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TRANSCRIPT OF PROCEEDINGS

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

TOWNSVILLE

..DATE 26/09/2012

Continued from 12/09/2012

..DAY 19

THE COMMISSION COMMENCED AT 9.43 AM

COMMISSIONER: Good morning, everyone. Before we start the proceedings, there is just some information I want to record. The commission has travelled to Townsville as part of its regional visits to meet with local representatives and workers in the child protection system. As part of these visits we have held a number of focus groups over the last two days to identify strengths and weaknesses in the system, including any specific issues such as under over-servicing.

The focus groups allowed us to speak to the workers delivering child protection services in North Queensland and to discuss any challenges and experiences. They also gave representatives of child protection organisations and agencies a chance to inform the commission and to propose solutions and models for a new system. So far I have held focus groups with various organisations involved in service provision, including indigenous elders, community leaders and workers at the coalface of child protection in this region. Indigenous over-representation in transiting from care are particular focuses.

Tomorrow I will be travelling to Palm Island to meet with the mayor and observe the model of the Palm Island Community Co and the provision of community services there. I also plan to meet with local legal representatives who have a working knowledge of child protection laws and practices in Townsville as well as families with children in care. I expect that these meetings will provide me with valuable information about the impact of the system on families and how we can work together towards achieving better outcomes for their children. Mr Copley?

MR COPLEY: Thank you, Mr Commissioner. You will hear from three witnesses today. The first will be Nicola Jeffers who is the regional director of Child Safety Services for the North Queensland region. She will tell you that there are four Child Safety Service centres in this region, one of which now provides services to the Bowen area where there was formerly a Child Safety Service centre. It was recently closed. She will explain why that occurred, notwithstanding the fact that officers stationed there carried, according to the details provided in her statement, a caseload which on average was at some stages in the last three years higher than the caseload carried by workers at other centres in the region where the Child Safety Service centres have remained open.

To the year ending 31 March 2012 2640 notifications were received in the North Queensland region and she will tell you about how many of those were found to be substantiated. She will tell you that of the 154 children aged over 15

only 66 per cent or thereabouts have been subject to a transition from care plan and she may be able to explain why that figure is so low. Placements for children requiring out-of-home care are difficult in this region due to the low number of carers who are available and the difficulty in finding people willing to take care of teenage children, according to Ms Jeffers.

She will explain that there are currently 789 children in out-of-home care in the North Queensland region, excluding the area of Mount Isa and the gulf. She will tell you that to the year ending 31 March 2012 only 55 per cent of indigenous children were placed with kin or indigenous carers and an issue that will need to be explored with her is why that percentage is so low having regard to what's known as the indigenous child placement principle.

She will give evidence concerning the policy child safety has with respect to the removal of babies from their mother when they are in hospital. I draw to your attention the provisions of section 21A of the Child Protection Act which makes specific provision for unborn children and to that extend it's arguable that the act posits a different regime for the treatment of those children from children who have already been born. The important points to note are that section 21A applies in any case where before the birth the chief executive reasonably suspects that a child may be in need of protection after he is born.

It then states that the chief executive must take the action he considers appropriate, including having an authorised officer investigate the circumstances and assess the likelihood that the child will need protection after he or she is born or offering help and support to the pregnant woman and so an issue to be explored there is how frequently the department adopts the option of offering help and support to a pregnant woman prior to birth if there is a reasonable suspicion that a child that will be born to her will be in need of protection.

COMMISSIONER: Is there any special provision for indigenous mothers?

MR COPLEY: There is. Section 21A says that if the child is an Aboriginal and Torres Strait Islander child, then the chief executive or an authorised officer is obliged, because the section says "must consult" with an recognised entity for the child for the purpose of assessing the likelihood that the child may be in need of protection and offering help and support to the pregnant woman.

However, the provision about consulting with a recognised entity may only occur if the pregnant woman agrees to the consultation taking place. The purpose of the provision is to reduce the likelihood that the child will need protection after he is born, the section says, as opposed

to interfering with the pregnant woman's rights or liberties.

COMMISSIONER: She might once she becomes a mother instead of pregnant mother to be.

MR COPLEY: Yes. It is, of course, possibly to perhaps imagine a scenario where a mother gives birth to a baby in hospital and a reasonable suspicion that the child might be in need of protection arises subsequent to birth prior to discharge, but one would imagine that would be a rare situation because it would be difficult to imagine what information might come to the attention of Child Safety Services through the Department of Health if the woman is in a public hospital, what observations might be made or things might be heard that would suggest the need for the child to be taken into protection.

COMMISSIONER: Immediately.

MR COPLEY: Yes.

COMMISSIONER: You would think a hospital would be a pretty safe place for a week or so, wouldn't you?

MR COPLEY: One would think so.

COMMISSIONER: You have got the bonding and attachment issues as well.

MR COPLEY: Yes. So practically speaking one might expect - and, of course, the commission will be open and receptive of evidence from Ms Jeffers to the contrary, but one might expect that on most occasions concerning unborn children the reasonable suspicion that the child is in need of protection is considered to have arisen prior to the mother being delivered of the child. If that is the case, it will be interesting to understand how often the department offers help and support to the pregnant woman before the birth and, if so, what help and support is offered and, of course, in the case of indigenous women and girls, how often such support and help is offered to those woman and girls and whether or not the legislative obligation to consult with them is adhered to.

COMMISSIONER: And whether the less intrusive option is always taken.

MR COPLEY: Yes, and also it would be relevant to explore just how the removal of the child is effected. You will also hear from Susan Lagana who is the acting manager of the Aitkenvale Child Safety Service centre which is one of the service centres that Ms Jeffers is the regional director in charge of. Ms Lagana will primarily speak about the barriers to the approval of kinship carers due to what she describes as a strict adherence to the blue-card

screening process and that's a topic that arose for some time and at some length in the Cairns hearings the week before last.

Lastly today you will hear from Dr Andrew Vernon White who is the director of paediatrics at the Townsville Hospital and he will give evidence concerning the mandatory reporting requirement that is imposed upon professionals, that is, doctors and nurses at the hospital, when they are obliged to report a suspicion regarding a child who might be at risk of harm.

He will tell you that in 2009 Townsville Hospital and health service professionals made 420 reports. They made 380 in 2010 and 570 in 2011 and it is projected that 650 such reports will have been made by the end of 2012. He attributes for the reason for the increased number of reports to possibly being attributable to a combination of population growth and increasing awareness among health professionals about the domestic situation of mothers and children and also stricter adherence by health staff to the mandatory reporting requirement which is found in the Public Health Act.

He will assert that very few of the reports made by Health Department staff are motivated by a desire to avoid the statutory penalty for failing to report or are motivated by a desire to avoid remotely possible adverse outcomes for children. In fact he will assert that there are many more occasions where incidents aren't reported that perhaps should be reported so he would reject the suggestion that health services staff are over-reporting.

He will also give evidence about the relationship that he perceives to exist between the Department of Health and the Child Safety Services Department. What he has to say about that you will no doubt listen to with an open mind and, of course, bear in mind that you're hearing his perspective as a doctor and, of course, some of the things he says may not be accepted by Child Safety staff but, nevertheless, he's going to give evidence about his views about those matters.

He will give evidence about the fact that Child Safety are able to seek the application of unborn child high-risk alerts in particular health facilities within the area of his responsibility. He will tell you that the outcomes which result from that range from no action to the removal of a child after birth.

He will tell you that issues for Townsville Hospital and health staff concerning these alerts include, in his view, inappropriate or poorly considered rationale for seeking the alert, the limited availability of Child Safety staff over a 24-hour period to respond to alerts, especially for births after 2.00 in the morning, inappropriate requests by Child Safety to hospital and health staff to separate

mother and baby after birth without what he describes as authority, a lack of detailed planning on matters where separation is planned, the efficacy of decision-making processes in assessing the gravity of risk to the child versus the impact of separation at birth upon the mother and child, especially in those cases where it is likely that the child will be returned to the mother's care and, in his view, the lack of any other consideration of alternative options other than temporary assessment orders under the act such as the provision of some form of outsourced child safety supervision during the post-birth period.

He will also assert that, as far as he knows, similar processes are not followed in private sector health facilities compared to public sector health facilities, but that's a matter that may be able to be cleared up with Ms Jeffers anyway. So that in broad outline is the nature of the evidence that's anticipated and the issues that it is anticipated will be canvassed today. The commission only has available to it one day in Townsville for the conduct of public hearings and so there are obviously three witnesses to be dealt with today, hence the earlier start.

COMMISSIONER: All right, thanks, Mr Copley. Just to give it some context, the Child Safety Services regional centre which it calls North Queensland includes the north-west which Mount Isa is the main centre of, northern which Townsville has the biggest urban population and Mackay.

MR COPLEY: That's my understanding, yes.

COMMISSIONER: All right. So it combines three regions of Queensland into one regional service centre.

MR COPLEY: Yes, I think it can be put that way.

COMMISSIONER: As I understand it, it has a total population, that service centre, of about 440,000 people.

MR COPLEY: Yes.

COMMISSIONER: It covers 540,000 square miles and of the population aged between zero and 18 as at 30 June 2011 there were approaching 115,000 just to give it some context.

MR COPLEY: Yes. How many square miles did you say?

COMMISSIONER: 539,000.

MR COPLEY: No, I think I will put it in the modern terms. It covers 80,041 square kilometres.

COMMISSIONER: Is that three areas or is that just the northern?

MR COPLEY: I'm sorry, no, that's just the northern.

COMMISSIONER: Yes.

MR COPLEY: I'm sorry, you're probably correct then.

COMMISSIONER: Yes, I think I am because once you get as far over as Mount Isa - anyway, we can be corrected, but that gives some context of the area we are looking at, the general population and the proportion of that population who are our main concern and that is children aged up to 18 years.

MR COPLEY: Yes.

COMMISSIONER: All right, excellent, thank you.

THE COMMISSION ADJOURNED AT 10.01 AM UNTIL 10.03 AM

THE COMMISSION RESUMED AT 10.03 AM

MR COPLEY: Mr Commissioner, I call Nicola Lindsay Jeffers.

COMMISSIONER: Thank you.

JEFFERS, NICOLE LINDSAY affirmed:

COMMISSIONER: Thanks, Ms Jeffers. Good morning. Thanks for appearing?---Good morning.

MR COPLEY: Ms Jeffers, have you prepared three statements in connection with your appearance this morning?---Beg your pardon?

Have you prepared three statements in connection with your appearance this morning?---Yes, I have.

All right. I'll get you to look at this one which was taken on December 20 - sorry, September 20, 2012 and is 19 pages long, including attachments. That's your statement, isn't it, or one of them?---Yes, that is.

Turn to page 19 of 19, please?---Just cross-reference - - -

Do you have that?---Yes. Sorry, I'm just checking across my notes.

Thank you. You will see in paragraphs 103 and 104 that you refer to various attachments that are not for public release?
---Yes.

Are those attachments to be found in a statement that is two pages long which was also made on 20 September 2012?
---Correct.

All right. I'll get you to look at this statement and attachments. That's the second statement you've provided?
---Yes.

In paragraph 6 you say that the information contained within the attachments of this statement is not for public release?
---Correct.

Is that assertion that the material contained in the annexures should not be released publicly maintained?---I'm comfortable if you would like to release it.

All right then. I tender those two statements and submit that there's no reason why they should not be published.

COMMISSIONER: They will be published in full, thank you, and they will be exhibit 65 together.

ADMITTED AND MARKED: "EXHIBIT 65"

MR COPLEY: Did you also prepare another statement and sign it today, 26 September 2012?---Yes.

Is that the original statement in your hand now?---Yes, it is.

I tender that statement.

COMMISSIONER: That will be exhibit 66 and it will be published as it appears.

ADMITTED AND MARKED: "EXHIBIT 66"

MR COPLEY: Yes, there's no difficulty with that.

COMMISSIONER: Without any suppression.

MR COPLEY: Ms Jeffers, do you have a copy of all of those three statements with you?---I do. I also have one for the north-west when we did the one for Mount Isa and the Gulf as well.

Okay, well, we might come to that later, but if I can take you to the last statement that you prepared, which was signed this morning, you assert that the decision, paragraph 19, to remove a child at birth is arguably one of the most difficult decisions a worker, a child protection worker, will ever have to make?---Correct.

You say that the department does not make decisions to remove infants lightly and would only take such action if there were serious grounds for concern?---That's right.

You also assert in the next paragraph that the decision to remove a child at or soon after birth is not made in isolation by the individual child safety officer but that there is consultation with others?---That's right.

With whom would the child safety officer consult before taking that course of action?---So the child safety officer would consult with their team leader. They would also consult on occasion in relation to these kind of matters with a senior practitioner within the office and often with the managers. In some service centres, and it's my understanding that's the practice across the board in the North Queensland region there is a practice panel that is set up to actually have a conversation about how and what needs to occur in terms of intervention.

So does a child safety officer conduct more consultation

with superiors in connection with the decision to remove a baby at birth than in relation to any other decision a child safety officer makes about a child?---I think any decision to remove a child is a very difficult one and I do believe that that is not made in isolation, that is made with a raft of different professionals, sometimes with our external partners as well through the SCAN process.

Yes, you said that before, but in answer to – what's the answer to the question I asked?---So as I said before, a child safety officer wouldn't make a decision by themselves to remove a child, they would consult with other practitioners within the office.

The question that I asked, though, was is the decision to remove a child at birth which is taken by a child safety officer the subject of a greater degree of consultation with superiors than any other decision a child safety officer makes in relation to children?---Naturally it would be because it is a very difficult decision. We're talking about a very vulnerable little person.

COMMISSIONER: When you say naturally it would be, does that mean you would think so or it means yes, it is?---I would have an expectation that it is.

Sorry, what does that mean? Is your expectation disappointed or fulfilled?---Within my work I've always found that that's been the case, that it has had a lot of scrutiny. It's not a one-off decision, it's not made as a knee-jerk reaction, it is made in terms of gathering thorough evidence, having consultation and supporting - - -

As you say, that would make sense. Everybody would expect that, but what - I'm really interested in finding out what actually happens?---Yes.

Whether you're in a position to tell me from your own experience whether what you say is should be expected actually occurs in each case. Can you guarantee me that? ---With the cases I've been involved with I can.

Which ones are they?---I'd prefer not to speak about specific cases, but I - - -

Well, I don't need names. Numbers will do?---We're currently compiling the audit as per the subpoena request. So the ones that I've been aware of in my experience in the North Queensland region, that level of consultation has occurred.

How many would that be?---We're still finalising the numbers on that, commissioner.

But wouldn't you - - -?---Sorry.

MR COPLEY: I was going to suggest to you that if the decision to remove a baby at birth from its mother is such a significant, such a difficult decision, how is it that the information on the number of babies removed from their mothers while the mother and baby were in a hospital or medical facility is not directly available from the integrated client management system?---Yes. We've had to do manual counts to be able to verify the information based on the subpoena request.

But why is it if the decision is so significant and involves so much consultation, why is it that that information isn't available almost immediately, because it's being recorded, as such decisions have been made over the months and years?---I can't speak to the filters of the integrated management system, sorry.

What is the integrated management system?---The integrated management system is the data management system where we hold and contain information about children, families and individuals that we have interaction with or - - -

So it's - you'll have to speak up - - -?---Sorry.

- - - because your voice isn't really carrying over to this side of the room, please. So it's a computer system, is it?---Yes, that's right. It's a data management system, client management - - -

Okay, but it's on a computer?---Yes.

People enter information onto the computer?---Correct.

So is there no - I don't know what you call it - box, field, window or point at which you can enter into this integrated management system the simple fact that a baby was removed at or very soon after birth while still in hospital?---Not - we can't easily filter that information.

What do you mean by easily filter? I'm asking you can you enter it into the computer system?---We can enter it into the system. We can't run a report on it. That's what I mean by filter.

So you can enter it in the system but when asked to produce figures you can't do that by pressing a button or giving the computer certain commands?---Not that I'm aware of, but could I suggest that Sue Lagana has a lot of expertise in the usage of ICMS and would be best served to answer that question.

COMMISSIONER: That's why we keep computer based integrated data systems, so that when we want to know something it can tell us?---Yes.

When we want to know something important we would expect it to be able to tell us that quickly otherwise it's not fit for purpose, is it?---No.

But your own experience – you don't need to interrogate the computer to remember and tell me how many you – decisions about taking newborn children from their mothers in hospital you've actually been involved in, do you? You can remember those important events?---Yes.

So how many of them are there?---I'm aware of two since I've been appointed to the regional director role in this region.

Two. So there's only two where you can say you've been involved in the decision-making and what, other people at different levels with different expertises have also been involved?---I haven't been involved in the decision-making per se. I've been aware of the circumstances and I've been kept fully briefed and informed on them.

So it's not made at your level?---No.

It's made at what level?---Service centre. The service centre.

What's that? Is that, what, a team leader level or something?---Team leader and manager, but I would expect that they do that in conjunction with a senior practitioner.

How well they do that would depend on their experience and qualifications in removing infants from mothers and the consequences of that for the child and the mother?---Yes.

What sort of experience and expertise is there in team management in Townsville?---We have a broad range of expertise across the board in terms of staff. Are you speaking specifically about notifications?

Yes, I want to know – yes, I want to know the people who make the decisions, what are their tools for making the decision?---We use a tool called the structured decision-making tool and we also have the practice manual. We also have access to policy advice as well.

Are they social workers, is really what I want to know? ---The department recruits a range of people. They are social workers, they are human service workers. The department, they'll use psychologists. We also have extended the qualifications in our professional stream to arrange a different degree of qualifications as well.

I know that in a general sense that's your recruitment group?---Yes.

But I'm more interested in knowing in Townsville or in this region what the qualifications of the team leader who ticks off the removal of a child from its mother in hospital has, actual?---Yes.

Do you know?---Not off the top of my head. I could provide that to you.

MR COPLEY: Now, in fairness to you, the summons to produce files about the removal of babies from their mothers whilst the mother and baby were in a hospital or medical facility in the North Queensland region between 1 July 2009 to the present was only provided to you yesterday, wasn't it?---That's correct.

Okay, but there was another summons that was issued and was dated 11 September 2012 and it contained a series of questions that you were required to address, didn't it? ---Yes, it did.

You addressed those or purported to do so in your first statement?---Yes.

Which was dated 20 September 2012?---Yes.

So you were able to address the many issues raised in that summons within about nine days, weren't you?---Correct.

In connection with this question how many current children for each service centre are in care as a result of an unborn child notification you said, "Recording of notifications for unborn children commenced in September 2004," and then you said, "I am advised that data about the notification history of children currently subject to ongoing intervention are not part of the department's corporate reporting data assets and are not readily available"?---That's right.

So even with the benefit of a summons served quite some time before your appearance here today and with the benefit of being able to comply with that summons by Friday, September 21 2012 you state that the department information system is such that you can't tell us how many children currently from each service centre are in care as a result

of an unborn child notification?---That's correct.

Because the data assets or dataset, sorry – or maybe it's assets, I don't know. It's one word, d-a-t-a-s-e-t-s. Is that meant to be data assets or datasets?---Datasets.

Datasets, are not readily available. So what does that mean?---As explained before, it's my understanding that we cannot run easy reports based on that, but again, I would probably prefer to defer to Sue Lagana. She does have very extensive knowledge in this field.

Can I suggest to you that the removal of a baby from its mother at or soon after birth would be a highly emotional process for the mother?---Absolutely.

Perhaps for her mother or relatives who are nearby in the vicinity who know about it and probably – would you agree? ---Absolutely.

Probably also an emotional moment or situation for the child safety worker who sets in train that process. Would you agree?---Absolutely.

I suggest to you that it's extraordinary that when asked the department can't answer the question – having regard to those considerations, can't answer the question about how many current children for each service – or perhaps it should be better expressed, how many children currently from each service centre are in care as a result of an unborn child notification?---Yes.

Why is it that that can't be – why is it that those figures can't be obtained?---I'd prefer to take that question on notice and provide additional information to the court.

Well, since you signed your statement on 20 September 2012 have you taken any further steps to obtain an answer to the issue you address at paragraph 69 of the first statement? ---No, I have not, but we are - - -

Why not?--- - - - conducting an audit.

Why not?---Because the advice I was provided at the time was we weren't able to do that. Sorry, I haven't made further inquiries.

COMMISSIONER: Who tells you what can and can't be done in compliance with one of my summonses? What level are they? Like who says, "We can't do this"?---I can't answer that specific question in relation to this, but I'm happy to get that information back to you.

Well, I don't really want to know who the person particularly is but I'd just like to know at what level – what level of respect my summonses are given?---The utmost

respect, commissioner.

Are they?---Yes.

Well, is this it? This is the best the department can do in giving the utmost respect in fulfilling my summonses. Is this the best they can do, say, "We can't tell you"?---I don't think that's what we're saying, commissioner, I think we're saying it's not readily available.

Readily available has been – how long has it been outstanding and not been readily available for?

MR COPLEY: The summons was purported to be answered on September 20 and it wasn't readily available then and it's - - -

COMMISSIONER: Has it become any more readily available since then?---We're having to do manual checks through ICMS to get the information that you've requested.

All right. Well, I noticed, again, in fairness to you, Ms Jeffers, you're what's called the acting regional executive director?---Yes.

You've only been acting in that position since when? ---Since the start of October.

Okay?---Two weeks. Two and a half weeks.

Two and a half weeks. All right, but your substantive position is regional director of this region?---Correct.

You were appointed to that position in August 2012? ---Correct.

So you've had a couple of shifts in a very short space of time. Is the acting position a permanent position to be filled or is it just a temporary name for a position?---No, I'm just operating in higher duties. My boss is on leave.

What's the difference between a regional director and a regional executive director?---The regional executive director has purview across the whole of the region's Department of Communities, Child Safety and Disability Services, so incorporating the contract management - - -

So departmental wide, whereas your substantive position is child safety services?---Service stream specific, yes.

All right. So you still would be the person to ask these questions about in your substantive position?---Absolutely.

But only from August 2012. Is that right?---Absolutely.

And before that you were in Mount Isa, were you?---Yes, I was the place based regional director for north-west services.

All right. Now, I notice your qualifications are that you have a bachelor of arts in psychology from the University of Central Queensland?---Correct.

And you're studying a masters of business administration? ---That's right.

So would it be fair to say your strength is in public administration rather than social work?---Not necessarily. I've held a diversity of roles throughout my career, including running a non-government service for people with disabilities, helping people with disabilities get into employment, working on contract management. In the south-west I was the director of placement services. I've overseen on a number of teams. I've also worked in local government overseeing community development projects.

Yes, but your discipline is psychology, is it?---I'm not a psychologist but that was my double major in my bachelor of arts.

And the only other qualification you have or are about to acquire is masters of business administration. Is that right?---Yes.

MR COPLEY: There could be up to 197 children who since 2009 have been removed from their mothers at birth, couldn't there?---There could be.

So in connection with paragraph 69 of your first statement you could have said, couldn't you, quite accurately that it is possible that as many as 197 children have been, for example, removed at birth from their mother but in order to be precise about this figure a manual audit of files will need to be undertaken?---Yes, I guess so.

And that would have been, with respect to you, a more helpful response, wouldn't it, than the one that you made there which said that this information isn't readily available because it would have perhaps at least presented some indication as to the worst-case scenario in terms of the number of children the subject of notifications as unborn children?---I think there are two different things that we're talking about here. So one is those that are children removed at birth and those are unborn notifications and I don't necessarily believe in a practice sense that it's necessarily hand in glove. We might find out through the department in various mechanisms either through partners or notifications of a woman who is pregnant who the department may have some level of risk that we need to assess, but that's not always be the case where there will be a removal so I think there are two

different parts to this conversation.

When a baby is removed from its mother at birth, pursuant to what legislative provision are you acting to do that? ---I'm just going to refer to my notes.

Yes, sure?---My understanding is that section 21A obligates Child Safety to take appropriate action where there is reasonable suspicion of an unborn child that may be in need of protection after birth so I understand that to be the provision.

Okay. So prior to removing a baby at birth, does the chief executive or her delegate always offer help and support to the pregnant woman before taking the step to remove?---Yes, look, it is practice that we will try to meet with the family, meet with the mother, try to actually ascertain what the level of risk is. We do need to make an assessment as to whether the child would be at risk. One of the big challenges that we face in terms of the legislative parameters is it can be quite adversary in terms of families not wanting to engage with us or refusing to engage with us. That does create challenges, particularly if a removal is required at birth. Ideally we would want to work with the family and do work with some families to try and provide supports, make a determination prior to the babies born, but there are, sadly, instances where that cannot be possible due to lack of engagement.

But it is always a step that the chief executive attempts to take, that is, attempts to offer or offers help and support to a pregnant woman prior to birth?---We would always try to, yes.

So that always occurs that you try to?---Absolutely; try to attempt to contact them and try to attempt to work with them. Sadly, sometimes we're not even able to contact the family.

Why is that?---Sometimes it's because of refusal; sometimes it might be because the family will refuse to engage with us without their solicitor. Sometimes that is really difficult to actually coordinate and do.

What's wrong with a family refusing to engage without a solicitor?---Nothing is wrong with that.

Why do you say that that's a barrier to engagement with a family if a family says, "Look, we'd like to have a solicitor present when we speak with you"?---No, that's absolutely important for families to be able to do that. I think the challenge is about - if we're talking about providing support as opposed to an adversarial process around investigation, one of the opportunities, I think, in the future is looking at how child safety officers can really focus on support of the family as opposed to

investigating and assessing.

Do you regard a family's response that they want a solicitor to be present when Child Safety Services comes to visit or requires them to come for a meeting to be an adversarial response by the family?---No, not always. I'm saying sometimes it can be.

Why?---It depends on the counsel that they're given.

But they're entitled to legal advice, aren't they? ---Absolutely; absolutely; absolutely.

And, of course, your officers would inform them? ---Absolutely.

Absolutely, of their right prior to being interviewed or speaking with child safety officers to take the opportunity to make a telephone call to see if they want to have a solicitor present?---Correct.

That absolutely occurs?---It should.

All the time?---It should.

You said it absolutely occurred?---Sorry.

They don't do that, do they?---I beg your pardon?

Child safety officers don't tell a mother or a father, a couple, "Before we sit down and discuss our concerns about your unborn child you have the right to contact a solicitor to take legal advice before speaking with us." They don't do that, do they?---We should be talking about the rights that the family have.

Sorry?---We should be talking about the rights that the family have.

Well, that's not an answer to my question. I said to you the child safety officers don't do it, do they? Not what they should do; they don't do it?---Well, I'm sorry, I can't comment. I don't understand the line of questioning.

COMMISSIONER: Perhaps we could ask you this way: do you know that they do? You are the regional manager and as part of your public administration, do you have a system in place to inform yourself that your CSO's are implementing policy correctly every time?---I'm confident that my CSOs do the best that they can do and that they do follow the practice and policies of the department.

What is the basis for your confidence?---The basis for my confidence is regular conversations with team leaders, regular conversations with managers, operating with service centres, working alongside them, managing complaints - - -

How about this for one method: when somebody makes a decision to remove a child, they fill out a report, send it to you and say, "Dear Ms Jeffers, before we took this drastic step we tried to contact the family. We informed the family when we did contact them that they had a right to have a solicitor and they said" whatever? What about that for a method?---So are you suggesting that would happen every time? I don't understand.

No, I'm saying why doesn't it?---Sorry?

I'm asking whether it does?---I would be notified if there are issues or concerns. In terms of drilling down to whether legal representation has been offered or suggested I haven't got that level of detail, but I would expect that - - -

But you're responsible for ensuring compliance with policy, directives and proper practices, aren't you?---Yes, I am.

And insofar as this practice is concerned, wouldn't that be, if not the only, a good way of you having a check and balance to ensure that when a child is taken, as you've said it's a drastic step, that all the Is are dotted and the Ts are crossed just in case someone from a commission of inquiry one day comes and asks you these questions? ---I'm convinced and confident that my staff do that.

One way of offering help and support to a pregnant woman, which is one of the things the chief executive must do, could include advising the pregnant woman about her right to consult with a lawyer before being interviewed by family service child safety officers, wouldn't it?---Yes, and also opportunities to access non-government services that might be able to provide her and her family with assistance and support as well.

Why do you add that?---Why do add that?

Yes, why do you add that non-responsive answer to my question that you'd already responded to?---I think it is important that if we're talking with a family about their support needs and what's happening for them in terms of their pregnancy, that other supports outside of child safety is also available and readily accessible, in terms of universal and secondary service system.

But it's also important, isn't it, to perhaps restrict your interference with a pregnant woman's rights and liberties to the smallest area, isn't it? It's important to try to minimise - - -?---Absolutely.

- - - the extent to which you interfere with a pregnant woman's rights and liberties?---Absolutely.

Yes.

COMMISSIONER: You actually want to reduce the need to intervene by removal, wouldn't you? Would that be the aim of the exercise?---Absolutely. It would be to assess the level of risk and also to provide ancillary support wherever possible to assist the family.

Because you've got up to nine months to do it, haven't you, during pregnancy?---Yes, but we may not always know nine months in.

But you might, too?---We might.

Sometimes it might be happening tomorrow and in those emergent urgent situations if you assessed a high level of risk and you didn't want to take the chance, fair enough, everyone can understand. But if you do have time and you do have other options available to you, wouldn't your practice be to take the least intrusive option that was safe for the child and appropriate for the child's developmental needs of attachment and bonding with their mum?---Yes.

What sort of situation would it be when removal at the moment of birth using security guards, would that be the least intrusive option? In what sort of case?---There would be some extreme cases and that would not be a decision made by child safety in isolation, it would also

be with partner agencies such as police and Queensland Health.

Given that the context is in a hospital ward, what extreme justifying circumstance would there be for immediate removal?---It might be that the level of risk is so significant in terms of the history and the information that the department has or other partner agencies have, and that the family is actually planning to leave and there is no capacity for the hospital to maintain them staying within the hospital ward under supervision or observation. It might also be a situation where we haven't been able to conduct the assessment prior to birth. Obviously that would be the preferred option.

So, what, you remove for the purposes of assessment?---On occasion, yes.

MR COPLEY: Why does - - -

COMMISSIONER: Wouldn't it go the other way around?---It could if the family engaged with us in those early stages.

MR COPLEY: What security guards are used in these situations at the time of removal? Where do they come from?---I'm not sure. I can't answer that.

Security guards probably generally don't patrol the maternity ward checking other mothers and babies, so they'd only be coming up there if they were asked, wouldn't they? ---Yes, they would.

So who asks them to come up?---I'm happy to talk about specific case examples in a closed court and give further details. I feel very uncomfortable - we are in a small region and I do feel uncomfortable of the nature of this questioning.

Be that as it may, I'm simply asking you as a general proposition who brings the security guards up?---My understanding is that is coordinated through an inter-agency and I'm really - - -

So that's a joint and several decision, is it?---That's right.

COMMISSIONER: Who pays for them?---I can't answer that, I'm sorry.

MR COPLEY: Are they the government guards that we see in government buildings that are brought up?---I don't believe so.

Have you been involved in one of these removals?---Yes, I have. I'm aware of one.

Did you use security guards?---There were security guards - - -

MR HANGER: With respect, one should pay some attention to the delicacy of this kind of matter. The lady feels more comfortable answering questions which are getting specific. The commission should be closed.

COMMISSIONER: I don't think we've reached that point just yet, Mr Hanger, but - - -

MR HANGER: As long as we are aware of it.

COMMISSIONER: Yes, we will do it slowly and - - -

MR HANGER: I'm just saying, identify security guards, you're getting very close to offending.

MR COPLEY: You've been involved in one removal involving security guards?---I'm aware of one.

You're aware of one, okay. So whose decision was it? Which officers of which department decided security guards needed to attend?---I'm sorry, I'm not prepared to talk about this case in an open forum. I'm happy to talk about it in a closed hearing.

Why can't you talk about it in an open forum? I'm not asking you to identify the town, the child safety service sector, the name of the mother, the date of the baby, the name of the guards, even the name of the decision-makers who brought the guards in. All I asked was the officers of which department who make the decision?---My concern is that North Queensland is a very small community and I am concerned that information could be discussed openly in this hearing and people will make suppositions about the case in question and a really not prepared to go there in an open hearing.

Well, the only people that would know about the case in question would be the mother concerned, wouldn't it? She'd be one person who would know about it. You had to answer, it would be recorded if you nod.

COMMISSIONER: Sorry to interrupt. Mr Hanger, I'll hear you on it, but I don't see any risk of identification or reason to suppress the answer that is asked for by the question. If you want to argue to the contrary I'll he you but otherwise I'm going to get the witness to answer the questions - - -

MR HANGER: Putting it into context, there was an article in yesterday's paper about a seizure from the hospital. This lady - I don't know if this lady has been involved in it or not, but she has been in this position in this city

for a short period of time.

COMMISSIONER: There were photographs of the people involved, as I remember it, in the paper. It's already in the public domain, that one. And I think the question is general enough. It is only asking about who the decision-maker - in a general way who makes the decision. Two things I'm interested in, just so that you know: when the decision is made, how it's made, and by whom, and what considerations drive it; and the second thing is how the decision is implemented. So that is how the department, having made its assessment, implements its action and designs it.

There are two areas that we are interested in. We are not interested in the specifics, so just ask your question again Mr Copley and we'll - - -

MR COPLEY: As I recall at the question that I asked was which decision maker in which department or departments was involved in the decision to bring the security guards?

COMMISSIONER: Just the level.

MR COPLEY: Just the level, whether it was the nurse in charge of the ward or whether it was the doctor who delivered the baby, or whether it was the chairman or chairwoman of the health board, or whether it was the director-general of health in Brisbane - - -

COMMISSIONER: Or even the chief executive of child safety.

MR HANGER: I persist with the objection because my friend is now using the term "the" which is obviously referring to a specific event as distinct from who generally does that. Now, if he puts it generally then it's inoffensive.

COMMISSIONER: All right. You want to ask that general question first?

MR COPLEY: Let's just come back to this, though; the only people that know about this case, whatever one it is, was the mother concerned. Correct?---Yes.

And she's entitled, isn't she, to tell the community or whoever she wants about the fact that her child was removed and how it was removed, isn't she?---Yes.

The only other people that would know would be whatever child safety staff were present with the child was removed and any other government employees or security guards who were present at the child was removed. Is that correct? ---It can be.

Well, it has to be correct, doesn't it? If they're there

they have to know about it?---Yes.

So now, bearing those parameters in mind, in a case where you're not being asked to tell us the name of the town or identifying particulars of the child or mother concerned in any way, what level of decision-maker of what department decided that security guards needed to present to assist if necessary with the removal?---The department would take advice from QPS.

And QPS is what?---Queensland Police Service.

So the department would take advice from QPS?---Correct.

So does that mean that in the case you're thinking of the department did take advice from QPS?---Correct.

Right; and what rank officer of the QPS gave the advice? ---Again I'm feeling this is very close to a case-specific discussion. I'm sorry, I feel very uncomfortable.

Well, do you - - -?---I am really happy to have this conversation in a closed hearing.

COMMISSIONER: I'm happy to have closed hearings when it is necessary, but not - I mean, I respect your reluctance but I have to decide whether it's well placed or not and I don't see at the moment as it's unfolding that just telling Mr Copley and me and everybody else here what the rank was - how that's going to breach any confidentiality or any privacy rights that might need protecting. I just don't see that so I will direct you to answer the question?---The officer in charge.

MR COPLEY: Of what?---CPIU, Child Protection Investigation Unit.

All right.

COMMISSIONER: That is who you would expect. There are no surprises there, can I say?

MR COPLEY: Because it would concern you if such advice merely came from a constable of police in uniform, wouldn't it?---Absolutely.

Yes, so you seek advice from a high-ranking police officer? ---Correct.

Yes, and what role was it envisaged that the security guards might have to perform in the case you're thinking of?---It was protection.

Protect of whom?---Protection of the baby.

From what or from whom?---From the family.

From the family?---Correct.

Was there a fear that the family would harm the baby? ---Yes.

COMMISSIONER: By what, removing the baby before you could get to the baby or what? What harm was there a risk of? ---Risk of harm to the baby and risk of harm to staff, both QPS and departmental staff.

Those removing the child?---Yes.

Yes, okay, but what risk did the family represent to the child?---Significant risk at that time.

Of some sort of harm?---Absolutely.

And you know this because?---Of departmental records.

Of departmental records?---Yes, and previous involvement.

Sorry?---And previous involvement with the family.

MR COPLEY: Was it feared that the mother might resist the removal of the bay?---No.

No. Was it feared that the father of the baby might resist the removal of the baby?---Yes, it was.

All right. Now, we'll leave that case, the specific case, alone and talk more generally.

MR HANGER: We were talking generally.

MR COPLEY: In the general case or in a general sense, is the option provided to a mother after birth in hospital of taking a certain course of action at the department's supervision and the mother given the option that if she fails to take that course of action, then the option of removal for a temporary assessment order will be taken? Are those options provided to the mother?---We do try to discuss that with the mother, yes.

When you say you try to discuss it with her, what do you mean by that?---Obviously having a presence of Child Safety at a juncture after giving birth is a highly emotional situation. It is really difficult for the family in question and also officers in question to work through that at that point.

Yes, but generally speaking there would have been an opportunity for these discussions before birth, wouldn't there?---If the family engaged with us, yes.

Yes, and you say that sometimes families are reluctant to engage with you?---That's right.

That's right, and they adopt an adversarial stance?---Or they may not engage at all; not just adversarial. It's just they may refuse to contact us. They may refuse to discuss situations with us. We may not be able to contact them.

In those situations where they refuse to engage with you

either by speaking with you, for example, or letting you into the house, do officers of the department suggest to the family concerned that it would be in their interests perhaps to obtain advice from somebody independent of the department?---Absolutely.

Absolutely; does that mean yes?---Yes, officers would be doing that.

Because it could be the case that some families perceive that if the Department of Child Safety is coming to see them, that the department wants to take their child away. They might perceive that, mightn't they?---Yes, they might.

And some families might be suspicious or reluctant to engage with departmental workers because they fear their motives or they fear that anything they might say to departmental workers could be used against them, couldn't they?---Yes, and it's a very difficult time for families when they're engaging with the department. I don't think we can underestimate that.

Why do you add that to the answer?---Why?

Yes?---Because I believe it's important in terms of the context.

Well, if it's a difficult time for the family which, with respect, would seem to be obvious, then the providing to the family of contact details or the means of getting independent advice, not necessarily from a solicitor but from an organisation that can help families in crisis, might be advantageous, mightn't it?---Absolutely.

Because if you can put them in contact with an entity - and I don't use that term in the sense of a recognised one but just an organisation that is independent of the department - then the family might be more inclined to accept the advice or recommendations of that body when it comes to dealing with the department, mightn't it?---Of course; of course, and that's why it is so important that we wherever possible can engage support services to assist the family and provide that assistance support.

Because people who are at arm's length from you and at arm's length from the family would be able to say to the mother and/or father concerned, "Look, the department has these concerns and you need to assuage their concerns by perhaps taking the following steps. If you don't take those steps, then the chance the department might try to remove your child is greater than if you do take the steps"?---Absolutely; and that just highlights the importance of the secondary-service system, particularly if they offer active intervention, the family support services. Having that range of mix of services in the community can actually provide that assistance and support

to families at any juncture throughout the continuum.

COMMISSIONER: Accepting that to be true, I just note in paragraph 16 of your statement that the number of referrals made by the service centre to external agencies, that is, secondary agencies, is not readily available either?---Yes.

So how does the department - you say it's really important that you get active intervention at an early stage and you work with the family and you support the family, but you can't tell me how you refer families in need to external agencies from your records?---That's right, without a manual count.

What's the point of having this computer system if you have to do manual counts all the time?---I think one of the challenges around the referral services to other agencies is the department funds a selection of support services. Federal government and other entities also fund support services and what we haven't actually reached is a universal referral system. So if we were actually able to use - each agencies use different referral forms so a CSO will need to type that out. They will need to identify that and it will depend on organisations so it's not a one-stop shop in terms of our - - -

But from your end it is, isn't it? It's from your end that you need to keep the record and say, "Refer to federal government agency," "Refer to state government agency," "Voluntary agency." You can keep that record?---Yes.

You don't need to be governed by their record-keeping procedures, do you?---No, but what I'm saying is that in terms of the information management system, if we're putting information on that system about referrals it's not readily available to run a report from.

I know. That's what I was querying?---Yes. Sorry, yes.

Does Child Safety Services in this northern area keep a directory for child safety officers of secondary service providers so that they can know at any one time how to match a need with a service?---Absolutely. Absolutely, and one of the other things that we're doing in Townsville at the moment is the Townsville family support alliance, so that is a network of an integrated response across services at both the department - - -

I saw that in your report too?---Yes.

But just going back to my question, can you produce me a copy of that directory?---Yes, we can.

Thank you.

MR COPLEY: So now just going back to section 21A, that applies if before the birth of a child the chief executive reasonably suspects a child may be in need of protection after he is born, and one example of that might be if the mother has had five children before and all of the children are in the care of the department because there's something going on in or about her house?---Yes.

That might be an example, mightn't it?---Absolutely.

Let's consider the example of a woman or a girl who hasn't previously had any children removed from her and the chief executive forms a reasonable suspicion the child might be in need of protection after they're born and so the chief executive has offered help and support to the pregnant woman and has investigated the family circumstances of the mother, thus complying with her obligations under section 21 of the act?---Yes.

The decision to remove the child from the mother's care after birth in that situation can only be justified if the chief executive considers that the child is in need of protection after birth, so that means that under section 10 of the act in this situation where the child has just been born there would need to be an unacceptable risk that the child might suffer harm?---Absolutely.

There would need to be a conclusion that the child did not have a parent able and willing to protect the child from harm. What weight, if any, does the department give to a situation where a mother voluntarily presents herself to the hospital to give birth to the child, in the sense that the act of taking herself off to the hospital, or having an ambulance convey her to the hospital, is perhaps evidence that the parent is at least willing to protect the child from harm by ensuring that the child is born in a medical facility? Is that given any weight?---That's given some weight. Also pre-natal care is given some weight, also - - -

Sorry?---Pre-natal care is also given some weight.

Yes?---Family and intra-family arrangements are given weight in terms of the safety – I mean, we're talking about a very vulnerable newborn, so we need to consider all the information and gather all the information so we can make a reasonable assessment.

Are there places available in the Townsville region where a newborn baby and her mother could go to live where they could be supervised by child safety officers for a period of weeks or months after birth?---There are a range of support services. I can't speak to the specifics at the moment but I'm happy to provide that later. Obviously it's a new service area for me at the moment.

You'd be able to speak about the specifics of Mount Isa, wouldn't you?---Yes, I can.

Okay, so in the City of Mount Isa as an alternative to taking that child away when she's born are there services available either provided by the department or funded by the state or perhaps more likely funded by the Commonwealth where mothers and babies can go where they're under some sort of supervision or watchful eye until such time as it appears that the mother is both willing and able to protect the child from harm?---Yes. So within the north-west and Mount Isa there is a rehabilitation centre, a sobriety house, where - - -

What's it called?---It's a sobriety house. It's just been taken over by the Salvation Army. It was previously utilised by KASH, which was the organisation. Basically that - - -

You will just have to stop a second so that we get it down for the transcript?---Sorry.

It's called sobriety house?---It's sobriety house. I'm not sure what it's new name is.

Okay, and it was previously utilised by?---It was

previously administered by KASH, K-A-S-H.

What does that stand for?---Kalkadoon - - -

Area Health Service?---No, it was – sorry, I don't have the acronym in front of me. I can get that.

Okay?---Basically it's a rehab facility that assists people who are trying to detox from alcohol and drugs. That arrangement does allow children to be there so that that can occur and obviously the department would have interactions if we had concerns about those children and the family.

All right, well, let's just focus on Mount Isa for a moment. There's at least a place available for mothers and babies to go but the drawback may be that the mother might be living in a facility where there's a bunch of 50-year-old male alcoholics trying to deal with liquor problems with a newborn baby?---That's right.

Is that all that's available in the north-west region where a mother who is considered to be not willing and able to protect her newborn from harm could be offered a place as opposed to taking the child off the mother at birth? ---That's the only 24 hour facility. There are other youth shelters, there are women's shelters, and in some instances if a woman is escaping domestic violence or is at risk of homelessness there are arrangements where babies can go into those facilities as well.

Although the act does not state it, is it the case that the option of removing a child at birth from its mother is the option of last resort?---Absolutely.

That means it is?---Yes.

So if one was to look at various files from the department which your officers are trying to identify to comply with yesterday's summons, would one see there a notation concerning all of the options or avenues which were explored prior to the decision to remove the child from the mother at birth?---It should, yes.

Well, when you were in Mount Isa and in charge at a lower level did the files in Mount Isa record those sorts of things?---They would have exhausted all options, including family based arrangements. In some instances the department might work really closely with the family and with the mother and create some safety planning or some assistance in terms of extrafamilial support. Mother and bub might move in with the grandmother or the grandfather or kin. So there are options that are explored, absolutely.

Well, that brings me to this question?---Sure.

Not every woman giving birth will have a mother who is alive, not every woman giving birth will have a sister who is alive or will have a grandmother who is perhaps young enough to assist in the care of a baby, but in the cases of those women that do give birth where they do have a sister of adult age, or a mother or a grandmother of sufficiently young age that she could be of practical assistance to the mother who is about to give birth, is that option explored with those persons, not through the mother but by going directly to those other women and trying to engage with them to see if they will be able to provide quarters for the mother to live in and to agree to supervise the mother's interaction with the baby?---We would, but we would also need to find that information out from the family themselves. So they would need to help us in terms of identifying some suitable people that we could work with to assist.

But if you discovered the information from a source other than the family you wouldn't ignore it or turn a blind eye to it, would you? You'd go and speak with the mother or grandmother or sister?---Yes.

For example, if the QPS was able to tell you through its resources who the mother might be or who the sister might be or the grandmother might be, you wouldn't wait to try to engage with the reluctant mother before going to speak with those relatives, would you?---We would try to create an environment where we were speaking with all stakeholders.

You wouldn't wait to get the mother's consent to speak to her mother, would you?---It would depend on the circumstance, sorry.

But if remove all is the option of last resort, why would you seek or regard - well, you don't regard as determinative the mother-to-be's wishes in the matter, do you?---We would hope to wherever possible.

But isn't the option of removal an option of last resort?---Yes.

And wouldn't it be perceived that even if the mother-to-be might be reluctant to engage her mother or her sister, from the department's perspective, speaking with the mother or the sister in the hope that the mother or sister good deal rationally with the mother-to-be might obviate the need to remove the birth, mightn't it?---Yes, that's right.

And so that option would be pursued, wouldn't it?---Yes.

Because it is absolute last resort to remove a baby from its mother at birth. So that the commission can understand, what is considered to be unsatisfactory or undesirable about removing a baby from its mother at or soon after birth?
---Sorry, can you clarify the question; in terms of the department viewing unsatisfactory or undesirable, I don't quite understand the nature of the question.

All right, I'll put a simpler way. Why is it an option of last resort to take a baby away from its mother at or soon after birth?---Because babies need their mothers. It is about attachment, it's about creating a safe environment. But if there are reasons that the environment isn't safe, the department has a statutory obligation to take action.

COMMISSIONER: Commonly if one parent can't protect the child from the risks. There are two elements to the decision?---Yes.

It's just not the existence of harm or an unacceptable risk of harm, it is also that that child can't be protected by their parent as defined in the act - which includes a traditional Aboriginal or customary Islander parent - by any other method than removal. Isn't that the decision-making tool?---Yes, that's right.

Tells you to do?

MR COPLEY: In a general sense are you able to give us an approximate figure for this: of the mothers whose children are removed at birth, what percentage of them approximately would be mothers that were perceived to be in the grip of an addiction to drugs?---Okay. Some of the primary reasons - and can I expand the question?

No, I just want to know what percentage approximately would be mothers considered to be labouring under an addiction to drugs?---There is a significant percentage - - -

And/or alcohol?---A significant percentage.

50 per cent? 30 per cent? A quarter?---I haven't got the figure in front of me to be able to do that, but I do think there is a significant percentage. I also know of situations where babies have had to detox after the birth has been given because the substances were consumed while the baby was in utero.

Yes. What percentage of mothers whose children are removed are mothers who are labouring under what is perceived to be a mental illness which makes it difficult, if not impossible, to reason rationally with the mother?---That can be a contributor in terms of the percentages. I can't answer that specifically for the region but I can say that I am aware of some instances where mothers aren't able to be protective because of their mental health elements and not subscribing or maintaining the support that they need to be well.

What percentage of mothers whose babies are removed at or soon after birth are mothers who are understood by the department to be homeless?---That in my observation hasn't been as big and aspect. We work really closely with housing if that's the situation to find accommodation, or with the broader service system around shelters, whether it be youth or women's shelters, to be able to provide that support.

Okay. So mothers who are in the grip of an addiction and mothers who may have a mental illness are mothers who are in a general way susceptible to having a child removed at birth. What other category of mother is susceptible to having her child removed at birth?---Women who are exposed to domestic and family violence and will not remove themselves or their children from that situation in terms of violence and the acts. In that respect there might be situations where there are unsafe adults within the house as well and there might be a history of not being able to demonstrate protective factors for the children.

So unsafe adults might be people manufacturing methylamphetamine in the house?---Could be.

Have there been any children removed because the mother's partner or boyfriend or living companion is manufacturing dangerous drugs in the house?---I can't speak specifically to the numbers but that could be a scenario.

Are you personally aware of any?---No.

Have you heard of any - - -

COMMISSIONER: Would an unsafe member of the household include somebody who didn't have a blue card?---Not necessarily. That wouldn't be a determination. When I say unsafe it might be a situation where a person has a significant criminal record, it might have crimes against children, it could be sexual abuse against children, there could be history that we gathered through the assessment process where we are worried. If we try to engage with the mother and that they are not acknowledging some of those concerns or the protective factors that we need to put in place, that's where we would have significant issues.

So you reason if this person is a risk and the mother shows a resistance or a refusal to accept what you believe to be true, she is not protective enough to safely leave the child with her?---There may be situations like that where that isn't possible to be able to be assured that there are protective factors in place for the infant or the child.

But would denial or refusal to accept the department's position on somebody be a non-protective indicator to the department?---It would form part of a broader assessment.

I'm going to take that is yes.

MR COPLEY: Thank you.

In those cases where it's perceived that the mother and/or father don't want to engage with the department, does the department take the initiative, consistent with its attitude that removal is the last resort, of contacting an independent agency which sometimes the department funds and recommending to that agency or asking that agency to go around to the house or unit and engage with the mother and partner with a view to trying to explain to them the concerns the department has about a baby about to be born and what needs to be done to ameliorate the risks the department is concerned about?---We would do - - -

That is, what I'm trying to say to you is does the department take the initiative and instead of just being rebuffed by a mother and a rude or aggressive boyfriend and leaving it at that and saying, "Oh well, we try to engage with them. We'll sort it out after the baby is born." Does the department take the initiative and try to get some independent agency to go and talk to the parents?---Yes, and that's certainly what we're doing with the Townsville Family Support Alliance, where we are looking at a coordinated arrangement. We might have an agency as a lead role, we might have information that we share to be able to provide that additional support, so that's certainly something that we are doing.

But does the department actually urge these independent

agencies to go and say "We'll cover the costs of it," or does it say, "I'll look, we've come across this mother and she doesn't want to talk to us. You might like to go around and see her. It's up to you. We'll live with you?" What is the attitude of the department?---The department, through intake, would make referrals to our partner agencies if we had concern, absolutely. Particularly a family support services and our referral to active intervention. So we would hope that those agencies - they're funded by us so we do get priority access and we would want them to go and cold-canvas and work with that family, particularly - - -

You want to go and what?---Cold-canvas.

What does that mean?---It might mean that the agency might go straight to the family. We might talk to the family about what supports are available or the agency might make direct contact with the family based on our referral.

COMMISSIONER: And that is that the family might never know that they've been referred to this other agency until someone from that agency turns up at Knox of the door and says, "Hi, you've been referred by child services to us"? ---Wherever possible we would hope to notify the family but there might be instances where we make a direct referral, yes.

I wonder how they would react to that. You said before you would hope that they would follow up. What feedback do you get back from your referral agencies as to what happened with that referral?---In terms of if the situation was only at intake we may only be notified back by the agency if the family wasn't working or the protective concerns are still of a concern. If the matter is actually being worked through either through a voluntary agreement with the department or through a more intrusive order, we would get regular feedback from our partner agencies.

Are we still talking in the context of removed babies?

MR COPLEY: I was, and I understood the witness to be too, but she may be speaking more generally. She can clarify? ---A bit of both.

She was speaking more generally. You're not allowed, according to your legislation, to reveal the identity of a notifier, are you?---No.

No, but speaking generally now, forgetting about or putting to one side, sorry, unborn babies, is it the practice when the department receives a notification and tries to engage with the family - is it the practice of the child safety officers to explain to the parent or parents the basis for the department's visit in a sense that they can understand rather than just saying, for example, "We're putting you on notice that we've formed a reasonable suspicion that your child may be at the risk of harm and that you may not be willing and able to protect the child"? Does the department say, "Look, we can't tell you who reported this to us but, for example, last week your kids were seen playing on a four-lane road for an hour and a half running between the cars and you were, for example, sitting on a bus seat just watching and didn't do anything to protect the child"? Does the department give people that sort of detail so that the people can understand and respond to the allegations?---We would certainly explain what our concerns were and we would seek to understand the context of the situation, gather additional information through that conversation that may assist us in determining that the child is in need of protection. There may be instances where we have further concerns and we need to make further inquiries.

So does that mean that you reveal to the family the factual basis, the particulars of - - -?---The particulars of our concerns.

Of your concern?---Yes.

Because it's probably trite to say that the more information that you give to the family so that they can, even if upset, understand why you were there - - -? ---That's right.

- - - and what's motivated you to come, then in the long run the more accepting or possibly more accepting the family might be, mightn't it?---Absolutely.

And you can do that without necessarily revealing who the notifier was in many cases, can't you?---That's right.

Now, the position is that the Townsville Child Safety Service centre now looks after the area of Bowen?---Yes.

That's so; and when did that come about?---At the end of last year and early this year there was a re-organisation of the service centres around Townsville and Bowen.

And what was the reason for the Bowen office - the Bowen office was then closed, wasn't it?---No.

No; it still exists?---Yes, it does. It's a satellite of Townsville.

Right; and are there child safety officers there?---Yes, there are.

So what practically changed with this re-organisation which was not for publication until 9.30 this morning?---So what practically changed was the service centre was a service centre in its own right. We did a redistribution of resources based on need so that we could have our workforce at manageable caseloads and be able to fully support families and children appropriately so staff didn't have escalated caseloads. We actually re-organised those resources. The manager's position was removed and subsequently there is a team leader, CSOs and CSSOs based in Bowen and they report through to Townsville.

So are there more staff in Bowen this year than there were last year or fewer staff in Bowen?---Fewer staff.

Okay; and if we look at page 5 of 19 of your statement, we see that the average caseload for Bowen as at 31 March 2012 was 26?---Yes.

And that was the highest average caseload across all of the child safety centres for the northern region. Yes?---Yes.

Yes. So why was it that the number of staff in Bowen were reduced if the average caseload is the highest?
---Authorised staff were not reduced. It was only - sorry, let me clarify. Some of the staff were redistributed. There was a boundary redistribution as well that occurred at the same time in terms of looking at each of the service centres' geographical jurisdiction. As it currently stands at the moment Bowen has a caseload from August of 13.

All right. So the same as it had in June last year on

average?---Yes, and I have to say that in terms of that the other aspect that the region has done is worked very critically to review cases and look at what we have open. Bowen traditionally has a high number of IPA cases where they're working with a family where the child is at home so they won't continue to stay on the books forever unless there were significant child protection concerns that would warrant further intervention.

There was a difficulty in recruiting and retaining staff in Bowen, wasn't there?---That's right; that's right.

Was that at all levels or at a particular level?---My understanding is it was at all levels.

At all levels; and did the department investigate what the difficulty was that caused people to be reluctant to either apply for or stay in Bowen?---I believe that was explore through the project but I can't speak to it specifically.

So it wasn't the level of salary?---No; no.

No. It wasn't the working conditions?---Not that I'm aware of.

By that I mean the caseload?---No, not - - -

Because last year the average caseload was only 13 cases per worker, according to page 9 of your statement?---Yes.

Yes, but you don't know really why they took that step to rearrange boundaries and to move staff from Bowen to another Child Safety Service centre?---It was to re-organise the region so that all staff across Townsville and the greater area had equitable and manageable caseloads which they all do have now.

So has everybody got the same average number of cases now? ---In terms of the average for the region we are currently sitting on - since we've put on the statement I've reviewed the data again - 18. That's across the region, inclusive of Mount Isa and the gulf.

So does that mean that every office has an average of 18? ---That's the average of the region.

Right?---The highest at the moment is with Mackay but caseloads are variable across the continuum in terms of children exiting care, in terms of children being reunified with families. Unfortunately with the nature of the business it is a static point in time in terms of data snapshots.

Well, that's the same with every government service, isn't it?---Yes, correct.

The number of kids in a school varies. The number of persons in hospital varies?---That's right.

The number of prisoners in the prison varies?---That's right.

Now, during the year ending 31 March 2012 this region received 2640 notification, according to paragraph 45 of your statement?---Yes.

And 335 of those came via the health service. How many of those from the health service were found to be notifications which were regarded as substantiated?---Yes, so the outcome of those notifications - 130 were substantiated.

Are you able to inform me how many from the Queensland Police Service were considered to be substantiated?---No, but I have requested that officers get that information today.

And similarly with the 432 that came from what you describe as school personnel?---Yes, I've asked for that information today as well.

COMMISSIONER: Can you tell me - that total number of notifications is to the nine months ending 31 March, is it?---Yes.

According to your Internet site or intranet site document that someone printed off for me helpfully, it shows 2170 as at the end of the last financial year?---Are they intakes or notifications?

They're notifications?---Okay.

I mean, it is 2640 compared to 2170 for last year?---Yes.

That looks like an increase to me of 470 or about 20 per cent. Does that sound right to you?---It could, yes.

Would you be able to - is there any trend that you've identified that would explain that increase? That's in a nine-month period, not a 12-month period, a 20 per cent increase in nine months?---It's really hard to explain. Obviously there's a greater community awareness around child protection and protecting children so that does have - aspect into the intakes and the notifications that we receive.

It's been running for some time, though, hasn't it?---It has. It has.

I'm used to hearing, "There's more awareness now," but I've been hearing that for a long number of years now?---Okay.

I've been around for a while, so that can't be the only explanation, or even a major explanation, can it, logically? If we've been aware for a long time then that's not something new that would explain a spike?---I think that's part of it. I think the other - I think another contribution to that is the regional intake services. So we have a critical mass of staff that are responding to intake whereas previously, before that initiative, intakes were managed by individual service centres.

But you've had that since 2009?---In this region, yes. It was one of the first regions.

So that was getting on for three years ago, yes?---Yes. I think also the information that is provided by our partner agencies are a contributor to that as well.

See, does - and I don't - it's difficult for you because you're the witness, you're the only witness in the box, you know, and I appreciate your newness to the role, but I am trying to also - this is my one and only chance to try to understand from somebody who is presented as well placed to tell me why this is happening. You know, wouldn't the department want to know itself without me having to tell it that it should be finding out what's driving that spike so you can deal with the underlying causes?---Yes. Yes, look, to be honest, I think some of the spike is around the information that we get from our partner agencies. It is a big part of the information that we gather. Some of those screen in, some of those don't, but over time we're also collecting information on families too, so that - - -

But these aren't intakes, these are notifications?---That's right. That's right.

So what does a notification mean?---A notification is where it's reached a threshold that we need to - - -

Investigate?--- - - - undertake an assessment, yes.

Yes, all right. I just want to ask you some - what do you

mean by the term "ongoing intervention"?---Ongoing intervention would be where we're working with the child and the family.

Sorry?---Where we're working with the child and the family. Generally speaking it is – depending on the make-up of the service, whether there's a separate IPA team, it would be children under orders.

Does it include children under long-term guardianship orders in favour of the chief executive?---Yes.

Do you know what the total number of children currently subject to ongoing intervention by the department is?---For the whole department or for the region?

For the region, sorry?---I have actually some datasets sitting over there that I can give you, further information from the March period.

Okay, could you – what is it?---Sorry - - -

Sitting over there. Sure?---It's over there in my notes.

Could someone - - -?---I'll have to go and find where it is. Thanks. Yes, got it. So in terms of page 10 of my statement it also refers to that as well, commissioner.

So you've got 1067 subject to CTOs, which is a child protection order?---Yes.

Which could be short or long term?---Yes.

There's no other sort, is there?---That's right.

You've got the total number of children subject to ongoing intervention is how much more than that?---1410.

Sorry?---1410. So it's inclusive of - - -

An extra 1410?---Sorry, no, that's the total, inclusive of IPAs.

All right, so 450 are then something other than – some other service other than a short or long term child protection order?---343 are intervention with parental agreement.

Right, okay, and what about the other 100 or so?---They might be PSOs, protective supervision orders, or support cases.

Now, of the CTOs how many are short and how many are long term. Can you tell me that?---In terms of the short term – short term to the chief executive for the whole region, that's 534. Short term to other suitable person is one.

Short-term with no custody or guardianship is 57 and out total is 582.

I'm sorry, I missed that. How many long-term guardianship - - -?---Sorry, I thought you said short-term.

Yes, short term you've got 534 to the chief executive and one to other?---Yes.

Right, and long term?---Long term to the chief executive we have 373, 102 to other and a total of 475.

And other, what are they, kin?---They can be, yes.

Can they be anything other than kin?---They can be a general foster parent that has had that child for a very extended period of time.

Right, okay. While you're there, can you tell me what the mean age of a child in that cohort of 373 under the chief executive guardianship is?---No, sorry. I could get that information for you, though.

Yes, okay. Can you tell me what the youngest child is? ---In terms of long term?

Yes?---No, I'd have to get that information to you.

And the oldest. So youngest, oldest and mean would be helpful, thanks very much?---Okay.

Thank you.

MR COPLEY: At paragraph 50 of your first statement you state that in the North Queensland region as at 31 March 2012 - sorry, paragraph 52, rather - only 154 - there were 154 children who were aged over 15 and only 66.2 per cent of them had a transition from care plan?---Yes.

Why is that figure so low compared to the others that you've nominated in paragraph 52?---Sure. Look, we've done a concerted effort around transition from care planning. In terms of transition from care planning it's important that we start work with children at 15 years of age to 17 so we can actually support them into the future. I can tell you now what the current information is but my understanding is it's - in terms of - well, it has increased to 66 per cent. So we're making a concerted effort to work with these young people and engage with them.

But it was already 66 per cent in March?---Yes, apologies. Sorry, I'm just looking at that data. As a region we're currently sitting on 83 per cent. So we've been working really closely with our young people - - -

So it's increased from 66.2 per cent in March to 83 per cent now?---Yes.

It was said yesterday by some people who were representatives of non-government organisations that the plans – that in that figure of 66 per cent that you provided for March that included plans where it was stated that the plan simply stated that a plan will be entered into?---Okay.

Are you aware of that allegation?---No, I'm not. I'm not aware of that and it hasn't been raised to me by our non-government partners.

I see, okay.

COMMISSIONER: I was also told yesterday that of the 18-year-olds exiting from care 33 per cent of them were homeless within 12 months. Is that something that you can comment on?---No, sorry.

Is that a surprise – would that surprise you?---That would be concerning if that was the case, because obviously we need to provide young people with the adequate means once they leave care. I think one of the challenges here, though, is that – and one of the opportunities, is looking at other jurisdictions and how we can continue to support post care.

How do you check to see - or do you check to see how the 18-year-olds to left your care last year are going on their transition care plan, how it's working for them?---We wouldn't have any mechanisms necessarily to do that at this juncture. However, you people do come in and talk to their CSOs if they've had such a significant connection. I think there is also feedback we might get through other stakeholders, but it's not a formal request that we would make.

I wonder what's the point - this is from the commission - the child guardian - the outcome indicator for 2011 about the community visitor reports?---Yes.

They say that young people have reported feeling ready to transition from care was as high as 83.9 per cent. Encouraging?---It is.

Wouldn't both the Commissioner and the department be interested in finding out how many of that 83.9 per cent were right?---I believe that CREATE, the peak body for young people, stays in contact with young people post-care as well.

But do you stay in contact with CREATE for your own information?---Yes, but I haven't drilled into that myself.

Because it would be a way of ensuring that next time you did a transition from care plan you might be able to do it better if you saw a weakness and identified some problem? ---Yes.

Do you do that sort of follow-up?---We would do reflective practice but I'm not sure that we would do it to the way you're talking.

Reflective practice, eh? All right. How would I find out how much reflective practice you did on transition from care plans? How would find that out?---I think by talking to the service centres and talking to perhaps CREATE. Are you talking about our reflective practice, sorry?

Yes?---Instead of outcomes for young people?

Yes. See, if we are looking at outcomes rather than outputs - - -?---Absolutely.

And output is where you say goodbye to somebody at the door when they're 18, an outcome is how well they're doing with the 19, isn't it?---Yes.

So I'm wondering how you inform yourself about those two different measurements?---Yes.

And reflective practice seems to be one of them?---Yes.

And I'm wondering what I can find out about the and who from?---Yes. So each service centre would have their own mechanisms about that but I think it's also important that we also look at the fact that 18 is a very young age to leave care. It's not normal in terms of most - in a normal family that doesn't have an involvement with children, children often stay within the home or within contact with their parents for a significant period of time. Sometimes we are their only parents. I think there's an opportunity there it were talking about future reforms where we can look at how we could stay in a young person's life or provide support - - -

You want to keep the longer?---Not necessarily, no. I would like to look at a system where there are supports available for children exiting care so it's not just - - -

But there is no impediment to doing that now. You don't need me to put it in our report, do you?---I think it would be important if we look at other jurisdictions and how they're working with - - -

We've got our own original ideas, why do we need them? Can't we work it out and say, "Oh well, this is what's happening in Queensland. We're pretty different to Victoria and New South Wales. We've got all these regions, all these different communities, all these different needs. We've got our own services that should be fit the purpose, one of them is measuring the success of our outcomes"? ---Absolutely. And it would be good to get young people's views on that as well.

Okay, so we've got to start in 2012 to do that or 2013? Are you saying we don't do that now?---I'm saying we don't have a formal state-wide system to do that now.

Okay. Thanks very much for that. I see that according to the commission's community visitor data 25 per cent at the end of last financial year of young people 15 years and over had completed transition to care plans?---Is that across the state or specific for the region, Commissioner?

That might be across the state, I don't know. Mr Capper?

MR CAPPER: Across the state.

COMMISSIONER: Across the state, so that's even worse than here. You're outperforming other areas, obviously. It's pretty low, isn't it, 25 per cent?---It is. It is.

And transition from care must be a critical stage of development because as you say, at 18 still pretty young? ---Yes.

What can you tell me - your experience - posit a reason why

there seems to be so little emphasis put on a transition plan when the policy is to start at 15 and you've got three years to work on it?---I can't speak specifically about that but I can say that there's been a concerted effort in this region over the last 12 months, and I can talk with great authority in Mount Isa and the Gulf as well, which is part of the broader region, that there has been a focus on making sure that we do the case plan in its entirety and that young people are well-positioned to be able to - - -

And what's motivated that change in emphasis, do you think, over the last 12 months or so?---It's about working really closely with the managers, team leaders and staff. In Mount Isa we have a youth team that specifically works with young people, so it is a team that is specifically there working with young people every step of the way.

That's how you do it?---Yes.

But what I was more interested in is to know why you've only recently started doing it in an intensive way?---I'm sorry, I can't - - -

What turned the switch?---I'm not sure, and Sue might be able to talk about when reports were actually available as well. I think that might have had some bearing in terms of visibility. I think it is just really - it's an important aspect of our work.

Yes, and it is not a new thing, is it?---No.

Section 75 has been there for a long time?---Yes.

Since 1999.

MR COPLEY: In Mount Isa the department has got designated officers - child safety officers - who are focused upon working with 15 to 17-year-olds to get them up and running or established in society?---Yes.

And do you consider that - was that an initiative of yours and/or do you consider it to be a worthwhile initiative? ---It's a worthwhile initiative. It had started before I commenced appointment there.

Okay?---I have to say, though, they don't just focus on the 15 to 17 cohort, they are also getting the tweenies in, so the 10-year-olds as well. So it is having that continuity. It is a combined service for both Mount Isa and the Gulf, so that's been of assistance as well.

Okay, but they don't have that sort of system here in Townsville?---Were working on that.

Okay. What do you say to that proposition that there could be or should be child safety officers whose sole task is to

work with those aged 15 to 17 to get them out of the system and have them with nothing other than responsibility for those older teenagers, whose needs and sense of independence is so much different from children under 10 or boys and girls of 12 or 13?---Yes. It's a specialist area, working with adolescents and I think it's absolutely critical in terms of supporting them. And that's an initiative that department could take under its present legislation, isn't it?---Yes.

It is perhaps difficult to comment on the general, but so that you have an opportunity to respond to these general allegations, I'd like to provide you with a copy of Dr White's statement. It might be appropriate, Mr Commissioner, if we adjourn for five minutes to allow the witness to peruse this in an unpressured way that five minutes will allow her to do, which I'm not suggesting is a great deal of time but it's better than us all city he what she reads it. Could we have a small adjournment so that the witness can read, for the record, paragraph 39 and 40 of Dr White's statement, and then we'll see what response, if any, you can make orally to these allegations?---Sure.

It could be the case that if and when he fleshes out later today, it might be that you might be able to put in a further submission in writing responding to some of the things that he says. Okay?

COMMISSIONER: I'll stand down for 10 minutes, but before I do I've got one more question, and that is: would you keep any records - the department keep any records - tracing records that would enable me to find out how many children in the last five years who after exiting from care went home?
---No, I don't believe we do.

Have you got any sort of idea yourself from your own experience what percentage that would be?---It's a difficult one to qualify, but there is a percentage of children that will return home.

Sorry, I said one, I've got another one, before I forget it: I was told yesterday from the community visitors that they're not allowed to report on self-placing children?
---Is that a commission policy?

I think it's an interpretation of the legislation, that they report on the place - the approved - - -?---The authorised place, yes.

The authorised place, and if they're not at their authorised place they don't get reported on. Do you know anything about that?---No, sorry, I can't comment on that.

It seems a bit odd?---It does.

Self-placements might be the one in more need of reporting on than most places, or where they do live?---Highest risk young people, yes.

Even if they're putting themselves at risk, but it's still a risk that needs to be looked after?---Absolutely.

So you can't tell me about your policy on that? Because the department is reported to by the community visitors through the Commissioner for Children and Young People, isn't it?---Mm.

And you can't remember any discussions between the commission and the department about such a policy?---Not that I'm aware of.

Or have they ever asked you, say, "Look, we think this is an odd sort of thing. We'd like to report on self-placing children. Is that okay?" Have they ever come to you with that proposal?---Not me personally, no.

All right, thank you. 10 minutes.

THE COMMISSION ADJOURNED AT 11.44 AM UNTIL 11.58 AM

THE COMMISSION RESUMED AT 11.58 AM

MR COPLEY: Now, Ms Jeffers, the statement that I've given you there is a copy of a signed statement, isn't it? ---That's correct.

Yes, and on one of the pages that I asked you to look at there's a paragraph numbered 25 which is out of sequence compared to the other numbered paragraphs, isn't it? ---That's right.

But in paragraph numbered 25 Dr White asserts that, as far as he is aware, there's a different practice or there's a difference between the practice the Department of Child Safety follows in public hospitals with removal of children compared to that which obtains in private hospitals, as far as he's aware. Do you see that allegation?---Yes, I do.

All right. Can you just read that out into the record, please?

> ---Additionally there is inconsistency in the practice of these alerts. They only appear to be in the public health system within the region. Similar processes for the application are not established in the private sector, to our knowledge.

Okay. Is his understanding correct, incorrect or what's the position?---It's a difficult one to respond to. One of the things I did - can I give a bit of context to some of the statement?

If it's relevant to that paragraph, yes?---It is. I think one of the things we need to recognise in North Queensland is, as the commissioner stated at the start, it's a broad region. Often there aren't public health services in - private health services in those regions. There's certainly not in Mount Isa so that's a given that removals wouldn't happen from a private health service in Mount Isa. In terms of the actual number of facilities here I'm not aware of in terms of in Townsville and Mackay but again it is limited and I do think it does come down to the nature service delivery. So if we were to compare North Queensland to, say, inner city Brisbane in terms of the range of mix, it might actually tell a different story in terms of the private health system.

All right. We will have to ask him about what he means there?---Yes.

But in the preceding paragraph on that page and on the page before he has a number of criticisms of the department you work for?---Yes.

You've had an opportunity to read through those criticisms? ---I have.

Are you able to respond to any or all of them?---Well, yes, I'm actually really surprised because one of the first things I actually did when I took up appointment in this position was organise a high-level stakeholder meeting. We have bimonthly meetings with QPS and Queensland Health and unfortunately none of these allegations or concerns were raised.

Was he at that meeting?---I'm not sure if he was specifically, but there was a senior officer - there were two officers from Queensland Health. I was doing it by telephone conference because I'm still based in Mount Isa.

Do you say that nobody raised the concerns enumerated in paragraphs 39 and 40 with you in that meeting?---That's right.

All right. Well, assuming they didn't - accepting for the moment that they didn't, what response, if any, do you wish to make to the particular allegations that he's got there?---The response I would like to make is there is some work happening with QPS, Queensland health - - -

With whom?---Queensland Police Service, Queensland Health and the department at the moment to look at some local protocols on how we can improve practices and streamline processes. I also think there's a great opportunity to utilise the SCAN network in these domains to be able to fully coordinate and respond to those concerns.

All right. Look, perhaps I can take you to one particularly?
---Yes.

In paragraph 40 he says, "Lack of any other consideration of alternate options other than a TAO" - which is presumable a temporary assessment order - "such as the provision of some form of outsourced child safety supervision during the critical post-birth period." So you understand what he's saying there. You understand the allegation?---Yes, I do.

How do you respond to that?---I would want to get some specific cases from the doctor so that we could actually unpack and understand what specifically he's referring to or which particular matter he's referring to.

He seems to be saying that there is a failure to consider options other than just going for a temporary assessment order?---As I said previously before the adjournment, we would only take those measures in extreme circumstances.

All right. He says there's a lack of complex cases being

referred to SCAN by Child Safety?---It's interesting that was the portal of the conversation that I had with my key partners when I first started and, as far as I'm concerned, we gave a mandate on opportunity to bolster SCAN as a more formative network so that we can have those robust discussions and opportunities. I have actually studied the SCAN in Townsville since I've been within the position.

When a mother is confronted, that is to say, she is told that the baby is going to be removed from her, is she given any documentation?---At removal we should be giving the order or serving the order.

Yes, you should be. Are you?---As far as I know, we are.

And is that service effected by child safety officers? ---And/or the police.

And/or the police?---As authorised officers.

Dr White says, "Inappropriate requests by Child Safety to serve facts, temporary assessment documentation on parents"?---Sorry, I can't comment on that. I'm happy to find out specifics from the doctor and comment.

So sometimes the police officers are required to serve this on the mother?---Authorised officers have capacity to serve.

Well, are police officers authorised officers for this purpose, are they?---Yes, they are. They can be and they are.

Yes, but health service officers aren't. Is that the case? ---That's right.

So if health service officers are asked to serve these orders on parents, then that could be regarded as an inappropriate request?---Absolutely.

He suggests that there's a deficiency in the process of assessing the gravity of the risk to the child versus the impact of separating the baby at birth with the consequence a disruption to the mother and baby's relationship? ---Ideally in those situations where there are significant concerns where we come to that juncture we would - it would be good if we could work with the mother while in hospital. Unfortunately sometimes mothers are released within 24 hours or 12 hours after giving birth. So if we could create an environment where there is that opportunity to have that formative attachment for the department to conduct its assessment if it has significant risk, that would be what we would hope for.

Is there anything else that you would like to respond to in those allegations that he makes?---No, not specifically.

Thank you. No further questions.

COMMISSIONER: Yes, thank you.

Just before I call on Mr Hanger I have got a few more. According to the Child Guardian data for this area, 42.2 per cent compared with the Queensland overall of 32 per cent investigations and assessments are responded to within response time frames. So only a third overall in Queensland and 42 per cent here are meeting the response time frames. Does that mean those time frames are unrealistically set?---They can be difficult to respond to for a number of reasons. Within this region we actually don't have a backlog in terms of our IAs or investigation and assessment processes so we are able to manage the workload, but it depends on the complexity of the case.

At the end of last financial year you were only meeting it in 42 per cent of time. Has it improved since then? ---Sorry, are we talking about our investigation and assessments?

Yes, investigations and assessments were responded to within the time frames 42.2 per cent of the time?---I'd have to get further information and get back to you on that one.

Number of matter-of-concern notifications in this area was 110 out of a total of 755 state-wide. What are matter-of-concern notifications?---Matter-of-concern notifications may be when a child is in out-of-home care and there may be concerns raised about the quality or the standard of care provided to the child. That can be by form of a child making a disclosure, a notification through the normal intake processes as well or the commission sometimes will also.

Right; and who's responsible for sorting them out?---The Department of Child Safety.

And the Child Guardian reports to you?---They provide reports, yes.

Are you happy with that figure, 110 out of 755 complaints being made about the standard of care you're providing? ---No.

So what do you do about bringing it down? What do you find is an acceptable level?---I don't think it's acceptable that there are concerns about children in our care.

Sure, but we're human beings so there's going to be some dissatisfaction whether it's well placed or not. So do you have a target figure to measure your performance, for the performance of the carers you fund?---We have a regulation of care where there carers are authorised through the regulative care process. We have agencies that support and visit them.

Yes, I know. No, I mean do you have a figure, a tolerable or acceptable matter of concern notification figure that you aim at achieving?---No.

So no target?---Not that I'm aware of.

The percentage of young people aged 15 to 17 with no current care plan or leaving care plan in development I said was 24.7 per cent before the break?---That's correct.

That was Queensland wide. It's 22.9 per cent here, just for the record, so it's not much different?---That was in the snapshot of time when that report was taken.

Yes, that was as at - - -?---Yes.

The measures relate to the period till the end of the financial year last year?---Okay.

You identify a lot of significant issues in your statement? ---Yes.

I won't go through them all, but one of them you mention is a lack of housing and supported independent living options for children?---Yes.

These are transiting – these are exiting children?---That's right.

So what can you do about that?---We're working really closely with housing to find accommodation and they do get prioritised with the housing service centres, but we do live in regional areas. Mackay, Mount Isa, have very excessive rentals so it is really difficult for the young people generally, let alone young people exiting care, to be able to afford the rent.

Well, they've got to have a job?---That's right.

They've got to have a source of income that's dependable?

---Yes.

They have to know how to behave in rental property?
---That's right.

To meet the rental conditions. Is that a problem? Children who have left – well, young people now. They're adults now. They're 18 years old. They're on their own and they've been in care for a number of years at least, maybe up to eight, nine, 10 years. They're in their first rental property. What's your feedback telling you of how they're generally faring and coping with that?---Look, my sense is young people in general struggle at 18 years old going out to live in a house. I did when I went to uni. So I think you have to put it in the context of the environment.

So it's harder for them. They need more support. Would that be fair?---Absolutely.

What sort of support do they get?---We have some new services that are able to provide outreach or support.

But they have to access them, do they?---They do, but we would hope to have linked them up before leaving care as well.

Would you have introduced them to the service before they left?---Absolutely, and in a lot of cases too, I mean, the foster carers stay connected to these children as they go into adulthood and continue – some young people stay within the foster care household. So I think we kind of lose sight of that sometimes in child safety.

Would you know what proportion of that there is?---I wouldn't be able to give a proportionate figure but I do know of many cases where a child continues to be supported, university and beyond, by their foster carers. We've got some very dedicated volunteers that give up their house and their home for these children.

Okay, now, you've also said the low number of new carers and placement capacity is a problem?---Yes.

What's your strategy for increasing the – or for recruiting new carers and improving placement capacity?---Yes, we work with our NGO partners to be able to do that, so the foster care services. We also identify kin. Obviously we're looking for kinship wherever possible in the first instance to keep that child connected to their family and community.

That's the traditional way and that's not working too well either, on the figures?---Kinship also extends to people who are part of that broader family network of that child. It could be a teacher, it could be a neighbour, it could be

family or cultural groups.

Yes, and with all those extra efforts focusing on that how is that working out for you?---At the moment the region has 32 per cent kinship carers. We're continuing to work on that. I had a meeting yesterday in Townsville with some of our partners about how we can really improve and bolster and identify kin early in the piece.

What's your target figure?---I'd like if wherever possible we could have as many children with their kinship and family.

Yes, right, but what are you thinking to achieve? What's achievable in the environment, contextualising it?---It's a difficult one to qualify because obviously we have to find suitable people to care for these children as well.

And that's been an ongoing problem?---It can be where there's inter-generational issues.

So are there any new strategies that haven't - you know, to deal with this old problem?---We're actively locally - we're recruiting locally, so it's important that we're getting to know the communities that we work with, getting to know the stakeholders, how can we identify carers and support them.

Well, you might need to give them some incentive to be a carer?---Yes.

So what sort of incentives could you do?---In terms of support, there's obviously carer allowances. I think what is really important is that we create a community and have very strong partnerships, so we have to have equal partnerships with our foster carers.

I heard yesterday that there's a disincentive for others to take over long-term guardianship, because if they do they lose their foster allowance?---That's not my understanding.

It's not?---No.

If they're the long-term guardian do they still get their foster allowance?---That's my understanding, but I can get you specific information in terms of the policy.

Yes, that would be good. I'd like to sort that out. Is there any other disadvantage by transferring from foster care to the guardian of the child?---Not that I'm aware of, but I'm happy to get you the policy information.

Does the department have a policy preference for being guardian in as many cases as possible rather than allowing others to be the guardian?---I don't believe so. One of the things we're doing in this region is we have a

permanency project, so we've just done an audit of all of our children who are subject to LTG to the CE. Out of that order we've actually identified around 132 that we're going to be actively working with the families, the recognised entities, in some instances, and the carers, to see if LTG to other is an option. We're still going through the audit process, but that's the preliminary findings.

Can I have a copy of that audit, please?---Yes.

I want to ask you this question. You see in the definition of "parent" in section 7 of the act where you're looking as to whether or not there's a viable parent or a willing and able parent. It includes a traditional Aboriginal parent, if there's such an entity, and a customary Islander parent and the natural parent, but unlike the Family Law Act it doesn't include a person who is concerned in the welfare of the child. Do you think there would be any advantage in extending the definition of "parent" to a person, an appropriate adult, who wasn't kin but who was available and ready, willing and able to assume the protective care of the child to be included?
---That could be an option, but again, the complexity of family dynamics would need to be unpacked to be able to do that as well, especially if the biological parents are saying no, they don't want that.

Yes, that's a reason why it may not work in every case, but it's not a reason for not putting it in there, is it?---Not that I'm aware of.

What do you say about neglect? Is that the most notified form of harm, cause of harm?---I can speak specifically for Mount Isa and the Gulf and that would be the case.

It seems to be the statewide position?---Yes.

It's more neglect than abuse, and that would accord with public expectation too, I think. Neglect would include lack of hygiene, unsupervision, or poor supervision, and overcrowding, would it?---Yes, that's right.

Do you think - - -?---Lack of food.

Does the department apply differential standards of care to different communities around the state because of their context and their history and traditions in judging whether or not a child is neglected?---Yes.

You do?---In my experience, yes.

So you don’t apply the same standard of care to a community in Townsville as opposed to a community on the Cape somewhere?---I think everything has to be put in context as part of the information gathering process.

Do you think that could be done better or are you happy with the way that's going?---I believe that certainly in my experience staff are going that, particularly when working in remote areas.

Right. Now, I'm going to go back to the Child Guardian report now again and it says about workforce and staffing, "The main service delivery issue identified within this region is contact and communication." Does that accord with your experience?---Contact and communication with whom?

Yes, between children in out-of-home care and significant people in their lives like their parents?---That hasn't been my experience but I don't have the report in front of me.

I thought you said that there was a lack of public transport available to facilitate - - -?---There is but - - -

Yes, well, that's a problem, isn't it?---That is a problem, but there are creative ways that we can work around that to ensure - - -

What are they?---Where we work with the carers to be able to facilitate that, where we would have - we would look at contact schedules. If we're talking contact back with family, we do definitely look at that as part of the case-planning process.

But you would disagree with the adult guardian about contact and communication between children in out-of-home care with their parents and significant others as being the main service delivery issue?---I wouldn't have thought that was the main delivery issue.

What do you think is?---I think the main service delivery issue - I think there are a number of different issues that we're having to overcome in terms of service delivery.

Order of priority?---Order of priority I believe is - for me and my staff would be looking at the secondary and universal service systems and making sure there was adequate services to be able to divert families.

But you can't do that. That's not your job. You can't provide the service. Government does that. All you can do is refer to an available service?---But having a range and mix of available services would be very helpful in terms of service delivery.

It would, but you can't do that, can you? How can the Child Safety Services create more secondary and universal services?
---No, sorry, I was answering the question in the context of what I found to be the primary service issue. I didn't realise you were talking about our service delivery.

Yes, I am?---Okay, sorry.

That's what the Child Guardian is talking about. She doesn't talk about anything else?---I don't have the report, sorry.

No, but you know that that's her job as Child Guardian? ---Yes, I do.

All right. Sorry, I interrupted you. That was one. One was there is just not enough universal and secondary service providers available to refer to?---Yes.

Right?---Yes.

You would like to do more?---I would love to do more in that space.

And you would if there were more available?---Absolutely.

So note the government, yes. Now, what's the next one?---I think having a look at a range of mix of placements. So if we're taking in the consideration of the Children's Commission report, making sure that placement - that there is a range of mixes of placements within place based areas, particularly in rural remote.

Aspirational again, but how do you actually do that? How do you make sure that it's available?---Well, often it's being creative and innovative.

You must have worked out that it would need to be creative and innovative before today?---Yes. A good example would be when we're talking in remote communities and having the safe houses within the remote communities so children can stay in the community.

Yes?---They can continue that contact - - -

How many of them have we got?---In this region we have three. We have one in Palm Island, one in Mornington Island and one in Doomadgee and they're a great strategy.

Yes, and is that anywhere enough?---I think it is a really, really good strategy and we could benefit from that.

And you could roll it out further if you could?---That would be lovely but obviously it's subject to funding.

Is it subject to redirecting funds though maybe? ---Absolutely.

I have heard a suggestion that the department in the way it purchases services ends up paying too much and paying for too many needless services?---Okay.

What do you say about that?---I'm not sure. I'm not sure our non-government partners would necessarily agree with

that.

Well, the method adopted is you say what you want to buy and how much you want to pay for it and then people tender for it, don't they?---Yes.

Is that a good method of buying?---It can be. It's a fair, transparent - - -

It's certainly transparent, but if I want to buy some soap form Woolworths, I go and see what they want to charge me and then I will make an offer or decide whether I want to buy that one or the one next door, don't I?---Yes.

So why wouldn't you do it in this context?---In terms of the service model or in terms of the purchasing, because we do that in purchasing in terms of tenders?

No, but you're not asking them what they can provide for how much. You're telling them what you want and how much you're willing to pay. Do you see the difference?---Yes, but I can also talk of an example in the Mount Isa statement where we talk about Mornington Island and looking at how we responded to service delivery there where there weren't services within the community, so we did exactly that. We also looked at different ways that we could contract to have a continuum of service delivery because the community weren't seeing the services in isolation. We need to look at joined-up service delivery in that regard.

This is the example I was given. You have got placement difficulties, as you have said, shortages?---Yes.

So you have got some children who are really hard to place and what you do is you advertise for a placement one on one for a child and really you're in a situation of not having a lot of bargaining power because you really don't have any other options and you advertise for, "We've got this need. We're willing to pay this price for looking after this child," or there might be $50,000 a year. Does that happen?---It can.

Would you like to change that?---What I would like to change is not as many children in out-of-home care. I would like to have them in their homes. So if we're talking about from a system perspective, diverting people from the tertiary would be the ideal.

Has the department ever sat down as an entity and said, "Now, what is the socially tolerable number of indigenous and non-indigenous children in out-of-home care in any one year in our state?" We know it's eight or 8000 at the moment. What is it? What is the appropriate number? Bearing in mind having the human condition and living in Queensland where we are and having the communities we have got, what is the tolerable socially acceptable figure? Is

it 4000, 2000, 6000 or is 8000 pretty close?---I don't think that people can put numbers on that because we're talking about children and having them away from their family.

We're not putting numbers on children?---So I don't know that it's as cut and dried as being able to do that.

But you have got to plan. You have got to spend money, right. This is your agency. It has got a certain amount of money, $750,000,000 allocated to it this year, and I think from what I have seen it has already spent $780,000,000. Any one year you are going to have a budget allocation and you have got to work out how you can best spend that, right. So you have got to forecast. You have got to make predictions. That's what you do and you have got to say, "I'm going to spend so much on this, so much on that, so much on that. Out-of-home care - I've got so much left to spend on that and I can house so many children for that, but 8000 is too much. I shouldn't be having to house that many children. What's happening"?---Mm.

Do you go through that process of reasoning?---Certainly we go through the process of reflection - - -

What's the answer?---I think the answer is looking at - and again I reiterate the universal and secondary service system - we need to look at that as a dynamic.

There are too many people getting into the system?---That's right. How do we actually divert them away? What supports do those families need at that juncture?

Right. So what you're saying to me is then that you need to put downward pressure on demand for the tertiary service by funding better or better accessing what's already available in the primary and secondary service domains? ---We need to balance the service system.

Right; and my question to you is: is the department doing its part within its capability and its remit to actually do that by referring children in need but not in need of protection to services in a way that encourages those people who need it to get it?---Yes, they are, but we also need to do a tandem process which builds the capacity of the community to respond to complex children and families because we are talking about complexity here as well.

So can you break that down for me in a practical - how do you do that in a practical solution based way?---I think it's about building up the skill in the community and supporting the community in terms of working with very high-risk families and children.

When you're talking about community, you mean indigenous communities or all local communities?---Across the board.

How do they do that? How do they get more investment in child protection?---Well, I think it's twofold. I think we have to back cast it from looking at the complexity of the family and then looking at a place based arrangement about what that place needs to support children in a safe manner.

So you want to shift more responsibility and risk-carrying from the department onto the local community where if the parents themselves aren't meeting - or the family aren't meeting that need?---I would like to work alongside that process, not shift the risk.

Okay. Have you got any plans for that that you can share with me?---I think we have to look at things - every community is different. It's really hard to talk about a universal or blueprint process.

See, this is the problem, we talk about those. We've been talking about those things for years. Early intervention, it's been around since the 80s, but here we are in 2012, we are still talking about - - -?---So an option could be considered is a community-based intake process, so it's not just the intake coming into the department, if we talking about some of those solutions, looking at the guide that Brad talks about in his statement as well.

So the community would be the screening for the intake so that all you got were the ones that are likely to meet notification thresholds?---That would need to be unpacked, but that could be an option in terms of support.

Theoretically?---Yes.

And you'd have to make sure there were governance and accountability mechanisms and you could find a community willing to do that, wouldn't it?---Yes.

Yes. But that would be a way?---It could be an option.

Like the recognised entities, could they play that role, or some other independent non-government agency - - - ?---Yes.

- - - that was properly - because that would make you less forensic, less intrusive and coercive, wouldn't it?---Mm. It could also - - -

It's a bit hard to be the policeman and a helping hand? ---It could also shift the focus of our CSOs, to be able to engage in that family support at that earlier juncture, rather than - - -

But they wouldn't even have to do it. The communities would do that, wouldn't they? The communities arm of your department, and CSOs would do what they're supposed to do, and that is the forensic assessment of notifiable harm to see whether or not there's a protective parent, and that's what they focus on and that's all they do?---Mm.

What about transitioning out of out-of-home care? Do you think that could be done separated from the department and be done by an NGO or some other agency or mechanism?---I think it good. I think, though, we can't take away from

that formative relationship that CSOs have with their children.

Involve them by all means, but should they have the sole responsibility for it?---No.

And what about litigation. Do you think you could move the litigation away from the department so that the investigator was prosecutor as well?---That would be an option.

All right. Do you think that would help the CSOs build a better rapport and trusting relationship with families who are vulnerable and children in need?---And then we could create an environment where we had to support around that family.

Because what I'm hearing from the communities is, "Look, we know that there's going to be some parents who basically don't deserve to be in charge of the children. Who can't do it. We accept that." But there aren't as many as what's - there aren't as many kids in need of protection has been taken away from their parents or the community. So there is a figure somewhere and we have to find out - because one of my tasks is to build public confidence in the system. To do that you have to find out what is the public expectation and is it realistic. And if it's realistic, are we meet in expectation - is the system meeting expectation? And if we are, not only doing the best we can but achieving the best possible outcomes by doing it, then we're going to build public confidence, aren't we?---That's right.

But if we keep missing the mark, falling short, we are going to lose it, and presumably the commission was established because there is a perception that public satisfaction and confidence in the system is lost or undermined?---Well, I think it's always a tricky one to unpack that because everyone is going to have an opinion about child safety.

They do?---They do.

Not always informed?---That's correct. So I think in terms of building public confidence we have to have that in guise in terms of what the community expects in terms of safety for children. Our communities also have a responsibility around that, too, it is not just Department of Child Safety or Child Safety Services' sole responsibility.

Okay. Residential services now, I want to come to. According to the child guardian:

> *A higher number of issues raised by the community visitors was the lack of training and appropriate support provided to residential care workers to enable them to effectively manage the behaviour of young people.*

Are these children in residential care facilities, are those who can't be fostered for one reason or another? ---That's right.

That's generally - the reason for that is they have multiple, complex, and high needs?---That's right.

So they need virtual round-the-clock attention?---24-hour care.

Okay, before-hour care. Is there a distinction between that and around-the-clock?---Detention?

No, attention?---Sorry, I thought you said "detention" that's why I said "24-hour care". My apologies.

That's okay. So would you agree with that assessment? ---Yes.

So why would the department be buying residential services where the providers lack training and an appropriate support and ability to look after these highest needs children? Why would you be paying good money for that?---I believe our services do the best that they can do. I think we have to put it in context of congregate care, and were talking about children who have trauma and behavioural issues and we need to have - I think the me is about the therapeutic intervention and we really need to focus on - - -

But you need to be trained and able to provide the therapeutic care that is needed, and they're not?---In this region I can say that there's been a number of stakeholder and training groups where NGOs, departmental staff, other stakeholders such as QPS, have been working around the complexity. I think - I mean, we do have a cohort here of young people who use inhalants and that creates another layer of complexity in terms of how their behaviour outbursts because they're under intoxication.

The child guardian goes on to say:

> *The significant nature of the issues being addressed by undertrained residential staff on an ongoing basis as a result of either staff adopting an attitude of harm minimisation rather than provision of any high-level therapeutic intervention.*

Would you agree with that?---No, not always.

Not always?---No.

But sometimes?---I'm not sure exactly if they're making a global statement across the state or whether - - -

No?---Sorry, I don't have the report in front of me.

I think this is for the zone. I think this is for Townsville?---I'm happy to go on your view and provide you some feedback.

But you said originally that there was a lack of training and appropriate support. You agree with that?---I think it's an ongoing process in terms of training and support.

But see, there is a risk for the department, isn't it, if it is the guardian of these children with the highest needs, it really - not providing them with the highest quality available therapeutic service is very risky, isn't it?---It's important that they have therapeutic services and we're able to provide that response to that child.

And quality services?---Absolutely.

Because otherwise they'll - these are the children who self-place a lot, are they?---They can.

And they run away?---Not always. Not always. Sometimes - we have some really good example - and again, there is the challenge.

But they're difficult to - - -?---They can, but I also know of really successful stories of young people who have really valued and grown from being in a residential as well.

But the purpose of residential, it short-term, isn't it? ---Yes.

Up to two years?---Yes.

And the aim is to get them back into either - into fostering, in special or general?---Or transitioning into semi-independent living.

Yes. And one way of measuring the success of those residential service providers would be the rate at which they successfully achieve the aim of getting these children with higher needs - meeting them and getting them into foster caring or some other care arrangement that was outside residential services?---Or exiting care, yes.

Or exiting care. And can you tell me how well on that performance indicator you're going?---We have QSMs, is quality service meetings, with our NGO partners where we have frank discussions about service delivery. Managers sit down collectively, look at what's happening, try to formulate solutions.

And again, when you do formulate - you probably do more than try to formulate solutions, you come up with them, don't you?---Yes, we do. We do, and - - -

And when you do come up with what you think is a selection, do you measure its success?---Certainly be getting feedback about the progress of that young person.

So what you're doing at the moment, is that successful or not, from your feedback?---It's hard to do a universal conversation but I think for me, I have lots of stories that I know about throughout my career where we have had some really positive outcomes from can people.

I think it goes without saying that the commission accepts that the results of variable, not only across the state of across regions?---Yes.

But we're also working from the premise that just doing the best we can may not be good enough, okay?---Yes.

Mr Hanger.

MR HANGER: Ms Jeffers, you might want to pass on the next series of questions if you think that they can be better answered by your colleague who gives evidence later? ---Okay.

You were asked at some length about taking a child away from the mother in the hospital. I wanted to ask you what circumstances lead up to that. What's the process before that happens?---We would receive notificational concerns about the mother and the unborn baby. We would wherever possible – and that can be – I have to qualify, that can be variable. We may not know about those concerns until the last minute, but if we have known about those concerns prior we would try to make several attempts to work with the family.

Talk to the family?---Talk to the family.

And then provide that service - - -?---Talk about options.

- - - was of assistance, yes?---Yes, talk about the concerns, talk about options.

Yes, okay, and if the family won't talk to you or aren't prepared to work with you positively?---It would depend on the set of circumstances, but in some instances we would try to ensure that they were linked up with a support service to provide that support or address the concerns that we have, but if not – and as I've said previously and in my statement, it is the last resort.

I'm just trying to ascertain from you what steps you go through to avoid getting to the last resort. Could you tell the commissioner that?---Yes, and Sue might be able to give a more practical, detailed account from a service centre perspective, but it would be about exhausting all options wherever possible. Some of our families are transient and we can't locate them as well, and I think that's the other complexity.

COMMISSIONER: I think Mr Hanger is asking what are those options that you exhaust before you get to the last resort.

MR HANGER: Yes?---Right. So it would be - - -

You see, you've said that this is a terrible step. We all agree with that?---Yes.

It's a last resort. I'm asking you to justify how you get to that last resort and what do you do to avoid it?---We would – tenacious casework, trying to get to the family, trying to work with the family on our concerns.

More detail?---Visiting the household, organising to meet with the family, talking through where there is an advocate, their advocate, to try and organise meetings so

we can discuss the concerns that we have.

If that fails?---If that fails we would need to – and we haven't been able to formulate our assessment, we would need to look at the alternative of removing the child. We'd also speak to the hospital on some accounts and see if the child and the mother could stay in there, but obviously that's not always possible either.

But what is it that can happen to the child in that post-partum period that causes you just worry? Why can't you wait for two weeks and carry on with your research? ---If the level of risk is justified in terms of there are significant concerns it's not just low-level neglect we would be worried out.

So what sort of level of risk are we talking about? ---Danger to the baby.

Danger to the baby?---Yes.

In what respect? Assault, sodomy, non-feeding, what?---All of the above.

Any of those.

COMMISSIONER: Sorry, how many children have been removed, from your knowledge, because of a risk of sodomy?---Of sodomy?

Yes?---None.

Well, it's not all of those, then?---But it could be.

MR HANGER: Well, unless - - -?---If there's a family history. There might be information that we have - - -

I suppose I should really put it – a fear of sexual abuse would be a more appropriate - - -?---Yes.

COMMISSIONER: Do you assume that a mother who won't leave a violent partner is a protective risk to her child?---It would depend on the individual circumstance, in terms of whether they sought help, whether they were able to protect their child.

But do you accept the possibility of not being able to protect themselves but being able to protect their child? ---It would depend on the circumstance, in terms of what the domestic and family violence was.

MR HANGER: I suppose you would be interested if the partner had assaulted a previous child?---Yes. Yes, or a baby had been killed in a previous arrangement, either in utero - - -

Yes, all right. Now, you were impliedly criticised, albeit politely, by my learned friend Mr Copley when the figure of 197 was mentioned, which I eventually found in exhibit 66. If you have a look at - exhibit 66 is that short statement of yours?---Yes.

You will see the figure of 197, which I presume is what he's referring to, in the bottom of the left-hand column? ---Yes.

Now, tell us what that figure says? You have to go back to paragraph 7, I think?---Yes.

What's it telling us?---So in relation to that data, the information of the number of babies removed from their mothers while the mother and baby were in a hospital or other facility is not readily available in the integrated client management system. Information is available on the number of admissions to an out of home care each - in the North Queensland region for any child aged zero to 12 months.

So that figure of 197 could theoretically be not one of these children were taken out at birth or all of them were taken out at birth, if I read it correctly?---That's right. These are the children in out of home care, zero to 12 months.

Yes, so it doesn't anything that's really - - -?---It doesn't necessarily mean that they have been removed at the hospital.

COMMISSIONER: But I think that was the point Mr Copley was making. You can't tell.

MR HANGER: You can't tell. I thought he was suggesting that she could have been more helpful by saying around 197 or - - -

MR COPLEY: The point I was making was that by not giving the commission responsive answers, by positing a figure of 197 it could be - it could be as bad as 197 if one throws up that figure, as the officer has chosen to do, but it's probably and hopefully substantially less than that.

COMMISSIONER: Yes.

MR COPLEY: But until we know the actual figure it's potentially as many as that, is my point.

COMMISSIONER: I thought the point was - that I took away from it was, look, you know, it's hard to draft summonses so you have - and maybe I should have a general thing, "Look, if you can't tell us the exact number maybe you can give us a qualified estimate," rather than just having, you

know, the precise question precisely answered.

MR HANGER: Anyway, I think we're all on the same page.

COMMISSIONER: I think so.

MR HANGER: I'll change the subject now, if I might.

Yesterday in one of our focus groups an idea came up which hasn't been mentioned to you today that we should have specialised child safety officers, that is to say, someone might specialise in the - - -

COMMISSIONER: Investigations.

MR HANGER: Yes, the investigations at the age of – you know, or say pregnancy and then through to the age of one, and someone might specialise in the age of – you know, the two to seven-year-old, and someone might specialise, and you can't understand it, with the adolescents. Could you comment on that, of it being a possible improvement to the system?---Yes. Generally workforces are organised around particular parts of the child safety system. So with investigation and assessment teams we might have IPA teams, we might have children under order teams, and the example I gave before, in Mount Isa we have a youth initiative team. One of the operational challenges would be how to organise the workforce to be able to get the best outcome for children, so whilst I'm not saying that specialisation isn't a good thing, I'm saying that we have to also manage the resources to make sure that the children are getting service and their families are getting service.

So it might be a good thing but hard to put into operation? ---Hard to organise.

Thank you. But you're not against it as a general principle?---No.

COMMISSIONER: I just noticed, while you're on that, that in Townsville only one out of four team leaders successfully completed mandatory child safety entry level training?---Yes.

Are you happy with that?---No, but I'd have to look – I'd have to drill down into the reasons why that was, and it might have been about training availability as well. It could be that that staff are continuing but haven't finalised.

Well, nine out of 31 team leaders who attended training in 2011 didn't complete the training. You'd have to find out why not, wouldn't you?---Yes.

Have you since 2011 found out why not?---No, I haven't, personally.

I know, sorry, you've only been here a short time, but your predecessor didn't leave you any note on the desk telling you?---Sadly, no.

MR HANGER: When you have people in residential accommodation are they actually – again, this arises from yesterday's discussions. Are they actually trained to look after themselves? Because what was suggested to us yesterday was they were saying, "Where's the dinner?" or, you know, "Someone has got to pick up my clothes off the floor," or, "Someone else has got to do the washing." Do we actually give them some training to learn to live independently?---Yes, we do, definitely.

What sort of training?---It might be about grocery shopping. It might be about budgeting. It could be around maintaining a tenancy. Children in independent living services do get that so they are in essence living by themselves or with another person. They would get a case manager come out rather than a 24-hour rostered shiftwork so there would be an opportunity there in terms of support but not you've left care and there's no support, but there's also Youth Services, as I mentioned before, that are able to provide that assistance as well.

So how many children in this region are in residential accommodation?---I'll have to check my statement for that but I believe there's around 77.

What sort of cost is that to the state per annum? Any idea?---It would be variable. The majority of our children are in grant-funded residentials so that's a good thing. So we do have all of our residential services - the majority at any one time at capacity so that means we're using our resources really effectively.

How many children are in residential accommodation where they're living on their own in residential accommodation? ---I'd have to get back to you in terms of the numbers.

Would it be half a dozen?---Yes, it would be a lower number definitely, but that would be included in the 77.

I see; and those people obviously wouldn't have full-time carers present. They would just be in their own little flat and I presume that someone would visit them?---That's right.

Do they function satisfactorily? There were suggestions yesterday about parties and so on?---Okay. They're teenagers, you know. We have to put some normality into this.

Teenagers are another matter?---But, you know, there might be situations where young people need that additional support or they might have a group of peers that might come and want to hang out at their house.

Yes, and move in?---Yes.

I think someone mentioned something that was an improvement whereby you had some kind of a granny flat attached to a family home?---Yes.

That seemed to be working pretty well?---Yes.

COMMISSIONER: It was in the backyard, I think, separate from the home?---Kid Under Cover.

MR HANGER: Yes, and the person said, "Granny flat - you

know, it's much better than a granny flat."

COMMISSIONER: She said it was better than her own home.

MR HANGER: Better than her own home?---Lovely.

Can you comment on that? I mean, how many of those have we got in the region?---We do have a problem where I believe there's a connection with Kids Under Cover. In terms of the numbers I'm not able to specify, but the model is with often with a foster carer that there might be a demountable where a young person can frequent. I know when I've worked in other regions I had a number of carers who actually had their acreage set up with a couple of caravans where young people as they got older had that level of independence from the household as well.

That would work fairly well, you'd hope?---Yes, absolutely.

Mr Carmody may have asked you this, but do we have any idea of the success rate of the people who transition to independent living?---Not in terms of numbers, but I do believe CREATE, the peak body for young people, would have some - CREATE, sorry, the peak body for young people - I'm not sure what reports they run but they would still have connection post-care.

All right. You mentioned as well that when they're in residential accommodation, there's a desire also to put them back at the end of that into foster care, if you can? ---It depends on the child's age really.

Obviously if they're grown up, the days of foster care are finished?---Well, it may not be appropriate. They might be ready to have some independence and to get out and venture and experience the world.

So just to give me a picture, is the norm that they go back into foster care or is the norm that they're old enough to go out into independent living?---Again variable; I know of situations where some of the carers within residentials actually become the child's foster carer and that child goes home with them after the approvals and processes. So, you know, I can speak of a number of examples in different regions that I've worked where that's occurred. It's been really great for the child.

Have you got your first statement in front of you?---I do.

Paragraph 19. I wanted to ask you there a matter of policy:

> *As detailed in attachment 2, other agencies can and are encouraged to make direct referrals to sexual abuse counselling services, Aboriginal and Torres Strait Islander family support services and all of the services in the category of secondary family support.*

Do any of these go through you? I mean, wouldn't it be an idea to put them through your organisation so that you're aware of them?---Some may, but we wouldn't necessarily be involved in all situations.

Give me examples where you shouldn't be involved?---So an example might be where a circumstance has happened where a child has been sexually abused. The parents have taken protective actions. They've, you know, contacted the police; pressed charges; created a safe environment so that child was no longer subject to that abuse. If we're involved, we might provide information of services available or they might go to seek an NGO in terms of assistance and that's where that's an important referral portal.

But if, for example, that child had been abused in the local park because it was unsupervised, is that not a matter which would be of some interest to your department or not?---It would depend whether we were notified about it. We wouldn't always be notified.

All right. Paragraph 38 - I just wanted you to elaborate a little bit on that, "The North Queensland region has implemented a number of strategies to increase the usage of kinship care"?---Yes.

Tell us about what you're doing to increase the kinship care because I'm sure it's difficult?---Yes; yes, so one of the particular strategies that we do is when a service centre asks for a placement, they'll contact the placement service unit. One of the placement service units will speak with and work with the service centre to make sure that they've exhausted kin. We would seek advice from our recognised entities. At my meeting yesterday we were talking about a strategy where the recognised entity or the foster care support service might be in a good position to assist us in locating suitable kin as well. So it is an ongoing process and, as I've said, we need to have regular reviews of children in out-of-home care to make sure that we have exhausted all options for kinship.

If we get rid of problems relating to blue cards - you know, I won't go down into the detail there, but there are a lot of issues about it, even issues of filling in forms? ---Yes.

Are you going to get more kinship carers?---Yes, I believe so.

Plenty more?---I believe that is certainly the case. I know from personal experience with Doomadgee and Mornington Island some of the challenges around even having people with identity as opposed to - to be able to even go to get a blue card is one of the challenges in those communities because of the displacement that has occurred historically.

So that would help?---Absolutely.

COMMISSIONER: Ms Lagana says in her statement at paragraph 17 that the case plan completion rates are on average at or over target at 87 per cent?---Yes.

So you do have targets?---For case plans, yes.

Is that the only thing you have targets for?---No, we also have targets for IA intakes as well in terms of what we would expect in terms of staff throughput and what they're able to achieve within their reasonable workload.

All right. Now, is that right, 87 per cent case plans completed?---Yes.

And when they're completed, does that include case plans in progress or actually completed, finished?---That would be the case plan has been done. There would be - depending on he type of order, it might need a six-month review. Depending if that child turns 15 within that time period, we would need to relook at the case plan to do a transition from care plan which cascades in as well as cultural support plans and - - -

But, as we know, the transition plans are only at 25 per cent at the moment?---Well, no, as I said previously, we have different data for that.

All right. What is the data? Can you correct it?---Yes. So our current average across the region of the eligible children under CPI with a transition from care plan is 83 per cent.

83 per cent?---It's a concerted effort that we've done.

Mr Capper, you might be able to help me with that. According to your figures, it's 25 per cent.

MR COPLEY: I would have to confirm that.

COMMISSIONER: Yes. Can you just check that for us?---It might depend on the data time frame as well. This is the most recent data I've received.

Yes, sorry, thanks, Mr Hanger.

MR HANGER: I have nothing further, thank you.

MR COPLEY: Would that be an appropriate time for lunch?

COMMISSIONER: It might be, yes, okay. Mr Capper, you are the only other one with some questions. How long do you think you will be with this witness?

MS O'BRIEN: I would have thought - we have quite a few questions about indigenous over-representation, commissioner. I would have thought an hour.

COMMISSIONER: An hour.

MS O'BRIEN: I have been weeding out questions as we speak to sort of cut it down.

COMMISSIONER: Yes, that's fine. Mr Capper?

MR CAPPER: I probably expect about half an hour at this stage.

COMMISSIONER: All right. How does that fit in with our timetabling, Mr Copley?

MR COPLEY: We won't finish all the witnesses today, you wouldn't think, on those figures.

COMMISSIONER: All right. You better come up with a plan B.

MR COPLEY: Yes, well, it may be that someone might have to be done via video-link or telephone-link to Rockingham.

COMMISSIONER: I could maybe hear someone on Friday.

MR COPLEY: I don't know. I would have to speak with Ms O'Brien.

COMMISSIONER: Anyway, we will work it out.

MR COPLEY: Yes.

COMMISSIONER: All right, 2 o'clock.

THE COMMISSION ADJOURNED AT 12.58 PM UNTIL 2 PM

THE COMMISSION RESUMED AT 2.06 PM

COMMISSIONER: Mr Capper.

MR CAPPER: Thank you. Craig Capper, from the Commission for Children and Young People, Child Guardian. I just have a few questions for you. I'll be as quick as possible. I'll take you to paragraph 20 and I'll refer to your statement, being the statement of the 20th, your 19 page statement is the statement I'll be referring to. Paragraph 20 of that statement, you identify there that in relation to the referral for active intervention, the data provided represents the through-put for families in the 2011-2012 year, and you say that, "The data on referrals is not sufficiently reliable to be reported, however, in relation to ancillary services, targeted family support and safe havens." Is that right?---Yes.

What makes it so unreliable?---As I mentioned before, one of the challenges is around collecting and having one system to collect the broad referral processes. So at the moment we don't have one portal for that.

Okay. So in terms of RAI, the referral for active interventions, you say you're obviously looking at data for the through-put, so how many people attend - participation rates?---That's right.

Would that be right?---That's right.

Is that the only data collected in that area?---I'll have to refer to my notes. Could I get back to you on that one?

Sure. I guess what I'm looking for is the performance measure that we can certainly see, and from what you've indicated in your statement, is that we're looking at participation rates for the measure of success for the RAIs?---Yes.

The data is unreliable for the other programs, sufficiently so that we can't use any of the data or measure the data?---Or compare, yes.

Or compare. Then how are we measuring the success of these programs?---Through regular service audits, through meetings with stakeholders, and obviously in Townsville, as I discussed before, the Townsville Family Support Alliance is another mechanism where partners will actually measure success and outcomes for clients. So it's about taking it away from the output to the outcome and what the outcome is for that client.

Okay. And what are the outcomes that are being measured, if any?---I'm sorry, I'm going to have to take that one on

notice.

I'd certainly be interested in that. What, I guess, I'm looking for is what are the performance measures? Are we measuring how many times do these people represent in the system? Are we getting re-notifications? Are there any of those sorts of measures that are being looked at? Because I guess what I'm looking for is how do we measure whether these programs are actually delivering on what we're hoping that they're delivering by referring them?---Yes, I'll take that on notice.

COMMISSIONER: Are there any tools - measurement tools - that are accepted within the field for measuring these sorts of outputs, do you know?---Outputs or outcomes?

Sorry, outcomes?---My experience is outcomes are best served in a narrative form because it actually tells a story of what's happening with the client. In terms of a broader process, I'm not sure.

MR CAPPER: If I can take you to paragraph 32, you indicated there - and 33 - you talk about the average caseloads, and I think you corrected that this morning by saying the new figures are around about 13 per CSO. Is that right?---No, that was just in relation to Bowen.

Just to Bowen?---Yes.

And across the region, what's the average?---Across the region the data that I have before me talks about the average - sorry. The average case load is around 18.8.

Okay. In the CMC report they certainly spoke about 15 as being a target as the workload?---Yes.

Is that right - the CMC right; or is the average workload that you've got now about right?---The department went for a workload management strategy in different former years where they looked at the average load and volume of work for a CSO which is manageable, so that was done in conjunction with the unions as well.

Yes, and how many did they say?---Well, what they did say within that framework was for intake, it would average four to five per day or 80 to 100 per month.

I'm not concerned with the CSO case load?---Sorry.

I'm looking particularly to find out how we're managing children's safety when they're in care. I mean, how much interaction are we having if we've got caseloads that are unmanageable? That certainly seems to be the evidence that we've heard, is that CSOs have got too many cases and it's too difficult and they're getting quite overburdened by the case loads. Is 18 working for this region? Is that the

right level? 15 - 10, I guess, is where I'm looking for? ---Sure. Look, I'm really comfortable with the caseloads. Obviously cases can vary depending - in terms of complexity, but an indicator for me that we are being able to do the work and service the children and their family is if we were to use our case planning data, so looking at where children have got an active case plan, looking at where children have a transition from care plan that we talked about before, looking at where children are getting their health needs through a child health passport, and a cultural support plan. So it can't be seen in isolation. They are indicators that we're able to manage that workload.

Okay. I guess what I'm looking for is how are we ensuring that - I mean, how often are we visiting the children? I mean, I understand they're supposed to be visited monthly. Is that happening in Townsville or in the region?---I'm confident my staff are visiting the children.

You're confident that they are, but is that yes, they are visiting as required, or are they not?---Yes, they are.

COMMISSIONER: I heard yesterday from the community visitors that they weren't - - - ?---Okay.

- - - in some areas, particularly in the communities, and that the CSOs - some of them, obviously, not - but there was a habit of the CSOs relying on the community visitors as the point of contact, save them going over themselves, and that the community visitors go monthly to the communities and bi-monthly elsewhere and that essentially they're sometimes being used as substitute CSOs?---I'm not aware of that concern, but I'd be happy to take it up with the commission.

MR CAPPER: I guess that's the concern for me, how do you see the role of the community visitor in relation to their visits, and how does that differentiate from the child safety officers?---The difference in the roles?

Yes?---Obviously the commission has a monitoring role and a different level of mechanisms around the child and their safety. I think one of the challenges, though, when we consider a foster carer house, the amount of people that are coming and going through different purposes. That can actually be quite intrusive. I think it needs to be well coordinated. I'm not devaluating the role of the commission in terms of community visitor program, but I'm just looking at it in the context of normality and an ongoing arrangement for a child growing up and all these different people having intersections in their lives at different points, and what does that mean in terms of human service workers and the move-through in terms of people moving jobs and those sorts of things? So each time that happens that child needs to form another connection or

relationship with another adult.

Okay, but I go back to my original question, which is what's the differentiation as you see it between the CSO's role and the CV's role? Yes, we don't want to have too many children (sic) intruding in children's lives. Obviously that's not beneficial to them. The least intervention possible is obviously in their interests. However, what's the difference between the CSO's role and the CV's role?---The CSO is responsible for working with the child and the family around their case plan and making sure the casework tasks and processes occur in accordance with what the child protection needs that we've identified, making sure there's access to therapy, there's access to support, there's access to health, education, those sorts of things.

Yes. And the CV?---The CV - my understanding in terms of their role is around visiting, making sure that there are - as an independent party - there are no concerns in terms of the standard of care that's being provided with - from their perspective, within the commission's purview - the care being received by the child.

COMMISSIONER: But they can only report, can't they, the CV?

MR CAPPER: Yes.

COMMISSIONER: They can't actually do anything about the standards if they - - - ?---No, but they can - - -

You've got to do something about it, don't you?---They can notify us and then we would act.

They've got to negotiate it through you, don't they?

MR CAPPER: And so essentially would you agree then that that double-checking mechanism to make sure that the child's needs are actually being met by the department - that independent oversight - does actually have significant benefit for the child? Even though there may be this level of intrusion, surely that level of intrusion is outweighed by the benefit obtained by the child in making sure that those needs are being met and the department is doing its job, I guess, in that sense?

---I think anything we can do to make sure the child's needs are met is what we should be doing.

In relation to paragraph 40 of your statement, we've heard evidence through the hearings in Brisbane and elsewhere about the extent of those decision-making tools perhaps not being culturally sensitive enough, and we've also heard about the issue and this concept of cultural competence and those sorts of things. You've indicated at paragraph 40 that you've been developing an action plan with DATSMA aimed at increasing and improving cultural capability? ---Yes.

What has been done in that space?---Okay, so the region last year, and continues to do so, works alongside our DATSMA; formerly they were part of the same department, to work with each area office and the service stream at large on how we could improve accessibility, our processes and procedures, in terms of that cultural competence. So that there is an action plan. I think I attached it as one of the attachments as well.

Thank you. How is that being measured?---By regular reviews with our colleagues at DATSMA. I'm about to schedule some meetings to see how we're going in that space.

So that's just commencing now, so we haven't got any measurements on that yet?---Not yet.

Now, at paragraph 44 you indicate that you were advised that following the introduction of the RIS corporate data about notifications, child safety service centres receiving the concerns at the intake phase is not available. So you gave us evidence earlier about that part of the process needs to be - and the commissioner spoke to you about this referral on to other agencies. You were talking about the increased need for secondary services and the ability to refer these things on. I guess what I'm concerned about there and I guess I want you to address is how do we plan for those service deliveries? How do we identify what actual needs are able to be met or need to be met if we can't break down - for example, you've indicated that we have hundreds of thousands of square kilometres for this region. If you can't find out how many service needs or how many intakes are in Bowen, or breaking that down further, how can you plan around that?---I think data is one tool. I think there are other tools in terms of local knowledge, local connection, and I think that's the value of having service centres in remote areas. So for argument's sake, we're not actually servicing Mount Isa from Townsville. So I think it's one part of the puzzle. Yes, it is absolutely part of the puzzle in terms of planning and being able to drill down.

But you'd agree, would you not, that having the ability to

drill down into that data to actually identify, well, how many intakes and notifications do we have in this area? I mean, How many families at risk that perhaps don't meet the threshold, but how many families at risk for intake notifications in Bowen is an important consideration in determining, well, what services do we need in that area and what types of services?---Absolutely.

But you don't have that data available to you as a regional director. Is that right?---Not at this stage, no.

COMMISSIONER: You also would like to have figures on how many people took up referrals and if they weren't self-referring, if they were being referred by the child services, then how many of them availed themselves of the benefit of it and what did it do for them?---That's exactly right.

MR CAPPER: That follows on to paragraph 53. You indicate that you're advised that data about the children with educational support plans is only provided annually by the Department of Education. The data is reported for all children in care and again is not readily available by departmental region, and then in paragraph 55 you also talk about children with health passport data readily available. I mean, don't we have the same problem there. I mean, if we're looking at children's needs while in care, particularly for education, and we don't get the data until perhaps annually, a year later, the child has lost a year of its life without that educational support that it might need and even then you can't break down, well, what services do we need in this area to deal with that issue or, for that matter, the health issues as you've identified in 55?---Yes.

Doesn't that same problem continue through by having that lack of data at that lower level?---I'd probably like Sue to unpack the data capabilities a bit better. She's able to articulate that better than I am when she does her statement. I think that is again one tool that gives us information, but as you would have seen in my statement around the child health passports, we were able to manually gather that information.

Yes?---It's just not readily accessible from the press of a button, but Sue would be able to talk more specifically about the client management system.

How readily – when you say "We've had to manually do it", obviously you've done it for this process?---No. No, we actually regularly monitor the child health passports and education attainments and supports just by virtue of the way the case plans are developed.

I guess the issue I have there, though, is the annual data coming – should that be more frequently from the Department

of Education? I mean, how are you planning around children's educational needs and their educational support plans and reviewing those if you don't have that sort of data?---We're doing it on a case by case basis, but, you know, that information would be really valuable from a regional perspective.

We've been hearing evidence in relation to the transition from care and particularly the frightening statistic, I guess, is 33 per cent who leave care that we've heard have become homeless. Certainly one of the issues – when does the department start talking to housing and those people about transition from care and what the child's needs will be in terms of accommodation?---That would be closer to the actual exit from care and it would be on a case by case basis.

You say closer to the end, as in a month or two or a couple of weeks or a week or - - -?---The department would make a referral alongside the child in terms of if – say, for argument's sake – and not all children require social housing when they leave care.

Of course?---It's not always relevant, but where it is relevant we would be working with that young person to make those referrals to those accommodation options.

Yes, I guess I'm asking at what point, though. Three months out, a month out, two weeks out, a week out? Like, at what stage is that taking place?---It should be taking place early on in the piece, but it would be variable. Sorry, I can't give a specific answer, but I can get that for you from a policy perspective.

Well, I guess my concern is, and certainly the concern for us with children transitioning from care is the Department of Housing officer who has given evidence in Brisbane indicated it could be six to 12 months' notification required for them to be able to properly assess and find suitable accommodation and provide that to a child who is transitioning from care?---Yes.

But from what you're saying, it's done very late in the piece as opposed to that far - - -?---Well, it depends on the client, but wherever possible it would be done early.

What about engagement with the foster carers, as to their likelihood of keeping the child on or not keeping the child on after their 18th birthday? When is that conversation taking place, if at all?---Conversations with the foster carer would happen along the case planning processes. So I would hope that during a case plan review and while we're doing the transition from care plan we would have some indication of whether there's a commitment, but it's not – it would just be a case by case basis.

Okay, because certainly the commission's data in its latest survey indicates that children certainly indicate that – 40 per cent indicate that they would like financial support when they left. 38 per cent say they would like some help with finding where to live. 65 per cent say they'd prefer to continue living with their foster family after they've turned 18. 22 per cent were unsure and 14 per cent said that they'd like to stay other than with their foster family. So, I mean, that certainly indicates that one in five don't want to stay with their foster family but certainly a significant - maybe two-thirds of them, suggest they would like to stay there. What conversations are taking place around that and what support is provided, if any, to the foster family if the child was to stay with them after 18?---Okay, in terms of the conversation, as I've said before, it would be variable, based on a case by case basis and through a case planning process. In relation to your question regarding the support, in terms of financial support when a child is in care we do not provide foster or kinship care allowance. So we do provide our volunteers an allowance to assist in the care of the child.

Up to 18?---Yes.

Once they turn 18 they're cut loose. No further financial support for the foster carer. The foster carer could say, "Well, I'm not getting paid anymore. Why should you stay?" Would that be right? Are there circumstances where that has happened, to your knowledge?---Not to my knowledge, but it could happen, yes.

COMMISSIONER: I heard also that sometimes the transition money that's allocated is spent on the way through on clothes or something like that and when they actually hit 18 and are looking for it they've already spent their allocation. Does that happen?---Not that I'm aware of. There would be some plans that would be looking at getting a young person, if they're unemployed or looking at allowances through the Commonwealth government and those sorts of things, as well as looking at supplementary material items that they might need – a computer, a fridge, to help them set up.

MR CAPPER: Now, at paragraph 53 - I spoke to you already about the educational support plans and you say that the departmental data is not there, but I want to have a look at that in the context of what you say at paragraph 74 where you say:

> *One of the system's issues in the region is accessibility to alternative education models to support children and young people with differing learning needs and behavioural issues?*

---Yes.

If you're not getting the data on a regional basis or on a Child Safety Service centre basis to identify the needs of particular areas - for example, the needs in Mount Isa would be vastly different, I'm sure, to Townsville and Bowen, et cetera. If you're not getting the data at that level, how are you going to ever address the concern you say is an issue in paragraph 74 of the need to be able to provide alternative education models and support to children with differing learning needs and behavioural needs?---Yes, so one of my concerns and why I put that point in my statement is that a number of the alternative learning models have an age range or an age bracket that you need to be a certain age to get into. So for our young people in particular - and I will speak about Mount Isa and the gulf - children are disengaged from school very early in the piece. That might be for a myriad of reasons. So what is the alternative for them in terms of being able to access non-mainstream education because mainstream education doesn't suit or satisfy all children and if they're under the age of 15, how do we actually access and facilitate that for them?

But if you can't see the data as to how many children need these particular types of services in this particular area, how can you advocate to government, to NGOs - how can you identify what services are needed, how they can be best provided and how many of them do we - how many people need them and how often do they need them if you don't have the data?---It's about local collaboration with education and identifying where children are excluded from school and looking at how we can actually best fit that on place-by-place basis.

So it's very reactive as opposed to proactive. Would that be right?---Yes.

Now, at paragraph 76 you provide a breakdown of issues identified as complaints received about Child Safety Service centres for a particular period?---Yes.

I just want to ask you about that in relation to the figures. You have said "complaint-type child protection order". What does that mean?---Might be the type of order

that's been taken.

Yes, but what's a complaint and who's making the complaint? ---Sorry, I don't have that information in front of me, but it could be hypothetically a parent not happy with the order that they've got.

Okay; and foster or kinship carers - what would the type of complaint be sitting under that?---It could be a foster or kinship carer feeling aggrieved about a decision that the department has made in relation to a child, in relation to the placement of a child or removal of a child or an investigation into an MOC. Obviously it's not restricted to that but that will give you some examples of what that could be.

All right; and child protection?---I don't know, sorry. I can't - - -

So these are you complaint types. That's the point. I don't understand what the complaint types are or what they cover?---Yes.

But you can't tell me - - -?---I'm happy to give you a broad - provide supplementary material in terms of the definitions of how this data has been captured.

Okay, but again this seems to be complaints, from what you've indicated, by members of the community or members of the child protection community as in carers or people in the system, parents, for example. This isn't the data that's provided to you from the community visitors, for example. This is separate to the complaints that are brought to your attention via community visitors. Is that right?---I'm not sure. I'd have to clarify that.

Okay. Now, at paragraph 80 you talk about for children on Palm Island the primary placement location is Palm Island with the exception of children who have kinship options in Townsville and those with particular complex needs and that they may be removed?---Yes.

Why is it that you've pinpointed Palm Island as opposed to any other community and is Palm Island reflective of the rest of the communities that people are being placed in their community - children are being placed in communities across the region or is that only occurring on Palm Island?---No, it's across the region.

So all children are being placed - - -?---Wherever possible within their community of origin if we're able to find a suitable carer.

And do you have the percentages of those?---No, I don't think I have it in my statement, but we can probably find that.

What about figures in relation to compliance with the relevant stages of the indigenous child placement principle, about the steps taken to meet the various requirements there? Have you got those figures before you or can you get them?---I'm not sure. I'll have to get back to you on that.

Because certainly with paragraph 83 you go on to indicate the percentages that are placed with kin and indigenous carers, but it's about half. Would that be right?---Yes.

So is that figure - I mean, you have indicated Aitkenvale, Bowen, et cetera. Is Palm Island more or less in terms of that figure? Is it less than half are placed with kin in Palm Island or more?---I would have to get back to you on that one.

From the statement that you've provided it seems that Palm Island is doing particularly well, the model there. You've indicated the model earlier - that you're particularly proud of it?---Yes.

Why is it doing so much better or why is it doing so well? ---Where I think safe houses are really important models are - if there aren't available home based arrangements, it gives us an opportunity to have children stay within their community as opposed to being removed by virtue of a placement.

All right. Beyond safe houses, is there any other things that have been done in Palm that make it particularly successful or particularly valuable for our learnings, I guess, as to what might work elsewhere?---My understanding is we're working closely with the recognised entity and the family support process. We're using provisional as an option where we can find a suitable person. Obviously the blue card challenges that I think have been raised previously can be prohibitive in terms of going through the process of carer approval but, you know, wherever possible we're utilising provisional as well.

Now, just leaving aside the blue card for a moment because I will come back to that - - -?---Sure.

I'm certainly going to ask you about that, there's no doubt, but the issue I guess is I'm asking you about what's working on Palm, not what's not working. You're saying blue cards aren't working. I have got that. We got that Mr Hanger's question and, you know, your statement?---Sure.

The issue for you I'm asking is: what's working on Palm that we could from that model and overlay or introduce elsewhere that would work? Now, you indicated safe houses is one issue. You've indicated REs?---Yes.

How is that assisting and what's the benefit of that?---The benefit of the REs is actually getting cultural advice and support, obviously working with PIC and the elders. I understand we're getting that as well. Obviously being in the position in Townsville for such a limited period of time, I can probably talk more confidently around Mount Isa and Mornington Island and Doomadgee and the Mornington Island model of service delivery in a continuum from the Safe Haven program, through to women's shelters, through to child protection services, through to services for men in the community has been a model that - that allows for elasticity and support for people across the continuum rather than a siloed approach to purchasing services.

And so you would say that that's what should be introduced further in the region or more broadly in the child protection system?---It's early days yet but it seems to be working and it is a different model that we've used in Mornington Island.

Now, coming to your issue that you want to raise with me, the blue-card issue - in relation to that issue, I guess I want to canvass a couple of points with you?---Yes.

We talk about - and we've heard it a few times now - that blue cards seem to be a problem for recruitment. Take me through the recruitment process?---The recruitment of kin?

What I want to do is go - I guess I'll take that back. What steps, if any, are undertaken to actively recruit in the community kinship carers or foster - kinship carers - I guess I'll take that out even, but they're very reactionary. Obviously when you get a child, you need to find a carer for that particular child?---That's right.

So you're looking for a kin for that child?---That's right.

More broadly, what's the issue and how do we go we go about recruiting foster carers?---In my experience across the years the best way to recruit foster carers is word of mouth and supporting carers and making them feel valued and supported and assisting them and that tends to be a way that we can get more general carers from the pool. In addition to that we might use marketing campaigns; work with our NGOs; get promotional information out.

You say we might do that. Do we do that?---In my experience it's certainly what we've been - what I've done to recruit foster carers and what my NGO partners do.

Okay. And what form does that take? Is it through - I mean, you said word of mouth?---Yes.

You know, that's reliant on somebody saying something to somebody else or it happening to come up in conversation. So, I mean, it's not a really reliable source to try and get this word out there broadly?---Yes.

How do you go about increasing that? I mean, is it mail-outs, is it recruitment in particular locations at particular times? What's happening in that space?---Yes, it can be. It can be all of the above. It can be localised marketing campaigns, but in terms of yield for general carers I still maintain it's been my experience that the best way to recruit general carers is by providing appropriate and adequate support to your carers and that they then self-market for you.

Okay?---But I also think we have to temper that in the context of, you know, foster carers aren't for all children that are in care. And, you know, depending on the complexity of support needs as well.

Sure, but given that we've got a lot of children, obviously, who need carers?---Yes.

So we want a big pool of people and we need to match carers to children and children to carers?---Absolutely.

Okay. So given that, surely we need to have more carers than we have children, because we could have any child coming in at any point in time, we need to have carers to accommodate to that, we need to be able to have a pool of people that we can draw on because we can't just say, "We've got one carer, one child; put them there"?---Yes.

So obviously need to look beyond that. What are we doing to increase that pool on a proactive basis other than we might do recruitment? Has there ever been any actual advertising campaigns, mail-outs, any of that active recruitment, for example, in Townsville region or Mount Isa in the past two, three, four, five years?---Yes. Just bear with me for a sec and I'll just refer to my notes in terms of what the placement management strategy is. In terms of carer recruitment and training there is a shared training calendar that we make available across agency; the placement services unit works with the child safety services centres, REs, to identify kinship options; there are coordinated recruitment activities that occur within Townsville across the agencies and the department - - -

Such as? That's what I'm trying to get to, such as what? I guess what I'm looking for is getting down to grass roots, what are we actually doing on the ground to recruit carers beyond reliant on word of mouth for foster carers to tell their friends if they've had a positive experience,

and presuming they've had a positive experience?---Sure, yes.

And what are we actually doing beyond just waiting for someone to turn up and say, "I'm interested"?---No, I don't believe that we are waiting for someone to turn up and say, "I'm interested." I'm just giving you my opinion on where we get the most yield. I'm happy to provide you with supplementary information details specific to the carer recruitment strategies for the Townsville area.

Okay. But you've been working in the industry for a while. Have you seen any recruitment campaigns beyond - you've indicated that you're working with them, you're undertaking training, you work with your partners?---Yes.

Have you seen any recruitment strategies, any actual recruitment programs taking place to increase public awareness about things such as they don't have to take a full-time child, they don't have to take the worst of the worst, they can provide respite care - - -?---Yes.

- - - they can nominate that they only want children under two or at school age or adolescents, for that matter. I guess my problem is, talking about Joe Public, I've never seen it?---Yes.

But has anything been done in this area for that?---There was a state-wide campaign that was done a couple of years ago that marshalled all of those and it actually did detail down from respite care to overnight care to general care to kinship care. So there was a very big marketing campaign.

When you say a couple of years ago, was that two years, five years, more than five years?---No, it was less than five years. It was probably two to three.

Okay. But it's not done as an annual drive? Not done as a six-monthly, three monthly, quarterly sort of program to say - I mean, this isn't a new problem; this has been there for a long, long time, but we rolled out two years ago, but nothing since, but it's still a problem?---But that's where local campaigns come into it, to affect, yes.

Okay. So when we talk about recruitment, who's more successful, the department or the NGOs, at recruiting kinship carers or foster carers? Who gets the most yields, as you state?---It would depend. Obviously it's my position that I would like to see our carers best supported by NGOs.

I'm more concerned with the recruitment. Are the NGOs getting more foster carers into the system or is the department?---NGOs take the primary lead around general foster care.

Okay. Are they funded to do that? Are they funded for any recruitment strategies?---Yes, they are. Their funding includes recruitment, training and - - -

Do they have targets?---They would have per service agreement.

And are they meeting those targets - - - ?---Sorry, just to clarify in terms of targets, there may not be a recruitment target listed within the service agreement.

Okay. So we might not have a target. So we're funding them for recruitment but there's no target for them to meet, but they've just got to take some active steps. Would that be right?---Yes.

And in terms of the recruitment, obviously they're bringing people into the system. So we get them in, we get expressions of interest from people. We've certainly asked for those in the past?---Yes.

People start the process of applications?---Yes.

How many drop out?---I can't give you the percentage off the top of my head but there is a significant amount that will.

There's a significant amount that drop out?---Yes.

And on what basis?---It could be for a range of reasons.

I know you're going to blame blue card, but other than blue card?---No, I wasn't going there. It could be for a range of reasons. Their circumstances might have changed. What we found with the state-wide recruitment process, we got a lot of interest at general inquiry, when we went to follow up, that interest wasn't gone. The television campaign pulled the heartstrings of a number of Queenslanders, but in terms of the follow-through of the process, that didn't always eventuate.

Okay. Has there been any other research in that area as to what caused people to drop out and what we could do to keep them in their application process, or to translate that expression of interest into an actual real-life foster carer?---I'm not sure from that stage that you're talking about. I know Foster Care Queensland do run exit reports and look at the reason why people end caring, whether it be because their child that they've been responsible for in terms of kin had turned 18, or for other reasons. So there are some of those reports there.

COMMISSIONER: Aren't those figures - - -

MR CAPPER: But those people who becomes carers - - -

COMMISSIONER: - - - first two years is the hardest for them to adjust, isn't it? Isn't there a high drop-out rate in the first two years of fostering?---Sorry, I'd need to look at the data to give you accurate information.

MR CAPPER: When we - you may not be able to answer this, and I accept that. But when we actually go to meet with a person; we've identified someone who's expressed an interest, we go and speak with them; what do we tell them about the process and what's the process when we go and physically sit down and have a cup of coffee with them and say, "Okay, this is - we're here. You've expressed an interest. We want to now encourage you to apply." What's the process then?---So for general caring they would need to go through standard training.

Yes?---They would also need to go through an assessment.

Yes?---That assessment would then be considered by the delegate with all the information available, and then they may or may not be approved as an approved carer.

Okay. So you say they go through assessment, they go through training. Do they fill out any forms before they do any of that?---Yes, they do.

Okay. One of course is the blue card form?---Yes.

Second form is your form, an application for approval. Is that right?---Yes.

If I can show you a copy of that form, if I may. I've printed a copy from the Internet from your web page. I just want you to confirm that that's a copy of the form the department uses?---The APA, yes.

That's the APA. And it's a 19 page document. Isn't that document?---That's correct.

Okay. And it goes through a series of questions in relation to their personal details, their information, but also asking a lot of background questions as well. Isn't that correct?---That's right.

It asks some quite intrusive background questions, which we'd expect to some degree. Isn't that correct?---That's right.

But your form alone - leaving aside the blue card form, because they obviously fill that out as well - your department officers sit with them and go through that form with them. Is that correct?---It would depend on how they were recruited. If they were being recruited through an NGO, the NGO would do that.

The NGO would do it. But certainly - - - ?---For kinship we would - if we've identified the kinship and we haven't been able to get an NGO to do it, we would.

Thank you. In relation to that, so somebody from either the department or whoever's recruiting them - the department or the NGO - sits down with them and takes them through the process?---Or as you say, you've been able to get this form the Internet.

Yes?---People can download and fill it out themselves.

Okay. So they're obviously those who are particularly encouraged. I'm concerned about those who cease, particularly?---Yes.

They sit down with this form and the form goes through a lot of questions?---Yes.

Very intrusive, very personal questions, including asking them about their criminal history?---Yes.

It asks them about whether or not they have a child safety history themselves or they've had other involvement with the Department of Child Safety at any other time. Isn't that correct?---I would say so.

Had asked them whether or not they've have any involvement in this state, another state or overseas with a department of child safety or a child safety agency?---In terms of personal disclosure, yes.

So certainly asked them a lot of specific information and certainly a lot of detailed information, but it's not vastly different to the blue card questions either, isn't that correct?---That's my understanding.

In fact the blue card form is a form that your department again also in company with them fills out?---Yes.

They take them through that process, isn't that right? They take them through, they fill it out and explain it to them. What do they actually say to them when they're explaining that to them?---The blue card?

That form and the blue card form? What are they actually - okay, I'll take that back. The scenario is that you're talking to the client, the client says, "Look, it seems a bit difficult. I've got to go through a blue card check. I've got a drug offence or I've got this or I've got that. Look, I've got a criminal record so I'm probably not going to get a blue card." What does the department say then? ---The department provides some information about the commission, as would the NGO, around the process, but bearing in mind sometimes people will complete these forms themselves or we might send a pack out to the family that have expressed an interest as well just so that they have the forms.

Yes, but if they've filled it out themselves, they've lodged it, they're not being put off by filling out a blue card form or a department form?---Yes.

So when you confront somebody with that form and if they back out at that point or start to suggest that they're not wanting to proceed, what are we saying to them at that point to encourage them to continue with the process? I guess my question is we're looking at blue card data which suggests less than 1 per cent get a negative notice and less than 1.5 per cent withdraw from the blue card process, and that's across all our applications, not just child protection applications?---Yes.

So less than 1 per cent, less than 1.5 per cent, withdraw, so 97.5 per cent go through and get a blue card. Is that being communicated to the people when they're being spoken to?---Probably not that data, but I do know some of the things we are doing and we have done in Mornington Island and Doomadgee is (indistinct) had organised opportunities for the commission to come and talk to the broader community around that as well.

Yes, and is that working?---I don't believe we've had many

more additional carers as a result of that.

The commission's data, however, seems to indicate that for ATSI purposes, from Aboriginal and Torres Strait Islander applications, that the number of carers has increased by 15.4 per cent across the state?---That's right.

So obviously education is part of that process?---Yes, that's right.

But from what you're saying, the department doesn't really accommodate that or deal with – give that information to them that there is a high likelihood that they would still be successful, not to withdraw simply because they're worried about a blue card?---No, that's not what I'm saying. What I'm also saying is that obviously we don't want to give a family false information either about whether or not they would get approved through the blue card process, because that decision rests with the commission.

Of course, but you agree, though, that if somebody is saying, "Look, it's too much trouble. I'm not going to get it anyway," surely we don't want to just let them walk out the door on that basis because they think they won't get through?---The concern that I've raised within my statement relates more to having identity in the first instance to be able to apply.

Okay, onto the identity question, have you filled out these forms for the blue card – with assisting other people?---I did many years ago.

In relation to that form you'd be aware the commission has an alternative identification form . Would you be aware of that?---Yes.

That form is simply a one or two-page form. The person fills it out and gets it signed by a local community member, essentially. If could be the principal of the school, the local council members or somebody like that that can fill it in and say Mary Bloggs is Mary Bloggs, and that that suffices for the purposes of identity as long as somebody is attesting from the community that that's them. They don't actually need identity documents. Are you aware of that?---No, I wasn't.

So would you agree, though, there's more that can be done both from a departmental perspective and obviously from the commission's perspective to – the Children's Commission's perspective, to increase education and get people aware of this and that perhaps better efforts along that line could assist in stopping this drop-out rate, instead of just simply blaming it on the blue card?---Of course.

Thank you. Those are my questions.

COMMISSIONER: Thank you. With your attachment 4 to your 19 September statement - that's the placement unit?---Yes.

You've got that there?---Yes.

That's a form that they – that's their contract, is it, of what they will hope to do in the next 12 months?---That's their unit plan, yes.

Unit plan, okay. Well, you see in the first page under the – in the second column, about the 10th dot point down, it's, "Ensuring that children and young people placed in out of home care services outside the regulated care," that's the section 82, "and not subject to licensing requirements or subject to appropriate assessment and monitoring," is that happening?---Yes, by the CSO.

By the CSO. How many of these children are in the unregulated, unlicensed system?---I wouldn't be able to speak to that off the top – but most – what I can say is that services that are within the scope of licensing are getting licensed. So we might use 82(1)(f) when a new service is being funded and they're going through the licensing process, so the expectation would be the CSO would go and do the 82(1)(f) checks to make sure the place was safe and suitable.

So you've got no idea about the proportions?---Not off the top of my head, no.

Okay. Could you find that out for me?---We could.

Thank you. Also on the next page the administration things, key deliverables, as they're called, is to build strong partnerships – this is the third dot point on the far left, "Build strong partnerships with RSDA." What's that?---That was regional service delivery, so that was a central section of the department.

Right. "Stakeholders", does that still exist?---Not under the new structure.

"Provide simple and consistent entry points for clients." What does that mean, exactly?---So for placement services unit, they're clients would be the service centres, because they're finding placements for the service centres. It would also be for carers, so a carer that might be affiliated with the department as opposed to a non-government agency.

The last dot point is, "Strengthen the community sector to align with clients' needs." How would the administration team of the PSU actually do that?---They would do it through working through forums. The administration team is

overseen by a director of placement services unit, which would have the overall purview. It would be about coordinating with the contract management section of the department to ensure that we're able to give feedback on the service delivery of NGOs, the accessibility of NGOs, placements that NGOs are actually accepting that we're referring to.

Can you tell me whether the training and support that is given to the foster carers is the same or superior to that given to kinship carers?---There are different training requirements, so in terms of general foster care there are mandatory training requirements that need to occur. Kinship care does not have those mandatory training. I understand the notion of that and the support is being reviewed. We have just negotiated with a number of our agencies when we go - provisional for kinship care that the support is actually provided by the NGO at that juncture, and that's really important.

Why is there a differential between kinship carers training and other non kinship carers?---So for general care a family would be taking in children that they may not have a connection with or support. They could have a range of different needs, so there might be even specialist support care, particularly if it's a child with a disability that has discrete requirements. So that's looking at a general base. My understanding with kinship care is that this person knows this child either through familial interaction, cultural interaction or community interaction, so one would assume – and I'm not suggesting it's right or wrong - - -

That gives them a head start?---Pardon? Yes.

That assumes that that gives them a head start, but isn't the training aimed at making them good carers rather than acquainting them with the child's?---Absolutely, but it's also an ongoing process, and I understand it's being reviewed.

In order to make them more aligned?---To make it more targeted, and one of the challenges for kinship care is, particularly if it's a family situation, managing that family dynamic can be particularly complex.

That's what I was going to say to you?---Yes.

They might need more intensive training in some areas that they don't need in others; like, they don't need to get to know the child but they might need to be trained how to handle a family and the family dynamics that are impacted by the fact that they're caring for one of their kin's children?---Absolutely.

Have you got anything for that - - -?---Well, as I said, at the moment this is the regulatory requirements. We're reviewing it.

All right. Now, what about transitional placements? That's multiple placements, one child going from placement to placement, isn't it?---It can be. It's a time-limited arrangement. It's fee for service. It can be one child. It can be a number of children. We also have support arrangements where we might provide wrap-around support around foster and kinship. I think the notion of transitional placement or complex or extreme support needs is based on that child's need.

So that's where you might get therapeutic residential or is that different?---That's different again. So therapeutic residentials are grand funded. There are four in the state, state-wide services, and there is a specific aspect around that. There's also general residential. We want to have therapeutic supports for children as well but it's not the same model.

So who are the transitional placements? Who falls into that category, what sort of child?---Could be a child with very high-risk behaviours. They might have had several interactions with the criminal justice system. They might have sexually assaulted other children in placements. It varies, but it's generally children or young people with extremely complex or extreme needs. It could be a child with a disability that requires specialised support needs that couldn't be met within a family home.

So how do you place them and where do you place them? ---Well, we have a number of providers that have either a transitional - a TP arm, for want of a better word, that just specialise in that area, but in this region we have very few TP arrangements.

All right. How many do you have?---Off the top of my head I can't tell you, but I do know - - -

Is it less than 10 or more than 20?---It would be less than 10 in terms of residential.

Do you know how much that would cost, ballpark, for those 10 per year?---Not at the top of my head, but it would - what we actively do is try to get children out of those

arrangements because they're not sustainable because they're fee for service so it's about creating a placement that a child can really nurture and grow in.

So they're not sustainable because it's not good long term for the child?---No.

Is it also because they're very expensive?---That's one contributor, but for me this is about the child.

I would like to have an idea of how much it's costing child services in this region for TPs in the last financial year. Would you be able to get that for me?---We would.

In fact if we can get it up to 30 March this year, that would be great for the 18 months, 21 months. Thank you.

MR CAPPER: Yes, can I just tender that form that I referred to?---Sorry, this one?

Thank you.

COMMISSIONER: The application for approval will be exhibit 67.

ADMITTED AND MARKED: "EXHIBIT 67"

COMMISSIONER: Yes, Mr Hanger?

MR HANGER: Sir, in view of the time and we have had Dr Andrew White here on standby all day, could I interpose Dr White so that he can hopefully finish his material today and not call him back tomorrow.

COMMISSIONER: Sure.

MR HANGER: My friends have no objection.

COMMISSIONER: Do you mind, Ms O'Brien, if we interpose - - -

MS O'BRIEN: No, commissioner.

COMMISSIONER: Mr Copley?

MR COPLEY: May I take this opportunity to ask you what your intentions are regarding when you will reconvene if we don't finish today which looks increasingly likely?

COMMISSIONER: Tomorrow.

MR COPLEY: Tomorrow.

COMMISSIONER: Tomorrow.

MR COPLEY: Okay. What time, Mr Commissioner?

COMMISSIONER: It will be the afternoon. 2 o'clock I get back from Palm Island, I think.

MR COPLEY: Okay.

COMMISSIONER: If we need any more time, we can drop into Friday morning.

MR COPLEY: Okay.

COMMISSIONER: Hopefully we won't. We can sit late tomorrow if that's suitable.

Would you mind stepping down for us, please, Ms Jeffers?

WITNESS WITHDREW

MR COPLEY: I call Andrew Vernon White.

WHITE, ANDREW VERNON sworn:

ASSOCIATE: For recording purposes, please, state your full name, your occupation and your business address? ---Andrew Vernon White; my occupation is medical practitioner; my business address is the Townsville hospital, Douglas.

Please be seated.

COMMISSIONER: Thanks for coming, doctor.

MR COPLEY: Doctor, I'll get you to look at this statement, please, and ask you is this statement taken on 26 September 2012, the statement that you've prepared? ---Yes, it is.

I tender that.

COMMISSIONER: That will be exhibit 68 and I authorise its publication.

MR COPLEY: Mr Commissioner, between myself and Mr Hanger we have agreed that on this occasion Mr Hanger shall examine or cross-examine, as seen fit, first so I will leave the witness in his hands now.

COMMISSIONER: Thank you. Thanks, Mr Hanger?

MR HANGER: Doctor, you're a paediatrician?---Yes.

And you're also a clinical lecturer?---Yes, that's correct.

Doctor, the purpose of my talking to you today is to give you a chance to amplify and explain some of the parts of

your statement. So have you got it in front of you?---I have.

Your own copy - I think you've scribbled on it, haven't you?---Yes.

That's all right; that's yours. Can I start with paragraphs 14 to 17? You have a concern there between yourself and the department in relation to reporting and I think the points you are making - and you tell me if I'm wrong - is that you have to report abuse, whereas the department is concerned not just with abuse but also whether there's a parent willing and able to protect the child from the abuse so there are different tests?---Yes, what we're trying to point out is that we're mandated to report on suspicion of harm or risk of harm to the child, whereas the person from the department that we're reporting to has a different threshold for notifications, I suppose.

And has this caused some issues?---Certainly it does cause issues when sometimes a report may be made by somebody from Health and the person in the Department of Child Safety says, "This is something that you're not needed to report," when the legislation saying when we should report is what that person is doing.

So you say, "I'm abiding by law that applies to me," and you feel that they think that you're a bit of a nuisance? ---Yes.

COMMISSIONER: The legislation does provide for reports that aren't necessarily going to meet the threshold to be received because section 14 says that the chief executive has to do something about those reports, doesn't it?

MR HANGER: The concern, yes.

COMMISSIONER: Yes, and one of her functions is not just the tertiary intervention but one of her functions is not just the tertiary intervention but lots of other what we might call secondary functions. So it would seem that it's still the right place to go. Although it may not ever meet a notification threshold, it's sort of not solely the point, is it, of the legislation.

MR HANGER: No, but his concern is he's doing what he sees as the obligations contained by the legislation.

COMMISSIONER: And he's right by that.

MR HANGER: As I see them, yes.

COMMISSIONER: Yes.

MR HANGER: Okay. Can we move on? I don't want to skip over anything that you want to amplify, but I made a few

notes. Paragraph 24 - I see the first three dot points there as being the sort of thing that we have discussed now. Is there anything further to that?---Yes, so I think that is the point that we've been talking about already and it's true that the report can be accepted as a notification or as a CCR which is a child concern report or it can be accepted just as a general inquiry when I think - I'm not exactly sure what that means, but I think that means that it's - I don't know if it's recorded anywhere or what happens with those ones.

COMMISSIONER: Is it a mistake that you put them all in the one bucket and then the department has to work out which is which and then throw it in different directions, and it would prefer you to put it in the right bucket first off; or are there two buckets? Is there only one bucket?
---For us there's only one bucket, I suppose because we just have two ring and make a report to the INTEC person. I agree, it's part of the correct - part of their job is to work out whether action needs to be taken or not. I suppose it when if someone from health makes a report and we're told, "You don't need to make this report because it doesn't reach our criteria," but the notifier is the one who has to decide whether it reaches our requirement to make a notification.

MR HANGER: In that case the notifier is the doctor concerned or the health worker?---Yes.

It reaches your notification and then it's up to them to say whether it reaches their standards?---Exactly.

COMMISSIONER: Do you see any benefit in having the thresholds the same?---I suppose if we were going to report anything that didn't need intervention then you could say, "Why have a system that tries to work out whether intervention is needed or not?" And I guess we have to make a report. Sometimes there is limited information but we have suspicion of harm to the child and more work needs to be done to try and work out whether in fact there is someone who is willing and able to care for that child. We may not know that information at the time.

MR HANGER: That would be a lot of extra work for the medical people involved and also straying into fields that they may not necessarily be expert in, wouldn't it?---They may not be able to - yes.

Tell me if I'm wrong.

COMMISSIONER: Serious disadvantages in it, as Mr Hanger points out. You create gaps, perhaps, that don't exist now?
---I'm lost from your question. Are you saying if the thresholds for exactly the same?

Yes. That might be more efficient but it might be risky?
---Yes, I think it would be more like there's an understanding of what the thresholds are and that they may not be exactly the same. I guess if it all came in the same sort of guideline or from the same sort of legislation maybe it would fit together a little bit more easily.

But you're not really in a position to make a judgement about the parents, are you, in every case, anyway?---We certainly would be in a position to have concerns about a child. I mean, we might see a child who's been injured and

it might be very clear that it's not an accidental injury, but we don't - you know, we are not a court. We can't decide whether to do that or mum did it or someone else did it, but it might be very clear to us that on examining the child, that someone has done something to that child.

MR HANGER: And you might have a pretty fair idea?---And you might have a fair idea.

But then you mightn't know anything about the other party in the - - -?---Correct. Correct.

COMMISSIONER: Because they may not be living together.

MR HANGER: No?---Correct.

Let's go on to paragraph 24, dot point 4. If you can - you make generalisations here, if you can be more specific I think would be more use to Mr Carmody. You refer to a lack of understanding of the seriousness of the clinical concerns identified in mandated reports such as unexplained injuries to a baby?---Yes, this is particularly in babies less than 12 months or less than 24 months where if we see an child who's brought with some sort of injury, it might be a bruise, we need to - you know, we have a very high threshold for investigating very fully in a baby that young because usually there not in a position - they're not mobile, they don't usually injure themselves with their normal activities. And so, you know, they're the ones where we feel - and they're also, the babies, who can be at risk of coming back with much more serious injury down the track if there are not fully - - -

Without mentioning names of any kind, is this a factual matter? That is to say, have you seen instances of this? ---Yes. Do you want an example?

An example, but I don't want to identify anybody?---Okay. I've got an example here that I could give you. This is an example from where we had a child health nurse saw an eight-week-old infant and on a normal clinic visit, I think for immunisations:

> *I noticed that he had two small bruises on the inner aspect of his left arm between the child and the elbow. The father of the child, who was there at the time, made an explanation about how that might have happened, by the baby slipping and him grabbing the child.*

A report was made and the child health nurse arranged for the child to go to the Townsville hospital to have investigations. Do you want all this detail or shall I skip over the detail?

Well, no, skip over the - - -?---Okay, so anyway, the

report was assessed as a CCR. We chased the GP to get some more information; he got another explanation about how the injury may have occurred.

You mean a second and inconsistent explanation?---A different explanation of how it may have occurred. And then eventually he did an x-ray of the child showed fractured ribs and the child was subsequently admitted for a full medical work-up.

Okay. What is it, then, that justifies any criticism there of the department? Had they rejected it at some point? Had been reported to the department?---I can't comment on exactly what happened in that case in the department, but I suppose what we see sometimes is that someone from the department might see the baby, notice the bruises, and interpret an explanation for that, which, you know, we would say that that is the medical assessment rather than something that a social worker or someone with other training from the department should be making.

Yes?---And also I suppose it is not necessarily realising that any sort of minor injury on a very young baby is suspicious, that they may have been abused, until it's been worked up and there's a very clear explanation for how that injury may have occurred - - -

COMMISSIONER: So they go on the bruise because the - and go as far as the broken ribs, then the explanation may not stand up. It might explain the bruises but not the broken ribs?---That's right. That's right, and a bruise is a thing that you may see initially, but then when you work up those babies it's not uncommon that you do find other injuries that are - - -

The bruise might be the tip, not the iceberg?---Exactly.

MR HANGER: Okay, what about - - -?---And it might be that after you've worked it up there is nothing else but the bruise, and then you can be much more comfortable that maybe it is an accidental injury and you've worked it up fully, you haven't found anything else. But if you haven't done that I think you can't really be - we are talking about, you know, babies at the moment, not older children.

That leads you conveniently into the next dot point, actually, where you deal with multiple reports?---Okay, so this is the case - - -

24, dot point 5, yes, "A lack of any consistent response to multiple reports of repeated or recurrent parental behaviour with demonstrated child impact consistently reaching the threshold"?---I guess my point is here there's cases where someone from health has made a report to child safety, usually not about something that's particularly serious on face value, but then someone else has made

another report a few weeks later and someone else a few weeks later and somehow or other the system, I think, should be able to recognise cumulative sort of nature of those reports, which each individual report may not reach a threshold but - - -

Once or twice might be an accident and totally innocent, but you start to get suspicious - - -?---A pattern, that there may be something going wrong for this child.

COMMISSIONER: Is that a common experience, that there's no - - - ?---It does happen relatively often.

How do you know that it's happening?---Well, the child protection office within the hospital - all the reports that come through the Townsville Health Service district will go through that office. So that office will be able to say that, you know, "This child has had multiple reports from" - there may be other reports that have gone from private GPs or schools or whatever, but we don't know about those.

But do you get on the phone to the team leader of intake and say, "Listen, what's happening here? We're reporting this child three times in the last two months. What are you doing about it"?---Sir, there is a mechanism to - I've forgotten the terminology - appeal the decision.

Review?

MR HANGER: Challenge, review?---Challenge the intake assessment and that involves calling the intake - senior intake person and going through the case with them. We have been successful sometimes but most of the time we're not successful with that.

COMMISSIONER: How do you get to know that you were right and they were wrong with the assessment?---Well, I guess sometimes you would never know that you were right or you were wrong, I suppose, and I guess - I mean, in some respects if you're dealing with the tertiary end of child protection, you don't see any successes. You only see the ones that are failures because they're tragic failures. The ones that I suppose are successes and the child remains well and has no problems we wouldn't really know if the intervention - - -

But you would know, wouldn't you, if suddenly the successive reporting stopped and there was no movement for six months or ever again? I mean, that's no guarantee because you don't know what happens?---We don't know. The family might have moved away or - but, yes, I guess we would know.

That's true, but you can't assume that the departmental assessment was wrong necessarily, can you, unless you have got an experience where you have reported repeatedly and something has happened?---We do have some experience where we've reported and then something has happened. I mean, I guess this case that I've just mentioned to you. There was another one. I could give you details if you like. It was a similar one, a baby with bruises who also was said to be dirty, and the assessment was that it was probably something the child did to themselves or maybe it was dirt that the nurse saw and then subsequently - I think we appealed that one. It wasn't accepted, but the child presented another month later with a skull fracture.

Right.

MR HANGER: See, doctor, you understand the concern we have is not - it's when the system is failing and obviously if you have a concern about a child and your concern is wrong, you're delighted in fact?---Yes.

But what you're talking about here are cases where you have concerns and you have reported it to child safety and no action or insufficient action has been taken and you've

been told you're wrong. Am I right there?---Correct.

Yes, because otherwise everything is good. If you happen to be wrong and the child is not being abused, then everyone is happy?---Yes.

But you have mentioned one then where they came back with a fractured skull?---Yes.

And that was one that you had previously reported as being assessed?---Had previously been reported, yes.

COMMISSIONER: That also at least shows that there's some feedback to the reporter. If you have an opportunity to challenge, it means you know that there's a need to challenge?---Yes, so within the system there's a requirement if a report comes from Queensland Health in our district, then it goes through the child protection unit office so they know about all of those reports and there's feedback about the action that's taken and then we have a meeting every week and we go through all of those cases and if we find some that are particularly worrying, then we will ring the intake person and challenge the decisions.

Do all hospitals have such a unit?---I believe all hospitals have a unit but I'm not sure if they all function in exactly the same way that ours does.

Do you think weekly reviewing is necessary?---Well, it's quite a long list, you know. It goes for an hour and a half to two hours to get through the list of names so if it was done less often, it would be an extremely long meeting and also, I guess, for a timely response it probably has to happen weekly.

So you need to do it that often?---Yes.

MR HANGER: Could I go on to the next dot point and ask if you if there's something to elaborate on there? That's advice to the doctors to contact Queensland Police in relation to sexual abuse matters?---Yes. Sometimes if there's matters reported, the intake office can advise the person from Queensland Health to report directly to the police. That's not in the legislation so the legislation, as I understand it, should be that the child safety then communicates with the police if they need to be involved.

So the mandatory reporting that's imposed on health professionals - - -?---Is to the department, not to the police.

- - - is to the department, not to the police; I see.

COMMISSIONER: An intrafamilial sexual abuse goes to SCAN, does it?---Well, it's this question of if it's - if the abuse is perpetrated by someone who's a stranger to the

family, then it's not really a child safety matter, but I guess the issue for us is that at the time of making the report of being suspicious usually we might not know whether it's - who the perpetrator is because that's not really our job to work that out. I suppose even if it is someone who's not an immediate family member, then there are times when there may be issues around the parents of the child providing adequate supervision of the child or something like that as well.

I don't think intra and extrafamilial is a test?---No, but I suppose at the end of the day if it's a stranger in the street who perpetrates the act, the child is not going to get removed from the family.

No?---So child safety isn't going to be providing foster care or anything like that for that child.

I will settle on that example, but in any event the department has got a responsibility to report criminal offences of any description that they receive from reports to the police. So you're saying they're getting you to do it instead of them doing it themselves?---That happens sometimes.

MR HANGER: Can we go on to the last dot point in that paragraph, paragraph 24, last dot point?---This is about the parent willing and able?

Yes?---Yes, I guess the question here is that often it's beyond our ability to make the assessment about the parent willing and able at the time that we're making a report. We may be able to provide some information that may help make that assessment but really that's probably something that the Department of Child Safety should be making rather than expecting the reporter to have worked out.

Certainly; and I thought we agreed on that earlier, but do they at times expect you to be able to say whether there is a parent willing and able? Is that the point you're making?---I suppose sometimes the report may not reach notification stage because the rationale is that there appears to be a parent willing or able or - sometimes it's more the other way, that the rationale comes back and says there's no evidence that the parent is not willing and able to care for the child, whereas - - -

COMMISSIONER: That's really how it works because the chief executive has to have a reasonable suspicion that there isn't a parent willing and able and she would need some evidence base to make that - that's before they investigate so if she's got a reasonable suspicion, that's the trigger for the investigation and assessment as well as the harm or risk of harm. So it's really still only suspicion based that gets you into the forensic - - -?---So we're reporting on a suspicion - you know, our threshold is

suspicion.

Of?---Of harm or potential harm to a child.

That's right, but then it becomes notification when as well as that there's a reasonable suspicion that there is no viable parent or protective parent?---Then it becomes - which is notification status by the department.

That's notification stage. So the suspicion might be formed on the basis of facts that you report or it might not be?---Correct.

You're not saying that your suspicion should replace the chief executive's suspicion is the trigger?---Correct.

But what you report to her or her staff would be taken into account in whether or not that suspicion was reasonable? ---Yes.

So they would want you to give them some evidence base, if you had any?---Yes.

You wouldn't have a problem with that?---No. I mean, whatever evidence - whatever better quality reports we can make the better the quality is going to come out of making the assessments. Is that what you're asking?

Yes?---But I suppose it's - you know, like, there was, if I can give an example, a case where a girl who was about six or seven was in the care of a father and he had an alcohol problem and she was having to ring up her grandmother for - or her step-grandmother, I think she was, for help on a number of occasions, and so there was a report made without a lot of information, because the information came not directly from the child but from the grandmother, and then the rationale in that case - and I don't know if this is right or wrong, but the rationale for taking that as a CCR was that there wasn't evidence that there wasn't anyone able to provide - any parent willing and able to provide for that child.

It depends whether you apply a positive or a negative tense?---Yes, it does. It depends - - -

Is there evidence that there isn't one or is there evidence that there is one, or vice versa.

MR HANGER: So the grandmother was providing for the child?---Well, possibly.

I'm sorry, did I get that wrong? The grandmother wasn't providing either?---Well, she was on the end of the phone occasionally, yes.

I see. All right. I'll take you to your paragraph 25 and I'll just ask you this, because the commissioner was asking this of somebody before lunch. The number of mandated reports continues to increase. Why?---Look, I suppose it's hard to say why, but I guess there's a number of factors. One is the population in the region has gone up about 5 per cent - I think it's about 5 per cent every year, so you would expect a proportionate increase. I think we've certainly done a lot of work in training, or the unit has done a lot of work in training health staff throughout the district. New health staff have mandatory training in child safety and there's been a lot of effort put into that, so that may be one reason that people are more - have more understanding of their responsibilities and how to

make reports and, I don't know, there may be other factors that are involved. You know, certainly there's a lot of - you know, there's drug and alcohol problems in some areas of the community and that may be a factor, I don't know.

COMMISSIONER: But is it a proportionate increase in line with the rises in population or is it a disproportionate one?---It's disproportionate, yes.

Okay, so it's not the population (indistinct)?---When I say that, I'd say the last three or four years it's disproportionate. I don't know, I haven't looked at it for - if you looked longer term maybe it's - - -

MR HANGER: How long have you been up here as a paediatrician?---I've been here for - 2008. Four - - -

Four years?---Five - four years.

Okay, can I go on to paragraph 26 there, and I think you are saying that when you make reports you don't make them lightly, you make them seriously. Perhaps I'm not doing you justice. What does that paragraph mean?---Yes, I guess we just put that comment there because of one of the things that people say sometimes is that health staff make reports because they're worried about their - you know, that they may be charged with not fulfilling their mandatory responsibilities, but I guess it's like when we look through them, and we look through them fairly carefully, we don't really think that there's - you know, that there's many reports that don't reach a threshold of where I would be suspicious as well. You know, where the people in - - -

So you're not making reports to cover your backside?---Sir, I don't think there's many reports that are made for that reason.

COMMISSIONER: You're discriminate in the ones that you - you discriminate between those that should be reported and those that shouldn't?---That's true, although it's also true that everyone who works for health, or every health professional, is a mandatory reporter.

Yes?---So some people will have a lot of experience and some will have very little experience and so the quality of reports does vary from person to person, but we don't think there's many that are just to cover their backside.

You're not over-reporting, in your view?---I don't think so.

MR HANGER: Go on to paragraph 27, which I suspect is absorbed in the first dot point of the first - well, probably all of paragraph 28. There's too much red tape for you to go through when you make a report. Is that right?---Yes, that's a common - - -

How would you simplify it?---Do you want to know what has to happen?

If it won't take half an hour, yes?---Yes.

Very quickly?---Well, it will take about an hour, probably.

MR COPLEY: Well, we could hand up section 191 of the Public Health Act, so we probably can take notice of what has to happen, as lawyers.

MR HANGER: Yes, thank you. You'd like to simplify it? ---Yes. It's more the mechanism. So obviously a report has to be provided. The better quality, more - better information that's provided the better, but it's more the cumbersome nature of filling out forms, faxing them to three different places, ringing someone, that have - people complain about the time that that takes.

COMMISSIONER: So would you like a centralised place that you could report to and then that's your job done, subject to getting some feedback, and would you rather write a narrative rather than fill out a form?---I haven't - it's not a question that I've given a lot of thought to, but I'd probably say - I think forms have advantages because they provide prompts for important information that will be forgotten, but it would be good to have a bit of space for narrative as well for particular cases, I suppose.

A well designed form which - - -?---A well designed form is pretty useful.

Would you rather - instead of faxing off to three places would you just like to be able to fax it off or email it to one place and let somebody distribute it from there? ---Well, I think it is - like, looking at the Townsville situation, it is important that it goes to Child Safety. Obviously that's where we're reporting to, but it is also important that a copy goes to the hospital's child protection unit, because that's another check in the system to make sure that the quality is good and that health is really doing what we should be doing for these kids rather than just sending them across, but if it could be done in one step it would make it easier for someone who is working in the emergency department at 9 o'clock at night with, you know, 30 people waiting to be seen.

MR HANGER: Okay, going on through your statement there, you mention in paragraph 31, "Child concern rationales. Minimise the identified harm to the child or the family's assumed engagement with other agencies without seeking or assessing any qualitative information of the engagement." What's that all about?---I guess this is where someone might have a concern about a particular child and the rationale for classifying that as a CCR is that there's another agency that's already involved in providing some

support for that family, and our point would really be that having that agency involved is probably very good but without a bit more assessment it may be - a visit once a week may not actually be making any difference for the child without – you know, it may be very helpful, but it may not be. So just having – just that being in place doesn't necessarily mean that things are going well for that child.

One visit a week doesn't mean the child is safe?---One visit a week doesn't mean the child is safe - - -

But on the other hand, seven visits a week mightn't meant the child is safe either?---No, but that person who is visiting may have an idea about whether the child is safe.

COMMISSIONER: Is your point that the department shouldn't be delegating something that is within their remit to somebody else?---Not necessarily. It's more just saying the fact that maybe there's an NGO who is visiting the family without knowing anything more about that. I mean, there are cases where – I remember a case we saw last year some time where there were agencies visiting but actually the parents weren't – the mother wasn't letting them through the front door, so they were actually - - -

Not - - -?---They were engaged but they weren't actually engaged.

But isn't that just inter-agency cooperation between the NGO and the department rather than - isn't that how you fix that?---I suppose. I don't know what happens in the department once we make a report and it's classified as a CCR. My understanding is that the information is filed and it's there should another report come through later. But in some cases it might be better if they were able to, you know, investigate whether that agency that was involved is actually making a difference for the child, rather than just saying, "The agency is in place, therefore the child is safe."

MR HANGER: Can I go on to the next section where you've got something in italics there relating to domestic violence. We've actually spoken to several people on domestic violence and I think the police may adopt the view that if there's any domestic violence - even if the children aren't at home - they have a child concern; whereas others may say that if children aren't home or don't witness the violence it's not a matter of a child concern. Do you have a view on that?---I think there's evidence that children who are exposed to domestic violence do have more problems in a number of areas than children who aren't. I think there is some evidence to say that even if the children don't witness the violence directly, they also do more poorly. I suppose it would make sense that witnessing would be worse than not witnessing.

But it's just a matter of degree?---But it's a matter of degree, I suppose.

And then in the next dot point you go into another quotation there where the mother assaulted the child with a rock and scissors. Did you want to elaborate on that?---I suppose in a way this is correlating the degree of injury with a violent episode, I suppose.

You mean the degree of injury was small but the violence proffered was significant?---"The degree of injury was small" doesn't necessarily mean the violence is not damaging or not significant, I suppose.

And it may have been a bit of luck that the child wasn't badly hurt?---Yes.

COMMISSIONER: And that's only the physical aspect of it? ---And that's the physical aspect.

MR HANGER: Then in the next dot point you mention people stepping outside their role and into the medical role. Can you elaborate on that?---Yes. I think I briefly mentioned before about where someone might look at a bruise and decide that this is a bruise that a normal child would get with normal activity. I guess the other type that - we've seen it a few times - is where children have been of concern because of parental neglect with failure to thrive,

failure to gain weight, as a measure of that. And we've certainly had cases where the child has been sighted by someone who says the child looks okay, but that's probably something that should be a medical opinion rather than an opinion from anyone.

The proof of the matter there where she said the child was actually admitted to hospital and the failure to thrive? ---And the particular child was admitted to hospital with significant failure to thrive.

A failure to thrive is a serious loss of weight, I presume? ---In this - I mean, failure to thrive may not be serious, but in this particular case it was a serious loss of weight, yes.

Could I take you over then to, I think, paragraph 38 and ask you to elaborate on anything that you want to in relation to that, challenges that confront the Townsville Health Service?---38?

Yes?---This is about the information transfer between the health service and the department. I guess our concerns are that the requests for information - so information-sharing obviously has an important role in getting the best information and providing the best decisions about children who are at risk.

To the right people?---To the right people. I suppose it's about tightening up what the framework is for that information-sharing and making sure it's the right information about the right child, and done in a consistent way. It can be a very labour-intensive thing for our office to do and I'm sure all the hospitals in Queensland would have the same thing because there's multiple services who work with Queensland Health in the Townsville region that have different case records; they have different computer systems. So getting all of that information together can be very time-consuming and laborious. The other thing is sometimes there are requests that aren't very specific, so it might ask, "Has this" - you know, something about a parent had any contact regarding drug and alcohol or - and it's, you know, not - and I'm not sure how the legislation defines how that request should be made, but it's not necessarily related to a particular incident or a particular time frame. So sometimes it appears a bit like it's sort of like fishing for information rather than being fairly specific. Does that answer that question?

I think so, yes. Can I go on then to paragraph 40. In the last dot point there you talk about lack of complex cases being referred to SCAN. What do you think of SCAN?---Are we on 40, or did you say 49?

COMMISSIONER: 48 is where you start to talk about SCAN? ---48, is it? Sorry. SCAN, I suppose, is just too - you

know, I can point out some of the problems with SCAN, but it also often does provide a very useful discussion and provides good outcomes for children as well.

MR HANGER: Yes. There's a lot of good things you could say about it?---Yes. I suppose the reason - the thing that we struggle with sometimes is that the purpose of SCAN, we feel, should be about sharing information and trying to come and - sharing expertise of people from the different agencies who are represented at SCAN and trying to come up with the best outcomes for the child; whereas SCAN is very much controlled by the department and the aim of SCAN as it functions now is more to help the department to decide whether to intervene. So it's a bit - so we would say if the outcome was more about the outcome for the child rather than - - -

You say that it should be the outcome for the child? ---That's what it should be. The other issue, I suppose, is that it's difficult to put up cases to SCAN.

Why is that? What's the process in putting up a case to SCAN?---A case can usually get to SCAN if there's a number of agencies who are involved, but - I can't answer that any further. Sorry.

COMMISSIONER: The department is interested in its thresholds and if your case doesn't meet its thresholds it's not interested in hearing about it?---That's correct.

MR HANGER: That puts it as bluntly as you could. That puts it as simply as you could, yes.

COMMISSIONER: And the other thing about SCAN is it doesn't actually achieve any result for children, does it? It tries to - it's at best an information exchange, but it's more structured than intended?---It's an information exchange rather than a decision-making meeting.

You rely on the department to make the right decision? ---Yes.

And only then if you get your foot in the door with your case?---Yes. I mean, it is a good avenue to - you know, if there's concerns about what's happened it's a good avenue to raise those concerns and have a discussion between the different people who are involved with that child or family. But the decision then is made by the department, so you are - - -

And the department doesn't have any legislative guidance about what SCAN is actually supposed to be doing, what it's outcomes are, does it?

MR COPLEY: Well, this witness probably wouldn't know what the Child Safety Department's legislative guidance is for SCAN.

COMMISSIONER: No, I mean the legislation doesn't set out an objective for it, does it? You may not know that.

MR COPLEY: I don't know whether he knows?---I haven't got that legislation.

COMMISSIONER: Yes, fair enough.

MR HANGER: So can I put something that's been suggested to me that SCAN should have - SCAN teams should have an independent chairman who in the end makes a ruling if there's dissension. If there's no dissension, then obviously it would go one way, but if there is doubt, there should be an independent person?---I could see advantages in that system.

Tell us what the information coordination meeting committee is about, the ICM?---The ICM is a meeting that happens - usually happens before SCAN and it's an information-sharing meeting about cases that don't get to the threshold for SCAN.

So it's a pre-SCAN SCAN?---It's a pre-SCAN SCAN.

Any point?---I suppose there's a point if those cases need discussion but they can't get to SCAN.

Then they should go to SCAN, shouldn't they, if they need discussion?---They probably should go to SCAN.

COMMISSIONER: There is no mechanism for making the department bring something to SCAN, is there?---No.

MR HANGER: No. It's the department's choice as to whether they bring it to SCAN.

COMMISSIONER: Yes.

MR HANGER: So some dissatisfied somewhere in Queensland started up a body that would meet in respect of cases that might not get into the SCAN system because the department wouldn't put them there. Is that right?---I don't know where ICM started from.

Yes, all right.

COMMISSIONER: That's how SCAN started in the first place itself.

MR HANGER: Yes, all right.

You talk there about silo based decision-making. Do you want to elaborate on that?---Which point is that, sorry?

Five down in paragraph 47?---47?

COMMISSIONER: 48, I think?---I guess this is the point that the decision-making is made by the department rather than a job decision by the agencies that are involved at SCAN.

MR HANGER: I mean, I'm only floating ideas. If you didn't go along with, say, having a chairman who was right outside, would it be a good idea to have majority rule on the SCAN team or not, or are you just going to leave it to the department?---It's a tricky question, I suppose.

Yes, it's very hard, isn't it?---I mean, sometimes - I guess sometimes when I go to those meetings I'm very grateful that I don't have to make - I'm not the one who has to make the decision because the decisions cannot be - you know, are not always easy decisions to make.

Of course?---I mean, but you could also argue that having more people involved in that decision, you know, a range of expertise involved in that decision, may give better outcomes in some cases.

Do you have cases where, say, the paediatrician and the police officer are overruled by the Department of Communities or does it never happen?---I guess these examples that I've given you are cases where - I mean, they may have been overruled before they reached the SCAN process, but that - - -

Of course, yes. That's why there's an ICM or whatever it is?---Yes.

COMMISSIONER: Are you all at level or is there a disparity between - - -?---What do you mean by "at level"?

Good question. I mean, you're a paediatrician. Who comes along from the department, somebody in a senior position or a junior officer?---It varies from senior to more junior so it's not necessarily the most senior people who come along.

SCAN really would only work if you're talking to the butcher and not the block, wouldn't it? You need to talk to people who can actually influence decision-making, if not make it?---Who can make decisions, correct.

MR HANGER: So who comes along, the third year out of university or fifth year out of university, a person who's

working on the street or the team leaders or a supervisor or what?---It's usually team leaders - - -

A team leader?--- - - - and there's a chair of SCAN who's relatively senior. I'm not sure. You might have to ask Child Safety on what level they all fit into because I might get it wrong.

What about the ICM meetings. Who runs those?---It's a similar group of people.

It's just a democratic - - -?---Yes.

Thank you.

COMMISSIONER: Mr Capper?

MR CAPPER: Yes, thank you.

Thank you, doctor, Craig Capper from the Commission for Children and Young People and Child Guardian. You were asked some questions before about paragraph 24 of your statement, but can I just take you back quickly? When I read paragraph 18, you say that "The health professionals reporting to (indistinct) appears to be having - reducing relevance as a default position," and then you go in 24 to make some particular comments. When I read your statement, it certainly appeared to me that you - we're taking paragraph 18 and 24 together. They seem to read as though you were suggesting the department doesn't have proper regard to what you consider are indicia for risk of harm to children. Would that be right? Is that what you're saying in those paragraphs?---I suppose it's that it sometimes is as though the department doesn't understand that our threshold for reporting is suspicion of harm or risk of harm to the child rather than - the threshold for intervention is higher than that.

So are you suggesting that you're getting pushed back, I guess, from the department? You're wanting to say, "Here's the information," and they're saying, "Look, don't give it to us." Is that what you're suggesting?---Yes.

And it's because their threshold is different?---Their threshold is different.

And you seem to be saying there though that the department seems to - that's in dot point 1 certainly. You say that the reluctance appears to be because of the overloading of the system. What makes you form that opinion? Why do you think that's the reason for their push back on that area? ---I suppose I have heard people from the department say it takes four hours to process one intake.

Yes?---I don't know if that's based on fact or just

discussion, but I couldn't comment further on why that's the case.

But you're certainly getting a reluctance for the department - in your experience you're seeing a reluctance for the department to take the report and the push back seems to be because it just takes too long to accept the report, "We don't really want to see it"?---Yes, that's correct, although I should say that that's not - that doesn't happen in most cases. That happens offence, but I guess most of the time it's not a problem but it's a significant - it happens in a significant number of times.

But when we're dealing with child safety, happening often is too often, surely?---Yes, sure.

And you seem to suggest there that seems to be this, I guess, lack of recognition, lack of respect for your opinion as medical professionals and that the department seems to just overlay their own opinion. Is that right, from what I see in that paragraph?---That certainly happens on occasions.

And again, is that often or frequent or seldom?---How do you define often, frequent or seldom? I guess we'd see it every few weeks probably, something that comes along that sort of fits into that sort of category.

Now, you also talk about extrafamilial abuse. How do you define "extrafamilial" and "intrafamilial" for your purposes, for the purpose of your statement?---Well, if I see a child who's being abused, I don't really define - because I don't know who the perpetrator is.

Sure?---Even if I think I know, I'm not making that judgment.

Okay, but in your statement you say, "Advice to health professionals to contact police service and not them in matters of alleged extra sexual familial abuse"?---Okay. So this would be where a report goes to the department. The report suggests that the perpetrator was someone who wasn't within the immediate family and then the department might say, "Well, that has to go to the police, not through us."

Now, in relation to the department's determination of extra-familial, would that - not in the immediate family - not be the father or the mother, or would that include partners or household members? Would they be classified as extra-familial or intra-familial for your purpose of reporting?---For their purposes, or - - -

For your purposes in - when you're saying - - -

MR COPLEY: The witness has given evidence that he doesn't discriminate. His job is if he has a - he says suspicion, but that's probably shorthand for - reasonable suspicion of harm, then his people are obliged to mandatorily report. He doesn't distinguish himself between where the abuse is coming from. That's his evidence.

COMMISSIONER: Yes, I think that's right, Mr Capper.

MR CAPPER: To make it fair, I guess I'm looking at your statement and your dot point there says, "Advice to health professionals to contact Queensland Police Service and not them in matters of alleged extra-sexual-familial views." What are the circumstances where that push-back is happening?---Well, I guess that might be if a report was made and they said the alleged perpetrator was someone who wasn't in the immediate family, and then the response might be, "Well, you should notify the police directly rather than the Department of Child Safety."

And so have you had any instances where it's been somebody living in the household as opposed to the parent or the mother or the father, for that matter?

MR HANGER: With respect, I take the same objection my friend did. He said this is what child safety are saying to him, not what he is saying to child safety.

COMMISSIONER: Yes.

MR CAPPER: But that's the basis of the question, has that information come back whether notification has been around - or suspicion has been around a person who is not the parent but may be occupying a position in the home?---Look, I can't answer that. That hasn't happened in my personal experience. The information in this submission came via other people as well, so I've seen it but not in that situation.

COMMISSIONER: Sorry to interrupt but I think the point of it is that you're discharging your mandatorily responsibility under the legislation as you see it and then you're being told by the department that, "No, you're sending it to the wrong post box." That may not be right? ---That's what - - -

MR CAPPER: In relation to - you say at paragraph 41,

there's an inconsistency in the application of the alerts relating to - and you're referring backwards to paragraph 40, I'm presuming. Is that right? And this is in relation to - - -?---Sorry, 41?

Yes. You said, "There's an inconsistency in the application of these alerts." Can I presume there that you're referring back to paragraph 41, perhaps the second-last dot point where it talks about requests for children to be removed? The alert, is that relating to the unborn child notifications and alerts?---Yes. Is it paragraph - - -

Paragraph 41 you say, "Additionally there is inconsistency in the application of these alerts."

MR COPLEY: Apparently there is more than one copy of the statement and the paragraph numbers are slightly different, so perhaps if my friend reads out the first words of the paragraph he wants the witness to look at.

MR CAPPER: At paragraph 41 of my copy it says, "Additionally there is inconsistency in the application of these alerts that they only appear in the public health system within the region. Similar processes for their application are not established in the private sector to our knowledge"?---This is about the high-risk alerts, which is the alert for an unborn baby.

Yes?---The question is about babies who are going to be born in a private hospital rather than in a public hospital.

Can you tell me about the procedures in relation to those alerts from the hospital perspective. You receive a notification from the department that a mother is expecting and the department wants to be involved. What is the process that then follows from the department, from your perspective as well as from the department's, from what you know?---Okay. So the process is that the department notifies the hospital that they've made a HRA for a particular baby or a particular mother who is due to deliver and then I just - our point is that sometimes there's some inconsistencies about what happens after that, in that sometimes it happens late; sometimes it is not clear what action needs to be taken at the time the baby delivers; sometimes there's a plan might work very well if it happens to deliver at 10 o'clock in the morning, but might not work so well at 2 o'clock in the morning.

Have any efforts been undertaken to reduce those inconsistencies or to try and create a coordinated approach to that?---There has been some discussions about trying to get those to come through the scanning process which would mean that there's some sort of a planning stage earlier on. I'm not aware as to how well that has changed or not.

Going back to you've received a notification, you got the alert, what does Queensland Health do with that information?---Queensland Health will put the information with the - so that when the baby is delivered the staff who are looking after the mother and baby will know what the plan is.

You said earlier that there are some issues with transience in the population and if the mother presents at one hospital as opposed to - she might be expected to deliver in Townsville, for example, she all of a sudden turns up at Mount Isa. Do Mount Isa know that? Is that available to them?---As I understand it, it doesn't necessarily go on to that system.

Okay. So albeit there might be an alert in relation to an unborn child, it's not a - - -?---- - - Townsville - - -

- - - wide service alert?---No.

And you say that it should have details of the plan as to what is to happen, but you also said this inconsistencies with that. Is that correct?---Yes.

And so would it be true to say that there are occasions when you don't know what is meant to happen following?---I understand that to be the case.

And you say that this only applies across the public sector hospitals but not private sector hospitals. Is that correct?---I'm not aware of how that is implemented in private hospitals.

The provisions under section 21A - and I'm not asking you to know them or whatever - but the Child Protection Act talks about the Department of Child Safety, where they have the concerned that the child may be a child in need of protection upon birth, they can either investigate and assess or they can take steps to support the mother. It talks about "to provide support to the mother". Are you aware of any - where these notifications come in - I presume some come in at the very last minute, I presume some come in perhaps a little bit earlier. Are there any - in your experience have there been any efforts undertaken - even when you receive those early notifications are you aware of whether there are any support processes in place for the mother during the intervening period? Have you seen or experienced any support in that area for the mother?---You mean emotional support or - - -

Well, emotional support. I mean, if it's a drug and alcohol issue, for example, that perhaps - you know, we've got a mother presents that suggests that she's - the evidence we have suggests that drug and alcohol might be significant issue, so let's use that as an example. The

mother has presented with drug addiction that's been identified; the department has determined: we are going to put on alert in place because we are concerned about the child being born and we're going to have to take the child. In your experience that alert could come into the system early or late, but where it comes in early do you have any experience or have you witnessed at any occasion where there are supports and counselling or drug referrals or anything like that - any other sport processes put in place - or does the alert simply stay in the system until the mother presents to give birth?---I guess in a lot of these cases there will be lots of supports in place, do you know, so the mother might be involved with the drug and alcohol services, hospital social workers, psychiatry or mental health services, a whole range of services may be in place. Where I'm not clear, really, is whether that is related to the HRA or it's just - you know, those things may be in place with or without the HRA. I don't know that the HRA has meant that that person gets extra services, but that person will very often get lots of referrals to appropriate services you can support her, which would happen with or without a HRA in place.

Okay, but clearly as a paediatrician the development of the child, the unborn child, can be significantly – you know, suffer significant detriment over three, six months, particularly, or more, during the term of the pregnancy and that those measures would be invaluable in trying to ensure the health of that child upon birth, and surely there needs to be a focus, would there not, in making sure those supports were in place to ensure that child was born as healthy as possible?---Yes, that's true. I mean, I suppose if you're thinking from a more – a bigger picture point of view sometimes those things need to be in place before the baby – before conception, not halfway through the pregnancy, but you're right, I mean, the sooner that interventions can happen the better, but I'm not aware of legislation that the department could enforce that to happen.

In relation - - -?---Is that what you're asking me?

I'm not asking about legislation to enforce it, I'm just asking in practice does this happen?---Yes.

Obviously it's - - -?---It does happen very – I mean, it happens very often. I suppose it - I mean, I suppose from what I see happens in a majority of cases, that there's lots of interventions for these people, except that the mother may choose not to engage with services, so it may not – you know, there may not be anything in place but most of the time there will be.

I guess what I'm looking for, is it a – you know, mother presents for antenatal check-ups during the course of the pregnancy. We've identified, or the department has identified there's a risk and I'm looking is there any proactive steps and consolidated and coordinated approach to providing that mother with support to try to ensure the care for that unborn child to ensure – perhaps to avoid the intervention at the end, I guess is the question I'm looking for.

MR COPLEY: Is my learned friend asking the witness from the perspective of the Health Department or from the perspective of Child Safety?

MR CAPPER: I'm asking in his experience.

MR COPLEY: But from what perspective, because if it's from the perspective of health then it might arguably be outside the terms of reference.

MR CAPPER: Well, if this is a child who fits within section 21A; that's what I'm questioning in relation to, then the child fits within the terms of reference. This is part of the child protection system. So I would submit that in either instance I'm asking this witness's experience as to whether there's any coordinated effort for

the protection of a child in accordance with section 21A of the Child Protection Act.

COMMISSIONER: Okay, I'll allow the question. If you can answer that question? Do you understand it?---I'll try to answer the question, but tell me if I've got it wrong, because what I understand you to say, is there any coordinated response coming out of the HRA being in place, or are there services to try to help - - -

No, whether coordinated - - -?---(indistinct) in that situation.

He wanted to know if there was a coordination of services.

MR CAPPER: That's exactly right. In your experience is there a coordinated and proactive approach when an identified child under section 21A, so if there's an HRA, if there's a high risk alert, has been identified as perhaps needing care and the mother is needing support under that section, is there any coordinated approach as far as you're aware, and in your experience, more particularly, to providing those services to the mother? ---First of all, in my personal experience, I don't work in the antenatal area. We see the kids after they're born, not before, so I don't have a lot of direct experience.

Yes?---But I certainly see kids who are born to mothers with similar situations and there are a lot of services that are in place, but my understanding is that it's not necessarily a - there may be some coordination, but it's not from the child protection system that there's coordination.

So would it proper to say they get the universal services offered to any mother in that sort of environment, but no targeted services, as far as you're aware?---No, they'll get universal services plus they will get targeted services, but it doesn't necessarily mean that that's got anything to do with the child protection system.

You indicate at paragraph 42 that Townsville Hospital has had a number of recent incidents involving children under age 24 months with suspicious and unexplained injuries in the last 12 to 18 months, and obviously they're the most vulnerable. You say a number or recent incidents. How many? Is this a frequent thing, or how frequent?---I can't give you an absolute number, but we would see one every two or three weeks, I guess.

Has any research or have steps been taken to identify why - like, what's being done in that space, I guess? I mean, why are these coming so frequently, or is there any learnings that we can take from that and is there any steps taken to try and reduce the number?

MR COPLEY: Well, I don't know, with respect, what steps the Department of Health could take to prevent children from being brought to the hospital with injuries. If there are people out there in the community that are injuring children then really the Department of Health is there to fix them up.

COMMISSIONER: Yes.

MR CAPPER: Are you aware of whether they've been referred to SCAN or any of those sorts of issues, or are they going to the ICMS, or is there any other process to look for whether or not these are identifying as perhaps indicia of children at risk?---So children who present – who have presented with an unexplained injury, young children?

Yes, these are the ones that are referred to in paragraph 42?---So children who present to the health system will be seen and will be reported to the department via mandatory notification system.

Thank you?---Then we talked about what happens afterwards before, I think.

Thank you. Now, in relation to paragraph 53 you say, "There's no identified key performance indicators in the service agreements between Queensland Health corporate office"- and this isn't my copy and I apologise if the numbering is wrong – "in relation to child protection and the existing roles and responsibilities that have been imposed on each HHS as a result of the previous significant child protection inquiries." Now, you say that there's no key performance indicators. Should there be and what should they be, in your opinion?---Okay, I mean, this is – I'm probably not an expert in writing key performance indicators for hospital and health services, but this is just something that we looked at because we were looking at this, and under the new structure of health in Queensland there are a lot of KPIs for the health boards for each region and the new hospital and health service network framework, but there's no KPIs that reflect our responsibilities for child protection at the moment.

If you were writing them or if you were looking at being consulted in relation to what they should look like, what would they be, if you were to be involved in that process?---I suppose that it would be things like – it depends how detailed you want it to be. I mean, they may be very broad KPIs. It would be like providing a secondary and tertiary response to children with child protection injuries. So it would be having paediatricians who can assess and write reports on injured children, it would be something about having – that health would be required to attend SCAN and provide input into that sort of process and to provide support to – or communication sharing, and I suppose it

would also be a responsibility that the health system should make sure that all staff members, or all clinical staff members have some basic level of training in child protection. It would be something along those lines, without having thought all of that through in great detail.

Thank you. Those are my questions.

COMMISSIONER: Yes, Ms O'Brien?

MS O'BRIEN: Hello, I'm from the Aboriginal and Torres Strait Islander Legal Service. We've only got a few questions for you. I'd take you to paragraph 40 of your statement where you mention issues to do – some issues you have to do with the way child safety manages separating newborn infants from their mothers. You make a bullet point, and you have an issue with the efficiency of the decision-making process in assessing the gravity of risk versus the impact of separation at birth and subsequent attachment disruption. Later you talk also about restrictions of parental contact as a result of a temporary assessment order which may inhibit parent-child attachment.

Have you witnessed particular cases where parent-child attachment has been disrupted by newborn babies being - what effect would that have on a baby and its subsequent development?---Certainly, I mean, as you imply, attachment from the very earliest stages are important for babies and for the development and I suppose it's a question - you know, I suppose what we're saying is that the decision to do that shouldn't be taken lightly. It doesn't mean that it should never happen, but it should be a considered response and I suppose if it's like a situation where - you know, I suppose we have seen cases where the baby is separated from the mum but then reunited with the mum a few days later and you could think back and think, "Well, perhaps a better assessment at the beginning might have avoided that sort of situation from happening," but I don't think - in health we're not the ones who should be making those decisions really.

No, I was just wondering are you aware that the department has a structured decision-making tool that it would apply and perhaps are you aware that issues such as you've raised about attachment disruption and separation are not among the criteria they look at in assessing the risk. So would you be able to say as a paediatrician that that should be something that perhaps figures more strongly in departmental decision-making on these areas?---I haven't read those decisions so I can't - - -

COMMISSIONER: I suppose what you're being asked - - -? ---I mean, obviously it's something that is an issue but I don't know how - you know, without looking at all the other things I can't say what weighting that would be above the other facts.

If you were designing a structured decision-making tool about when and how a newborn infant should be removed from his mother, would you include a consideration of the importance over the long-term development of the child of attachment and conversely, I suppose, would you also include the significance of the bonding by the mother to the child to be a protective parent in the future, that is, bond to the child as well as the child attaching to the mother?---Obviously those things are important, but I suppose - you know, I suppose in a newborn that's important but it's also important in a one-year-old if you're removing a one-year-old from the mother. So I suppose it's underneath every decision to remove a child from a parent. You wouldn't do that unless the risks outweigh the benefits.

It's a relevant factor but its weight in the overall depends on the circumstances of each case?---Of the individual case the risk versus the - the risk of not removing versus the risk of removing the child, I suppose.

MS O'BRIEN: Yes, very well. I think my question was

going to the lack of really, you know, a consideration of that in this present tool. Now, you also say - another issue you had was lack of any other consideration of alternate options other than a TAO and you say "such as the provision of some form of outsourced child safety supervision during the critical post-birth period". Are you aware of the Mackay Rose program in the Cairns region - - -?---No.

- - - with is an in-house sort of residential facility where young indigenous mothers or any indigenous mothers, for that matter, can be with their children in a semi-supervised or supervised environment?---Yes.

Is there anything like that in Townsville?---I'm not aware of anything in Townsville like that. I have seen similar things interstate.

Do you feel that they would help or assist that type of arrangement?---I think it may in certain cases, yes.

Yes, in certain cases. Now, if I go to your expertise, I'm going to ask you a general question so I hope I'm not putting you on the spot. I note from your CV that you have been a remote health service paediatrician in the Northern Territory. You have a lot outreach experience in indigenous communities?---Yes.

I know that you also conduct outreach clinics to centres with a high indigenous population here and also outreach clinics at TAIHS, Townsville Aboriginal and Islander Health Service?---Yes.

You've got extensive experience in indigenous paediatrics. Is there anything you think the department could be doing better in terms of child safety on the ground with indigenous people particularly?---I guess the short answer is, yes, of course there's things that could be done better and I suppose in a way that's why there's an inquiry, isn't there?

Yes?---But I suppose on the other side I'd say that the child safety system isn't going to change those things. It's other things that are outside of the health or child safety system that change things in the long run for children who are at risk; you know, it's in the social, economic, education, employment - there's a lot of other factors that a child protection system can't fix up for some families.

Of course that's a given, but you still say there are some things they could perhaps do better. Just, lastly, you have a master of public health and so you would be familiar with public health models?---Yes.

ATSILS itself is very in favour of holistic wrap-around

child protection services in places like Palm Island. Do you see anything from the public health models, like, in terms of universal responses and early interventions that Child Safety could learn from to prevent children coming into that tertiary end of the spectrum?---Yes, look, certainly - I mean, I haven't seen that on Palm, but when I was working in Central Australia in Alice Springs, the congress there started a home-visiting program which was based on David Olds' sort of model which was - I can't remember the frequency but weekly home visits by a child health nurse for 12 months and I think South Australia has implemented something like that. Certainly the original studies from David Olds showed that there was some long-term benefits for those kids. I'm not aware - I haven't seen anything published out of the Australian models to see what's happened, but they would certainly be interesting things to look at and there are some other sort of models which are more around - less around home visiting; I suppose more around community centre or community chid care centres that provide more than - they don't just provide babysitting. They provide - I suppose they provide early intervention sort of programs, but they're sort of at a community focus.

Where would they be in South Australia and Northern Territory?---I guess I've seen this discussed in the literature. I haven't seen a comprehensive plan for those sort of programs. I have in several remote communities in the Northern Territory seen when a program out of a women's centre or something started to - worked very well for a period of time and, you know, I remember in one community the rate of failure to thrive in that particular community dropped to zero for a year when that program was working really well, but that was not evaluated formally. I mean, it was sort of a - it just happened work really well, I think, because the staff there were fantastic and the stars just aligned, you know.

That's interesting you say the stars aligned. It goes back to your earlier point that health and child safety can't be expected to fix all these problems and what you're saying is that there's something positive in something coming up grass-roots from the community, particularly indigenous communities, and that that, I suppose, community ownership of that is very important. That's something we've been very keen on too. I was just wondering if you could at some time point us to that is in literature that you refer to. That would really be of great interest to us. Thank you very much?---Just Google David Olds, it will come up.

All right. Good old Google.

MR COPLEY: Dr White, in your time in Townsville have you ever witnessed in the hospital that you've been in - witnessed yourself the removal of a newborn baby or a nearly newborn baby from its mother?---I haven't witnessed that personally.

Okay. No further questions. Maybe witness be excused.

COMMISSIONER: Yes. Doctor, thank you very much for your time and the evidence that you've given. It will help inform my findings and recommendations.

WITNESS WITHDREW

MR COPLEY: Mr Commissioner, given the time it would perhaps be of advantage to recall Ms Jeffers so that cross examination - or examination, indeed - of her by ATSILS can be commenced this afternoon.

COMMISSIONER: Sure.

JEFFERS, NICOLE called:

COMMISSIONER: Yes, Ms O'Brien.

MS O'BRIEN: Hello, I'm from the Aboriginal and Torres Strait Islander Legal Service, so you'll guess that my questions are directed a lot towards indigenous children in the child protection service in this region. If I could first take you to the statement you made today, it is exhibit 66. In that - it's already been noted so I won't rehash things - that you were asked for figures of babies being removed from mothers at birth, but you have been able to come up with some figures of infants from 0 to 12 months that have been removed or put into out-of-home care; you've got 197. Do you have any feeling of the percentage of those children that would be either Aboriginal or Torres Strait Islander descent?---As part of our response to be subpoena we are actually delineating that as well so I will be able to give more accurate information when we submit it back, but I would anticipate, based on the

over-representation figures, that it would be apportioned.

When you present the figures are you - here you said the information is from 1 July 2009 to 29 June 2012. Are you going to present information up to the present, or to that cut-off date of 29 June?---We could probably do either because we do - - -

Get yes, because ATSILS has become aware of some quite recent removals of very young children from parents last week?---Sure.

About five, so if those were included it would be quite interesting to look at - - -?---Absolutely.

- - - you know, that general data. All right. Thank you very much for that. Just in terms of the infants and mothers question, my last question goes to this Mookai Rosie facility in Cairns. Would you in your position at child safety see any utility in having a similar service in the Townsville region?---Absolutely. Absolutely, and certainly in other experiences when I've worked in central Queensland back 10 or 12 years ago, they were some of the models we were talking about, really practical in-home support - - -

Yes?--- - - - where it might be a centre-based in-home but it's still in-home support to assist mothers and children.

Has child safety to your knowledge done anything to sort of - you say you look at it quite some time ago. Has child safety been actively pursuing getting service providers to provide such centres or have any concrete goals about provision of those services in indigenous centres?---Look, my experience has been, particularly in Mount Isa, that there is opportunity for innovation and thinking about those place-based centres. My experience that I talked about in central Queensland was circa 13 years ago and it was under a future directions or innovations strategy and it was certainly identified as a need that community.

Just in your considered opinion with your expertise in child safety, would you see this type of program as reducing the rate of removal at birth?---It called. I'm not familiar with the service in Cairns but there is every possibility that there could be an alternative option in terms of managing the risk to the child's safety if it's fully supervised and - - -

Yes. And adequately resourced and staffed and all the rest?---Of course.

Just last question of this removal of children, you're aware of this concept of inter-generational trauma that is very important for our indigenous community in that many of these parents and their parents were removed and placed in

care as well. Is that consideration you put your mind to when you're deciding to remove a child from an indigenous family, particularly a newborn one?---That's been my experience, certainly, in Mount Isa and the Gulf, yes.

All right. Now, I might take you to your statement that you made - the long one - on the 20th?---I'm beginning to wish I hadn't made it now.

Is generated a lot of cross-examination, hasn't it? Now, these questions go to the numbers of indigenous children in the system so I won't be taking you by surprise or anything here, I just want everybody to hear how many indigenous children are the subject of ongoing intervention in this region. I take you to your paragraphs 47, 48, and in particular your table at 49, which gives a breakdown of children under child protection orders in the various parts of your north Queensland region and children who are subject to an intervention with parental agreement and in terms of whether their indigenous or non-indigenous?---Yes.

Now, it is fair to say that you say there are is a total of 669 indigenous children as compared to 398 indigenous [sic] children subject to child protection orders. So in effect 62 per cent of the children currently on child protection orders are indigenous?---That's right.

And that figure becomes even more - I'll call it horrifying - when you break down the proportion of those children in terms of the relevant populations. This is a bit more of a guesstimate, there are - perhaps you've got 669 indigenous children subject to child protection orders where in this region - and I'm going on population figures of around - there's about perhaps 5000 indigenous children, so there's a 17 per cent of those children are subject to a child protection order; yet we heard from the Commissioner this morning that in this region there are around 115,000 children, so if we minus the 5000 indigenous children, so that leaves 110,000 non-indigenous children in your region, and of those, 398 are subject to a child protection order. And when you do the percentage there - and you sort of have do trust me - it's half a per cent, so the huge imbalance. So you would agree that if you were an indigenous child you are far, far more likely to come into the child safety system in this region?---There is no question there's over-representation.

Well, it's just when you actually look at it, the figure's are - - -?---Yes, overwhelming.

- - - absolutely overwhelming; and this is at a higher rate than the state average, is it not?---That's my understanding.

Yes, and do you have - the last witness talked about key performance indicators. Would it be one of your goals to be reducing this?---Absolutely.

Absolutely; well, I might then take you to perhaps some broader areas that you talk about in your affidavit generally and how they might go towards helping or assisting you reduce the number of indigenous children who are in care. My learned colleague has already taken you to paragraph 40 where you talk about developing an action plan aimed at increasing and improving your cultural capabilities. You said that was an attachment to your affidavit?---Yes.

What attachment number was it? Sorry, I looked but - - -? ---That's a very good question. My thoughts were we had attached it so if we haven't, we'll resupply - - -

Yes, that was my second question. You guessed what I was going to say. Can we have a look at that document?---Yes, of course.

All right, yes. Now, just in terms of your capacity generally, at paragraphs 22 to 25 - if I take the figures there, there are around 72 CSO's and you mentioned somewhere - maybe at 35. You do mention somewhere or other that - you give some figures for your basic entry-level training and when you compare the number of CSO's to those figures, it seems that 18 of the CSO haven't received the basic training. Is that correct? Not everybody has done their entry-level training?---Training happens in a variety of ways, including on the job, so obviously we have till courses are run.

I see; so it's sort of a cycle thing?---Yes, it's cyclic.

So I'm aware that you have a cultural foundation studies. Would you be aware of that course?---Yes.

How many of the CSO's in this region have completed that course?---There are mandatory cultural capability studies within the CSO training. I'm not sure if the one you're referring to is separate to the actual CSO training as well, but we would certainly encourage it in this region. I can certainly see if we can get that data for you.

My query is: look, how well equipped are child safety officers to meet the particular demands of Palm Island and those in the gulf region?---Yes. So I can talk a little

bit more effectively around the gulf - - -

Yes, that would be great?--- - - - because I'm a bit more familiar with that, but I do know through their regional operations centres for both Mornington Island and Doomadgee which are communities under the COAG agreement and the RSD sites that - in Mornington Island there's actually cultural training that people have to attend to before they actually do business in that community. I understand that Doomadgee is doing a similar process.

All right. So you have training in the gulf, but what about your awareness around that here?---Sorry, I don't have that information. I can get that for you, sorry.

All right. Obviously you have this experience on Mornington Island and you see it as a success story, so could you just walk us through the benefits of having training in the local community setup and tradition and ways?---Of course; of course; it gives an opportunity for staff to understand from the traditional owners the expectation and the law in their community and to understand some of the cultural context and considerations and that's certainly what's come out in the Mornington Island process as well. So it is really localised. It's not your generic, broad-brush cultural competency training. Does that make sense?

Yes, that makes sense because what we would see is our communities, although we're going under this umbrella, are very different in different places?---Absolutely.

And particularly in, I suppose, what's your core interest or one of your core interests which is kinship systems and family structure. It varies and you would think that it would be very beneficial to child safety to have that sort of local knowledge?---And relationship.

And it's obvious that you've cultivated that in respect of those gulf communities, but I'm a bit concerned that in an urban centre like Townsville it seems to be that sort of knowledge is quite lacking in some of the frontline staff that we deal with at ATSILS. Is that a concern of yours? ---Absolutely; absolutely; I think it is really important that we provide as much information as possible for a CSO to do their job and that informs relationships. It informs the knowledge of the system; the knowledge of what's happened for people.

So, for instance, with somewhere like Palm Island, who would be the go-to people to find out about that particular very complex community and get your CSO's on top of that? ---Again I am only new to the area. Obviously it gives a very front-and-centre process with the elders and my understanding is with the council as well and that's really important. Recognised entities are really important so

it's a multipronged approach in terms of those supports and access to information so - I'm not sure whether Palm Island runs cultural courses specific - - -

You would probably agree that it's still early days yet in terms of the Townsville, Palm Island region. There's more perhaps that's gone on in the gulf than - - -?---I can't speak - compare, sorry. I'm really sorry. I'm more familiar with the gulf obviously. I've been there for 12 months so I've had a lot of significant work and obviously under that arrangement too when I was in Mount Isa under the old structure, I was a place based regional director so I also oversaw the Department of Aboriginal and Torres Strait Islander Services.

Yes, all right. You would agree that leadership is crucial in issues of best practice in really complex areas such as this indigenous over-representation. Is there enhanced cultural training for your team leaders?---Outside of the standard training, are you saying?

Yes?---Not specifically run by the department, but that doesn't mean that we can't access that or get that accessible if there is specific training for our team leaders as well and staff.

So there is no formalised training specially in cultural competence for team leaders. Is that right?---I'm not sure what's included in the modules for the team leaders. I have to find out.

All right, thank you very much. Can I just now take you to perhaps some staffing issues? In paragraph 31 you say there, "The following locations have identified positions" - these are child safety support officers who must be either identified as Aboriginal and Torres Strait Islander. So in total, how many of these identified support officer positions do you have in this region?---I don't have that material with me but I can get that, but I think the other important process to know is irrespective of whether the position is identified, the department has an obligation and a commitment to recruit and retain Aboriginal and Torres Strait Islander people and we have done that successfully through P2800 as well which was another mechanism that public services use to recruit Aboriginal and Torres Strait Islander people.

So in terms of this region, how many - I mean, you may not know this either, but Aboriginal and Torres Strait Islander staff do you have?---I can get that for you.

It's just that you have 62 per cent of the children are indigenous?---Absolutely, yes.

Perhaps the staffing should - - -?---Reflect that.

- - - reflect that a bit more. I'm just wondering exactly what these child safety support officers do. Could you walk me through their sort of core duties and how they spend their time and - - -?---So depending on the office configuration, a CSSO might be attached to a particular team, or as you would have seen in my statement in the section for Thuringowa they actually have a central unit where the CSSO work as one team, as one entity. CSSOs would be doing a lot of the case work tasks, sitting, working with families, visiting children, getting – supervising contact, supporting, you know, medical needs or appointments, those sorts of things, case notes.

MS O'BRIEN: See, I suppose what I'm getting at is how much of their work is specifically cultural engagement and helping cultural retention for these children that are in the system and how much is this ferrying around, taxiing and ancillary tasks that seem to be swamping child safety? ---Right.

Could you address that?---Yes, I can address that from what my expectation is, and my expectation is they're a valuable position within the service centre and we should be relying on them in terms of network capabilities and those sorts of things.

What sort of qualifications - do you know what qualifications these people bring and what particular knowledge and skills sets they bring to - - -?---I can talk to the knowledge. In terms of the qualifications - - -

Yes, all right, that would be great?--- that would be just suppositioning, but in terms of the knowledge, I mean, often people will bring to the position a broad range of experience in different industries. It might be community understanding, it might be - they might be employed from their community in the department, it could be experience, as we talked about, with Queensland Health, in terms of different jurisdictions and working in different states, but there's an absolute broad depth of knowledge in conversing with children and families.

Just recently - and quite an important part of taking care of indigenous children is this role of the recognised entities?---Yes.

You have had an indigenous senior resource officer position who was facilitating training and the thing with the RE and that position I believe has recently been made redundant? ---I'd prefer not to comment on that.

All right, thank you.

MR .....: Why not?

MS O'BRIEN: Well, yes, I suppose the question is why do you prefer not to comment on it? It seemed to us quite an important interface between child safety and the REs and there is this tremendous over-representation of indigenous children and surely any hands to the pump will help, and yet that position has very recently gone. It just seems to us that there should be - there must be an explanation? ---I'm happy to provide supplementary material around that.

COMMISSIONER: Ms O'Brien, I'm going to rise at 5.00.

MS O'BRIEN: Yes, that's fine.

COMMISSIONER: How much longer do you think you will be?

MS O'BRIEN: Look, I think we might make it by 5.00.

COMMISSIONER: Righto.

MS O'BRIEN: Is that all right, because I was hoping to get rather more comment there.

Just in terms of your staff generally, not indigenous, I notice that on paragraph 29 and 30 of your statement you say you're missing senior practitioners at Thuringowa, Townsville, and it's my understanding that there is yet another senior practitioner position which is vacant. What's the explanation for these holes at the top of your - surely there must be the "go to" people when people have complex problems and interventions to manage and there's this big gap?---Yes. They're just recent vacancies and we're currently recruiting to those.

Are you confident you will be able to recruit for them? ---Yes, I am.

It seems like a - - -?---It is unusual.

Yes?---Especially in the senior prac roles, but it's something that we're actively recruiting to.

All right, thank you very much. I just might take you to special measures, legislative measures in the act, and how child safety manages those. Now, there is a requirement - there's the indigenous - there's the child placement principle which is in section 83. You're familiar with that?---Yes.

Now, in your statement at paragraph 83 you say 55.4 per cent of Aboriginal and Torres Strait Islander children in out of home care were placed with kin, other indigenous carers or in an indigenous residential care centre. You haven't broken that down into which are with kin and carers and which are indigenous residential care services. The act actually doesn't speak about indigenous residential care services, does it, it actually refers to children being placed with persons and it has a hierarchy of those persons. It's looking at a personal, sort of familial type placement, isn't it? So I'm just going to put to you that those placements in indigenous residential care services don't quite meet the criteria set in the act.

COMMISSIONER: But it doesn't satisfy the principle. It might be better than some other option, but it doesn't actually satisfy the principle. Is that the point? I think that's the point.

MR HANGER: With respect, I would imagine residential care would be with persons. Unless they're on they're own, I

presume they're with Aboriginal persons, are they?

MS O'BRIEN: I suppose I'm distinguishing between a family setting and an institutional setting.

MR HANGER: That's different. A family is different? ---Yes.

MS O'BRIEN: Yes.

MR HANGER: I don't think the act says that.

MS O'BRIEN: So look, just seguing - that's a nice word - from that back into - - -

COMMISSIONER: Can you spell it?

MS O'BRIEN: - - - out figures, and if I can just go to your paragraphs 77 and - is it 77? 77 and 78, and in particular number 86 where it says, "How many children are currently placed with providers other than foster and kinship carers? How many of these are residential care providers?" and you've got there, "77 children are placed with a residential care service," and you explained before that that included some children who are actually living semi independently. So what I'm interested in, really, is how many of those children are indigenous. Do you have any breakdown of that?---No, I don't, but we could probably find that out.

Then going on you mention, "72 children in other locations such as hospitals, Queensland youth detention centres and independent living." I assume there are not 72 children in the care of the department who are in hospital. I am assuming, and I don't know whether you know, that many of these children that are under your - in your custody or guardianship are in fact ensconced in Cleveland Youth Detention Centre. Would I be right?---I'm not necessarily sure whether that would be the full percentage, but I'm sure we could find that information out for you.

But would I be right in guessing that it would be a high percentage of that 72 - - -?---I'm not sure.

How many - - -

COMMISSIONER: I think I've seen figures from the department. Mr Swan answered some questions I asked, and it does seem that there aren't many other options other than that.

MS O'BRIEN: Yes.

COMMISSIONER: Absconding is one.

MS O'BRIEN: Yes, I was going to get to that in a minute? ---Yes.

COMMISSIONER: But in any event, some we know where they are and others we don't even know where they are.

MS O'BRIEN: Yes, because just in terms of the residential care service, you would be perhaps aware that there is a high level of absconding and there are quite a number of missing person reports filed each year in relation to children who have left those residential care services? ---Yes.

COMMISSIONER: It raises an important legal question, and I don't know if the department has grappled with it, but maybe their lawyers might want to consider it, that is, that under the law children reach a period of development where they can make their own decisions and their parents no longer have authority and responsibility for them. It depends, it sort of ranges from about 15 onwards, depending on the particular child.

Does the department take that into account in whether or not it continues to look for an abscondee or a child who keeps self-placing and basically leaves them to their own devices?---We wouldn't leave them to their own devices, we would actively continue to look for them, either through us or the QPS.

All right.

MS O'BRIEN: Just in terms of Cleveland - and you may not know the answer to this, but I do have to put it to you - would you know the number of indigenous children there in your care that are on remand as opposed to being there because of custodial sentence imposed?---No, I wouldn't, but I'm sure we could get that information from the justice services.

COMMISSIONER: Would they be on dual orders?---Yes, they would be.

MS O'BRIEN: But I must say that it's the experience of ATSILS in the children's jurisdiction that when we go to bail some of these young offenders - and the court is very ready to bail as long as the child has got an address - it appears to us that it's sometimes the preference of child safety that they be placed in Cleveland Youth Detention Centre rather than child safety officers having to go and find a suitable bail address, because it's too much bother. And it's a recurring problem for us - - -

COMMISSIONER: You better than put that to the witness rather than tell me, otherwise - - -

MS O'BRIEN: Sorry, yes.

You haven't got those numbers?---No, I haven't. And I guess from my opinion - my personal and professional opinion - I would not like to see that practice occur. That's not okay.

Well, I put it to you - - - ?---Because detention for child safety is not a placement option.

No, and it seems to be a culture - it's something that perhaps now you're aware of it, maybe you'd like to have a further look at because it's part of that movement from the child safety system into the juvenile justice system, and then into the adult criminal thing that we - - -

COMMISSIONER: So really the question is: of the 72 that are placed elsewhere, how many of them are in Cleveland, and why?

MS O'BRIEN: - - - are in Cleveland and why? Is it for bail? Yes. Yes, and the other thing is that just - before, housing has been mentioned as an issue. Is there

in your opinion appropriate accommodation for perhaps these older children who, you know, perhaps - would that help if you could find a service-provider who could give accommodation to children who were on bail and that sort of thing? Is that a lack that you have?---Yes, bail services would be great.

And are there any models of that sort of thing that you know about from other jurisdictions, perhaps?---I believe there has been. There are bail support services within Queensland, but in terms of accommodation bail support, I'm not so sure. Can I just clarify, going back to the statement of remand, because my understanding - it is the magistrate's decision to remand the child. I understand your question to me regarding - - -

Yes, but what - - - ?--- - - - whether or not it's because of a placement shortage or an approved placement option - - -

Look, it is - of course it's - - - ?---I just wanted to clarify that for - - -

- - - ultimately the magistrate's decision, but what happens is they bend over backwards to ascertain whether the child has a suitable bail address and will be adequately supervised. They often put them on - like, you can't go out between 7 in the night and 7 in the morning? ---Curfews, yes.

And so they have to tick off on that and then they'll give them the bail. Because usually these children will end up with a reprimand anyway, they won't sentence?---Mm.

We're very concerned that it's at this stage they get introduced, before any conviction, into the juvenile justice system?---Yes.

And that has all sorts of terrible consequences. And it seems to be that there are a lot of child safety clients involved, yes?---Okay.

COMMISSIONER: You can have this discussion outside.

MS O'BRIEN: All right.

That's, I think, the end of my questions. Thank you very much?---Thank you.

COMMISSIONER: Thanks, Ms O'Brien. Anything arising from that?

MR COPLEY: There may be. Perhaps the best thing, though, would be to leave it go till tomorrow at 2, if the witness - - -

COMMISSIONER: You might have something too, Mr Hanger?

MR COPLEY: - - - and then we'll do the last witness shortly after that. It probably isn't necessary to say it, but I'll say it all the same: my friend has given quite a lot of evidence in the last half hour and it's just that - doesn't accept it.

COMMISSIONER: Yes.

MR COPLEY: It's not evidence.

COMMISSIONER: No, I understand. But on the other hand it's information, I suppose, that Ms Jeffers can perhaps think about overnight and we'll give her every opportunity - - -

MR COPLEY: Of course, that's fine.

COMMISSIONER: - - - and we'll give her every opportunity. You don't have to accept anything that anybody says, of course. You understand that, don't you? Just because Ms O'Brien says that they have concerns, doesn't mean that (a) there is a concern that she should have; or (b) it's a reasonable one or that it's based on fact rather than belief?---I do understand.

You can clarify tomorrow anything that you feel a need to accept or reject, like John West. And we'll give you that from 2 o'clock tomorrow. Thank you. Just before we do rise, has the department had legal advice about the liability of those security guards if they actually use force to remove a child or keep a parent from a child with the infant removals?
---Not that I'm aware of, but - - -

Maybe someone should have a look at that. As Mr Copley points out, it doesn't seem that they have any protection for use of force under the Child Protection Act. They might have it somewhere, but if you're paying them you should have a look at their legal liability?---But can I just clarify it's not sure and I don't believe we were.

You don't believe you were. I thought you said you were, before lunch?---No, I said I didn't know.

Well, if you are, maybe you can check that by tomorrow as well.

WITNESS WITHDREW

THE COMMISSION ADJOURNED AT 5.03 PM
UNTIL THURSDAY, 27 SEPTEMBER 2012

26/9/12