

QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

STATEMENT OF KARL JOHN BRISCOE

I, Karl John Briscoe of The Cape York Hospital and Health Service District Office, in the State of Queensland solemnly and sincerely affirm and declare:

1. I am acting in the position of the Director of Primary Health Care, Cape York Hospital and Health Service, Cairns Office.
2. I have been appointed to this position since July 2012 but have worked in various roles in health including Cape York Hospital and Health Services since January 2008.
3. My direct line manager is Susan Turner who is the Chief Executive of the Cape York Hospital and Health Service.
4. Prior to my appointment as the Acting Director of Primary Health Care, I have been employed at the Cape York Hospital and Health Service since September 2011 as the Principal Indigenous Health Coordinator. Prior to that, I was employed as a Principal Policy Officer / Senior Policy Officer in the Northern Area Health Service and Office of Rural and Remote Health based in Cairns. I have also worked in the Cairns and Hinterland Health Service District as an Aboriginal and Torres Strait Islander Health Worker.
5. I hold a Diploma and Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care, a post graduate degree in a Master of Public Health.

ROLE

The Director of Primary Health Care is responsible for providing leadership, strategic and operational management in the implementation of Primary Health Care policy, service initiatives and service and sector coordination; and the Indigenous Health Worker workforce. The key focus of this work is indigenous health in the Cape York communities.

This role facilitates the development and enhancement of operational partnerships to address health priorities in the Cape York Hospital and Health Service whilst coordinating the management of the Primary Health Care Outreach service teams (Maternal & Child Health & Allied Health Service, Population Health, Healthy Lifestyle Team, Men's & Women's Health, Home and Community Aged Care and Oral Health Services) across the Cape York Hospital and Health Service. These partnerships include Non-Government and Government organisations.

The responsibilities as outlined above also include the management of financial and human resources to deliver the appropriate primary health care services.

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8.1 I understand the service delivery in Aurukun has grown over time and identified implementation of many initiatives that have directly impacted upon the health and well being of the community's children.

- 8.1.(1) The services that operate from the clinic supports upwards of 8 visiting clinicians a week but has on occasions housed 18 on one day. The role of the Director of Nursing is to ensure these services are integrated within the established team and that relevant information is shared. This is achieved by holding daily staff meetings, organising tele/videoconferences between teams and being the point of call for patient enquires. Collaboration between the clinic and other services, including but not limited to The Queensland Police Service, The Department of Education, The Aurukun Shire Council and Cape York Partnerships, and the Department of Child Safety in Aurukun is excellent.
- 8.1.(2) The implementation of a Maternal and Child Health Intensivist midwife. This position travels to Aurukun on a weekly basis to coordinate the antenatal care of the Aurukun community. This position is responsible not only for routine antenatal care of pregnant women, but for ensuring the early identification of risk factors that may impact upon the welfare of the mother and her unborn child. This position works closely with the Early Intervention and Prevention Advanced Health Worker.
- 8.1.(3) The Early Intervention and Prevention Advanced Health Worker is a relatively new position that travels to Aurukun weekly with the Midwife. Its purpose is to work with women who have been identified by the midwife as being at high risk of intervention from the department of child safety. The position will work closely with the mother and family as the child grows and achieves developmental milestone. The role works closely with the Child protection Liaison officer for Cape York.
- 8.1.(4) The introduction of the Child and Maternal Health Health-Worker position, funded by Apunipima and implemented to support the child health nurses. Apunipima has also introduced "baby-baskets" for women as an incentive to attend antenatal appointments. The baby baskets include fruit and vegetable vouchers for the shop to enhance food security and promote healthy eating during pregnancy.
- 8.1.(5) The increase in contact hours for the delivery of Child health nurses to the Aurukun Community. This was achieved through funding from the State with a focus on delivering community based initiatives and health promotion. The increase in contact hours also meant a need to shift the room from which the child health nurses operated from. The end of the clinic has now been dedicated to child health, with its own entryway. The adjoining balcony is occupied on child health days by a staff member from the day care centre who runs a play group. This adds to the overarching philosophy that the clinic and clinic and grounds are safe, child friendly and accessible. The Childcare Centre holds their annual under 8's fun day on the clinic grounds.
- 8.1.(6) The introduction of a school based youth health nurse into the Cape York Australian Aboriginal Academy (CYAAA). The role is jointly supported by Queensland Health and CYAAA to deliver Health Promotion and Intervention to the students of the school. The position also provides an invaluable link between the school and the clinic.
- 8.1.(7) The building of the Child Safe House by ACT for Kids which enables children in the care of Child Safety to remain within the community while family issues are resolved.

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- 8.1.(8) The introduction of the Well Being Centre. The Well Being Centre is staffed by clinical councillors and Indigenous Counsellors. The WBC delivers services to improve the social and emotional well being of the Aurukun community and offers services such as drug and alcohol counselling, domestic violence counselling and other community engagement activities. They have acted as advocates for families in child safety matters.
- 8.1.(9) Introduction of the child and family councillor based out of the Cape York Australian Aboriginal Academy and working within the mental health team based in Aurukun. This position is staffed by a clinical psychologist and offers counselling to children with behavioural problems and chronic truancy.
- 8.1.(10) A close professional relationship is achieved by various means including participating in community events, such as the recent "Aurukun Day", community sporting events, ANZAC day services, Christmas Parties and regular BBQ nights.
- Collaboration with the community members is achieved by maintaining a close relationship with recognised community elders, participation in community events and consultation with Aboriginal and Torres Strait Islander Health workers. The clinic maintains an excellent reputation within the community by ways of mutual respect earned by having a core group of regular staff that have worked in the community for considerable lengths of time, enabling the build up of trust and respect within the community.

- 9.1 I understand as part of the Director of Nursing role they have regular contact with the department of child safety. The Director of Nursing describes the professional relationship that they have with the Child safety officers and child safety support officers to be excellent. Constant liaising with contacts within the department on a range of matters, including
- Requests for information under section 159M of the Child Protection Act 1999
 - Information regarding children's medical needs while in care of the department
 - Attending regular community meetings with officers in Aurukun regarding new referrals and progress reports on open cases.
 - Planning meetings regarding children returning to community

- 9.2 The view of the Director of Nursing is that relative stability in staff members coming to community has enhanced the strength of the relationship between the department and the agencies within Aurukun.

- 10.1 The opinions of the Director of Nursing on some of the challenges in ensuring all children and young people are protected from harm:

10.1.(1) While Aurukun is officially a dry community, the reality is that alcohol consumption continues on a regular basis. The arrival of sly grog into town results in a period of unrest and an increase in alcohol related violence and affray. Households participating in drinking expose children to intoxicated adults who may be the primary care givers to the children living in the house. This increases the incidences of children exposed to domestic violence and lack of parental supervision which violates the basic needs of the child to feel safe and secure.

10.1.(2) The lack of appropriate housing is a continuing issue. Houses can sometimes accommodate multiple family groups with up to 15 people living in a 3 bedroom house. Delayed responses to capital works can mean groups of people living in unsanitary conditions exposing children to substandard living conditions.

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- 10.1.(3) The diversion of money away from children as a result of gambling. Large portions of the family income can be lost in gambling circles. The introduction of Basic Cards has played a part in help tackle this issue, but the anecdotal evidence is that gambling continues. Gambling circles draw huge numbers of people with children playing on the periphery, unsupervised.
 - 10.1.(4) Supervision of children is often delegated to the elderly or young. Grandparents are sometimes supervising large groups of children.
 - 10.1.(5) The lack of appropriate kinship carers. Often it is a case of “all the good ones are taken”. Anecdotal evidence suggests that strong couples are caring for several nieces and nephews and are at capacity rendering them unable to care for any other children.
 - 10.1.(6) The department of child safety is still seen as the “remover of children” and is used as a punitive threat by some members of the community. This can lead to information relayed to the department, by community members being tailored to divert a perceived action, rather than being forthcoming with information that may allow the department to implement supportive measures for the family.
 - 10.1.(7) The lack of sexual education and awareness. Sexual activity and exposure to sexualised behaviour is occurring at a young age. Some reasons for this may be the communal living allowing young children to be exposed to consensual intercourse within the household. There has been a lack of formal sexual education within the school system as well as a lack of any formalised personal safety program aimed at children within the school.
- 10.2 The Director of Nursing has opinions about what he believes needs to be implemented, or needs to continue to happen to ensure the safety and security of the children of Aurukun:
- 10.2.(1) A continued commitment from Queensland Health and all government and non-government agencies to attract and *retain* suitably qualified practitioners in Aurukun. This can be achieved by preserving and reviewing incentive packages in place to ensure that agencies can deliver a consistent service by professionals respected and trusted in the community.
 - 10.2.(3) A continued commitment from Queensland Health and government and non-government agencies to attract, train and retain people within the community to deliver a culturally and local appropriate service to their community.
 - 10.2.(4) A continuation of the program at the CYAAA which is showing remarkable success in raising the standard of education delivered to the children in Aurukun by encompassing a holistic, individual approach to education delivery.
 - 10.2.(5) A commitment to the continuation of the current alcohol management plan and a concerted effort by the Queensland Police Service and the community to tackle the problem of sly grogging.
 - 10.2.(6) A continued effort to increase the number of houses in Aurukun with a priority given to families with small children.
 - 10.2.(7) A continued effort to offer suitable diversionary activities within the community so that children are not left with gambling and delinquency as the only means of recreation.
 - 10.2.(8) Exploring the possibility of creating a safe place for children within community, to be utilised in the very short term when identified family

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members are unable to guarantee safety or security, especially after hours.

Declared before me at Aurukun this Wednesday 10 of October 2012.

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