asked some questions about, well, what if, for instance, his officers worked after hours, maybe split shifts or on call, and he indicate that, for instance, if they were called out on a job, if you like, at 8 o'clock at night, they may have legitimate - and he would have legitimate concerns about their welfare. What do you say about that? Would they be going out on their own or would the police ordinarily be involved if that was the case?---I would be hoping that it would be a joint investigation.

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Why is that?---Because anything that would be getting called out with that urgency would mean there's a significant risk of harm to that child. We're always here to assist. At the moment we're doing the work for them and generally there is some need to have the police there, whether it be of a criminal nature or the mother or the father might be wanted on warrants so they're going to get locked up. So if there was to be an opportunity, which I would love to see, that child safety could be on call and they could come out to assist with those investigations, I would be putting the proposal to my bosses that we would also - always have a joint investigation going forward. So there would be one member from the service and one member from child safety.

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Were you aware that historically that was the case, that in

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the days where crisis care was actually staffed in terms of personnel within it who would actually go out with the police on after hours visits?---I've never seen it happen.

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All right, thank you. In terms of examples you give such as the police being asked - personally requested to say serve correspondence on behalf of child safety, have you taken some steps about those sorts of requests?---Yes, we've had very good relations with the managers at child safety. That's Phil Brooks and Christine Mann. What we've tried to do in the past two years is get some good practices going between the two agencies.

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Do you think that's been successful in terms - - -?---Very successful. It's been very good and I'm hoping those practices will continue with Paul coming back. What we've done, in the past we used to have - like, a child safety officer would ring up Mornington Island police station and say, "Can you go out and do this job for us?" or, "Can you go and do this welfare check?" So we would have untrained constables that would think, "Well, I have to do this," so they would go out and complete what they had to do. On one occasion I had an officer from - or a constable from Normanton ring me at 10 o'clock at night and said, "I've received this fax from child safety to go and do this today. Have I done the right thing? What have I done? I've gone and done it," and I just said, "Well, why are you doing it?" So what we've done is we've completely changed the practice so I'm the portal between child safety and the Queensland Police Service and all of the stations here know that now, that if any police officers outside of the CPIU receive a call for assistance they will get in contact with me to determine is it within our threshold to attend to that, will we provide assistance or will we say no, we won't, and then it's up to child safety.

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Now, I note that the figures you give in paragraph 38, you say as at 3 September the number of child protection notifications received by Mount Isa CPIU stands at 768 and you say that it's a 30 per cent increase from the year before and that in turn was a 20 per cent increase on the year before that. Now, have you any views as to why there's been (1) these increases in the last two years and (2) why they're of that nature?---Probably there's better recording mechanisms. With the police we've got the different - what we call crime classes that goes onto QPRIME which is specific. We've now got the emotional abuse occurrences that go on which are domestic violence related.

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That automatically generates a notification to a department, doesn't it, or a report?---No, it goes to my SCAN representative and she will then assess every domestic violence occurrence. So she assesses all of them to make sure that an emotional abuse crime class hasn't been inadvertently left off and should actually go on there, and

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then she will look at all of them and say, "Well, is this something we need to take to SCAN or is this something that we just need to send over to RIS," regional intake service, as a notification. 1

So the more serious or complex matters would go to SCAN, I take it?---Yes.

The less serious ones you would refer on to RIS?---Yes.

Is there any other reason that you can give for why you think there's been that sort of increase?---Probably a lot more community awareness. So we have - the notifications come through from a variety of ways. We have people ring up and provide notifications, we have people attending the counter. The difference in figures between child safety and ours is because obviously ours also relate to members outside the family if anything is happening with these children, whereas child safety is specific to within the family, and as I said, I think a lot of it has got to do with community awareness and wanting to report things happening to children. 10

Do you think a better appreciation within the community of emotional harm to children being something that either the QPS or perhaps - maybe you can't speak for the department - as being really harm in and of itself?---I think a lot of research actually has come to the forefront in the last couple of years to indicate how much domestic violence actually does emotionally interfere with children, or emotionally affect young children, and that research has then obviously been a policy that's been taken up by the Queensland Police Service to say that obviously when we have a domestic violence occurrence with children we will put those reports on and we will send the information over to child safety. 20 30

Do you think that there's a better community awareness of emotional harm to children generally?---Yes.

COMMISSIONER: What does the QPS expect child safety to do with the information about witnessing or the impact of family violence?---It enables them to get a wholistic approach of what's happening within a family unit.

That assumes that that is their approach?---From what I can see is when we get the notifications from child safety and they come back to us for us to look at further in terms of putting in an investigation, it has a whole history on there. So they will have all the times that there's been an incident that has occurred within that family. So my interpretation of that is that child safety would take that information as a wholistic view. So whilst it might only be one instance that a domestic violence situation has occurred, they might say, "We'll record that as a child concern report." The next instance might be actually - and 40

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I suppose we're looking at the domestic violence here in Mount Isa. It's actually quite serious. We're not talking about a difference - having worked on the Sunshine Coast, a lot of the domestic violence there would be less serious. The ones that we have here are actually quite serious. Unlawful wounding is very common. We've got alcohol, lots of people drunk in a house, we have not much food. So what it is with the emotional abuse occurrence is that the uniformed officers, I suppose, are the eyes for the Department of Child Safety, because they are seeing what is happening in this house. So the information actually doesn't just say, "The two carers for this person that were living in this house had an argument and he hit mum on the side of the cheek but no further action is going to be taken." It will also go into in depth what the living conditions are like inside of the house, which common again here is, "There's hardly any furniture, the house is filthy, there's no food in the fridge, there was dog poo throughout the house." So it enables child safety to get a bit of an understanding. Without actually going to that house it gives them an understanding of what that house is like and what the living conditions are and what that child is being subjected to, and again, it's not - it's a wholistic view. So on one occasion we might think, "Well, we won't probably do something with that," but when you start saying the same families and the same things are happening seven or eight times, and again, we've got - within one household you might have 10 different couples living. So with the extended families, overcrowding in the house.

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So you might have two children that are being subject to all of these people with domestic violence and then Child Safety are able to say, "Well, this child is being subject to all of this happening." 1

I can understand that. You keep tabs until it reaches the threshold point of cumulative harm because you see reported context and the context expanding until it reaches a point of the department's notification threshold?---Mm'hm.

I understand that as one purpose of the information, an entirely valid one, but wouldn't the other thing you could do with that information is actually pass it on as a referral to a family support service so that instead of just keeping tabs waiting for it to reach the intervention threshold, you would try to divert it out of the system and hope that it doesn't come back in because of the support that's being given to the families around violence?---We have a system called SupportLink, but the people have to consent to being referred to the agencies. 10

That's a police referral?---Yes, the police referral's on. So it is a requirement in policy that every time a police officer goes to a domestic violence incident, they are to talk to the aggrieved and the respondent and see if they would be willing to have the police refer them on to an agency that might be able to assist them. So at this point in time we utilise the Domestic Violence Resource Service which is located next door and they will follow up with that family, but they have to sign a consent to do that. 20

Is the consent requirement a policy?---Yes.

It's a QPS policy?---Yes, because if they don't consent to it, we can't do it, but in terms of with the children, because we have the information flow because the police and Child Safety - - - 30

You don't need their consent?--- - - - we don't need their consent so we're sending the information on.

You can refer the children to Child Safety. You can refer the parents to get help with their consent but not otherwise and that's a QPS policy?---Yes.

What's your consent rate or your agreement rate?---I'm just trying to think of the referrals in totality that we've had here in Mount Isa, not just for domestic violence, because we can refer for a lot of matters. I wouldn't say it's overly high. So getting people to engage into the support network can be difficult. 40

So with one family domestic violence situation you report it to Child Safety for the tertiary purpose of the cumulative harm. You try to get the consent of the parents for a referral to SupportLink?---Yes.

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But if they didn't give consent, would that be the end of it?---Yes. 1

MS McMILLAN: Detective, in paragraph 64 and following you talk about some proactive intervention strategies. Would these be some agencies that you would look at referring either parents or children to in terms of intervention? Say you're called out on a job and it becomes clear that substance misuse is an issue or, for instance, mental health is an issue. Would you see it as your role to refer them off to this sort of service?---If we have the consent, we do. 10

What if it's for a young person? Do you need to obtain the consent of the parent?---I'd have to look into that. Again the children that we're talking about here in terms of the volatile substance use - in my experience it's difficult to find a parent and generally the parent or the pseudo-parent is Child Safety so that's why what we're doing - say, with the volatile substance abuse now we form good partnerships with Child Safety so any time - - -

Because they are legally in a sense the parent because these children are in care?---Yes. So any time we get a call as police to attend to a volatile substance misuse incident with a child we are now referring all that information over to Child Safety so they are able to see what's happening with the children. 20

All right. This Young People Ahead - as I understand it, they perform a particularly valuable service here in Mount Isa?---Yes.

As I understand it, this Young People Ahead - they conduct clinics, I think, three times a week. Are you aware of those?---They've got a variety of different initiatives that - - - 30

I understand they target particularly issues of volatile substance misuse but also issues, say, of sexual health? ---Yes.

Is it your understanding that issues, for instance, of sexually transmitted diseases are - it's a fairly significant problem amongst children within Mount Isa area?---In the district, yes.

Yes, the district, all right, and I mean congenital obviously in terms of - - -?---Yes. 40

Right. Can I ask you - section 159M and 159N, paragraph 53 and 54 of your statement - you talk about information sharing between prescribed entities and clearly QPS is one of them. Now, you say at paragraph 54:

*In June 2012 Child Safety changed policy, only disclosing notifier details to police in specific circumstances. This hinders the investigations being conducted by police.*

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Now, can I just ask you - do you have knowledge or understanding of why this policy was introduced?---There was an email that has come under the hand from Child Safety that I have here and it talks about - do you want me to have a look through?

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Yes, you can refer to it, please?---It's under the hand of Andrea Lauchs and it just talks about, "Notifier details are not to be released to the Queensland Police Service unless the joint investigation is being conducted," yes.

All right. Was there any rationale provided that you could understand why the police shouldn't receive those details? ---It just talks about a whole variety of different - - -

We might tender that, Mr Commissioner.

COMMISSIONER: Yes.

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MS McMILLAN: So what's the date of the email from the department?---6 June 2012.

6 June 2012, thank you.

COMMISSIONER: Just as I take that, that will be exhibit 85.

ADMITTED AND MARKED: "EXHIBIT 85"

COMMISSIONER: Could you give us a copy of - is it in the OPM's, that policy about referring to SupportLink? ---SupportLink, yes.

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Could you give me a copy of the OPM?

MS McMILLAN: Thank you.

COMMISSIONER: Thank you. That email can be published, can it?

MS McMILLAN: That could be published. I will just let Mr Selfridge have a look at it and then perhaps I can make a submission about it. I will just go on with another question while my learned friend looks at that.

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In terms of residential care facilities, I take it from your statement that callouts that you receive in relation to problems arising in those facilities are significant, aren't they, in terms of the issues involved in them and also the workload?---Yes.

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Correct?---Yes.

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All right. You state at paragraph 55 that the Mount Isa CPIU has received an increase in calls in relation to damages to facilities, assaults on workers and absconding? ---Yes.

Do you have any views as to what the contributing factors to this increase are?---The children that are going into the residential care facilities I suppose have had a life where there's been very little discipline been enforced on them and so all of a sudden - and they're self-placing. They move round as they go. So once they come under the care of the director-general and they say, "This is your placement. You have to be here at 7 o'clock at night," these children probably find that very difficult. So once they don't return home to the residential care facility or if they are home and they then leave, because of their vulnerability, they're often young, they're going out using volatile substance and they're hanging out at the riverbed down the back here and it's night-time, the policy is that the members of the residential care facility have to then ring the police and report that child as missing so then it's then up to the police to make all of the inquiries possible to try and locate that child.

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What's the response to children, young people, who cause physical damage to the placement or assault on others? Is it to charge them?---If a complaint is forthcoming, we will investigate it and we will commence proceedings as per the Youth Justice Act so there's a whole variety of ways that we can deal them.

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All right. Do you have an understanding of what sort of training or qualification residential care workers possess?  
---No.

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The No? All right, thank you. Do you think that there are any shortcomings in what you've identified within this staff set in terms of their ability to handle these young people?---I am aware that the policy from child safety - because with have had meetings and open forums in relation to this where it's been brought up in terms of its a no-hands policy, so the policy that people in these care facilities are told is that that they aren't to place a hand on the children. So in times that can make it quite difficult, I suppose, for the carer because they think that they might get charged with assault even though they do have the defence under the criminal code of domestic discipline that they could utilise, but again, they're being funded by the Department of Child Safety and that's the policy, is no hands-on, so I suppose it can make it a bit hard are the carers if they're trying to say to a young child, I suppose around the age of eight, nine, 10 or 11, that no, they're not to leave, and the child is to leave, there's no means to stopping that child leaving.

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Do you think in terms of the agency you've identified, this Young People Ahead that I asked you about a moment ago; if for instance you are called out because of some incident at a residential facility, do you see it as your role to say, "Look, we can link you with this organisation" - as an instance - "that perhaps could give you a hand," or again because they're in a residential care facility and effectively the department, if you like, is in the parental capacity, do you go back to the department about that and say, "Well look, really should - - -"?---If they're in the care of child safety all the information is provided back to child safety. In my opinion it's up to the Department of Child Safety to be leaking these children in with other agencies.

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And you go on to say that issues such as the misuse of volatile substances, you talk about that as often these instances occur after hours, don't you?---Yes.

So that really the department is learning about them, so to speak, down the track; there's obviously a time delay?  
---Yes.

By the time they action it. All right. Now, can I just ask you, please, some questions about SCAN. You've clearly been involved with SCAN teams at various points throughout your career. Correct?---Yes.

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All right. And was it the case, were you ever the SCAN coordinator for this region?---Going back for all of the manuals and the policy is were in place, between probably 96 to 99, when we were running it back then, but it's

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completely different to how it is being run now.

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All right. And as I understand it, SCAN is now chaired by someone from the Department of Child Safety. Correct?  
---Yes.

All right. And we know that it's the case that since 2010 there's been further changes, haven't there, to be SCAN practices. Correct?---Yes.

All right. Is one of the significant issues that for a matter to be referred to SCAN, that there are a number of criteria that have to be met, and they have been narrowing successively over the last, say, at least 2 to 3 years?  
---Yes.

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All right. What do you understand other points by which they can enter into the SCAN system?---Looking at the SCAN manual here, there's a threshold of a notification must meet.

Yes?---And it is mandatory. And that basically says, "The matter has been assessed by child safety as meeting the threshold for recording a notification."

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Yes?---"Child safety is responsible for ongoing intervention with the child through a support service case, Intervention with parental agreement, or child protection order; and there must be a coordination of multi-agency actions required."

Right. So it's the case as you understand it that that it needs to of basically reached a notification level using the department's terminology?---Yes.

All right. So for instance was it prior to - and I think this was October 2010, this latest model - if you had what the department might term a child concern report, so it might be what you've identified before turning up to a domestic violence incident, there are issues that you say perhaps reveal neglect and perhaps emotional harm. They may not reach the notification level for the department, but were you, prior to October 2010, able to raise those matters within SCAN?---Yes.

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And are you able to now?---No.

All right. There is an alternative route, if I can put it this way, that there is a provision whereby you can seek a meeting - is it the case - ICMs, which is the information coordination meetings?---Yes.

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But is it your understanding again that the model now indicates that child safety does not necessarily have to alter their decision, so if they decided that a matter doesn't reach a notification level, their decision stands.

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Correct?---Yes.

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And if that department believes the additional information may affect the original decision, the matter is referred back to RIS. Is that right?---Yes.

All right. So what do you think, as this current iteration of the SCAN system - is it in your view helpful in terms of coordination of services for children in need of protection?---It can put delays on it. Once it comes to the fact that it's got to be made as a notification, there's times that would need to be able to get together as a multi-agency group and discuss the case.

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Yes?---So without it becoming that notification first, we can't get together to be able to get all the information that's probably needed. So it has hindered and reduced the number of matters that are going to SCAN what significantly.

It is the case, isn't it, that if the Department of Child Safety is of the view that the matter should be closed by SCAN, it is their decision, is it not?---Yes.

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It's not a consensus matter?---It's their decision.

All right. And have there been times that you can think since, say, 2010 when you've disagreed with that decision about closing a matter?---I can't think in terms of - identify one in terms of a matter being closed; there was just one the we requested an emergency SCAN meeting, which would have been beneficial to the case, but the decision was that it wouldn't go ahead.

Is this in relation to a baby recently?---It was going back a couple of months ago where yes, there was a young baby that was presented at the hospital on one occasion, unconscious, came to the hospital, and on the first occasion it wasn't too sure what had happened; then it happened again and we wanted to have an emergency SCAN meeting based on what the doctor had said, and plus the baby was going down to Brisbane and it didn't meet the threshold.

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And I take it from what you say that would have been the sort of matter that you thought it important that there be inter-agency dialogue?---It would have been very good to have the inter-agencies working altogether on it. As it was, the police proceeded with the investigation and it found out that it looked like mum had been harming that child.

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All right, thank you. Do you think SCAN still plays a beneficial part, however, in the process?---It still is very beneficial, but it probably needs a bit of the changes to the model to go back to how it was.

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So do you mean by that a broader base of referral so that it doesn't need to reach that notification stage?---Yes, so we can still - we need to have the multi-agency response. We need to be working together to look at the best outcome plan for the child. That's limiting what - our abilities.

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Do you say that in your experience that might have a number of what might be termed by the department as child concern reports which each and of themselves don't reach the notification, but if you had some, say, from education, some from police, perhaps some from health, nonetheless that would be a valuable exchange of information because it might in fact - - -?---Yes.

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- - - reach a level where the department really should be intervening?---Yes.

Or at the very least, referring to a secondary services. All right, thank you. I've got nothing further, Mr Commissioner.

COMMISSIONER: Yes, thanks very much.

MR SELFRIDGE: Mr Commissioner, just before I take up any questions with this witness, in terms of that email, as such, my provisional view - and I've just taken some instructions on the - is that it is a matter of law, it's not a matter of policy in terms of what's being described within the content of the email, and this is no reason why it can't be tended by Ms McMillan. I've just taken some instructions on it.

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COMMISSIONER: Okay.

MS McMILLAN: I'm more than content with that.

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MR SELFRIDGE: Thank you.

COMMISSIONER: Thanks, Mr Selfridge.

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MR SELFRIDGE: Detective senior sergeant, I've only got one question for you and it relates to some questions that were put to you by counsel assisting the commissioner. Paragraph 38 of your statement. You were asked a series of questions in relation to your understanding or if you could offer up any reason or rationale as to why there's been those significant increases in child protection notifications to the CPIU and you came back with domestic violence type matters and the new legislation, a better means of reporting and the more community awareness. These are some of the reasons that you gave in reply. Now, it's no secret, it's been mentioned before in this commission and it's also mentioned regularly in the Children's Court and indeed in the Family Court and Federal Magistrates Court when there's family law related matters that there's either anecdotally or direct evidence been given to the effect that perhaps there's malicious or frivolous type reporting in relation to child protection notifications, whether it be to yourselves or to the Department of Communities. Has that been your experience?  
---Yes. Limited, but we have had some of those occur.

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You say limited. Is that what you just suggested, that there's limited type - on your understanding of - - -?---  
Yes, we have had a few. I wouldn't say there's been a lot, but there's a been a few. What we try and do is when the information comes to us prior to going on to a report we try and analyse the information, try and ascertain if there's family law court orders in place and take a bit of an assessment on the information that's provided first.

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Okay, so internally as a matter of course the Queensland Police Service and the CPIU in particular do an assessment in that type of notification as to whether or not you believe there's any substance to the - or any ulterior motive as such?---Yes.

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Yes, okay. Thank you very much. I've got no further questions.

COMMISSIONER: Thank you. Yes, Ms Bates?

MS McMILLAN: Mr Commissioner, I thank my learned friend for obtaining those instructions. I gather there is no objection to it, but I suggest that it could be published but without the addressees identified.

COMMISSIONER: All right.

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MS McMILLAN: I would see no need for - - -

COMMISSIONER: Just read into the record the description of the document?

MS McMILLAN: It's an email dated 6 June 2012 from an Andrea Lauchs, L-a-u-c-h-s, who is a manager, child safety

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practice improvement, service delivery improvement and support. So perhaps I'll just fold over the addressees so it's clear that those should not be published.

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COMMISSIONER: All right.

MS McMILLAN: I should say, there's no reason why, of course, Mr Commissioner, you should not see those addresses.

COMMISSIONER: The email will be admitted and marked exhibit 85. The addressees of the email will be suppressed.

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ADMITTED AND MARKED: "EXHIBIT 85"

MS McMILLAN: Thank you.

COMMISSIONER: Yes, Ms Bates?

MS BATES: Thank you. My name is Jay Bates. I'm with the Aboriginal and Torres Strait Islander Legal Service here in Mount Isa. I have a few questions arising from your statement. With respect to paragraph 55 it appears that you're referring to children in residential care and your evidence is consistent with these children being not only vulnerable but also displaying some significant behavioural issues. I put it to you that the Queensland Police Service workload could be significantly reduced, particularly in residential care responses, if the department introduced behavioural management and all responses to trauma at the initial stages a child enters into care as opposed to responding when the behaviour has escalated in their teenage years?---That's correct.

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Moving on to paragraph 60, you highlight that young people are (indistinct) deliver services that relate to bail and reintegration for children on youth justice orders. This would clearly include a cohort of children on dual orders. In your experience, how well does child safety and youth justice collaboratively case manage children on dual orders?---Very well, especially considering they were all under the umbrella of Department of Communities up until a couple of months ago with the changes in government. Any time there was a situation that arose in terms of dual clients and the police were involved in meetings we would always have the manager from child safety and manager from youth justice and myself and whoever else could be privy to coming to those meetings. So there was good collaboration and I have seen that now that youth justice has moved over to justice, attorney-general. I've had some meetings there and also the managers still get together.

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Does child safety attend youth justice conferencing?---The youth justice convener identifies the relevant people to go to the meetings, so in terms if it was a child in care I

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can't answer and say whether or not they have been attending. That would be up to the youth justice convener.

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In your experience does child safety attend alongside youth justice when children are before the court in relation to criminal matters?---I believe they do.

In your experience have children been remanded in custody due to the fact the department has been unable to source and provide an appropriate placement?---No.

In previous evidence given in this inquiry Steve Armitage of Youth Justice Services highlighted that there is a percentage of about 69 per cent of children on youth justice orders that are known to child safety and one of the major risk factors to reoffending is family functioning. Would you therefore agree that investment into programs such as Young People Ahead can serve to reduce over-representation in both the child protection and criminal justice systems?---Definitely, and at a younger age too.

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Could you just expand as to why your opinion is at a younger age as well?---Once we start putting programs in place starting say - Young People Ahead, from memory, I'd have to look at their protocols but I think they have certain ages of children that they actually look after, but what we're doing is we're missing that younger cohort, and these are all of the cohort from the ages of birth up to say 10 when YPA, Young People Ahead, might come in to look after them, that really don't have much therapeutic assistance. So all they're seeing is what's happening with the older juveniles and then they end up doing exactly what those older juveniles are doing. So we're just - I mean, having worked in Mount Isa from 94 to 99, leaving for 10 years and coming back, I've just seen the next generation of exactly the same thing happening and I'm going to see it again with the next generation coming up and doing it. When you actually walk around the streets you see all of these kids that are out looking after each other because they don't have that person who is an adult looking after them. So you'll have a 14 and a 10-year-old, and they're our constant offenders, who have no families, and then you'll see them with a 10, nine, eight, seven and six-year-old, and it will just be this constant stream turning over.

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Can you give us any insight into the types of responses that you believe would be effective in this particular area?---I suppose one of the good responses that we've had funding for - not "we" but funding in the community has come through recently is the - it's run by Father Mick, who was a strong supporter in getting this coming to a head, and it's located at Pioneer where it is - the suburb in Mount Isa where the majority of our indigenous and housing commission is and these children that we are discussing

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today. There's a lot of programs going on there about getting the parents involved and teaching the parents about how to look after children and parenting programs and cooking and cleaning and how to look after their younger children and also having facilities for those younger children to go to. One of the big projects that I would be seeing as very worthwhile is having a facility also in Pioneer which is specifically for the children, so the children have the ability to go somewhere twenty four-seven, where there's somewhere that's got clean linen, beds, food, the opportunity to learn how to live in a clean environment, to teach them the skills that's necessary for them for when they grow up. Also looking at the children that are in care, actually having them provided say Centrelink payments so they don't have to go out and maybe commit offences to go and steal food or to break into cars to get money to go and get food. So there would be somewhere they would always be able to go in and have meals, have adults there that would be wanting to maybe care and look after them, but of course that is a huge project and it would be very much - or very expensive to run.

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Something similar to a youth drop-in centre?---It could be, yes, depending on what they had there, but also somewhere where they're, I suppose, not saying, "Sit down. You have to go through this process of learning how to cook," but getting them involved in it so it's not so much - whilst they're teaching them, they're not making it like a school education system of learning how to do it, it's getting them to be able to see what it is like to be living in a clean environment. I say that because so many of the houses here in Mount Isa aren't up to that standard, and to have the facilities available for these children to go in there and have different things like PlayStations and big televisions that they can go in and watch movies on.

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In your opinion does Mount Isa require a safe house?---We have shelters for domestic violence where the children can go to. YPA does have a series of beds there that the children can go to. In terms of being able to get the assistance for volatile substance use - I'm not too sure about having a safe house, but I think there needs to be a facility like a drop-in centre where the children could be able to go to and it's located in their area where they're living.

I have no further questions.

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COMMISSIONER: Thank you. Mr Capper?

MR CAPPER: I have no questions, thank you.

COMMISSIONER: Ms McMillan?

MS McMILLAN: Thank you. Might this witness be excused?

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16102012 29/RMO(MT ISA) (Carmody CMR)

COMMISSIONER: Yes. Detective senior sergeant, thanks very much for your statement and oral evidence?---And I'll get that information - - -

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Thank you very much. You're excused?---Thank you.

WITNESS WITHDREW

MS McMILLAN: That concludes the evidence for today.

COMMISSIONER: Is that us today?

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MS McMILLAN: Yes.

COMMISSIONER: All right. We will resume tomorrow at 9 o'clock. Is that okay?

MR SELFRIDGE: Absolutely, commissioner.

COMMISSIONER: All right. See you here at 9 o'clock.

THE COMMISSION ADJOURNED AT 4.03 PM  
UNTIL WEDNESDAY, 17 OCTOBER 2012

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