

**QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY**

STATEMENT OF DR RHYS DAVID PARRY

I, **Rhys David Parry** of Mount Isa Hospital, Camooweal Street, Mount Isa, in the State of Queensland, solemnly and sincerely affirm and declare:

1. I am currently employed as Director of Paediatrics, North West Hospital and Health Service, Queensland Health.
2. I was appointed to this position in 2011, and I live and work in Mount Isa.
3. Prior to this appointment I worked as a locum paediatrician at the Royal Children's Hospital, Brisbane, in 2010, in General Paediatrics, Child Protection and Rehabilitation Medicine. My training in Paediatrics took place between 1993 – 2010 in Victoria, Tasmania, Northern Territory, Western Australia and Queensland.
4. My qualifications include: MBBS (1992, University of Melbourne) and FRACP (2010).

ROLE:

5. The purpose of my role, as Director of Paediatrics, North West Hospital & Health Service, is to oversee inpatient and outpatient paediatric medical services in Mount Isa and its surrounding communities.
6. My duties and activities include:
 - Responsibility for the Hospital's Paediatric Unit, including provision of clinical care to Paediatric inpatients and outpatients; support and supervision of colleagues, junior staff and students; rostering and administration duties.
 - Provision of regular Paediatric outreach services to surrounding communities including Bedourie, Boulia, Camooweal, Cloncurry, Dajarra, Doomadgee, Mornington Island and Normanton.
7. As part of my role I act as Child Protection Advisor, and I am the Queensland Health Core Representative on the Mount Isa SCAN team.
 - As Child Protection Advisor, I am available to support, educate and advise colleagues regarding cases involving possible Child Protection issues. At times I am required to take clinical responsibility for complex cases.
 - I work closely with and rely heavily on the assistance and support of the Child Protection Liaison Officer (CPLO). We meet on a regular basis to review Mandatory Reports submitted by Queensland Health colleagues from the North West Hospital & Health Service. Our aim is to ensure that optimal exchange of information and adequate medical follow-up has occurred, and to consider the need for referral to SCAN.
 - The CPLO provides training to all staff regarding legislative reporting requirements and expected standards of documentation. She also responds to requests for medical information from Child Safety Services according to Information-sharing legislation. It is my responsibility to provide any necessary support to the CPLO in these areas.
 - The Mount Isa SCAN team meets on a fortnightly basis. I believe the SCAN team members have developed an excellent working relationship, allowing effective collaboration between meetings when required.

Signature of officer



Witness Signature



8. As part of my role I have contact with a variety of health professionals, schools and other agencies and community organisations. These include:
- Local mental health professionals, i.e. the Mount Isa Child and Youth Mental Health Service (CYMHS), including occasional videoconferencing with the eCYMHS Child Psychiatrist, allowing joint assessments;
 - Aboriginal Liaison Officers and Health Workers;
 - General Practitioners;
 - The Royal Flying Doctor Service (RFDS);
 - Mount Isa Bush Children's Service (a local Allied Health service);
 - Centacare;
 - Mount Isa Special School – I visit the school on a monthly basis during school terms in order to discuss relevant cases, meet with carers and improve health care for these children;
 - Mainstream schools – I have regular contact with most of the Government and Private schools in the District;
 - The Education Queensland Early Childhood team, which provides assessment and early intervention for preschool children with identified special needs.
9. Positive outcomes resulting from recent development of our Service include:
- Improvement in outpatient service delivery in Mount Isa; when required we have been able to respond to requests from Child Safety Services for health assessments of children in care;
 - More regular Paediatric outreach visits to surrounding communities, with improved continuity of care and communication; the improved level of trust between Aboriginal communities and our service is a vital step toward optimal health care provision;
 - Development of acute and non-acute Telehealth services, which allows further improvement in communication, decision-making and follow-up;
 - Improved understanding of family relationships and cultural issues has enabled us to more effectively support local families through collaboration with relevant community organisations.
10. Enormous social difficulties continue to exist in our region and profoundly affect our children and families. These include:
- Widespread alcohol abuse, which leads to domestic violence, foetal alcohol spectrum disorders and emotional harm to children;
 - Complex family problems and social difficulties lead to poor school attendance and volatile substance misuse, often seen in children as young as 10;
 - High rates of sexually transmitted infections and pregnancy amongst young adolescents.

In this region, remote location, cultural considerations and discrepancies in standard of living combine to create a unique set of challenges. The magnitude and complexity of child protection issues place a heavy burden on clinicians in a region where recruitment and retention of staff is known to be difficult. Improved protection of our children requires a well-trained, culturally-sensitive and collaborative workforce. Professionals prepared to commit to this region require adequate support, resources and a continual process of upskilling.

Dr Rhys David Parry

Rhys Parry 5/10/12

Declared before me at MOUNT ISA this 5TH day of October 2012.



Kerri O'Lonnor JP Qual

Signature of officer

Rhys Parry

Witness Signature

Kerri O'Lonnor