

QCPCI

Date: 6.11.2012

Exhibit number: 114

Statement of Witness

<i>Name of Witness</i>	Grant Lloyd Thomson
<i>Date of Birth</i>	[REDACTED]
<i>Address and contact details</i>	[REDACTED]
<i>Occupation</i>	Forensic Social Worker, Registered Mental Health Practitioner & Counsellor
<i>Officer taking statement</i>	
<i>Date taken</i>	Friday 26 th October 2012

I, Grant Lloyd Thomson state;

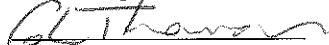
- Request for Redaction:** I note that I maintain a professional office associated with my private address. Therefore, due to the nature of my work in the child protection field, I respectfully request that my stated address and contact details be redacted from any publication of this written submission and from any subsequent direct statement that I might make before the Inquiry.
- Summary of Formal Qualifications:** Since 2008, I have worked in full time private practice as a registered mental health practitioner and accredited counsellor and clinical supervisor. I hold the following formal qualifications: a Masters degree in Counselling from the University of Queensland; a First Class Honours degree in Social Work from the University of Queensland; and a Bachelor of Arts (Modern History) from the University of Queensland. I am an accredited mental health social worker with the Australian Association of Social Workers (AASW), a clinical member of the Queensland Counselling Association (QCA), and a registered member of the Psychotherapists and Counselling Federation of Australia (PACFA). I have previously held tutoring positions at the University of Queensland (School of Social Work and Applied Behavioural Sciences & School of Psychology's Masters of Counselling program) and the University of the Sunshine Coast (School of Social Work, Undergraduate Social Work program). I hold additional qualifications in mediation and workplace training and further, from 1982 until 1988 I served as a police officer with the Queensland Police Service. In 1985, I was selected to undertake additional specialist training at the Australian Police College and qualified as a criminal

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intelligence analyst. I hold additional awards from the Commonwealth of Australia and the Royal Humane Society of Australasia. I have previously worked for over 10 years in the non-profit sector with people with a disability – most notably acquired brain injuries, intellectual impairments, physical and sensory disabilities and chronic mental health issues. I have spent many years working as a counsellor and mental health practitioner in the non-profit sector and in private practice. A full extract of my Curriculum Vitae outlining additional professional employment and experience relevant to this my statement to the Inquiry is provided at **Attachment 1.**

3. **Additional Informal Experience:** I also note that although I identify as a non-indigenous Australian, for over thirty years I have maintained a close and direct association with several remote, indigenous, traditional villages in the Trobriand Islands (Kiriwina Isl., Milne Bay Province) of Papua New Guinea and am related by extended family marriage to several families within that community. Both my children and I also have traditional clan names denoting rank as selected by a matriarchal elder of the clan. Whilst I do not seek to overestimate the significance of these relationships in terms of my current professional practice, the chance to reside periodically over three decades within this traditional and self-sufficient community has provided me with a relatively unique opportunity to observe the structure, complexity and importance of extended kinship networks in at least one non-Australian indigenous community, and has been an opportunity to observe some of the cultural, social, economic, and health challenges facing 21st traditional Indigenous communities. I have therefore certainly attempted to bring this limited understanding to my own work when commissioned to undertake social assessments in matters involving families from other Pacific cultures residing in Australia, and to a lesser extent, during any assessments with family members and children identifying as Indigenous Australians. I again reiterate that although I make this statement in good faith regarding the importance of taking into account extended kinship ties and cultural adoptions in child protection matters, I am in no manner attempting to portray myself as possessing any direct or intimate knowledge of the historic or contemporary experiences of Australia's Aboriginal or Torres Strait Islander communities.
4. **Mix of Private Practice:** Whilst I continue to accept a limited number of private referrals and GP (Medicare Mental Health Plan) referrals to work with individual clients experiencing a range of mental health conditions and functional impairments, since late 2008 the great majority of my practice has centred upon undertaking private commissions to provide independent Social Assessment Reports for: (1) child protection applications before the Children's Court &; (2) 'reviewable decisions' before the Queensland Civil and Administrative Tribunal (QCAT) involving the Queensland Department of Communities' (Child Safety Section) case management

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of child protection matters. Additionally, I have also completed a small number of Family Assessment Reports for matters before the Family Court.

5. Experience Writing Social Assessment Reports:

- 5.1. Since 2008, I have completed approximately 125 Social Assessment Reports involving several hundred children and young people across Queensland who have been subject to formal custody or guardianship applications by the Department of Communities. I would conservatively estimate that collectively, I have written between three and four million words in those reports and interviewed well over 1500 adults and children during several thousand hours of recorded assessment interviews throughout urban and rural Queensland.
- 5.2. Approximately twenty percent (20%) of these cases have involved Indigenous families from across various Queensland locations (e.g. Brisbane, Logan, Beenleigh, Toowoomba, Warwick, Beaudesert, Gympie, Maryborough, Bundaberg, Kingaroy, Cherbourg, Monto, Townsville, Cairns, Mt Isa, Dajarra, and Doomadgee) and rural NSW, and I ordinarily take any opportunity to interview any Indigenous or non-Indigenous family member or child/ren in their own community and home.
- 5.3. I have undertaken multiple interviews in both high and low security prisons, and have experience conducting assessment interviews using Vietnamese, Han Chinese, Samoan, Tongan and AUSLAN interpreters. In this respect, as a full time forensic assessor in private practice specializing in independent child protection assessments, I would estimate that due to the volume of work I have undertaken, my practice holds one of the largest private archives of material in this state, representing a wide variety of child protection applications managed by the Department over the past five years.
- 5.4. I specifically note that whilst I have provided numerous reports supporting various child protection applications and case management interventions by the Department, I have also provided numerous reports where I have been critical of some of the Department's case management interventions and processes – particularly when I have formed an opinion that those decisions or examples of poor quality case management have been to the detriment or risk of a child in care. I will review several case examples identifying some of those concerns later in this submission.

- 6. Social Assessment Report Process:** At the request of the Commission of Inquiry, I have been asked to provide a detailed summary of the processes involved in producing a Social Assessment Report. In that respect, I note the following points:

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6.1. Referral Pathways for Social Assessment Reports: At present there are generally only two commissioning pathways: the Department of Communities (Child Safety Services Centres) & Legal Aid Queensland based/funded Separate Representatives. On some occasions, I have been commissioned by a young person's Direct Representative to produce a 'Views and Wishes' report. However, in my experience these 'Views and Wishes' assessment commissions occur infrequently. This is I think unfortunate as they ordinarily yield quite timely and case critical information within a relatively short assessment and writing timeframe and for quite a low level of investment by LAQ. They also provide an excellent opportunity for the young person to express their opinions in detail in a non-threatening environment.

6.1.1. When the Department commissions an independent Social Assessment Report, Departmental officers will usually do so for one of four (4) reasons:

- 6.1.1.1.** At the direction of a Children's Court Magistrate in the case of a contested application where further clarification on additional social or clinical matters is required prior to a Court Ordered Conference or hearing; or
- 6.1.1.2.** In order to seek independent expert verification/opinion with respect to the suitability of a current child protection application and/or the suitability of case management planning (i.e. safe parental contact options; foster or kinship care placement stability; opinions on psychological attachment and childhood developmental concerns; interpretation and practical application of neuropsychology assessments/ forensic psychology assessments/ psychiatric assessments; & any other matter the report writer considers relevant during the examination of the matter.); or
- 6.1.1.3.** In a limited number of cases, the Department will sometimes commission a private social assessment report in the early stages of case managing an exceptionally complex matter in order to seek expert guidance regarding the suitability of certain case management options for the child/ren in care. This will usually be the case when the Department may be: considering the viability of making future (i.e. 6-12 months in advance) applications for Short Term Custody/Guardianship orders; Long Term Guardianship orders; officers may be considering reunification to a parent; or officers may be reviewing a possible carer placement transfer for a child or sibling group. In this respect, Departmental officers may be already reviewing a number of specific options but will commission the report as a means of testing if there are

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any significant flaws in their case management or if there is a radically alternative option they may have overlooked. I would view this type of commission as the mark of an insightful and proactive CSO, Team Leader, Manager or Court Coordinator who is seeking genuine alternatives to their current strategies of managing the family and children. I am of the opinion that the willingness to commission this type of social assessment report is specific to a limited number of Child Safety Service Centres who are attempting to break out of a cycle of reactive short term case planning. This reactive approach is usually driven by their perception of operating within in an adversarial child protection system.

6.1.1.4. When an appeal against a Departmental case management decision has been lodged before the Queensland Civil and Administrative Tribunal. In this respect, the Department will sometimes commission an updated social assessment report to independently review the circumstances surrounding the issue in dispute (usually in relation to a foster placement decision or parental contact) and the overall viability of their 'reviewable decision'.

6.1.2. When a report is commissioned by a Separate Representative or an Independent Representative, there are three (3) primary reasons for engaging the report writer:

6.1.2.1. When a Separate Representative has been recently appointed by the Children's Court to represent the child/ren in a contested child protection matter they will frequently seek an independent social assessment report to: review the information contained in the Department's own materials (affidavits, case plans, previous social or psychological assessments, etc...) &; to then take a detailed case history from the parents, carers, Department and children. On the basis of that independent review, the report writer will then provide a series of recommendations regarding the suitability of the current child protection applications and additional commentary related to specific issues of case management with the family members and the subject child/ren. The recommendations by the report writer are not binding on any party but in a contested matter the report writer will usually be provided with an opportunity to argue the logic and theory behind the recommendations and can be expected to do so vigorously. Alternatively, it is the responsibility of the Separate Representative to determine the style of expert assessment report that suits the particular needs of the case at the time. Therefore, it should be noted that whilst the social assessment report is often a central piece of evidence in any contested child protection matter,

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it may be equally important for the Separate Representative (or the Department for that matter) to consider whether it would not be more relevant to engage either a psychiatrist or a psychologist to prepare a specialist report.

6.1.2.2. The Separate Representative will sometimes request an 'Updated Social Assessment Report' in order to review any recent changes to case management, parental engagement in reunification attempts, or to review specific changes or deteriorations in a child or sibling group's presentation. Although these are usually seen as simple 'addendum' reports to the initial social assessment report, in reality they can often be longer and more complex in their content and recommendations, as they not only have to take into account any new case management history, assessment interviews and other recent professional clinical reports on the parents or children, but also need to compare and contrast this new information with all of the preceding evidence and information.

6.1.2.3. As previously stated, an Independent Representative may sometimes commission what is usually referred to as a 'Views and Wishes Report' from the social assessor. This is a style of modified social assessment interview with a young person who is subject to a child protection application. This report takes a detailed personal history from the young person's perspective and seeks to determine the 'views and wishes' of the young person in relation to the Department's application. I have generally found that interviews with young people who have a history of experiencing some form of cumulative family-related abuse or trauma throughout their lives and who also have a long history of experience living as a child in care, have a great capacity to make many insightful and often quite moving statements about those childhood experiences. The report writer will also attempt to determine to what extent the young person understands the nature of the proceedings, and on the basis of that assessment, if they are then able to reliably instruct their Independent Representative. In those cases I will also provide opinion on whether the young person should be given leave to directly address the Court. I note for purposes of clarification, that the term 'young person' is generally concomitant with the term 'adolescent'.

6.2. Agreement to Undertake the Assessment Report and Quotes:

6.2.1. Accepting the Commission:

6.2.1.1. Well-qualified and experienced social assessment report writers are in relatively short supply in Queensland. The main

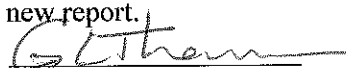
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reasons for this is that the work is time consuming, theoretically complex, often involves working with emotionally upset family members, requires a capacity to present and argue a professional opinion in court and is poorly paid. A fairly constant theme expressed by the Department and Separate Representatives is that they often struggle to find suitable assessors to undertake their report writing commissions. In many cases, the Department or the Separate Representative will seek an adjournment for several months in order to secure the services of an experienced report writer rather than engage a report writer of unknown or questionable reliability.

6.2.1.2. In other cases where a filing date for court is non-negotiable, they are essentially forced to accept the services of the first available report writer who has a vacancy to complete the work by the due date.

6.2.1.3. In my own practice, I would estimate that in any given 12 month period I turn away almost as many requests to undertake a commission as I accept and my assessment calendar is consistently fully-booked three to five months in advance. Unfortunately, the inherent risk of engaging an inexperienced, unsupervised or poorly qualified social assessor, is the possibility of obtaining a poor quality report that does not adequately test the Departmental allegations of harm, contains factual and deductive errors, contains recommendations that may be based upon insubstantial assessment interviews or limited clinical observations, demonstrate poor analytical interpretation of the data collected, and demonstrate the faulty application of several primary bodies of psychological theory relevant to child protection matters (i.e. attachment theory; trauma theory; loss and grief theory; family systems theory; family violence theory; comorbidity; and disability issues). This may result in an incomplete or inaccurate hypothesis formulation and a series of flawed recommendations with sometimes disastrous implications for the family, the subject children and siblings, extended family members and carers. There have been several occasions where I have initially been unavailable to undertake a specific commission, only to be contacted by the same Departmental office several months later requesting that I undertake a new assessment after questions have been raised about the quality or the viability of the previous report writer. This will usually also mean that the Department may have wasted several thousand dollars on a report that may not only be worthless but may later also be used to create doubt as to the veracity of any new report.

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6.2.1.4.

Alternately, after discussing some of the basic details of a case, I may also determine that the Department does not require a Social Assessment Report at that stage and instead, I will recommend that it may be more relevant for them to either delay the commission for several months whilst they continue to work with the family, or I may recommend that they pursue another expert report from a more relevant discipline (i.e. psychiatric; neuropsychological; forensic psychological assessment; occupational therapy; paediatric, etc...). In this respect, my experience has been that it is usually more relevant for the Department to commission a Social Assessment Report either right at the beginning of an assessment phase, when officers might have very limited knowledge of a family that has been identified with quite significant child protection concerns, or alternately, towards the end of a long case management phase where there have been several expert assessment reports on individual members of the family. In this last case, the Social Assessment Report usually functions as a useful tool to collate the various expert written opinions detailing specific issues of functioning or parental risk, and then cross-references those opinions with the level of perceived insight of the parents into the child protection concerns in order to arrive at a final set of evidence-based recommendations.

6.2.2. Legal Aid Queensland (LAQ) Quotes and Schedule of Fees for Report Writers:

6.2.2.1.

When a report is commissioned by LAQ, the report writer is not required to provide a written quote. There is a fixed rate of fees, primarily the \$1450-00 (+GST) grant of aid for the report that is meant to cover any administration duties, phone calls and emails; reading the usually voluminous affidavits and case files; conducting one full day of assessment interviews; and writing up the final report. For reason of personal safety and the safety of my family, I usually make a point of not accepting commissions in my own area of residence. However, even if this was not the case, this type of work is quite specialized and the demand for these types of reports is Queensland wide. Therefore, as I travel to all of my assessment interviews and clinical observations for social assessment reports rather than requiring the interviewees to attend my office, the LAQ Separate Representatives will always obtain a grant of aid for travel by motor vehicle or plane. Private motor vehicle use is calculated at \$60-00 per hour of travel + \$0.60 per kilometre. On occasions when it is determined that the matter cannot be reasonably assessed over just the one day of interviews (and that is usually the case), the Separate Representative will apply for a 'Complex

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Grant of Aid' plus accommodation for that night. Accommodation is usually calculated at \$150-00 per night depending on the location – this does not include any additional per diem allowance for meals or other incidental expenses. Complex Grants of Aid are calculated at \$90-00 per hour and it is seldom that approval for the 'Grant of Aid' covers the actual additional hours of interviewing on the second or third days. Updated Social Assessment Reports pay \$800-00 (+GST) for the entire process of reading, interviewing and writing the report + any approved travel allowances. This amount is of course ridiculous and does not even approach the amount of work involved.

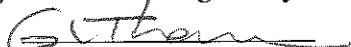
6.2.2.2. Let me be clear in making the following point to the Inquiry – There is no profit and limited financial benefit for any report writer in private practice to prepare good quality social assessment reports for LAQ. Most professional report writers (social assessments/ family reports/ psychological assessments/ compensation claim assessments/ medico-legal assessments/ forensic reports, etc...) are essentially private practitioners (and therefore small business people) who are also operating a mixed practice (i.e. private counselling and psychotherapy, Employment Assistance Schemes (EAS), referrals from Department of Veterans Affairs, health insurance related services, corporate training and consulting, publishing, private mediation, research, clinical supervision, expert assessments, etc...) attempting to provide quality and ethical services for a reasonable price, whilst also engaging in some level of altruistic community building.

6.2.2.3. As I keep my business overheads relatively low, I am able to invoice my private counselling and rebated 'mental health' clients between \$120 and \$150 per hour (incl GST). If I expected to receive the same relatively modest rate of reimbursement for a social assessment report, the LAQ funded Social Assessment Report would only pay for between approximately 10 and 12 hours of my professional time.

6.2.2.4. By way of contrast, a conservative estimate of the number of hours I would spend on a pretty basic LAQ funded report is as follows: administration, phone calls and emails (1 hr); reading referral materials (3 hrs); one full day of interviews (8 hrs); writing (25-30 hrs); proof reading and finalizing the affidavit (3 hrs) = 40 - 45 hours or just over one equivalent full time week.

6.2.2.5. Therefore, even if one was to make some adjustment to the figures by accepting the reasonable argument that there are no

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private practitioners who are able to invoice 100% of their time at work, the 'shortfall' between the amount of work undertaken and the amount the report writer is actually reimbursed is still quite substantial and I would estimate that any report writer preparing what I would consider to be an adequate social assessment report for LAQ is really privately subsidizing the child protection community in Queensland.

6.2.2.6. In this respect, I regard any commissions I undertake with LAQ as equivalent to my pro bono work and if I had to rely upon report writing commissions from LAQ-funded sources I would be out of business. I therefore attempt to maintain one-third of my reports based directly with the LAQ Child Protection Team in Brisbane and two-thirds with the Department in order to cover expenses, when in reality I could probably populate almost one hundred percent of my professional calendar with Departmental commissions that pay two and three times as much.

6.2.2.7. I have prepared numerous reports for LAQ over the past five years that have involved well over 100 hours of: document review, interviewing, writing and analysis, resulting in 25,000 and 30,000 word reports. Within reason, I draw no professional distinction between the amount of time I devote to a relatively well-paid Departmental assessment report and the amount of time I devote to completing an LAQ assessment report.

6.2.2.8. Every case involves by its very nature, a child or children who have suffered some form of critical loss or trauma and therefore every case deserves to be treated critically and with exceptional care. There can be no exceptions to this rule. One does so knowing that the reports are often influential in determining the welfare of alienated and stigmatized children and that the outcomes of the report will almost certainly influence much of the life course of the children and families involved. Unfortunately, the decision not to take on LAQ commissions has already been made by many well-qualified, experienced and gifted clinicians as one by one, they come to the conclusion that they literally cannot afford to undertake assessments despite the potential to safeguard some of our community's most vulnerable families and children.

6.2.2.9. There are however some intrinsic non-commercial advantages in undertaking LAQ funded reports. No lawyer that I have ever met elected to specialize in child protection matters because they found it to be a lucrative proposition. Separate and Independent Representatives are universally some of the most motivated and socially conscionable professionals I

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have met in over 30 years of working in a variety of community, private and government models of service delivery in Queensland.

6.2.2.10. On a practical level, Separate and Independent Representatives understand their fundamental role is to act in the best interests of the child and to that end they are tenacious in pursuing that outcome over and above any sense of allowing themselves to be intimidated by the Department, in the same way that the majority of parents, extended family members, foster carers, kinship carers, and clinicians often feel overwhelmed when they find themselves in the child protection system and attempting to oppose what they see as a fairly monolithic and impregnable structure.

6.2.2.11. In that respect, when I go to the trouble of making a series of complex recommendations that might differ fundamentally from the Department's own application or case management plans, I can usually be confident that the Separate Representative will consider supporting my position in any pre-trial negotiations, or at least until I have the opportunity to appear in Court and pursue my own argument in my evidence-in-chief and under cross examination. Therefore, the opportunity to contribute to a legitimate review process that, when appropriate, attempts to even at least partially moderate the power and authority of the Department is a significant advantage that fits well within my own practice framework and usually tends to override what my accountant would probably attempt to persuade me to be sound business decisions.

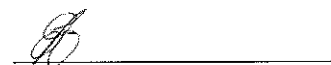
6.2.2.12. Whilst it is certainly possible and ethically imperative for a report writer to periodically '*take on*' the Department and oppose a particular child protection application when the writer is of the opinion that it is not in the child's best interests, it is more challenging to do so when one has accepted a direct commission from the Department, rather than through a Separate Representative. On those occasions, the report writer can generally expect to fight that particular battle alone all the way through to a contested hearing.

6.2.2.13. Separate and Independent Representatives also provide detailed and relevant case referrals to the commissioned report writer that outlines the chronology of events and provides a useful summary of the most relevant child protection concerns. Separate Representatives also routinely provide a detailed request of just what is required in terms of specific issues and questions that should be addressed within the social assessment report.

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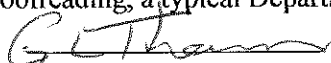
6.2.3. Department of Communities (Child Safety Services) Quotes and Schedule of Fees for Report Writers:

6.2.3.1. The Department has been far more reasonable in its recognition that good quality and detailed social assessment reports deserve to be paid at a level that reflects at least in part, the amount of work that goes into providing them with the final set of recommendations.

6.2.3.2. I would also propose that officers from the Child Safety Service Centre commissioning the report, particularly the Court Coordinators, are mindful that if they are able to secure a social assessor with a reliable reputation for producing independent, quality, and detailed reports that have a record of being well-received by the legal community and the courts, then if that completed social assessment report does in fact ultimately support the Department's own child protection applications, there is a good probability that the Department will secure its application. The Department of course understands the caveat to that reasoning, and it is that during an independent report writer's own assessment and investigation of the matter, they may identify a number of shortcomings in the case management or the Department's reasoning for applying for the order. This may not only result in a recommendation from the report writer for an alternative application or even the withdrawal of the application, but may result in formal criticism of the Department's interventions.

6.2.3.3. With regard to the provision of quotes, I typically provide an itemized four page document outlining the estimated costs of each stage of the report process and information outlining my responsibilities and what I expect from the Departmental officer in terms of the 'Terms of Reference', organising the schedule of interviews, provision of Departmental records, and my estimated completion date for the report. The final quoted estimate is still not an accurate reflection of the actual time spent preparing the report but Departmental officers are usually more willing to accept that it will usually take up to three (and sometimes four) days of intensive interviewing (e.g. 15 – 20 individuals) and clinical observations of the parents and carers with the children to complete the assessment phase of the report. One is also able to factor in additional writing hours for complex matters involving cases of between five and ten children with additional levels of disability and behavioural challenges. Therefore, depending on the estimate of hours for combined reading, travel, assessments, writing and proofreading, a typical Departmental report would pay between \$4000-00 and

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\$8000-00 and take in total between 70 and 120 hours to complete. Whilst this does provide the opportunity to pursue writing social assessment reports on a relatively full-time basis, the hourly rate does not approach levels commensurate with other styles of private practice. In this respect, even for Departmental commissions I still only use an hourly rate of \$90-00 when I write the quotes.

6.2.3.4.

I would also note that due to the rather intense nature of the subject matter and the pressure to provide complex reports that are predictably systematically analysed and criticized in an adversarial legal environment, it is not really surprising that so many psychologists, psychiatrists, mental health social workers and counsellors elect not to engage in professional report writing in child protection matters.

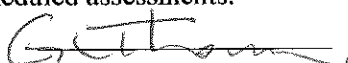
6.3. Written Referral from the Commissioning Body:

6.3.1. As previously noted, the case referral or 'Terms of Reference' is meant to be a formal document outlining in detail: the background to the report's commission; a list of relevant family members, children, carers, Departmental officers and treating clinicians; a chronology of events; an accurate list of documents released to the report writer; and most importantly, a precise list of instructions to the writer outlining specific areas of inquiry and investigation that need to be addressed in the completed report.

6.3.2. Separate and Independent Representatives provide uniformly excellent referrals that address each of these points. Again, I suspect it is probably due to the fact that they have a clear understanding of the legal processes involved and comprehend that in many respects, a good quality referral will set out part of the structure of a good quality report.

6.3.3. Departmental referrals are not always inadequate, ill-conceived and poorly drafted affairs but their benchmark is so predictably low in approximately 75% of cases that when a good quality referral is forwarded by a Child Safety Officer or Team Leader prior to my undertaking the assessment interview, one does take notice. I do forward an electronic referral template along with the quote for the commissioning CSO to complete but these are usually returned only partially completed, and those sections that are attempted, predictably contain a 'cut and paste' from one of the more recent case plans or affidavits. In that respect, one is normally left attempting to second-guess just what the Department is attempting to achieve by commissioning the report in the first place. On several occasions Departmental officers have not even managed to get around to completing the written referral or forwarding their own materials for me to review prior to the assessment interviews. On those occasions I have had no hesitation in cancelling the scheduled assessments.

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6.4. Review of Departmental and Respondents' Documents:

6.4.1. In order to undertake relevant assessment interviews, I rely upon the commissioning agent to identify and forward to my office copies of all relevant filed materials and Departmental records associated with the case management of the matter. This will typically include: historic and current affidavits; Queensland and interstate police records of convictions (juvenile and adult); drug and alcohol pathology reports; case plans for the subject children; any previous social assessment reports; psychological or psychiatric assessments; school records for the children; clinical notes from children's counsellors; paediatric reports; medical records; copies of relevant emails and correspondence; and copies of any relevant Departmental case note summaries. I never assume that what I'm reading is accurate but at least it provides me with the opportunity to begin constructing a series of additional questions to pose to the various family members, children, carers and Departmental staff.

6.4.2. Once again, commissions from Separate Representatives always result in the lawyer undertaking an on-site file inspection at the Child Safety Service Centre (CSSC) and as a result of that file inspection, I will usually receive several folders of properly indexed materials well before the assessment interviews.

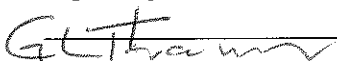
6.4.3. Whilst the Department is generally reluctant to factor in an additional payment (\$1200) for me to undertake my own file inspection as a separate trip to their office, they are usually quite open to my reviewing their records on the days of the assessment interviews. Unfortunately I require the material prior to the assessments and so I provide detailed instructions to the Department identifying the specific types of materials and records required. Whilst this usually results in a surfeit of records comprising of between several hundred pages to several thousand pages of documents, it is typically uncollated and unmarked and one is left to wade through the material in an attempt to make some sense of the contents.

6.4.4. Irrespective of who sends the materials, reviewing the documents takes a minimum of three to four hours and during that time I will begin to construct a series of hypotheses to test during the assessment interviews.

6.5. Assessment Interviews:

6.5.1. General: If at all possible, I prefer to undertake the assessment interviews at the various individual's own homes. It usually reduces the participant's level of anxiety about taking part in the assessment and provides the assessor with the opportunity to place many of the participant's comments in context with their surroundings. It is not an

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opportunity to conduct a home safety inspection. Unfortunately, arranging home visits for all participants in a report is not always possible given some of the time constraints associated with available funding and therefore many assessments take place in relatively sterile and secure interview rooms at CSSC centres across Queensland. I've conducted hundreds of interviews in these government rooms from Mt Isa to Mermaid Beach and apart from the paint chips and carpet stains, you get the disconcerting feeling you are still in the same room. Apart from the convenience they offer, another consideration is one of safety for the report writer when one needs to undertake an interview with a person who may have a history of substantial violence. Other interview venues have been prisons, community centres, Brisbane and regional Legal Aid Queensland offices, private practice rooms in Brisbane, and occasionally at some family members' requests, at parks and coffee shops. I note that I have spoken to other Queensland report writers on the subject of venues and home visits, and whilst opinions remain divided, there is at least some validity in the argument that more opportunity needs to be provided to ensure that the majority of assessments and interviews are home-based for the primary participants (parents, children and carers).

6.5.2. Parents:

6.5.2.1. Interviews with the mother, father and possibly their current partners take the longest in the assessment process. If the parents are still in a relationship, I will interview them separately and then jointly over anywhere from 3 to 7 hours.

6.5.2.2. Standard areas of review include: introduction and ethical notifications regarding informed consent, non-confidentiality and the voluntary nature of the interview; obtaining permission to record the interview; current living circumstances (accommodation/ income/ debt/ employment/ relationship/ immediate health or mental health concerns); mental status exam; family genogram; childhood and adolescent history (particularly of any instances of alleged sexual/ physical/ or emotional abuse or instances of reported trauma); schooling and employment; financial history; substance abuse history; medical history and medications; mental health history and possibly questions regarding any suicidal intent; forensic history; previous relationships and children; relationship history with the other parent and particularly the history of family violence or alleged instances of abuse; birth and early childhood of the subject child/ren or other siblings; child protection history with the Department; attempts to maintain contact with the children, achieve reunification and address

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case plans; parent's assessment of the subject child's current stability and overall development; personal plans for the future; 'strengths' assessment; capacity to engage with the community; capacity to sustain supportive networks and extended family links; & the parent's hopes for the future welfare of the subject child/ren.

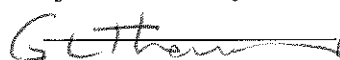
6.5.2.3. Interviews with parents and children are never predictable in their length or the quality of information they provide. Preparing for and conducting the interviews with parents and children is not simply a matter of barraging them with a list of questions to answer. Successful assessment interviews are usually based upon the clinician's participation in many thousands of hours of counselling and therapy with their own clients and applying that knowledge and skill set to work with the parent or child to not only discuss information relevant to the case but also to do so in a manner that minimizes the level of re-traumatisation that may be experienced. I have lost count of the number of times parents and children have made new disclosures of sexual, physical and emotional abuse, and when appropriate I have personally made notifications to both the Department and the police on the basis of those new disclosures.

6.5.3. Foster or Kinship Carers: Provided it is offered genuinely, there is one short statement that any assessor can make at the outset of any interview with a foster carer or kinship carer that will almost immediately provide them with a level of assurance that the assessor at least partially understands their situation as a carer:

"In my experience carers retain the majority of the responsibility of caring for the child but have very few rights regarding the welfare of the child."

Carers will smile and nod vigorously and then settle into a steady pattern of relating a detailed history of care with the child or sibling group. In this respect, carers provide one of the most important windows to the internal life of the subject child in care and provided the assessor knows the right questions to ask in terms of possible childhood behaviours and developmental issues, a great deal of insight can be gleaned from the carers if the child has been at the placement for a substantial period. Key areas of enquiry also include the level of support and contact from the Department, any ability to maintain contact with the parents, a summary of contact regimes between the child and the parents or extended family, and a summary of any subjective behavioural changes for the child over the course of the placement or before/after contact with a parent. Additionally, one is also testing for any indications of distress or ambivalence in the carers and making clinical observations of the degree of attachment between the carer and the subject child. Sadly, not all carers are capable of providing reliable or adequate

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care for children who have often experienced substantial levels of abuse or neglect and who may be demonstrating a whole range of challenging behaviours. Over the years I have developed an enormous amount of empathy for carers and I am of the opinion that it is really the thousands of public and kinship foster carers who are the real backbone of the child protection community in Queensland, and not necessarily the Department – although their part is of course critical.

6.5.4. The Subject Children:

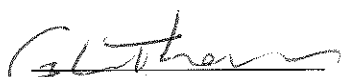
6.5.4.1. The opportunity to regularly spend time talking and playing with children in the custody or guardianship of the Department is probably best described as ‘bitter-sweet’ as the conversations can be alternately quite joyful or almost overwhelmingly sad. Irrespective of the content, it is always a privilege to spend time with these children and young people. It has occurred to me that whilst the Inquiry is certainly concerned with the central theme of ‘child protection’, there has probably been relatively limited scope over the course of the various statements and submissions to review any practical examples of just what children may need to be protected from or how children interpret some of the events in their family’s life. To that end, I have selected at random, a handful of children’s ‘voices’ or statements from some reports I have produced over the past few years:

“Aboriginal means that you are brown and you have a different sort of flag pole... the red is our blood... the yellow is the sun... and the black is our skin and my Grandpa said that our blood is thicker than water”. (6 yr female).

“... Mum is in my life but she’s not my main feature... she is just not stable enough... I know that... school, church, home life... there is not really room for anybody else”. (14 yr female)

She stated there had been many occasions when she had gone to sleep at night and not been sure if her mother (chronic mental health issues and a history of serious suicide attempts) would still be alive in the morning, “... every night when I was in Grade five to (Grade) seven I always used to make sure that I told her that I loved her before I went to bed because I didn’t know if she’d be there in the morning”. (13 yr female).

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█████ stated with respect to her mother, "... I think that it would be safe to live with her because I know she is not going to do anything bad... I know she has changed her mind and she is going to do everything nice and she has rules for the house and she is going to do a better job looking after us than what she did... I reckon she is going to be a better mum." (9 yr female)

█████ stated she was not personally aware why she could not reside with the mother and noted, "... █████ (CSO Ms █████) just says that it's because mum and █████ (█████) were fighting and they think that mum cannot look after us properly and because █████ threw a glass at our mum... Mum started bleeding and I started screaming because I can hear smashing everywhere and then mum told me to get the phone but then █████ grabbed my hand and so then I called my Nan who lives █████... So we stayed there for a couple of days and then █████ settled down and we went back... And then one night the Department just came and picked us up from home... We didn't even know who they were." (13yr female)

"... Dad would abuse her... He would get a chair and he smashed her on the face and she had this big black eye... And then as we grew up... Dad would threaten her but not touch her". (16yr female)

█████ stated he was of the opinion that if he was to observe his father becoming violent with any member of his family [three younger siblings] now, "... I reckon I could protect them if he was to do it". █████ stated he was also of the opinion that his mother would still be willing to attempt to protect the children from their father, "... But I don't know if she is strong enough". █████ stated he knew his mother would attempt to protect the children because he had seen her attempt to protect them in the past, "... But she gets hurt... But sometimes she is not there... It is a two-storey house and sometimes she will be downstairs and dad will be upstairs... And if he tries to belt the little ones then she cannot get upstairs fast enough to stop it... Or dad will push her away... But not too hard [█████ uses both hands with palms up and pushes away as an example]." (15yr male).

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█████ stated that the only person who was angry with her for telling the story about the sexual abuse, "... is me... I am angry with myself because if I didn't tell the story I would be with my family and I would be home [begins to cry]... I got a bit angry at the park when I was waiting for dad... and after they left I was walking along kicking sticks just to calm myself down... if I had [just] gone home [and not spoken of the sexual abuse] it would be just like it never happened". (Female 10)

█████ said that he had arrived at 'Mum and Dad's' (foster carers) on █████. I asked him how he remembered the specific date and he told me, "It's easy because I always celebrate it... cause I never been to a foster home before where I had five brothers and sisters". I asked him if could remember his time at the other foster homes and he shook his head sadly and said, "Oh...evil-kenevil... I belted them up". He said he 'didn't belt up' [the current foster carers █████ and █████], "... because they are loving and caring... they give me good food and clothes... don't open that cupboard cause the food will just fall from the sky" (indicates kitchen cupboard on wall and laughs). He went on to say that having lots of good food in the house was important to him. At the end of the interview I asked him how he might feel if his sisters ever started having contact with either █████ (biological mother) or her new baby and he said, "... I wouldn't be jealous at all... I'd say 'Good on ya'... I wouldn't want to see that ugly looking woman". (Male 12)

█████ agreed that sometimes their mother had good intentions trying to re-establish a stable life but that this did not always happen for her. In this respect both █████ and █████ stated they knew about their mother consenting to a six-month custody order and that this meant they would be able to continue to stay with the approved kinship carers. █████ then began crying and stated, "... It is just that it is a really hard decision and you know that she is your mother and you love her and you have been brought up with her but you also know that it would be more stable and you would get so much more done... And now my grades have gone up and I am so much more healthier and everything is so much better for me there... So it is a really hard decision." (Female 16)

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I asked [REDACTED] why she was not living with her mother and she stated, *"Because [REDACTED]'s dad sexually assaulted me"*. She then went on to say that she did not want to return to live with her mother as she could not trust that [REDACTED] would not get back together with [REDACTED], *"... she'll just keep going back with [REDACTED]... even at the moment... as soon as he gets out of jail she's just going to find him and get back together... she keeps going with the naughty men"*. She said that the thought of her mother and [REDACTED] getting back together, *"... upsets me"* and went on to state that she would like to see her father again as she remembers how he had tried to protect her from [REDACTED], *"... he took me to his house"*. (Female 10)

'She stated she knew that [REDACTED] was not her biological father and she did not want to have any contact with him. She said that she was "over" talking about what it was like living with [REDACTED]. She said she remembers [REDACTED] yelling at her a lot and being hit by him and she remembers being locked in her room a lot. She said she would mostly sleep while she was locked in her room and that there was nothing to do as she had only her bed and a cupboard. She remembers only having a bucket in her bedroom to 'poo and wee' into at the [REDACTED] home. She thinks she was punished more than her brother [REDACTED] [older brother] and she was aware that this did not happen to [REDACTED] [younger sister]. She said that what happened has not affected her relationship with her sister [REDACTED] and she knew when she was living with [REDACTED] that her little sister "adored me... she always wanted to be with me but she couldn't because I was locked in my room nearly every second of the day and so when [REDACTED] [stepfather] used to go to bed she [baby sister] used to get a chair and stand next to my room... I used to have a peaking hole... I made a hole [in the wall] so I could talk to them [mother and little sister] when [REDACTED] [stepfather] used to be asleep... he wouldn't let my mum out of the room either... I think he used to give her drugs or something because she would always be really sick... the hole used to be in the wall because [REDACTED] used to slam the door and it made a hole... I used to talk to Mum and stuff [through the hole in the wall]... sometimes she would give me money [through the hole] and I would be able to jump out the window.' (Female 12)

[REDACTED] stated she would ideally like to live with her mother but over the years of watching her mother struggle with life she had realised that her mother was not physically or emotionally capable of looking after either her or [REDACTED] or

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particularly after the two younger children — [REDACTED] and [REDACTED], *"... it's too far now... she can fix some things but not everything... she's never going to be healthy enough to look after us... I know that... [REDACTED] knows that... [REDACTED] doesn't know that yet... she's still in major hope that she's going to go home... she's (mother) just mentally and physically unhealthy... yeah drugs and stuff".* Regarding her mother's mental health issues, [REDACTED] stated that she thought her mother had bipolar disorder, anxiety and depression and that if her mother took illegal drugs together with her prescription drugs they would *"... clash and she just gets mood swings and affects the way she behaves... everything that she does affects the way she can look after us... you just don't know within two seconds how she's going to go like that".* (Female 14)

"He [male 11] stated he did not like calling [stepfather] Mr [REDACTED] 'Dad' but just thought of him as "him". I asked some questions around his memories of having Mr [REDACTED] as a step-father and he stated that [stepfather] Mr [REDACTED] would yell a lot at them and "... hurt us... he hits...". At this point [male 11] [REDACTED] broke down in tears and after a few moments stated he did not like talking about this as it brought up lots of memories of what used to happen in the home with [stepfather] Mr [REDACTED]. [Short break in interview]. He stated he thought they [he and his younger siblings] were all in care now because his mother had allowed [stepfather] Mr [REDACTED] back into the family home and stated, "I knew it was a bad thing when it happened... I just knew that there had been a lot of stuff happen and I just got this tingle running down my spine... every time I even hear him I get scared". Again, it is important to note that throughout this conversation [male 11] [REDACTED] was extremely tearful and upset and if anyone doubts for a moment the full impact of the pain and suffering this child has endured as a result of that abuse I can assure them that listening to the digital recording of the interview would likely assuage those doubts."
(Male 11)

"[REDACTED] (Female 15yrs) stated that just after they had moved into the new family home at [REDACTED] in [REDACTED] "There was mud all through the carpet downstairs and she [mother suffering from a psychosis] told me to scrub it but apparently I was not doing it properly and that was when she beat me... She kneed me in the back and she whipped me with some coat-hangers and she slapped me

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around a few times and she told me that she was going to do ridiculous things like put shit in my mouth ... And I told the girls (younger sisters aged 11 & 6) not to come downstairs and this was the day when we left as soon as mum left the house and she also punched me in the face... There were a couple of other things but those were the ones that I remember because I had the marks from those."
(Female 15yrs)

"[REDACTED] (Female 15yrs) stated that she had never expected to be put in a position where she would need to choose moving away from their mother's home at the age of 15, "... I always thought that I would keep living with mum for a very long time... But you get to an age where you look back and because me and my sisters had been in foster homes so many times and because we do have those memories of being knocked around a fair bit... I do not want that for [REDACTED] [younger sister aged 8] because she is so fragile. So it is kind of like my protective instinct taking over because this is not okay." (Female 15yrs)

6.5.4.2. Clinical assessment interviews with children and young people need to take into account the following points: their chronological age; their developmental issues – particularly with respect to issues of speech and communication; the history of alleged physical/emotional/sexual abuse and psychological trauma; reported or perceived intellectual functioning; level of psychological attachment to a primary carer; subjective levels of emotional distress throughout the interview; body language; and any issues of disability. Depending on those variables, the assessor will need to tailor at pretty short notice the style and range of enquiry clinically and ethically relevant to the circumstances.

6.5.4.3. I have on several occasions elected not to proceed with any level of conversation about their history, current life or future plans when I have formed an opinion that to do so would cause unreasonable distress. On the whole, my experience has been that most children do have an age-appropriate or developmentally-appropriate understanding of why I am visiting with them and why they are talking with me. I therefore encourage them to set the boundaries about what they are & what they are not comfortable discussing.

6.5.4.4. In the end, if the child or young person does not wish to discuss past events, then playing games, drawing and talking about school and sport and friends is a perfectly acceptable outcome if it provides

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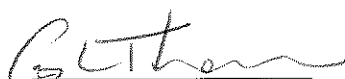
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the opportunity for the assessor to remain in relatively close proximity to the child in order to understand some of their fundamental drives and ambitions. There is of course no compulsion for any child or young person to offer any comment during their time with me and I will always spend time at the beginning of an interview discussing and testing their understanding of issues around consent and confidentiality.

6.5.4.5. When they do offer comment about their interpretation of events and what it is they hope for their own futures and the futures of their family, it often occurs spontaneously or with very minimal prompting as they can gauge if the assessor is genuinely interested in their welfare and will provide them with an opportunity to talk in a non-judgemental environment. Therefore when they do open up, they are capable of making some powerful and insightful observations as I hope the previous extracts may have demonstrated.

6.5.5. Departmental Staff: I attempt to keep my interviews with Departmental staff relatively brief and to the point (60-90mins) as the Department is the one organisation that has ample opportunity to present its own position in numerous affidavits and attachments. Therefore my primary motivation in interviewing Child Safety Officers, Team Leaders, Senior Practitioners and Child Safety Support Officers is to seek further clarification regarding why they ultimately require the Court to grant an intrusive child protection order for the child/ren. I will also review the officer's knowledge of the child/ren – particularly relating to the circumstances of the child/ren's placement, contact routine with the parents, and any educational, medical, developmental or behavioural concerns. I am fairly vigorous in pursuing any potential anomalies in the Department's case management, particularly in terms of how the Department has attempted to achieve reunification with between the parents and child/ren, or if I may be of the opinion that a child in the Department's care requires specific treatment or support and is not provided with suitable access to those services. Departmental officers have a tough job to perform but they are also Government employees who accept professional responsibility for the welfare of the children in their Department's care and if it comes down to a choice between my overlooking or dismissing an anomaly in proper case management, and having to ask some awkward questions of CSOs in interviews, then highlighting those concerns in a report, then my responsibility will be to the child every time.

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6.5.6. Recognised Entities: In the event that either of the parents or the children identify as Indigenous, the report writer will as a matter of course, conduct an interview with the local Recognised Entity which may be working with the family. In some cases the Recognised Entity will have a thorough knowledge of the family and the children and may therefore be able to provide useful insights into the circumstances of the child protection matter and provide suggestions regarding reunification planning, contact schedules and opportunities for cultural development and growth. On other occasions, their knowledge of the family and children may be quite limited and is usually due to a reluctance on the part of the parents to engage with the Recognised Entity.

6.5.7. Other Professionals – teachers, mental health workers, probation officers, counsellors, children’s therapists, community workers: These are typically ancillary interviews to gain some additional insights into the functional capacity of the parents or children. The majority of these interviews are conducted by phone during the final stages of the report’s completion. Limited time is devoted to these interviews as they will often have an opportunity of submitting their own affidavit or will have already drafted a short report that the Department will have annexed as an attachment to their own affidavits.

6.5.8. Clinical Observations: In addition to the assessment interviews and the review of the available documentation, I am routinely requested to comment on the level and style of emotional and psychological attachment between the child and his/her parents, and the foster or kinship carers. I am also usually requested to make observations around the child’s general emotional and physical presentation and on the basis of those observations, invited to provide any necessary recommendations regarding possible interventions or further specialist assessment.

6.6. Report Writing:

6.6.1. The actual report writing process is a frustrating combination of approximately 70% tedious review and summarization of the many hours of digitally recorded assessment interviews, and approximately 30% of what can sometimes be the most intellectually challenging and complex balancing of multiple psycho/social/physical variables across three generations and involving up to seven and 10 children, and three and four parents due to the blending of some family systems.

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6.6.2. In terms of listening to the digital records for content and quotes, a reasonable ratio of interview time to review time is 1hr : 2.5hrs. There is no compulsion for a report writer to use digital recordings but I am of the opinion that their use does add significantly to the accuracy of the report and it is relevant to note that one of the most frequent complaints I hear from parents, carers and the children themselves is that they are 'tired' of the Department not listening to them or of getting their statements wrong.

6.6.3. I am of the opinion that a good proportion of parents electing to contest child protection applications do so on the basis that they do not believe officers from the Department have understood their position or have deliberately misrepresented the facts concerning the substantiated child protection concerns. They will therefore often feel compelled to 'fight' the Department's application for Custody or Guardianship in an effort to ensure their experiences have been properly heard by a Magistrate and in an effort to demonstrate to their children that they still love them in spite of the allegations and child protection history. I will often receive anecdotal feedback from parents, carers, extended family members and children, that their opportunity to take part in a detailed clinical interview for the social assessment report has also been one of the first times they have felt 'heard' in the whole child protection process.

6.6.4. In that respect, one of the strongest arguments favouring such long and detailed social assessment reports is that when the report is written and then used as the basis for negotiations at the compulsory pre-hearing Court Ordered Conference, the parties are then able to negotiate from their respective positions as accurately portrayed in the report, as opposed to relying on the Department's own filed material which is usually pretty contentious and not always accurate. The majority of contested matters are resolved by either parental consent or negotiation prior to proceeding to a contested hearing.

6.7. Affidavit & Filing: In cases where the Department has commissioned a report in relation to a current child report application I will have the report witnessed by a Justice of the Peace and attached to an Affidavit and Certificate of Exhibit. Depending on the commissioning agent, after I have forwarded my one copy of the report to the Separate Representative or the Department, it is then their responsibility to ensure that sufficient copies are made and distributed to the various parties. In the case of a respondent party with a significant intellectual disability or literacy issues, I will ordinarily make a formal recommendation for the Department or the Separate Representative to take reasonable steps to ensure that a responsible person reads and accurately summarizes the main points of the report.

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6.8. Providing Expert Evidence in Contested Matters: The majority of child protection matters tend to resolve through negotiation by the date of the scheduled contested Children's Court hearing. I would ordinarily receive a subpoena to give evidence in approximately 30% of cases but would only be called to give evidence in 5% - 10% of cases. The majority of professional expert witnesses prefer to give evidence by phone as it is more cost-effective, however, if possible I prefer giving evidence in person. This is primarily due to the length and complexity of the social assessment reports and the relative difficulty of conveying that complexity by phone – particularly when the social assessment is usually the only professional report that attempts to address the inter-subjectivity of every member of the immediate family as well as reviewing issues that often include systemic issues of chronic disability, mental health issues, family violence, substance abuse, emotional/ physical/ sexual abuse, intergenerational trauma, attachment and behavioural disorders and past or current criminal histories.

7. General Observations and Recommendations:

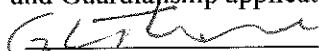
7.1. Social Assessment Reports:

7.1.1. Whilst the social assessment report writer has no formal authority in the child protection system and can only make a series of written recommendations to the various parties (the Department, Separate/Independent Representative; the Court; the parents; service providers; carers, etc...), I am of the opinion that a well-written, detailed, analytical report based on a thorough (critical) review of the Department's presented evidence and the parents, carers and children's assessment interviews is probably one of the more persuasive and influential documents available to the Children's Court.

7.1.2. Under the current adversarial system of intrusive removals of children and their traumatic separation from their parents, I think the social assessment report still continues to be a useful tool that provides parents and carers with an opportunity to have an independent voice within a court system that seems heavily weighted in the favour of the Department.

7.1.3. However, as a social worker employed at the end of the continuum that focuses on protecting children from their parents by separating them from their parents and supporting recommendations to place them with foster carers, one sometimes despairs at the current system's limited capacity to consider other alternatives. In that respect, I look forward to reviewing the range of early intervention models that may be proposed by the Inquiry because at the moment these are in exceptionally short supply. As an specialist social assessor who probably undertakes more independent reviews of Departmental Custody and Guardianship applications than any other person in Queensland, this limited

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absence of state-wide, good quality, research validated intervention models to address the issues of violence, substance abuse and mental health issues will continue to be one of the primary reasons why I am so often left with no other option than to consider supporting the Department's applications even when I am convinced that the quality of case management by the Department has at times been quite woeful. I note my further comments at Case Example 1 (see Attachment 2) as further support to these statements.

7.1.4.Recommendation: As well as providing independent feedback to the identified parties, Social Assessment Reports may also serve as an additional layer of informal review of Departmental interventions and case planning. In the event that possible criticisms of the Department's processes also need to be highlighted at the operational level, the social assessment report could be further adapted as a tool to bring those concerns before any external independent body of review.

7.1.5.Recommendation: Whilst there will likely be an ongoing requirement for social assessment reports to be commissioned from the private sector due to the need to access writers from a wide range of specialist qualifications, I am of the opinion that consideration should be given to setting up a Report Writing Unit within the Queensland Children's Court. Whilst I would envisage this Unit would employ a core group of mobile report writers who may be based at the Children's Court in Brisbane, it would also be relevant to set up a state-wide registry of qualified Social Assessment Report Writers. I would anticipate that this could be similar to the current arrangement at the Family Court of Australia where there are 'in-house' family report writers/ consultants and a coordinator who manages a list of 'Regulation 7 Family Report Writers and Consultants'. This would provide a much greater opportunity to standardize the overall quality of social assessment reports across Queensland and to establish a central registry of social assessment report writers and possibly other specialist report writers (psychiatric, psychological, etc...). This would also hopefully result in a reduction of waiting time for commissioned reports and therefore expedite the progression of cases in the court system. I would also note that the establishment of such a central registry and a specialized Report Writing Unit within the auspices of the Children's Court would also provide an opportunity to arrange for some much needed in-service training and professional clinical supervision for report writers. I particularly reinforce the importance of regular clinical supervision for report writers/practitioners as the work is quite isolating by its nature and there is a significant cumulative emotional burden for the report writer who is exposed to some pretty traumatic first-hand accounts of serious abuse and trauma of children and parents on a weekly basis.

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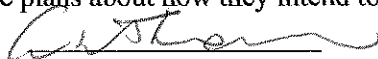


7.1.6.Recommendation: It makes little sense for any authority to commission a costly social assessment report that essentially has the report writer (who is usually also an experienced practitioner or therapist) undertake a series of very intrusive interviews with family members and children, only to create a '*snap shot*' assessment of the family that is biased to that specific point in time and results in the report writer having very little to nil involvement in the matter until the next updated assessment report might be commissioned one or two years down the track. I am of the opinion that there exists a relatively '*natural*' fit between the report writer and the Separate Representative where the assessor might be considered to be in a position to offer authoritative comment on ongoing issues of attachment, trauma and family systems theory as relevant to a specific case, whilst the Separate Representative is in a position to offer commentary on issues of legal process and legislation. In that respect, whilst it would be important for both the report writer and the Separate Representative to maintain their own independent status, I believe there would be considerable merit in developing a system where both roles might be able to complement each other to the overall benefit of the child/ren in question. I understand a similar system may currently operate with some success in the United Kingdom.

7.1.7.Recommendation: As per my review of the payments schedule for social assessment report by Legal Aid Queensland, unless there is a radical overhaul of these grants of aid, I would anticipate that more and more qualified private practitioners with years of experience in this field will simply withdraw from any involvement in report writing. This is a process that has actually been going on for some time. I note that when I state '*radical overhaul*' I mean that even if the current payment system was immediately doubled in all grant categories it would still represent a significant shortfall in terms of payments to private practitioners from other available income streams.

7.1.8.Recommendation: As I note earlier in the report, I am of the opinion that foster carers and kinship carers represent the real backbone of the child protection community in Queensland. Whilst the Department, the Court, legal representatives and therapeutic support services all have an integral part to play in protecting children and young people from harm, when it has been determined that children do need to be removed, it is the carers (both foster and kinship) who take on the 24 hour a day responsibility of providing a safe and secure environment for some of our society's most vulnerable members. The greatest complaint I receive from carers is that they do not receive sufficient information from the Department about the nature of the proceedings involving the child and that this then impacts on the carer's own ability to make adequate plans about how they intend to attempt to care for the child or respond to the

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child's needs – which are often quite behaviourally challenging and complex. The result of this lack of communication and basic disrespect of the carer's own rights is probably the greatest single reason why so many carers often feel abandoned by the Department and at risk of 'burn-out'. This has been ameliorated somewhat by the transfer of most foster carers to public foster care agencies, but the fundamental issue of the Department's basic lack of communication with carers continues unabated. I note that I have included these comments under the heading of 'Recommendation' but truthfully I am unsure how the Department is going to address this issue as it is really related to the internal culture of the Department and what I see as a lack of regard of the real importance of foster carers in the child protection system. Until this issue is properly addressed, I suspect that many families in the Queensland community who have considered the possibility of becoming foster carers will continue to shy away from this opportunity.

7.2. Adversarial Nature of the Child Protection System:

7.2.1. In practical terms, the Department is really attempting to operate two child protection systems in Queensland. Both systems have a legitimate role to play, however in their current format they are effectively mutually exclusive and make the very difficult job of the front-line child safety service staff even more difficult.

7.2.2. (System 1): On the one hand, Departmental officers are certainly encouraged to work proactively with family members and children to ensure that intrusive child protection applications are employed as the last resort to keep children safe. This is very much in keeping with most Departmental employees' core academic training and codes of ethics (e.g. social work, behavioural sciences, human services, psychology, counselling, etc...) and it's a core value of the Department's own vision.

7.2.3. (System 2): On the other hand, if or when officers reach a point when they determine that the parents have repeatedly demonstrated that proactive engagement may not be working and they are reaching a threshold where risk to the children is identified or anticipated, there is a perceptible switch to their role as evidence gatherers and investigators as they move towards the evidence gathering approach.

7.2.4. From the parents point of view, many of their initial conversations with their first case workers (particularly if children are under a voluntary care agreement) are about receiving fairly positive, genuine and encouraging statements from CSOs and Team Leaders indicating that the Department really just wants to promote the overall cohesion and viability of the family unit (i.e. System 1).

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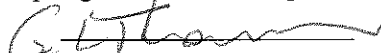
7.2.5. Parents operating under a significant trauma or disability and with little experience of the Department will frequently accept these offers and often naively determine that the Departmental officer is somehow on their side – and even if they don't trust the worker many parents are fearful and suspicious of the Department's power and usually don't want to be seen to be uncooperative at this early phase of intervention (particularly if there is intergenerational experience of the child protection system and particularly if the parents are Indigenous).

7.2.6. Therefore, when or if the parent does experience a more serious setback or relapse in behaviour, they may confide in their caseworker – who is not only attempting to assist but is also formally recording all of this information '*just in case*' (i.e. System 2). I use the word '*naively*' reluctantly as it does imply that perhaps the Departmental officer is attempting to trick the parent into some false sense of security. I don't think this is actually the case but by this stage the clash between System 1 and System 2 is already well entrenched in the matter's case management.

7.2.7. Now the parents have received two conflicting messages: (1) '*We want to help you keep your family together*' & (2) '*We are actively collecting and collating information to potentially separate you from your kids*'. Some parents at this stage are quite capable of demonstrating to the Department that they can maintain a level of stability with limited encouragement and support (e.g. suitable housing and accommodation; abstinence from substance abuse; reduction or non-reportage of domestic or family violence; successful engagement with a family intervention service; attending a parenting skills programme such as PPP; attending relationship counselling or generic counselling; linking in with other community services and networks) and at the Department's satisfactory review, the family is usually exited from the system. I almost never get to see the families at this end of the continuum because my work at the other end of reviewing custodial child protection applications is almost universally concerned with the continuing clash of Systems 1 and 2.

7.2.8. For those parents who are not able or perhaps even unwilling to meet the expectations of the Department at the voluntary care agreement stage, the Department may move to invoke a range of involuntary interventions – Temporary Assessment Orders, Court Assessment Orders, Directive Orders, Supervision Orders, Custody Orders and Guardianship Orders. The message most parents receive at this point is: '*Work with us cooperatively on the case plan goals under a directive or short term order, or risk even more intrusive interventions*'. It is at this stage that the logic behind the dual system model descends into a bit of a farce because the parents now have one case worker who is attempting to convince the parents to work in the spirit of cooperation and child-

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centred outcomes whilst simultaneously recording nearly every failure by the parent to comply with the case plans.

7.2.9. It is a system that confuses the parents and frequently leads to a great level of anger and resentment against the Department. It is also a system that I'm sure must frustrate the frontline CSOs and Team Leaders as they are the ones who have to bear the brunt of distressed and angry parents. In this respect, I offer the following quote from Levy and Orlans (1999:215):

"The goal of keeping families together failed because the child welfare and mental health systems could not keep pace with the vast increase in drug abuse, poverty, violence, and resulting child maltreatment. The 'myth of family preservation' suggests that there have actually been two child welfare systems operating – one oriented toward preserving families, and the other toward removing children from maltreating homes. The reality is, it is impossible to keep families together when children are at risk for abuse and neglect. Removing a child from a dangerous environment, placing him or her in temporary foster care, then returning that child to abusive parents is not family preservation – it is insanity!"

7.2.10. This observation leads me to the first of two case examples and to several other recommendations to the Inquiry.

8. Case Example #1 - [2009] QChCM 001 McLaughlin M 26/06/2009:

8.1. A copy of Mr McLaughlin's 2009 judgement can be found at **Attachment 2** to this submission. I note that a copy of the judgement has also published on the Supreme Court of Queensland's Website - <http://www.sclqld.org.au/qjudgment/2009/QCHCM/+000>

8.2. **Background Summary:** The case had been subject to several previous assessments by other report writers, however in 2009 Separate Representative Ms Leah Harrap, from the Child Protection Team, Legal Aid Queensland, Brisbane commissioned me to prepare a new Social Assessment Report in order to obtain independent guidance regarding the suitability of the applications and other matters related to general case management. The Department had by then lodged applications for Long Term Guardianship for the couple's four young children on grounds related to significant mental health issues for the father, significant intellectual impairment for the mother, neglect and issues of risk of violence. The application was contested by the parents and proceeded to a four-day hearing at Ipswich Children's Court before His Honour, Mr McLaughlin.

8.3. Some Points drawn from the Judgement:

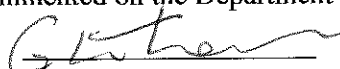
8.3.1. Quality of Evidence in Departmental Affidavits:

8.3.1.1.

At paragraphs 17 - 25 Mr McLaughlin

commented on the Department's practice of including both substantiated and

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unsubstantiated child protection concerns in affidavits to support their arguments related to harm or risk of harm. He questioned whether there was any probative value in including these unsubstantiated concerns in the Department's argument. Mr McLaughlin also stated that he was uncertain how the Department assessed whether or not a child concern report was eventually classified as either substantiated or unsubstantiated and noted that the Department's position was essentially that the Court should accept the Department's judgement without much in the way of any other supporting evidence. Mr McLaughlin commented that the right to confidentiality of informers was enshrined in the Act but also noted that this tended to undermine the reliability of the information and reinforced these points again at paragraphs 25 to 27. Mr McLaughlin stated at paragraph 28 that if he was only to rely upon the evidence of the Department he would not have hesitated in dismissing the application.

8.3.1.2. I am of the opinion that this criticism was certainly warranted and not an isolated incident. From my own experience of reviewing many Departmental affidavits, the problems associated with rather poor quality evidence gathering and the appearance of questionable and often unsupported allegations in affidavits that is presented as supposedly reliable is probably best described as endemic. In this respect, in many affidavits filed by the Department, there appears to be a fundamental misapprehension by Departmental officers as to what constitutes reasonable inclusion of reliable and supportable information in their affidavits. For my own part, when I am preparing my own material for a social assessment report, and particularly in my final observations, conclusions and recommendations, I attempt as much as possible to distance myself from the Department's original materials and attempt to rely principally on the information I have gathered in my own assessment interviews.

8.3.2.Capacity of the Department to Respond to Judicial Criticism:

8.3.2.1. At paragraph 70, Mr McLaughlin read out a portion of my own observations and recommendations from the Social Assessment Report (2009). My comments in the report detailed a pretty stiff criticism of the Department's handling of the matter – particularly my opinion of how the Department often fails to respond adequately or, I think, even fairly and ethically with people with significant disabilities. At paragraph 71 Mr McLaughlin stated: *"I pause to stop reading from the report for the moment to say that I could not agree more with what Mr Thomson has said. I hope that his*

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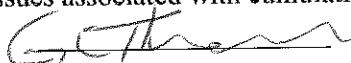
comments and my endorsement of his comments are brought to the attention at the highest levels of the Department of Child Safety. I would urge counsel for the Department to ensure that a transcript of this decision is sent to the people who control these matters to make sure that this sort of thing is known about and addressed adequately." I note that the subsequent deafening silence from the Department since the judgement was handed down in 2009 and published around 2010 has been disappointing. Despite Mr McLaughlin's comments at paragraph 71 and elsewhere in the report, there has been no indication that any senior manager from the Department has read his recommendations or that they have acted upon them. Certainly no one from the Department has ever attempted to contact me to discuss or review the matter and so one could be forgiven for thinking that this Department does not really seem to have any real internal capacity to respond to calls to self-reform. Once again, this is not isolated and I have had several other occasions to write lengthy criticisms and on one occasion this lead to a Separate Representative lodging a formal complaint against the Department involving a young female child with a profound disability and in the care of her grandmother who had not been sighted by Departmental officers for several months and for whom no case plan had been completed for many more months.

8.3.3.Availability of Evidence-based Support/Therapeutic Services for Parents & Children in the Process of Reunification or in the Early Stages of Family Stress:

8.3.3.1. At paragraphs 108-110 Mr McLaughlin made comment about the apparent lack of support available to the parents, "*As we have looked at in section 61 of the Act, I can make a variety of orders, but once I make a final order, what support is offered is up to the Department. The reality is the Department has offered little support in the last three and a half years. They are not likely to suddenly change now.*"

8.3.3.2. I would note to the Inquiry that in terms of my own attempts to make valid clinical recommendations to the Department or the Separate Representatives for timely, research-based interventions, this continues to be the most challenging area of report writing as one observes the same tired case plan goals such as parents being required to attend short term ineffectual anger management classes in an attempt to combat systemic issues of violence, or women being referred to 10 generalist counselling sessions to address issues associated with cumulative psychological traumas. One does not want to

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simply dismiss these attempted interventions as a waste of time and resources, but in my report writing practice I am receiving many commissions to undertake new reports for Long Term Guardianship Applications for children who were the subject of reports from two, three and four years earlier when I supported for the original Short Term Guardianship Applications. In this respect, over the past years I have developed a very healthy scepticism of the Department's ability to work proactively with family members in order to achieve successful reunifications.

8.3.3.3. Areas of required support and intervention that arise repeatedly for families and parents and children under pressure are in the areas of: housing support; alcohol and substance abuse; domestic and family violence; mental health; disability issues; parenting skills; chronic attachment and trauma related disorders in children; isolation from services (particularly for rural and Indigenous communities) and debt management. Unless these issues are addressed at national, state and local levels, the core issues that place the pressures on the parents and children will still exist and continue to reproduce the same issues generation after generation.

8.3.4.Recommendations drawn from Case Example 1:

8.3.4.1. **Recommendation:** If the Department is to continue in its role as the primary investigative body into complaints of child protection in Queensland, then there needs to be a further review of how it trains its frontline officers to gather and present evidence before the Courts. In particular, this practice of the Department including every shred of unsubstantiated allegations against parents in support of their applications needs to be stopped immediately. I say this for two reasons: (1) The inclusion of this material is one of the primary reasons why parents often become extremely irate towards the Department and this then affects their overall ability to communicate and cooperate with case workers in order to work towards reunification and undertake case plan goals. (2) Including unsubstantiated allegations in Departmental affidavits supposedly in support of a valid child protection application, does little to enhance the Department's professional credibility in the eyes of presiding judicial officers, legal representative or independent experts such as myself. What it does do however, is to undermine the validity and impact of the genuine evidence that really does support the Department's applications for child protection orders.

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8.3.4.2.

Recommendation: As Mr McLaughlin

pointed out in his judgement, the Department needs to address the overall quality of the way it presents its evidence to the Court and the parents. If the Department insists on internally cataloguing recorded child concern reports as either '*substantiated*' or '*unsubstantiated*' then it needs to start demonstrating the validity of the decision making process that went into arriving at that decision and including that rationale in its affidavits.

8.3.4.3.

Recommendation: At present, each

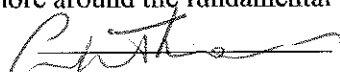
Child Safety Service Centre employs a Court Coordinator. This is similar to the role of a police prosecutor in that they ensure matters brought before the Court meet with a minimum standard of evidence, adhere to legal procedures, and to the Police Service's own policies and procedures. The Department also maintains a central 'Court Services Unit' in Brisbane. The Court Coordinators would appear to be often overwhelmed by the amount of work they have to perform, they operate with little to no administrative support and seem to have limited opportunities to adequately instruct or mentor front line staff on evidence gathering and affidavit presentation. Greater administrative support for Court Coordinators and additional opportunities for them to undertake training in investigatory procedures would provide them with the opportunity to train CSOs in these procedures.

8.3.4.4.


Recommendation: At present the

Department recruits officers apparently on the basis that their tertiary qualifications represent the attainment of a core set of skills and values commensurate with child protection practices. This assumption seems to have lead to a policy whereby new Departmental employees are provided with a combination of block training, mentored field placements and ongoing in-service training. Over the past 5 years I have had the privilege to observe the professional practices of many highly skilled and competent child safety officers. As my own primary academic discipline is in social work, I would like to report that the best Departmental workers are from that traditional recruitment field for child safety but that does not seem to be the case and I have encountered excellent workers from across a range of academic disciplines. Unfortunately, my experience of encountering proficient workers has not been uniform across the Department and I've often been struck by the unpredictable quality of many workers irrespective of their initial academic training and the unpredictability of how they might interpret the Department's policies and procedures. To my mind, the problem seems to be more around the fundamental culture of the Departmental workers and their

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attitude to vulnerable parents than it has to do with what their basic degree happens to be. In that respect, one might also argue that there is not just one Department but as many informal versions of the Department as there are frontline workers', as parents, foster carers and kinship carers struggle to identify patterns of consistent policy application by their case workers. **I would therefore recommend that significant investment needs to be made in redesigning a much longer-term pre-service and in-service training components for prospective Departmental staff.**

8.3.4.5.


Observations and Recommendation: I

have just referred to the concept of a '*cultural shift*' for Departmental workers. This is a vague term that does not really provide any concrete examples of how change might be achieved. Once again, referring to Mr McLaughlin's judgement and with specific reference to my own arguments as reviewed by Mr McLaughlin at paragraph 70 of Attachment 2, I am persuaded that one immediate area of '*cultural shift*' for Departmental workers should be their attitude towards parents with mental health issues who are frequently portrayed in affidavits as fundamentally deceitful, unresponsive and generally vilified. There have been times when I have reviewed Departmental affidavits prior to undertaking assessment interviews where I have been somewhat concerned for my own safety and I am a 6ft, 90kg, ex-police officer. However, when I've actually conducted the interview, I've generally found that most parents have presented in such a responsive and reasonable manner that leads me to conclude that Departmental officers are certainly capable of preparing official documents that provide quite an unbalanced portrayal of the facts and the individuals involved. I make this statement knowing that I may be accused of being somewhat naive of the risks posed by some parents, step-parents, extended family members, carers and guardians. Let me say that I have spent over 30 years in a professional capacity around angry, violent, unstable, traumatised and distressed individuals and I am quite aware of the risk some people pose to themselves and to the people and children they love. What I am proposing is that more than a few Departmental staff seem to have a limited understanding of parents and family members who may be suffering from: serious mental health issues (i.e. schizophrenic forms; chronic anxiety and mood disorders; substance abuse issues; serious trauma; bipolar disorders; etc...); intellectual impairments; and acquired brain injuries. There is a well-entrenched practice of officers at many of Queensland's Child Safety Service Centres not properly taking into account the impact these types of

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disabilities and impairments have on the parents' ability to properly understand the practical implications of case plan goals that are supposed to lead to the reunification of the children with their family. It is little wonder then that when I undertake interviews with the parents to inquire about their ability to work cooperatively with the Department and other community and therapeutic organisations, that parents often state that by their own standards they have complied with every documented goal on the reunification case plan. I think Mr McLaughlin's judgement and my associated 2009 social assessment report on the family, properly demonstrates the Department's gross misrepresentation to parents of what it is they actually need to achieve in order to demonstrate a level of fundamental change in order to achieve reunification. Therefore my recommendations in this respect are:

8.3.4.5.1.

Recommendation: Departmental

officers require a good deal more basic education around issues of parental trauma, mental health issues and disabilities and how these issues affect such matters as relationships and parenting;

8.3.4.5.2.

Recommendation: The Department

needs to design and implement a basic protocol around how it manages and interacts with parents with significant disabilities;

8.3.4.5.3.

Recommendation: Parents with

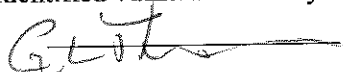
suffering from a significant disability – particularly those suffering from a disorder that may affect their capacity to store and recall information, comprehend, interpret and apply complex or abstract concepts related to case plan goals need to have much more standardized access to disability advocacy services so that they will be able to work alongside parents to ensure the parents both understand what is expected of them and to assist them to access those services designed to address any perceived deficits of parenting or individual functioning.

8.3.4.6.

Recommendation: With respect to the

issue of limited social and therapeutic support services, I would agree with the findings of the Cummins Report (2012: Report of the Protecting of Victoria's Vulnerable Children Inquiry) at Vol. 1. Paragraph 4.3. and its recommendation for a locally coordinated system that effectively targets individual families (i.e. the suggested Vulnerable Child and Family Services Network). I would further add, that even though the concept of providing a '*supportive buffer*' around any identified vulnerable family is crucial to help them avoid reaching the stage where

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involuntary interventions are necessary, it will be crucial to ensure that those services are evidence-based models and that any support staff are properly trained and have the confidence of the local community. An example of one such program is the University of Queensland's Indigenous Positive Parenting Program (PPP) currently undergoing further trials in remote North Queensland Indigenous communities (PhD. Candidate Ms. Lauren Hodge). It is these styles of programme that need to be better funded and adapted to local conditions.

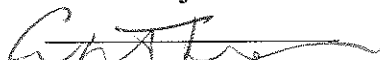
8.3.4.7. **Recommendation:** Whilst I cannot comment on how much Mr McLaughlin's judgement has directly influenced the Department's own policy development, I am aware that the publication of the judgement has certainly generated some interest and discussion amongst some members of the legal community, report writers and some frontline Departmental staff. I would therefore recommend that consideration be given to publishing Children's Court (Magistrates) judgements (de-identified) as they do provide an additional insight into the concerns of judicial officers presiding over child protection matters and may prompt workers to reappraise how they approach the whole issue of how they elect to proceed with contested matters.

9. Case Example No. 2. Consideration for Option of 'Long Term Care Adoption'

- 9.1. A copy of this de-identified case example can be found at Attachment 3 to this submission. I would caution the Inquiry and any reader, that the contents of this extract from the Social Assessment Report are at times quite distressing. In that respect, whilst I do not apologise for providing the extract from the associated report, I am of the opinion that the nature of the material does serve to demonstrate the oppressiveness of some parent's lives and the possible need to provide a more intrusive level of child protection order in some limited occasions.
- 9.2. NB: I note that consideration may need to be given by the Inquiry as to whether or not they elect to make this extract public.

9.3. **Background Summary:** The report was commissioned by a regional Child Safety Support Centre that sought guidance with respect to the most appropriate level of child protection order. The subject child was approximately 4 years old and had been in the care of the Department for most of his life. The mother had made some progress with respect to the case plans but as the reader will perhaps note from the content of the interview, she continued to struggle with a range of issues including: very sporadic contact with her son, substance abuse, trauma, relationship stability, social isolation and accommodation issues. The child in question had also been subject to several unstable placements and was demonstrating some

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challenging behaviours with his new carers. Otherwise, the carers were managing the behaviours quite well and had indicated to the report writer that in the event that Long Term Orders were granted, they hoped he would remain in their care for the balance of any order (18yrs). I note that the level of attachment between mother and son was extremely limited even by the mother's own estimation.

9.4. Discussion:

9.4.1. I will keep my comments on this matter uncharacteristically brief. Suffice to say that if I had have had the opportunity to make an even more intrusive recommendation than Long Term Guardianship on this occasion then I probably would have resorted to its use. That is, I would like to have made a recommendation for what might be referred to as 'Long Term Care Adoption'. The young boy's father was not available and the mother had herself prompted the conversation around a possible earlier adoption for him. On the one hand, the mother still retained a residual desire to achieve reunification but when that was tested it became apparent that her primary concern was to ensure that her young son now had an opportunity to grow up in what she hoped would be a relatively stable family environment. There is no joy whatsoever in reviewing this type of matter or in making these types of recommendations. I think all one can hope for as an assessor is assisting the mother to come to some sort of resolution about her own future and the future of her son. I note that if I had have been able to recommend a 'Long Term Adoption' for this report I would have continued to support some level of contact between the mother and her son and there would have been additional conversations with the boy's new foster carers about their capacity to form a collaborative relationship with the boy's mother. Of the 125 reports I've completed over the past few years, I don't imagine that I would have considered this type of highly intrusive recommendation on more than a handful of occasions. However, I am convinced that there is a place for this style of placement in the legislation and I would welcome any opportunity to provide further commentary before the Inquiry to address the matter in more detail.

9.5. **Recommendation:** That consideration be given to including the option of 'Long Term Care Adoption' into the legislation. By 'Long Term Care Adoption' I refer to a level of child protection order above that of Long Term Guardianship to the foster carer, in that the carer would take on full responsibility for the child in the manner of a formal adoption. However, where acknowledgement was also made recognising the child's biological parents and, if appropriate and safe, provision also to be made for the child to maintain and pursue that natural relationship with the parents, other siblings and members of the extended family.

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References:

Levy, T. & Orlans, M. (1999). *'Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families'*. CWLA Press: Arlington VA.

Attachment 1: Extract of Curriculum Vitae dated 26th October 2012

Attachment 2: Copy of 2009 Children's Court Judgement by His Honour Mr McLaughlin.

~~Attachment 3: Extract of De-identified Social Assessment Report #1.~~

ATTACHMENT 3 WAS NOT TENDERE^d AS AN EXHIBIT
6/11/12.

Declaration

This written statement by me dated 26th October 2012 and contained in the pages numbered 1 to 40 is true and correct to the best of my knowledge and belief.

GLT Signature
Signed at BRISBANE this 26th day of October 20 12

Witnessed:

Rahemtula Signature
Name EMMA RAHEMTULA Rank LEGAL OFFICER Reg. No. _____

Witness signature: _____

Officer signature: _____

ATTACHMENT "1"
EXCERPTS OF CURRICULUM VITAE -
GRANT THOMSON – 26th October 2012

PROFESSIONAL EXPERIENCE

- 2008 – Present **Independent Private Practice**
[REDACTED] – Counselling & Consultancy Services, Sunshine Coast & Brisbane, QLD. Mental Health Practitioner.
Practice includes: Private counselling and psychotherapy; Medicare rebated accredited allied mental health services for referrals from GPs; Professional clinical supervision; Professional social & family assessments and report writing.
- 2008 **Project Officer**
University of the Sunshine Coast – School of Nursing
Writing a series 18 of Psychosocial/Mental Health Educational Scripts & Films for the Undergraduate Nursing Program
- 2008 **Volunteer Workshop Facilitator**
Sunshine Coast Koping Project (SCKoping) – Workshops for children and young people who have a member of their family affected by serious mental health illnesses.
- 2008 **Tutor & Teacher – Uni of Qld & Uni of Sunshine Coast**
 - Theories of Counselling & Psychotherapy (Semester 1)
University of Queensland, Postgraduate Master of Counselling Degree - (School of Social Work & Applied Behavioural Sciences).
 - Theories of Social Work and Human Services (Sem. 2) University of the Sunshine Coast.
- 2007 - 2008 **Senior Counselling Co-ordinator - Sunshine Coast.**
EPIC Community Service & Employment Services Inc.
- 2006 - 2007 **Senior Counsellor & Training Officer - Sunshine Coast & Gold Coast.**
EPIC Community Service & Employment Services Inc.
- 2003 - 2006 **Senior Counsellor & Training Officer – Sunshine Coast.**
EPIC Community Service & Employment Services Inc.
- 2001 - 2003 **Senior Training & Placement Officer – Sunshine Coast.**
EPIC Employment Services Inc. (Management of Disability Employment Programs)
- 1998 - 2001 **Training & Placement Officer (Soc. Wk) - Noosa.**
EPIC Employment Services Inc. (Management of Disability Employment Programs)
- 1997 **Counsellor and Family Mediator (Training)**
Family Mediation Unit & Counselling Services, Lifeline,

	Sunshine Coast
1996	Youth Worker & Radio Presenter Noosa Nuwave Youth Development Program, Noosa District Council
1990 - 1997	Full time study in BA & B.Soc.Wk. University of Queensland
1989	Overseas Travel and Working (Profess. Fisherman - Nth. Scotland)
1982 - 1988	Police Officer, Queensland Police Service (Stationed at Fortitude Valley, Wynnum & New Farm performing uniformed duties and mobile patrols at rank of Constable. Stationed at QLD Information Bureau and Modus Operandi Unit, Brisbane HQ at rank of Acting Sergeant 2/C).
1981 - 1982	Police Cadet, Queensland Police Academy.

QUALIFICATIONS

2007	Master of Counselling - University of Queensland
2002	Certificate in Mediation - QLD University of Technology
1998	Certificate IV Workplace Training & Assessment - Personnel Employment
1997	Bachelor of Social Work (Honours 1) - University of Queensland
1993	Bachelor of Arts (Mod. Hist. Double) - University of Queensland
1985	Criminal Intelligence Analyst (Qual.) - Australian Police College, NSW
1984	Advanced Studies for Police TAFE Practices Award - QLD TAFE
1982	Appointment as QLD Police Officer - QLD Police Service

PUBLICATIONS

Thomson, G. (1996) *"Noosa Nuwave: An Experiment in Youth Culture"*.
Journal of the Youth Affairs Network of Queensland, Vol. 5. No. 2-3 (pp 63-64). Youth Affairs Network of Queensland: Brisbane.

University of the Sunshine Coast. (2011) *'Mental Health in Nursing Practice'*.
Training DVD. (Script Writer & Technical Advisor).

CONFERENCE PRESENTATIONS

"The Road Ahead: Future Directions for Federally Funded Disability Employment Programs". (2004) Keynote Speaker: Disability Reference Group SEQ Conference. University of the Sunshine Coast.

AWARDS

- 1993 *Commendation for Brave Conduct* - Commonwealth of Australia
- 1993 *Certificate of Merit for Bravery* - Royal Humane Society of Australasia.

PROFESSIONAL REGISTRATIONS & MEMBERSHIPS

Australian Association of Social Workers. (AASW) Accredited Member Membership No. 201033.

Australian Association of Social Workers. (AASW) Accredited Mental Health Practitioner. Membership No. 201033.

Queensland Counsellor's Association. (QCA) Clinical Member & Accredited Supervisor. Membership No. 23080317.

Psychotherapists and Counsellors Federation of Australia. (PACFA) Accredited Member. No 20978

Member – Child Protection Practitioner's Association of Queensland.

Working With Children Blue Card - No. 344054/3

MAGISTRATES COURTS OF QUEENSLAND

CITATION: *Department of Child Safety v SJ & MB* [2009] QChCM 1

PARTIES: **DEPARTMENT OF CHILD SAFETY**
(applicant)

v

SJ
(first respondent)

MB
(second respondent)

FILE NO/S: CCM4969/08(1)

DIVISION: Childrens Court of Queensland (Magistrate)

PROCEEDING: Application for Child Protection Order

ORIGINATING COURT: Childrens Court of Queensland (Magistrate) at Ipswich

DELIVERED ON: 26 June 2009

DELIVERED AT: Ipswich

HEARING DATE: 23 June 2009, 24 June 2009, 25 June 2009

MAGISTRATE: McLaughlin M

ORDER: **A long term guardianship order be made in relation to all four children.**

CATCHWORDS: CHILD WELFARE – GUARDIANSHIP – long term guardianship order – whether child in need of protection – whether a parent is willing and able to protect child

Child Protection Act 1999 (Qld), s 59

COUNSEL: Munro for applicant

Balzamo for first respondent

Second respondent appeared on own behalf

SOLICITORS:

- [1] This is an application pursuant to the *Child Protection Act 1999*, hereafter called "the Act", for an order that the Chief-Executive of the Department of Child Safety be granted long term guardianship of four children, TA, TJ, TB and TM, born respectively on 10 June 2001, 26 March 2003, 13 February 2006 and 4 April 2008.

OVERVIEW

- [2] The background of the matter is that between 2001 and 2006, there were a total of six "notifications" to the Department of Child Safety, hereafter called "the Department", in respect of the three eldest children. Three of those notifications were "substantiated", to use the jargon adopted by the Department, the last of which was on 19 April 2006.
- [3] As a result of that incident, an application for a child protection order was made on 20 April 2006. The three children have been in the custody of the Department ever since, either on an interim basis or as a result of a final order.
- [4] Originally a final order was made on 10 July 2006 granting custody to the Chief Executive for 12 months. A further application was then made in 2007 and on 6 March 2008 a second order was made granting custody to the Chief Executive for nine months.
- [5] The fourth child, TM was then born in April. The Department immediately applied for a two year custody order in respect of her. In December 2008 a third application was made seeking custody for a further two years for the three older children. Subsequently the department amended all of those applications to seek long term guardianship of all children until they reach 18 years.
- [6] In essence, there is no suggestion the mother would intentionally neglect or harm the children. But rather due to her intellectual impairment she would do her incompetent best to care for them thereby exposing them to risk. The Department says she has failed to demonstrate the necessary skills to properly care for the children.
- [7] With the father there are concerns as to his mental health status and his alleged history of domestic violence, both emotional and physical. While the parents have apparently been separated for more than a year the Department believe that significant contact continues between the parents and the fore even if the mother had the sole care of the children the father would, in reality, also have significant contact with them. The Department says the mother lacks the necessary insight to appropriately control contact between the children and the father. Further, they say the mother is, in effect, dependant on and subservient to the father and there is a real chance they would resume their relationship. It may even be the case that they substantially continue to live together but pretend otherwise only to placate the Department.
- [8] As far as the evidence goes, there was evidence from three "case workers", Ms Davies, Mr Rasmussen and Ms Sabatino, about their involvement. It seems there have been other case workers as well. These three were singled out to give evidence. A "case worker" again being some jargon that is used by the Department to denote the person who is actually in control of the application at the time and the overseer, I suppose one could say; and they in turn answer to a person known as a team leader, to use some more jargon.

NOTIFICATIONS

- [9] Ms Davies in her affidavit set out details of the six notifications that I mentioned. They can be shortly summarised as follows:

- [10] June 2001 there was a notification about the home being unhygienic and a child being undernourished and concerns about the parents using marijuana and the father having Asperger's disorder. This was an "unsubstantiated notification". I will come back to that.
- [11] August 2002 another notification regarding the child TA being brought in with the mother to a clinic in an ambulance. Diagnosed with a viral infection and there were concerns again as to the home being dirty; the child sleeping on a soiled mattress; concerns about the father being paranoid and having conspiracy theories; and the child presenting in a dirty and unclean state. And again this is said to be "unsubstantiated".
- [12] The third, May 2003, another notification that there was domestic violence going on in the home; that police had been to the residence; that the father was alleged to have pushed the mother who was then pregnant, down a flight of stairs; and that the father had barricaded himself into a house with the boy TA and was threatening to kill himself and the child and the police had to come along and remove him from the house and he was then detained. This was said to be investigated and substantiated however the child was deemed not to be in need of protection.
- [13] September 2003, the fourth notification, following the birth of another child, TJ. Again there were concerns about frequency and severity of domestic violence. This was "unsubstantiated".
- [14] Fifth, in June 2005, a notification that the father was being aggressive towards staff of the Department and police. He even installed security cameras at his house and got a police scanner. And general notifications about the house being terribly unclean, animal faeces throughout the house, lack of blankets, that sort of thing, and that basically the house was a health hazard. That was said to be substantiated. At that stage the Department, it seems, became for the first time involved with the family, with the consent of the family and without any application to the Court at that stage.
- [15] Ten months later was the sixth and final notification, on 19 April 2006, the day before the first order was granted that I mentioned earlier. That again was a notification about the father with his surveillance equipment and scanners and not wanting police or staff into his house; that the house was untidy and infested with cockroaches; that the children were neglected. And it was said that that was substantiated.
- [16] It was then that the Department stepped up their intervention and took custody of the three older children, TB of course at that stage being an infant of only a few weeks of age.
- [17] When Ms Davies was questioned as to what was required to consider a notification to be substantiated, I have to say her answers were less than impressive. Perhaps partly due to the fact that the Act provides that the Rules of Evidence do not apply in these proceedings, the Department has developed a jargon of their own apparently without reference to any identifiable definitions for such terms. Whether a notification is substantiated seems to be a decision at the whim of the person dealing with the matter. The source of information is routinely not disclosed due to the obvious need to protect informers and this right to anonymity is enshrined in the

Act. While this protection has clear advantages to the informer, at the same time it also undermines the reliability of the information.

- [18] Unfortunately the attitude of the Department seems to be that if the Department considers a notification to be substantiated then the Court should accept the information as reliable without further question. Ms Davies provided no information whatsoever as to what checks or investigations were in fact undertaken to substantiate any notifications. A photo of an allegedly filthy kitchen would have been helpful. Failing that, perhaps a statement from the departmental employee as to their actual observations.
- [19] As far as the Court knows, the notification might, for instance, be based on no more than a phone call to the Department from a neighbour who bears a dislike to the parents for some unknown reason. Even more disturbing is the practice of outlining unsubstantiated notifications in the material in support of an application. If it is unsubstantiated, one must wonder what possible probative value it can have. Nevertheless the Department persists in providing details of unsubstantiated notifications to the Court.
- [20] The second worker, Mr Rasmussen, was asked what he thought the difference between unsubstantiated and substantiated was, he ducked the question by basically saying that was not part of his job and he did not know what the criteria was. But obviously he nevertheless placed importance on a notification if it was said to be substantiated even though he himself conceded he did not know what that meant.
- [21] Ms Sabatino, the worst of the three in my view, the most unreliable, vague and unimpressive witness, was asked what she thought the difference between substantiated and unsubstantiated meant and, extraordinarily she said substantiated means "obviously evidence to prove there has been harm done to the children." And that unsubstantiated means, "There's no evidence."
- [22] You could hardly get a more ridiculous set of definitions. She was not asked, "What about if there is some evidence, so that there is not no evidence at all, but there is not enough evidence to prove something? And to what standard is it proved?" She was not asked about these things and probably just as well, because her answers, no doubt, would have been nonsense.
- [23] Even more interestingly, what about a notification where not only is there no evidence to substantiate it but there is evidence to suggest that it is not true?
- [24] For instance, what about a notification that her house was filthy, the Department coming along and finding it spick and span. I do not know about any of the unsubstantiated notifications. As far as I know, the Department may have come along and found exactly that. I am not told. I am left in the dark. I am simply told it is unsubstantiated. It could have been a malicious, vexatious piece of information passed on to the Department. Why the Department would routinely add those matters into an application is nothing short of disturbing.
- [25] As I said before, it comes back to this business of no rules of evidence applying under the Act. The Department, in my view, adopts a cavalier attitude that whatever they like to tell the Court they can, even if they cannot tell you what it was based on.

- [26] To further demonstrate the paucity of evidence about these matters, the three witnesses I have just discussed were all at various times asked about the source of their information. Their voluminous affidavits and their oral evidence routinely made reference to "Departmental records" and "office records" and other such jargon. When they were asked about that, I think it was Mr Rasmussen primarily who told us all about it, it was said that the records are basically an electronic record, one cannot bring them along to Court because they are electronic and it is hard to get remote access to them. Why they could not be printed off in anticipation on an application to take four children away from their parents for the rest of the children's lives is beyond me. But the Department again says: The rules of evidence do not apply - just trust us. What is on our file and what we tell you is said on our file is reliable.
- [27] One might have thought they would have brought along the various statements and the notes from people who had first hand information, rather than continually relying on referring to Departmental notes. As Mr Balzamo, for the mother, pointed out with Mr Rasmussen and the others, their affidavits say the sources of information, which are not of their own personal knowledge, are deposed to in their affidavit. What rubbish. All they say is it comes from a file. They might as well say it comes from Queensland. That is not deposing of the source of the information. We need the name of the person. We need the dates that they saw these things. It has really no probative value at all.
- [28] In my view, if the case depended on the evidence of the three people that I have just spoken about I would have no hesitation in dismissing the application. I would have to be satisfied on the balance of probabilities under the Act that the children, based on that information, are in need of protection and I would not be satisfied anywhere near on the balance of probabilities. I am not going to simply swallow blanket statements by the Department that say to me - trust us, what we say is true but we are not going to tell you why we think you should trust us.

EXPERT OPINIONS

- [29] From the parent's point of view, unfortunately that is not the end of the matter. From the parent's point of view, in my opinion, they bent over backwards to co-operate with the Department by submitting themselves to all sorts of intrusive examinations. The father to a psychiatric evaluation. The mother to an evaluation by a neuro-psychologist and both of them to repeated examinations by social workers preparing social assessment reports. Those are very intrusive examinations. They did them voluntarily in the genuine effort to try and demonstrate their ability to take the children back and, unfortunately, in my view, what it has at the end of the day done is embolden the otherwise appallingly thin application case.
- [30] In hindsight, from their point of view, they would have been better off telling the Department to go jump in the lake and not submit to any examinations, because if the Department had come along with only their own material they would have been in trouble.
- [31] The reports that I do need to refer to are firstly the psychiatric report of the father, which was done by a Dr Prior in 2007.

- [32] I should just diverge at this point and mention that a matter was brought to my attention during submissions that I had not even noticed previously; again just to demonstrate some of the cavalier approach of the Department. On 7 April 2008, when the application for TM was filed, the application included a claim that "MB has not engaged in a full psychiatric assessment to date". The report addressed to the Department from Dr Prior, which contains a full psychiatric examination of the father, is dated 12 October 2007. It is a blatant untruth. The application also says "There is a domestic violence and criminal history". There is no criminal history for any domestic violence, which I will detail to some extent later on. There are other inaccuracies in it as well, perhaps not as glaring as those two but it again just goes to show the high handedness of the Department in their attitude to these matters.

PSYCHIATRIC ASSESSMENT OF THE FATHER

- [33] Dr Prior, in his examination, said this in his conclusions at paragraph 16.1:
1. "MB shows evidence of the following conditions, as defined by the Diagnostic Statistic Manual for Mental Disorders Fourth Edition, (1) Clinical disorders. Delusional disorder, provisional diagnosis. Asperger's disorder, provisional diagnosis. (2) Personality disorders. Personality disorder mixed type. Paranoid/schizotypal traits, provisional diagnosis".
- [34] He went on in 16.2 to say:
1. "MB shows evidence of psychological disturbance of a long-standing nature. He was an unco-operative historian. He refused to allow history to be sought from other medical sources. Consequently, this assessment is hampered by the lack of independent collateral information. However, it does appear that he had a history of contact with family services in his own childhood, attendance at a public school - a special school I should say, conflict with law, admissions to public hospital psychiatric units and current conflict with Child Protection agencies. He described a childhood and adolescence characterised by marked upheaval, breakdown of the family unit, rejection by his mother, possible neglect by his mother, childhood physical abuse, below average educational attainment, an inability to sustain paid employment and a long history of reliance upon Social Security.
 2. The diagnosis is uncertain and, consequently, I've nominated a delusional disorder, Asperger's disorder and personality disorder as provisional diagnosis. The evidence for Asperger's disorder relates to qualitated impairment in his social interaction with odd eye-to-eye gaze, abnormality social interaction, a lack of social reciprocity but less of the criteria B symptoms of restricted, repetitive and stereotype patterns of behavioural interests and activities".
- [35] He goes on – I am skipping some of his report:
1. "The evidence for mixed personality disorder, schizotypal paranoid relates to a pervasive pattern of social and interpersonal deficits with discomfort and reduced capacity for close relationships other than with his partner. He displays odd thinking and speech patterns with vague tangential and formalised patterns of communication. He shows evidence of marked

paranoid ideation, an inappropriate effect and eccentric behaviour such as that relating to surveillance equipment in his house and taping over his windows. He appears socially quite isolated and despite his assertions he has close friends, appears to be lacking in confidence other than his partner. The presence of ideas of reference for magical thinking is absent".

[36] Further on he says:

1. "There's clear evidence of a delusional disorder although MB was very guarded in the history that he would reveal and consequently some of his more paranoid ideas may be psychotically based. At this point there appears to be overvalued ideas about his current circumstances and conflict with the Child Safety Department. There's evidence of long-standing paranoid ideation, threatening behaviour, going armed in public, illicit drug use in the past. Those tend to support a diagnosis of a psychotic disorder. The prognosis of these diagnosis is that they are life long disorders".

[37] I should have said before I started reading from that, that counsel for the mother, who has also admirably assisted the father who is unrepresented, has been at pains to point out to me that I need to exercise caution in adopting what any of these independent experts have decided because of the fact that some of the information which they are decided upon, is the very information which I have already criticised. That is, the affidavit and other material from the Department which is not backed up by what would normally be regarded as reliable evidence.

[38] I accept his general criticism of that, and I think that is a point well made. However, I think that it is fair to say that even the father in his own submissions does not try to shy away from the fact that he knows he is a person with some problems, and finds it difficult to interact as most people do. I think he was very fair about that, saying how difficult his life is because of those shortcomings, and I do not mean that as any criticism of the father.

[39] As he said to me, it is very difficult in his life, because of the problems that he has, to get on with his life. I am sure that is absolutely correct. I think I can, on the balance of probabilities, be relatively comfortable with the provisional diagnosis – that is, I should accept the general thrust of what Dr Prior said.

PSYCHOLOGICAL ASSESSMENT OF THE MOTHER

[40] The mother was assessed by a neuro-psychologist, a Ms Anderson. Ms Anderson, among other things, performed a number of intelligence tests and came to the conclusion that the mother has an IQ of 64, which puts her in the lowest one percentile of the population.

[41] She said in the summary of her report, prepared in December 2008 "On this occasion SJ was referred to neuro-psychological assessment concerning difficulties encountered by the Department of Child Safety in relation to her parenting capacity. Concerns have been raised about both her intellect and mental health. On this occasion SJ reported a lifelong history of significant intellectual impairment and an extremely disrupted educational experience. In addition she's never formally worked and is in receipt of a disability support pension.

- [42] She's been in a relationship with her child's current father since the age of 19, and although they have recently separated she claimed that this had occurred solely because she thought this is what was required in order to re-obtain custody of the children. That is, she didn't feel or see any real need to separate from her partner.
- [43] The results obtained on this occasion are essentially consistent with what have been expected, given her lifelong history. On this occasion compared to adults her overall level of intellect scored in the extremely low range; first percentile IQ 64. She performed surprisingly well on memory tests, generally demonstrating average ability to learn and retain new information.
- [44] Difficulties were encountered, though, when required to mentally manipulate information; that is, think about information and all fit in her mind, than when required to plan or organise more complex data. She performed in the extremely low range on measures of abstract reasoning, but demonstrated basic planning skills on a more practical and concrete task. Information processing speed was in the border line to extremely low range. Academic achievement was also in the extremely low range."
- [45] She goes on to say, "It is my view these results are fairly consistent. That is her presentation and her history are suggestive of an individual with significant intellectual disability. Her ability to rapidly understand information presented to her is very poor. Her information processing speed is slow. Her concentration is very limited. Her ability to think of things in an abstract manner is extremely poor. It is very likely that the lack of responsiveness seen by officers may well reflect basic inability to rapidly process information and react to it.
- [46] In addition she demonstrated a very significant inability to think about problems in an abstract manner. This was demonstrated on a variety of tasks where she could not demonstrate a significant and understanding of social rules and ideas, and this simply reflects her intellectual disability. As a result her ability to perceive the abstract implications of situations is extremely poor, and this appears to be leading to some significant misunderstandings.
- [47] Her current perception of the situation is extremely concrete. That is, she has broken up with her partner for the only reason that she thought that that was what the Department wanted her to do in order to have her children returned to her. She was aware of the accusations against him but denied them, and really couldn't perceive in any abstract fashion the idea of protecting the children. This reflects her level of intellectual disability and would appear unlikely to change in the future.
- [48] It is very unlikely that the SJ will be able to function in a very independent fashion without ongoing supervision. Whilst she's very resistant to this her decision making is limited in the bottom one per cent of the population, as is her ability to conceptualise employment problems."
- [49] She went on to say that in relation to her potential to parent, "I would suggest developing with her very strict and concrete routines that are to be undertaken in particular timeframes. For example, 6am get up; 6.10 give child breakfast; 6.10 bath child, so that she can follow a simple routine in order to achieve what needs to done. She has demonstrated extremely poor ability to develop any novel situations to

problems as they arise. That is why I think she cannot be simply given a lot of options expecting she will be able to work out which one to use.

- [50] It is my view she will require quite structured and specific direction and training. A positive relationship also needs to be fostered with some kind of external agency to whom she should go when difficulties arise as she is unlikely to be able to spontaneously resolve problems."
- [51] A little later on she said, "Based on the available information SJ has presented with a lifelong intellectual disability." And later, "She has demonstrated on testing very poor ability to conceptualise problems in an abstract fashion and to anticipate consequences. She retains very little insight about her situation and the factors that led to it, and this may well be an ongoing difficulty despite her separation from her partner.
- [52] She requires concrete skills base training and quite a specific routine to be developed for her in order to assist her in managing the day to day needs of the children." And later, "She has limited insight and judgment and therefore will require ongoing monitoring if the children are returned to her."
- [53] That was explored to some extent in cross-examination with the witness and I suppose all that really can be said is that there was no exact list of what needed to be done by way of supervision or assistance with her, but the psychologist did not back away from the fact that it would need to be significant assistance.

CRIMINAL HISTORY OF THE FATHER

- [54] Before going on, I mentioned earlier that the Department had concerns about the domestic violence and criminal history of the father. I have already commented about the "notifications" of domestic violence, and my reluctance to place any weight on any of those. Referring to the criminal history, it shows that the father was convicted in 1998 and 2000 of some relatively minor drug offences, it looks like, because they resulted in fines with no convictions in the Magistrates Court.
- [55] In 2001 he was convicted of a trespass offence where he was fined a very small amount. In 2004 he was fined an even smaller amount for contravening a direction of a police officer, which is a minor charge, and also in 2004 he was convicted with no punishment for breaching bail. In 2006 he was convicted of assaulting police and obstructing police which occurred on the 20th of April 2006, no doubt when the authorities came to take the children away; and he was placed on an intensive corrections order.
- [56] In other words the only criminal history that he has for any violence whatsoever is the day that his children were removed from him. He has no history for any domestic violence. All we are told about in Ms Davies' affidavit is that "A domestic violence index indicates there were three incidents of domestic violence between 2003 and 2004" and she then goes on to give some details about alleged domestic violence.
- [57] The difficulty, once again, just as with substantiated and un-substantiated notifications is that the domestic violence index is not in evidence. Not only is it not in evidence, we were not even told what it is. We were not told who created it, what

it actually says, whether it is first, second, third hand information or anything else. It is useless, just like the notifications. So, there is really next to no evidence of those matters as far as I am concerned.

SOCIAL ASSESSMENT REPORTS – MS RATHBORNE

- [58] There are social assessment reports prepared by two people.
- [59] Firstly a Ms Rathborne, who actually prepared two reports. The earlier one I think is of no real assistance. The one that is being looked at by everybody with some degree of interest is the second one which was done in September 2008. To do that she interviewed both parents and one of the carers, the carer for TM. In fact, this report was really only prepared in relation to TM, so she interviewed TM's carer and she also interviewed Ms Sabatino, the departmental worker who I have mentioned earlier and who I was wholly unimpressed with. So, there was a limited number of people she spoke to in a relatively brief report comprising about 11 pages.
- [60] She eventually said that she would support reunification - I should have said she is a social worker of considerable experience. She said that the goal should be reunification between TM and the parents but that it was clear in her report that she thought that the mother would need assistance and she in evidence at the hearing said that she thought that the mother needed "very strong networks" to get on in the absence of the father and look after the children. She was talking about just TM, although she did say that her comments would apply similarly to all of the children. Also, she commented that the more children there are, the bigger the problems become, which is self-evident I suppose. It is easier to look after one child than it is four.
- [61] When talking about the very strong networks she said, "There are really three different sorts of networks that you can have: you can have social, which are basically friends; family or relatives; or supportive networks which are community/professional networks." She commented that her investigation showed the mother had little in the way of either social or family networks apart from the father, who had been distanced from her at the request of the department. Therefore she would have to rely on supportive networks provided by the community, which I will come back to later.
- [62] The reality is that whilst the children have been in care now for three and a-half years it does not seem too many community networks or supportive networks have been forthcoming at the instigation of the Department or anybody else. So, whilst she did recommend that the goal of the case plan was reunification it was prefaced on the understanding that there would need to be networks to assist SJ given her own personal shortcomings.

SOCIAL ASSESSMENT REPORT – MR THOMPSON

- [63] The further report was by a Mr Thompson, and I have made no secret of the fact throughout the hearing that I found Mr Thompson an impressive witness, and really invited counsel to talk to me about him more than anybody else, and I have not changed my mind about that.

- [64] Mr Thompson interviewed a large number of people for his report which was prepared in February this year. He interviewed the mother, the father, and the carers of all the children. There are three different carers. The two older boys are with one carer and then there is another carer for TB and another one for TM. He interviewed all of them. He also interviewed Ms Sabatino once again, and seems to have got a look at both social workers, and he interviewed a Ms McGregor who was a step-mother to the father from his teenage years for some time.
- [65] In addition, he had regard to a large amount of material provided to him by the department which included the affidavits from three people I have mentioned: Davies, Rasmussen and Sabatino; the report of Dr Prior; the report from Ms Rathborne; the report from Ms Anderson and other information of less significance.
- [66] His report is an extremely detailed report. It comprised more than 40 pages of reasons and, again, whilst Mr Balzamo for the mother has urged upon me that I need to be careful about the influence that the affidavit material which I've criticised was relied upon to some extent as was the oral information he received from Ms Sabatino, I still think I could take some comfort in some of the matters that he arrived at. I think it is necessary that I read a fairly large extract from his report to show that whilst he did rely on some of the material that he was given by the Department and told by Ms Sabatino, that he also relied on other material and primarily his own observations during his extensive interviews that I have mentioned.
- [67] I perhaps should also mention before I do that, that in his report he quoted what the step-mother of the father, Ms McGregor, had told him. And, whilst she is not a professional it is clear from what he says that Ms McGregor bears a great affection for the father and would do the best she could for him. I do not think anybody is suggesting anything different. I also think that, while it has not been explored in any great fashion, that we can reasonably assume that she knows him well, she has known him since he was a boy, as I said.
- [68] In paragraph 7.3.7 of the report Mr Thompson quotes his discussions with Ms McGregor when she was discussing the father. And, Mr Thompson says, she stated, "I believe MB would be a caring parent but I don't think he would be a responsible parent in his state of mind." She stated, "SJ might be able" - SJ, being the mother - "SJ might be able to cope as a parent if there were high levels of support in managing general household tasks and help towards care for the children". And then again quoting Ms McGregor, "They work as a team but MB definitely has to have his issues dealt with. MB is scared of medication, he's afraid of being doped to the level that he doesn't have control of his own mind."
- [69] She agreed that the mother and the father felt they had been ordered by the Department not to be in a relationship together if there was to be any hope of the mother getting the children back into her care, and that both the mother and the father had visited her together very upset and "beside themselves over these demands." He went on to say Ms McGregor stated that "I fear for both their mental health if they do break up because the only thing that's kept the SJ together mentally and MB to a certain extent is to have each other. They're not perfect but every time I've visited the home in the last couple of years it's been clean. That was their first hurdle because when they got depressed their cleanliness went down. They've said to me, 'Child Protection said all I have to do is clean up the house. The house is

clean, why don't they give back the children' so I don't think Child Protection has dealt with them very well."

- [70] Mr Thompson in his own conclusions at paragraph 10 in his report says this - and I should say he starts off discussing the fact that they are apparently separated, just to put it in context, that is that the mother and father have separated at the urgings of the Department. He says,

"It's evident to me that MB and SJ are still very much in a relationship. They may not be living together and they may have indicated they're not in a relationship, but I'm of the opinion these are merely practical necessities effected on their part to engineer the possible return of the children.

Neither parent was able to adequately relate the circumstances which brought about the end of the relationship beyond the naïve interpretation that this is what was required of them and nor was there any indication that either of them had taken substantial steps to begin a new life independent of the other. What I did observe were two individuals who, despite a series of personal disputes and chaotic relationship patterns, had demonstrated a clear pattern of devotion and trust of each other since 2000.

SJ was more adamant the relationship was over, but MB spoke of the relationship as though it was still a viable option and even discussed the possibility of what might occur if SJ was to get the kids back, if he complied with the Department's previous requests involving treatment for his condition and if he was then able to move back in with SJ and the children.

He sees SJ as having been manipulated by the Department into determining the only way she's going to have a chance to regain custody of the children was by ending her relationship with himself, but I don't believe they would have even contemplated ending the relationship unless SJ had been presented by the Department MB and SJ's allegation" - the other way around, sorry - "with this rather questionable option of having to decide between MB and her children but then still to be presented with an application for an order for the long-term guardianship of those children.

It is noted that Ms Jennifer McGregor also stated that both SJ and MB had visited her specifically to discuss the Department's alleged ultimatum that either MB leave the relationship or SJ has no chance to be reunified with the four children.

Whilst I understand the Department concerns regarding MB's mental health, the previous instability and the potential harm of the children delivering such an ultimatum to a mother with a severe level of intellectual disability who clearly doesn't understand the complex nature of the issues involved in effecting the return of her children, to chose between her children and what she still considers to be a supportive relationship would seem to be a rather brutal and ill-conceived strategy to socially engineer the end of the relationship.

If MB and SJ decided to terminate their relationship because they recognised some systemic instability or incompatibility or danger to either party or to their children because they developed such a genuine belief then the Department might have been able to work legitimately with such a situation. Instead, it is the Department who has apparently created the situation leading to the fraudulent break-up and now they're seeking to capitalise on that situation by using it to demonstrate MB's and mother's implied dishonesty.

But even with the best of intentions towards the children's future stability and frustration over MB's past behaviours it appears to me to have been a poor decision to attempt to manipulate this highly disabled and disorganised couple's relationship to the point they felt they had no other option but to fake its end only to be presented with an amended application seeking long-term guardianship, irrespective of whether the relationship ended or not.

If professional social work and human services provisions supposedly highlights the importance of equity and the importance of process then I'd suggest this situation offers an excellent example in which the utilitarian theory of the end justifies the means has been employed in a rather brutal fashion and an argument could possibly be made to frame this as unethical behaviour."

- [71] I pause to stop reading from the report for the moment to say that I could not agree more with what Mr Thompson has said. I hope that his comments and my endorsement of his comments are brought to the attention at the highest levels of the Department of Child Safety. I would urge counsel for the Department to ensure that a transcript of this decision is sent to the people who control these matters to make sure that this sort of thing is known about and addressed adequately.
- [72] Continuing on with the report Mr Thompson said, "The recent neuropsychological assessment of SJ indicate that she operates under a significant intellectual disability. I am of the opinion that with her current level of limited support and insight into her condition she would realistically need to have access to the equivalent of a trained, long-term support person to assist her to provide appropriate care for her four young children.
- [73] This report notes that while it is possible for SJ to be taught to progress through a series of routine tasks provided these were sequenced with prompt short intervals that realistically she has little capacity to carry out those tasks unless she was continually reminded. She would also have difficulty in anticipating or adapting her behaviour to any significant change in that routine, something that occurs regularly in rearing four small, unpredictable and energetic children, two with recognised behavioural difficulties.
- [74] In support of this observation I would note the comments of the carer of TB who stated that SJ would change the nappy at contact when reminded to do so, but would stop when no prompts were provided. It's also noted by the CSO in her interview" - the CSO I should say being Ms Sabatino - "that SJ on supervised contacts with TM had to be regularly prompted to pick up her infant daughter from the pram and

cuddle her, otherwise the mother was generally content to interact with the baby while she was restraining the pram.

- [75] I would also note that it was the report writer who had to alert both parents to the disappearance of TB from the interview room as they had not noticed her walk out of the room and into the public area of the office. I discussed the neuropsychological assessment with both SJ and MB and they both stated they disagreed with the results and stated SJ was merely a bit slow with her reading and writing and maths, there was nothing about her intellectual capacity that adversely affected her parenting ability.
- [76] Further, SJ stated she could not really say what it was about her parenting ability which had led to the original removal of the children, apart from the fact that the house needed to be clean and the Department had some issues with MB's mental health.
- [77] Since the removal of the children SJ has essentially developed no significant level of insight or accepted responsibility to alter her behaviour or parenting skills beyond attending those courses imposed by the Department in keeping the house clean. She sees herself as a mother who is ready and able to take on the care and protection of all of the four children despite the fact she is now apparently a single mother with no private transport, no significant social or family network and operating under a serious intellectual disability."
- [78] He goes on in his report to reach the opinion that the long-term guardianship is appropriate and desirable and that there is no less intrusive order that would be appropriate.
- [79] In evidence at the hearing he made comments during his evidence-in-chief that as far as support goes, and the likelihood of support changing the situation, that he observed that the older children had been in care for about three years by the time he saw the parties for the preparation of the report and that nothing had really changed.
- [80] He also made the comment that there had been a period of nine months he had noted where the parents had decided to cease contact because they were not happy with the arrangements, and that he thought that only went on to reinforce the fact that what had been the situation in 2006 was little different now and he could see little prognosis for it changing given that all that time had gone by and nothing really had changed.
- [81] He was pressed about whether - in cross-examination - if appropriate support was given she would be able to care for children and he said "Provided she had enormous levels of support and demonstrated insight" and later said that she could "perhaps" care for one child or even maybe two, but that three or four children would simply be too much to ask of her.
- [82] In other words, as I understood Mr Thompson's evidence, even with great support for the four children it was simply beyond her possible capabilities, and even one or two children would need enormous support. The problem of course is that the enormous support apparently is not available.

- [83] There has been no evidence led today by any party over the last four days of this hearing as to what support might be made available. I am not aware of any and, as we discussed during submissions, neither can I order any support if I did, for instance, allow the children to be returned to the mother.
- [84] As I said before, I accept that Mr Balzamo has a legitimate grievance that all of those reports from Prior, Anderson, Rathborne and Thompson to some extent - and particularly Rathborne and Thompson - rely on questionable information from the department in addition to their own observations and that therefore caution must be exercised in accepting what they say.
- [85] There might have been some room at this stage of the proceedings, if that was all there was, for that argument to triumph. That is, that I could not be satisfied on balance that the children would be at risk if they were returned to the mother or the mother and the father together. But that is not all - there is more.

EVIDENCE OF CARERS

- [86] In particular there's evidence from the current carers which I think is compelling as to the ability of the parents, despite their best efforts, to care of the children properly.
- [87] One bright point, if I can put it that way, as far as the department's handling of this matter goes - one of the few bright points- is that the two boys and TB have been with their same carers ever since they were taken into care in April 2006, which is unusual in my experience and refreshing to see that they have not been shunted around from carer to carer which is so often the case.
- [88] In other words the carers who have got the three eldest children are very familiar with them and have had them since they were first taken into care right up to now, and still have them, and they all have said - and so has the carer for TM who has had her since she was born last year - that they want to see the children stay with them on a permanent basis if the appropriate orders are made. So if I can draw comfort from any aspect of the case, there is a glimmer of it there.

MS SHELLARD - CARER FOR TM

- [89] The carer for TM is Ms Shellard. I suppose this looks not at what the situation was three and a half years ago; this looks at what the situation is now, that is what has changed in the last three and a half years to show that
- [90] SJ may now have reached a point where she is able to adequately care for the children.
- [91] In an affidavit sworn only a month ago Ms Shellard says in part - and I should say that TM goes to contact with SJ on a weekly basis, an hour and a half visit, and then comes back to Ms Shellard. Ms Shellard says, "TM will often come home from contact with no nappy change and her bottle often hasn't been consumed. TM often comes home from contact with a dirty face and her clothes that she is wearing are filthy. There have been numerous occasions when TM has been transported to contact and the parents have not shown up. At times TM would be unsettled after visiting her parents."

- [92] That is a very brief affidavit; it does not say a lot. It does not raise a lot of concerns; they are fairly minor matters, I suppose. It is part of the picture. There was no suggestion in any cross-examination of Ms Shellard that what she said is not correct.

MS McLELLAN – CARER FOR TA AND TJ

- [93] The other carers' information is much more concerning. A Karen McLellan has been the carer of the two older boys and her affidavit raises real concerns about their level of care at 2006.
- [94] She says, "When the boys first came into my care I observed the following: TA and TJ were extremely dirty when they first came into my care. They appeared not to have been bathed for some time. Their hair was dirty, they had dirty hands, feet et cetera. Their clothes were dirty and very worn. The fabric was quite thin. To the best of my recollection neither of the boys came with shoes. However, a pair of shoes was passed on to TJ from his parents which were approximately three sizes too small." And I am picking out pieces of her statement here, I am not reading the whole lot of it. "Neither of the boys could use a knife, fork or spoon, hence they could not feed themselves. They ate with their hands or waited for someone to feed them."
- [95] "TA was approximately four and a half years old and was still wearing night-time nappies and couldn't clean himself after toileting. TJ was approximately two and a half years old and was not toilet-trained at all, had no desire to be trained or inclination as to what to do in regards to toileting. Neither of the boys could speak. The only words they could say was 'Mum', 'Dad' and 'yum-yum'. They had no concept of routine, that is they didn't know what mealtimes, bath time and bedtimes meant or when they were meant to happen. They had no concept of boundaries and wouldn't listen or adhere to directions. Their gross and fine motor skills were virtually non-existent. That is, they couldn't kick a ball, hop, catch. TJ was constantly falling over for no apparent reason. TA has said" - and I should interrupt here to say that in evidence she explained that this was only recently that he has said this - "TA has said on a few occasions that Mum and Dad had remembered to buy food for breakfast and lunch but forgot to buy food for dinner. Hence they had nothing for dinner that night."
- [96] She goes on to say, "Since they've been in my care the changes that stand out on a daily basis are as follows" - and again I am selectively picking out the ones that I think are most interesting - "Anthony can now use a spoon and fork and is learning to use a knife. TJ still struggles a bit with a fork but is quite competent using a spoon. TA can now bathe himself by himself. TA talks constantly. TJ also talks constantly but is still hard to understand at times. TA no longer wears a nappy and toileting is great. TJ is now toilet-trained although does wear pull-ups at night. Both the boys are very active. They're motor skills are improving. Both of the boys can ride two-wheeler bikes, catch a ball, hit a ball et cetera."
- [97] "Both the boys exhibit challenging behaviours at times. It's noticed from the past that when there is no contact" - that is with the parents, if I can interrupt there again - "behaviours improved dramatically."

- [98] This witness also gave evidence at the hearing. She is an experienced mother. She has two natural children of her own, aged nine and 18, and therefore some reliance can be put on, in my view, her comments about the abilities of the children at their age being of concern. She has been there, done that with her own children.

MR HULAN – CARER FOR TB

- [99] There is then the carer for TB - Leslie Hulan and his wife care for her, but Mr Hulan was the only one who gave evidence and the only one who has provided an affidavit. He said in his affidavit - and again I am reading selectively - "TB arrived into our day care" - this is 2005 of course - "wearing a dirty, stained T-shirt that smelt badly and a baby wrap that appeared to have not been washed for some time and also smelt. TB herself was dirty. She had dirt embedded in the creases of her skin which took some time to remove with quite a few baths. TB had severe nappy rash which extended down the back of her knees and took approximately one and a half weeks to get under control. TB was initially having supervised contact by the Department of Child Safety with her parents. The visits did end up going unsupervised. Upon TB's return for these unsupervised visits, 90 per cent of the time she appeared not to have been changed. Her nappy was not only wet but was at times soiled. Her clothes, face, hands et cetera were once again 90 per cent of the time dirty when she was returned to our care after these visits.
- [100] My wife and I noted the dates when TB arrived home either wet or soiled. Some of these dates included" - and he then goes on to detail more than 20 specific dates between January and September 2007, and goes on to say, "This occurred despite the fact that Sandy and I provided changes of clean clothes and nappies for TB when she went on access visits. When TB first came to our care she came with no clothes. After a short time the parents sent a bag of clothes for her which I returned to the Department of Child Safety. These clothes were mostly size 2. They were dirty, stained, holey and some of them stank. They were also all boys' clothes.
- [101] After contact with her parents TB shows extreme bouts of aggression which can last for up to four days. She is extremely clingy towards both Sandy and myself. There's been days when she's refused to go to day care and was asked to go and sit in time out. She appears to have a fear of going in the car for days after contact saying, "No Mummy Daddy". Her sleep patterns are disrupted majorly to the point where Sandy would at times have to lay down with her for the most part of the night. It's noted that after contact TB says "No Mummy no Daddy, you my Mummy" to Sandy. It is only after Sandy agrees with TB that she is Mummy will TB begin to settle down.
- [102] TB does not ask to see her parents at all. TB has been a witness to bouts of aggression from her father in our presence. During this time she will turn her head and hide her face not making eye contact with anybody and not speak until such time as her parents have left the room (an incident at the Ipswich Hospital)."
- [103] All three of those carers were cross-examined and it was not suggested in any way to them that what they were saying was untrue. I have no reason therefore to doubt what they say is substantially true.

OVERVIEW OF THE EVIDENCE OF CARERS

- [104] What it demonstrates therefore is that if I disregard completely the evidence of the departmental workers, and if I have some reservations about the effect of that disregard of evidence upon the reports of Thompson, Rathborne et al, I am then still left with this independent and compelling evidence that the children in 2006 were in a sorry state, to say the least, when they were taken into care. And the whole picture is that it has not got any better.
- [105] Mr Balzamo urged upon me that during contact visits and so on it is an artificial environment and parents cannot be expected to perform to the normal level because of the obvious stresses that that artificial environment imparts. And I accept to some extent that that is true. We must not forget though what was said about the unsupervised visits with TB. There can't be much stress there – TB is dropped around to SJ's house and repeatedly comes back having simply not been cared for properly.
- [106] They are fairly minor matters of their lack of care. Not changing nappies. And no child is going to have great health problems if their nappies are not changed perhaps as regularly as they ought to be, one would think. But it is really a small window into the larger picture.
- [107] As I said during submissions it seems to me that surely any parent with any insight of any degree would know that their performance is being monitored during these periods and would strive to make sure that everything looked shipshape when the baby was returned back to the carers. On unsupervised visits in the mother's home where she is relaxed in her own home environment and really in the same environment to which it is proposed by the parents that the baby would now go to. If even during those visits the mother still does not have enough insight, without somebody standing there reminding her what she has to do with the baby, how could I possibly think that if the children were returned to her, all four of them, let alone one, that she would be able to look after them.

CONCLUSIONS

- [108] There is plenty of evidence now that the house is being cleaned for the last couple of years, as the stepmother said. But that is a house with just the mother living there. That is not a house with four young children in it. That is a wholly different matter. It would be nice if I could somehow order that various levels of support were given to the mother and I might say, from what I have heard, I would not have too many problems about the father going back and living with the mother. I think even though his mental health problems might pose some risk, there is no suggestion he ever physically hurt any of the children and I think everybody accepts that he provides a great deal of support to the mother, and no doubt some guidance to her. But even with him back there they would still need support. That is obvious when one looks at what the situation was in 2006.
- [109] The reality is there has not been any support offered or forthcoming. Whether the Department is simply holding off on that to make sure they get their order or whether the Department cannot provide it for financial or other reasons, I don't know, that is a mystery, but at the end of the day there is nothing I can do about that. The support simply is not available for one reason or another and I cannot order any support. As we have looked at in section 61 of the Act, I can make a variety of orders, but once I make a final order, what support is offered is up to the

Department. The reality is the Department has offered little support in the last three and a half years. They are not likely to suddenly change now.

- [110] I therefore reluctantly come to the conclusion that whilst I accept that the mother and the father love these children dearly and have done enormous things over the last three years from their point of view to show how much they love the children and to get them back, the reality is that they need support and the support is not available. And I think without the support four children being returned to this household would be an impossible situation and it would very quickly degenerate back to just as bad as it was in 2006, which is quite unsatisfactory for any child.
- [111] It is quite apparent therefore that in my view no less an intrusive order than long term guardianship can be made. Because to make an order for a less term, which is what Mr Balzamo has urged upon me, would only be putting us back in the same position we have been in for the last three and a half years.
- [112] How many times do we have to put the parents and the children through the agony of an order that lasts for a limited time with some glimmer of hope at the end they will get the children back when, in reality, nothing changes between the order in 2006 and the orders in 2008 and now the orders in 2009. It is really just being more cruel again, much like the Department was in my view.
- [113] And so with great sadness, given that the parents love their children so much, I am persuaded that on balance the children are in need of protection. There is no other appropriate order on less intrusive terms that I can make other than long term guardianship in relation to all four of the children.
- [114] I should have mentioned, it was not addressed in the submissions, that I have to be satisfied under the Act that there is no other person willing and able to be granted long term guardianship before I can grant guardianship to the Chief Executive. The various carers have put their hands up and said they would do it.
- [115] Prima facie therefore, the orders could be made with them. The difficulty with that though is that the father, and in a lot of ways I sympathise with him, as Mr Thompson said, has much rage built up in him. Contact would have to continue and I really think that given those difficulties that it is unrealistic for me to think that if the carers were given long term guardianship, real contact would continue.
- [116] What I want to make sure is that whilst the children will not go back to the custody of the parents, that both of them will continue to see their children on a regular basis. And I fear that if I gave guardianship to any of the carers that would quickly evaporate as the relationship deteriorated. Whereas the Department of course has much more material and methods at their disposal to properly supervise the contact. So I am satisfied that, again it is appropriate that the guardianship be made in favour of the Chief Executive rather than the carers.
- [117] In closing and I address this to the mother, Mr Thompson mentioned in his report that he feels very sorry about the fact that it seems to him and to me that the Department have for years given you the impression that all you needed to do was to keep a clean house and get the father out of the house and then there was a real chance to get your children back. And Mr Thompson has gone to some length in his report to say that somebody needs to sit down with you and explain to you the real

picture. And I'd like to try and do that now briefly if I may. And I don't mean this as any criticism of you.

- [118] The fact is that the information I've got before me indicates that you have been born with problems and you will have those problems for the rest of your life. That doesn't mean you don't love your children. It doesn't mean you don't do your best to look after your children. But what it does mean is you just don't have the skill to do it properly. It's like me being asked to be a race car driver. I'd love to have a go but I couldn't do it properly. I'd crash the car, even though I'd like to try, because I'm not a race car driver.
- [119] Some people are cut out to be mums and dads and some aren't. And it's very sad that you're a person who although you love your children, you don't have the skills to be able to do it. And I don't mean to criticise - I'm not trying to put you down saying that, I'm trying to say it to you so that you understand that it's not just a matter, and I'm very sorry that you've been tricked into thinking that if you had a clean house and made the father leave home that everything would be right and the boys and the girls would come back to you. Because that's never been the case. The Department has always known, I think, and we've all known, looking at the material, that you've got longstanding problems that could only really be helped by a great deal of assistance being given to you and that assistance has not been given to you. If I could give the assistance to you, madam, I would, and I would give your children back. I can't give you that assistance, I can't order anybody to give you that assistance. As I said before, it's with a great deal of sadness that I have today in this case to tell you that the children are now ordered to go into long term guardianship. I don't think I can say any more than that to you to express my condolences about what I've had to do today. It's been a very difficult case for me and I'm sure it's been a lot more difficult for you and the father.
- [120] And I thank you both for your patience and your good grace in sitting here throughout the four days, putting up with what's been, when all said and done, an exposing of a pretty disgraceful series of events over the last three and a half years by a Government Department.