



## SPARK AND CANNON

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THE HONOURABLE TIMOTHY FRANCIS CARMODY SC, Commissioner

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IN THE MATTER OF THE COMMISSIONS INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 1) 2012

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

BEENLEIGH

..DATE 3/10/2012

Continued from 27/09/2012

..DAY 21

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

THE COMMISSION COMMENCED AT 9.12 AM

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COMMISSIONER: Good morning everybody.

MR SIMPSON: Yes, good morning, commissioner.

COMMISSIONER: Yes, Mr Simpson.

MR SIMPSON: For the record, my name is Simpson, counsel. I appear with my learned friend Mr Haddrick as counsel assisting.

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COMMISSIONER: Thanks. I will take the other appearances too, thanks, Mr Hanger.

MR HANGER: I continue to appear with my learned friend Mr Selfridge for the state.

MS STEWART: Good morning, commissioner. My name is Stewart, S-t-e-w-a-r-t, initial L, counsel for the Aboriginal and Torres Strait Islander Legal Service.

COMMISSIONER: Thanks, Ms Stewart, welcome. Mr Capper?

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MR CAPPER: Commissioner, Craig Capper, C-a-p-p-e-r, for the Commission for Children and Young People and Child Guardian.

COMMISSIONER: Thank you. Yes, Mr Simpson?

MR SIMPSON: Thank you, commissioner. In these Beenleigh hearings for today and tomorrow I propose to call the following witnesses: the first witness will be Mr Antoine Payet, P-a-y-e-t, who is the regional director of south-east region for the Department of Communities Child Safety; Ms Michelle Oliver, the acting manager of south-east region for the Department of Communities Child Safety; Mr Peter Waugh, a detective senior sergeant of police, who is the officer in charge of the Logan District child protection and investigation unit; Ms Ann Kimberley, the child protection liaison officer at the Gold Coast Hospital and Health Service.

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I might give an overview of what their evidence might be. Firstly, Mr Payet: he oversees the operation of 10 Child Safety Service centres, a regional intake service and a placement services unit. He's part of the overall leadership of the south-east region. If I might outline to you what the south-east region entails, the south-east region of the department covers a geographic area of approximately 2830 square kilometres. It stretches from Beaudesert across to the Redlands, from Logan City down to the Gold Coast and effectively to the New South Wales border.

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In 2011 the south-east region had the most child-concern reports of any other region in Queensland, the most children in out-of-home care comprising of about one quarter of the entire amount of children in care in Queensland, more foster carers, kinship carers and provisional approved carers than any other region in Queensland. There are many challenges for this region and the department through its witnesses Mr Payet and Ms Oliver will give evidence about the important initiatives trialed in this region and the work with non-government organisations.

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Ms Oliver is the acting manager of the south-east region intake service and she was appointed in that role in June 2010. She will say that the role of the regional intake service has been to enhance child safety intake functions and to improve consistency with decision-making, streamlining of processes for professional notifiers and improving the provision of timely feedback and communication with referring agencies.

She also has a role of improving management workload pressures for those working in this sensitive area. She will give evidence about the suspected child abuse and neglect team meetings or SCAN meetings for this region, their effectiveness, the interagency work and whether there can be any improvement in that area. She will also give evidence about the heavy involvement of the rolling out of the Helping Out Families initiatives in this area and the trialing of the Queensland Child Protection Guide.

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Detective Senior Sergeant Peter Waugh has been the officer in charge of the Logan CPIU since April 2006. He will give evidence regarding the police involvement in residential care facilities, amongst other things. As an example of that evidence he will say that in the six months to August 2012 there were 149 calls to police for one care facility, one care facility alone, which housed four children. Many of the repeat calls to police are for children leaving or running away and becoming missing persons, children damaging property, children breaking the house rules.

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He will say the police are often called upon to establish control in these houses that would in normal circumstances be exercised by a parent. Other evidence he will give will include the lack of capacity, as he sees it, of the Department of Communities and Child Safety to physically respond to their duties after hours and thereby placing extra pressure upon police.

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Finally, Ms Ann Kimberley who is the child protection liaison officer at the Gold Coast Hospital: she will say that she works with the child protection paediatrician. She participates in the forensic examination of children who have allegedly been abused and she has assisted in the

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promotion and implementation of the Child Protection Guide, again that initiative which has been trialed in this region, and she will give evidence about its implementation and usefulness. She will also give evidence about the SCAN meetings and the various facts and figures that go with the SCAN reporting in this area. That's the overview of the evidence over the next two days, commissioner. I call the first witness Mr Antoine Payet.

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COMMISSIONER: Yes, thanks, Mr Simpson.

**PAYET, ANTOINE** sworn:

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ASSOCIATE: For recording purposes please state your full name, your occupation and your business address?  
---Antoine Payet, acting regional director, and my address is 100 George Street, Beenleigh.

Please be seated?---Thank you.

MR SIMPSON: Mr Payet, did you prepare a statement for this commission dated 26 September 2012?---That's correct, yes.

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Could the witness see the statement?

Is that your statement?---It is my statement, yes.

Are there any amendments or corrections you wish to make to that statement?---No; no.

Commissioner, I tender that statement.

COMMISSIONER: Can it be published, Mr Simpson?

MR SIMPSON: Yes, it may be published.

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COMMISSIONER: Thank you. It will be exhibit 70 and I direct it be published.

ADMITTED AND MARKED: "EXHIBIT 70"

MR SIMPSON: Mr Payet, can we go to your statement? You give evidence from paragraphs 24 onwards of the challenges in this region. What do you see are the key challenges for the Department of Communities and Child Safety in the south-east region?---I think that, as you pointed out, there are a number of challenges. One is our ever increasing number of children coming into our care. We've seen - and that's across the whole of the department - quite a marked increase over the years and in terms of the placements that are available we do not have, I guess, the commensurate types and variety of placements we would like to have to place these children. The other challenge, I suppose, is the complexity of behaviours and presentations that we're experiencing with particularly young people

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coming into our care, but note exclusively. We also have younger children coming into care with very significant behavioural issues that we're unable to place in normal - when I say "normal", I mean traditional foster care placements.

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Just going to that last point though, are those difficulties you're having with children - are they distinct to this area, the south-east region?---I don't think they're distinct to the south-east region. I guess it's an issue for the south-east region. I think it occurs across the state.

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Why is it, though, that the South East region has the highest number of children in out-of-home care, though? ---It needs to be understood in terms of the proportion of population. So even though we have the highest number of children in care, proportionately it's not entirely different to the rest of the state or other regions, for that matter.

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All right. But does it place extra pressures upon those administering this region?---Absolutely. Absolutely.

All right. How is your agency responding to the challenges of firstly the increasing numbers; secondly the placement issues; and thirdly the behavioural issues? We can take them in that order?---In terms of - I think your first statement was around placement - in terms of looking at placements, one of the things that we need to address in the first instance is to try and limit the number of children coming into our care. Logically if we decrease the number of children coming into our care, that should have an effect obviously on our capacity to meet the needs of children entering the care of the department. The other thing that we've been doing is also looking at varieties of different placement types for young people. So for instance we have a number of what we call emergency-type arrangements for young people in the region such as Logan Cottage where young people, if they don't have a place for the night they can go there and will be accommodated for that period of time. But the whole essence is about us trying to have as many varieties as possible in terms of placements.

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All right. Then behavioural issues, how are you dealing with the challenges of these ever-increasing challenging behaviours?---Again we have a number of services in the region such as Evolve, which is a service that is funded by the department but Health and Disability services are involved in providing support and assistance for young people with behavioural issues as well as disabilities.

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And can you say whether there are any factors in this particular community which add to those behavioural issues? ---I don't think that there's anything specific to the South East. I mean, we do know, for instance - and again I'm looking at it as just a variable - that for instance if we look at the Logan catchment we do have a very significant number of people from diverse cultural backgrounds. That can have an impact in terms of their capacity to be assimilated into the community. But in terms of behavioural issue per se I don't think there's anything remarkable about the South East region, it's just pretty much what happens across the state.

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COMMISSIONER: Just testing that for the moment, this region has the largest non-indigenous population of children in care, doesn't it?---That's correct, yes.

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It's got 828 as at the end of the financial year last year, which exceeds the next closest by about 300. The next closest region is the South West region. Can you explain what might - and it doesn't include Brisbane, your region, does it?---No.

So why would you have more non-indigenous, which I might say for the record is four times higher than the indigenous - that's the combined indigenous of Aboriginal and Torres Strait Islander numbers. Can you enlighten me about that? ---So why do we have - - -

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Why do you have four times more non-indigenous than indigenous; and the highest number of non-indigenous children in care in the state?---I think as I pointed out before, I think that it's the population of the South East quarter. I think when we compare that to the rest of the other regions, that we do have quite a significant population, so proportionately the children in our care - I guess that's my understanding of it - is perhaps commensurate with the other regions. So - - -

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You mean per capita?---That's right. So more people and translating into more children into our care.

You've got the most number of service centres, haven't you, you've got 10?---That's correct, yes.

All right. Just looking at the figures again, I might say this surprised me. It just goes to show you shouldn't make assumptions about the areas. But of the non-indigenous children under long-term orders in this region, 135 of them come from Beaudesert compared with 53 from Woodridge and only 39 from Logan Central and 83 from Logan Lake?---Mm.

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Why is that?---In terms of indigenous children?

Non-indigenous?---I couldn't answer that question, I don't think. I'm not quite sure exactly what it is that you're asking me.

Well, what I'm asking you is - I'm pointing out to you that according to the figures as at the end of June last year in the Beaudesert area there was a total of 26 Aboriginal, no Islander, and 135 non-indigenous children under long-term orders?---Right.

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Right?---Yes.

And I was surprised at that; compared with Woodridge, which had 12 Aboriginal, one Islander and 53 non-indigenous? ---Okay. I guess the difference here is that the availability of foster carers. So in the Beaudesert area we seem to have a lot more foster carers than anywhere else

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so in the Logan area, for instance, we do not have a great number of foster carers in that area, so basically what happens is that you get kids placed outside of their region or their community - or the catchment - so you'll find where there are most carers, then you will have more kids.

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So if I come from, say, Logan Central - - -?---Yes.

- - - although it says in the figures that Logan Central has 39 under long-term orders, some of them might actually be caught in the 135 in the Beaudesert figures?---That could be correct, yes.

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So the figures show me where the children under long-term orders are placed rather than where they come from?  
---That's right.

Why?---That's just the way the whole process is structured, I guess. So basically we report on where children are placed rather than where they actually come from.

Why am I placed at Beaudesert if I come from Logan?---It's to do, as I said before, with where the placement availability is. So if you come from Logan and there are no placements in Logan for you then we will find the next closest available placement, and in this instance it may be Beaudesert.

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Righto. So mum and dad live in Logan, they haven't got a car, and they've got to come and see me at Beaudesert or my foster parents have to bring me into Logan, do they?---They may have to, yes. And that's some of the difficulties that we experience in terms of, I guess, the availability of placements. So we don't have the commensurate number of placements in an area for the number of kids that come into our care - or suitable placements.

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Why then is Beaudesert so redolent with foster carers as compared with other centres in the South East region?  
---I think that - I'm hypothesising, as it were, at the moment. I think it's a rural community; costs of housing may be lower; larger properties. They may be some of the factors that would attract, I guess, people to doing - to be general foster carers.

What about their mean age, do you know what that is? Are they older or younger?---I don't know.

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See, aren't these sorts of things that would be helpful to know to work out - if we're looking for root causes and secondary causes of why children go into care, don't we need to know a lot about their background, where they come from, where they live, the history their parents, that sort of stuff?---I was under the impression you were asking me about the mean age of the parents.

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Yes, and things like - if we're looking for more foster parents and wondering why we haven't got enough in Logan but we do have a lot in Beaudesert, wouldn't we want to find out just, you know, in terms of managing your region what the difference is and what explains it and see if we can learn from Beaudesert and increase the numbers available in Logan?---It's certainly information we can find, I can find for you, but it's not information that I have in front of me at the moment.

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No, but my point is it's information you could use to your advantage?---Sure, yes.

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So that was really my question. Do you?---Do we use it to our advantage? Where we can, yes.

How do you do that?---I think the issue is not so much whether or not we can actually recruit a particular type or particular age group, the issue is about, I guess, the people are willing to become foster carers. I guess what we're finding now is that it's not as prevalent in terms of people seeking to be foster carers as it used to be.

No?---And you'd see that there's a whole age group in terms of foster carers we try and target, but I don't think there's consistent information to suggest that a particular age group of foster carers - - -

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No, I wasn't stuck up too much on the range, I was just wanting to know how much the department knew about the demographics of their foster carer population in order to determine what actually attracts them to becoming foster carers and what doesn't so that you can work on - that's how you target people, isn't it, you work on what attracts them and what doesn't and try to offer what attracts them? ---I don't know whether we have that sort of information about what attracts them per se.

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Right, so is your recruitment, for the want of a better word, of foster carers in this area a passive rather than an active approach?---I think that from time to time we have campaigns where we actually target foster carers, or target - - -

How do you do that?---We've had in the past a media campaign or campaigns. I note that late last year, for instance, the then minister for child safety was involved in a campaign towards targeting kinship and foster carers, general foster carers. It was a media campaign that was, as I understand it, on radio and other media in the area.

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Well, for example, I've heard a lot of evidence about the difficulties with the blue card for some people?---Yes.

Has the department and the commissioner for - or the child guardian, got together in this area and decided how to

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facilitate rather than make it more difficult for people who are interested in being kinship or foster carers to get a blue card, finding a way to give it to them rather than a reason not to?---I don't believe we've had this discussion. I understand that, as we pointed out before, that remains an issue. It can take quite some time for blue cards to be provided.

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I think the issue has been around a long time?---Yes.

Would you agree with that?---Yes.

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So the issue will stay around as long as we don't solve it, won't it?---Yes.

So I'm just wondering what the department does to find a solution to the problem. Rather than identifying it in every annual report as a problem, what we actually do to do something about it so that next annual report we can say, "Look, problem solved, or improved"?---I think I agree. I mean, I think there needs to be a dialogue between ourselves and the commission to look at some common ground in terms of how do we resolve this issue. I mean, on the one hand we understand and appreciate that the blue card serves a very clear purpose in terms of screening, you know, potential foster carers, but on the other hand if it becomes a hindrance that it has become in some instances, you're quite right, we need to be looking at how we actually sort that out.

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All right. Well, look, before I hand you back to Mr Simpson I just wanted to ask you this question. You may not be able to answer it for me, but you might. I think the last five witnesses I've had from the department in different regions are all in an acting capacity and they seem to act for a long time. Can you help me with that? Why are there no - why isn't anyone in a permanent position, or their own permanent position, they're always acting in somebody else's?---Difficult question to answer. I mean, I think it's to do with mobility within the department. So people go and act in different positions at different times and other people act behind them. I don't think I have, how can I put it, a clear explanation but more an observation.

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Do you find that having two positions, one a permanent and one an acting one, is disruptive to the way you discharge your functions?---It can be, because I suppose it's a sense of you don't have ownership of the position you're sitting in, and I think that's quite legitimate that you perhaps would not exercise the same degree of, how can I put it - your actions may be somewhat less determined, but nevertheless, if you're in a position you do what you have to do.

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Yes?---But logically there is a bit of an issue, I would

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think.

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You're not going to be much of a change agent if you're acting all the time, are you?---It can be difficult, particularly if you don't know when you're acting is going to be over.

All right. Thank you.

MR SIMPSON: Thank you. So, Mr Payet, I might just go through some statistics and you can tell me whether these assist you in working out where the children are coming from that are going into out of home care and where they're being placed. The 2010 census data outlines the following unemployment rates. I don't know whether this has any bearing on children in out of home care. Woodridge had an unemployment rate of 22.5 per cent, Kingston, 22.4 per cent, Marsden, 13.2 per cent, Loganlea, 13.1 per cent and Waterford West 10.1 per cent. The state average at that time was 5.7 per cent. Now, has the department used any of those figures to work out whether a high unemployment rate adds to children being in out of home care?---We know that it is a contributory factor, but I don't think it's the sole factor in determining the rate of children coming into care or involvement with the department. The literature is very clear that, you know, things like unemployment can have an impact on child protection issues.

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All right. Okay, well, this might lead into this idea. So you've got in this region of the foster carers, kinship carers and provisionally approved carers as at March 2012 995 people compared with other regions such as Brisbane, 558, south-west Queensland, 769, the north coast, 616. So there's quite a deal more of foster carers are in this region compared to other regions. That's right?---That's correct.

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Now, all those people who are unemployed - this might be out of the box - has the department thought, "Well, we'll make it financially beneficial for people to go from being unemployed to being paid workers in the system, or foster carers, or residential carers." How have you targeted those people?---I think we have to be extremely careful in terms of how we translate certain social issues into how we might actually recruit foster carers. I mean, I think that there's a very clear recruitment process and screening process that we have to go through and quite stringent, in the sense that we want to make sure that we get the right people to be caring for our most vulnerable children. So to answer your question, no, we haven't targeted unemployed people to become foster carers because of some of the limitations that, as I've said before - which may or may not be pertinent to this cohort of people.

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All right, well, let's look at it another way. If people

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are unemployed is there a financial incentive for them to become a foster carer?---Not a great deal, no.

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What does a foster carer get paid in this region?---I don't have the exact figure, but probably, I think, about \$250 per fortnight, if I'm not mistaken, and that's graduated depending on the age of the child.

All right?---So just a ballpark figure - please don't - - -

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Okay. I won't hold you to it. So it starts at about 250 a fortnight?---Yes. 1

I take it that would be for about one child in the home? ---Yes.

And from what age?---What age can they be placed?

Well, where does 250 start, when they're a baby?---Let's say.

Okay; and when they get to 16 or 17, what is a foster carer getting paid then to look after that person?---They may get a bit more than the initial payment. 10

Well, have a stab in the dark. What's a bit more?---Let's say \$300.

A fortnight?---Yes.

All right. Now, what if they're a high-needs placement? They have got behavioural issues. Do they get paid more again?---Yes. 20

All right. Would these figures sound right to you across this region or generally across Queensland, and this is the funding that's allocated; not necessarily to the foster carer but funding allocated for the provision of these children in care. A moderate support needs placement: the funding per place per annum is between \$5447 to \$5942. Do you accept that that's about right?---Reasonable, yes.

This is for foster and kinship carers: high support needs placement \$15,447 per annum to \$15,942. That would be about right?---Sounds correct, yes. 30

Complex support needs placement 26,947 to 92,863. Now, just stopping, you can confirm that figure is about right?--I'd say about right, yes. I can't confirm it necessarily but I'd say it's about right.

It sounds about right to you?---Mm.

What is a complex support needs placement and why does it cost so much?---Well, principally the child in question or the young person will have certain needs such as a disability or behavioural-type issues that will require the carer to spend a lot more time in terms of taking the young person to, let's say, medical appointments and counselling and so on and so forth. 40

Right. Then from there we have got the extreme support needs placement at a funding per place per annum of \$116,832 to \$176,756. Would that be about right? It's quite a high figure?---We're talking about a residential type - - -

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No, this is placement for foster carers in what's called extreme support needs placement. This is from the Foster and Kinship Care Support Agency. This is the funding - - -?---I see; that's the funding to the agency, not to the carer.

Yes, all these are funding figures?---Yes.

Not money going directly to the foster carer themselves but the general overall funding for these children in care?  
---Yes, sure; yes, I understand.

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So this is per child per annum 116,832 to 176,756 for an extreme support needs placement?---Mm.

Now, what is an extreme support needs placement?---Again if we go one level from complex, we're looking at young people and children that we would not normally be able to place in the general foster carer population. They will require a lot of support in terms of ancillary support such as people coming in a house and supporting the carers as well as what I've said before in terms of counselling and/or medical appointments that may be necessary.

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Now, of that funding, how much would the foster carer get if they have got such a child, an extreme support needs placement?---I couldn't tell you exactly, but certainly it wouldn't be that amount that you quoted before. It would be - you know, again maybe we're looking at \$500 a week - a fortnight, sorry. It wouldn't be, you know, to that extent.

So it may go from a child with limited needs at 250 a fortnight to an older - we were talking a teenager before at 300 a fortnight and then a child with extreme support needs maybe 500 a fortnight?---Let's say that, yes.

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All right; and then you've got the costs of children in residential care. If we take the high level there, extreme support needs placement, \$234,598 to \$345,724, that's the funding placement per annum for a single child at a residential care facility?---Mm.

Now, you have a number of those here in the south-east region. What's the average number of children in residential care facilities?---Per residential care facilities?

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Yes?---We have different types of facilities from two beds to, let's say, four beds.

So a funding level for, say, a house of four beds could be up to a million dollars for that house per annum,

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effectively to fund that house to keep it going?---It could be. 1

Yes. I might just turn then to a subject about training and staffing of those residential care facilities?---Sure.

That's obviously a challenge for your area?---Yes.

The department doesn't prescribe any formal qualification for a residential care staff member, do they?---No.

So you could have, in effect, a backpacker being a staff member at a residential care facility?---You certainly could. 10

Yes?---Sorry, but we would - as a matter of course when funding an agency we would expect that they would indicate to us the type of people that they're planning to recruit, so we wouldn't be expecting somebody to just be recruiting a backpacker for that purpose.

Yes, but a residential care facility is often a facility which has high-needs children?---Yes. 20

Yes, and without some sort of formal qualification it could be someone who expresses an interest in looking after these children but doesn't have any qualifications in how to look after a high-needs child in residential care?---We would expect that the residential facility that's taken on the brief to care for these kids - they would find the appropriate person to the providing of that service because we do have a service agreement with the organisation and that's about how they're going to actually provide care for our children. So effectively if they're going to put a backpacker in there, that's going to make it very, very difficult in terms of them meeting the requirements of the service agreement. So it's incumbent upon them to find the appropriate person to staff the residential so as to provide the appropriate service to the children. 30

All right. Now, the police may give evidence over the next two days that in this area, in the Logan area, they experience a lot of problems with being called out to residential facility for things such as breaking house rules, kids running away, needing to restore order and rules within the house. What do you do as a department to review those residential care facility when there's been a high level of callouts?---I mean, I think that as a matter of course whenever there are any issues with our residentials the director of the placement services unit and other officers will meet with the parties and look at what has transpired and look at how we can actually manage the situation better in the future. We also look at their service agreement and the funding arrangements, whether or not they're meeting the requirements of their funding affidavit, so there are different points where we can 40

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actually speak with or explore with the service providers as to what is going wrong or what are the issues and look to resolve that where we can.

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So do you work with police on that issue as well?---From time to time we do where that's appropriate, yes.

So take an example where you have one house where there's been 140-something callouts for one residential facility alone. In those circumstances, has the department sat down with police and the care facility to work out, "What is going on here?" and "How do we fix this?" or, as a last resort, withdraw the funding from that care facility and give it to somebody else?---I mean, in terms of - I mean, there have been occasions when we've had to do that, I mean, where it was very clear that the care facility was not providing the service that it was contracted to do so that's not an impossible proposition. Obviously what we try to do is to work with the service provider in the first instance and try and resolve the issues.

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We certainly speak with our colleagues from Queensland police and look at what we can do to address the issue. I mean, I think another part of our region; we have done that very successfully. For instance, if we look at our work with Queensland police in the Coomera area where we've done some great work in terms of how we may manage the ongoing callouts. And borne out of that, I understand, was the project Boyer which received a lot of kudos, I guess, in the child protection world, as it were, in police as well. So we do work with police and we do work with service-providers, but there are certain issues, obviously, that are more difficult than others.

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What are the reasons for the call-outs? Is it unruliness?

MR SIMPSON: Unruliness, wilful damage, the running away from the facility.

COMMISSIONER: Right, so obviously that's saying that someone is having difficult with controlling - - -

MR SIMPSON: Yes.

COMMISSIONER: - - - the children. How old are these? Do we know the mean age of these children?

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MR SIMPSON: I don't have that information.

COMMISSIONER: What does the department do if you've got an unruly 16-year-old who doesn't need protection from their parents or anyone else - it might be the other way round? Do you look at revoking the guardianship order? ---It's on a case-by-case basis. Insofar as a 16-year-old is concerned we certainly would be looking at whether he or she has independent means, whether - - -

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Say he or she has been in long-term guardianship of the chief executive for the last six years of their lives? ---Yes.

So they haven't got independent means, but the department as parent can't control them; and they self-place, they abscond, they create havoc in their homes that are provided by the department and paid for by the taxpayer; what does the department do?---As it stands at the moment under our current legislation we certainly wouldn't revoke on that basis. I mean, we would need to feel comforted in the fact that the young person is not at significant risk. I mean, we still have an obligation despite their unruliness to provide protection for them.

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Because of the order?---Because of the order, yes.

Yes, so by revocation is a revoking of the order?---Well, going before a magistrate to revoke an order, we would need to indicate to the magistrate that there are no longer any

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protective concerns for this child. 1

This child is 16, what protective concerns would there be?  
---But still a child under our legislation.

Yes, I know that, but what protective concerns would there be for this child?---The child doesn't have anywhere to live, doesn't have independent means, may be involved in some sort of - I don't know, criminal activities and so on and so forth.

They're a risk to other people, not a risk from other people to them?---That's very true. 10

So why does the chief executive regard it has her responsibility to maintain uncontrollable, unruly children for an extra two years at taxpayers' expense?---Again, I'd just have to go back to how our legislation is structured.

How is it? How does the legislation prevent you doing something about that?---Well, I mean, I think that the legislation is very clear about a child at risk.

Which part?---A child who doesn't have a parent willing and able to meet their needs. 20

That's right. Let's assume that this 16-year-old doesn't have a protective parent?---Yes.

Right. So how does the legislation prevent you doing anything about that in that situation? The child also has to be at unacceptable risk of harm as well as having a non-protective parent, doesn't it?---I'm assuming that a 16-year-old who doesn't have somewhere to live and who may be engaging in risky behaviour would be at risk by definition. 30

At risk of harm?---At risk of harm, yes.

Right. But do you investigate? As you say, it's case-by-case. Do you have a look at it and see what risk of harm there is and whether that risk can be alleviated by, for example, helping them, supporting them into independent living?---Yes, we would. From time to time we would do that, but again, like I said before, it's dependent on the situation. I mean, there are 16-year-olds who are not at risk and who have independent means of living and who are in a reasonable family situation where we'd revoke our order. 40

How many times have you revoked an order in the last 12 months in this region?---With regards to a child fitting this description?

At all?---I'd venture a guess, probably four or five times.

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Four or five times. And of those, how many were for the reason you've just stated - a child in that category?  
---Probably one.

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How many call-outs do the police yet to this one facility?

MR SIMPSON: Just one second. 146, I think.

COMMISSIONER: And how many children in this facility?

MR SIMPSON: Four.

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COMMISSIONER: Four, right. And on those occasions who was running the facility, do the police know? who was in charge?

MR SIMPSON: I didn't look that up.

COMMISSIONER: We might ask them. All right, can I just ask you some more questions about this. You've got 181 intensive foster care placements?---Yes.

How do I qualify for being an intensive care placement?  
---You are recruited specifically for that purpose.

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No, I'm the child. How do I qualify for getting one of these?---Principally because of your behavioural presentation. You might - - -

Can you explain that?---Sure. You might be a child or young person who has not been able to be maintained in one of our traditional foster care placements.

You can't keep them in foster care because of some reason?  
---That's right.

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What sort of reasons would they be?---It could be because you have very violent behaviours; you may harm other children in that placement or you may harm the foster carers; you may have certain sexualised behaviours that require considerable monitoring and supervision that would otherwise not be able to be provided in a context where there may be other children in your original placement.

So am I the most difficult children you have to look after?  
---Perhaps not the most difficult, but some of the most difficult.

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And I'm in intensive foster care because I can't be in general foster care. Is that right?---Generally speaking, that would be one of the criteria, yes.

And if I'm too hard for intensive foster carers I move to a residential, do I?---You may, yes.

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Where else would I go?---Well, basically that's where you would go. I mean, effectively if you don't have - you can't be in a foster care system, you would be looking at a residential of sorts.

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Yes. And there are 98 of them, is that right?---Yes.

So are those 98 residentials set aside for the most demanding children?---Generally children that we can't place in other general foster care arrangements, yes.

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So it's the last resort?---It's an alternative to. I wouldn't call it a last resort, but it's when we can't place children in our general population of foster carers, then we would look at a residential facility. It may be, for instance, that a young person is, by virtue of their age, by virtue of their life experiences, that foster care may not be a suitable placement for them, so it may not necessarily be that they're absolutely unruly and difficult, but that on balance a foster care placement with mum and dad and other children may not be the best option for them.

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MR SIMPSON: Can I ask what life experiences you mean by that?---It may be a young person who hasn't been in a family situation for quite some time and basically have come into care for whatever reason, that it may not be appropriate for them to be necessarily in a family with mum and dad.

What sort of age of child are we talking about?---We're talking about an older cohort of children, probably the 14, 15 and above.

COMMISSIONER: Do you know the break-up of this 98 in your region, as to why they're there?---Not specifically, no.

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Is there a record of why they're there? Does the department know why they've got 98 of these children in residentials as opposed to anywhere else?---Yes, we do. We can certainly provide that information.

Yes, that would be good. These residentials, are they short or long terms?---They vary from short to medium term-type residential - - -

Medium term, maximum of two years?---Look, I think that medium term would be around six months to 12 months.

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So what do you do with these most demanding cohort who can't be placed anywhere else who then go to residential but can only stay there for a short to medium term, which is, what, six months?---Let's say six to 12 months.

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Let's say six to 12 months and let's say they're 15 to 16 - or 14 to 15?---Well, there are other placement options such as young people transitioning to independence. You've got the support - - - 1

But they're only 15?---Sorry?

They're only 15?---Well, we would - obviously we're not going to just kick them out of the system, but we'll certainly look at options. It may be that we need to see them through for a few more months until they're old enough to go into what we call a SYLS placement, which is, you know, supporting young people towards living independently. So there are graduated options that we can look at for young people. 10

So you might pull them out at 15 once they've finished their medium-term residential and move them into a supported facility to independent living. Is that right? ---Probably not at 15, but certainly we would - I mean, again, each young person or child, you know, is an individual, so we would consider what is in their best interests at that point in time and tailor something for them - - - 20

Well, the figures I've got don't include - from you, don't include anywhere else other than 98 residential and semi-independent living placements. So can you tell me, of the residential how many - sorry, of the 98, how many are in residential and how many in self-independent living placements?---I do not have this figure at this point in time, but again, I can make that available for you.

Yes, okay, that would be gratefully accepted, thank you. So I'm unruly, what, I'm a transitional placement. Is that another reason why I might qualify for a residential? I'm someone who has been to lots of different placements in my involvement in the system?---You may. 30

Yes, that's what they call transitional placements, isn't it?---Transitional placements traditionally were, again, placements funded for those difficult young people who could not be placed anywhere else in the system.

Their characteristic was they kept moving from one placement to another, either by themselves or because they were rejected by the carer?---That would have been one of the characteristics, yes. 40

Have I got - when you say I present - my behavioural presentation qualifies me for this, does that include the fact that I might have an impairment or a disability of some sort?---In some instances, yes. If we can't find you an alternative placement in the mainstream system you may have to be in, I guess, a residential type placement that would meet your needs.

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Does the department do root cause analysis, do you know?  
---Root cause analysis in relation to?

Yes. Do you know what that is? It's finding out the origin of the cause of the presentation. Rather than treating the presentation it's looking for what actually causes it and treating that?---I mean, as part of our processes with young people we certainly will refer them to the appropriate professionals to work with them in terms of addressing what may be the cause of the issues, if that's what we're discussing.

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Is one of the transitions the department does is transition a child with a disability to the disability services part of the department at 18?---Yes.

Do you know how many of them were transitioned last year?  
---No, I don't, but again, that information I can make available.

So of that, do you know how much those 98 residential and semi-independent living placements, what proportion of the \$41 million made available for those placement funds consumes?---We are looking into that at the moment. No, I don't have the break-ups of that, but again, that information can be made available to you.

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Yes, that would be good, thanks.

MR SIMPSON: Mr Payet, in May of this year ABC television Lateline program covered an issue relating to residential care staff and residential facilities and perhaps pointed out some issues or made some criticisms about the qualifications of people and the behaviour of young people in residential care facilities. As a result of that program did the department do anything, or have a meeting about it, or react in any way?---React to the program?

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Yes, did it use that program as a marker to change its behaviour or do anything differently or respond in any way to the accusations or allegations made?---I'm not aware specifically of the department's reaction to that program, but I can say, as I've said before, that certainly as a region we continue to look into how service is provided by our service providers and look at the qualifications of their staff and their behaviour and how they manage themselves whilst they're working as care providers, as it were, for young people.

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In the evidence to be given by Detective Sergeant Waugh he posits the idea of a containment model of care one step above a residential care facility. Do you understand what he might mean by that?---I understand that the Victorian system has something similar to that. So this is about

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where a young person's behaviour is such that he or she cannot be contained in the community as such. 1

So it's almost a step between a youth detention centre and a residential care facility?---Yes.

Do you know whether that issue has been looked at in this region as being an option for some of the children where their behaviour is extreme?---Such that they are contained in a facility?

Yes, contained in a facility?---No, we have not. 10

The ones who are running away and becoming missing persons for police. How is the department in this area reacting to that?---Look, I think we continue to try and engage with young people, but certainly we have not had on the agenda a containment model for the placement of kids who abscond regularly.

All right. Well, perhaps I might turn to some what might be considered more - some positive issues for the department. Helping Out Families is being trialed in this region over four years. That's right?---Yes. 20

The commission has heard evidence about Helping Out Families generally?---Yes.

Now, this region gets a lot of trials because of its high intake of out of home care children. That's right, isn't it?---I'd say so, yes.

Yes, and it's also - so it's got the Helping Out Families initiative, it's also got the new child protection manual, I think it is, that's being - reporting guide, that's being trialed also in this region. Can you perhaps inform the commission as to whether Helping Out Families has had any positive effect on diverting children from say the residential care or foster care systems and keep them in their families?---I think we can argue indirectly - if we look at the fact that the Helping Out Families program has, according to our current stats, reduced the number of notifications made to the department, we could possibly extrapolate from that: that would have an impact on children eventually coming into our care, but as to whether I can make a direct correlation between the two, I don't think I've got evidence to be able to do that. All I can say is that the proposition of families being helped before they get into the statutory system would support, you know, the view that the more they're supported before they get into the system the less likely they are to get into the system. So that would be the argument that I would run. Do I have any evidence to support it categorically, I do not. 30 40

So you haven't actually got any data to say whether there

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are any particular children who have been the subject of the Helping Out Families initiative but despite that they've ended up in care in any event?---So despite having been with the HOF they've come into our care?

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Yes?---I do not have that evidence, no. I don't have that information.

All right. Now, would - this might seem obvious - that would be helpful to have that information, would it not? ---It would, but it would be quite a complicated process because it's assuming that only one variable is necessary in order to determine whether a child goes into care or not. I mean, there may be another type of variables that's involved in this configuration.

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But how do you measure whether HOF in this region is working at all and the \$55,000,000 to fund it?---Well, one of the measurements that we would look at is, firstly, the number of notifications coming through to the department; secondly, we would also be looking at the reunification rate; in other words, those families involved with the Helping Out Families, whether or not they've been renotified to the department, and our current data would suggest that where HOF is involved there's a clear reduction in the number of renotifications to the department and the longer they stay involved, the less likely they are to be rereported.

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COMMISSIONER: There must be some formal measurement. I mean, when the department allocates \$50,000,000 to see if something works, surely it sets out how it's going to be tested?---Absolutely.

Right. Where would we find that?---They're the two variables that I guess I've been talking about before. One is about the reunification rate.

Yes?---In other words, if you're involved with HOF, you are less likely to be reported back to the department.

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No, I mean, whoever puts the proposal of HOF forward and says, "We want a slice of \$50,000,000 from the funding allocation to the department to see if this works," surely they have to as part of their proposal say, "We'll be able to tell you if it works because this is how we're going to measure it"?---Yes.

"So you should give us the 50,000,000 and we'll give you the answers"?---Absolutely; I mean, the reports are being produced on a yearly basis to look at how the HOF is actually travelling.

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But according to some preset determinants. Is that right? ---I understand that there are some key performance indicators.

MR SIMPSON: I have no further questions of the witness.

COMMISSIONER: Thanks.

I just want to clarify one thing. So if I wanted to find out of the - see, when I read these figures, I have got to tell you, say, Beaudesert, I saw 135 non-indigenous under long-term orders. I thought there were 135 from the Beaudesert area. I don't know why I thought that; probably because it was under the heading "Beaudesert", but you're telling me that what that actually tells me is how many children are placed with foster carers in Beaudesert? ---That's correct.

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So that's all these figures mean. If I wanted to find out

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of those 135 how many came from Logan central which has a low figure, I would have to ask separately for that information?---That is correct.

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And if I did, would the department have it?---Yes.

So really all this break-up tells me is - it tells me more about the availability of foster carers than where the children in care come from?---That's correct, but that is not to say that service centres don't place in their own areas, but you're quite right, it's about the availability of placement in a given time.

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It's still in your region?---Yes.

I mean, I understand that. All right, thanks. Yes, Mr Hanger?

MR HANGER: Should we take on notice - we can find out where they come from as distinct from where the foster parents' homes are?---Sure.

And that can be done?---Yes.

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Mr Payet, could I refer you to paragraph 12 of your statement? You refer there to 2069 children subject to ongoing intervention, then you refer to 1796 children the subject of CPOs and 273 children subject to an IPA so that if we add the 1796 and 273 together, we should get the total number of 2069?---That's correct.

Correct, yes. Now, then of the 1796 children subject to CPOs, you tell us that 1722 are living away from home which means there are 74 with CPOs living in homes?---That's correct.

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In their own home?---That's correct.

Could you tell us a little bit more about that because it seems to me that perhaps those 74 children are at risk if you have made a child protection order for them?---They would be subject to a supervision order, generally speaking, or a directive order so they're still counted as child protection orders. So that's where a court has made an order giving the department the authority to supervise certain aspects of a child's development whilst living in their parents' home.

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So those 74 are subject to some kind of order that's not actually a child protection order. It's a supervision order?---It's a child protection order but child not living in the care of the department.

COMMISSIONER: It's in the definition of "child protection". It's a type of child protection order? ---That's right.

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The figures never break down what type - they don't break down those under orders by type of order, do they?---No.

MR HANGER: Yes, thank you.

COMMISSIONER: Sorry, I notice that the PSOs, which is the protective supervision order - they don't seem to be used a lot. 74, for example, out of that total figure of 1796 - 74 out of 1800 - what's the problem with that?---It's quite true. I mean, generally speaking, either a child - parents are willing to work with the department, hence we have the IPAs in trying to address the protective issues or the situation is such that children or a child needs to come into the care of the department. PSOs or protective supervision orders tend to be the sort of - you know, the in between where there are protective issues but parents are a bit reluctant to be involved with the department, hence some sort of prompting in terms of the supervision. Yes, it's not used as readily as the other types.

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Is that because it's high maintenance for the department? ---It can be. It can be because a supervision order is such that you still have to gain cooperation from the parents to be - you know, for us to be involved with them and, generally speaking, if they're not giving us that cooperation, it makes it very difficult to intervene, whereas with an IPA it's very clear that the parents, you know, are willing to accept some sort of involvement from the department and having a child who has a number of significant - well, you would think because there's a court order, significant protective issues, living in a home with the parents perhaps reluctant to allow proper supervision it makes it very difficult.

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I'm just wondering - and I would like you to comment on this - if we spent money at the front end of the tertiary system and used these protective supervision orders more effectively, would that mean we could have less children in need of high-cost residential care?---I mean, I suspect we could provided we have the proper support in the home and you have parents who are willing to work with - - -

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Well, is there a way of getting the local community to participate in getting the families to pull their weight? Does the department do that, like, go to the REs or the other NGOs that are around Beenleigh or wherever they are and recruit them and say, "Listen, these are out options. This child can stay at home under a supervision order but the family is going to need some support to be cooperative enough for us to do it"?---Yes.

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"Otherwise they're coming into care. Can you help"?---We certainly do that; perhaps not with the threat that they might come into care but we certainly co-opt other

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community agencies to work with us towards addressing the children's or child's protective needs.

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But you can only achieve success in what, something less than 74 cases?---Yes, it is a difficult arena to actually practise insofar as statutory child protection is concerned.

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You know what they say, practice makes perfect. Mr Hanger? 1

MR HANGER: Yes, I suppose also that at times you try and work with families and you find them non-cooperative, not turning up for appointments and so on?---Yes.

Does that happen a fair bit?---It does. It can happen, yes.

If I can go on and ask you a little bit more about paragraph 14 that you've already been asked about. I asked you outside if you can give a breakdown and you're going to do this, aren't you?---Yes. 10

You're going to tell us how much of the \$41.1 million relates to the 1073 foster placements and kinship care, how much relates to 98 residential claimants and semi-independent living and how much relates to 181 intensive foster care placements?---Yes.

That's doable?---Yes.

All right. Now, I'd just like to understand a little bit more about these residential placements. There are 98 people in them. How many residences are there?---How many residences in the south-east? 20

Well, how many residences contain those 98 people?---I'll have to check my notes on that, if that's okay. Still looking.

That's all right. Don't worry about it. Don't worry, you can always go back and find it?---I can always give it to you later.

All right?---It's in here somewhere, but - - - 30

I'm making a very quick deduction that it might be about 25, because you talk about four beds in one house, but are there some with three beds and some with six beds, or is it four bed - - -?---It's usually two to four beds.

Two to four?---Well, two or four. I think we do have a six-bed somewhere, yes.

All right. Each of these houses I think has nine staff. Is that right?---On a rotating basis. 40

I mean, there are three eight-hour shifts in a day? ---Roughly speaking, yes.

Yes, but then you've got weekend shifts and so on. I think somebody told us nine staff per house?---I couldn't tell you specifically, but yes, that probably would be correct.

From the evidence that the policeman is going to give,

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there's a lot of problems arising from these houses. 1  
You're familiar with that?---Yes.

Absconding?---Yes.

He talks, and my learned friend has talked to you, about  
repeated calls to particular houses. There is a suggestion  
that there's quite a lot of crime coming from the houses.  
Are you familiar with that and can you confirm that?---I  
know that young people can damage property in the house,  
they can make threats to workers on duty. They may steal 10  
things from time to time. They will be the sort of  
misdemeanours that I think would emanate from those houses.

I think it's fair to put to you that the policeman's  
evidence is that one person was responsible for about  
\$1 million worth of thefts and damage in the course of a  
year from one of these houses. Are you familiar with that  
particular person?---I'm not familiar with that figure.  
I'm aware that some young people would have caused  
significant damage. \$1 million worth of stolen property,  
I'm not familiar with that, no.

I'm not saying it's all stolen property. Damage or - - -? 20  
---Or damage, yes.

- - - arson, I don't know. I don't know. We can ask him,  
but, I mean, there's nothing - I'm not being critical of  
you in this in any way. What can we do about this? It's  
an unacceptable burden on the community and you're an  
experienced person in the field. What's your advice to  
Mr Carmody?

COMMISSIONER: Given that the state is the parent of that  
child?---I think one of the difficulties that we have is 30  
that we often come into the lives of young people quite, in  
some instances, late in the piece, where the situation is  
already quite problematic, and effectively we are then  
trusted with, I guess, a need to try and reverse or resolve  
the situation.

MR HANGER: That's all a prologue. It's not the kids'  
fault. They've been badly brought up in some way, shape or  
form, abused, neglected, whatever it is?---Yes.

Now we've got them as teenagers?---And I think there are  
two problems with this, and I think I talked about  
prevention in the first instance. I mean, I think that we 40  
really need to start focusing on prevention and early  
intervention, that we need to start working with the  
community to in a sense change the fabric of society,  
because we very much have been in the tertiary mode of  
child protection, which is really after the fact. After  
the fact that something has happened, then child protection  
comes into the fore to actually deal with the situation.

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I'm not suggesting that it's intractable but it is very difficult for us to reverse what may have been progressing over many, many years.

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All right. You're saying don't get into this situation in the first place, and that's good advice and point noted? ---Yes.

Of course, it's been said for many years now, as well, hasn't it?---Yes.

That we should intervene at the secondary level rather than the tertiary level. That advice has been given to us for many years.

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COMMISSIONER: You don't mean the department intervening in the family by removal, I don't think, do you?---No, no, I'm not suggesting - - -

That's not what you mean by early intervention?---I mean, my view of early intervention is about education, it's about providing opportunities for families, and in some instances resolving some of the inter-generational issues about - - -

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All right. So you say it's not your job, child protection, it's someone else's job?---No, I'm not suggesting that. I'm suggesting that child protection is a whole continuum. I mean, child protection is not just the tertiary end of child protection, but it's about early intervention, secondary intervention and ultimately tertiary intervention where basically the other processes have not made any impact on the life of a child. Now, just going back to the question in terms of now that we've got these children in our care what do we do, I mean, I think that there have been many things tried in the past and currently if we look at some of the things that have been tried, would be things like providing some sort of opportunity for young people. It may be in the physical realm in terms of - I don't know, I spoke about Camp Booyah before, where, you know, we've got these young people who perhaps need to have some sort of an outlet, to have a more contained arrangement away from everyday situations.

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What is Camp Booyah?---Camp Booyah is an initiative between Coomera police and Nerang Child Safety Service Centre where they designed a program for young people at risk of offending and in some instances with, you know, having been involved with police or on the verge of being involved with police, and basically provide them with a wilderness type camp, some - a mentor to actually assist them in day-to-day activities and where they want to go and also with some sort of vocational input so that they do have something to look forward to.

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That sounds a wonderful idea. How long do they stay in

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Camp Booyah?---Look, it's a progressive thing. I think it's up to three months altogether, with the initial phase being for a week or 10 days and then they progress after those phases - - -

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So they go in and out of Camp Booyah over a period?---Camp Booyah is just a sort of - the overall concept. The camp - - -

It's not a place?---Sorry.

It's not a place. I thought it was a place?---No, no, it's not a place, it's just the name of the actual project rather than a camp per se.

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COMMISSIONER: Is that the same one you've referred to at paragraphs 21 and 22 of your statement?---Yes, that's correct.

Okay, so let's - all right, let's accept that child protection is a continuum. I've heard that word a lot, and that the Child Safety Services part, component, of the department is the one responsible for child protection. Is that right?---Yes.

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Because the chief executive allocates responsibility for the administration of the Child Protection Act to child safety services section?---That's correct.

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And the Child Protection Act does have preventive and early intervention principles in it?---Yes.

Doesn't it?---Yes.

In section 5. And in the functions of the chief executive, they include being proactive, preventative and early interventative, don't they?---Yes.

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So your role in that process starts at intake?---That's correct.

You can't peer through the window at any time before, you've got to wait to react to some information, don't you?---That's the usual process, yes.

You're reactive by nature, aren't you?---Yes.

So what do you do at intake that is early interventive? At your first step of involvement, what do you do with those intakes that don't qualify for forensic investigation? What do you do with them?---There are a number of things that officers will do. One of the critical things at intake is I guess for what I call brief counselling. So the person actually making the call, especially where it doesn't meet the threshold for departmental intervention or the helping out families program, that workers will spend some time speaking with the notifier about what else they may have done in the situation or what supports they could provide to the actual person. So there is a dialogue there were possible about what other options can be explored, particularly where we can't necessarily evoke any other more intrusive - - -

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This is a reporter dobbing someone else in?---Well, in some instance - yes, in some instances it may be family members; in some instances it might be a neighbour. As to that, we can say to the neighbour, "Well, what have you done? You've heard a child cry or you haven't seen them over - for a couple of days. Have you gone over to see what's going on?" Rather than saying, "We will go out and investigate it."

But I was thinking more along the lines of your ability to refer to some other agency that might be more supportive than intrusive?---Certainly. I think that we do refer it to a variety of agencies at that point. What is difficult, though, is that as you've rightly pointed out, if you've got somebody calling in about somebody else you may say to them that yes, there is an agency that you could actually access and you may be able to refer this person, but it's dependent on the relationship obviously between the

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notifier and the person they're notifying about.

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What do you think about the - do you think there's a tension between the function of the chief executive as a point of referral at intake and the (indistinct) at notification stage? Do you see any tension between the discharges of those two functions?---Again, it's dependent on the framework that you attach to it. I mean, I think - - -

Given the current framework?---I would say that perceptively, yes, there's a tension, but I think over time and with training people resolve that in terms of how they actually apply the policy and practices. So it is not a situation where there's some sort of disharmony between the person trying to address what is coming through and trying to address referring on. I think - - -

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No, I mean more from the point of view that you sometimes ask a policeman for directions, but usually as a last resort. Right?---Yes.

Okay. Aren't you in a bit like that position? If you've got someone who needs help are they going to ring up the department, do you think, and say, "Listen, having this problem at home, it's resulted in a little bit of violence. I need help." They don't really need your help, necessarily?---Mm.

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But they're turning to you for help?---Mm.

What help do you give them?---I understand your question. I understand what you are saying, that yes, it is from the perspective of the person making the report, somewhat problematic because whatever they say may lead - or could lead to the department becoming involved with their family, and that may not be the intent of their actual call to us.

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No?---But because of our responsibilities we are duty bound if we determine that - - -

Once you get the information you've got 100 per cent ownership, haven't you?---That's correct.

And you've got 100 per cent risk-carrying?---Yes.

Right. So wouldn't the way be to reduce that by giving the intake function to somebody who actually does refer to other places and actually offers help and support rather than investigations and assessments as their primary function?---Sir, I guess what you're suggesting is something like a community agency that takes on - - -

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Something other than the hard end of the department? ---Okay. I know that happens in Victoria, I believe, and to some extent in New South Wales to a different degree. I

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don't have necessarily a firm opinion on it, but I can see how that would be of assistance to the general community.

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What about the transition from 15 to 18? Do you think the department is best placed to be responsible for that function, or do you think that could be done as well or better by an agency that was looking at not only the transition, but the child after 18, which who - not being independent of the department, but being independent?---I would see that as a very positive step. I mean, I think young people as part of their own differentiation perhaps need to get away from the department and the department represents certain things in their lives. I think if we could work closely with an NGO to provide that support for the young person, I think that would be most welcoming. It's about - obviously we need to think about it very carefully as to how we do that and structure the - - -

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This is our chance?---Yes. I mean, I certainly would support that proposition.

Okay. Thank you, Mr Hanger.

MR HANGER: I was asking you in desperation, what are we going to do? And the Commissioner pursued that line. You've mentioned a Camp Booyah?---Yes.

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It seems like a good idea. What else? Before you answer that, let me read to you just a little bit of what the local policeman says:

*A check of QPS indices has been conducted and has shown that of the top 10 missing persons reported within the Logan district, nine reside in residential care facilities within the local police district. Records indicate that these persons were the subject of 49 missing person reports, all requiring police attention. The remaining missing person did not reside at the facility; however, records show the missing person was the subject of discussion within SCAN. It is also noted that in every case these young persons are recorded as having been involved in the youth justice system.*

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I take it being involved in the youth justice system means they've committed offences?---Yes.

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Now I come back to the question: give me some more ideas, or give the Commissioner some more ideas?---Can I just contextualise the officer's report. It must be understood that when a young person goes missing and a young person is in our care we are obligated to make a report to police that this young person is missing. So consequently the reports would indicate from the policeman's point of view the predominance of our young people on that report because

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of that requirement that we have - - -

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He's saying you're taking up too much police time?---But again that's a function - that's a requirement from our perspective that we have to do that. We have to report to police if one of our young people were to go missing.

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Sure?---But it would be different - - -

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So you have got to stop them going missing?---Sorry?

So perhaps you have got to stop them going missing?---Yes. The question of how do we do that - it is clear that as a department we can't provide the sort of home environment that a young person may want. We do not have the broad-brush capacity to tailor-make a placement for a young person and very often because of that perhaps, young people don't feel comfortable in their environment or for other reasons. I mean, they might just be running away with their friends. This happens on a regular basis, but perhaps it's not reported to police but because the child is in our care, that's very much highlighted that a child in care is now missing; not suggesting that's a good thing.

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You're not answering my question?---I think again I don't know whether there is a solution that I can come up with right now in terms of how do we - you know, how do we make it different for young people so they don't run away, so they don't offend, so they don't feel, I guess, disenfranchised?

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All right. You don't have a magic bullet?---I do not have a magic bullet, nor a magic wand for that purpose.

Let me refer you to paragraphs 24 and 25 of your statement. You talk about a more robust prevention system and you also talk there about professionalising foster care, so perhaps we should talk about those two things. What's the more robust prevention system? We all agree that early intervention is a great idea and we talked about Camp Booyah which is obviously early intervention. What else there? What does "more robust" mean in that context?---I mean, I think that we're currently trialing the Helping Out Families in the south-east. Obviously I can't pre-empt what's going to happen in the future, but certainly to broaden that particular program across the state I think would be a valuable exercise.

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We certainly heard good reports of it, yes?---And in terms of prevention and early intervention I think that we need - as a society we need to engage with a number of statutory or government service providers from health, education and so forth to actually start working with young people and children.

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Thank you. What about the professionalising of foster care? That means pay professional foster carers proper money to look after children?---Yes, that is an idea. I mean, I think that borne out of the fact that hitherto - you know, I'm generalising, I know, but one parent would stay at home and the other parent would go to work and the parent staying at home would be in a better position to

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provide foster care for children in care, but more and more we see that both parents have to go out to work and it makes it very difficult to families to be able to provide foster care for children. So the thinking is that if families, mothers or fathers, could be remunerated adequately, that would be an incentive for them to provide foster care for children. Obviously there would be a whole range of guidelines and regulations attached to that.

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Of course, yes?---I'm making very simplistic points, but the essence of it is remuneration.

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While it's different, these residential places are in a way paid professional foster care, aren't they, or do they not provide any nurturing? Do they just provide food and board?---I think it's a different environment for young people. As I've said before, it is different to a home environment where you have mother, father and generally are not bound by having different people coming in and out, as you've pointed out before, so I think it is a different environment.

I asked you a question outside again of here. I've been given a document which may answer that question. I'll ask you to look at it and then I'll tender it?---Sure.

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This, I think, will answer the question that I was asking you in relation to paragraph 14 of your statement. Does that help you answer my question about how the \$41.1 million is split up between the foster and kinship care and the residential care and so on?---Yes, it does, that's correct.

So could you tell us the result - read that and tell us what the answer is to the question. Of the 41.1 million give us the breakdown, first of all, for the 1073 foster and kinship care placements?---Sure. So for the foster and kinship care that's 7,473,693. For the intensive foster care 14,000,000.

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That's 181 intensive places by the look of it?---Yes.

14,000,000, yes?---So that's 14,228,025, residential care total 17,938,472 and then supported independent living 1,486,021 and that takes us to a total of 41,126,211.

So that 98 residential costs close enough to \$18,000,000? ---That's correct.

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COMMISSIONER: The intensive care placements is double the foster care?---Yes.

Which is 181, 1073?---That's right.

MR HANGER: I will tender that document.

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COMMISSIONER: Thank you. That will be exhibit 71, Mr Hanger.

ADMITTED AND MARKED: "EXHIBIT 71"

MR HANGER: Yes, I have nothing further, thank you.

COMMISSIONER: Before I call on the next examiner, I know this isn't your statement but you may be familiar with these figures, and I'm taking them from Ms Oliver's statement. According to paragraph 13 of her statement RIS made nearly 3000 initial referrals to HOF for the 12 months ended 31 March 2012. Now, that's 3000 referrals out of 9273 child-concern reports?---Yes.

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So that's less than a third of people who were intakers or they reported something to the department that didn't meet the department's threshold for an investigation or forensic attention were referred to HOF which is your primary early intervention pilot, isn't it?---Yes.

What happened to the other two-thirds?---Just to go back a step in terms of your question, there are certain criteria in relation to referring a family to HOF. It doesn't mean though that the rest of the families were not referred somewhere else.

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No?---What it does mean is that, given those criteria, they failed within the sort of frame of being referred - - -

So they failed the forensic attention. They failed the HOF attention. They may have passed something else, but my question really to you is: can the department tell me of the other two-thirds not only that they might have been referred to somewhere else but they were and to whom?---I will have to take that one on notice. I do not know whether we have the capacity to extract information as to what specifically happened to - - -

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Let me tell you, if you are, if you can, you will be first region that can?---I suspect not, but I can certainly have a look at whether or not we can do that.

See, isn't that your answer to your critics who say, "They're too forensic. They're too tertiary. They're not secondary enough"? Isn't your answer there in those two-thirds that you don't know where they went?---Yes, possibly. I mean, I think the issue is the capacity of our system to be able to track so many reports that come through us and being able to identify exactly the trajectory for those reports.

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Because your main focus at intake understandably is which of these intakes require our forensic attention?---Yes.

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Because all your statements and the evidence - and again I'm not at all being critical. I perfectly understand that really the way the system currently exists is a blunt instrument for secondary early intervention approaches. I understand, but you tell - perhaps you don't, but I'm told that the average screening rates for intakes for RIS over the period was 15 per cent. What that means is only 15 per cent of all those reports you got were really within your remit?---Yes.

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Yes, and the rest really took up a lot of your time and sucked up a lot of your cost allocation to find out that they weren't something really you could do much about except maybe refer?---That's correct.

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In light of that discussion, what do you think about the idea of really - instead of being the intake service provider, Child Safety Services is actually one of the services that another intake service might refer to so that that would put downward pressure on - so you have another gatekeeper into the tertiary system that says, "Look, you don't need to ring up Child Safety Services unless and until you really need their services," and you better hope you don't?---I mean, I'm not adverse to that idea. I mean, obviously it's about - as an idea I think it's reasonable.

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Has Child Safety Services ever thought about that itself and investigated the viability of it?---Not to my knowledge, no.

Okay, thank you. Now, Ms Stewart, are you going to go next?

MS STEWART: Thank you, commissioner.

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Good morning, Mr Payet. My name is Lisa Stewart. I'm counsel for the Aboriginal and Torres Strait Islander Legal Service. I notice from the statement you haven't provided a breakdown of Aboriginal and Torres Strait Islander children in your paragraph 12?---Yes.

Do you have a rough idea what percentage of our children and young people make up those figures?---I do have a document, if you bear with me. I do have this one.

COMMISSIONER: I think it's roughly a quarter?---I think that's probably correct. I do have a statement that I can actually give to you. It's just a matter of me finding it through this maze of things.

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MS STEWART: Okay. I probably just want to confirm that it's a substantial number?---It is, yes.

Otherwise my whole line of questioning might be different. I just want to carry on from the theme that was raised

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particularly about the older children in residential care,  
particularly because, from what I understand from the  
evidence that has just come out, these children are from  
the older cohort?---Yes, generally speaking.

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Yes, have generally spent some period in care already?  
---Most instances, yes.

And obviously they've come into care because they've  
experienced harm and haven't had a parent that's able to  
act protectively?---That's correct.

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So you would have to accept there would be those underlying  
issues of trauma, grief and loss that they would be  
experiencing?---Yes.

Which quite often it's acknowledged that coming into care  
is a form of harm within itself, especially in  
circumstances where they may have gone through a lot of  
placements?---I would say that coming into care would be an  
emotionally very difficult experience for children and  
young people.

A form of emotional harm, would you say?---I suppose it  
depends on how we define "harm" in the circumstance. I  
mean, I think it is - yes, as a result of them coming into  
care, they have had negative - it has had a negative impact  
on their emotional wellbeing, yes, if we want to define it  
in that way.

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And particularly with my Aboriginal and Torres Strait  
Islander children, parents and the young people - quite  
often because of problems in placement they're removed from  
their community so they also suffer, you know, loss of  
identity and culture which kind of adds to the underlying,  
you know, issues that they're already experiencing?---Yes.  
I must say though that there is a difference - I'm not  
minimising. There is a difference between, let's say, the  
northern part or the state than, say, the Gold Coast or the  
southern south-east part in relation to what you've  
mentioned, the extrication of young people or children from  
their community per se, so it's less likely to be that sort  
of scenario.

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I'm going to ask this question of you and I'm interested in  
your opinion because I note you come from the practice  
framework of having a bachelor of social work as well as -  
I think it's the graduate certificate in human resource  
management. So you're coming from that social-work  
framework as opposed to probably post-CMC, child safety  
officers that don't necessarily come from that practice  
framework. Do you understand that move away from having a  
bachelor of social work or psychology?---Yes.

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Okay. How do you think the department responds to  
addressing the underlying issue with those children that

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exhibit those behaviours?---The behaviours in relation to - - - 1

Like, those children that are in residential care which is how I understand you've just answered my question?---Yes.

You acknowledged that they're traumatised children. They're vulnerable children. They have spent probably some time in care already. There's an underlying issue there that needs to be addressed and we can address it in two ways, by attacking the root cause or by being responsive? ---Yes. 10

So as a part of the case management, I suppose, how do you believe the department is responding?---I think that each young person's physical, emotional, psychological needs are assessed accordingly and they each have a plan or, shall we say, a case plan that identifies those needs and we look at appropriate services to actually work with these young people. I must say that sometimes young people do not want to engage with services but, you're quite right, it is incumbent upon us to make sure that we provide as much as we possibly can to support young people in our care. 20

I accept in some cases that probably is the case, but what I'm particularly interested in is the identification of the issues that need to be addressed and whether the current framework of practice from the department - are you confident that those issues are identified?---I am confident that we provide young people with a person, caseworker, responsible for them and that caseworker or CSO, shall we call the person, is entrusted with the requirement to inquire as to what the young person needs, to engage with them and to engage with their families to understand what their issues are and - - - 30

If I could just bring you back to my question, are you confident - I mean, you speak from the social-work background, but, say, a child safety officer who can have a bachelor of journalism and a graduate certificate in, you know, the child protection that UQ offer - are you confident that that particular type of child safety officer would be able to identify emotional issues that would need to be addressed under a case plan?---I am confident because the child safety officer doesn't operate alone; that there are systems, supervisors, managers, support staff that actually work with them; and our child safety officers, irrespective of their educational background, have appropriate training in terms of undertaking child protection activities. So am I confident that every single CSO will be able to do that? I couldn't say yes to that, but I'm confident in general terms that we provide our CSOs with the appropriate training and support to be able to do their job. 40

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So your confidence comes from the checks and balances that you believe the department has put in place to - - -?  
---That's correct, yes. 1

Okay. Would you accept that if we nipped these type of things in the bud by attacking the underlying issues for these children at an earlier stage we might see a reduction in these children then showing up in the criminal justice system?---Yes, I agree.

Just a follow-on from one question that the Commissioner was asking you about in relation to HOF, are you familiar with or have any knowledge of - is it the CSUS database?  
---Yes. 10

Would that - - - ?---I don't know it personally, but I'm aware of it.

Would that database be able to run the reports that the Commissioner was seeking about the effectiveness of Helping Out Families and referral for active intervention as well as the Aboriginal and Torres Strait Islander family support service?---Again, I would have to take some advice on that. I don't know specifically what it is or how it would work to answer that particular question. 20

If I can just get you to talk to paragraph 13 of your statement. What I'm particularly interested in is the RIS service?---Yes.

And the referrals to Helping Out Families and the determination of when it's appropriate and when it's not, and how that's determined?---My understanding is that where it is not a notification, in other words where statutory intervention is not required, so in other words it's an intake of sorts that there is consideration in relation to the age of the child, so a child under three; that if they had previous reports - I believe three previous reports - and previous departmental involvement. So they'd be the key things that I guess the RIS officer would be considering when making a referral to the Helping Out Families program. 30

Okay. So just to clarify, a child under three that possibly has already received three reports would not be an appropriate referral, or would be?---Sorry, a child - any child under three that's been reported to us - - - 40

Yes?--- - - - and with issues with regards to their care or their protective issues and where we don't believe that a notification in the sense that there is an investigation required, would we refer it to HOF.

Okay. And anything outside of that wouldn't be?---As per the other things that I've said, that it is their third report to the department - - -

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Third report?---- - - and that we've had, or the department's had previous statutory involvement with the family.

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And just to my own knowledge, if you've have, say, had a report for a child that may or may not have been within the vicinity of a domestic violence incident, is that a HOF referral?---If we've had a report that - sorry, I'm not understanding the question.

Quite often we see a lot of allegations that a child is at risk of harm because of exposure to domestic violence?  
---Yes.

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Whether the child has witnessed it or being in the vicinity; and while I don't underestimate the impact of that on the child, I'm just wondering as far as a departmental response, I would think that would be something that early intervention could address, but if that child that I'm talking about has been the subject of three notifications already, my understanding from what you've said is that it would not be an appropriate referral to either HOF or the Aboriginal and Torres Strait Islander family support service?---Yes, they would be. I mean, if - sorry, I'm just trying to - what I said before was that the criteria for referring to the Helping Out Families include children under three.

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Yes?---So any child reported to us who is under three; the second one is around this being their third report to the department; and the third criteria is around previous involvement - statutory involvement in the sense that with had or we've engaged the family in some form of intervention. So they're the three criteria. So with your scenario if the child has been reported on three occasions to us and doesn't meet the threshold for notification, then yes, we would prefer it to the HOF.

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Okay. And your database records previous referrals to HOF and RAI?---Yes.

Paragraph 4 of your statement, it's bullet point number 2 so I'll just refer to it as 14.2:

*The overarching intent of child safety in addressing the physical, social and psychological needs of individual children.*

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Our children have specific needs and they're enshrined in the Child Protection Act. I'm just wondering how at that juncture the needs of our children are assessed and determined as opposed to non-Aboriginal and Torres Strait Islander children?---One of the critical processes with regards to Aboriginal and Torres Strait Islander children is that we involve the recognised entity in the process and

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take guidance from them in relation to any cultural connections that we need to be mindful of with regards to our intervention. Moreover, we ensure that the child or young person has a specific cultural plan with regards to how they can connect with their family and their extended family and so forth. So we do - are very mindful that that cultural aspect of a child coming into our care needs to be underscored and highlighted for us.

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As a broader issue - because I understand that would be the case once we get to case planning stage we talk about cultural plan and placement options, but what about the investigation and assessment stage? Do you see the benefit of bringing the recognised entity in at that stage?---We are obligated the recognised entity in at that stage.

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And with their particular views and input how does that affect the decision-making of the department? (1) actually is it recorded?---Yes, it is recorded. So firstly we are obligated at the intake phase to actually involve the recognised entity in our decision-making so the intake officer will be in contact with the recognised entity with regards to the information that we've taken. So assuming that we proceed further and there needs to be investigation, then we will invite the recognised entity to be part of that investigation and also to seek their advice and that guidance in relation to how we proceed.

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Okay. Just moving on to that third bullet point there and if I could just drill down on your statement there about the level of staff skill within non-government organisation. What is the minimum entry level skill that you think that staff need in non-government organisations? It might just be helpful for you just to clarify what organisations you talk about when you talk about the non-government and what role they're performing?---I think that the principal engagement point for us, particularly with children in our care, would be services that provide or oversee the provision of alternative care for children. So that would be one group, and I guess the other group would be that providing counselling, family support, and general family intervention-type.

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I guess my focus here is more in relation to agencies providing alternative care for children. 1

Sorry, just so I'm sure, are you talking about residential facilities and everything that we've been discussing?  
---Yes, that's right.

Okay?---So I think that whilst there's not a minimum standard per se, there's certainly some sort of training. I know that there's a certificate IV in child protection provided by TAFE. I think that that would be a good place to start. I don't think we can expect all of our agencies to staff tertiary qualified people, but certainly an understanding and appreciation of needs of children in that respect would be a good place to start. 10

But firstly with the residential care facilities, if I understand your evidence, staff don't actually need a qualification?---No.

So there's no minimum?---Not to my understanding, no, but it's desirable.

And they're working with the most vulnerable?---Yes. 20

So as part of your leadership role in the south-east region what have you put in place to address that?---We as a matter of course provide training for our NGOs in terms of working with young people and children. We have very regular forums with them to understand their issues and what's happening in their sector. We encourage them to seek proper training for their staff. So it's about - - -

When you say "encourage" - - -?---Well - - -

You don't frame it such as, "We may have to look at your funding options unless we can raise the skillset"?---Not to that extent, but we do - if, for instance, there are issues with regards to - or identified issues with regard to particular NGO officers providing care for our children, then we may seek to have this person have further training or whatever in that area. Not as a matter of course do we seek to, how can I put it, impose that people have a particular standard, but we do recommend that people have some background. 30

Because you haven't taken that step would I assume correctly it's because you don't believe it's at such a critical point that you need to?---I believe that the sector as it stands at the moment needs to be further developed in order to accommodate the sort of - that level of professional readiness, if you want, for want of a better term. I think that we are some way away from having standard or standardised and regulated type requirements for people working in that area. It's not so much that I don't think it should happen, it's more that we need to get 40

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there.

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Okay, so I suppose I come back again to the leadership role that you hold in this region. Besides dialogue and talking to young people and talking to the non-government organisation what practical things - or what have you done further that really puts this issue on the agenda as far as it's an issue that needs to be addressed? You're allowed to answer "Not much"?--No, I'm just trying to process your question. I mean, I think that by definition having these ongoing dialogues and continuing to engage with non-government partners, I think that that's a lot to be said about what we're doing. If the question is about whether we've directed them to undertake certain qualifications then, yes, we haven't done that.

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Now, I suppose it's really about identifying a problem and then putting something in place to address it. Just moving on to the placement service unit - actually, no, I'll withdraw that, because I think you may have already addressed that through the commissioner's questioning. I'll take you to paragraph 15 of your statement. It's coming back again to Helping Out Families and I'm interested in knowing a bit more detail about the level of engagement between the regional intake service and HOF, in particular the referral of families and how that intake moves from your department to Helping Out Families. Do you have any practical knowledge or - I'm assuming you'd have your departmental knowledge?--I have a broad knowledge or broad understanding. Once it's established that the intake falls within the category that would necessitate a referral to HOF then that referral is made by a proper officer to the respective - well, depending, obviously, where the family is residing. So that would be made to the HOF responsible.

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When that referral is made do you have any knowledge of what information is used to inform the assessment of the family's needs?--My understanding is that - and again, I don't have a great deal of practice knowledge in this area, specific practice knowledge, that whatever it is that has been gathered in terms of information in the first instance it's referred to the agency and the agency then will connect with the family and then make an assessment in relation to that family's needs, assuming, of course, the family wishes to engage. As you know, HOF is a voluntary interaction, I guess, with families, so they're not bound to accept a referral.

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No, I accept that. I'm also interested in your thoughts about the referral process between Helping Out Families and the family support alliance and how they're allocated, an it might be useful just to talk a bit about the family support alliance, for everyone's benefit?--So we have three of those in the south-east region. I believe there's the Logan, Beenleigh-Nerang and the South Gold Coast, which

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is Labrador down to Mermaid Beach, I believe. So the agencies are responsible for going out and engaging with families and doing the needs assessment and then determining which service or services, if appropriate, would best meet the needs of the particular family that they're engaging with.

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Then the appropriate referral is made?---That's correct.

So who makes up the family support alliance? I understand three levels - - -?---Yes. Again, I don't have very specific information insofar as that is concerned, but yes, it is a tri-level arrangement and with the alliance I guess having the capacity to refer across that sector, if you want to call it that.

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What knowledge do you have about the part that Aboriginal and Torres Strait Islander organisations have in the alliance at each level, at the local level, the managerial level and the executive?---All I can tell you is that I'm very familiar with the fact that the intensive ATSIF program, as it were, is well utilised in that process and I personally have very regular meetings with the (indistinct) representative with regards to that. I couldn't tell you specifically in terms of how the machination of the various bits and pieces fits into that arrangement, but I certainly have a broad understanding of what goes on there.

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Do those organisations, like our Aboriginal and Torres Strait Islander organisations, have a role at the other two levels or a voice?---I couldn't answer that question. I don't know. 1

Can you see any impediment, if they don't at the moment, for them having a role?---I don't see necessarily any impediments, no.

COMMISSIONER: Do you see some advantages?---I think that again, yes - yes, I'd say so; yes. 10

What would they be?---Well, in terms of them having the capacity to be part of looking at how services are delivered or how services are - how can I put it - coordinated so they're having a voice in that process.

Wouldn't it also be advantageous to have some moral pressure perhaps applied to reluctant parents to continue to participate in this voluntary scheme by members of their local community or same culture?---Yes, I think that's a valid proposition.

You see, because if you give me the choice of putting myself out and not putting myself out, chances are unless I'm really insightful and committed to change, I'm going to opt for opting out, not opting in, aren't I?---Mm. 20

And the phenomena is the people most in need often don't recognise that?---Yes.

That's part of their need so a purely voluntary system may need to have a very softly coercive element to work, mightn't it?---Yes, possibly.

At least for them and their children?---Mm. 30

The children are the object of this whole exercise, aren't they?---That's correct.

So we're still leaving the choices about children to the system and the parents who the system is at least suspicious of, aren't we?---Yes.

And that brings me back to the point I made before as to whether or not it might not be worthwhile thinking about not even having the agency responsible for tertiary intervention and court processing and child placement involved in the referral process to things like HOF, that is, there is an irreconcilable tension between the forensic function and the support function at least in the eyes of those who need to take advantage of the support?---Mm. 40

It seems to me also that on the one hand we have a system that is completely hands free when HOF's concerned, but then when it does get involved, the hands free becomes

quite heavy and there might be some way of moderating those responses so that the hand actually that helps isn't the hand - isn't seen by those who need help as being the long arm of the law?---Mm. 1

Do you think that's worth exploring anyway?---Sure, yes.

All right. Sorry, Ms Stewart.

MS STEWART: I just need to find my place again, sorry. It'll just take a minute. We were just addressing the alliance. With the referrals to Aboriginal and Torres Strait Islander organisations, are families that identify as being Aboriginal and Torres Strait automatically referred to the Aboriginal and Torres Strait Islander organisations?---Insofar as the HOF is concerned? 10

Yes, rather than the mainstream?---That is my understanding. If that's established at the beginning, yes.

Is it your understanding or is it what's happening in practice?---It's what happens in practice. 20

Based on feedback that you get?---Based on feedback that I receive, yes.

I suppose on the flip side the families that don't end up with the culturally competent service and end up in the mainstream service - do you have any knowledge about how, like, our families and children's needs are met by the mainstream providers?---Insofar as HOF is concerned?

Or any part of the alliance?---My understanding is that if it's established that they are of Torres Strait Islander descent, there would be at least consultation with the proper identified agency and/or determined whether or not the agency should take over the role. 30

But what would be impeding them from taking over that role if that consultation has taken place?---I suspect it would be their capacity to provide a specific service for the family, and again I'm just speculating. I wouldn't know. I don't know specifically what these issues might be.

Is it possible to get that information about whether, like, our Aboriginal and Torres Strait Islander organisations that provide family support services have - given the over-representation, have they reached capacity and, if they have, should we be looking at further resourcing them? Is it possible to get that information?---As to whether they've reached capacity? 40

Yes?---We can certainly have a look at that, yes. We can tell you whether that's the case.

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COMMISSIONER: You see, I suppose it depends on who's making the decision about capacity to do what. On the one hand you have got a cultural group and they will have a view as to what these children need within the context of their culture?---Yes.

But in order to give them that, right, they have to convince somebody else who has no idea about their culture that this is what they need. They have to get that other agency to approve that. The other model would be for the welfare based community agency not to have to convince anybody else about what they need, just to enter an agreement with the state to provide it and then the state monitors the performance, right, rather than being the one who says, "No, this is the standard." It's difficult. It's a question of whether you have differential standards, right, and it's probably hard for the department to apply a differential standard to a different cultural group because of the risk of being criticised as discriminatory or applying lesser standards to one cohort than the other, but the community itself of that cultural group may have the same level of difficulty in applying its own standards to its own children, as long as those standards were good enough and the care and support that was provided, although not the same as it might be for another group in another community, is still good enough. Even across regions everything is different and then within regions there are smaller communities and all the needs are different and the responses will be different, whereas what we have got at the moment is one department responsible for the whole state and what it gets is the benefit of advice, consultation, recommendations even from other areas, and these other areas are saying, "Look, we can do it ourselves. Just let us do it and you watch how we do it and give us a tick after rather than you trying to do it with us telling you how to do it and then you not necessarily accepting what we say." Do you see the difference?---Yes.

MS STEWART: Thanks.

What about this as a proposition, just moving on - well, following on from the commissioner's comments about having our child safety officer co-located in the non-government organisations, that, I believe, could overcome some perceived cultural differences. That's probably not worded very well, but what do you think about that as a proposition?---Child safety officers being placed in non-government organisations. I mean, it's not something that I've given great reflection to. It already happens in certain areas at different times, but to have a systematic change to that end, I mean, I think we would need to consider a number of systemic shifts for that to happen. I mean, I don't have a personal opposition to it, but I think that under the current climate I think it would be very

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difficult to orchestrate that sort of arrangement. You know, you'd have a lot - you'd need a lot more consideration, but worth exploration.

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What do you see would be the benefits, though?---Well, I mean, I think that it would remove some of the - and I'm being very kind to child safety here, but some of the mystery around what child safety does and gives the opportunity for both NGOs and child safety to interact in the best interests of a child, but when you look at the landscape in terms of child protection in this state, you know, there are quite a substantial number of child protection officers. You would have to work out how do you, you know, marry the officers with the NGOs, and then you have issues of confidentiality, statutory requirements that also have to be revised and looked at. So as a proposition it's certainly worthy of exploration, but I can see that obviously it would need to be explored very robustly for us to get to that point.

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Do you see any benefit at outsourcing cases that are managed under an intervention with parental agreement?---In certain circumstances, yes. If an assessment determined that an appropriate NGO can provide that service, certainly. If the policies were akin to that, yes, we would be able to do that, and I think it would be beneficial, yes.

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Because we seem to be with this inquiry at the point of change. Okay, I'll just leave that alone for now and if I can just take you to paragraph 19 of your statement about the south-east region kinship project?---Yes.

Can you just let us know what led to the establishment of this project and how it's different to the normal process that kinship carers go through?---We did some, I guess, exploratory - and I use the term very loosely - research in terms of both retention rates and capacity for kinship carers to understand and appreciate the requirements of the department. Generally speaking, kinship carers do not go through the same rigour in terms of their assessment and training as their generally approved counterpart. Certainly they can if they so wish, but there's not a greater requirement for that to happen.

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That might - sorry, to interrupt you, but that might be a good point to talk about the point of difference then? ---Yes.

So the point of difference between the kinship carer and the general?---Yes.

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You've just given evidence that the kinship carers don't go through the same rigorous - so what don't they do? ---They're not obligated, as I understand it, to go through the training process that the generally approved carers have to, but nevertheless they still have to go through an assessment process in order to be determined suitable to provide care for children subject to child protection orders. So it was really on that basis that we started a

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project for the cohort of kinship carers, to provide them with additional input and support and assistance to see whether or not that makes a difference, and what we plan to do at the end of the project, which will be at the end of this calendar year, is to go through a formal - well, semi-formal questionnaire with them and see whether or not the input that they've had over the six sessions has made any difference in terms of their knowledge of the department, their understanding of children's milestones and needs and, you know, those sorts of basic requirements for care.

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Are they given any extra changes on the particular behavioural challenges that some children will present with, or is it more about the department's expectations - - -?---No, I think it's - - -

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- - - and development - - -?---Yes. It's a broad brush approach. I mean, there are six modules and each module covers a different aspect of caring for a child subject to an order. One module, of course, is about the department, what it is, its mandatory obligations, and other modules revolve around behaviour, development and, you know, as the child grows up, what to expect, those sorts of things.

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So there's a module on challenging behaviours or just development milestones of children?---I don't know whether there's a specific module on challenging behaviour, but certainly as I understand it, it captures some of the things that carers may face when a young person comes into the care of the department. You know, they're no longer in their family of origin, they're now placed with grandma or with auntie, you know, a different environment, different way of parenting, and there could be issues that the new kinship carers need to be aware of and be mindful of.

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Do you hold any concerns for the cohort of carers that haven't had the benefit of that extra training?---And I guess this is - well, that's part of the exploration process, that our hypothesis is that I think all carers will benefit from that. The things we need to understand, that with kinship carers it's a different relationship, obviously, between carer and child. I mean, it's a consanguine relationship, it's a relationship that has been established in some instances over time, and we also need to be mindful of that in terms of our engagement with the family. So we try to be as sensitive as we can in terms of how we approach training and support for kinship carers, but you're quite right, I mean, I think that they would all benefit from training. How intensive, it's something that we're actually exploring and seeing where do you draw the line, what is the appropriate level for us to pitch for our kinship carer, and of course different kinship carers have different needs.

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I suppose that leads to my next question, about how you identified those particular applicants?---How did we? **1**

Yes?---I think we picked a cohort of kinship carers coming into - well, assuming the care of children over a period of time. So we picked X number of months and from that we picked the carers for that purpose. So it wasn't scientifically sort of - we didn't a random sample - - -

It wasn't a scientific process?--- - - - or anything like that, but yes. **10**

Earlier in the inquiry Steve Armitage gave some evidence about the youth boot camp. Are you familiar with that concept?---Yes.

It seems to have some similarities with its objectives that are found in - is it Camp Booyah?---Yes.

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As far as bridging the gap between services and meeting the needs of the children that meet the criteria for those particular initiatives. I suppose in that respect there seems to be some alignment between the child safety and the QPS about particular programs that would be of benefit. Do you see the benefit in capitalising on that boot camp idea and integrating that initiative into your Camp Booyah? ---Yes, absolutely. I currently sit on the committee that's currently looking at the boot camp, as it were, and looking at how we can actually develop this thinking and that will be of benefit to not just children from the - I guess youth justice system, but all children, I suppose, in the vulnerable cohort of young people. So on that committee QPS is also involved and so that's really a great forum for the discussion to happen. 1 10

And the continuation of those initiatives, you can see great benefit to?---Yes, yes.

Paragraph 23 of your statement, you've just noted that - well, the benefits of working with - in the region of - working with peak bodies and other industry-lead agencies, what do you see as the benefit? What do they bring to the table?---Other agencies? 20

Well, I suppose particularly with the area that we are interested in, which is Aboriginal and Torres Strait Islander children; that peak bodies that you work with in this region, who would they be?---We could work with QATSICPP; with Foster Care Queensland, for instance. They'd be the two main ones that we would engage as I've listed here, we work with a number of NGOs and government agencies; certainly Colwyn is the funded agency for this region in relation to recognised entity functions and also in relation to intensive family support; we work with AFAX (indistinct) of the coast; Gananju around the Logan area. So, yes, we're involved with a number of agencies and the benefit really is about a discourse in relation to needs of children in our area and looking at as partners how do we facilitate and move forward in terms of meeting those needs. 30

Is there any current collaborative projects that you have entered into with any of those agencies that you've listed that benefit this particular region?---Yes. I understand that we're currently engaged in a project with QATSICPP looking at placements for Torres Strait and Islander children. That's currently in train and so the idea there is to look at how we can best meet the needs of children from and Aboriginal and Torres Strait Islander background. 40

I haven't got long to go?---That's all right.

Just since you've brought up placement, I did have a question about this and I'll be interested in your opinion of whether - and it's been discussed a bit, I believe, in

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the inquiry from what I've seen on the live streaming and the transcript - about the benefit of, I suppose, making the placement services unit a bit more independent. Because as I said, at the moment it is the responsibility of the child safety officer to determine a suitable placement. In light of the fact they're doing, like, the investigation and potentially removing the child and they have that type of relationship with the family, do you see any benefit to taking the actual placement service to a point that looks more independent?---Can I clarify that the placement services unit sits - although it is under the umbrella of the region and the department, it does not sit with the investigation or assessment arm of the department. So they're two separate business units and one refers to the other or seeks assistance from the other. So it is not the same person who actually is involved in an investigation or assessment that determines where child is placed, necessarily. So there is some level of independence.

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Yes. But the person that is trying to identify the appropriate kin carer - - -?---Yes.

- - - is that your child safety officer?---In the first instance, yes.

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Okay. For our families do you see the benefit of that - well, I suppose unless they're one of the identify child safety officers which you have in your offices in the South East region as well, I'm assuming?---Yes.

Do you see any benefit to that role being undertaken by another organisation?---I can see that that certainly has merit. You know, it's worth exploring. But as it stands at the moment we do seek guidance from a recognised entity with regards to any placements, so the placements are made in consultation with our recognised entities. So it's not a unilateral decision necessarily from the department's point of view.

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I suppose from the parent point of view, though, they don't see the consultation that takes place between your child safety officer and the recognised entity?---Sure.

They just see the person making the decision?---Yes.

So would you see in - I suppose my proposal is do you believe this could be outsourced? And if you think it could be, to whom?---Look, I can say that it's certainly worthy of exploration. I couldn't provide you with any ready answer as to which organisation or who would do that. But I can see how it would be of benefit if we could establish a bona fide organisation who could assist in providing a - or consider placement options for children of Aboriginal and Torres Strait Islander descent, yes.

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I'm not quite letting go of it because it has been a major issue throughout the inquiry, the lack of kinship carers and appropriate placement, especially for our children?  
---Yes.

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So if that's a blockage, I think this inquiry is the best time to see how can identify to overcome that blockage. That's why a proposal of perhaps another agency to do that that is, I suppose, more culturally sensitive in the eyes of the family. Is that something that you, as a leader in the south-east region, would bring to the table?---It's certainly something that I would consider very closely and explore very robustly.

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So how does that occur, sorry, when you occur something robustly?---Well, I think we need to look at if the intent - if the outcome we are seeking is to have a service that is more responsive to providing appropriate placements for children of Aboriginal and Torres Strait Islander descent, this is the outcome, I guess, of a strategy. I think before we get to that outcome a good strategic think you would have to look at some of the unintended consequences of whatever decisions that we're making. I think it's a worthy and commendable outcome that we see but we need to be able to explore it and see whether or not we've got the whole picture in coming to that conclusion. So I'm not saying that we shouldn't move towards that proposition but at the same time as you rightly pointed out, as a leader in the region it's incumbent upon me to ensure that all the other factors are considered in terms of, as you rightly pointed out before, which agency will we be looking at; how would it look? Those sorts of things I haven't considered. That's why I'm saying a robust exploration.

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So to progress it, what do you see needs to occur?---I mean, I think that we're on the right path with QATSIC in terms of having that initial discussion around placements so it is really a - you know, we've already got a relationship there that we can explore and look at and see what can be done.

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So that conversation with QATSIC about placements - my understanding of QATSIC is they're made up of member organisations. Do you think it's worth having that discussion directly with your Aboriginal and Torres Strait Islander services that you currently have relationships with?---Absolutely.

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Can I just have a minute, sorry?

COMMISSIONER: Yes.

MS STEWART: Before I let go of the placement service unit, do they have the capacity to work directly with families?---The placement services unit?

Yes?---They don't generally work directly with families, no.

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So do you think they need to be more active in identifying kin and working with the families during that investigation and assessment stage?---The placement services unit?

Yes, there seems to be a blockage. If they can't work with families, how do they go about achieving - - -?---The placement services unit's primary purpose is to source placements for children in the care of the department or coming into the care of the department. They do not work with family of origin but they do provide - I think that's the question you're asking me, do they provide support for kinship carers, or are you talking about - - -

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No, I suppose when you're seeking to identify an appropriate kin carer, conversations would need to be had with the family?---Yes.

And if there's a blockage to them working with the family, now do we overcome that? Is one way of overcoming that them having the capacity to work more actively with the family?---So you're referring to the placement support unit working directly with the family.

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Or having capacity to work more directly with the family? ---I mean, I can see the point that you're making. There are some inherent complexities at the point where the department becomes involved with a family and there's a necessity or requirement for a child to be placed elsewhere. We try to limit the number of departmental officers involved in that process. Generally speaking, we would find it - I think it would be quite challenging to

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have - assuming you've got the Department of Child Safety as a whole but you've got the child safety officers working directly with a family, you will have the indigenous - the Aboriginal and Torres Strait Islander recognised entity there and then to have the placement unit involved as well - I think that would be an untenable proposition. It just probably wouldn't work in the best interests of the child having so many people involved at the initial phase of making this decision. Having said that, it doesn't stop us along the way thereafter to start exploring other possibilities in terms of placement options, but really at that initial stage I think it would be quite a demanding requirement for families to have so many people involved.

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So I take from that that I suppose any officer in the department that has removed the child may not be best placed to then work with the family?---Insofar as the current practice is concerned, we tend to separate initial intervention with ongoing intervention. So if there needs to be ongoing intervention, then usually another team will take over that role.

Okay. Lastly, paragraph 25, the professionalisation of foster care - I'm interested in that as a proposition rather than the one that perhaps we would favour which is those funds that we would use to remunerate the professional foster carers we invest into services in order to kind of wrap around the family and provide intensive family support. What do you think about that?---My proposal here is really an alternative to - rather it is not an alternative to current system but an adjunct to it so that we do have these different options out there, but absolutely, absolutely, if we can wrap around funds to provide a better option for young people and children, by all means.

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Well, stepping away from the tertiary system back to the support system, there needs to be, I suppose, that paradigm shift. Would you agree?---A paradigm shift from the tertiary system to the secondary - - -

Well, we seem to still be thinking about - we still invest heavily in the tertiary system, yet we all agree that - mainly agree that preventative is perhaps the best way to go, so one way instead of, you know, professionalising - making foster care a profession that we use that and invest it in more family support services and work directly with the family in order to preserve the family and the child? ---Yes, I think there's benefit in that.

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Okay. Nothing further, commissioner.

COMMISSIONER: Thanks, Ms Stewart. How long will you be, do you think, Mr Capper?

MR CAPPER: Probably about 20 minutes to half an hour,

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commissioner.

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COMMISSIONER: Okay. I think I should really give the witness a break and others a break. Will that suit you if we - will it suit everybody if we come back at, say, 10 past 12, a 15 minute break? Will that be okay? All right.

THE COMMISSION ADJOURNED AT 11.58 AM UNTIL 12.10 PM

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THE COMMISSION RESUMED AT 12.13 PM

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COMMISSIONER: Thanks, Mr Capper.

MR CAPPER: Thank you.

Mr Payet, I only have a few questions for you and hopefully I won't take too long. As indicated at the commencement of proceedings - I'm not sure if you heard it - I'm from the Commission for Children and Young People and Child Guardian. My questions will be focused around obviously our involvement in these proceedings and interaction with the department. Are you aware that the Commission for Children and Young People and Child Guardian publishes numerous reports?---Yes.

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And we produce them annually?---That's correct.

Have you read them and do you read them regularly?---I do. I can't say that I've read the last instalment, but I do, yes.

Okay. Now, I guess what I'm looking for is - during the course of your evidence you indicated that you're confident that the system in terms of children in the area, in your region, is working because of the checks and balances that are in place for children in your care in this region. Is that right?---Yes.

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Now, are you aware that in the Commission for Children and Young People and - well, the Child Guardian key outcome indicators reports that in relation to the south-east Queensland region - and for those following, it's annexure H to the affidavit of Elizabeth Fraser.

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In that report it indicates that south-east Queensland region has the highest percentage of matters of concern substantiation for Aboriginal and Torres Strait Islander children at 4.6 per cent?---Mm.

And in fact that figure is more than double that of non-Aboriginal and Torres Strait Islander children in Queensland which is only 1.9 per cent. That's the report from 2011. Would you be aware of those figures?---Yes, I am aware; not specifically those figures but I'm aware of the higher rate, yes.

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What is the department doing, if anything, to look into those sorts of issues and those sorts of - when you see those statistics as a leader in this area, what do you see and what are you doing to address that type of concern? ---I've mentioned this in evidence before. One of the things that we continually do is to revise and look at what we do. We certainly connect very regularly with our

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recognised entity partners in understanding what the issues are. I spoke before about kinship care in that undertaking a project at the moment to see whether or not some of the issues emanating from some of the MOCs, for instance, may be carers or foster carers' lack of understanding of their role, their requirements, as carers. So we are taking the issue very seriously and exploring initially what the issues are before we move on to look at any sort of intervention, but certainly for us our continued dialogue with our colleagues from Cowan and also with QATSICPP being an important part of that process.

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But I guess my concern I'm wishing to raise with you is that from the evidence that we've heard Aboriginal and Torres Strait Islander children in the area in care equate to about 25 per cent from what you've indicated?---Yes.

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But yet, according to the data on matters of concern - and correct me if I'm wrong - are those where a child has been identified as suffering further harm whilst in care?---Yes.

So the children in the area have 4.6 per cent of matters of concern substantiations compared to 1.9 per cent for non-Aboriginal and Torres Strait Islander children - what's being done to address that and to ensure that that's being at least reduced, if not eliminated?---As I said before, I mean, I can't refer to anything specifically that we're doing at the moment apart from looking at how we can best support our carers, out Aboriginal and Torres Strait Islander carers, in their undertaking of their role and that's about us having a very close and clear dialogue with our colleagues from the recognised entity and from the foster care arm of their service and looking at how we can best support carers, get a better understanding of what it is that's causing these issues, causing the increase or the over-representation in terms of MOCs.

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You identified that there was an important part of ensuring the safety of children in care was the checks and balances? ---Yes.

What are they, as far as you're aware?---It's about ensuring that - well, firstly, that our child safety officers receive a appropriate supervision; that they are working in keeping with our legislation and our practice and policies; that children have a plan, appropriate case plan; that they're visited regularly. So it's really about having a system that ensures that we are meeting our requirements in terms of what we're expected to do under our policies and procedures.

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You said that children need to be visited regularly. How regularly do they get visited by the child safety officers? ---We would expect children to be, depending on the circumstance, at least once a month but certainly more regularly if appropriate or necessary. So there would be

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circumstances, for instance, where children are subject to an IPA that maybe weekly visits might be appropriate or if a child has - if there are significant issues in the placement, for instance, you would expect there would be more regular visits.

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Okay. You said you would expect at least once a month. Is that correct?---Yes.

But yet in the commission's research in relation to the 2011 review of children in foster care survey - in relation to that, almost half of children - actually half of children - 50.3 per cent reported seeing their CSO once a month, 31.3 per cent said every three months and 7.3 per cent said they only saw their CSO once a year or less. As I understand, ICMS can't tell you how many - the frequency of visits by CSOs. Is that correct?---I don't believe it can, no, per se.

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So the best data we have is what the children are telling us at this stage which is saying that approximately half don't see their CSO once a month. How do you manage that in your region to ensure that that is actually occurring? ---I mean, again it's going back to proper supervision of staff. Certainly in terms of my role it's ensuring that each service centre has a business plan that addresses what expectations are insofar as practice is concerned. I document understand that, you know, it's not always possible or it's not always the case that every single child would be visited every month. There could be exceptions to that for whatever reason, but we try very hard to ensure that there are these systems in place to make sure that it happens.

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But it happens in less than - about half of the time? ---According to that report, yes.

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Yes, but we have got not other way to validate or invalidate that information because you can't report on it from ICMS or there's no other way to gather that information. So the best data we have is that CSOs are only visiting once a month in half of the cases?---Yes; so that's what we have at the moment, yes.

So what else are we doing to ensure the safety of children whilst they're actually in care and to reduce this number of - these incidents of matters of concern or other harm being occasioned by children or, for that matter, the cross-examination we've had already about their needs whilst in care, you know, leaving centres, self-placing? How are we managing that if we're only visiting them half of the time once a month?---I think that if I accept that the report - the outcome is correct, workers need to prioritise as well in terms of the particular children or child they're working with in terms of their needs and their issues. We don't always get it right. I will say

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that categorically. We don't always get - you know, we don't always get it 100 per cent. There are times when we miss certain things, but we do, as you would know or the community would have an idea. We try very, very hard to try and meet the needs of our children in our care, but the question is asked me is what else can we do and I've tried very hard to give information before that at the end of the day we can provide - or try to engage with young people, provide alternative possibilities for them in terms of vocational development, in terms of therapeutic and counselling, and so on and so forth. But I don't have a specific program that will address all these issues in toto.

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I see. It's just I guess the evidence that we're hearing, particularly from the kids in resi-care - - -?---Yes.

- - - that you've indicated that are absconding; the needs of children and making sure they're there and making sure they're safe and healthy, you would agree with me that only visiting the children once a month in less than 50 per cent of cases would be inadequate?---Yes.

Now, in relation to the children and their expectations, what did the CSOs tell the children in relation to their expectations of how often they will visit?---Well, I would expect - and I can't say categorically for certain, but I would expect that the CSO would sit down with the young person, assuming the young person is of an age where they can communicate with the CSO, and work out how often they will visit; where they will actually visit, as in whether they meet at McDonald's or whether they meet at the carers home or somewhere else. So I would expect that there is some dialogue between the young person the CSO in terms of how that happens.

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And is that adopted by the CSO and by the department and implemented in some way? The reason I ask that question is that according to - again according to your survey on page 11 it indicates that in relation to that, almost one third - 32.2 per cent - would like to see their CSO more; only 39 per cent said they were happy with the frequency they had with their contact - that they were happy?---Mm.

So, I mean, how is that being fed back into the system and how is - I mean, these reports are published, provided to the department. How are they communicated to you?---I communicate on a very regular basis to all service centres and talk about the expectations of the department, in particular in relation to our children in care and our need to adhere to the policies and procedures of the department. That's something that I continue to do.

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And how do the commission's reports get brought to your attention?---I usually get an electronic copy sent to me.

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Thank you. And so you obtain that. When you obtain that information, what you do with it?---I read it and disseminate it to managers if they haven't already got a copy.

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Okay. This information, this data is in these reports?  
---Yes.

But we're clearly still not addressing them. What's being done to - and the increasing frequency of contact or ensuring that is occurring? How can we ensure that is being done or how can we make that happen?---The way I ensure it is to make sure that my performance requirement for managers and managers' performance requirement for their team leaders and so on and so forth are really enshrined in some of those basic requirements.

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Okay. You've got no way to check that they've actually done it because ICMS doesn't tell you?---That is correct, and that is - which I believe you're alluding to - is, I guess, a shortcoming of our system.

Are there any other strategies we've put in place or checks and balances that you've referred to that protect children whilst they're in care?---Unless there's something specific you want me to refer to - - -

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Your evidence, I'm asking the question?---I don't - yes.

Okay, thank you. I have no further questions, thank you.

COMMISSIONER: Thank you. Yes, Mr Simpson.

MR SIMPSON: Just a few matters in reply. You were asked some questions by Ms Stewart on behalf of the Aboriginal and Torres Strait Islander Legal Service about the harm that children might have coming into care or the harm that might be caused to them through the process. I want to take you to that. If a child - one of these high-needs children - comes into residential care that you gave evidence about earlier, that person comes into care; how is that child introduced into the residential care facility? Is there a process that the department assists them with? ---It really depends on the circumstance. In a situation where it's planned process then there will be a period of, I guess, transition for that young person. So if it appears imminently that a placement is coming to an end, let's say with a generally approved foster carer, and a placement is sourced with a residential facility, then there may be some days where the young person is introduced to the facility or to the people in the facility and a plan put in place for them to be integrated into that service.

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All right. How do you work out whether - say it's a

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four-bed home, how do you work out in a consistent way whether the other three children are going to mix or fit in well with this new child coming in?--I mean, this is really - we would take advice from the people running the residential. The placement support unit would have quite a good understanding of the needs of the different residents and will make some determination based on that. I mean, there's no sort of precise way of doing it but it's about assessing and looking at whether or not there is likely to be some issues, depending on certain behaviours. So if you've got two very violent young people may try not to place them in the same residential, or if you've got one aggressor and one who is perhaps - - -

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Submissive?--- - - - submissive, you again would have to think about how you balance that arrangement.

All right. That's all great in theory, but obviously with the limited places that you've got to deal with it would happen a fair bit, I'd say, that you've got aggressors with aggressors and aggressors with submissives?---Yes, that does happen. And I guess what we try and do there is see - assuming there is some scope to try and manage the situation to try put in some support within that context or some therapeutic support or even looking at an extra person being on duty. But we generally try to avoid situations where it's very clear that it's going to end up in some sort of disastrous type situation.

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Again, you try and avoid it, but can you say from your own experience in this region, it happens?---It happens, yes.

COMMISSIONER: One of the examples I was given somewhere else - I can't remember precisely where - was that - understandable how it happens, but a residence was free of glue sniffing, had been for a while - or deodorant sniffing or some form of sniffing - and a new intake, new child coming in to the residence reintroduced it because she had been in the habit of using it most recently, and that created no end of problem in eradicating it again, and in fact they had to move her to do that. So that wouldn't be an uncommon situation or something similar, would it, that you'd have to be mindful of and deal with, I would hope? ---Absolutely. I mean, I think that we have to be continually vigilant in making sure that not just the safety of one child, but all the children in that facility.

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But you rely on compliance with the service agreement by the carer, don't you?---We do to a certain extent, yes.

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Well, to a large extent, isn't it?---Yes.

I mean, in order to ensure compliance you rely on the effectiveness of your compliance regime, don't you?---Mm.

And what does that include? What is it?---Well, it's about

a very clear service agreement that says what it is that we expect of the service provider, and if they don't meet those standards then we would be meeting with them to discuss as to why they're not meeting the standards. 1

How do you know that they're not?---Well, generally speaking we will know by virtue of our workers visiting the facility; we would know from children talking with us; we would know from police.

So in order to know all of that you have to have regular visits at the right time?---Yes. 10

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You have to get children reporting information to you? 1  
---Yes.

I mean, it's a bit like stop signs stopping cars, isn't it?  
---It may.

MR SIMPSON: Just picking up on something that Mr Capper said then, you rely upon workers visiting these places to make sure they're being compliant?---Yes.

They're may be a figure for this, but extrapolating from what Mr Capper put to you, that might be less than 10  
desirable or less than adequate at the moment, workers actually coming into contact with these children?---It would appear from that evidence, yes.

Yes, well, it's well - they're figures which I think you understand, you've read and you accept. You don't challenge those figures?---I don't challenge them on the basis that I don't have any alternatives to challenge them with.

So do you know, for your experience as the regional director of the south-east region, that there is 20  
sub-optimal, to use a public service phrase, compliance with workers visiting residential care facilities?---When that's brought to my attention we certainly address it accordingly.

Is it brought to your attention?---From time to time, yes.

How often from time to time?---I couldn't tell you that. I don't have that information.

Well, in the last month were you - brought to your attention?---Not in the last month, no. 30

Okay, the last quarter?---Perhaps once or twice, yes.

All right. So if the workers don't find out about practices being a bit lax at a residential care facility you rely upon the children to tell you as much?---Yes, but also there are other collateral points. I mean, some children attend school. They may become involved with police. Parents may also be a point of reporting. So there are a number of - as a young person or child, you know, they have many different points where that information can be fed back to the service centre or the 40  
region.

Okay, let me give you this example. You have a number of incompatible children in one house?---Yes.

Do you accept that a long-term situation where there are children who are incompatible might lead to harm to a number of the children there, emotional, physical harm?

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---Yes. In some circumstances, yes.

What do you do to remove the incompatible child from the house if there's no other placement for them?---Well, in the first instance we - if I go back a few steps, in the first instance, like I said before, we try very hard to assess and make sure that there's some level of compatibility. If it becomes untenable or intractable then we would seek another placement for that young person. It may be that they're in a single placement on their own, or whatever the case may be. So we wouldn't continue to promote a situation where children are being harmed. We would certainly take whatever action is necessary, which is be placed somewhere else or - - -

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All right. Well, again, that's great in theory, but in a practical example in this region are there periods of time where you can't find the incompatible child another placement, and might it be weeks or months before they find a new placement?---There are times when it is extremely difficult, but I'm quite happy to say that up to now we've been able to find something for a young person when that situation has arisen.

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COMMISSIONER: Are there any children placed on their own in this region at the moment?---Yes. There would be, yes.

How many would there be?---Again, I couldn't give you that information but I can find out. When you say on their own, you mean in a placement without any other children.

Yes, that's what I mean?---Yes.

And there would be some of those, would there?---That's right.

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Would there be less or more than 10?---I'd say, a ballpark figure, let's say 10.

Let's say 10. What sort of single placement would they be in? What sort of place would it be?---It may be a residential of some description.

What, a home alone, a home to yourself?---No, with carers, care providers.

But no other children?---No other children.

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Would these carers - how many of them would there be looking after me, if I was that child?---It would be one on a rotating basis, generally.

On a 24 - around the clock?---Usually, yes.

MR SIMPSON: So often - - -?---Depending whether I'm going

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to school.

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COMMISSIONER: I was going to say - - -?---If I'm going to school then obviously there would be a period of time when I won't need a carer, but if I'm not going to school then I would need somebody to be around the house.

Are they live-in carers?---Not that they're actually in residence, but, you know, they come in and spend the time and then they go and somebody else comes in.

What is it, a one, two, three-bedroom house?---It varies from a two-bedroom to a four-bedroom, depending on - well, if it's one child, yes, it would be two or three bedrooms, depending.

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MR SIMPSON: Someone stays overnight, though?---Yes.

Yes, so there might be a person on an 8.00 till midnight shift and a midnight till 8.00 in the morning shift?---I don't know specifically what the shift would look like, but roughly, yes.

They're shifts?---Yes.

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So at some point they may be asleep when the child is asleep?---They could be.

Yes, or awake when the child's sleeping?---Yes.

Yes, all right. One thing we sort of haven't touched on yet, and I'll close off on this subject in your evidence, is the commission has heard evidence that there tends to be a high turnover of child safety officers, for whatever reason. What support does this region give to those workers in say residential care facilities where they are no doubt subject to a lot of stressors looking after high needs children?---Sir, are we talking about child safety officers or officers working in the residential?

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Well, firstly, does the department give any support to officers outside the department? In other words, people who have a care agreement with the department for a residential care facility?---They have support through, I guess, our community services arm, in terms of if there are any issues that warrant some involvement by the department, or guidance, then we would provide that, yes.

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So if a care worker working in a residential care facility as part of a care agreement with the department comes to you and they're being abused and they're being assaulted by the children in the home, what support do they get from the department?---Well, I believe that in the first instance it's the agency that's responsible for that worker. I mean, that would be the first port of call in terms of looking at whatever support that may be necessary. If that

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support is not forthcoming, or for whatever reason it's not available, then as a department will again be negotiating with the agency to see what else could be made available. 1

I have no further questions, thank you, Mr Commissioner.

COMMISSIONER: Thank you. Just a couple of - the act is written so that the chief executive is given the powers and the authorities and sometimes so is an authorised officer and so is a police officer, but the main functions for placement, ongoing care and intervention is assigned to the chief executive. Now, my understanding from the evidence I've heard is that she doesn't actually do that personally?---That's correct. 10

Are there delegation schedules that are issued formally to identify who at any one time has that authority or function to exercise?---Yes.

What are you delegated to do in this region on behalf of the chief executive?---Pretty much everything. I guess at the end of the day I'm responsible for placements of children, children travelling overseas, for instance, operations. So anything to do with the care of a child, it comes to me, generally. 20

And the removal?---It doesn't come to me personally, no. That's usually delegated to a team leader.

By you or by the delegation schedule?---By the delegation schedule.

We might get a copy of a schedule, if we don't already have one, Mr Simpson. So who makes the decision to remove a child at birth from his or her mother?---The decision is usually after an assessment of sort has been completed. 30

Presumably?---It would be the team leader in conjunction with his or her manager at a service centre level that will make that decision.

Would you know before or after the event?---Would I know personally? No, I won't - I wouldn't, unless there was a specific issue that warranted my intervention of some sort.

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Would you ever know?---I do from time to time if - - - 1

It's not standard?---It's not standard, no; no, it's not standard.

And there's no reporting line to you about such an event?  
---No.

Is there a line of reporting from you to the chief executive about such an event?---No, unless there's - like I said before, it's a particularly problematic situation that the organisation needs to be made aware of. 10

What about when the chief executive is ordered under a child protection order to be the guardian of a particular child? Does she actually know that she's been given that by the court?---I would say no.

Do you think there some decisions that really should be made personally by the chief executive or at least the chief executive know personally that a big call has been made on her behalf by a team leader such as removing a child from his or her mother?---Again, I mean, I think that that would probably be - - - 20

It would be prudential, wouldn't it?---Yes, but in the current scheme of things it would be very difficult if each time something like that were to happen to be, I guess, brought to the attention of the director-general, but I can understand how as a delegate it - yes, it may be prudent for that - - -

See, anyone reading this legislation - not that I suggest anyone does it often - would think that these decisions are being made by a very high-level person called a "chief executive", wouldn't they?---That's correct, yes. 30

And some of the decisions I have heard in evidence are very difficult to make. Two informed, educated minds on the same body of evidence could reach opposite conclusions and neither of them be totally right or completely wrong and she might not even know that one of those decisions in her name has been made. What do you think about the proposition that infant removal is a call that should be reserved to the very top of the department, or is it not such a big deal that it can't be competently done by a team leader? You tell me?---Well, I believe that in service centres when such a difficult decision has to be made, there's support from other team leaders and managers in order to make that decision. It is obviously a very difficult decision to make to remove any child, particularly a young child, from his or her mother and it's a decision that is not made very lightly at all, but it's always been my experience that if we have to make such a decision, there will be broad consultation and we do have senior practitioners who are very experienced in these 40

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matters who will also be called to the fore if the decision-making is a very complex one and requires that level of consultation.

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Yes, Mr Simpson?

MR SIMPSON: May I clarify something in your question?

COMMISSIONER: Sure.

MR SIMPSON: Is your question referring to removal from the mother at birth or just removal in general, because before that you were talking about removal at birth? I myself supposed that the subsequent questions related to removal at birth.

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COMMISSIONER: Yes, they did, only because that seemed to me to be an unusual event.

MR SIMPSON: Such a big decision.

COMMISSIONER: But the argument could be extended to any removal and I don't mean to foreclose that.

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So do you understand the context of my question?---Yes.

Yes; see, I think ever since the Queensland Children's Society was established late last century - sorry, the one before - there have been allegations that because they grew out of the animal cruelty business, in Queensland in particular it was prone to over-prosecute and over-remove children because that was the history and that they intervened unnecessarily into families to foist children onto the state and that's one of the things we're inquiring into in 2012. In order to protect the department from those maybe uninformed allegations, wouldn't it be sensible and prudent to catalogue how many happened? I couldn't even find out in Townsville how many had happened, infant removals?---Yes.

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How many had happened, why they happened, and tell the chief executive who's going to bear the brunt, you know, where the buck stops at least that it's happened, even if not before it happens. Wouldn't that be a sensible managerial approach?---I certainly can see the benefit in that.

All right. So you don't have an induction program as such for incoming children into an existing established facility or residence?---Where we can, we do, but there's no sort of, you know - - -

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Standard?---There's no standard.

Is it up to the carer?---It's up to the carer. It's up to, you know, the child and what's happening at the time.

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So is basically the department's approach that you pick the best carer that's available or you identify an appropriate carer and then pretty, subject to some supervision, you leave it to them to get on with caring?---Pretty much, yes.

Okay. I'm just concerned about the transition plans. My emerging impression - not my final one, Mr Hanger, but my emerging impression is that there is a lack of transition planning. I'm told it theoretically starts at 15 and takes the child up to 18, but I have heard evidence that within 12 months a third of children are homeless who have exited from long-term care which would be an unsatisfactory figure for anybody, wouldn't it?---Yes.

So is one of the aims to not only protect a child, care for a child for whom the state is the substitute parent within the practical constraints of that, but also to produce at the end of it all a functioning, well-socialised adult? ---Absolutely.

Then wouldn't transition planning be critical to that?---I believe so and I think that it's very highly recognised that we need to do a lot more with that and particularly increase the age in relation to the department staying involved in some way. I mean, I think that 18 has been sort of the age where, you know, the department ceases its involvement because the child - the young person ceases to be a child, but the current thinking is around extending that to, let's say, 21 where, if appropriate, if the young person so wishes, you know, the department will be there to provide some level of support or - - -

It might need some authority to do that?---Absolutely, but it's - - -

At the moment the guardianship order finishes on the eve of their 18th birthday?---That's true, but in terms of providing support to the young person I believe that the legislation provides for that; not in a - - -

"To independence" it says?---That's right, yes.

It depends how you interpret that, I suppose?---Yes, true; true.

I might be wrong, but I think the intent of the legislation is to have them independent by 18?---Yes.

All right. Now, I just want to go back to these figures that I have had. Looking at south-east Queensland, the placements - the foster placements in Beaudesert are 135, right?---Yes.

Now, I know now that that just means that's where they are

now, not where they came from, but the next highest is Mermaid Beach at 112?---Yes. 1

That's for non-indigenous. For overall it's 155 at Beenleigh and 132 at Mermaid Beach. It strikes me - and I might be wrong about this; we will have to look at the demographics - that Beaudesert and Mermaid Beach might have an older cohort of people that might be willing to do a bit of fostering in their semi-retirement.

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Was that fair, or not?---Let's say yes.

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All right. So they've got the time on their hands. Now, I'm not suggesting that anyone would want to do this as a career, but can you make money out of being a foster parent if you've got enough of them?---If you've got enough children in your care?

Yes?---In other words, would you make a profit out of it was to mark

I don't know, it depends. I mean, you get \$250 for a child, is that right?---Roughly speaking, yes.

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Is that the same per head no matter how many you've got? ---Yes, generally.

It's no decreasing - it's not cheaper by the dozen?---No, it's not.

And is there a maximum number of children that you can foster at any one time?---Generally speaking when we do assess foster carers we look at their capacity to care for kids. We don't just keep giving them kids because they want them.

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No, you assume they have the capacity. In Beaudesert what is the highest capacity foster carer?---I'd say four would be the limit where I would draw the line, but then again, if you've got a sibling group of eight, we also have to take that into consideration. I mean, it doesn't happen very often but we will try not to separate siblings. So if we were to go down that path we would obviously be providing a lot of support for the - - -

So in this region there wouldn't be any number like eight under foster care under the one roof?---No, I don't believe so, no. That's all I have, thank you very much. Anyone arising from any of that?

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MR SIMPSON: Might Mr Payet be excused?

COMMISSIONER: Yes, thanks very much for your time and your evidence. Much appreciated?---Thank you.

(THE WITNESS WITHDREW)

COMMISSIONER: Mr Hanger and others, it seems to me that I should speak to the current director-general or the chief executive in some appropriate way. I haven't envisaged that she would be a witness because of the recency of her appointment but there are some questions like those I asked this witness that I would like to pose to her. Would you like to think of an appropriate way of organising that for me?

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MR HANGER: By all means.

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COMMISSIONER: The other thing is well I think of it, can we-just have a look at section 59. Sorry to exclude the non-lawyers but it's something I'd like some help on if I could while it's still fresh in my mind. This is about making a child protection order.

MR HANGER: Yes.

COMMISSIONER: It says, "The Childrens Court may make a child protection order only if it is satisfied" - as you'd expect - "the child is a child in need of protection and the order is appropriate and desirable for the child's protection." That's unsurprising. And then it sets out in the following subparagraphs are certain other conditions that have to be met. But then over in subsection (6) it says, "In addition, before making a child protection order granting long-term guardianship of a child" - which is by definition a child protection order - "the court must be satisfied that there is no parent able and willing to protect the child within the foreseeable future."

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I would have thought that by definition a child in need of protection has no parent - - -

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MR HANGER: By definition - - -

COMMISSIONER: - - - able and willing to protect. It might be that there is some significance in "within the foreseeable future" so that the court - if it could see a protective parent on the horizon - might not be able to make a long-term guardianship order, but I don't know how practical that would be. And that it says, which is the more interesting part, "Or the child's need for emotional security will be best met in the long term by making the order." On one reading it may mean that that's actually an alternative to being in need of protection.

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MR HANGER: Yes.

COMMISSIONER: Whether or not that is the intention or whether that's become the practice, it's an important consideration, I think. So the question is: can you make a long-term guardianship order in respect of a child or not in need of protection but would be better off if he had one - - -

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MR HANGER: Yes.

COMMISSIONER: - - - as opposed to qualifying only if you are in need of protection within the foreseeable future. I'd like some help on that if I could.

MR HANGER: I'll talk to my colleagues over lunch.

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HANGER, MR

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COMMISSIONER: Thank you. Otherwise we may as well break  
now until - is 2.00 long enough for everybody? We'll break  
until 2.00.

THE COMMISSION ADJOURNED AT 12.58 PM UNTIL 2.00 PM

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THE COMMISSION RESUMED AT 2.01 PM

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COMMISSIONER: Yes, Mr Hanger?

MR HANGER: May I - before you swear the witness, can I give you my reaction to section 59, that you asked.

COMMISSIONER: Yes.

MR HANGER: 59(1) says the court may make a child protection order if it's satisfied about a number of things. 59(6) says, "In addition, before making a child protection order granting long-term guardianship" - and you've got to be satisfied of one or other. So (6) chips in only if you're going to make a long-term protection order, and it makes sense. The first part of (6)(a) refers to, "To protect the child within the foreseeable future." Common sense, but there's no authority on this, would indicate that "foreseeable future" then would mean beyond two years, because you're making a long-term order, okay, but we don't need to trouble ourselves with that. (b) deals with the need for emotional security. Well, again, that makes sense. If you're thinking about making an order for a long time then you've got to look after the child's security, but I would submit that the way it's worded - (6) is an added requirement to what is already contained in subsection (1).

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COMMISSIONER: So (6) extends the reference to a child in need of protection to in the foreseeable future.

MR HANGER: Yes - well, and if a long-term protection order is to be made.

COMMISSIONER: Yes, that's right.

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MR HANGER: That's why - - -

COMMISSIONER: For a long-term guardianship order.

MR HANGER: That's why (6) chips in.

COMMISSIONER: So you can't make a long-term guardianship order if there's going to be a parent able and willing within the foreseeable future, right, so I'm sure the magistrates turn their mind to that.

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MR HANGER: Yes, I'm told they pluck it up, but they adopt a view - I've been told by my learned friend they adopt a view that you've got to satisfy both 59(6)(1) and (2), or (a) and (b), whereas, of course, it doesn't say that at all, it's (a) or (b). So the court has got to be satisfied either there's not a proper parent or the child's emotional needs are best served when there is a proper parent but not

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COMMISSIONER: That seems to be so, but because of subsection (1) and the definition of a child in need of protection there also has to be harm of the defined kind.

MR HANGER: Yes.

COMMISSIONER: So it's harm, defined harm, or unacceptable risk of it, plus no protective parent in the foreseeable future.

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MR HANGER: Yes.

COMMISSIONER: Or if there is a protective parent it's better for the child, even though you've got a protective parent, to make a long-term guardianship order.

MR HANGER: Yes, well, because of the emotional needs.

COMMISSIONER: Yes. A bit of a twist, though, isn't it?

MR HANGER: It's badly drafted, there's no doubt about that.

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COMMISSIONER: I mean, because it's swapping it now to say, well, if you're going to make a long-term guardianship order which could go for, you know, a long time - - -

MR HANGER: A long time.

COMMISSIONER: 10 years, upwards - or upwards of 17 years, you can do it if the child is in need of protection, doesn't have a - well, doesn't have a protective parent in the foreseeable future or you think it's better for the emotional security of the child. It sounds a bit like social engineering to me, but anyway, we'll see. Okay, thanks, Mr Hanger.

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MR SIMPSON: Mr Commissioner, I call Michelle Susan Oliver.

**OLIVER, MICHELLE SUSAN** affirmed:

COMMISSIONER: Thanks, Ms Oliver. Welcome?---Thank you.

Yes, Mr Simpson?

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MR SIMPSON: Thank you, Mr Commissioner.

Ms Oliver, you signed a statement dated 26 September 2012? ---That's correct.

Could the witness be shown the statement? Are there any amendments or corrections you wish to make to that statement?---No, not at this time.

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OLIVER, M.S. XN

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Mr Commissioner, I tender that statement.

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COMMISSIONER: That will be exhibit 72 and I direct that it be published without amendment.

ADMITTED AND MARKED: "EXHIBIT 72"

MR SIMPSON: Now, if we could go to firstly this question, or area of questions. You're the acting manager of the south-east regional intake service. Now, perhaps explain to the commissioner what the regional intake service is?---  
The regional intake service is a child safety service that receives primarily all of the intakes for the south-east region. We cover 10 child safety service centres, including Beaudesert, Browns Plains, three Logan offices, three Gold Coast offices, Beenleigh and Cleveland.

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So do you work out from the child concern reports who comes into the system, who comes into out of home care? Do you work that out?---I guess our role at the point of intake is to make an assessment of the concerns that we receive and in doing that we make a determination of whether a child concern report or a notification should be recorded. It's not our job, I guess, to go on and assess those concerns and do an investigation, but we're the preliminary point where those concerns are received within the department.

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All right, then do you refer it on to somebody else?---  
That's correct.

Okay, and who do you refer it on to?---Depending on the location in which the child resides, we refer it to that child safety service centre.

Would a crude way of explaining what your role is that you're a call centre?---We have - a big element of our role is that we are a call centre. We have that, I guess, functionality, if you'd like to call it that.

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Right, okay. All right. What I might go to, though, is one of your areas of concern. You deal with the SCAN team for the south-east region, do you not?---One part of the SCAN team system. There are two parts to the system.

Yes?---A newly introduced part of that system is a role around information coordination meetings, commonly known as ICMs.

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Yes?---We don't play any role in the other formal SCAN team meetings. We only play a role for an information coordination meeting.

So when you say "we" who are you talking about?---I'm talking about my team leaders who are, I guess, the delegated officer within the department to make a decision about the concerns that we receive.

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So the SCAN - and for the explanation of the transcript, that's the suspected child abuse and neglect team?---That's correct.

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It's a multidisciplinary team made up of delegates from the Department of Communities and Child Safety, Queensland Health, Department of Education and Training, Queensland Police and a recognised entity for the local area or a peak protection body for indigenous youth, generally?---Yes, generally.

All right. There's meant to be information sharing amongst these different departments, meant to be collaboration and cooperation, to use terms like that, amongst them, to work out whether there is child abuse or neglect of a particular child?---Correct.

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A child might come into the SCAN system coming through Queensland Health from a doctor assessing injuries, perhaps, or they might come in through your department through a report or a notification from a neighbour who hears of abuse down the road, or they might come through a teacher?---Correct.

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Yes, and they all come into the SCAN system in some way - well, not always, but they sometimes come in - - -?---Yes, not always.

They come into the SCAN system and there would be a sharing of information?---Correct.

All right. Now, what is then the - as far as you know, how often does the SCAN team meet in the south-east region?--- So again, needing to clarify, I'm not a core member of the SCAN team process.

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Yes?---My involvement from an intake perspective is around the information coordination meetings.

Right?---My understanding broadly of the SCAN teams within this region, there are several different SCAN teams, and they most often or most commonly would meet on a fortnightly or monthly basis, but that varies across the region, and I don't directly attend those meetings so I can't give you absolute facts around that.

All right. Perhaps just explain then what you do in terms of the ICMS?---Yes. So once the regional intake service receives concerns from one of those core agencies that you mentioned earlier, the key stakeholders, we make our assessment. Once we've made that assessment of those concerns we have an obligation under our policies and procedures to provide that outcome back to that key stakeholder of SCAN.

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So once we do that they then, I guess, take a look at that and they make a decision whether they believe that further discussion about those children or child and the family is required.

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When you say "they" specifically that's SCAN?---  
Particularly the member - I guess the core member for that SCAN team.

Right, and the core member might be a person from communities, health, education, police?---Correct. So it's obviously most likely not from communities at that point because the information has been provided to us by one of those three key stakeholders.

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Yes?---So we make that assessment. We provide them with the outcome and our rationale for that outcome and that decision and then they consider whether they like to discuss that further with the officer that made the decision. So they then have a responsibility: pick up the phone, give us a call and talk that through. If after that conversation they still feel that they need more information and that the family would benefit from discussion with the key stakeholders, an ICM meeting will then be arranged.

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Okay?---They occur over the phone most predominantly, given, as you can appreciate, the volume of work that the South East regional intake service receives and the number of child concern reports that we process.

COMMISSIONER: Do the child safety officers who staff the RIS - the intake service - rotate from there through other areas of the child safety services?---Yes. So when the regional intake services were first set up - we obviously have been in operation since August 2010 in the South East region - so we ran a process to find staff to staff our RIS. We received staff from all over the region, outside the region, so they came from various backgrounds within - roles within child safety. Since then we've had multiple discussions about rotation, putting people back out into service centres, et cetera. For us in South East RIS we actually have had some movement in that space due actually do maternity leave, so we've had nine child safety officers go on maternity leave in the last two years, so that's caused a natural turnover of staff for us and bringing in other staff from service centres, et cetera. We also - obviously in terms of their learning and development if we have capacity we do allow those staff to go out to service centres and maybe assist with an investigation or assessment. That doesn't happen often and I guess because we've had that natural movement with maternity leave we haven't needed, I guess, a really planned process around that.

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And recruitment, is that easy enough?---In the last two years we've experienced great success with recruiting to South East RIS. We have on all occasions either received, I guess for a better choice, referrals from our colleagues who may not be able to continue, with a temporary child safety officer and be RIS has been able to easily backfill those staff that went on maternity leave.

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And the minimum qualification?---So I guess all child safety officers are professional officers in the PO stream of child safety and there's a varying range of degrees that you can have to become a child safety officer and there is no extra or over and above requirements to be an intake officer.

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Will any degree do?---No, there is a schedule of degrees which I don't have on me but we can make available to yourself. Our staff have a range of different degrees within a workgroup.

Could you tell me this, if you replaced RIS with the same number of staff with the same qualifications, employed not by the department but by a non-government organisation, do you think that would improve the self-referral rate of families to RIS?---The self-referral?

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Self?---As in a parent or a family member contacting about concerns that they had?

Yes, or needs that they have or support that they need?---I think the data indicate that parents and family members are - apart from our key stakeholders of QPS, education and Queensland Health, that they are a common notifier to our department. So we receive multiple calls from family members or parents. I think - I mean, again I don't have that data on me, we could get that for you, but they are one of our higher notifier categories, so we already receive those calls from most families.

30

Yes. No, I understand you do receive them, but what I'm asking you is do you think it would improve the numbers that you receive - increase the numbers of self-referral? ---I couldn't say and probably don't have any evidence to back that up.

When they are parents or families ringing you up, what are they looking for?---There's a range of different things. They might be ringing to find out where they could get some legal aid assistance; they might be calling to ask about counselling services; they may be calling up about the current Family Court order that's in place that they have some concerns about. There's a range of different things that they might ring the intake service about.

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It looks like only 15 per cent of them who ring actually

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need a service that be child protection system provides? 1  
---That's correct. That's our average, I guess, based on  
our local data.

So that raises a question if that's the screening rate, the  
15 per cent, what is the point of the department doing  
intakes for the remaining 85 per cent?---I guess there is  
some - I suppose in terms of when we talk about cumulative  
harm there would be some agencies that believe that  
gathering that information gives patterns of cumulative  
harm and that I suppose at the current time the department  
is the only agency that can gather that information on 10  
families.

Does the RIS keep records of accumulating reports?---Yes.

Successive reports?---Yes.

And what does it do that for?---So, I guess it creates, for  
a better choice of words, a child protection history on  
that family, so it gives us an idea of what's occurring for  
that family over time and we can consider that when we  
receive new concerns, which are obviously new allegations. 20

So whether it kicks it over the threshold or not?---I  
guess, yes, if you want to - - -

No, I don't know. That's what I'm asking you?---It does.  
It provides that contextual information. Obviously it's  
not the only piece of information that we use to make  
decisions so we do use that child protection history, it is  
a very strong factor that we consider. We also collect  
information from our other stakeholders and other agencies  
if it is deemed necessary.

So it's one of the factors. Is it accounted for in the 30  
structured decision-making tool?---Sorry, what do you mean  
by that?

Does the structured decision-making tool tell you what to  
do with this information in terms of working out whether or  
not there's a protection service to be provided?---The  
structured decision-making tool I guess doesn't have a  
particular field where we click that there's been this many  
CCRs or previous assessments or ongoing intervention. It  
is clearly stated that we must consider that, so when we  
make that assessment the assessment wouldn't be made  
without considering that child protection history. 40

So the intake services are the one that keeps an eye on  
families coming in?---Yes.

And then at what point does it say, "Okay, we've got to do  
something here. Other than just passively receiving the  
information we need to act on the skinny leading history"?  
---As you've heard from my colleague earlier this morning,

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there are some different options within our current structure around the helping out families trial, so we have a capacity to refer families out to that in terms of those specific criteria. We then obviously have that information store, like you said, within the intake system and when new allegations or concerns are received about a family we then make a decision whether it meets the threshold for statutory intervention.

1

So is there a number or a point or - - -?---No number.

It's just a discretion that the CSO who keeps the record to make, is it?---It's a professional assessment by the child safety officer that - it's at the point where there is alleged harm or risk of harm and there is no parent willing and able based on those allegations to protect that child from that harm.

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Right. So if I'm the CSO, I get a phone call and a name is given to me. Can I hit a button and find out how often that name has come to other CSO officers?---Absolutely, our ICMS system in which we - our integrated client management system keeps all of that information and that information is available state-wide within Child Safety.

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What does it tell me? What does it tell me when I hit the button about that child?---It will tell you every contact that that child has had with Child Safety, what the outcome was in relation to that, so whether it was a child-concern report, an intake inquiry or a notification. It will then also show you all the other history that comes out of that. It will tell you what was the outcome of the investigation and assessment, has the child been previously subject to child protection orders and - everything so it's one system within Child Safety where all the information's recorded.

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Okay. So when I hit the button and I find out that information, I'm still not satisfied that it meets the threshold. Would I normally refer that on to HOF if qualified or somewhere else?---Absolutely.

Would I?---Yes.

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How do you know that?---How do I know that?

Yes?---I've been involved in the setup of the RIS and the Helping Out Families service and I sit in the office with my child safety officers and team leaders and on a daily basis I see referrals that they are making out to Helping Out Families or to our Aboriginal and Torres Strait Islander family support service. I receive data from another system in which the referrals are made so I know the numbers of referrals that are getting made on a weekly basis. So there is a way of finding out - according to paragraph 13 of your statement, there are 2848 referrals to HOF in the same period where you got 9273 child-concern reports. So that leaves two-thirds didn't go to HOF?---Yeah.

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Can you tell me where they did go?---I just need to explain a little bit more about the data and point 9? The operational data is not just for the south-east region. It's for south-east regional intake service. The way the system is set up within Child Safety is that we have a telephony system called WebCC which is a web based system. It allows for what we call overflow to other parts of the state. So if a caller, Health, Education or someone within the community, rings south-east regional intake service and there's no-one available to take their call because everybody is busy, that call will overflow to another part of the state and vice versa. So the data and point 9 is all, I guess, the work that south-east RIS has done but some of that work could be for another part of the state. So I guess not all of those CCRs would be CCRs for the

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south-east region.

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No, and you could tell that from your system?---Yes, and I guess not every CCR meets the referral criteria to HOF.

No, that's what I'm saying. Two-thirds don't appear to? ---Yes.

So the two-thirds either came from somewhere else or were sent back there which we could tell or it came from the south-east region and it was referred to somewhere else, another service other than protection services, for help and support and we could tell that?---Correct.

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Excellent. Sorry, would it tell me which service it actually went to?---So we operate under three systems. We have our telephony system where the information comes in. We have our integrated client management system, ICMS, where we record decisions and our child protection history and then we have another system called the community sector information system, CSIS for short. We take the data from ICMS and put that into CSIS and it then will show us where those referrals were sent to. So again on a weekly basis I can see how many referrals have been made to the Aboriginal and Torres Strait Islander family support service and the Logan area or the Gold Coast area or Helping Out Families.

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So by the end of that week you can satisfy yourself that it's either gone to HOF, it's gone to the department for forensic services or it's gone to some other particular service?---Or it may have stayed with the department and not gone anywhere else.

As the beginning of a record?---Correct, yes.

MR SIMPSON: Can you accept the difficulty with that system in that if you have parents calling to seek help, they are effectively creating their own prosecution file, aren't they?

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---In a sense, yes.

So every time they call to say, "Look, I just can't handle Billy today and I need some help here" - every time they do that, even though it may not be on the first occasion, if they keep on doing it because they genuinely want help, all they're doing is perhaps sinking the boot into their own family situation?---Correct.

40

Yes, because you're going to collect it and say, "When it gets to a certain level, I may refer it to HOF"?---That's right.

"I may just pass it on to get a court order about this family"?---Pass it on to a service centre to do an assessment, I guess.

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Well, somewhere else in your department?---That's correct.

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Yes, so would you accept that a better model might be that the intake service be separate from the department and effectively not be creating these prosecution files, if I call it that?---I think obviously I'm not a policy or decision-maker in this area but I - - -

But you work there?---Yes, I'm fully aware that the department has in the past proposed different models in relation to how intakes would be received and where they would go and a lot of work was done around looking at the systems in Victoria and New South Wales and proposals made to government around intake for Helping Out Families and the model we have is the model that the government of the day approved. So I guess the data and the statistics that you would have heard prior to now around the number of children in Queensland that are known to Child Safety does indicate that there are very high numbers of families known to us. So I think - yes, I think there's definitely - obviously there's been a lot of work in that space and we have at the moment the current trial around Helping Out Families.

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In your experience in the area, would you say that families in this community, the south-east region, know that if they're going to call you, they're going to be creating a rod for their own back and they might go somewhere else instead?---I can't say that - I couldn't answer that. I don't know if they would know that. I think prior to Helping Out Families their information didn't necessarily go to anywhere. It did sit on our system and unless they had requested a release of their files from right to information, they actually wouldn't necessarily know that that existed.

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But surely anecdotally families would know in this area that if they call into the intake service, at some point they're going to get to a certain point where they're going to be perhaps referred to HOF or perhaps, you know, taken to court to have their kids taken away?---Essentially, yes, they could know that.

COMMISSIONER: Just the very term "known to the department" - it could be termed, "These are how many people we have helped by referral this year"?---Yes.

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But you don't. You say, "There are so many known to the department now. Just add you to the list." Apart from the people who might go somewhere else, there are a lot of people who might need help who might not refer at all - - -?---That's right.

- - - out of the very fear that Mr Simpson has identified?  
---Mm'hm.

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You will never know that, not what the numbers are. So don't you discuss just among yourselves the virtues of a soft point of entry as opposed to a hard one?---I guess they were all the conversations that were had, I suppose, prior to Helping Out Families being introduced. Obviously, as I mention in my statement, there are some barriers to that and some of those barriers are our policies and those policies and legislation of our other the key partners. So we can't make a choice about what is sent to us because our colleagues are sending it to us based on their legislation and their policies and procedures.

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Yes, and that was all thought about in advance, I suppose, of the RIS being set up?---Sorry, what do you mean?

The RIS was the department's idea, wasn't it?---Correct.

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Yes, so presumably the non-alignment of all the legislation and the chance of it being inundated with reports it didn't really want to get was something that was thought about in advance?---Absolutely.

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But it was still accepted as the best model?---It was at that time, and there was a commitment by our other government partners to re-look at their legislation and policies and procedures within the previous government, and since, I guess, the change of government and this inquiry, to my knowledge there hasn't been any work progressed in that area.

10

Well, there hasn't been any work done since 2010, before the change of government, has there?---What do you mean?

When did RIS come in?---2010.

When did HOF come in?---2010.

What changes to legislation or policies of any department have been done since then?---No, that's what I'm saying. I suppose that the trial was - - -

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It's got nothing to do with the inquiry or the change of government, has it?---There was - my understanding from my colleagues in the policy and program area, that there was a commitment to taking a look at policies and procedures and legislation across our key stakeholder group and that that was going to be on foot in 2012.

Who made that commitment?---Sorry?

Who made that commitment?---My understanding is that would have been the senior executives of our department.

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Where would that commitment be? In a book, a piece of paper somewhere?---I would have to check with the people from that area, but my understanding is that that was something that was discussed with cabinet prior to Helping Out Families going ahead and there was a commitment to look at legislation across the agencies.

Okay, thanks.

MR SIMPSON: I might return to the topic of the SCAN teams. So with the regional intake service you work with - I think it's about four SCAN teams. You think it's about four across this region?---Possibly five.

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Possibly five, okay?---Yes.

You refer information to them and they work out from there what course to take. Is that right?---No, the other way round. So they refer information to us.

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Okay, right?---We make that assessment about whether it will be an intake inquiry, a CCR or a notification.

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Now, the information they refer to you, is that consistent across the different SCAN teams in terms of the types of information they refer to you?---I guess they refer matters to us that meet their own policies and procedures. So they have - - -

I thought there are four teams, though, or five teams. A SCAN team is made up of different stakeholders?---Yes.

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They all have - do they have the same approach, each of those teams?---To the referrals that they make to us - - -

Yes?--- - - - in the first instance or to the referrals that they make for an ICM meeting?

Firstly for the first instance and then we'll deal with the ICM meeting?---Yes. So in the first instance my understanding is that they have very clear policies and procedures that they need to follow, so I can only assume that that is equal across all of their departments and that they are reporting to us what they are required to under their legislation or policies and procedures.

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You don't have any idea that they're not?---No.

No?---Wouldn't have a clue.

Okay, right, then the second part, to the ICM meetings? ---Yes. So in different parts of our region we do receive more contacts from some SCAN teams about the need for an ICM, and that's dependent across agencies as well.

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All right, and why - - -?---There's two parts to the ICM process. The first part is the agency that made the referral into intake having a conversation with the team leader of the regional intake service and if they get to the point where the agency making the referral decides that an ICM should be called with all the key stakeholders then all of those parties will come to the table.

So of the four or five SCAN teams there are some that refer more to an information coordination meeting than others? ---Yes.

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Now, why is that, do you know?---Couldn't answer that question.

Got some suspicions?---No. No, I guess, I suppose, from their perspective they believe that they need further conversations about that child and that family and that that family would benefit from a stakeholder discussion of all the key stakeholders.

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I'm instructed that in the SCAN annual report, last year's report indicates that only 6 per cent of child concern reports referred to SCAN were changed to a notification following discussion at a meeting. Does that sound about right to you?---Probably is about right. Correct. 1

So there's 94 per cent in which there's no change to the original assessment?---That's correct.

Is there any reason for that, do you think?---I think the main purpose of an ICM is not to challenge the decision-making by the Department of Communities, rather it is to have a round table discussion about other information that the agencies have that may assist this family at - - - 10

Okay, I'll just stop you there. So the policy is not to challenge the decision the department has already made at these meetings?---I guess it's to discuss the rationale for the decision.

What if someone on the SCAN - or at the ICM says, "Look, you've got it all wrong. That decision can't be sustained." Is that likely to happen?---It does happen, correct. 20

Okay?---So then we would go away and we would review the information that we have. We would consider any new information that was provided and as a result of that that decision may change.

COMMISSIONER: So do you attend SCAN meetings?---No, I don't.

MR SIMPSON: But these are ICM meetings that she attends.

COMMISSIONER: Right?---That's right. 30

MR SIMPSON: Which is part of the SCAN process?---So my team leaders will attend those if they're the decision-makers.

All right. Well, do you accept that there's always going to be a reluctance of a decision-maker to go and change their decision once they've formed an opinion?---I guess professional officers are not averse to having their views and opinions challenged. I can speak for my staff in that regard, that we receive a very high volume of calls and a very high volume of intakes, so whilst I don't say we get it wrong on a daily basis, there may be times where another key stakeholder has a very valid point to make that we may or may not have considered, and we will consider that, because obviously they're the experts in that part of the field. 40

All right, but do you think that the flaw in the general policy is that they're not there to challenge the decision

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of the department? Why not be frank and challenge any decision? If you come to the same decision as made by the RIS, well and good, if you don't, you don't?--I guess the Department of Communities and Child Safety obviously are - we're the lead agency for child protection and so we are the experts in making decisions about children's safety and I suppose you could say that we could all then challenge each other's decisions around our core business. That's our core business. We have very clear decision-making frameworks and I guess the outcome from those ICMs is actually about the children and their needs and how those needs could be met. I guess the outcome isn't about whether we have that decision wrong or not per se. If we do, we will re-review that and take a look at that, but it is about, you know, how actually can we provide services for children and families and what level of service do they need.

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I might change topic and move to the child protection reporting guide which is apparently being trialed or rolled out in this region?---That's correct.

Perhaps tell the commissioner what that is, to start with? ---So, Mr Commissioner, the child protection reporting guide is a guide that was developed for use by our key stakeholders within health and education. It is a - - -

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I'll just stop you there. What are the key stakeholders? What are their - - -?---From health and education.

So that is it, the Department of Education and the Department of Health?---Yes. Sorry, yes.

Yes, okay?---So Queensland Health and Department of Education, Training and Employment, and those groups, obviously the key people are teachers of that department or medical staff. Within the Gold Coast health district is where the trial is being undertaken for health and across the whole of the region for the Department of Education. The tool was developed in consultation with the Children's Research Centre from the states and based on a current tool that's being used in New South Wales which is very similar to what we currently have. The tool was created in consultation with all health, education, Queensland Police, Aboriginal and Torres Strait Islander services and representatives and a range of different child protection practitioners and has - I guess is a guide that assists health and education employees to make a decision about where they might refer a matter.

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So the options for - at the end of the guide are and that they may refer it and it may not go anywhere, it would stay within their service and they would monitor that family; they may refer it to a secondary system, the intensive family support service; or they may need to make a referral to child safety and/or QPS.

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Thanks?---Your welcome.

MR SIMPSON: Prior to this guide being there, this tool for assessing where a child might go in the system, there were other tools, I take it, that could have been used?--- My understanding, the agencies do have policies and procedures; they have guides; I mean, they have experts within their agencies who they can go to. I can't say whether they have other specific tools.

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But there was no consistent tool through the different agencies, though?---Not one that they all used, no.

No, all right. Now, do you know whether there was any consultation with Queensland police as to whether they would use this guide or not?---Yes, my understanding is there was.

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Okay. And I'm instructed that Queensland police did not use the guide?---That's correct.

You've been part of the implementation of this guide for this local region?---That's correct. I guess the guide is for Health and Education so it is their guide; it's not a child safety guide as such, but yes, I have absolutely been involved.

Would it have any application to the Queensland police service? Would it assist them?---My understanding is when the guide was being developed, that there was obviously conversations about whether it would assist them, but obviously taking into consideration that child protection is only one part of QPS's core business so they, I guess, have other referral pathways that they use and made a decision not to be involved in the trial of the guide.

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All right. But do you think, as someone from the department - the experts - that they would benefit from the guide?---I think again their legislation, policies and procedures, I guess, guide them on what to report. So I think that's, I suppose, the starting point. If those legislations tell someone to do something and they would do that. I can't say whether the use of the guide would change with - it wouldn't necessarily change that because of their procedures say that they have to do that.

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But Queensland Health had procedures prior to the guide? ---Mm'hm.

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And so why does it need the guide?---Again, the guide is only a guide, so it's only a tool. It doesn't replace their policies and procedures. 1

So you've got your policies and procedures?---Yes.

You've then got a guide?---Mm'hm.

Which may not necessarily be any better than the policies and procedures?---It's not mandatory.

So the guide is not mandatory for Queensland Health or Queensland Education employees in this region to use? ---Correct. 10

Okay. Why not?---I have no idea. You would have to ask Health and Education, I guess, that one.

Well, as part of the rolling out of this guide would you say is a better tool than what they currently have?---I guess I'm not aware of the exact tools that they use. I'm well aware that they have child protection experts within their agencies. You would be aware that they do have SCAN representatives and they do have child protection units and I understand that their policies and procedures have avenues for them to discuss concerns that they have about children's safety and well-being with those experts within their own department. 20

Okay. Do you know what the cost of this guide is?---No, I don't.

All right. Maybe I've asked this, but I'll ask it another way: what is the value of the guide being rolled out in this region? How has it helped children of this region if there are other policies and procedures that seem to be working well amongst Queensland Health, Education Queensland and the QPS?---I guess the guide is part of, I suppose, that reform to look at the pathways, to look at where families receive a service from. So we all want children and families to receive the right service at the right time and that - as an educative tool, so, you know, there are a lot of points within the tool that provide education. It does line up with the principles of Helping out Families in terms of families being directly referred to Helping out Families from Health and Education. So I guess it does line up together but as we've pointed out, it's not mandatory so - but it is an educational tool as well to help them understand a little bit better child safety's business and it helps, I guess, ask also to understand their business and what Health perspective or an Education perspective might be around a child and the family. 30 40

When does the trial end for the QEI?---It's for the calendar year of 2012.

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How will you know if it had any effect in a positive way if it's not mandatory?---I guess I suppose there will be evaluation around that. I'm not privy to what that will be. And they will need to look at if it is having an impact. Like I suppose I've said before, there are a range of different trials that have been introduced on top of regional intake services, so all of those different things I suppose are a suite of trials and tools that are hoping to reform that system in terms of early intervention and prevention.

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All right. So when a child - - -

COMMISSIONER: Sorry, Mr Simpson. I suppose that one advantage to the department of having the regional intake service is that it can keep track on the cumulative attendance; whereas, if you have direct self-referrals, you wouldn't get to know, unless you have some arrangement in place, how many families and parents were referring themselves and how often?---That's right.

Or how many times the same family was being referred to HOF or some other replacement directly from another of your stakeholder allies, would you?---That's right. I think both happen and obviously we know that Health and Education can refer directly into Helping out Families. It is very hard to track whether at the same time they're referring to child safety, so from our data it would be hard for us to - - -

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Is there an arrangement in place where if they do direct refer, they also slip you a copy?---Not to my knowledge, but I don't know. That may be happening. That's obviously very hard to track because if they self-refer - - -

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Because they didn't come through your intake service? ---That's right.

But your intake service doesn't get a copy of self-referrals - - -?---No.

- - - from Education or Health?---No. We're not privy to that information that is being directly referred to HOF from an intake perspective. I guess unless of course some of the information that we received from our notifier indicated that they are engaging with the HOF service and then we felt was relevant to ring that service and gather that information.

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But you don't have any memorandum of understanding or protocol with HOF to tell the department what referrals are getting from where?---No. We can see where their referrals are coming from for the HOF. Obviously we fund that service so we can see where the referrals are coming from

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as in Health, Education, self-referrals. But we haven't then I suppose looked at are they also referring them to child safety at the same time. Does that answer your question?

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It does, thank you.

MR SIMPSON: Just lastly, whilst there isn't any specific data, have you been told when referral, having made through the intake service, whether the guide has been used as a means of referring the matter on to you?--At different points notifiers from Health and Education have mentioned that they have used the guide. It's not compulsory that they mention that; it's not compulsory that they provide us a copy of that; sometimes they do, sometimes they don't.

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All right?---So we know how many times the guide has been used and the trial sites; and we know by whom, as in Health or Education; and we know the breakdown of the responses - I guess the end response that they received when they used the guide.

All right. Here's your opportunity to say how well it is working. Is it working well?---I guess it has only been in trial since January this year. Obviously schools weren't present in January so that had a slower start. The data would indicate that it has been used on a higher rate through Queensland Health than it is within Education.

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I don't really have any information to suggest that it's not working well or it is working well. I think that information may suggest that it's not being used as often as it could and you will note from my statement that that could be something that may impact on us having, I suppose, a better pathway for children and families to out secondary system, but there appears in some areas that there is a very slow uptake of provide.

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I have no further questions, thank you.

COMMISSIONER: Thank you. Mr Selfridge?

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MR SELFRIDGE: Yes, thank you, Mr Commissioner.

Ms Oliver, those questions that you have just been asked in relation to the success and the value of the child protection guide - was at least one of the intentions of introducing this child protection guide - was that an attempt by the department to form sort of uniformity in approach by the core entities and child protection system? Is that one of the - - -?---I guess it was to complement the Helping Out Families trial and to - yes, to look at trying to ensure that children and families get the right service at the right time and that it's not always effective for them to come through the tertiary system, only to be referred out to the secondary system; that it would be more beneficial for them to go directly to that system.

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Okay. You see, the reason I asked that question is because, apart from the obvious, at paragraph 30 of your report on the last page - sorry, your statement on the last page you talk about the different legislation, policies and procedures within those core entities specified?---Yes.

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In the latter part of that paragraph you say "and CP guide would assist in the production of reports". So you're talking about, as I take it, as I read that paragraph, this difficulty that exists between - across the child protection system as such between the different agencies in relation to approach, the different approach, and therefore reporting procedures, et cetera, so on and so forth. So the essence of that question about the child protection guide is an attempt by the department to try and approach it in a uniform way?---That's right, and a commitment by those other agencies to that.

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But isn't there a problem there, a fundamental problem, in that because of the mandatory reporting procedures and the different reporting procedures, those other core entities can't adopt the same approach per se as what the department suggest?---Correct.

Essentially it doesn't gazump legislation - - -?---That's right.

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The legislation as it is particular to each entity? 1  
---That's right.

Now, the next thing is paragraph 18. This is just about contextualisation and clarification, if you like?---Mm'hm.

Putting aside the first sentence there which is self-explanatory, go on to the second sentence and the particular words commencing "to enable referrals (without consent of the family) to be made to HOF" and so on and so forth. Could you explain how that works in practice, what we're talking about there? Are we talking about families that don't engage with the department but they're willing to engage directly with HOF? Is that what we're talking about?---No. So to clarify that, you may not be aware that there were changes to the child protection legislation in relation to having the ability to assist with children's safety and wellbeing. 10

October 2010 approximately?---Correct. So part of that was about allowing the department to receive concerns about a family.

Yes?---Families don't meet the threshold for a notification. 20

Yes?---So we have the ability to refer that family and those concerns out to a non-government agency which for us is Helping Out Families. It includes the referral for active intervention service and also the Aboriginal and Torres Strait Islander Family Support Services.

You talk about those legislative amendments in late 2010 but particularly the general principles contained in section 5B. Is that what we're talking about?---Yes. I'll just refer to my act. Yes, that's right. 30

Yes, thank you very much. No further questions.

COMMISSIONER: Yes, Ms Stewart?

MS STEWART: Lisa Stewart from the Aboriginal and Torres Strait Islander Legal Service. Just in relation to your statement at paragraph 13, the number of referrals made to HOF and the Aboriginal and Torres Strait Islander Family Support Service - just picked up in your evidence that you would have the number of referrals that would have gone to HOF and to the Aboriginal and Torres Strait - - -?---Yes. 40

Do you have those available?---I don't have that on me but I can get that information for you.

Is what happens in practice that if a family identifies as being Aboriginal or Torres Strait Islander descent, they automatically are referred to that appropriate organisation?---That is correct.

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But is that what happens in practice?---Yes.

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In paragraph 22 you just make a statement there about the opening up of referrals to allow direct referrals from other government and non-government agencies and also self-referrals?---Mm'hm.

Can you just explain that a bit about what the process was just before that and what led to the opening up of the referral pathway?---So within the region prior to Helping Out Families the region had access to Referral for Active Intervention services, for RAI Services, and direct referrals could be made into RAI by Health and Education, if I'm correct - I may need to double check that - and I guess when Helping Out Families was introduced as a trial, there was some restructure to those systems. So there were there trial sites. One trial site - they ended the RAI service and there was just the Helping Out Families service and the other two trial sites - they maintained the RAI Services and also added in the Helping Out Families services so - and at the same time also the Aboriginal and Torres Strait Islander Family Support Services. So it meant that there was a range of different service options so it made sense at that time to consider that rather than people having to go, "Where do I refer to? Do I go to HOF, ATSIFSS or to RAI?" They then opened up those pathways so it could come into, I guess, more of one point.

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Okay. So it has been the case from there that the referral pathway to each of those three services that you identify has always been the same. There's been the ability to self-refer and referrals to come from government and non-government organisations?---So the self-referrals was one of the change in pathways that came in partway through the trial.

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Relevant to all three?---Relevant - - -

I suppose what I'm getting at - with the non-government organisation which I suppose would include Aboriginal and Torres Strait Islander Family Support Service - have they always been able to accept self-referrals or do they have to rely on a referral from the Department of Child Safety or HOF - RIS, sorry?---So, no, there is, I guess, other pathways. It doesn't have to come through Child Safety for a family to receive the service so - and, like I was saying, prior to HOF there were direct pathways from other agencies and to RAI and now within Helping Out Families there are direct pathways, the self-referral pathways and then the Child Safety pathway.

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Okay. I'm from ATSILS so I'm interested in particular to Aboriginal and Torres Strait Islander Legal Service. I haven't quite got the point there in relation to the Aboriginal and Torres Strait Islander Family Support Service. Can they accept self-referrals?---I would need to

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confirm that, but my understanding is, yes.

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Just before I move on I might just come back to something that you mentioned earlier in your evidence, the structured decision-making tool. As a part of the regional intake service, can you just describe in the intake process what are the tools that are utilised?---So we have a - obviously when we create an intake, we have a record of concerns that form - obviously it records all the concerns that we receive. It records information about the notifier and then we have two other forms after that. We have a screening criteria form.

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What does that do?---So basically it considers the information that we receive against all the areas of harm and neglect or abuse and neglect so it looks at physical harm, emotional harm, sexual abuse and neglect.

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Can you just give an example? Like, without being able to identify - just an example of the screening process and the information that you receive. If you could just make it a little bit live?--Okay. So we receive a phone call from a notifier who says that they can hear children screaming and yelling on an ongoing basis from the house next door.

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Yes?--We put that information into our record of concerns. We then consider the child protection history in relation to the family and we then, I guess, screen against the different types of, like we were saying, physical harm, emotional harm, abuse and neglect, and apply professional judgment, contact the recognised entity if the Aboriginal or Torres Strait Islander, engage with any other information gathering that might be deemed appropriate if we don't have enough information to make a decision, and all of that information gets recorded in other forms as well.

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Okay?--So there are multiple forms, but depending on how - the variables. So if we are conducting a pre-notification check we have another form, if it's an Aboriginal or Torres Strait Islander child or young person we consult with the recognised entity, there's another form. So there's a range of different forms.

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I'm starting to understanding why there's so many difficulties getting information from your data system. It seems to have to hold a lot of information, but just going back to the particular - at the screening point, when that information is put through does it then direct you towards a recommendation, or the user towards a recommendation?--I guess the structured decision-making is a tool. It's to be used alongside a child safety intake officer's professional judgment and knowledge and to be used alongside what we know about the family from the child protection history. So ultimately it's the assessment of the child safety officer which has to be approved by a team leader who can sign off on all those forms, or two of those forms.

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Sorry, just if I can - just stick at that point. With the screening part of it, once you've canvassed previous contacts with the department and identified the nature of concern and you've gone through that particular process for the tool does the database spit out a recommendation? Does it say, "Consider a referral, consider child" - you know, something like that?--There are different - - -

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Or does it come back to the CSO?--There are different options. So if you think that you have information that meets the overarching definition of physical harm there are options for you to, I guess, elaborate on that and choose that as present for that family. So that will then pre-populate the next form, which tells you whether it's a child concern report or a notification and at that point then there are a range of different questions that you need

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to answer to get the response priority if it's a notification.

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I suppose with physical harm it can be more relatively straightforward. How about with emotional harm, though? ---I guess, again, we - same process. We base it on the concerns that we receive, taking into consideration that they are allegations at that point in time. We make that same assessment in the same way that we would for physical harm. We obviously have that capacity to consider the cumulative effect of that harm, and again, using professional knowledge, practice papers, team leader advice, making that decision is a fluid process.

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So what are the prompts then in that decision-making process that will divert you to some family support service for early intervention?---Okay, so there are and have always been prior to Helping Out Families - there are some options once you've made your assessment around - I can't quote those to you, but I think from memory there are two or three options around referral to another agency, offering some advice and other options that we need to follow, in terms of, "There's a report to QPS required in this matter," et cetera. So those options have always been there in the SDM tools, the additional criteria for Helping Out Families and Aboriginal and Torres Strait Islander family support services over and above that.

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Okay, can you just talk to that?---Yes.

So what are the prompts for early diversion to the Aboriginal and Torres Strait Islander family support service?---So in terms of the criteria around a child under three, and my colleague spoke this morning about that, they are all separate referral criteria. So you don't have to have all three. If you had a child under three where there was no child protection history and that's the first contact we've had with them, that would be referred on. If you had a child who is over three and this is the third child concern report, then that would be referred on. If you had a child where those other factors weren't necessarily present but the department had received one notification and done an investigation and assessment and had some ongoing contact with the family, that would then be referred on. So there are a range of different factors.

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Okay?---The other pathway for referral is around when we have completed an investigation and assessment and the child was found to not be in need of protection and the matter was either substantiated or unsubstantiated and the family risk evaluation for the family came up as high, which indicates that there's a high likelihood that the family may re-enter the system at some point in time.

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I might just stop you there, because I will talk about the risk evaluation, but just to come back, you spoke about the

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investigation and assessment, but that's not - on my understanding, that's not undertaken by the regional intake service team. They've gone through their process and then referred that off to a child safety service centre and they will do the investigation and assessment - or is that incorrect?--No, that is correct, but the part of this process was around referring child concern reports.

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Yes?---So if the new information we receive doesn't reach the threshold for a notification that a child concern report. If the family had previous child protection history where there was a previous investigation and assessment but the new concerns still don't meet the threshold, we can refer based on that history.

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Now, the risk evaluation tool that you're about to speak of, is that something that's in the database or is - what kind of tool is that?---That's a structured decision-making tool.

What does that look like? What do you kind of go through?--I haven't used it for a very long time and obviously it's not a tool that's used at the point of intake, but it looks at a range of factors that are most, I guess, prominent around referral back into child safety. So it looks at previous child protection history, abuse as - parent as a child, and I'd have to get a copy of the tool to talk through the rest of that. I'm not familiar with it.

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Yes. I thought that you lumped it in with the structured decision-making tool so it was something that you used at regional intake service level, but it's not, that's used at a different level. Is that correct?---That's used at an investigation and assessment level.

Investigation and assessment, okay?---But we do refer - so the regional intake service refers investigation and assessment families to the HOF or the Aboriginal and Torres Strait Islander family support service on behalf of our child safety service centres. So they make that determination and they then let us know that they have found that the child is not in need of protection and that the family risk evaluation is high and then we make that referral out for them to the family support service.

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Now, you would be aware of the recognised entity model and how they have participation in significant decision-making for our families. In the intake part what role do they play there? How do you bring them into that process?---So every intake where it's known to the RIS that a child is Aboriginal or Torres Strait Islander we have a responsibility to consult with the recognised entity in relation to that family to give them the opportunity to discuss, I guess, any outcome that we may come to and to also allow them to make recommendations around whether it would be appropriate referral to a family support service.

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So they make that determination. They then let us know that they have found that the child is not in need of protection and that the family risk evaluation is high, and then we make that referral out for them to the family support service.

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You would be aware of the recognised entity model?---Mm'hm.

And how they participate in significant decision-making for our families. In the intake part, what role do they play there? How do you bring them into that process?---So every intake where it's known to the RIS that a child is Aboriginal and Torres Strait Islander we have a responsibility to consult with the recognised entity in relation to that family to give them the opportunity to discuss, I guess, any outcome that we may come to and to also allow them to make recommendations around whether it would be appropriate referral to a family support service.

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In your opinion what do you think are the significant decisions that are made during the intake process that affect our children?---Obviously we have two decisions to make at intake: (a) it's around our response to the concerns that we receive; and (b) it's in relation to what we're going to do with those concerns, so referral out. They're two significant decisions for children and families at the intake point.

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And would be dependent on the - I suppose the assessment process and how thorough that is in what - actually, I might withdraw that. Just going back to the HOF initiative?---Mm'hm.

Do you have any working knowledge of the arrangements between RIS and HOF? I heard you mention that you did fund it so you would be aware if - does a service agreement exist between them?---Yes.

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Is there any requirement under the service agreement that HOF have to provide a culturally sensitive service?---I don't know the service agreement inside out but I am very aware that our HOF services have existing relationships with culturally appropriate services; that that is different across three of the Helping out Families trial sites.

Okay?---That some of the HOF services have employed staff to provide that culturally appropriate advice when working with families; and that some services actually have an agreement with the recognised entity in that area around the Aboriginal and Torres Strait Islander families and how they would engage and work with those families.

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Sorry, the recognised entity works with the families, or there's an agreement between HOF and the recognised entity about - - - ?---It is different. My understanding is that

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they have some - one of the services has employed a specified position, I guess, to work with families that may come to their attention that are choosing a mainstream service, and that one of the other agencies has worked alongside either a representative from the ATSIFFS service or the RE and making sure that, I guess, their work with those families is culturally appropriate.

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Just moving on to - we've discussed this a little bit, but I wouldn't mind having your input into it, because you seem to be pretty close on the ground with the HOF initiative. The three levels of governance in that structure, the local alliance, the managerial alliance, and then the executive alliance; we heard evidence before that the Aboriginal and Torres Strait Islander organisations have some type of input at the local alliance but not at the next two levels. Is that your understanding of the - - - ?---No, that's not my understanding. My understanding is that they have representation at two of the levels, at then the local level and the managerial level, and that the executive level, there is not that representation.

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Do you think at executive level they'd benefit from having that - given over-representation to hear the voice from Aboriginal and Torres Strait Islander organisation?---I guess when there is a - so there's a clear process for escalation through the alliances so with representation at the other two levels the views around the impact on Aboriginal and Torres Strait Islander people is captured. I haven't been privy to sitting in on an executive alliance meeting, so I'm unsure if it would add value. I presume that it potentially may, but I guess by the time it gets to that executive level alliance all the work has been done on the ground and at that managerial level around needing to be escalated. So it is just another - yes, it's more of a step in a process rather than on the ground where all the work is done. I suppose it's to look at systemic issues across the agencies involved.

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I suppose over-representation would be one of those systemic issues. But just very briefly, how does that alliance kind of work; and who, from, say, RIS, attends any meetings or has input?---Yes, input to that?

How does it - yes?---So the Helping out Families services were funded under a model where they have a family support alliance component and an intensive family support service component. Obviously the family support alliance is where all the referrals go where they make contact with the families to gain consent; the other function of that family support alliance was to develop a local alliance of services. So there are the three trial sites which have three different catchment areas, and so each FSA service was funded to I guess develop that local alliance. They obviously get together, the boundaries are very close, they have a lot of issues that are similar across trial sites.

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But they do hold separate local alliance meetings for the key stakeholders in those areas. Child safety has representatives from the regional intake service at those local level alliance. Predominantly that's a child safety officer or a team leader who would attend. And child safety service centres also attend, or are at least invited to attend, if they have capacity, those local level alliances.

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I suppose that's what I was interested. Is that something that meets regularly?---Yes.

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What, quarterly if - - - ?---My understanding, it's six to eight weekly, dependent on what's happening in the sector at the time. They've had other - obviously my statement refers to the types of things that those three different alliances have been addressing. So one alliance meeting was replaced by a housing forum where they were looking at housing as being a significant issue across three of the sites. But absolutely on a regular basis.

So when the systemic issues are identified across the South East region, within this structure what avenues are open to the alliance to kind of progress concerns or get certain issues on the agenda and addressing it at, I suppose, the highest level they can?---I guess that's where the next tier steps in, so if your local level alliance has an issue that you deem as significant for your area then that will be put on the agenda for the managerial alliance. And different outcomes have resulted from that. There's been different working parties that have been developed to deal with issues that have come up throughout the course of helping out families and that continue to come up, as for example the housing project and a domestic and family violence working party, et cetera.

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So from your knowledge - and I understand you don't always attend the meetings - is it a successful alliance as far as addressing - - - ?---The local level alliance?

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Sorry, the alliance as a whole?---From my point of view I think it's an extremely effective model. I think that obviously when you're working on your own in isolation you don't have as much, I guess, ability to get momentum to address issues.

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We know that there are issues in our service system right across from the primary level to the tertiary level. We know that there our children and families - there are some very big issues that need addressing and I absolutely believe that the alliance meetings have been a really, I suppose, effective mechanism to transporting those issues and getting momentum and raising it up to the highest level, the executive level, who then can discuss that with all our other government partners.

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Okay. Now, that might be all. I might just take some instructions. Could you just clarify one point? Just in your evidence-in-chief you made note about the RE being consulted about the outcome in decision-making. I think we were speaking about referrals to HOF. Under the act they need to participate. Do you see there's a tension there in how that's been put - how that's working in practice?---So in terms of the requirements to consult and engage in conversations around the action that we might take and the subsequent referrals that we might make.

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The recognised entity model under the act participate in significant decision-making?---Yes.

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You did make note that consultation with the recognised entity takes place, but where does their participation come in and how are their recommendations implemented?---I guess we have been guided by our local recognised entities in relation to how that looks and I suppose being guided by what form of communication that they would like to receive in relation to that. The previous models where there were multiple recognised entities in the one region - obviously there were varying ways that that consultation would occur and we have - now that we have one recognised entity for nine of our Child Safety Service centres we have, I guess, a consistent way of, I guess, having those conversations and that depends on the urgency of the matter and the level of need to have either a discussion or a written correspondence.

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I have got one last question. You just made note of there's one recognised entity for really nine service centres?---Yes.

Is there ever a problem with them reaching capacity there? I would imagine that - - -?---In terms of intake - - -

I suppose any type of consultation, participation?---Yes.

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You have got one recognised entity, organisation, assisting that many service centres?---Obviously I can't speak from a service centre perspective and around the consultation that they would have, but absolutely from a regional intake service perspective the availability of staff members to consult and participate around decisions that we make for the family is readily available.

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I have nothing further, commissioner.

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COMMISSIONER: Thanks, Ms Stewart. Yes, Mr Capper?

MR CAPPER: Thank you.

Craig Capper from Commission for Children and Young People and Child Guardian. I have two questions for you. In relation to your statement, you indicate at paragraph 9 that there were 1542 notifications that resulted in - there were 1542 notifications but yet in the statement of our colleague he indicates at paragraph 11 that there were 3638 notifications for the same period. Can you clarify for me which is the correct figure or which is referring to what?--Yes, I can; I can absolutely do that. So in relation to the data and my statement and point 9, that is operation data for south-east RIS and taking into consideration that - talking about the overflow system between regions, that some of the notifications and child-concern reports and section 9 could be what reports that we have recorded for other parts of the state, whereas if you refer to operational data at point 11, that relates to the notifications and subsequent investigation and assessment events for the south-east region.

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Yes?---You will note that that is different again to the evidence provided in Mr Payet's statement. However, I can explain the difference in that is that the 2332 is distinct INA's, whereas the 3000 number in Mr Payet's data is in relation to children.

Okay, thank you. Now, in relation to paragraph 13 of your statement, you refer to the south-east RIS made 2848 initial referrals to HOF and the Aboriginal and Torres Strait Islander Family Support Services. There were 750 referral updates, that is, a new CCR recorded with additional information in relation to the previous one, were also made during this period. So does that mean that of the 2848 750 of those came back to the department anyway?---No. So 2848 initial referrals were made and then we received some new concerns; not necessarily from Helping Out Families but from a notifier that resulted in another child-concern report that we then made a referral update.

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So of the 2848 there were another 750 referrals that were included in that 2848 that were a second complaint relating to the same family that was already in HOF?---Yes, correct.

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Now, in relation to the RIS - the last question I have for you is in relation to the intakes, how long does it take to do an intake? The reason I ask that is because we have some conflicting evidence. I just want to clarify. So when you receive the intake, how long does it actually take for that to occur?---I don't have any formal data around that. Obviously prior to the regional intake services being established there was some work in relation to

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estimated times that an intake would take. One intake could take an hour. Another intake could take four hours. Another one could take longer than that. So it's really hard to say. There's no generic figure.

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I guess the concern I have and the concern I'm trying to clarify is then when we heard from Mr Swan, he said that on average - and I specifically questioned this point - three to four hours per intake?---Mm'hm.

But then when we heard from Mr Scott - this is exhibit 53 - he indicates - he referred us to the workload management guide for Child Safety Service centres and he refers to - that document, he says, was done in consultation with the department and the union as to benchmarks to work to and that they did some sort of assessment as to the time it should take to do these things?---Yes.

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At Page 1121 of that document it says that the average - this is intake. The benchmark is four to five matters per day per officer?---That's correct.

Experienced CSOs completing intake work only and an average matter taking one hour. So is it more one hour or is it more three to four on average that Mr Swan told us?---I think a range of different factors that you need to consider again so it depends on the length of the child protection history. It depends on - - -

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I'm looking for the average. I mean, Mr Swan says three to four hours. They're saying on average one hour?---Yes.

They're very different figures, you'd agree?---I wouldn't say it's on average one hour. I would say it would be more likely to be three to four hours.

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Okay?---Why I say that is the additional component in relation to referring families out to a secondary service is in a totally different system. So we do a piece of work on ICMS. We then have to go into another system and recreate that piece of work in essence.

For HOF and that process?---Yes.

That includes the referral closer to three to four hours?---Mm'hm.

But general intake itself - forget the HOF component of it - closer to one hour or closer to four hours?---In between. I guess not - wouldn't be one hour in general. I'd say probably closer to two or three hours.

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Thank you. I have nothing further, thank you.

COMMISSIONER: Thank you, Mr Capper. Mr Simpson?

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MR SIMPSON: I have no re-examination. Might the witness  
be excused?

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COMMISSIONER: Yes.

Ms Oliver, thanks very much for coming and sharing your  
evidence with us. We appreciate it?---Thanks,  
commissioner.

WITNESS WITHDREW

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MR SIMPSON: Mr Commissioner, Detective Senior Sergeant Peter David Waugh is the next witness and he is being taken by Mr Haddrick. 1

COMMISSIONER: Thank you.

**WAUGH, PETER DAVID** sworn:

COMMISSIONER: Thank you, senior sergeant. Welcome, thank you for coming?---Thank you very much.

Mr Haddrick? 10

MR HADDRICK: Officer - could the witness please be shown this document? Do you recognise that document in front of you?---Yes, I do.

What is that document?---It's a statement that I prepared.

What is the date of that statement?---The date of the statement is 26 September 2012.

Are the contents of that statement true and correct?---Yes. 20

Are there any additions or subtractions that you wish to make to that statement at this stage?---No.

I tender that statement, Mr Commissioner.

COMMISSIONER: Detective Senior Sergeant Waugh's statement will be exhibit 73 and published as it is. Thank you.

ADMITTED AND MARKED: "EXHIBIT 73"

MR HADDRICK: Thank you, Commissioner. 30

Officer, do you have an additional copy of that statement in front of you there?---Yes, I do.

What I propose to do is walk you through aspects of that statement, starting at the front and going to the back and going through different paragraphs. What I'm seeking to do is shine further light on aspects of your evidence that you've provided in your statement. So that's the way I'll proceed to ask you questions this afternoon. Obviously we won't get it all done this afternoon, but we'll start off and see where we get to before the commissioner pulls me up. First of all, for the benefit of the commission, and given that your statement has only just gone on the website now, can you tell the commission very briefly your experience in the child protection area?---I am the officer in charge of the Logan district child protection unit. I've got approximately 22 years' experience in the investigation of child protection matters. 40

How long have you been a member of the Queensland Police

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Service, or Police Force, as it used to be known? 1  
---Approximately 28 years.

How long have you been the officer in charge of the unit?  
---Approximately six years.

How many staff are there in your unit?---32.

How many sworn officers?---32.

By that deduction, there's no administrative staff?  
---Sorry, 32 sworn officers. I've got four school based officers, I've got 2.2 administrative staff. 10

Just from the outset, given this is our first day of hearings in Beenleigh, I just want to put a proposition to you and invite you as a very experienced police officer to comment upon this proposition. At the opening of these hearings today Mr Simpson of counsel, the barrister who appeared here before me, told the commissioner the following. The south-east region is comprised of 10 child safety service centres and covers a geographic area of 2830 square kilometres. He said it stretches from Beaudesert, through Logan city and Gold Coast council areas to the New South Wales border and north to Redlands. Logan is an area that experiences significant social disadvantage. In 2010 and 2011 the south-east region had the highest number of incoming intakes and the highest number of investigations. It had the highest number of children in out of home care in the state. The south-east region has the most foster carers in the state and it also has a high number of agencies providing support to families. Officer, does that make this region effectively the ground zero for children who are in need of protection?---I wouldn't quite refer to it as the ground zero, however we have a significant workload. 20  
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Very good. Okay, starting from your statement on page 2 - actually, starting from page 3 in respect of your unit, the child protection and investigation unit duties, paragraph 18 on page 3, you identify, or you say - and I'll quote and I'll invite you to comment further on this. You say, "I will provide a more detailed account of specific challenges associated with the CPIU duties within the Logan district." You say that after you've identified in your statement some of the challenges that are associated with your unit. I just want to give you an opportunity to provide that contribution that you say you will provide in your statement. Would you like to identify to the commission what some of the challenges that are facing your unit are?---We have 32 staff that cover, as you stated, a significant area. The duties of our child protection and investigation unit cover not only child protection work, they cover the investigation of juvenile justice matters and they also are responsible for the management of ANCOR offenders. With the combination of those duties it places 40

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significant demands on our unit.

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How much of the time or workload of your unit is spent on the child protection functions, that is, the functions associated with the statutory process in the Child Protection Act, roughly?---Roughly, I would - again, roughly, as you can see, I've got significant staff which are actually dedicated to child protection work. In relation to that, two detective sergeants made investigators due to the workload issues, as regularly we require staff from other areas, other stations, to come and assist in those duties. I would say at least half to three-quarters of our work would go into child protection.

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Further on in your statement, from paragraph 19 through down to, perhaps, paragraph 23 over the page on page 4, you talk about the obligations that your unit has in terms of the statutory obligations occasioned by the Child Protection (Offender Reporting) legislation and you speak in paragraph 23, and I'll just take you to paragraph 23 there, of the face-to-face visits that your officers are required to do. Can you just explain to the commission what that particular job is and how that impacts upon performing the child protection functions? So first of all, tell us what you mean by face-to-face visits in paragraph 23?---As part of the management of reportable offenders the QPS require that we undertake a quarterly face to face, as in personal contact with - - -

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With who is that?---With reportable offenders, registered reportable offenders. This occurs on a - four times, or quarterly, per year. We visit high and very high risk offenders.

How many people are we talking about there? How many people are visited by your officers? How many on the list, the register?---I don't have exact figures when it comes to the high and very high reportable offenders.

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Ballpark?---It would be over 100.

Okay. Now, in the same paragraph you say, and I quote, "Some reportable offenders serviced by the Logan district CPIU," that's your unit, "make in excess of 30 changes through a year requiring police attention." What do you mean by that?---As I stated previously, the legislation require us - the legislation requires a reportable offender to report certain changes to us. These relate to travel, they relate to changes of address, they relate to changes of motor car, they relate to Internet access, phone numbers. Our contact with children, as their requirement, they come in and make those changes.

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So when you say some reportable offenders make in excess of 30 changes through a year requiring you and your officers' attention, you mean an individual offender might do

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30 things that need to be brought to your attention and that you need to look into each of those particular matters each time?---That is correct.

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How many persons on the register would require that degree of administration?---I can't give you an exact number that would have 30 changes.

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I could - I could - I don't hazard a guess. I would say a smaller percentage. 1

What sort of impact is that have upon your workforce who are also trying to perform other functions?---A detrimental. Due to the number of changes we have reallocated staff from existing child protection duties to perform duties associated with our ANCOR duties.

How many have you reallocated?---It's a revolving process. Since ANCOR has commenced we have now a detective sergeant and two other officers administrating ANCOR with the assistance of an administration officer. 10

Is that typical of other regions around the state? Would the other regions be suffering the same burden upon their activities? By the regions, I mean other child protection investigation units around the State?---The administration of this legislation has varying impacts on varying districts.

Can I take you to page 5 of your statement, please, under the heading of Residential Care Facilities. In paragraph 26 you identified that there are in excess of 14 residential care facilities in the South East region - South East region?---In the Logan police district. 20

Sorry, in the Logan police district. You go on to say often children at these establishments, "Exhibit difficult to extreme behaviours and they abscond from their placement facility." Can you tell the commission what you as a police officer describe as difficult to extreme behaviours? What sort of things are we talking about?---We're talking violent behaviour, we are talking antisocial behaviour, we're talking non-compliance behaviour; antisocial, non-compliant. 30

Are we talking criminality?---Yes, and criminality.

From your observations how do the managers of these residential care facilities manage these occurrences? ---They struggle.

In what way?---As I stated before, these children are very, very difficult to deal with. They struggle with the day to day management of these children as to feeding, bedding, caring, as a normal parent would do. 40

You identify in paragraph 27 - and Mr Simpson told the commission earlier - he quoted from your statement that in the six-month period ending on 30 August of this year there were numerous examples of repeat calls for service to these facilities. You identify in your statement the quote, "One particular facility has had 149 calls for service in this period." Without identifying the street or the actual location of this house, what suburb is that house in?

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---Bahrs Scrub.

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How many other residential facilities are in that suburb?  
Can you just say the name of the suburb again, I think a couple  
of - - -?---Bahrs Scrub. I'm aware of only one.

In that particular suburb?---Yes.

Are the residential care facilities spread out evenly  
geographically or are they gathered in any one locality or  
more than one locality?---Two outer suburbs.

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In paragraph 27 where you say that this particular facility  
required 149 calls for service in a six-month period,  
that's about almost one a day, isn't it, for that  
particular house? Half a year, that's effectively what a  
day?---Yes.

And there's a maximum of how many children with at that  
particular house?---Four.

Okay. Going on to paragraph 28 - sorry, before I go on to  
paragraph 28, you've identified one situation there where  
there's a large number of callouts. Are there other  
residential facilities in the Logan district which have  
maybe not that number but similar large numbers of  
callouts?---Yes.

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What sort of numbers are we talking about?---81, 52, 51,  
10, 34, 15, 16, 18, five, one, five, 16, 111.

And so each time that you and your officers receive a call  
for assistance for those facilities, how do you action that  
call? What do you do?---In most occasions if resources are  
available, we attend.

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And what happens when you attend?---Depends on the nature  
of the call from there is the calls range for assaults on  
carers, damage to property, disturbances, missing persons.

How long does it usually take - or can it take - your  
officers to attend upon the facilities when they receive a  
call?---It's varied. It's varied from in some instances we  
may not be able to attend, until hours - hours later. We  
may not even be able to attend.

Do I understand you to mean that you effectively triage the  
call when it comes through and decide from the information  
provided to you in the telephone call - - -?---Correct.

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- - - that you decide whether it warrants police attending  
upon the facility?---Correct.

What sort of reports or incidents result in your officers  
attending straightaway?---Triple A phone call, for

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instance, a carer being assaulted; a resident being seriously assaulted. As you said, they're triaged by the communication firm and the jobs are given out.

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How common is that, that you receive a triple A phone call from a residential facility?---I can't give you the exact on those. That information goes through to police communications.

Based on your many years of experience would you think it once a week, once a fortnight?---I wouldn't hazard a guess.

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Okay.

COMMISSIONER: Detective Senior Sergeant, who are the carers in these residentials are they young people, old people?

---Combination of both.

Have you had face-to-face contact with them?---Yes, some of, yes.

Okay. Did you have a concern that they weren't capable of being a carer of children of this type?---Yes.

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And what did it appeared to you to be the contributing factors for that?---A number of things; age of the carer.

Too young; too old; both?---Both. Sex of the carer; and to clarify that, some of the people in care are large males with violent tendencies being cared for by young females.

And how to find - how do they respond? How did they present, the carers, when you were called to assist?

---There were instances where carers have left - fled the facility; there are instances where carers have locked themselves in the room; there are instances where we've been met at the stairs by carers concerned. Going the other side, there's instances where we've been advised that that then required to report the information by their organisation.

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Reluctantly?---Reluctantly, yes.

MR HADDRICK: Can I just get you to describe these residential homes. I mean, we all perhaps have an idea of what they might look like, but can you tell us today just like any other suburban home? What are some of the defining features of these homes?---Many and varied. Yes, in essence they look like a residential home.

40

Is there any feature of the home at all that is unique to a residential facility?---It depends on the home. Normally they have of room that is capable of being locked.

What for?---Records, medication - records, medication,

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possibly security.

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Security of what?---As I said previously, there's times we've come to premises where we've found carers locked in a room.

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So there will be occasions when your officers have turned up and the carer has been afraid of the person they're caring for?---Yes. 1

And they have to protect themselves - they've locked themselves in a room to protect themselves against a child who is in need of protection?---Correct.

Okay. Going down to the bottom of page 5, paragraph 28 - on both page 5 and page 6 in paragraphs 28 and 29 you identify the circumstance where carers ring up and report a child who is at that facility as a missing person. Can you just tell in your own words how that happens and what the problem is there? 10

---The situation is where a child is placed at a residential facility in the care of an organisation or persons and the child hasn't returned home or the child is missing and they report it as a missing person.

Who's "they"?---The child; the child is reported as a missing person.

But who makes the report?---Usually the information comes from the worker, the actual residential care worker, or it can come through Child Safety. 20

And who receives that report, your unit; the child protection investigation unit receives that report?---Not normally; not normally. It's normally to the general duties staff.

What is done with that report?---In essence it's investigated. A report is taken and it's investigated.

Okay. In paragraph 28 I will just quote you again, if I could, please. It's the fifth-last line of paragraph 28, "It is my view" - these are your words: 30

*It is my view that these children are not missing and are not -*

sorry -

*are at no specific risk of harm. However, for reasons of risk aversion the police are contacted by the carers in accordance with their policy without, it would appear, any specific effort being made on behalf of the carers or the Department of Child Safety or Department of Community Services to locate the child.* 40

What change would you propose to stop that occurring? What do you think should happen to stop carers being too quick to report a missing child to the police?---In my view these children are placed in their care. They should take on the responsibility of being the carer. If my child went missing, I would make general inquiries; contact the

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friends - identify the friends; contact the friends; talk to neighbours; drive the streets; make general inquiries to ascertain; get friends to help me locate the child. 1

In the opening line of paragraph 28 you say, "Many repeat recalls relate to children absconding from these families." Am I to understand it that you are of the view that it is the normal practice of carers to, first of all, call the police and then take any other action down the track? ---That happens in some cases, yes.

Is that a good use of police resources?---No. 10

COMMISSIONER: I suppose you have got a lot of complexities here. You have got children who went into care because they started out being in need of protection from someone else or not having anyone to protect them from harm. Their carer is probably acting on behalf of the chief executive who is a department head and the police department comes from the same government area, so there might be a tendency for one department to rely on another department to do its job that ordinary households wouldn't readily do. So there is a different type of parent involved. There's a statutory parent which is a departmental head effectively calling in another department of government to help perform their parental duties? 20

---That's correct. There are instances - and I will go on that as part of their risk-management plan - I suppose as part of the organisation's risk-management the police are contacted to inform them, "We have now advised the police that the child is now missing. It's part of our risk-management procedures."

So the problem is passed from them to you and as part of your risk-management procedures you have to do something about it because you have been informed. You can't ignore it?---Correct. 30

Right. They complain about the police department over-reporting to them and giving them too much work to do as well, you know.

MR HADDRICK: Other than the correct and proper approach that parents take responsibility and also the carers should take responsibility for finding the children as a first measure, when do you think police should be engaged in finding a child who is missing from a residential facility?---That's a very difficult question, but I could say after the initial inquiries have been made by the actual carer or people that are responsible for their care - after they have made a significant effort in locating the child from there and when they then have the information that can be given to us as in any dangers that they believe that child is in, not just that he didn't turn up back to his home by a set time. 40

COMMISSIONER: I suppose it raises the question whether anybody should be the carer responsible for that child, that is, at 16 the big guy you were talking about. The reason why everyone is managing risk is because it doesn't seem anyone can handle him and somebody has to take responsibility for him because he's a child under care, but if he wasn't under care, then he would have to be responsible for himself?---Correct.

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MR HADDRICK: Can I just take you to page 6 of your statement, paragraph 29, the second sentence in that, and it relates to that very issue? You say:

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*A check of Queensland Police Service indices has been conducted and has shown that of the top 10 missing persons reported within the Logan district nine reside in residential care facilities within the Logan police district.*

Doesn't that underscore that it's really a case of carers need to take more action or take great responsibility for locating these children before police are required to intervene?---I believe that's fair.

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Just going onto paragraph 30 of your statement, it relates to investigations again. In your final sentence there you say, "There is no specific power to remove a child 12 and over to a place of safety, ie, return to their placement." What would you like to see there?---As I've stated, the legislation as I read it doesn't give us, as in the police, power to move a child or return a child to its residential placement if the child is over 12.

So if you're called out to a missing person's report and you're able to identify and find that child, wherever that child is, and that child is 12 or over, you're unable to take that child back to the facility that reported them missing?

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---Yes. I believe you're pointing to section 21 of the Child Protection Act.

COMMISSIONER: 21, yes, moving to a safe place?---Yes.

MR HADDRICK: Mr Commissioner, I'm going to move on to some other larger topics.

COMMISSIONER: You are going to move on to a safe place, are you, Mr Haddrick?

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MR HADDRICK: Would now be a convenient time, thanks, commissioner?

COMMISSIONER: How much longer do you think you will be? Will people be generally a little longer? We won't finish in half an hour, will be?

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MR HADDRICK: I will be at least another hour. 1

COMMISSIONER: All right. We will adjourn then.

MR HANGER: My learned friend is doing such a good job that I don't think I will be asking any questions actually, seriously.

COMMISSIONER: All right. He is still going to take an hour to do it.

MR HANGER: Yes. 10

COMMISSIONER: So we will adjourn until - does 9.30 suit everybody?

Detective senior sergeant, does that suit you?---Certainly.

WITNESS WITHDREW

THE COMMISSION ADJOURNED AT 3.59 PM  
UNTIL THURSDAY, 4 OCTOBER 2012

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