

**QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY**

STATEMENT OF Queensland Health witness Elizabeth Buikstra

I, Elizabeth Buikstra, of c/- Cairns Base Hospital, The Esplanade, Cairns in the State of Queensland, Acting Team Leader, Safe Kids Unit, CBH Women and Integrated Child and Youth Service, Cairns and Hinterland Hospital and Health Service solemnly and sincerely affirm and declare:

1. I have been acting as Team Leader for the Safe Kids Unit since 23 January 2012. My substantive position is Senior Psychologist (Child Protection Liaison Officer) and was appointed to this position on 9th August 2010. And I live and work in the Cairns Community.
2. When planning and reviewing my work and seeking approval for decisions, when required, I report to Deborah Stoffell, Service Director, CBH Women and Integrated Child and Youth Service, Cairns and Hinterland Hospital and Health Service, who is also based at the Cairns Base Hospital.
3. Prior to this appointment I held the positions of:
 - Program Manager, Referral for Active Intervention Program, Act for Kids, Cairns (Feb 2009 to Jul 2010)
 - Psychologist in private practice (Aug to Dec 2008)
 - State-wide Project Officer, Centre for Rural and Remote Mental Health Queensland (Mar 2007 to Aug 2008)
 - Psychologist, Far North Queensland Intensive Rehabilitation and Recovery Support Team, Queensland Health, Cairns (Oct 2006 to Mar 2007)
 - Project Manager, James Cook University School of Medicine, Cairns (Jan to Dec 2006)
 - Research Fellow, Centre for Rural and Remote Area Health, University of Southern Queensland, Toowoomba (Jan 2003 to Jan 2006).
4. I hold a Bachelor of Science (First Class Honours)(major Psychology), Doctorate of Philosophy (major Psychology), Postgraduate Certificate in Management (Project Management), Certificate IV in Workplace Training and Assessment. I am also on track to complete a Master of Business Administration and Master of Project Management in 2012.
5. A number of Queensland Health staff members have contributed to the preparation of this statement. These include: Kelly McCafferty, Acting Director of Psychology (substantive position is Team Leader Safe Kids Unit), Karin Kennedy, Senior Social Worker (Child Protection Liaison Officer), and Deborah Stoffell, Service Director CBH Women and Integrated Child and Youth Service.
6. Please refer to the witness statement by Corelle Davies, Child Safety Director, Office of the Director-General, Department of Health for background information on the health system and its applicability to child protection.

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7. The key purposes of my role, as a senior CPLO and the Team Leader for the Safe Kids Unit at the Cairns Base Hospital, Cairns and Hinterland Hospital and Health Service, is

- Provide high level clinical skills, knowledge and leadership in the provision of authoritative child protection counsel and intervention for children at risk of, or who have been subject to abuse and neglect and their family/carer networks;
- Work as part of a multidisciplinary team with other government and non-government partners to contribute to whole of system child safety promotion across the Cairns and Hinterland Hospital and Health Service (CHHHS) and surrounding hospital and health services;
- Apply specialist knowledge to develop and provide high level education and training designed to enhance child safety and early intervention frameworks for Queensland Health staff across CHHHS and surrounding HHS, as well as for other government and non-government stakeholders.
- Operationally manage and coordinate the services provided by the Safe Kids Unit. This includes human, financial and technical resources, as well as organisational/strategic planning to ensure that the Safe Kids Unit continues to provide a high quality, evidence based service in line with regional, state and national health policy and guidelines.
- This position is responsible for 2.75 FTE Psychology/Social Work positions in the delivery of child safety clinical services to patients in hospital and community. As the lead agency, the position has 5 district professionals that work outside the unit and access professional support.

8. The duties and activities of the Safe Kids Unit includes:

- Providing daily advice and support to Queensland Health staff on child protection issues. This includes:
 - ◆ A liaison role within hospitals wards (Maternity, Birth Suite, Antenatal Clinic, Obstetric and Gynaecology, Paediatrics, Special Care Nursery, Emergency Department, Mental Health Unit and other general wards).
 - ◆ A consultancy role with all Cairns and Hinterland Hospital and Health Services Staff, particularly in relation to their responsibility to recognise, respond to and report a reasonable suspicion of child abuse and neglect to Department of Communities (Child Safety Services) as per policy and legislation.
- Providing a liaison service between Queensland Health staff, Child Safety and Queensland Police Service on child protection issues including responding to requests for information (Section 159m/n Child Protection Act 1999) and managing referrals for child forensic (alleged physical and sexual assault) examinations.
- Providing mandatory and ongoing education to Queensland Health staff on Queensland Health Child Protection Policy, Standards and Procedures.

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- Providing assessment, crisis and early intervention for children who have been harmed or are at risk of harm and their families/carer networks.
- Coordinating information from Queensland Health staff for the SCAN (Suspected Child Abuse and Neglect) Team and participating as proxy member when required.
- Implementation of new and modified Queensland Health Child Protection Policy, Standards and Procedures.

9. Examples of data and trends associated with Safe Kids Unit activities include:

A) Reporting a Reasonable Suspicion of Child Abuse and Neglect

Year	No. of Reports to Child Safety
2006	160
2007	208
2008	320
2009	330
2010	417
2011	421
2012	535 (projection)

This includes those reports made by Queensland Health staff from Cairns community and does not include reports from Innisfail and the Tablelands because these areas are supported by local CPLOs who are not line managed by the Safe Kids Team Leader.

B) Provision of Information under Section 159 m/n Child Protection Act 1999

The total requests completed for the period 1 January to 30 June 2012 was 218. During the first six months of 2012 the Safe Kids Unit experienced a considerable increase in workload, particularly in the numbers of requests that were received from the Department of Communities (Child Safety Services). Over that period, Child Safety Services increased staffing levels with the objective of clearing the child safety reporting backlog by 30 June 2012. This led to a large influx of requests for information release under 159m/n of the Child Protection Act 1999. This work required extensive CBH chart reviews and phone consultations with clinicians. The Safe Kids Unit was able to increase staffing levels by 1FTE for a period of 6 weeks.

Since 1 July 2012, the Safe Kids team have been able to complete 46 Requests for Information for Child Safety Services.

The Safe Kids Unit currently has a backlog of Information Requests that date back 3 months. Please note that the Information Requests are reviewed regularly and urgent requests are prioritised above other requests.

C) Education and Training

Safe Kids has provided training and education for Queensland Health staff since its inception in 2005. The training and education focuses on responsibility, recognition, and

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reporting child protection concerns. For 2012 to date, we have provided 30 training sessions which can include up to 81 participants in a session.

During Child Protection Week each year, the Safe Kids team organises a forum. For 2012, it has involved facilitating guest speakers with a particular focus on sexual health within a child protection context. The key purpose for the forum, apart from the education component, is to bring together relevant stakeholders and other services so that they can gain a better understanding of each others' roles and responsibilities.

10. As part of the role within the hospital and health service, the Safe Kids Unit has:


- A) Continued with the development of an expanded model of service. Safe Kids is developing an integrated model of care that incorporates both acute and primary health care functions in accordance with evidence based child and family health models of care. Initially, the model was expanded to include referrals from ANC where high risk factors were indicated. The Safe Start program was piloted in 2010/2011. This was a short-term social work intervention for women who attended Antenatal Clinic at the Cairns Base Hospital and for 'hands on' support for midwifery staff who were implementing the 'new' Safe Start Psychosocial Form (A). There was a focus on early intervention and prevention to enhance outcomes for those women/families that were identified as experiencing social/emotional/psychological 'risk' factors that may impact negatively on obstetric outcomes and family functioning. This was a collaborative project between Safe Kids (Women's Health) and Social Work.
- B) When Safe Kids was formed to implement the child protection reform across Queensland Health in the Cairns region, we had the vision of an integrated service across the health continuum and presented this vision to the district executive (at the time) to secure office space within the new Cairns North Community Health facility. We are at the first stage of implementing our expanded model with a CPLO collocated 2 days with the child and family health team at this new facility. Our aim is to reorient our service to enable the expansion of the community CPLO position to full-time. The role of the community-based CPLO includes consultation, liaison, early intervention social work/psychology services for at-risk families, and contribution to community development, education, and universal child health interventions.

11. As part of the CPLO role, contact is made with the following services:

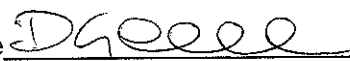
(Related to Child Protection Liaison Service)

- Department of Communities (Child Safety Services) in the Far Northern Region (Regional Intake Service, Cairns North Child Safety Service Centre, Edmonton Child Safety Service Centre, Cape York North and Torres Strait Islands Child Safety Service Centre, Cape York South Child Safety Service Centre, Cooktown Child Safety Service Centre, Innisfail Child Safety Service Centre, Thursday Island Child Safety Service Centre, Weipa Child Safety Service Centre, and Atherton Child Safety Service Centre).
- Queensland Police Service (Child Protection Investigation Unit and SCAN Coordinators).

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- Cairns Base Hospital staff (e.g., Maternity, Birth Suite, Antenatal Clinic, Special Care Nursery, Paediatrics, Emergency Department, Mental Health Unit, ATODS, Social Work, and other wards/departments)
- Cairns Community and Primary Prevention Services, primarily
 - ◆ Family Care Program
 - ◆ Early Intervention Specialists
 - ◆ Child Development Service
 - ◆ Child Health Nurses
 - ◆ Child and Youth Mental Health Services
 - ◆ Acute Care Team, Mental Health
- Cape York Hospital and Health Service (CPLOs, hospital DONs and NUMs)
- Torres Strait and Northern Peninsula Hospital and Health Service (CPLo, hospital DONs and NUMs)

(Related to Advocacy and Facilitation of Referral Pathways)

- Act for Kids (Referral for Active Intervention Program)
- Centrelink
- Centrecare
- Hambledon House
- Domestic Violence Service
- Wuchopperen Health Services
- Apunipima Health Services
- Gurriny Yealamucka Health Services
- Australian Nurse Family Partnership
- Queensland Indigenous Family Violence Legal Service
- Aboriginal and Torres Strait Islander Legal Service
- Legal Aid Service
- Life Without Barriers
- Alternate Care
- Safe Places for Children
- St John's Community Care
- St Margaret's House (crisis accommodation)
- Shak Housing
- Access Community Housing
- Waringu (Women's Shelter)
- Ruth's Women's Shelter
- Centennial Lodge
- Eldorado
- Red Cross
- Mookai Rosie Bi-Bayan (Aboriginal and Torres Strait Islander peoples)
- Kuyam Hostel (Aboriginal and Torres Strait Islander peoples)
- YETI (Youth Empowered Toward Independence)
- Youthlink
- Youth Substance Misuse Service
- Women's Centre
- Family Planning Queensland (Sexual Assault Service)

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12. Some of the outcomes from the Safe Kids Unit and its work with the Cairns and Hinterland communities include:
- A) Implemented a service that did not previously exist. As part of the child protection reform, the Safe Kids Unit was established. There is now a formalised consultation liaison service which is a single point of reference for Queensland Health, Child Safety and Police.
 - B) Implemented a system for identification of child protection information (sticker, stamp, red-medico legal divider in charts). Child protection information is readily identifiable in charts so that staff can make a more comprehensive assessment including risk-protective factors.
 - C) Identified that child protection information was not being appropriately coded in charts, and as such, we didn't have a true indication of the numbers of patients where there was alleged child abuse and neglect. Also, the patients receiving a service from Safe Kids were not identified.
 - D) Provided education and training to Queensland Health staff on their responsibility, recognition, and reporting in relation to child protection concerns. We have contributed to building a workforce that has an increased awareness of child protection. This is evidenced by the numbers of participants at the training sessions and yearly forums, increased numbers of reports being made to Child Safety and anecdotally the quality of the consultations with Safe Kids CPLOs.
 - E) Strengthened the partnership between Child Safety and Queensland Health through orientation sessions with Child Safety at Cairns Base Hospital and Safe Kids staff attending Child Safety meetings.
 - F) Evolution of the clinical role which has developed from a purely liaison role to a role of assessment, crisis intervention, support, advocacy, and facilitation of referral pathways.
 - G) A more coordinated approach to forensic examinations. The CPLO manages the referral process and provides support to the Paediatrician and family members.
 - H) A coordinated approach to identifying, recognising and responding to risk factors in the antenatal period.
 - I) Trialled an outpatient clinic (health passport) for children in care. However, due to high rates of non-attendance (FTA), we reviewed this model and identified that most of the children who had complex health needs were already linked in with a specialist and that the gap was really in social/emotional/psychological specialist intervention. The Safe Kids team thought this would benefit more from a primary health care model.
 - J) Development of coordinated approach to immunisation that would enable consent to be obtained for the course of an order from the Guardian to ensure timely access to immunisation.

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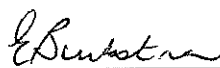
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- K) Provision of ongoing professional leadership for CPLOs in the Far North Queensland Hospital and Health Services. Specifically, a quarterly CPLO network meeting, ongoing phone consultation, and monthly supervision. The Safe Kids Unit has no line management responsibility for CPLOs outside of Safe Kids Unit.


13. Key Issues and Challenges

- 1) Safe Kids staff are spending increasing amounts of time in administrative and record keeping activities. Two functions of the CPLO that have a significant time component are responses to Information Requests and reports for the SCAN team. Both of these functions are expected to be completed in a timely manner. As indicated previously, the Safe Kids Unit has a significant backlog of requests to complete which directly impacts on Child Safety's ability to carry out some of their assessment work. Of particular concern to Safe Kids staff is the amount of time spent on responding to requests and completing SCAN reports which then reduces the time available for direct client work at both the acute and community levels. As health professionals, Safe Kids CPLOs believe that their time is better spent in providing assessment and intervention for children and their families.
- 2) Currently the Queensland Health information system and the Child Safety information systems are not compatible. For example, the Queensland Health information system does not have up-to-date details of the children who are on orders and where they are living. As a result, children can miss appointments (which has included flights) with specialists and this is a cost that is incurred by Queensland Health.
- 3) Locally, children who have been significantly harmed will usually be brought to the Emergency Department and admitted to the Paediatrics Ward at the Cairns Base Hospital. The CPLOs have observed that the response from Queensland Health, Child Safety Services and the Police is inconsistent. For example, Child Safety and Police may not be able to attend the hospital at the same time and medical staff may not be immediately available for consultation. Of relevance, is the distress and trauma this may place on the child. There would be benefit to a coordinated approach between the three Government services.
- 4) Our observation is that some Child Safety Officers struggle in the way that they engage with the client and it would appear this is reflective of their level of confidence and skill; for example, the ability to explain a child protection concept that relates to the impact on the child.
- 5) There appears to be ongoing difficulties with the coordination of systems for children from remote communities who have been allegedly abused where a specialist assessment is required (i.e., Paediatrician). Accountability and responsibility between the three Government services (Queensland Police Service, Queensland Health, Child Safety Services) remains a challenge.
- 6) There is effective communication between Child Safety and the Child Protection Liaison Officers, but the communication is less effective with other Queensland Health workers. There would be benefit in improving the communication between

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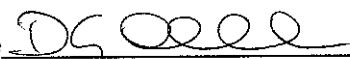
Child Safety and key Queensland Health clinicians who are directly involved with the children and their family.

- 7) There are service gaps in early intervention post delivery of baby with particular emphasis on emotional attachment as a foundation to enhance parenting. Development of a service to include intensive therapeutic assessment and support would be beneficial. The most appropriate model would be an in-house service for a specified period with outreach follow-up. This would provide child safety with an effective and holistic assessment of the parent/s capacity. It also provides better service options for parents.
- 8) Those children with specialised needs, including those with physical and intellectual disabilities and those with significant mental health problems have severely limited care options where children are being placed at further risk because the carers do not have the specialised knowledge, skills and resources to manage the behaviours.
- 9) There are two issues for consideration when Temporary Assessment Orders (TAO) are being sought for newborns. We have observed that more often than not, the Child Safety Officer will seek a Court Assessment Order following the TAO and we would question the necessity of initially seeking a TAO. Also, we have observed that the parents will perceive that a 3 day order (TAO) means that the newborn will be returned to their care on expiration.
- 10) When the parents are asked to consider a voluntary care agreement and they indicate that they are not prepared to sign documents (i.e., enter into an agreement), they are making this decision under pressure and without legal representation. They are often told that the only other option will be for Child Safety to seek a court order. This then leaves the parents in a very disempowered state.
- 11) When Child Safety have interviewed parents in the hospital setting, parents are often left uncertain about what is required of them, particularly where they have been asked to make decisions and CPLO experience has been that there is no written information/case plan given to the families. In other words, families have no point of reference.
- 12) We observe that the role of the recognised entity is not really clear for parents. It appears that they are often seen as an 'arm' of child safety. There are times when REs are not present during interviews with parents.
- 13) There is inconsistency in skill level, knowledge and application of child protection frameworks across the far northern CPLOs. It is thought that this is because of geographic isolation, the differences in professional discipline, roles and responsibilities and accountability.
- 14) Since 2000, the only increase in numbers of child health professionals in the Cairns community has been in the Early Years Centre with an increase of 3.3FTE; with the Centre being specifically focussed on ages 0-6 years and the southern corridor of the Cairns urban area.

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Declared before me at Cairns this 5th day of September 2012.

Witness:

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Elizabeth Buikstra

DONNA GOODMAN

Acting Team leader

Safekids unit

Donna Goodman
Executive Director
Allied Health
Cairns & Hinterland
Hospital & Health Service

RJ Lawrence 5/9/12

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Julie Hartley-Jones
Chief Executive
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5/9/12

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