

**QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY**

STATEMENT OF Queensland Health witness Ann Kimberley

I, Ann Kimberley of Gold Coast Hospital, 108 Nerang Street, Southport, 4215, in the State of Queensland, Child Protection Liaison Officer, Child Protection Liaison Unit, Gold Coast Hospital and Health Service solemnly and sincerely affirm and declare:

1. I am the Child Protection Liaison Officer for the Gold Coast Hospital and Health Service (GCHSS) being appointed to this position in March 2005, I live and work on the Gold Coast.
2. I work in close collaboration with the Child Protection Advisor/ Paediatrician A/Professor Dr Kerry Sullivan for the Gold Coast Hospital and Health Service.
3. Professionally as a nurse I report to Mrs Sandra Plowman, Director of Nursing and Midwifery, Family, Women and Children's Health Division at the Gold Coast Hospital Health Service.
4. The Department of Community Child Safety Services that the local Child Protection team supports are the Nerang, Labrador, Mermaid Beach and Beenleigh offices.
5. Prior to this appointment I held the positions of:
 - Nurse Unit Manager, Paediatric and Adolescent Unit, Gold Coast Hospital Health Service (June 1996 to March 2005).
 - Registered Nurse, Paediatric and Adolescent Unit, Gold Coast Hospital Health Service (June 1995 to June 1996).
 - Staff Nurse, Paediatric Unit, Jersey General Hospital, Channel Islands UK (June 1994 to August 1995).
 - Ward Sister/Registered Nurse, Leicester Royal Infirmary Children's Hospital, Leicester UK (January 1980 to March 1994).
6. I hold a Registered Nurse Certificate from Charles Frear School of Nursing and Midwifery (now De Montfort University), Leicester UK (1990); Registered Sick Children's Nursing (RSCN), De Montfort University 1993; and Batchelor of Health Sciences, Griffith University Queensland (1999).
7. This statement has been prepared with the assistance of and in collaboration with a number of staff from the Child Protection Liaison Unit and the Director of Paediatrics, A/Professor Susan Moloney, Gold Coast Hospital Health Services.
8. The Gold Coast Hospital and Health Service provides backfill for this role when I am on leave.

CHILD PROTECTION LIAISON OFFICER ROLE

9. *The purpose of my role, as the Child Protection Liaison Officer based at the Gold Coast Hospital Health Services (GCHHS) includes:*
 - Providing a high level of knowledge and leadership, development and the provision of child protection education and training for mandatory reporting of suspected child abuse and neglect for the health professionals who work in the Gold Coast area.

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- I work as part of a multidisciplinary team with other government and non-government agencies to collaborate across the Gold Coast. I coordinate clinical information and communication requests from other governmental agencies for children who are at risk or have suffered child abuse and neglect along with their family/carer networks.
- With the Child Protection Advisor I participate in forensic examinations of children who have allegedly been abused.
- I operationally assist with the management and coordination of the services provided by the Child Protection Liaison unit (CPLU), including human, financial and technical resources. Organisational/strategic planning to ensure that the CPLU continues to provide safe high quality, evidence based services in line with the regional and state national health policy and guidelines.


10. My duties and activities include:

- **Liaison within all areas of health** on the Gold Coast including Maternity Ward, Birth Suite, Antenatal Clinic, Paediatrics, Newborn Care Services, Emergency Department, Mental Health Unit, Community Child Health, school based youth health nurses, general practitioners and other private specialists and all other areas with inpatient and outpatient services within Queensland Health and private health sectors.
- **A consultancy role with all Gold Coast Hospital and Health Service staff** and local general practices, particularly in relation to their responsibility to recognise, respond and report suspected child abuse and neglect to Department of Communities (Child Safety Services), as per policy and legislation.
- **Provide advice/information and liaison between Queensland Health, Child Safety Services, Queensland Police and Department of Education** on child safety issues. This includes information sharing/gathering to ascertain the safety of children on a daily basis.
- I contribute to and attend the **Suspected Child Abuse and Neglect Team** meetings with other core agencies, (Child Safety Services, Queensland Police, Recognised Entity and Department of Education) in an information sharing consultative forum to address the complex needs of children their families and other relevant persons who are referred to the SCAN system. My role provides information to the SCAN Core members on health matters, acting as an educative resource giving explanations on health issues and how that will impact on the child and the family information. My role participates as proxy core member when the Child Protection Advisor is not available. Additional agencies are invited as stakeholders eg: Youth Justice, mental health clinicians, community youth workers (Youth At Risk Alliance) when they are involved with the families.
- I participate as the Child Protection representative on a combined **meeting bi monthly with Emergency Departments (Medical and Nursing), Queensland Police, Queensland Ambulance, Mental Health, Government Medical Officer, Security Services** who discuss/advise emerging issues within the emergency service areas within the hospitals.

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- I educate a **Duty of Care** for all child safety concerns at GCHHS orientation for new staff and for new nursing staff educate regarding mandatory reporting requirements.
- I assist with **chairing a bi monthly meeting with the Child Protection Liaison Officers for South East Queensland**, who develop Guidelines/Protocols for implementing in the various hospitals and health service areas in line with the Queensland Standards (supplied by Child Safety Unit, Queensland Health).
- **Peer support** by reviewing procedures/case reviews/working practices for other CPLO's and ensuring evidence based to develop professional competence. I provide psychological support through discussion and reflection on professional practice to my peers.

11. As part of my role:

- I have participated in **research** in collaboration with Queensland Police (CPIU), Child Safety Unit and locally at the GCHHS on child protection concerns in differing arenas eg: children found in drug lab houses, sexual abuse examination coordination, surveys on extent of knowledge within the Child Protection area with Child Protection Liaison Officers. These projects are in the draft form and are on hold due to the Queensland Health review.
- I have also organised and coordinated a **weekly meeting** with the Paediatric, Maternity, Antenatal Clinic and Newborn Care Unit social workers to update each other on any unborn baby alerts and to discuss potential concerning antenatal or postnatal, paediatric patients and families to ensure correct sharing of information.
- I attend the **annual Child Protection Liaison Officer Workshop** convened by the Child Safety Unit, for ongoing education, liaison, trouble shooting and showcasing each others research and expanded services.
- During **Child Protection Week** (September each year), I organise a display in the hospital foyer, Paediatric Outpatient Clinic and Paediatric Unit on safety issues for children and highlighting keeping children safe.
- I have attended the World Child Protection Conference in San Diego California to enhance knowledge and expertise in this field, to facilitate networking with peers not only in Australia but world wide. I also brought back and instigated education sessions for mandatory reporters from information presented.
- I worked with **CPLO's from the South East Region of Queensland** in developing a full day workshop for nursing and allied health staff on Recognising, Responsibilities and Reporting Suspected Child Abuse and Neglect in the context of substance abuse. This is part of the annual education that is planned for our areas.
- I initiated with **Paediatric Outpatients that fail to attend (FTA)** appointments are contacted if possible to ascertain reasons, and support for these families is given to attend as required. There is now a system to enable reporting any medical neglect concerns to Child Safety Services.

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- I have established that **Unborn Child High Risk Alerts** are entered onto the Queensland Health computer systems via HBCIS and eMR programs for the whole of the GCHHS, including the Specialised Emergency Department System (EDIS). This will flag these expectant mothers in whom there are Child Safety concerns with their unborn child if they attend any health facility for another reason. The social workers in Emergency Department, Maternity, Paediatrics, Newborn Care Unit and Antenatal Clinic specifically are informed so these mothers can be offered further supports or Child Safety are informed of their attendance should additional concerns be suspected.
- I arranged a **local database of all the Report of Reasonable Suspicion of Suspected Child Abuse and Neglect reports** to be established. This information enables us to generate statistics of numbers of harm type, ages of children, numbers of reports per month/year etc. This information is relevant to ascertain if the education is effective amongst the staff or further specific areas need targeting with additional education. This information is also fed up to Child Safety Unit (Qld Health) for their state wide statistics.
- I assisted in the **production of a Child Protection Guide**, which has been written by Child Safety Services, Queensland Health Child Protection CPA/CPLO's, Department of Education and Training, Child Protection Investigation Unit (CPIU, Qld Police) in collaboration with the Children's Research Centre in America. I helped facilitate the workshops that supported development and implementation of the guide.
- The **Child Protection Guide is currently being trialled** on the Gold Coast. It is available as a desk top icon on all computer desk tops across the GCHHS for all staff to access. This guide further outlines concerns and then gives definitions which allows staff to follow an algorithm which will advise them if a 'Report of Reasonable Suspicion of Suspected Child Abuse and Neglect is required to be sent to Child Safety Services.
- This is resource allows all staff to educate themselves as to whether:
 - a) A report is required;
 - b) A referral to community agencies for support to families who are in need of help rather than reporting to statutory agencies is required; or
 - c) A report is not required at this time, and they continue their ongoing contact with the family/ client documenting and observing if circumstances remain stable or further intervention is required.
- At this stage of the trial the guide is being received in a very positive manner as both informative and an educational tool.
- I have been covering the whole of the Gold Coast with education session for all staff to make them aware of this excellent resource and asking for feedback whilst it is still in the trial period. This commenced on the 31st Jan 2012 and will be completed on the 31st Jan 2013.
- I am also in the process of educating the Queensland Health staff in relation to the process of referral of families to ACT (Abuse Child Trust) for Kids for additional support when their concerns would not meet the threshold for reporting to Child Safety.

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12. As part of my role I have contact with all Queensland Health staff in hospital and the community setting. I also liaise with private hospitals in our region and advise/educate on child protection issues. General practitioners across the Gold Coast regularly contact the Child Protection Unit with concerns requiring direction on their mandatory reporting requirements and also the necessary medical treatment, and referral to our unit for examination if required.

- A copy of all the reports of Reasonable Suspicion of Suspected Child Abuse and Neglect for the Gold Coast are sent to our office. These are reviewed to see if Queensland Health should take immediate action.
- The outcomes from the Regional Intake Service are sent to our office, originally on a weekly basis, but this time frame has extended and some outcomes are taking up to three to four weeks. This time delay currently stops Queensland Health from appropriately reviewing the outcome and ascertaining if an ICM (Information Coordination Meeting) meeting should be called, or allowing a SCAN referral to be made from Queensland Health, as Child Safety would have completed their investigation and assessment in this time frame without collaborating with the SCAN core representative information. The numbers of SCAN cases are declining because of this delay in outcome feedback.

Scan case numbers (decreasing):

2008 = 557
2009 = 642
2010 = 439
2011 = 346

The numbers of reports (increasing):

2008 = 550
2009 = 556
2010 = 561
2011 = 693

13. Community agencies in our area are too numerous to document. At this time Gold Coast have a Helping Out Families initiative, which facilitates referral to government and non government organisations for support. ACT for Kids (Abused Child Trust) and the Benevolent Society along with the RAI Program (Referral for Active Intervention) are the agencies that we refer to and they in turn refer to the relevant supports for the families.

Declared before me at Gold Coast Hospital and Health Service, 108 Nerang Street, Southport QLD 4215 this 28th day of September 2012.

Officer signature: _____

Michael J. [Signature]

Name of witness: _____

EDWARD JOHN ANDERSEN

Qualification of witness: _____

JP (Qual)

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Michael J. [Signature]

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