

Date: 10.10.2014

QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

Exhibit number: 80

STATEMENT OF JOSH GEOFFREY STAFFORD

I, Josh Geoffrey Stafford of The Aurukun Primary Health Care Centre, in the State of Queensland solemnly and sincerely affirm and declare:

1. I am acting in the position of the Director of Nursing at the Aurukun Primary Health Care Centre, Aurukun.
2. I have been appointed to this position since May 2012 but have regularly relieved in this position over the last 5 years.
3. My direct line manager is the District Director of Nursing, who is based in Weipa. This position reports to the Chief Executive of the Cape York Hospital and Health Service.
4. Prior to my appointment as the Acting Director of Nursing, I have been employed at the Aurukun Primary Health Care Centre since June 2007 as a Clinical Nurse and then a Clinical Nurse Consultant. Prior to that, I was employed as a registered nurse in the Emergency department of Wollongong Hospital. I have also worked in the United Kingdom as a Coronary Care Nurse.
5. I hold a Bachelor of Nursing Degree, a post graduate Certificate in Mental Health Nursing and also hold endorsement as a Scheduled Medicines Registered Nurse (Rural and Isolated practice)

ROLE

6. The Director of Nursing is responsible for the co-ordination and delivery of health care to the community of Aurukun. The position manages a full time staff of 5 nurses, 5 Indigenous Health workers, 2 Administrative staff and 5 operational staff.
The clinic is situated on a large block of land in the centre of the community. It is open from 0800 hours through to 1700hours, 7 days a week. After hours it is covered by a nurse on call who attends to emergencies. The clinic is the only provider of health care in Aurukun and works in close collaboration with the Royal Flying Doctor Service (RFDS) and Apunipima Cape York Health Council. Located on the clinic grounds is the Well Being Centre, run by the RFDS.
7. My duties and activities as the Director of Nursing are varied and diverse but can be categorised into three main areas, management, co-ordination and collaboration.
Management – I have the overall responsibility to manage the Aurukun Service in terms of clinical capability, finance, human resources and performance.
Coordination - Typically, the clinic supports upwards of 8 visiting clinicians a week but has on occasions housed 18 on one day. The role of the Director of Nursing is to ensure these services are integrated within the established team and that relevant information is shared. This is achieved by holding daily staff meetings, organising tele/videoconferences between teams and being the point of call for patient enquires.
Collaboration between the clinic and other services, including but not limited to The Queensland Police Service, The Department of Education, The Aurukun Shire Council and Cape York Partnerships, and the Department of Child Safety in Aurukun is excellent. A close professional relationship is achieved by various means including participating in community events, such as the recent "Aurukun Day", community sporting events, ANZAC day services, Christmas Parties and regular BBQ nights.

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Collaboration with the community members is achieved by maintaining a close relationship with recognised community elders, participation in community events and consultation with Indigenous Health workers. The clinic maintains an excellent reputation within the community by ways of mutual respect earned by having a core group of regular staff that have worked in the community for considerable lengths of time, enabling the build up of trust and respect within the community.

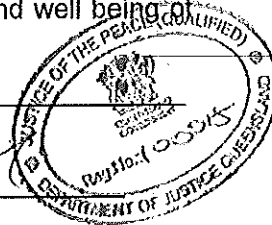
8.1 As part of my role I have witnessed and been involved in the implementation of many initiatives that have directly impacted upon the health and well being of the community's children.

- 8.1.(1) The implementation of a Maternal and Child Health Intensivist midwife. This position travels to Aurukun on a weekly basis to coordinate the antenatal care of the Aurukun community. This position is responsible not only for routine antenatal care of pregnant women, but for ensuring the early identification of risk factors that may impact upon the welfare of the mother and her unborn child. This position works closely with the Early Intervention and Prevention Advanced Health Worker.
- 8.1.(2) The Early Intervention and Prevention Advanced Health Worker is a relatively new position that travels to Aurukun weekly with the Midwife. Its purpose is to work with women who have been identified by the midwife as being at high risk of intervention from the department of child safety. The position will work closely with the mother and family as the child grows and achieves developmental milestone. The role works closely with the Child protection Liaison officer for Cape York.
- 8.1.(3) The introduction of the Child and Maternal Health Health-Worker position, funded by Apunipima and implemented to support the child health nurses. Apunipima has also introduced "baby-baskets" for women as an incentive to attend antenatal appointments. The baby baskets include fruit and vegetable vouchers for the shop to enhance food security and promote healthy eating during pregnancy.
- 8.1.(4) The increase in contact hours for the delivery of Child health nurses to the Aurukun Community. This was achieved through funding from the State with a focus on delivering community based initiatives and health promotion. The increase in contact hours also meant a need to shift the room from which the child health nurses operated from. The end of the clinic has now been dedicated to child health, with its own entryway. The adjoining balcony is occupied on child health days by a staff member from the day care centre who runs a play group. This adds to the overarching philosophy that the clinic and clinic and grounds are safe, child friendly and accessible. The Childcare Centre holds their annual under 8's fun day on the clinic grounds.
- 8.1.(5) The introduction of a school based youth health nurse into the Cape York Australian Aboriginal Academy (CYAAA). The role is jointly supported by Queensland health and CYAAA to deliver Health Promotion and Intervention to the students of the school. The position also provides an invaluable link between the school and the clinic.
- 8.1.(6) The building of the Child Safe House by ACT for Kids which enables children in the care of Child Safety to remain within the community while family issues are resolved.
- 8.1.(7) The introduction of Welfare reform, the cessation of the sale of alcohol at the tavern and the introduction of the CYAAA. The concurrent occurrences of these 3 have, by my own observations, decreased the incidences of domestic violence, increased school attendance and allowed for money to be re-directed to the sale of food and other essentials related to the health and well being of children.

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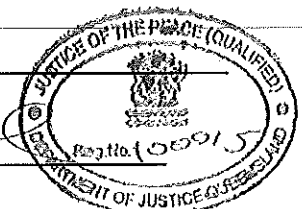
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- 8.1.(8) The introduction of the Well Being Centre. The Well Being Centre is staffed by clinical councillors and Indigenous Counsellors. The WBC delivers services to improve the social and emotional well being of the Aurukun community and offers services such as drug and alcohol counselling, domestic violence counselling and other community engagement activities. They have acted as advocates for families in child safety matters.
- 8.1.(9) Introduction of the child and family councillor based out of the CYAAA and working within the mental health team based in Aurukun. This position is staffed by a clinical psychologist and offers counselling to children with behavioural problems and chronic truancy.
- 9.1 As part of my role I have regular contact with the department of child safety. I would describe the professional relationship I have with the Child safety officers and child safety support officers to be excellent. I liaise with contacts in the department on a range of matters, including
- Requests for information under section 159M of the Child Protection Act 1999
 - Information regarding children's medical needs while in care of the department
 - Attending regular community meetings with officers in Aurukun regarding new referrals and progress reports on open cases.
 - Planning meetings regarding children returning to community
- 9.2 It is my view that the relative stability in staff members coming to community has enhanced the strength of the relationship between the department and the agencies within Aurukun.
- 10.1 As part of my role I have formed opinions on some of the challenges in ensuring all children and young people are protected from harm:
- 10.1.(1) While Aurukun is officially a dry community, the reality is that alcohol consumption continues on a regular basis. The arrival of sly grog into town results in a period of unrest and an increase in alcohol related violence and affray. Households participating in drinking expose children to intoxicated adults who may be the primary care givers to the children living in the house. This increases the incidences of children exposed to domestic violence and lack of parental supervision which violates the basic needs of the child to feel safe and secure.
- 10.1.(2) The lack of appropriate housing is a continuing issue. Houses can sometimes accommodate multiple family groups with up to 15 people living in a 3 bedroom house. Delayed responses to capital works can mean groups of people living in unsanitary conditions exposing children to substandard living conditions.
- 10.1.(3) The diversion of money away from children as a result of gambling. Large portions of the family income can be lost in gambling circles. The introduction of Basic Cards has played a part in help tackle this issue, but the anecdotal evidence is that gambling continues. Gambling circles draw huge numbers of people with children playing on the periphery, unsupervised.
- 10.1.(4) Supervision of children is often delegated to the elderly or young. Grandparents are sometimes supervising large groups of children.
- 10.1.(5) The lack of appropriate kinship carers. Often it is a case of "all the good ones are taken". Anecdotal evidence suggests that strong couples are caring for several nieces and nephews and are at capacity rendering them unable to care for any other children.

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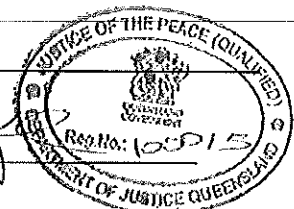


- 10.1.(6) The department of child safety is still seen as the "remover of children" and is used as a punitive threat by some members of the community. This can lead to information relayed to the department, by community members being tailored to divert a perceived action, rather than being forthcoming with information that may allow the department to implement supportive measures for the family.
- 10.1.(7) The lack of sexual education and awareness. Sexual activity and exposure to sexualised behaviour is occurring at a young age. Some reasons for this may be the communal living allowing young children to be exposed to consensual intercourse within the household. There has been a lack of formal sexual education within the school system as well as a lack of any formalised personal safety program aimed at children within the school.
- 10.1.(8) The concept of the family unit within Aurukun differs from mainstream. The primary caregiver is often not the paternal mother or father but another relative. This coupled with the sometimes transient nature of living arrangements can lend itself to the devolution of responsibility of a child to other community members. Having no designated primary care giver can mean that chronic medical conditions may not get consistent treatment, meal times may be infrequent and basic hygiene needs may not get met.
- 10.2 As part of my role, I have opinions about what I believe needs to be implemented, or needs to continue to happen to ensure the safety and security of the children of Aurukun:
- 10.2.(1) A continued commitment from Queensland Health and all government and non-government agencies to attract and *retain* suitably qualified practitioners in Aurukun. This can be achieved by preserving and reviewing incentive packages in place to ensure that agencies can deliver a consistent service by professionals respected and trusted in the community.
- 10.2.(3) A continued commitment from Queensland Health and government and non-government agencies to attract, train and retain people within the community to deliver a culturally and local appropriate service to their community. 10.2.(4) A continuation of the program at the CYAA which is showing remarkable success in raising the standard of education delivered to the children in Aurukun by encompassing a holistic, individual approach to education delivery.
- 10.2.(5) A commitment to the continuation of the current alcohol management plan and a concerted effort by the Queensland Police Service and the community to tackle the problem of sly grogging.
- 10.2.(6) A continued effort to increase the number of houses in Aurukun with a priority given to families with small children.
- 10.2.(7) A continued effort to offer suitable diversionary activities within the community so that children are not left with gambling and delinquency as the only means of recreation.
- 10.2.(8) Exploring the possibility of creating a safe place for children within community, to be utilised in the very short term when identified family members are unable to guarantee safety or security, especially after hours.

Signature of officer

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Witness Signature



I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

Signed.....

Declared before me, at Cairns this 28 day of August 2012.

Witness.....



Signature of officer

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