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TRANSCRIPT
OF PROCEEDINGS

THE HONOURABLE TIMOTHY FRANCIS CARMODY SC, Commissioner

MS K McMILLAN SC, Counsel Assisting
MR M COPLEY SC, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 1) 2012

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

BRISBANE

..DATE 21/08/2012

Continued from 20/08/2012

..DAY 7

THE COMMISSION COMMENCED AT 10.02 A.M.

COMMISSIONER: Good morning, Mr Copley?

MR COPLEY: Good morning, Mr Commissioner. I call Cameron Ian Harsley.

COMMISSIONER: I note the appearances as yesterday. Yes, Mr Selfridge, did you want to bounce out of your chair for any reason?

MR SELFRIDGE: No, not at all, thank you.

COMMISSIONER: All right.

HARSLEY, CAMERON IAN sworn:

THE ASSOCIATE: For recording purposes, please state your full name, your occupation and your business?---My name is Cameron Ian Harsley. I'm a detective superintendent of police. I currently work at police headquarters.

COMMISSIONER: Good morning, detective superintendent. Thanks for coming. Yes, Mr Copley?

MR COPLEY: Thank you. I tender the statement of Cameron Ian Harsley which was sworn on 10 August 2012 and is 20 pages long.

COMMISSIONER: Thank you. Any reason why it shouldn't be published in its entirety?

MR COPLEY: No.

COMMISSIONER: Thank you. Exhibit 24, thank you.

ADMITTED AND MARKED: "EXHIBIT 24"

MR COPLEY: Mr Harsley, you state that you're the superintendent who manages the child safety and sexual crime group in state crime operations command?---That's correct.

And state crime operations command is an area of the police force that's under the jurisdiction of an assistant commissioner, isn't it?---That's correct.

And then above the assistance commissioner is the deputy commissioner?---That's correct.

And then the commissioner?---That's correct.

And you are the officer in the hierarchy who is immediately below the assistant commissioner on that structure, aren't you?---There's a chief superintendent between myself and the assistant commissioner.

I see; and does the chief superintendent have responsibility for the child safety and sexual crime group on a day-to-day basis or - - -?---For operational activity only.

Okay. Is that chief superintendent responsible for more than just the child safety and sexual crime group?---That's right.

So to all intents and purposes you're the man running that?---That's right.

Yes?---I take lead responsibility for that group as well as the coordination lead role and management of the child protection investigation unit throughout the state.

Yes; yes, so you're the state coordinator for all of the child protection and investigation units?---That's correct.

And they were once originally known as juvenile aid bureaus?
---That's correct.

And the child protection investigation unit officers investigate offences not only committed by children or by juveniles but also investigate offences committed on children or against children or juveniles?---That's correct. We also engage in investigation of technology facilitated crimes against children, the monitoring of sex offenders, the development of policy and implementation of training as well.

Okay; and you also hold the position of child safety director?---That's correct.

Now, that position was one that was created as a result of the 2004 CMC inquiry into foster care, wasn't it?---Yes, that's correct.

How long have you held the role of child safety director for the police service?---I was appointed in November last year to the role. Previous that I'd acted in the role for some two and a half years.

Okay. So bringing to bear the experience you've gained in the almost three years now that you've either held the role or acted in the role, can you explain to the commission what functions you perform as child safety director that you wouldn't already be performing as the officer in charge of the child safety and sexual crime group and as the state coordinator for all of the CPIU's?---The title of "Child Safety Director" is one which I've absorbed into the position of superintendent in charge of that group. There would be no additional role that I would not automatically do as part of that role, ie, the child safety director network enables me to engage with other government agencies to discuss policy and operational issues. If you took that

title away, I'd still undertake those functions anyway.

Right. Do you perceive there to be any benefit in you continuing to have that title?---I think there's a benefit in having the forum of the child safety director network or across government agency discussion group at senior level whether it has the title or not.

Right; and is the benefit that you're perceiving that such a role has is that it means that you know who it is in the Department of Child Safety or in the Department of Justice or in the Department of Education that you can talk to if there's issues that come up from a police perspective that you think they need to know about? Is that the benefit? ---Yes, that's correct, and also it provides a forum where across government we can implement policies or strategies that better address child protection within the state.

All right. So whether it's called that or not there is a benefit in having a person like you in the police that has a point of contact in other government departments where there's people there who perform a role similar to yours, that is, appointed to liaise with other departments about child safety issues?---That's correct.

Okay, thank you. Now, last week on 13 August there was a witness who gave evidence called Mr Bradley Swan who was or is the executive director of Child Safety Services in the Department of Communities, Child Safety and Disability Services. Do you know that gentleman?---Yes, I do.

Okay. I just want to ask you to comment upon the accuracy of his evidence in one respect and we may then explore the reasons, if it is accurate, for why it's accurate or not, but I'll just read it to you. He was asked - and for the benefit of other barristers and you, Mr Commissioner, I'm referring to pages 47 and 48 in the transcript of 13 August 2012.

Mr Swan was asked, "Are you aware of whether there has been some analysis of what's driving the increased number of intakes in Queensland since 2003-4," meaning children coming into the department's purview, and he said, "Certainly in terms of the increase in matters being reported the majority of those matters are coming from police. Health and education are our major reporters," and then he said, "And so police have a policy in place" - and this is what I'd really like you to focus upon - "to report all matters in relation to domestic and family violence. So there's a large number of matters that are reported to the department in relation to that." Then a clarifying question was asked, "Do you mean that if the police are called out on a domestic violence issue, if there are children in the household, that is raised with the department automatically?" Mr Swan said, "If there are children of the couple, then it's raised with a flag with the department automatically." Question: "That occurs regardless of any other features so it's not, for instance,

that the police have made an assessment that the children may be vulnerable and may in fact be at risk of harm. It's an automatic referral, if you like. Is that correct?" and he said, "Yes." Now, from your experience and knowledge, is that accurate, what he asserted last week?---If I could - yes, it is.

Okay?---Can I just go on to qualify that?

If you wish?---If you wish. Since 2005 the QPS has brought in a policy of recognition of children at domestic violence incidences. Our position has always been that children at a domestic violence incident - the fact that they're there is a risk factor to those children because often when police get called to domestic violence incidences, there's more than that one risk factor there, obviously some conflict going on in the home, so we brought in a policy where we refer matters to the Department of Child Safety where police attend domestic violence incidents where children are present. Now, the degree of the presence of those children could range from the child's involved in the actual domestic violence themselves or to being in a back room or may not actually be at the house at the time of the domestic violence incident. We put that on the premise that nationally most policing organisations have a domestic violence policy. Most policing organisations, apart from New South Wales and Victoria, do refer automatically to the Department of Communities within their state. The emphasis for bringing in that policy originally was identifying that those children at the domestic violence incidents - it's a risk factor for those children so the assessment of those children is very important. Now, we put that on the basis of if you look at section 5A and 5B of the act, the Child Protection Act, the best interests of the children's wellbeing and future should always be considered so within their own act it actually espouses that position.

Well - - -?---We've always taken the wider view of referral, or, I suppose, the minimalist view of making sure we refer, because it's not just the fact that a singular incident at a domestic violence incident may be a risk to the child, it may be an accumulation of police attending at a series of domestic violence incidences, and unless they are provided that information; section 9.4 of their act, I believe, talks about cumulative harm, it may be the case that it's an accumulation of a series of these incidences, because when we refer a child that has been present at a DV we also refer the DV history of how many times that child was present at that DV and how many incidents the police have attended to give them a concept of this is an accumulation effect. So for section 9.4 of their act to be actually enlivened you actually need to give that information for that assessment to be made. The other issue which stems from that is section 9 of their act talks about harm or significant harm. There's a threshold issue that's always in contention. The wording "significant harm", you know, each one of us in this room could apply a different definition to that word "significant harm". Our approach is we believe the police attendance at domestic violence incidents places it in that significant harm category. I would just add one further point, that we're looking at having a new domestic family violence act within Queensland next month. That act went through parliament in November last year and the actual definition under section 10 of the new act actually widens the scope of exposure of children to domestic violence. So the child doesn't actually have to be present at the domestic violence incident but it may see the mother who has a bruising from the incident or it may be the case the child sees the house in disarray after a domestic violence incident. So I would espouse that our policy position is a position in the best interests of the children within the state of Queensland.

Okay. Well, I'll just hand you a copy of the Child Protection Act of 1999 and just ask you if you could identify with as much particularity as you can the provision or provisions in section 5B that you rely upon for the policy that the police have adopted, just so that the commission knows?---All right. 5A, the paramount principle, is obviously one that was relied upon. It's a broad-based principle, however - - -

Yes, and just remind us what 5A says, please?---I'll read it for you, Mr Copley. "The main principle for administering this act is that the safety, wellbeing and best interests of a child are paramount."

Yes?---Then it leads on to 5B which state through from (a) through to, I believe, (n), and it will talk about a series of things. I won't go through each point but I - - -

No, I'm just wondering which ones - - -?---I'll just point out - - -

- - - the police particularly focused on?---I'll just point

out when we went through the act how the child's development, education, emotional state, health and wellbeing - - -

Okay, which provision in 5B is that?---That's (k) subsection (2) and also 5B subsection (b), "Primary responsibility for child's upbringing, protection and development," so the protection of a child by the family unit, and that relates to - if you look at section 10 of the act, "Is a parent willing and able." Most would say that most parents are willing to protect the child, but given the nature of domestic violence incidents the assessment of whether they are actually able to is the point of contention. Just off the top of my head I'll leave it at that with these sections.

Okay?---But we rely basically on the main principles, 5A and 5B.

COMMISSIONER: Subsection (c), just before you give it back, would also apply, wouldn't it, because it says the preferred way of ensuring safety and wellbeing is through supporting the child's family. So whether there's domestic violence within the family is a factor that not only puts children at risk but also would suggest that that family needs some sort of support, wouldn't it?---That's correct, commissioner.

Section 7, the chief executive's functions, I know it's not a principle, but 1(k) requires the chief executive to promote and help and develop in coordinated responses to allegations of harm to children and responses to domestic violence explicitly?---That's correct.

Well, he can't do that unless he knows what the level of domestic violence in Queensland needs responding to, can he?
---That's correct, and from the position that we've also taken is that whether it's one incidence or a series of incidents, the information or the knowledge of those incidences is required by the department to have a position on that or make an assessment of that.

It's an intelligence base from which they can develop policies to support families, intervene in families, keep an eye on families, lots of things, but do you expect them to investigate every instance of domestic violence you pass on to them as if it were suggestive of a child being in need of protection as opposed to a child possibly being exposed to some psychological or physical risk?---By no means do we expect a response to each child at a domestic violence incident. That response is a matter for their department to decide upon and take up. We are just merely supplying the information to that department, and as you rightly point out, in domestic violence incidents where the family is at crisis there is usually alcohol and drug abuse or some other factors playing out where a family being supported would reduce the risk to that child.

So it's just the factual matrix that you're adding to by passing over the information to them?---That's correct.

MR COPLEY: Now, apart from legislation which governs the police service, and of course the domestic violence legislation is an example of an act that has some impact on police operations, police officers are also expected to conduct themselves in accordance with what is called the operational procedural manual, aren't they?---That's correct.

Just so that we know, what is - there is in fact an operational procedures manual and has been for many years, hasn't there?---Yes, there has.

What is the statutory basis for the compilation of and the maintenance of the operational procedures manual?---We have the Police Service Administration Act where we must obviously maintain policing functions.

Yes?---So the operational procedures manual in essence gives a process of policy position for police to enact their obligations. I think, off the top of my head, section 7 of the operational performance manual specifically deals with protecting children. Within that - - -

Yes, but before we come to that, just so that we know, could you just identify the provision in the Police Service Administration Act of 1990 that's relied upon for the compilation of the operational procedures manual?---I believe it would be part 2, or section 2.3, "Functions of the service."

Might it not be somewhere around the fours?---4.12, maybe?

I think there's a section there that provides that the commissioner can do - under the commissioner's functions, that part?---That's 4.8.

Yes?---That's "Commissioner's responsibilities".

Responsibilities. What do they include?---"For the efficient and proper administration, management and functions of the Queensland Police Service in accordance with law."

Yes, and there's a section that says he can give directions, can't he?---Yes, that's correct.

Is that that section, 4.8?---It's 4.9.

Okay, just read that one into the record, please?---"In the discharge in prescribed responsibility the commissioner may give the cause to be issued to officers, staff members or police recruits such directions, written or oral, general or particular, as the commissioner considers necessary or

convenient for the efficient and proper function of the police service."

Is the operational procedural manual considered to be and treated as the commissioner's directions to police officers?---That's correct.

Okay, thank you. The act can be returned and when that's brought back I'll have handed to you a document headed, "QPS operational procedures manual, chapter 7.6.10, domestic violence involving children," and just ask you the perhaps obvious question, is that the part of the operational procedures manual that concerns - or governs how the police should respond to a domestic violence complaint where there are children in or about the house? ---That's correct.

I tender that chapter from the operational procedures manual.

COMMISSIONER: Thanks, Mr Copley. Chapter 7, is it?

MR COPLEY: 7.6.10.

COMMISSIONER: Of the QPS Operational Procedures Manual will be exhibit 25.

ADMITTED AND MARKED: "EXHIBIT 25"

MR COPLEY: Yes, thank you. There's a copy here for you, Mr Commissioner.

COMMISSIONER: Thank you.

MR COPLEY: And there certainly are enough copies, I think, for all at the bar table and we have one available for the witness as well. Perhaps he could have this one because it's been written on. Superintendent, we see the policy essentially captured really in the first paragraph under the heading Policy?---That's correct.

So where an officer investigating a complaint of domestic violence ascertains that one or more children, including any unborn child, normally reside with either the respondent or aggrieved and that child or children did not appear to be a victim of the offence involving harm to a child, the officer is to do certain things?---That's correct.

And the sum total of the things he must do is that it results in a report going to the Department of Child Safety?---That's correct.

Okay, thank you. Just so that we know, is that policy to be adhered to in all cases - - - ?---Yes, it is.

- - - or are officers entitled to exercise some discretion as to whether there's a need to report? I'll give you an example: for example, officers go to a house and it's in a country town where they're pretty familiar with everybody that lives in the town and they know for a fact that they've never before been to that house but they go to the house to investigate a complaint of domestic violence and the children that ordinarily reside in the house are away for the night and the complaint - whatever it is, whether it's pushing, shoving or throwing plates - is investigated. Does the officer have any discretion as to whether he makes the report that goes to Family Services in that situation? ---No, he doesn't.

He must make the report?---That's correct.

And that's the view that the police service takes?---That's right.

What would be the consequences for the officer if he, for example, just decided that he didn't think it needed to be reported to Family Services himself and so didn't make the report?---The policy itself is quite clear. Within our policies we have an order.

Yes?---The order outlines the prescript of activities the officer must undertake. So if the officer didn't undertake that activity he'd be sanctioned to discipline.

So he would face being charged before someone like an assistant commissioner?---Or it may be an administrative process, whatever's deemed necessary at the time.

Okay. All right. So the policy has the effect in fact of effectively being a lawful direction that each officer must follow?---That's correct.

Okay, thank you. What practical difficulties, if any, do police officers confront if they're called to a domestic violence incident late at night, either on a week night or on a weekend night at a house and there are in fact children at the house?---Yes. Often when police will attend - depending on the incident, of course - but the action of removing the respondent under the Domestic Family Violence Act is obviously always exercised where need be, so - - -

So that probably practically means that the husband or the boyfriend or the de facto husband is taken away by the police physically?---That's correct.

All right. Then what happens?---Well, then the officers undertake that process, additionally they will abide by this policy and provide that information to the department. If the child would appear to be at immediate harm then they'd take other action to ensure the safety and wellbeing of that child. Ie, if the mother was incapable of looking after the children, the father was removed from the house, then they'd obviously contact Crisis Care after hours to try and sort out the care and needs of the children and maybe placing them somewhere else.

So if we had the example the father is taken away to the cells, the mother is substantially intoxicated so that the police think she can't look after the young children in the house, do the officers then ring the department after hours and inform them of the situation so that they can come out and take the children and look after them, or what?---Ideally that's what they should do, they should contact the department and relay that information. If need be the officer themselves can officer power under the Child Protection Act and remove the children under a TAO - temporary assessment order - for three days. They can exercise that power if they wish to.

Where would you take them to?---We contact Crisis Care and we try and negotiate an accommodation arrangement.

Okay. Is Crisis Care a division of the Child Safety Department?---That's correct. That's its after-hours service delivery.

Okay. So it just wasn't clear to me that when you said Crisis Care, they were actually part of the department or whether they were some private organisation?---No, they're part of the department.

What sort of assistance does the Crisis Care section of the department offer in these situations?---For the last four years, I would imagine, it's been - we have a phone service only, so police will contact the after-hours child protection service, which is Crisis Care - contact them and usually seek information and negotiate a placement or negotiate if an order needs to be taken, whether the police take that order or whether the department is willing to take that order; arrange for the transport of the children to a safe place; or in some instances instead of exercising a statutory instrument we will try and negotiate a placement with a family friend. You know, if mother is intoxicated and grandma lives around the corner, then that would be a more desirable placement option at that point in time for those children.

Yes. You mentioned that in the last four years your officers have been confined to making a phone call - - - ?---That's correct.

- - - to this organisation. Are you meaning to convey by that that prior to four years ago there was some other service offered by Crisis Care that is no longer offered, or weren't you meaning to convey anything like that?---I'll just justify what I meant by that. Prior to that we had within Brisbane after-hours Crisis Care, we had officers available on the weekend and after hours that would work within the greater Brisbane area, but when we go out - - -

Officers, meaning police officers or child safety officers?---Child safety officers, I'm sorry - to work with police officers. For approximately four years now we haven't had that service, we only have a phone service. Outside of Brisbane it's always been a phone service. So if you were in Cairns at 1 o'clock in the morning you'd be ringing Brisbane to try and engage the department for some assistance.

Okay. What happened to the officers of the Department of Child Safety that were around after hours over four years ago to provide physical assistance and on-the-spot advice? What happened to them?---That service ceased, my understanding is.

Do you know why that service ceased? Were you told?---I couldn't answer that, no.

Okay. As the Child Safety Director for the Queensland

Police Service, have you made any - perhaps that's not the correct way to do it because you may not work this way, but I'll put it this way first: have you made any overtures or suggestions or submissions, or have you provided the basis for the Commissioner of Police to make such approaches to government or to the department handling child safety with a view to resurrecting that service?---It's been issue. I think it was brought out in 2004. It's been an ongoing issue. It's an issue that is often brought up between myself and the department at different officer level, and also when I get out to the regions with the regional Department of Child Safety officers; the issue of having an after-hours service that actually assists the police functioning. By that I mean often - if I was in Cairns and the police rang up Brisbane for assistance, the information stored within Brisbane will only be that which is on the corporate system. There may be other information and relevant factors around that child, especially if they were a child in care, that's being managed by the Cairns office that centrally here in Brisbane they wouldn't know. So the police in more remote areas often work in isolation of that information.

Yes. But I suppose what I really want to know from you is has the department - your service, the police service -made representations to have the Brisbane service at least restored?---I have at my level, yes.

You have, yes?---Yes.

And to whom did you make the representations?---It was Brad Swan. I brought it up with Brad Swan and I believe I brought it up with Deidre Mulkerin.

Okay. Well, we're hearing from her later today and we've heard from him. How long ago did you bring it up with Mr Swan?---It would've been probably 18 months ago.

Okay. How long ago did you bring it up with Deidre Mulkerin?---Probably two and a half years ago, I'd say.

In the case of Mr Swan, what was his response?---It was a resourcing issue, I believe, or there was other issues that I - for that department to deal with that they were made aware of, but I never really got a firm response.

Your representations to Mr Swan - were they written or oral?---No, they were oral.

Oral?---Yeah.

Okay; and with Ms Mulkerin, when did - you've already told us it might have been two and a half year ago. What response did you get from her?---It was a staffing issue, of course, and the broader issue about their ability to provide an after-hours service. It was something that they were trying to achieve but it was very difficult.

Were your representations to Ms Mulkerin in writing or just oral representations?---No, oral representations.

Okay?---I often have meetings with them on a weekly, sometimes monthly basis.

Is this in your role as the child safety director?---That's correct.

Okay. Would there be - for example, if we imagined that only this would be possible, I'll ask you to consider whether this scenario would assist. Would the department being able to make available an officer with a mobile telephone after hours and that officer also had access to the records which are presumably computerised in the regional areas - if that officer had a mobile phone and computer access to those records and if that was the limit of the after-hours service the Department of Child Safety could supply to the police, would that help?---It would. I see from most of the incidents coming through from other parts of the state the issue is also about creating localised partnership with that network and the responsibility and information sharing at that local level, so that system would certainly assist.

One might think that that wouldn't be a terribly expensive system to implement because, for example, if there were no incidents of domestic violence in any particular weekend, then the police service would have no need to call upon the services of that departmental officer after hours, would

they?---That's correct.

Now, in your statement you refer to the possibility provided for by section 14 of the Child Protection Act that the department is - well, not the possibility, the fact that the Department of Communities is required to notify police in relation to an event where harm has allegedly occurred to a child?---Yes, that's correct.

And you make some observations about the importance of timely notification and the point that you seem to be making there is perhaps one that would apply to not just the investigation of harm to a child but perhaps to a bank robbery or a break and enter of a house; that the more quickly or the speed with which the police are advised of a suspected offence, then the greater the likelihood that the police can discover and locate relevant evidence?---That's true and even more so when we're dealing with children because the quickest opportunity you get to interview a child to get a version of events will be the best evidence you can gather, hopefully, to inform the courts.

Yes, and also, leaving aside bruises which take some days to reach their full glory, the case is, isn't it, that if a child has suffered an injury, say, an internal injury or some injury to the genitals, the more speedily the child is taken to be seen by a doctor experienced in that area, then the more likely it is that the doctor can confirm that there is an injury or rule one out? Isn't that the case? ---That's correct, and also it's not just from a criminal perspective. It also gives the ability for police to hopefully intervene for the protective needs of the child as well.

Yes, and it would also, if the department knew about what the doctor's opinion was, assist the department in determining whether it needed to bring an application, wouldn't it?---That's correct.

Now, you state at paragraph 69 of your statement that over the past few years due to capacity issues - I think the next word should be the "CES" - the "CSS", rather, often assign a five or 10 day response to matters?---Mm.

Now, what do you mean by that?---Within the department they assign a 24-hour, a five-day or 10-day response to the investigation of matters policing because we wish to gather evidence and ensure the safety of the child. We don't supply a response time. We will get out there generally within 24 hours or 48 hours of the job coming in mainly for the protective needs of the child and also to ensure the freshest evidence is gathered. The department has given time frames for categorisations of investigations which they undertake so often the effect of that is that previously in years gone past we would have joint investigations with the department which I would encourage because it shares information. It also improves the quality of the investigation and better outcomes for

children, so if the response for the department is different to ours, obviously we would be going down two separate paths.

Yes. Now, just to enlighten us, you say the department has a 24-hour response or they have a procedure that certain alleged harms have to be reported to the police with 24 hours, within five days and within 10 days. Can you give us an example of the level of harm that the department is content to have reported only within 10 days?---Some of the sexual matters because the child is not in immediate harm. So some of the alleged sexual assault by somebody interfamilial, within the family, and perhaps not the mother or the father but an extended family member.

Now, if a child said, "Six years ago my grandfather digitally penetrated my vagina," then the fact that it takes 10 days for that to get to the police might not make a great deal of difference in the scheme of things, mightn't it?---No, it may not.

But if the child said, for example, "My grandfather did that to me only last week," a delay of 10 days could be a delay that might result in evidence being lost, mightn't it?---Yes, and the decision about the conduct of the police investigation and timeliness of it - if we're given the information, that's the decision of the investigating officer of police. So if I was notified of a matter, it may be the case that I will decide to undertake an investigation straightaway that day.

Yes?---I should not be deprived of the opportunity of undertaking that investigation at the earliest opportunity which I wish to choose.

But can I posit this to you to consider: do you detect that the department does discriminate in the sense that the complaints that come into you after a 10 day delay relate to matters that might have occurred years ago, whereas complaints about something that happened very recently to the child in the preceding week or two fall within the 24 hour or five day notification? Is there a discernible difference from your point of view along those lines?---I think the issue which I struggle with in my role as talking to the CPIU's around the state is the consistency of that. Some matters are 10 day responses, some are 24 hour responses, so there is some inconsistency in what information flow comes to us.

So depending upon which particular child safety region the information comes from, there's an inconsistency about what might take 10 days to be reported as opposed to five days in another region?---Yes, and if you look at 14(2) of the act, it provides an obligation on the director-general of the department to notify the police commissioner. It doesn't actually put a time frame to it, I believe, if I look at the act. It's just an obligation to report to police but the more timely that report is, obviously the

more advantageous it is for policing.

Well, section 14(1) says:

> *If the chief executive becomes aware (whether because of notification given to the chief executive or otherwise) of alleged harm or alleged risk of harm to a child and reasonably suspects the child is in need of protection, the chief executive must immediately (a) have an authorised officer investigate the allegation and assess the child's need of protection; or (b) take other action the chief executive considers appropriate.*

Then subsection (2) says:

> *If the chief executive reasonably believes alleged harm to a child may involve the commission of a criminal offence relating to the child, the chief executive must immediately give details of the alleged harm to the police commissioner?*

---That's correct.

So you said it didn't specify a time but it does specify immediacy, doesn't it?---That's correct.

And, of course, was is immediate and what can be achieved immediately would depend on all the facts and circumstances, for example, on Christmas Day the CPIU, for example, might not be operating but, generally speaking, I would suggest to you that "immediately" would mean within the next working day, within 24 hours. Would you agree with that?---That's right. We have people working on Christmas Day. We can respond each day of the year.

All right. I didn't mean to get your hackles up about that?---No; no.

COMMISSIONER: I suppose you have got a force of 10,000 staff, haven't you?---That's correct.

MR COPLEY: See, it could be, for example, that people would assert that the police service gets - it gets all the resources. It gets the money and the budget so that it can protect the community and so it's very easy for the police to be there all the time but not so easy for the department, but just on this point about the timeliness of notification, have you made representations as the child safety director to the department about your perception about either the inconsistency in reporting from region to region or about the length of time it's taking them to report certain matters to the police service?---It's been a common issue that's been raised many times with the department. It was an issue that was around in 2004 in the Protecting Children Inquiry. It as an issue that was raised by police back then. It maintains to be an issue that continually gets raised. The child death case review committee I think in one of the reports - it might have

been 2008-2009 - raised it as a service-delivery issue. So it's a well-known issue within the system.

Okay. Well, now, you gave an example of what might take 10 days to be reported. What sort of harm or level of harm might they leave for five days before reporting?---Well, I would only give you a speculation answer and I wouldn't want to mislead you there, but I would - from what I hear around the state it's very dependent on where in the state the notifications are coming from. We would look at some instances and, of course, we want to know about everything immediately, but what they apply a five and the rationale behind that is a matter for that department.

What sort of level of harm do they report within 24 hours?---Usually the child is being subject to a serious sexual offence. There is an issue with immediate danger to the child by a parent or some other person and there is usually probably multi-complexual issues with the notification, ie, the father is violent. The mother is unable to protect the child. There are some issues with criminality within the family.

It may be that in fairness to the department though their perception of how serious a situation is in a family might be affected by what the mother of the household reveals to the department, mightn't it?---That's correct.

In the sense that if the departmental officers visit and the children look and seem okay and the mother asserts that there is no problem and doesn't make any disclosures to the department, then, of course, the departmental officers might just accept that at face value, mightn't they?---They may, yes.

Now, you mentioned the child death case review committee and you sit on that, don't you?---Yes, I do.

Yes, and that committee examines the Child Safety Department's handling of any child that it had contact with within three years of the child's death?---That's correct.

Yesterday Ms Fraser, the commissioner for Children and Young People and Child Guardian, conceded that in cases where a child met with an obvious accidental death such as being hit by a car on the way home from school, then there may not be any particular advantage in the child death case review committee continuing to review the Child Safety Department's handling of that child?---Well, I'll give you my opinion of the child death case review committee as a member.

Yes?---That would be that there is on occasion some value in looking at the service delivery of a child leading up to the death. The death may not be related to the service system itself, but it gives the child death case review committee an opportunity to look at the service deliver prior to that and some of the issues that come out of that

and those issues are predominantly service-delivery issues for the department. They on occasion raise issues for other departments which we refer matters to for their consideration. So I think there is some value in, I suppose, looking back in hindsight of a service leading up to the death of the child. Whether the death of the child is related to the service system or not, there is some issue - some benefit in looking at the issues leading up to the child's death.

So is your view that no matter what the immediate cause of death is for a child the committee's role should continue to be performed in the way it has been performed?---Well, I can't speak on behalf of the committee. I can speak - - -

No, I'm just asking you for your perspective?---From my opinion if you look at other jurisdictions, they have reduced the time known to the department. In Victoria it's six months known to the department.

Yes?---In other jurisdictions they've also looked at if the cause of the death was, as you say, an independent accident and the department had very little involvement with the child, then the reviews aren't done. So it's a matter of the review criteria to be, I suppose, modelled at what you want to achieve out of the process.

Well, if you had the opportunity to tell the commissioner what you thought should be the criteria, are the present criteria sufficient, too broad, too narrow? What's your view?---My personal view is the criteria is broad. There is opportunity to actually reduce the criteria, ie, a child that, as you say, had a traffic accident may be in foster care or in a care arrangement, but the department hasn't had any active involvement for some time, two years, for not just a period of time but limited involvement. It may be the case that there would be very little value out of doing a review on a matter like that.

At the moment - correct me if I'm wrong - is the child death case review committee obliged to look into these deaths and the department's handling no matter what level of contact the child had with the department in the three years prior to death?---That's correct.

So would you suggest at least that the provisions that govern this committee could be amended to give the committee some discretion as to what it looked into? Is that what you would be at least calling for?---I think that's a matter for this commission to consider.

Yes, but it's a matter that you might have an opinion on which might assist the commissioner in coming to a conclusion if he is in any way interested in this as a matter that he wants to make a recommendation about?---Yes, I think if you looked at the criteria as it is now, you could go down the track of Victoria and tighten the terms up or your could be more specific with your criteria.

More what, sorry?---Specific with your criteria.

Yes?---That would reduce the amount of reviews you would have to do. I would imagine from - my own opinion is those service delivery issues would be teased out or come through that process anyway if it was reduced. So if you were to review 1000 children or if whether you review 100 children you would probably find the issues would be teased out in both groups. So numbers is not an issue, it's the issues that come out of the review.

So you're suggesting that whether it be 1000 or 100 there might be a commonly arising deficiency?---That's correct.

Okay?---And you should focus on the deficiency, obviously, not the numbers.

Thank you. Your service trains its officers in interviewing techniques with children?---That's correct.

Does your service offer that training to the departmental officers who deal with children?---That's correct. We've had a joint training model in place now for quite some time.

Are there any difficulties that your department encounters, or are you aware of any difficulties that child safety encounters, in sharing information between themselves and your service, perhaps even on the level of the technology that you use, the information technology systems that are being used?
---Well, certainly from my point of view, if I look at the operational service delivery system is that the timeliness, the accuracy and comprehensiveness of sharing information is essential in child protection and that information should be, I suppose, wholistic in value. By that I mean police often will hold a little bit of information, a child was at a domestic violence incident, a schoolteacher will hold a little bit of information, the child is disruptive at school, comes to school with no lunch or whatever, and then the local health care provider may provide some information that the child was treated for unexplained bruising or whatever. If we were to look at the information in a siloed approach it probably would not mean much, but within child protection I think the trick of it all is to have a wholistic view, get all that information and then take action if need be. So the trick is, I suppose, how do we gather than information at the service delivery issue, how do we share it? At the moment there's a lot of - a manual process. We all have different systems. I think it's not about creating another system, it's about trying to better share the systems we have.

Well, just for example, if there is a - if a child has come to the attention of the police service as possibly having been harmed by domestic violence, does the service have any capacity or any ability to access Department of Health records to see whether indeed the child has been seen by a

doctor or a nurse for something like unexplained bruising in the preceding six or 12 months?---No, we don't. Likewise, if the child is a child in care we haven't got access to that information either.

Can you ask for access to it or can you ask to be provided with the information?---We can ask the department. We can't - we can information share with health professionals and the Department of Education.

Yes?---I think 159 of the act allows us a fairly broad context of how we can share that information. It's perhaps the logistics behind that.

So can it be summed up this way, that you can indeed get the information, but you just can't do so by tapping something into your computer to thereby access their computer to look at the information?---That's correct.

So that the fault of the present system might simply be that it takes a bit of time to put the request in for the information, for the request to be considered, for the information to be gathered and then for it to be sent back to you?---That's correct.

Now, the SCAN teams still operate, don't they?---Yes, they do.

You've been on a SCAN team since when?---I was a SCAN member back in the nineties, myself, in Logan, and then as an inspector I was on the SCAN sub-committee and I did a review in 2007, 2008, I believe, and they're, I suppose, been a constant process that I've either been involved in its management or somehow monitoring its activity.

Yes. Now, you say in your statement at paragraph 47 that about 18 months ago the SCAN team interagency policy was rewritten again and in essence the policy became more restrictive in its nature than inclusive and you say, "By this I mean the police restricted matters of notification assessed by Child Safety Services to only those that needed multi-agency responses"?---Matters that make a notification by the department and require multi-agency response, yes.

So by that do you mean that what happened was that only matters from 18 - as a result of that review 18 months ago, the only matters that got discussed at a SCAN meeting were those matters where they might have required involvement from police, health and education?---And made a notification threshold, yes.

Has that been a sensible change to the SCAN teams to allow them to deal with an increasing workload, do you think, or - - -?---Well, it's restricted the numbers. By example, the SCAN teams that we operate within the Brisbane area, I think some 18 months ago we had over 400 files, the police did. I think we're down to 84 files now, so it's obviously had an effect on the workload.

What was the thinking behind making the - restricting the number of matters or the range of matters that could get to the SCAN teams?---It was the - there was an issue with workloads within the department and restricting the process so we weren't overloading the SCAN system.

Now, which department had an issue with workload, yours or - - -?---No, the Department of Child Safety.

So since that policy has been rewritten do the SCAN teams perform, in your role now - do they still perform a valuable role or have they been marginalised?---My opinion is they've been marginalised. If you were to look at the act at the moment, 159, maybe J, I think it might be, it talks about, you know, assessing the protective needs as well as the child.

Yes?---Where at the moment I suppose that process is being done, it's a notification, and it's - the value-adding that other professionals may do around the table may be limited.

Yes?---Then the other issue which I had when I did the review in 2007, 2008, and the issue which worries me from my position at the moment is if you look at 159K, I think it might be, we've always looked at the outcomes. So if you make recommendations of a SCAN team, is it actually achieving outcomes that a child focus is benefiting? So how do we monitor and ensure that that is happening? Otherwise we would have a system where we're not having too many outcomes out of.

COMMISSIONER: So you mean that the SCAN teams, because of their interdisciplinary make up would add expert value to the assessment of the child's ongoing need as well as - - -?---That's correct. My assessment of them is often health professionals are a very rich source of information about child protection needs, so they value add. So I think the process itself is one if you widened it, it may value add to that assessment issue.

MR COPLEY: No further questions.

COMMISSIONER: Thanks, Mr Copley. Did you have any questions?

MR SELFRIDGE: Yes.

COMMISSIONER: Yes, when you're ready, Mr Selfridge.

MR SELFRIDGE: Yes, thank you.

Detective superintendent, judging by the responses to questions that have already been posed to you, you have some familiarity with the proceedings and the issues that have come before the commission thus far?---Mm'hm.

Yes, so you've managed to access some of that perhaps

online, the streaming of - - -?---That's correct.

Yes, okay. It's just to see how familiar you are with issues that have fallen before the commission previously, in the last few days. In terms of those things, if you like, you're aware that some of the issues that - recurring issues relate to mandatory reporting and uniformity of reporting?---That's correct.

I'd like to focus on those issues, if I can, for the time being, and ask you a few questions about those. I know you make reference to them in the course of your statement, paragraph 48 in particular, and 49. Talking about the concept of mandatory reporting, you're obviously aware that across those four entities, health, education, QPS and Department of Communities, they have a different reporting procedure?---That's correct.

Different legislative obligations and mandates, and as I understand, from a QPS perspective under the broad umbrella of significant harm there's a policy and a direction in relation to how your officers would respond to that significant harm?---That's correct.

And make a report to the department, as such. When I call it - when I say "the department" I'm referring to the Department of Communities?---Mm'hm.

Are you a fan of a uniformity of reporting so that you're all operating from the same template, as such, those four entities? Are you a fan of that?---I think we've always struggled with the concept of a uniformity way of reporting and under section 9 of the act it says, you know, "Use the terminology 'significant harm'."

Yes?---We've all gone away and written policies and taken a varied view of that, and then we've tried to adopt policies, or not so much the police but other agencies, or tried to have decision-making tools to help with some uniformity. My view is that the legislation, as it does in some other states, needs to be more descriptive.

So there's obviously - in statute under section 10 there's a definition of a child in need of protection, as such, and it defines suffered harm and suffering harm in section 10 sub (a)?---Yes.

Then sub (b), the department has reference to that and regard to that, about a parent being able and willing. Is that a useful standpoint if the commissioner was minded to seek a uniformity of reporting procedure? From your view is that a useful starting point?---It is.

Coming back to the original question, and I know there's been interpretations adopted by the various agencies in relation to what defines harm and what you should act upon, act and protect children here in Queensland, but are you a fan of that uniformity of reporting?---I think that you

either have - you have to have a uniform approach and then that approach also has to consider the other agencies' activity to that uniformity. By way of example, a police officer at 1 o'clock in the morning at a domestic violence, that's significant here.

Yes?---It's all significant. So from a policing point of view we fit that criteria.

If we could move forward then. Accepting the premise that all that information, particularly domestic violence in relation to yourself and your officers, is important information in terms of children's protective needs. There would have to be some sort of centralised point of information as such if we were going to proceed on that basis, wouldn't there? There would have to be somebody collating that information, being responsible for that information, so that - cumulative risk and those issues that flow from that?---Yes. The central point or the central repository of information is obviously desirable. The other advantage you get if you centralise information is you also remove from just a reactive response to be able to identify through the information proactive responses.

Yes?---So in the policing world, yes, we have reported crime, but we have intelligence findings too.

Yes?---Intelligence leads us to proactive policing activity instead of just having a reactive response.

You talk about proactive policing. You talk at paragraphs 37 and then again at 57, and if I could just stay with that theme, because that centralised - because obviously the two of those concepts fit and marry, glove in hand, in relation to a gathering of information and intel, if you like, storing that information and using it in a proactive fashion?---That's correct.

Can you bear with me for one second? You talk about IT systems that the QPS currently engage at paragraph 59, ANVIL, Australian National Victim Image Library and the like. How difficult - in layman's terms for the commission, how difficult would it be in terms of the systems that you already adopt and incorporate IT-wise would it be for something - model, something like this, to be engaged by all those core services?---Well, I'll just - ANVIL is Australian National Victim Image Library, which is attached to CETS, which is the Child Exploitation Tracking System which nationally police will be using.

Yes?---That same system is used in the United States and Canada. It's a product that's free of charge to policing by Microsoft, and that system provides police with an ability now to proactively target people as well as know where the reaction work is going to be coming from. So in the child protection work within the state a system that allows you to do that would be advantageous. It would be advantageous not just because we have a central repository

of information but I've heard much about a secondary system in child protection. We could spend a lot of money with secondary systems. In Queensland the geographic challenge of having secondary systems around the state is something that in my opinion is a concern.

Yes?---But if you had a system that allowed you to do that, when you invest in targeted activity where you knew the families that were going to come into the child protection system and invest the money in targeted activity before you moved on to a universal system - - -

So am I to understand what you're saying in effect is that by investing at the front end, front working, as such, you're saving in the longer term both in terms of children's welfare and financially?---That's correct, and the idea of proactively targeting a family, I suppose, because within the police agency, we have, of course, repeat calls for services to addresses and, you know, child protection issues come out of that. If you were to invest and target those families, for want of a better word, and wrap some support around them, then you would not only reduce the cost of the child protection system but the bi-product is hopefully you will stop repeat calls for service for other agencies like policing.

COMMISSIONER: Detective superintendent, I take the point that you make, but as you say in your statement, the current child protection service, or what's called the child safety service within the department, is really notification reaction based; that is, the chief executive's power to intervene depends on being aware of harm, which is a significant detriment of one defined form, and the absence of a viable parent. So although the information you pass on to him about domestic violence and families who are prone to it or affected by it would be very helpful if his remit was to actually engage in targeted secondary services or prevention or early intervention, does it really help you when section 10 says if you have a suspicion based on information that a child is exposed to harm, you've got to do something? I mean, it gives him information he perhaps really doesn't need to fulfil his tertiary intervention function, doesn't it?---I'll perhaps answer it the best way I can, Commissioner, by this: if we talk about a tertiary system and a secondary system in isolation then you'll only ever have a reaction response from the tertiary system. From my experience of 20 years of doing this type of work is these children and these families often float between the tertiary system and the secondary system, and it may be a point in crisis over a few months where they may float up into tertiary. A lot of activity occurs, maybe a statutory intervention by some means, but then they'll float back down to that secondary system. So I think instead of we talk about a tertiary system and a secondary system, we perhaps need to talk about it as a continuum. At some point in time that bar is probably a matter for your consideration or government, is at what point does it fold into that system?

We'd have to redesign the system, that's all. What I'm saying is that the current system is based on reaction to notification - - - ?---That's correct.

- - - when a child is in need of protection?---Yes.

And that's defined?---Yes.

It's not for the chief executive to say, "Better go into that family now. Better put on a cape, fly into that family, because I can see it's going to be in lots of trouble next week or next month because of the information the police have provided." He can't do that. It seems to me that at the moment what's happening is when you report to the department it, in its annual report, reports an exponential increase in notifications, right? It doesn't do anything with them except to say, "Well, 80 per cent of those weren't any good to us in the tertiary system because they didn't meet the threshold and it creates tension between the two departments" - - - ?
---That's correct.

- - - without actually helping any one single child. So I wonder if the answer may not be somebody has to be the secondary intervention. At the moment the current child protection system is not designed to do it, although the department seems to take the approach that, "Well, we better do something because everybody else in the world seems to be doing it and it's all across the government," so they have taken it upon themselves to put in some programs. But if you look at the act and how it is designed, it is purely tertiary. That's because it was probably conceived in a period of time when nobody had ever heard of prevention and early intervention or universal services or how they interacted. So were at a point now where we have to work out, "Your intelligence information which has value in predictive and pre-emptive action is to the department just another notification I have to do something with and I don't have the resources and I don't even have the remit to do anything with." So I wonder instead of you reporting to them, could they just plug into your system, you know, subject to confidentiality and things like that, and see who is in your system; they do it in reverse? So when they need to plug in to look at family X because we've got a notification does cross the threshold or we have to work out whether it does, in our assessment process will plug into the QPS information database and we can see that they have actually been the subject of notifications, reports, intelligence, whatever, 16 times before but none have been substantiated, and on the basis of the aggregation of harm principle maybe we will now assess need of harm? Would that be a better way of doing it?---It would be in my view, yes.

And could it be done? Is it possible for the electronics to work so that they can get in and plug into the QPS in a dedicated area of your intelligence database?---I have a limited knowledge of the IT system, Commissioner. However,

I'm led to believe it's all possible. Deputy Commissioner Stewart is much more IT-savvy than I and I think he would probably be more helpful to you in that way.

Okay. But do you take the point, do you see the departments point where they say, "Well, because of section 10, once the chief executive becomes aware" - which he would if you send him some family violence data - he's got to do something. But in 80 per cent of the times where he reacts to the information you send, he finds it doesn't cross his threshold?---Mm'hm.

So he's wasted the time and money from her point of view in finding that out. So what the department and Mr Swan was saying was two things, "Grateful for having to have access to your family violence data, because it is all intelligence and does help us in our assessment process, but we'd like to plug into it when we need it rather than you telling us that we should do something about it or something with it; or just putting it on my lap and then with got to work out - a bit like the dog that caught the car, now you've got it what do you do with it?" So there's that complaint from the department. The other complaint is there should be a filter. "QPS up pretty well qualified to be able to work - they know what our threshold is, they can work out whether it's going to cross the thresholds or not, that got access to the cumulative database information, why don't they just send us" - again we are talking about the current system, not a new wheel, just the wheel with got - "why don't they just send us notifications or reports that they think are likely to cross the threshold and that will invoke my powers and responsibilities, rather than sending me all this information that they really know I can't do anything about except having to tell people in my annual report that notifications have gone through the roof but substantiation is have stayed pretty much stable"?---I suppose the issue with that, Commissioner, is - one is you run the risk of agencies siloing information, so in lack of assistance and support, the sharing of information, you end up with a silo of information. The other issue is at what point in time does it become a cumulative (indistinct) and for policing - which our core business is policing activity - is how do we then - I suppose with all the other responsibilities and training that we have our CPIU officers do - built the capacity to actually do the assessments? I think - - -

Just a filter, I think they're talking about. It doesn't have to be spot-on and doesn't have to be of the same level that they would do, it just has to be a little bit discerning. Instead of saying, "Here's everything we've got, it's over to you now." It's the difference between you forcing information on me and me getting access to the information you've got that I need. Do you see the difference?---Yes, I do, I do. And I think the essential thing there you touched on is the system to allow that to happen.

Yes, because when you give me information - say, a piece of paper - you've got it and I've got it. You've got a bit of paper and I've got it, so we've got to bits of paper with the same information on it and we both have to store that paper somewhere?---Somewhere, that's right.

So why not just have one central repository that I can plug in so that I don't duplicate the storage or the system? ---I'd agree with that proposition wholeheartedly.

If we could do it?---If we could do it.

Yes. Will ask the deputy commissioner if we can and whether he'd help fund it.

MR SELFRIDGE: (indistinct) should ask some questions with Mr Copley in relation to the domestic violence responses in the Queensland Police Service and the officers in particular. You made reference to certain parts of the legislation, section 5A, section 5B, et cetera, some other, section 7, et cetera. Section 5B, if I can just take you back to that, in terms of the general principles, and you relied on subsection (k) and subsection (d) and you refer to subsection (c), but subsection (a) in itself is pretty straight on point, isn't it, a child has a right to be protected from harm or risk of harm?---Yes - - -

You'd agree with that?---I'd agree with that, it's picked up in 5A as well.

Yes, absolutely. Okay. Just on that same point, on average how many domestic violence incidents on a weekend basis would be Queensland Police Service react to respond to?---I couldn't tell you that.

COMMISSIONER: Your domestic violence, information you pass over, is that based on the definition of domestic violence in the act?---Yes.

Yes, so especially with the new amendments that's going to cover everything from yelling at each other to serious bodily injury, isn't it?---The new amendments have widened the scope of the Domestic Family Violence Act.

Almost to an unrecognisable point?---Yes. The other point I just make with the domestic violence referrals is your figure of 40,000 referrals, but there are many re-referrals within that, so the actual numbers of referrals is not 40,000, it may only be 10,000, but we've had a re-referral rate.

You know when you broaden the definition, do you think there is a risk that sometimes it becomes so broad that it all-inclusive and it actually defeats the whole point of discriminating between what's violent and what's not or what's tolerable and what's not?---Yes, I - - -

Do you think there is a risk of that?---I do and I see it

in the Domestic Family Violence is one act for encompassing now and the danger with all these acts the definition is too wide and non-specific, therefore the effect on the service delivery arm, for us to have to do policies and try to put that in place becomes unmanageable.

If you say domestic violence is a risk factor and I'm in the business of assessing and managing risk, but if you define domestic violence so broadly it's a bit hard for me to work out how high that risk is because it goes from looking sternly at someone to seriously hurting them. And where do I find the risk in that if all I've got is family violence, which could include any number of things, report? And then one of them - there's really very little risk in one and a very high risk, unacceptable risk in another, but it's hard to find between the two streams which one I've got in this particular family?
---And the other issue with it is it is unpredictable. One incident could be highly risky but it may be a series of incidents that caused the risk in the end of harm.

Yes?---So there is, I suppose, that quandary that sits under your argument too.

Yes, it's a bit like why they brought in those roundabouts, they increase the number of accidents but reduced the severity; or you take the risk of having one or two very serious ones, and sometimes you opt for the other. It's better to take - risk isn't just the event happening, it is also the consequence of it happening, isn't it?---That's right.

So insurance companies, when they assess risk they say, "Well, how likely is that to happen, an earthquake in Brisbane? It's not very likely. I mean, the consequences of it happening would be very serious but we are going to bet that does not happen because it doesn't happen very often." In Wellington, however, you might get lots of little earthquakes but only one in every 100 years will it be catastrophic, so again you'll take the risk of it not happening, but then build in the fact that when it does, it is very serious?---And I suppose when we put that in a child protection environment yes, the risk is likely but what's the outcome likely to be if we talking about harm to a child? So what level will we accept is risk to a child?

The act says the risk has to be unacceptable. It doesn't tell you what that looks like?---That's right.

But it will be unacceptable from the point of view of that particular child, not unacceptable from the point of view of children generally, could it?---My opinion differs somewhat in that - and this is probably the quandary we have with the act, is some of the definitions are sometimes hard to understand. We all put a different value to them. My issue with child protection is yes, if there's a risk there, what is the likely outcome of that risk? If that likely outcome is a poor outcome for children, as in a

physical or sexual risk, well, it is unacceptable to me.

The family dynamics are so different, are they? In one household you have mum and dad argue every second day. They yell at each other every second day and there were four kids in the family and they're used to hearing it. The damage to them may be cumulative and it may be unacceptable, but to everybody or some section of the community or it may be acceptable to others, they say, "You get gradually used to it." Other people say, "You can never get used to that. You should never be subjected to that." These are all value judgements that are put on, largely based on our own experience from our own families; and then you've got the other one, they're very quiet and passive but then Christmas Day every couple of years there's a big blow up. That may do more harm to the children because they're not used to it, especially when it's not just yelling, it developed into something a little more serious because family A gets these out but family B suppresses theirs until there is a big volcanic eruption. They're all different but one may be more damaging than the other and it may not be the one that everybody would ordinarily expect. So don't you have to take it from the point of view of the kids? In working out how much risk there is to them and how much harm has been done to them, don't you need to find out from the kids themselves what it is doing to them?---That's correct.

Is there a process of doing that?---We don't interview children involved in domestic violence but obviously for other activity, you know, criminal investigations, we interview the children. It's the observations that are made of the impact on the child, so often the officer will say the child was crying or tucked away in bed or cowering at the kitchen table.

That's observational?---Their observational only but in the policing context trying to then have all our police interview children at a domestic violence incident at 10 o'clock at night, probably a practicality that would be hard to overcome.

What do you report: reports of domestic violence; attendances at domestic violence; proven domestic violence?---All of them. Each time we attend a domestic violence and we attach the information on the police action at the domestic violence, so if the father was removed or the mother was removed and what actually happened, whether there was a criminal act related to the domestic violence incident that the police are taking action against, we would report them as well.

When you report the third one, the proven one, does the department know that this is the third in a series of reports with escalating severity, or does it think this is a new report?---When we do the reporting we attach the previous reports of the DV to that other report. So when you look at the report it will say, "Police went there on

this occasion, this was an outcome, and previously police have been there three times in the last week." So we attach that historical data or information to it.

If I was a risk manager what value would I be advised to put on an unsubstantiated allegation of domestic violence or - well, first of all an unsubstantiated allegation of domestic violence; what value could I put on that in terms of assessing risk?---The issue for police assessing it is we would be assessing in isolation. We haven't got the information the department's got so for us to assess it, it would be flawed because the department may have other information, and being the lead agency it would be in a better position to do that assessment. Policing, doing an assessment of children - and this was an issue in 2004 protecting children - that assessment of children is a very specialist field and it's one that we don't have any expectation that police will undertake.

Okay. Again, with domestic violence often you get the experience where there are agreed orders but no admission as a liability. That is - I'm not even sure that there is scope for it in the act if you look carefully, but it seems to be the practice that somehow you can resolve these things by saying, "Well, I'm not saying I did it but I'm willing to abide by the orders as if I did, especially on the basis that if I didn't do it the orders can't do me any harm because they're not stopping me from doing something I wasn't doing anyway." What the value of them to a risk assessor?---I suppose you can probably look at it, it is uncontested information, or what value you place on it would be at best and information report, perhaps.

Yes. So at best wouldn't it be, so far as we know from what is proven, is that the event didn't happen, someone said it did?---You could take that view, yes.

It wouldn't help me much if I was a risk assessor. Are there any - I used the example before of Christmas Day - is there any period of the year the family violence, domestic violence, gets worse?---I think around the holiday period certainly because family spent more time together so there's more opportunity for conflict.

Familiarity breeds contempt, it is true, is it?---Perhaps may be true. And then from experience, you know, it's usually a Sunday night incident around the state, you know, the end of the weekend, things have come to a head, start of the new week. There are some peak times for domestic violence.

When would they be?---Well, as I said, Sunday nights, perhaps, at the end of the weekend, week's coming. Maybe a Friday night, the week's ended and dad's gone to the pub a few beers after work and come home. So there are some peak times around family lifestyles, I suppose. And as you pointed out, of course there's Christmas periods. That's only my opinion. I haven't got the data to back that up.

Somebody more informed than me could probably say that.

But that accords generally with your experience as well, I suppose?---Yes. And traditionally is always after hours will stop you know, it's a 10 o'clock night or one o'clock in the morning. They never seem to happen Monday to Friday, 8 to 4.

That's because that's when we are working. Maybe we should model our work hours in some professions around when things happen, like when are there in case they do, a bit like firefighters, they are on duty all the time in case - because they don't know when the fire is coming. Anything arising out of that? Sorry, you were still going.

MR SELFRIDGE: Thank you.

COMMISSIONER: Carry on.

MR SELFRIDGE: I'll be about another 10, 15 minutes.

COMMISSIONER: Shall we have a break, then?

MR SELFRIDGE: Yes, perhaps.

THE COMMISSION ADJOURNED AT 11.34 AM

THE COMMISSION RESUMED AT 11.45 AM

COMMISSIONER: Yes, thanks, Mr Selfridge?

MR SELFRIDGE: Yes, thank you, commissioner.

Superintendent, before we broke for the adjournment we were talking about domestic violence incidents and when they spike as such and peak, whichever. Just so we're clear I will just clarify one point. The Queensland Police Service's response to a domestic violence incidence - when you were talking to the commission just now, are you referring to all responses and all those responses that QPS deem reportable as such?---No, for the child protection A(5)(ii), the policy that we discussed earlier today - we only refer to the department where a child is present or normally resides with one of the people aggrieved or the respondent.

So when there's a known child?---Yes, a known child. We don't send the department all the DV's we go to.

Okay?---It's only those involving children where children may be at risk.

Okay. The next point then: if the Queensland Police Service are required to attend upon an alleged domestic violence incident and they attend upon those premises and there's no domestic violence incident, as far as they can tell, the officers can tell, would you then report that even if there was a child present?---No.

No?---We wouldn't because it would become a non-DV call, only if there's another incident that comes to our attention about the child, but if it was a no DV, then we wouldn't report that either.

So that would be recorded within your system as a no DV call?---That's correct.

Right. So it's not all attendances as such that are reportable at the department?---Mm.

Okay. I was on a theme of statics, you might recall, and I asked you a specific question, "On average, how many domestic violence incidents on the weekend or out of hours" - we'll call it out of hours - "do the Queensland Police Service attend?" and you stated that you didn't have that information.

Is that information readily at hand?---I don't know whether it's readily at hand but it may be something that could be sourced.

Okay. So you could use your best endeavours to see if you could access that information?---I will make an effort to source that information.

Okay, thank you.

COMMISSIONER: Detective superintendent, there's a question that I wanted to go back to before the break. I was asking you about peak points, you know, spikes, days. You said Fridays, Sundays, holidays and usually there was a sort of common pattern in Australian lifestyle that might underlay that; for example, going to the pub at the end of the week or having had a weekend at home with the family or an intensive period of time with the extended family, for example, over Easter and having a few drinks at the same time might unearth smouldering tensions or something or other. Do you does the police service take that into account when it's doing its rostering and its resourcing and say, "Well, look, in this area we know from the past on Friday nights there's often domestic violence complaints or events so we better put on more people for longer hours there, but we know that over here in suburb X we don't have a history of that or a pattern of that"? Do you do that sort of process?---Yes, I just recently managed the Oxley district, policing district, and that was about making sure the resources of the rosters were done to cover community activities or peak calls for service times such as Friday nights. So we would roster practices to try and accommodated those peak periods of time.

So that when you say they were out of hours, they might actually be within police hours because you roster and resource around them?---That's right.

But if you're operating a 9.00 to 5.00 department, it might be out of hours for you?---That's right.

I think at the moment the out-of-hours service for the department is what, a crisis line, a telephone line, hot line?---That's correct.

Do you know if there are any 24-hour responders attached to that line from the department?---By "responders" you mean people that actually leave the office and go out?

Yes, and rescue a child at harm or that qualifies for a child in need of protection under the act?---No, I haven't seen that in Brisbane because predominantly they were in Brisbane for, as I said previously, about four years. My child safety sexual crime group here in Brisbane at police headquarters will often transport children needed to be taken into care to foster carers. There is no service that comes out and assists us with that process.

That might be obviously resource driven or budget constraints, but would there be scope for outsourcing it to, say, someone like the police department or off-duty police or someone like that as special?---I think outsourcing it to a service - I wouldn't see the police because, as it is now, investigators I've got around the state are often tied up for their shift doing activity

which I wouldn't say is core investigation activity.

Core police?---And then the detriment for that is, you know, the criminal process doesn't occur and also, you know, it's not a policing function but you make a good point. If we had a service that would do that and engage in that activity for us, it would actually be beneficial not just to the policing service but I think it's more beneficial to the child itself because one of the issues that is always of concern is policing having a role in society and we do our best but we may not be the best people to be taking a child out of a home and then placing it with a foster carer and trying to communicate that to that child.

The uniform could be a barrier?---That's correct, and I don't think it's perhaps child friendly.

Not one of the caring professions by - - -?---I think we do a very good job, commissioner, but I think it perhaps could be done better.

Yes. In Canada, for instance, all the provinces actually outsource to private - to non-government even the investigation and assessment of harm; not only caring but also the investigative and protective actions as well. I'm not suggesting that that's something that might happen here but I'm open to all suggestions, of course. I just wanted to hear your views. Is your experience that it would be helpful if you did have a first response or a quick response to situations of family violence where there were children or a child in harm and in need of protection as a result?---I think it would be a good outcome for the child and it may actually be a cheaper option than what we have now having police engage in that activity.

Of course, under the act police, as well as authorised officers, that is, child safety officers, have the same functions, powers and responsibilities under the - you have responsibilities under the Child Protection Act as well as your own legislation, don't you?---That's correct. Under the Child Protection Act we have the powers of entry to have contact with the child and removal of the child. It's one of the acts - as you know, the Police Powers and Responsibility Act has been trying to amalgamate all those powers.

Yes?---Yes, in previous years I would support - and we've been having that conversation with the department - to help, I suppose, generalise those powers so all police are aware of them. It would make sense to put the powers out of the Child Protection Act within the Police Powers and Responsibility Act so they would become more familiar with policing and it's not just specific to the CPIU and the knowledge of that act and it also is in line with amalgamation of police powers and the PPRA so it would make sense.

There's special provision, for example, a police officer going into a schoolyard and, subject to certain conditions being fulfilled, taking the child for safety reasons? ---That's correct, yes.

So do you negotiate who does what with the department or do you basically leave it to the department to exercise all the powers under the Child Protection Act even though you're specifically referred to in it?---Well, we're specifically referred to it and, you know, from a working point of view if the department has to exercise a power of entry into a dwelling or something, it will always call upon the police to do that power and that work. So they exercise the power to a limited standard and it falls back on police. It's usually a negotiated response that, you know, "We need to speak to the child. Mum and dad aren't engaging. We need to get in the house and check on the child." Take the police along to do that.

What about assessment orders and things like that, temporary assessment orders or interim assessment orders? Do you take the action or do you leave it to the department?---We usually are engaging with the department through the service, after-hours service, but if need be, the police will take a TAO, a three-day order, and, you know, we often do take a TAO.

And then what about the care of the child when you have taken out the three-day order?---Then we're onto the department after hours to try and negotiate a placement for the child. So inevitably the taking of the order, the TAO, is really relying on the department facilitating a process because all we're doing is an application before a magistrate after hours.

You're just rescuing?---Yes, just doing the front-end work, but the actual care and needs and the follow-up assessment of that child and the decision whether that temporary assessment order then under folds into a more substantial order is a matter for the department.

And is there any tension in your experience between police expectation for a particular child and what the department actually does; like, is there a difference in views as to whether a child is in need of protection or not?---Yes, there is often.

How are those difficulties resolved?---Usually - well, I encourage the local level to engage in the conversation because a lot of the issues about the conflict is an understanding that, you know, often police won't understand the department's perspective and likewise the department doesn't understand the police perspective. So you usually find it's a communication issue and on the rare occasion the disagreement gets escalated.

So do you need a mediator then?---A mediator of sorts.

When you say "on the rare occasion", is that a fair reflection of it? Is it a problem or is it not?---I think there's a lot of - there's often conflict or different views and, you know, some people may see that as a negative. I actually see it as a positive because those differing views, as in SCAN processes and out in the regions actually lead to robust discussion and some reasoning why one department has got a view and one department hasn't got a view. So if there was complete agreement all the time, I'd be worried so I think it's a healthy thing and I think it's also a learning experience.

You wouldn't say that the relationship - how would you describe the relationship between the - the operational relationship I mean between the two departments?---I think the operational relationship - in most parts of the state child safety officer do a fantastic job and the CPIU officers, you know, often praise them and work in well with them, you know, so on the whole I'd have to say it's a healthy relationship at that operational level. Unfortunately when we get up to other levels when we have policy discussions, it becomes more robust.

Right. What are the outstanding policy issues between the two departments that have become so robust as to not be able to be resolved yet?---Well, I think over time in the last 18 months, two years we've been working on those issues and I think one of them is, you know, the referral to a secondary system or to a tertiary system, some of those issues that we've discussed earlier today, and in some ways that discussion has probably led to some good ideas so I don't see it as a negative because otherwise we go along with an idea that may not work down the track and some of those discussions, you know, the referral of police to a secondary system, for example, "Well, where's the legislative basis for that? How would that work?" you know, the problems behind that and having another agency understand those issues. Likewise we've got to understand the agency. I fully understand, you know, their workload commitments and their engagement level is an issue for them and, you know, somewhere in between hopefully we meet new ground and I think, you know, of recent times we've had the child safety director network. We've got the Helping Out Families initiative in Logan to trial something like that to see if that process works. So I think that's probably a good example of healthy, robust discussions that were had some years ago.

What's your involvement in helping families?---We have a liaison role. I sit on a group and we do the assessment, but as far as far as referral to the Helping Out Families at the operational level, we don't do referrals. We still refer to the department and let them do the assessment and the on-referral, if need be.

Has that produced any positive or encouraging outcomes yet?---I can't tell you the outcomes, no. I only make this observation about HOF as a voluntary system. If you do a

referral, the issue is will there be engagement from that referral. So you can offer families help, but will they take it and will they just fall into repeat calls for service again and be escalated to that tertiary system?

That's a point I made with Mr Swan. I mean, it seems that you can offer the service, but you need to have insight into your own problems before you will access it and half the problem is that the families that need to access it don't have that insight?---That's correct, and, you know, the issue for policing in that model is obtaining voluntary consent. At 10 o'clock at night if a policeman's standing on your door and says, "You've got to go to this service," there's that voluntary consent. Are they really going to engage with the service next week or because the policeman's gone and that's over, "Well, I don't have to go to that service," you know, so - - -

I suppose it might depend if it's a Friday night or not? ---Yes, it could do. So I suppose the issue with that proposition for us has always been how effective is that going to be.

Okay, thanks.

MR SELFRIDGE: I have only got one further thing for you, Superintendent Harsley. Staying with the theme of statistics data collection, paragraph 74 of your statement relates to calls for service and residential care facilities?---Mm'hm.

Two things fall from that. First of all, do you have any numbers in terms of responses, QPS responses, to residential care facilities and issues there, whether it be behavioural issues or missing persons reports? Would you have that data available or could it be made available? ---We don't keep specific data on calls for service to residential care because the police service reports under crime statistics. I make mention of that because the issue for some of our regional police is the repeat calls for service to these residential care facilities and they may be for issues - the children have gone missing, behavioural problems, and inevitably if you provide a police response, which on occasion you do have to do, the issue for us long term is that police will provide a punitive approach usually so we have children with high needs in difficult circumstances and it may end that being added to because of a punitive approach.

Sure; so in essence for the reasons you've just stated it's not something you would have - you retain data on - naturally retain data on?---No, not across the state.

Specific data?---Specific data, no.

Okay. I suppose the last question again is perhaps rhetorical but it's something that the commissioner was interested in, in the early part of these hearings. Those

children that are in residential care facilities, their graduation, for want of a better word, to the criminal justice system - is that something you would retain statistics in relation to?---No, we don't, but I can just tell you anecdotally that some of the repeat calls for service are about offending behaviour.

Yes, okay, thank you very much. No further questions.

COMMISSIONER: Thank you. Ms Ekanayake, are you - - -

MS EKANAYAKE: Yes, thank you.

COMMISSIONER: Just tell the detective inspector who you are, Ms Ekanayake, and where you're from, if you don't mind.

MS EKANAYAKE: Ekanayake, initial J, from ATSILS. Detective superintendent, in your statement and in your evidence you have referred to the SCAN model traditionally consisting of child safety, health and education. Would you also be aware of the contribution made by the recognised entities within the SCAN system?---Yes, the recognised entities are usually part of the SCAN system. They're always invited and indigenous child or child of Aboriginal and Torres Strait Islander heritage is discussed at SCAN, yes.

Basically then the recognised entity is available to us, the SCAN process, by informing decision within community - with community and family knowledge in the context of Aboriginal and Torres Strait Islander families and children. Would you say that?---Yes.

At paragraph 21 of your statement you refer to the I Care course as being unique?---Yes.

Are you also aware that the recognised entity sector has been skilled in I Care training to support their participation in the SCAN and investigation and assessment process?---We offer placements to the department so the department can offer those placements to recognised entities and we also have placements on the course for police. So traditionally we train about 110 police each year annually and we offer like placements to the department to fill.

How much take-up is there for recognised entities in you opinion?---In the last financial year we trained 109 police, I think, offhand. We trained 21 departmental people. I'm not aware of any recognised entity on that training.

But there has been participation, would you say?---I think previously there has. I can't recall of recent years.

Additionally whilst receiving I Care training, have recognise entity child protection professionals also

benefited from core learning with QPS and child safety staff?---In what context?

In that kind of training, the I Care training or - - -? ---Yes, if they were part of the I Care training, then obviously there would be a benefit. The course itself it structured so there's some pre-course work activity and then it's a week course where the agencies participate in the lectures and practical interviewing of children for that week. So some of the benefits about doing that course in a coordinated approach you actually understand the interviewing process together, you understand how each department or each entity works and you have, you know, a better understanding of interviewing children.

Thank you. ATSILS has actively assisted families at the early stages of child protection, particularly the initial negotiation with Child Safety Services and the initial court mentions for temporary assessment orders and court assessment orders. We have found this approach useful for robust discussion to inform the court for effective decision-making, including diversion to secondary support services. ATSILS would also like to highlight the proactive early notification of Aboriginal and Torres Strait Islander arrests through the authority of an MOU between ATSILS and the QPS. Would you have some knowledge of this process?---Which part of the process?

The MOU between ATSILS and QPS and the early notification process of Aboriginal and Torres Strait Islander arrests? ---No.

No?---No, I don't.

COMMISSIONER: Is there an MOU, is there?

MS EKANAYAKE: There is an MOU?---Yes.

COMMISSIONER: Do you want to tender it?

MS EKANAYAKE: I don't have it now but I can provide that document.

COMMISSIONER: Yes, I mean, it might be a good idea. If the detective superintendent saw it, he might be able to help, but it won't mean anything to anybody unless we know what's in it.

MS EKANAYAKE: Sorry, commissioner.

COMMISSIONER: No, that's all right. If you have got a copy, that would be helpful. Is ATSILS going to do a submission as well as appear?

MS EKANAYAKE: We are, yes.

COMMISSIONER: Would that cover that area?

MS EKANAYAKE: That could include it as well, yes, but we could separately tender that document.

COMMISSIONER: All right. I will leave it to you.

MS EKANAYAKE: The point to be made here is that a similar MOU could exist between a consortium of legal service providers and child safety to create early notification for legal providers to allow - to legal providers to allow for robust discussion at both the child safety investigation stage and the initial court stages. What is your opinion on that?---I think - this is my opinion - any process that enhances coordination and partnership of agencies for better outcomes is positive.

Also, what is your opinion on whether this example of an MOU between, say, an agency like ATSILS and child safety could be transferred between ATSILS - I'm sorry, ATSILS and QPS could be transferred to a child protection setting to promote robust discussion-making and - sorry, decision-making and early intervention diversion to secondary support services?---Well, an MOU could be an instrument to cause that to happen, yes.

But in your opinion, which other agencies could be involved in that?---I think if we're talking in a context of child protection, I think if you look at the core agencies involved in SCAN, obviously education, health and police because predominantly they're the agencies apart from child safety that have dealings with children so that may be beneficial.

Thank you. I have no further questions.

COMMISSIONER: Thank you. Ms Wood, did you want to ask anything?

MS WOOD: No questions, commissioner.

COMMISSIONER: Thank you. Mr Capper?

MR CAPPER: Thank you, Mr Commissioner.

MS DEERE: My name is Deere, initial K, commissioner, for Children and Young People.

Just one question: earlier in your evidence you talked about a central repository for information would give some benefit potentially to be some proactive targeting of families in the - potential support and I think you said words to the effect of, "We want to wrap support around them." Can you give the commissioner your opinion on who would be best to do those proactive investigations to identify families that need those services?---I suppose whoever has ownership of the system.

Okay; and do you have a view of whether or not police should have a role in that?---I think when it comes to

child protection we recognise that the Department of Child Safety is the lead agency within the state so it would fall upon that lead agency.

That's all, thank you.

COMMISSIONER: Thanks, Ms Deere. Mr Copley?

MR COPLEY: No further questions. May the witness be excused from further attendance?

COMMISSIONER: Yes, you are released from - voluntary witness?

MR COPLEY: Sorry?

COMMISSIONER: No need to release from a summons or anything?

MR COPLEY: No, he's a voluntary witness.

COMMISSIONER: A voluntary witness, okay.

Thanks very much for coming, Detective Superintendent. I appreciate your time and the evidence you gave?
---Thank you.

THE WITNESS WITHDREW

COMMISSIONER: Yes, Mr Copley?

MR COPLEY: The next group of witnesses will be witnesses that Ms McMillan will be calling evidence from. It may be necessary to stand down for a few minutes until she's available or here and the witnesses are here, Mr Commissioner.

COMMISSIONER: Okay. Do we know when that might be?

MR COPLEY: They're outside in one of the interview rooms, I'm told, so it should just be a matter of minutes.

COMMISSIONER: I will stand down.

THE COMMISSION ADJOURNED AT 12.13 PM UNTIL 12.18 PM

MS MCMILLAN: Yes, good afternoon, Mr Commissioner. I appear with Mr Haddrick in relation to this witness, Ms Davies.

COMMISSIONER: Thanks, Ms McMillan. Can you swear Ms Davies in?

DAVIES, CORELLE affirmed:

COMMISSIONER: Good afternoon, Ms Davies. Thanks for coming?---Thank you.

MS MCMILLAN: Ms Davies, have you prepared a statement through Crown Law with some 15 attachments?---I have.

Could you have a look at this document? Is that a copy of your statement and attachments, Ms Davies?---It is.

I tender that, Mr Commissioner.

COMMISSIONER: Any reason why it shouldn't be published in full?

MS MCMILLAN: I don't consider, but Ms Davies is - - -? ---No.

Mr Commissioner, the areas that I'll be covering with Ms Davies are - - -

COMMISSIONER: Exhibit 26. Sorry, Ms McMillan.

ADMITTED AND MARKED: "EXHIBIT 26"

MS MCMILLAN: Sorry, thank you - is the role of Queensland Health in protecting children, issues of mandatory reporting, newborn and unborn children, child health passports, SCAN teams, Aboriginal and Torres Strait Islander children and future developments. Ms Davies, can I just ask you, your current position is child safety director within Queensland Health. Now, I understand that they are not - child safety director, that's not the only duties you fulfil in your current position. Could you tell us the other duties as well?---That's correct. I commenced as child safety director in 2005 and following that I also assumed responsibility for the area of child health and a year or so later I assumed responsibility for the maternity area and primary care.

All right. Now, I understand that you have extensive experience as a nurse yourself. How many years' experience do you have?---38 years as a nurse.

Thank you. I take it you also, I understand, have experience as a project officer role within obstetric and maternity services?---That's correct.

How long did you undertake that role?---I did that for approximately five years.

I understand you also appeared before the state care commission of inquiry, the senate committee public hearings and before the senate community affairs references committee. Is that correct?---Correct, yes.

All right. Now, it might be asked of you that in your current role as it encompasses also child health and maternity does that dilute your ability to be able to deliver or concentrate on child safety responsibilities? ---To the contrary, I think it actually enhances my ability to impact on the role of health in the area of child protection because of the policy influence that I have over the areas of child health and maternity, where we have some of our most vulnerable children and also our most vulnerable families can be identified.

So you say that there's a factual connection as well? ---Yes, I do.

You say, as I understand it, also, you have an ability to influence both child protection issues because of your experience in maternity and also child health, together with your responsibilities overall for the delivery of child safety initiatives?---That's correct.

Now, can I just ask you, you're aware of the CMC recommendation that there be both the child safety directors committee and there was, if you like, above it, a directors-general committee, was there not?---Correct, yes.

That doesn't exist anymore, does it?---No, it doesn't. It has changed over time to become more of a human services coordinator committee.

Well, I'm just asking - that, in essence, the directors-general was to drive, as I understand, strategic reform in child safety across obviously a number of departments. Correct?---Correct.

That, you say, now has morphed into the human services - what is it called, human services - - -?---Coordinating committee.

All right. Do you see that there's any diminution in the overall strategic drive because there is no longer in existence the directors-general committee?---I wouldn't say diminution. I think it's a - originally the coordinating committee's focus was very much around the implementation of the 110 recommendations. Over time I think that it has taken onboard the role - that child protection sits across a broad continuum of health, education, child protection and policing. So it, I think, has a more encompassing role to be able to actually influence the risk factors around how children end up in the child protection system rather than just focusing on child protection as a single topic.

Can I ask you to describe Queensland Health's role in terms of describing them as primary, secondary and tertiary

levels of assistance in order to service child protection issues?---Yes. Well, Queensland Health as a public sector provider has a role in all of those, in primary, secondary and tertiary. We call the primary area the universal platform. There are a range, though, of health providers, including general practitioners and private providers, who also provide care in that space. From a Queensland Health perspective, our role in the child health area and maternal and child health is to provide what we call a public health and wellbeing model, which is something for everyone that interfaces with our services, for a referral platform, which can either come from general practitioners or from that universal platform into our secondary system, which includes specialist clinics, specialist outpatients, specialist treatment services, and then to our what we call tertiary and quaternary services for extreme illness and child health conditions which would end up in a tertiary children's hospital.

COMMISSIONER: So each of the platforms, if you like, has a diminishing cohort?---Correct. It's very much a pyramid.

A pyramid?---Yes.

So the universal services are available to all children in Queensland?---Yes.

Everyone gets the benefit of them, and then you move to the other platform on the higher plane of the pyramid if you need extra, above and beyond the universal services, to fulfil your particular needs, and then, again, a smaller cohort will move even further up because their needs are more intensive, more specialised, than others?---That's correct.

MS MCMILLAN: Can I just ask you, in terms of giving some examples in relation to that, at that screening level, if I can call it that way, as I understand, you've got health home visiting. Is that correct?---The health home visiting is one component of the Helping Out Families initiative, but through our general child health services we would have child health which has a component of home visiting and a component of clinics.

So in terms of an example, if say a mother comes in with a baby, that might be to a maternal health nurse?---Yes.

They still exist, do they not, the community - - -?---We call them child health nurses in Queensland.

Child health nurses, and if they assess that there's some issue of risk there they then refer that to where?---Well, it depends on the risk. If it is about a child protection risk then it would warrant a report to child safety.

Yes?---If it is for a concern about a developmental delay in the child it would be to a developmental paediatric service for assessment or back to your GP for a referral to

a paediatrician, or it could be to referral to a more intensive family support, depending on if it's a parenting issue that the child health nurse has assessed.

So that might be, for instance, the Helping Out Families? ---Correct.

Right, and then in that tertiary sort of area health is involved in obviously the SCAN teams, which I'll come to? ---Yes.

What are the tertiary sorts of services you're talking about?---Mainly the clinical services from our specialist clinicians around abusive trauma to children.

All right. Now, can I just ask you, in your view what challenges or tensions exist in the relationships between Queensland Health and Child Safety Services in providing a coordinated and seamless child protection service?---I think - well, the challenges from my policy perspective are very much around, I think, information, information sharing, and the timeliness of that information. I think both agencies work best when they've got all the information at hand and I suppose in our limited capacity of health, the ability to collect a broad range of information is sometimes not possible depending on the situation at the time, the workload of the staff, and also the information sharing provisions that we have between agencies is very much about children in the system, not general children in the community. I have to say, though, I think we have really good working relationships with our colleagues at education, for instance, and if a paediatrician, for instance, is worried about a child, there are many, many occasions where they would pick up the phone and ring the teacher or whatever and just have a discussion about that. It is about the sharing of information that's relevant, obviously, about gaining concerns and making sure that what we are hearing and what we are seeing is validated through various sources.

All right, well, I'll come back to some specifics in relation particularly to the SCAN issues. What about other challenges that exist with other governmental agencies? I mean, you've mentioned that you have a good working relationship, for instance, with education. What about any other challenges in relation to again providing a coordinated response in child protection issues?---I think one of the areas is - the non-government sector would be probably one of our challenges, not because of the lack of willingness to share information, it's often a lack of knowledge about the services that are out there. One of the projects that we ran a couple of years back was for a full year we ran what we called family wellbeing forums in strategic locations around the state where we invited all government and non-government sector people to come and share the information around the services that they provided, and it was quite a light bulb moment for a lot of agencies not realising who else was out there and who else

was available to provide services for children and families. Often referral practices, we don't understand the referral, how do we get children or families into those services, what's their criteria, et cetera. So it was a wonderful information sharing time.

So when did that occur?---That was approximately two years ago.

Are there any plans to revisit that sort of forum, or another forum?---The aim would - I think the Helping Out Families initiative was kind of spawned from that initiative, as in let's get a group of non-government sector organisations together who all provide services to families and children and really work out who is the best to provide such services. I believe personally that there is capacity in the non-government sector to respond better but we just haven't worked out the communication in an effective way totally across the state. I think we are demonstrating that with the Helping Out Families initiative in South Queensland.

Well, one imagines if there are issues about information sharing between governmental agencies, that would even be more acute in relation to non-government agencies?---Absolutely, and we also have to work on a consent based model where we have to ascertain from the family whether we are able to share their contact details with a non-government service, and sometimes that works and sometimes it doesn't.

Can you describe what memoranda of understandings to your knowledge health has with other agencies?---The one that I'm aware of at the moment, because we were looking at the effect - how we would maintain its effectiveness with the new health reform statutory authorities coming into being as of 1 July this year, and that's the MOU between Child Mental Health Services and the Department of Child Safety around children who are admitted to mental health facilities and their ongoing case management and the involvement of child safety in their case management plan and discharge planning.

We've heard some evidence already that children, for instance, who enter a mental health facility, that there's not always a case plan in existence for them and there seems to be a devolution of responsibility say to health if a child in care enters a mental health facility. Is that your experience?---It's not - I don't believe that it's that common. I think that there's always room for improvement, but sometimes when a child is admitted to a facility, whether it be a mental health facility or a hospital, sometimes in terms of the case loads of child safety, when that child is being cared for, it has a roof over its head, is in a bed somewhere, and the other priorities just detract from that case worker's involvement in that child. I don't believe it's by design, I think it's by just the nature of the business of the situation.

Just so I understand properly, what does the memorandum of understanding provide?---It's a basic agreement by both departments that we will work collaboratively in the best interests of the child to ensure that the case planning and the exit or discharge plan for the child goes as smoothly as possible to meet their therapeutic needs.

Okay, and do you understand when that was signed?---It was a couple of years ago. Sorry, I don't have the exact date.

All right. Now, as part of Queensland Health reviews of primary, secondary or tertiary programs, is a cost benefit analysis undertaken, and if so, what are the criteria?---I can't say that to my knowledge we do a cost benefit analysis. Services are determined by clinical need and are prioritised according to clinical need and according to the budgets in what were health service district, which are now hospital and health services. Dedicated funding to child health is through the service agreements with the hospital and health services and it is contained in what is known as block funding and then the districts or the hospital and health services then determine the range of services that they provide with that funding.

So just so I understand, does a district receive certain block funding for child related issues?---Not as a dedicated line item.

No. They receive block funding and then they allocate it as they see fit?---That’s correct, yes.

One of the issues, a line entry, if you like, is child related services?---Correct.

Of which a subset is child protection services?---Yes. In my statement I did clearly outline the resources that we committed to positions such as child protection and liaison officers, child protection advisers, but there are a whole range of other staff that also support those positions which are not - which have come from district resources not from extra resources that we've put in, in the past.

Now, is it your understanding that there are increased budgetary constraints on health in this coming financial year?---Yes, there are.

What do you understand that to be?---I understand it's quite significant, as in all of government departments are looking at major redesign of their financial positions. The quantum is very much dependent on the budget coming down in September exactly how much the department will have to save.

All right. Given that there are increased numbers of children entering the child protection system, what impact does that have on the capacity of health to continue to provide its child protection services in the next 10 years

and beyond?---I don't see the correlation between children coming into the system and our normal core business of providing health services to the 1.2 million children in Queensland under the age of 18. Whether they're in the system or out of the system, I see that as still consistent into the future.

In terms of services, do you have a view that health needs to implement particular services in relation to vulnerable children and families but have not proceeded yet in any of the primary, secondary or tertiary areas?---My personal view is if there were more resources I think we would do more in that area of high need, high vulnerability, because by the very nature of health and especially in the community child health area, there's always a desire to do more, but we are sometimes restricted by the resources that we have.

Are you able to tell us what Queensland Health's budget for child protection services is?---There is no dedicated budget. It is within the child health budget.

Right?---Except for what I've listed in the statement.

COMMISSIONER: Could you - - -

MS McMILLAN: Yes, except for what is in your statement? ---Yes.

COMMISSIONER: Sorry, can you tell retrospectively via the annual reports and the financial statements and annual reports how much - - -?---How much - - -

- - - was spent in the previous year rather than is available to be spent in the coming year?---Not dedicated for children's health. It's all part of the block funding that goes to community health, of which child health is one. We could probably pull out line items for paediatric services, surgical services, mental health, but there would be a proportion of those which are child and a proportion - - -

And the child protection portions drill down even further than child health?---Yes.

Okay, thank you.

MS McMILLAN: So from what you described, really you can only pull out, if you like, the very dedicated - for instance, your submission - - - ?---Correct.

- - - or the liaison officer's - - - ?---Yes.

- - - otherwise they are a component of a whole lot of other positions - - - ?---That's right.

- - - correct - within the health districts?---Yes. Vulnerable children and families, whether they're in the child protection system or in the mainstream system, are part of the core business, so they wouldn't be quarantined as separate funding for just children.

I just want to ask you some questions about mandatory reporting. In relation to - - -

COMMISSIONER: I'm sorry to interrupt, but could it be? I know it isn't, but could it be?---Based on our financial arrangement systems it would be a - - -

Big job?--- - - - big job. But I suppose we could ask. I can ask.

No, I was just thinking really for planning, government working out what's available to spend on what and prioritising things and doing cost benefit analysis, that's all?---Yes. But there's the recent election commitment, can I say, around giving mums and bubs the best start, works towards that sort of preventative model of health which is hopefully having mums better prepared to parent, looking after their babies better, families better prepared. So you could call that a universal child protection service, but it goes across the broader - because only 100-odd thousand will come to the attention of the child protection system, but generally that universal platform should be addressing all children and families.

That's the point. People talk about a whole of government linked-up approach to child protection and it seems that we do have it, it's built into the structure, but it's so integrated that you can't identify where it is. Do you agree with that? That's a nod, I'll take that - - - ?---Yes, it is.

Okay.

MS McMILLAN: Just on that, I think you were referring to what, the Maternal and Child Health Service, were you not?---Yes.

The mums. And that's - as I understand it, planning is

under way to provide services for mothers and babies irrespective of where the babies are birthed in Queensland. Correct?---That is correct.

And to access two home visits and four consultations at community centres?---That's correct.

And I take it this is not means tested. Is that correct? ---No, it's not.

Service agreements will be negotiated with health and health hospitals for delivery of the extra services? ---Correct.

So when you say service agreements, that's by - is it head office with various regions?---Corporate office now assumes the role of system manager and the arrangement with the Hospital and Health Services with their funding is through service agreements with targeted or specific requirements through that service agreement which they have to achieve.

Right. So for those of us who have been around a while, this might be seen as the evolution from, say, seven years ago when it was a large, recentralised system with Queensland Health, wasn't it - - - ?---Yes.

- - - to now being a decentralised one - - - ?---That's true.

- - - with overall corporate management and (indistinct) correct?---That's correct.

And the Maternal and Child Health Service will visit newborn parents' homes and run free community health clinics. Correct?---Correct.

And that will provide advice and support on child health, parenting, early infant development, maternal health and wellbeing?---Correct.

Things like nutrition and immunisation, link families to local public and private health services?---Correct.

And foster community support through local parent groups? ---Correct.

And there's six key age-stage consultations with a nurse with expertise in maternal and child health visits, and that will be the visits I've just described before, the two home visits and the four community ones?---Yes. And those developmental checkpoints are contained in the Red Book, which every baby born in Queensland receives.

So this is the record book that each parent - each mother receives at the birth of her child?---Yes.

That records things like the delivery of the baby, immunisation, milestones, and it's meant to be filled in,

isn't it, by healthcare providers?---That's right.

Right?---And that can be Child Health, a general practitioner, a range of skilled people in that area.

All right. As I understand it, the cost of this health service will be 92 million over four years. Is that correct?
---That's what was in the election commitment, yes.

And the phased implementation begins in 2013-14 - - - ?
---Correct.

- - - and full implementation in 2014-15?---Correct.

All right. And is it your understanding that that should be on line for those sorts of times?---We have no reason to think that it won't be at this stage.

Perhaps I'll move on to another area then come back to mandatory reporting. The child health passports: this is something different from the Red Book, isn't it?---Yes, it is.

And is this correct, that whilst it's spoken of as a passport, it is not actually a document as such that effectively is carried with the child or appears in a booklet. Is that correct?---It's not as a separate book, but it is a case file that travels with the child, yes.

Was this, as I understand it, that the genesis, if you like, for it was that children who were coming into care - and these passports are held in relation to children in care, aren't they?---Yes.

- - - was because, for instance, children were coming into care and their foster carers, for instance, weren't even availed of Medicare number in relation to that child. Correct?---This came out of - it was actually a discussion with the director-general of the then Department of Child Safety some time ago because the evidence is very clear that children in foster care - which is actually a misconception - in foster care have poorer health outcomes; when actually children coming into care have poorer health outcomes. So the aim of - if we take a child into care how do we then make sure that their health improves as a result of a government intervention into their life and their family's life? So there's been a significant amount of work done, both at a state level and at a national level. It has resulted in September last year of publication on the Department of Public Health and Ageing web site of a framework for the assessment of the health needs of children in out-of-home care, and that also contains a significant inventory of Medicare item numbers that can be used by general practitioners or by any clinicians for assessing those children and treating their needs.

These lists of Medicare items, was that done to address a

reluctance on the part of some GPs to provide this initial health assessment for children because they may not be paid?---That's correct. I think there was confusion around whether - because obviously general practitioners are very concerned about the legitimacy of their claims against Medicare as to which items they could actually claim against, and we've now clarified that for them.

As I understand it the passport is really a three pronged approach, isn't it? You've got the immediate information so that if a child comes to a foster carer, for instance, that it provides Medicare details, for instance, would it contain information about allergies that the child has and any medication that child requires?---That's correct.

And it might be, for babies I suppose, what formula there having?---That's exactly right, and whether they have any toys or comforters or things that need to go with them.

Right. And then is there an assessment by a GP shortly after they come into foster care? Is that what is contemplated?---The aim was there's a three-pronged approach with the immediate health needs of the child as their removed from - into care if it's as an emergency removal; then an assessment of the child's health needs once they're on an order, usually within 30 days of that order being taken, so they are going to be staying in care.

Is that anywhere in a policy manual?---The Child Safety Practice Manual.

Right, okay?---And then the longer term health needs of the child, especially for those staying long-term in care, in collecting a health history of their family, because we found that through the historical abuse network, a lot of communication with them identified that they had no idea of what had happened in their family, whether there were any health - whether they had cancer in their family, whether there was any diabetes, et cetera. They were coming out of care with very poor knowledge about the health history.

And just in terms of the red health care book, was there an issue where a child was being taken into care where the department would want to take the Red Book with the child, and was your understanding that the parent may well have issues with that?---Part of the first facet of the assessment is a - especially for the very young children - is the information that is contained in the Red Book. So in our initial phase with child safety when we talk about collecting the information - because the child safety officers actually collect this information - we identify - or health identify that is all in the Red Book. What we found was that some parents - it was quite interesting and from my discussion with some child safety officers, a lot of the parents really objected to losing the book so we went back and said, "From our point of view of reunification of this child with that family, that is actually a sign of caring will stop it's a sign of this

episode, this birth belongs to me," so we didn't want to detract from that. So we went back to take the information from the book and transcribing it into the health plan. And a lot of case workers have actually spoken to me that in the family group meetings, talking about the health of the child or how the baby was delivered and whether she had a bad labour, et cetera, is actually an engagement strategy without talking about how they failed the child. It was actually quite a positive conversation starter, "Tell me about the birth. Was he premmie; did he feed well;" et cetera, and it was a very much engagement around linking and connecting that family back together again. So they found it quite beneficial process.

COMMISSIONER: If I'm the chief executive and you have a child in your foster care and I want to find out whether the child's being taken to hospital and medical care appropriately, can I get access to the passport of the child electronically?---My understanding is they're moving towards that. At the moment it is part of the child's case file, it sits with their education support plan if they're at school age and the health plan. I'm not sure how far the ICMS - it was another module to the ICMS and I don't have any knowledge as to how far that's progressed into getting it in electronic form as yet, but the plan was eventually to move to an electronic form.

Because if I was responsible for the care of a child which I had outsourced to a non-government organisations and I had monitoring review and oversight responsibilities, as does somebody else above me, that's the sort of information you'd like to know, isn't it?---It is, but there's only elements of it. Like, for instance the family - if there's any family history in there, there might be levels of confidentiality that's required around some of the information, so as in doing a data dump from an electronic file it is possible that there are certain levels of information that you'd want to be non-government sector to know and not know.

Yes, but if I'm the chief executive there'd be nothing I wouldn't be able to know?---You would, absolutely - - -

If I had guardianship and custody?---Yes, you should know at all, yes.

I should know it all, and can I know at all?---Yes.

Do a know it all?---They do. It's part of the case notes for the child safety, yes.

Thank you.

MS McMILLAN: But it's not necessarily available electronically, though?---Not to my knowledge at the moment.

Yes. And it would also be of benefit, wouldn't it, in some

ways to have it electronically because if I'm a specialist paediatrician and I'm treating this child, I would want as much history as I could get, wouldn't I? So I would want access to the child of passport, wouldn't I?---Yes.

And I can't get that, can I?---Yes, you can, through the caseworker.

Yes, but not if I'm a specialist treating - - -?---Yes.

How do I get it?---Through the appointment system. So the foster carer has as much information - has basically the information. So there is a file that stays with the child and there is the file that is with the records office for the child safety service centre, so anything that is relevant to the health needs of that child and where there are attending their specialist appointments and follow-up time, are all in the filed with the child, hence the passport concept.

Right. So it is with the child - - -?---Yes, so there's a - - -

- - - and the foster carer would presumably - - -? ---Copies, yes.

- - - take that in to the specialist at the time of the appointment?---Yes, that's correct.

And is that regularly updated, to your knowledge, for the foster care as well?---Yes, it should be, through the caseworker.

That's obviously not a health responsibility in terms of that issue. In terms of in relation to whether or not that's been complied with, that three-step process you talk about, the passport?---Mm'hm.

Has there been any quality assurance processes undertaken by Queensland Health?---Queensland Health, we don't audit the Department of Child Safety files, but through the commission's audit of their compliance with their education support plans and the child health passports the commission has audited, and at the last audit - I think it was June this year - approximately 94 per cent of children in care at the appropriate health assessments.

Given foster carers are doing the day to day care for children who are in out-of-home care, for instance, is there any education provided by Queensland Health for them to recognise health needs or developmental issues in their children?---We do contribute to the foster care training, is my understanding. Years ago I spoke with Foster Care Queensland about this some time ago about the training of foster carers because I suppose we make the assumption that if you put your name down to be a foster carer that you actually do know how to care for children and that there is some level of assessment that you do know how to do that.

In terms of intensive therapeutic needs of some of these children, the Evolve therapeutic program has to date trained upward of 6000 foster carers in psychological and emotional behaviour support for some of our most troubled children in care. That program has been quite remarkable and the foster carers had fed back that they have been very appreciative of learning why these children are behaving that way and the mechanisms for them to deal with it.

Who funds Evolve?---Evolve is funded through the Department of Communities, child safety services, and purchases the service from Queensland Health.

As you say, is there an assumption that in general parlance, if you like, that foster carers should be aware of day-to-day health issues that children might experience?---I think that's an assumption, yes. I'm not sure and I did question what was the checking on that, but I think it's part of the foster care screening and the education programs when they recruit new foster carers.

COMMISSIONER: So that program you were talking about before, that would be characterised as a secondary service, would it?---With the Evolve therapeutic, I would put it as a tertiary because it's probably the top 17 per cent of children in care that have extreme psychological and emotional behaviour, and that was the intent - it was one of the CMC recommendations back in 2004, that more therapeutic services be delivered for that cohort of children.

So are you telling me that of the 8300 or so that are in out-of-home care, nearly 20 per cent of them - that is a fifth - are in the high demand intensive - how did you describe them?---Extreme psychological and behavioural problems.

So a fifth have that?---Yes. The figure was determined - when we analysed the CMC recommendation about providing this specialist support we looked at what percentage of children in the care system have behaviours or emotional disturbances that impact on their stability of placement; foster carers relinquishing them because they're too challenging in their behaviour. These are the ones that end up in motel rooms with carers overnight because we can't find places for them and they - even are challenging and I think that Cameron Harsley spend about - the youth - the shared houses - they have become even more challenging in some of those environments as well. So we found that - it was quite interesting, the Evolve is amazing and there will be a huge submission coming to you on that. The work around the child is absolutely essential, as in with the teachers, the foster carers, anyone else who's in that environment of the child, to understand their behaviours, to be able to respond appropriately to the behaviours rather than just shutting it down and walking away.

So even within the tertiary response there is a

preventative intervention aspect in the sense that they're in the system, they're probably going to stay in the system, but they need intensive treatment and care, it's responsive to their symptoms and their behaviours, but it's also remedial in a sense?---Yes.

So that you try to relieve the cost of care further down the track. Okay, I understand that. Just tell me, then, about the rest of the 8300. I know a fifth of them, what's the next level down?---The next level down; I suppose the literature and I'm sure the experts that he will be talking to through this commission will identify that all children who are removed have some psychological issues and needs to be addressed. How we actually do that, we've focused with Evolve on the extremes because the extremes were causing - it sounds terrible - causing the most anxiety in the system and probably the most costly in the system through - - -

They put most stress and pressure on the system?---That's correct.

For the longest period of time?---They do. So we started - it was quite interesting because the access to Evolve is through a referral from Child Safety, from child safety officers, and in the early days it was interesting because we were asking non-mental health skilled people to identify a problem and make an appropriate referral. So we worked very closely with Child Safety to go through a lot of the case files of these kids to say, "This is an appropriate referral to Evolve. We need to." So Evolve is Queensland Health providing therapeutic services. It's also - Evolve disability support services so it's a panel.

So it's not just mental health?---It's not just mental health.

It's all needs?---It's Queensland Health from a mental health point of view, Disability Services for disability support, Education and Child Safety, so a panel of those four departments then assess these children and make a care plan, who will be the lead agency. If, for instance, the child is significantly - has a significant disability, then disability will take the lead of that with Queensland Health backing it up from a mental health point of view. If it's the other way around - so there's a general agreement on which agency takes the lead for these children. So there's been a couple of reports and it was submitted with evaluations. At the moment they're case evaluations of children that we have identified their therapeutic needs and have what we believe successfully addressed their therapeutic needs. The long-term - how we've affected them long-term we still really need to look at. We've been going for nearly six years now. I am interested - and this is on our agency - to look at now, say, you know, kids who came in at 15. What are they now doing at 20 and 21? I was listening to you the other day talking about, "Have we helped them to become meaningful citizens?" It would be interesting to see. Interestingly the goals when we first set out with Evolve - what were we trying to achieve with it? I think simplistically we wanted to fix them all and people with mental health problems can have long-term issues that can get better at times and then become exacerbated at other times, so getting the child stably placed and maintaining a stable relationship; getting a child to re-engage with schooling, even if it's one or two days a week compared to none; getting a child to set a goal and a plan for themselves in terms of what they want to do later. So we're talking of young adolescents. I'm heartened to see that our referrals to Evolve are now pushing back into the younger age group which is fantastic. The evidence would show that if we can get to a child between around eight and 12, we've got more likelihood of addressing their longer term - - -

That's what I was going to ask you. Where is it now? What age group is this focused at?---They actually have a range.

We're actually getting them as young as three and four which is fantastic.

I see the Child Safety Practice Manual talks about that 12 to 17 group?---Yes.

And maybe that's because that's the break-up of the 8300 by age. I don't know. I will find that out. You don't know that, I don't suppose?---No, I'm sorry, I don't.

But the earlier you get it, the quicker you relieve and over a longer of period of time you will relieve the cost burden of - if you can deal with their therapy needs, you might be able to put them back into foster care or even put them back into home and therefore no longer need ongoing care. Has that been the result yet or is it still - - -? ---It hasn't as yet. I have to say we are being watched by the other states. This is a very expensive program, as you probably know.

I thought you might say that?---It's a very expensive program upward of $18,000,000. It has caseloads for the workers of around five to six so we're talking - whereas a normal child and youth mental health caseload is round the 15 to 20. It's working a lot more, as I say, with a range of people in contact with this young person or this child to actually have a plan to manage their behaviour, modify their behaviour and bring them out the other end hopefully.

But $18,000,000 just, say, is the cost of it. If you took it over a period of time - and we know that each child who needs intensive therapy costs $200,000 a year per head? ---Yes.

It may become cost beneficial overall. Is anyone having a look at that?---Again the longer term of finding out what's happened - - -

You need the time to tell?---Yes, but the other area too - I was talking with them yesterday in preparing to come here - is Evolve works really well with foster carers because foster carers are committed to doing better. My question was: what if we did a similar Evolve program for children on intervention with parental agreement? So they're still with their parents. We haven't taken them to the care system. The answer from the mental heath people, my experts, was the parents aren't necessarily wanting to engage and that becomes a different model to Evolve engaging with foster carers who are committed to doing better by - - -

What's the resistance from the non-foster carers?---They may not want to. They may not believe that they have a parenting problem. They may not believe - again we're getting back into all of those risk factors of the parent group, the drug and alcohol issues, the domestic violence situation and the mental health - potential mental health issues. So we're addressing the parents' health and

wellbeing issues for them to then impact on the child rather than with Evolve as it currently stands it's very much focused on the child.

On the child, okay. So fix the child, send them back home, but on the other hand fix the parent to keep them at home? ---And treat the child. So there's a potential - it's a potential pilot, can I say, of how we would actually - intervention with parental agreement with a view to supporting intensively those families to improve their situation, and one of the psychologists actually said to me or said to one of us, "If you're going to learn Spanish and you went to an hour class once a week and then you went home to an English-speaking environment, how long would it take you to learn Spanish?" Quite some time. So this is very intensive work on almost a daily basis with these parents to actually deal with all of their issues from financial distress through to ability to budget, ability to - - -

And they're the ones who want to learn. Do we know the difference between how many want to and how many don't want to engage?---I don't think we've asked that question.

Mr Swan said that sometimes you might need a stick as well as - some sort of stick?---Yes.

Metaphorically, of course?---Yes.

Can you think of an incentive or an attitude modifier that might be available?---In my personal view I think that the threat of losing a child to the child safety system isn't something that most parents want to happen. I do believe, having looked at this for seven years, that the harm to the child is a consequence potentially of what's happening within the family, whether it be, you know, unemployment, financial distress which leads to drug and alcohol issues which lead to domestic violence which leads to a whole range of other - and the collateral damage, if you like, is the child in that situation. There are few parents that willingly hurt their child. It's not in our nature to actually do that, but interestingly enough I've attended lots of Evolve training sessions. The parents - and it sounds terrible. The parent that is hitting their child is actually easier to work with than the parent who's not even engaging with the child because there's actually no emotional connection with the child.

They're unavailable?---They are. So we see that a lot and I know that some of our paediatricians will be talking to you about that, the absolutely disaffected relationship that some parents have with their children. The children don't know any different, "This is just the way mum always deals me." They've never had an example of a more nurturing or loving relationship.

But the threat of losing the child wouldn't worry them, would it?---It does to some. It does to some.

Even though they're completely unavailable emotionally to the child?---Potentially. It would vary on every case, I think. I think that those who continue to have children that enter the system and are just given up to care - they are the families that concern me the most.

Who relinquish? What sort of parents relinquish?---As in the child ends up in the child protection system because the parents can't care - - -

Yes, but what are the sort of parents who relinquish a child after - who are in long-term out-of-home care? What are their characteristics?---Mainly the ones, as Mr Swan mentioned the other day, with disability, and Ms Apelt also did as well, the extremely disabled children. It's a real stress on the family and to their other children to actually care for that child at home.

So is it more to do with the child rather than the parent for relinquishment?---In most instance, yes, I would say, the challenging behaviours. While the child is very young it's very - it's much easier to deal with and contain a young child but as they reach adolescence, they often become more difficult to manage their behaviour from a physical, safety and containment point of view.

So sometimes you have the most challenged parents having to care for the most challenging children?---Correct.

And they can't?---That's right.

It's not sustainable?---That's right.

I see?---So in those instances we would work intensively with them around a support plan and I know that that does happen through a lot of Disability Services to the point where some assessment has to be made as to whether this is going to work or not work, but the disability support services through Evolve - yes, they're working with children in care and I know there's been a major push in Disability Services to work with families who are on the brink of saying, "I can't do this any more," to try and support them better with more respite and some more in-home support.

So if a fifth of the 8300 are there because of therapeutic needs, extreme therapeutic needs, are there others who are in long-term out-of-home care not because they need therapeutic - not because they have therapeutic needs but because of other chronic needs like, for example, economic or - - -?---Not to my - I couldn't actually say.

- - - bad behaviour?---I couldn't actually say.

You couldn't say?---I think in the past, yes, parents historically were able to give up and hand their children over to the welfare when they couldn't cope, but that

hasn't been the situation for some time.

That's a changed pattern?---Yes.

So these are children who are actually in need rather than children who are uncontrollable or - - -?---Or they have needs that their parents can't provide for.

Can't provide?---Yes.

Okay, thank you.

MS McMILLAN: Is that a convenient time, Mr Commissioner?

COMMISSIONER: Yes, probably. All right, quarter past 2. Does that suit?

MS McMILLAN: Yes.

THE COMMISSION ADJOURNED AT 1.08 PM UNTIL 2.15 PM

THE COMMISSION RESUMED AT 2.25 PM

COMMISSIONER: Yes, Ms McMillan?

MS MCMILLAN: Commissioner, I had proposed to interpose Ms Mulkerin from the Department of Housing and I understand no-one at the bar table, either bar table, had an issue with it, but Ms Ekanayake has informed me that she didn't understand that I was proposing to do that. I apologise if that had not been clear and she feels somewhat put upon, as I understand it, if she needs to cross-examine her this afternoon.

COMMISSIONER: Will she?

MS MCMILLAN: Well, I understand she hasn't decided what she needs and how she needs to - - -

COMMISSIONER: But will she be finished her evidence this afternoon?

MS MCMILLAN: Ms Mulkerin?

COMMISSIONER: Yes.

MS MCMILLAN: Yes.

COMMISSIONER: Okay.

MS MCMILLAN: She would be. I don't anticipate being terribly long with her. Her statement is very fulsome.

COMMISSIONER: I thought her husband was having some treatment tomorrow.

MS MCMILLAN: Yes, tomorrow, so she would need to come back Thursday.

COMMISSIONER: We've got someone coming back Thursday already.

MS MCMILLAN: Ms Fraser, yes, and Mr Armitage is scheduled to give evidence that day as well.

COMMISSIONER: Can't anyone who is embarrassed by not being in a position to cross-examine do it in writing or something?

MS MCMILLAN: I'm in your hands. Obviously - - -

COMMISSIONER: Well, what's the most convenient for the witnesses for the - first off?

MS MCMILLAN: Obviously for Ms Mulkerin it was this afternoon.

COMMISSIONER: Yes.

MS MCMILLAN: I have spoken to her and I think she can make herself available. It's not her preferred option, Thursday, but - - -

COMMISSIONER: Yes, I know.

MS MCMILLAN: - - - obviously we try to accommodate - - -

COMMISSIONER: Look, I'll tell you what, I think what we might do is we'll go with what you propose and if there's a problem we'll solve the problem when we come to it rather than anticipating it and then we might get back to - what will we do this afternoon after - - -

MS MCMILLAN: I was proposing to recall then Ms Davies.

COMMISSIONER: Yes, and Ms Davies is - - -

MS MCMILLAN: Because I have still some matters I want to take up with her.

COMMISSIONER: Yes, but she wouldn't finish if we started her first anyway. We wouldn't do both of them today, probably.

MS MCMILLAN: I think it might be stretching it.

COMMISSIONER: Yes.

MS MCMILLAN: I would like to, but - - -

COMMISSIONER: I would rather not take that risk and we'll solve any problems that arise some other way.

MS MCMILLAN: As you please. Well, I'll then - I'm sorry, Mr Hanger wants to raise something.

COMMISSIONER: Yes, Mr Hanger?

MR HANGER: Mr Commissioner, can I just raise the administration about Aurukun?

COMMISSIONER: Yes.

MR HANGER: I don't know who you're proposing to see in Aurukun and I'm not sure, but I think you are proposing to have formal hearings and take a transcript. Is that right? You're not just going to talk to people?

MS MCMILLAN: Yes.

COMMISSIONER: Yes, I think I'm taking someone who can record what we do.

MR HANGER: Yes, I think (indistinct) and then I wondered about who the people will be, because we would like to know to facilitate anything that we can, so any Crown employees,

but also I was just talking to a witness at lunchtime and they said, "Well, if you're going to Aurukun you really must see so and so." It was just - the previous witness was saying that to me. So I'd like to have an idea of who you're proposing to call and so on so that we can - - -

COMMISSIONER: Sure. As soon as I know I'll tell you, Mr Hanger.

MR HANGER: Yes, thank you.

COMMISSIONER: Ms McMillan?

MS MCMILLAN: I've only seen a preliminary list and I'm not sure that all of them will be witnesses, as such.

COMMISSIONER: Can we give Mr Hanger the list and then - - -

MS MCMILLAN: Well, I was proposing to give other parties who have general leave the same list, obviously.

COMMISSIONER: Yes, sure.

MS MCMILLAN: So again - and I would anticipate ATSIC, for instance, may have specific people that they consider we should be speaking to.

COMMISSIONER: Yes. People might want to add to the list.

MS MCMILLAN: Absolutely, yes.

COMMISSIONER: If we decide against somebody who was originally on the list, somebody might want to make representations that we should put them back.

MS MCMILLAN: Yes. Well, what I meant was we'd certainly give Mr Hanger the list, but we'd also give others who have got general leave the same list.

COMMISSIONER: Yes, sure.

MS MCMILLAN: So, of course, as soon as I have it - - -

COMMISSIONER: When will that be, do you reckon?

MS MCMILLAN: I'll check that this afternoon.

COMMISSIONER: All right. Thanks, Mr Hanger, we'll sort that.

MR HANGER: Yes, thank you.

MULKERIN, DEIDRE ANN affirmed:

COMMISSIONER: Good afternoon, Ms Mulkerin. Thanks for coming?---Good afternoon.

We appreciate your time?---Thank you.

MS MCMILLAN: Thank you.

COMMISSIONER: Yes, Ms McMillan?

MS MCMILLAN: Ms Mulkerin, you have prepared a statement through Crown Law, have you not, for the purposes of this inquiry?---I have.

You signed that statement on 10 August. Correct?---Correct. Thank you.

You have two attachments to it?---I do.

All right. Would you have a look at this, and I apologise it's not fastened? Ms Mulkerin, is that a copy of your statement?---It is.

Are they the attachments to it?---They are.

It's true and correct?---It is true and correct.

Yes, thank you. I tender that, Mr Commissioner. I think that should be exhibit 27.

COMMISSIONER: It is, I think. The statement from Ms Mulkerin will be admitted and marked exhibit 27, with the annexures.

ADMITTED AND MARKED: "EXHIBIT 27"

MS MCMILLAN: Ms Mulkerin, you have a copy of your statement with you?---I do.

COMMISSIONER: I'm sorry, no need for suppression of any part of that?---No.

Okay, it will be published in full. Thank you.

MS MCMILLAN: Thank you. Ms Mulkerin, sorry, you have a copy of it with you?---I do.

All right, thank you. Now, can I just ask you a number of questions about your statement and the contents of it. We know that since March of this year that housing is no longer a part of the Department of Communities, is it?---That's correct.

In your view, has that made it any more difficult to implement a coordinated and strategic delivery of services in the area of child protection?---No difference that we've noticed thus far. I think over the last couple of years the housing work was part of a super department, the Department of Communities, and so the previous strong working relationships that housing staff had with child protection workers was only enhanced while we were all in the same department and those working relationships and the

frameworks continue on.

I see. In terms of - Ms Apelt spoke of a no wrong door policy that existed and I understand that part of the benefits of it was the fact that housing was part of this super department, so one of the issues obviously was homelessness often for either families or indeed perhaps an adolescent child, but you say even with it not being part of that department that no wrong door policy hasn't been impacted on adversely?---That's right. That's the view from field staff and so certainly from my perspective as being responsible for all of the service delivery staff.

All right. Are there specific memoranda, for instance, of understanding in place, because obviously you've formed, from what you say, strong personal relationships with personnel in the department, but are there memoranda, for instance, of understanding to be able to facilitate cooperation?---There's none currently in place. As I stated in, I think, one of the amendments, or one of the attachments, the history of the work between housing and child safety was that early on, post the 2004 inquiry, there were some arrangements between the then Department of Housing and child safety and then there were some MOUs in place then. Subsequently when housing and communities all belonged to the one department, those MOUs were dissolved, because, of course, we belonged to the one department, and since the machinery of government changes most recently we haven't seen a need as yet to put in place an MOU. It might be something that we look into again.

All right, thank you. Now, as I understand it, post the CMC report of 2004 there was a child safety director within your department?---That’s correct.

Do I understand correctly from your statement that that position was overtaken by other policy developments? ---That's correct.

So there isn't a child safety director as such in your department, is there?---That's correct.

It's part of a broader policy unit. Is that correct?---So after the CMC inquiry housing wasn't one of the departments that was specifically required to have a child safety director, but the director-general at the time made the decision to create a position. It was originally based in our policy unit, then it transferred more to the service delivery side of housing and then it got absorbed into what is the director of housing practice improvement. So there's not a standalone position per se but a contact point.

COMMISSIONER: Does that change affect in any way, enhance or detract from, the idea behind the CMC recommendation for directors?---It's not my experience. Housing, even though it wasn't required to play an active role in many of the post CMC recommendations, made an active choice to. And really based on the fact that housing recognises that it has a role to play in providing stability for families at risk. So most of the policy relationships, the frameworks, the working relationships, the procedural advice to staff was really not predicated on a requirement to have a child safety director, but rather a position and a philosophy that housing took.

And I suppose that was reflective of the CMCs own view that what you needed was some high level inter-departmental policy forum that could drive whole of government responses and service delivery in a coherent way?---Yes.

Is that still being done?---Yes, I think that that still stands.

And your experience is that the other departments still contribute to the whole of government linked up - it's still a link-up response?---Yes. I think the original intent from the CMC to have a high level position in each of the key agencies to drive that policy reform was really a kind of a vision at the time, that then the child safety directors then took hold of and gave life to. And I think much of the early years really drove that reform. I think my personal view - not a view of Housing and Public Works - is that it's probably a good time to refocus the network now to ask what are the key questions now to be answered, since a lot of initial effort went into the implementation of the reforms and the recommendations.

I suppose that's right. There were the reform implementations, but then again the reforms were supposed to have a life after implementation - - - ?---That's correct.

- - - and into the future. And obviously one of the aims was to ensure that the philosophy of early intervention and prevention was something that was taken up and the impetus of the implementation continued from a strategic perspective within each department of relevance?---Yes.

Okay.

MS McMILLAN: In terms of - we know that there are increased numbers of children entering the child protection system and in fact placed in care outside of home; has your department taken on any particular modelling as to future needs and future ability to service those increasing numbers of children?---Department of Housing has an intake and assessment process that determines priority and eligibility for social housing. As a part of those arrangements we have the ability to prioritise certain groups that are identified as more government priority, if

you like, so for example clients of child safety; parents who are working to actively be reunited with their children, for example; or young people exiting from the care of the state can be streamed to be given higher priority than other clients in housing. So your question about modelling, in a sense the policy and the procedural framework provides for those clients to be given higher priority than other clients. So they will be allocated priority housing above some other groups.

So the list may get longer in terms of other people may be perhaps pushed down the list to accommodate if there's increasing number of children and families that are needing assistance?---Correct. Although it's fair to say that the waiting list - the register of need for housing - is quite long, so the relative numbers of clients being referred from child safety would not substantially adversely impact on anybody else waiting.

Ms Mulkerin, were you aware of a letter that went out under hand of Dr Flegg, who is the minister responsible for housing, in June of this year - - - ?---Yes.

- - - in relation to a crisis in public housing?---Yes, I am aware.

All right. I'll just show it to you so that we're perhaps singing from the same hymn sheet?---Thank you.

That's the letter I'm referring to. Is that the one you - - -?---Yes.

- - - understood? All right.

Mr Commissioner, I'll tender that so that it perhaps can be put up on the screen for others to look at. I'll just show (indistinct) a copy while perhaps that original could go up. That's not coming up on the document finder.

What I'll do is I'll read out the relevant part. In effect this letter, as I understand it, the minister indicated that there were more than 8700 properties had two or more bedrooms in excess of the needs of the registered number of occupants?---Mm'hm.

Above that he noted that:

> *The public housing in Queensland is in crisis, currently we have over 30,000 applications which we are unable to satisfy, many from the technically homeless.*

I take "technically" means that the definition is you don't have a roof over your head. Is that correct? ---Homeless can be, as the minister referenced, actually homeless as in sleeping out on the street or sleeping under a bridge; or at risk of homelessness, that my accommodation now is at risk of ending and I'm currently moving between

relatives. So it's kind of a broad definition.

All right. In terms of the - under cover of this letter was a feedback form to elicit from people in public housing - tenants - that, "If there were any undeclared household members living in the property and you don't declare them by the end of the amnesty period" - which was 27 July this year, two things may happen:

> *Those extra household members will not be considered when the department reviews your household for under-occupancy or any transfer to a smaller property; and the department may also require you to back-pay rent at the rate of 25 per cent of household income.*

In the feedback form the following options that were being considered were: continue to require people to transfer to smaller properties; ask people to pay a higher rent to stay in their current property; or ask people to share the current property with other people. And then they go on to say if they're asked to share they could identify people who they know they could live with or refer people to tenants. Firstly to your knowledge were there people who self-referred as having undeclared occupants to the department?---Yes, there have been.

What sort of number were we talking about?---So in relation to undeclared occupants, I don't have the exact figure off the top of my head, but it's around two and a half thousand people, and their information was provided to the department that hadn't previously been declared.

All right. In particular with one of the options posited in the feedback form, which was, "Ask people to share the current property with other people"?---Mm'hm.

Was any account to your knowledge taken of whether in fact this may place children at risk in terms of the screening of those people?---So there were a whole range of considerations that were put to government about the pros and the cons of sharing.

Yes?---And including a whole range of factors that might be kind of bundled together about safety issues.

Yes?---Many of our tenants are elderly - are old - and many of the people who responded to the minister's letter and the survey were in fact older tenants who were very fearful for their personal safety if they were required to share with somebody that they didn't know. So overall kind of safety issues and security issues were a very prominent thing in the feedback that we got. So we received in excess of 12,000 surveys back to the department in response to that letter from the minister.

I suppose there's the obvious risk of screening of people who may be sharing properties with tenants, but there would

be other pressures or other risks, wouldn't there? For instance, it may in fact heighten the risk within the family of tensions and conflict, mightn't it?---Correct.

Having another tenant within the household?---Correct.

Are you able to say how far this initiative has progressed, if at all?---So I can say that as a result of the feedback received from tenants the minister has made public statements that requiring tenants to share is off the agenda. So where people might come forward voluntarily and say, "I'm friends with Maud from next door and we're happy to share," then, of course, that's an arrangement that we could countenance, but as far as a policy decision to seek people to share that they don't know, then it's off the agenda.

So in essence what you're saying is people could opt in and say, "Yes, I wouldn't mind sharing with so and so next door or my friend down the road"?---That's correct.

Right, okay, thank you. Now, in terms of reporting of risk issues in relation to children, child protection risk, it's correct, is it, it's not a mandatory requirement for housing employees? Correct?---That's correct.

What's your view? You say in your statement that they do receive training in identifying child protection risk factors. Correct?---That's correct.

Do you think it should be mandatory for employees of the Housing Department?---I don't see any benefit in it being mandated. It is true that housing staff are out and about in communities, inside people's homes, as part of their work as housing officers which was why we put in place policy, procedure, training, practice guidelines, the ability for frontline staff to seek advice from child protection experts within housing, to seek their advice about, "I saw this. I'm not sure what to make of that," you know, so that they can get some advice about threshold and information and what to make of it. From my view that works very well. We don't seem to have had any difficulties with that. I think the key is about providing the right training, the right messages about kind of positive obligation, the right policy framework and support for staff.

COMMISSIONER: Sorry, this is going to be exhibit 27 before I forget, that letter.

MS McMILLAN: 28, I think.

COMMISSIONER: 28, that letter.

MS McMILLAN: The letter and the feedback.

COMMISSIONER: And the feedback, yes.

ADMITTED AND MARKED: "EXHIBIT 28"

MS McMILLAN: How extensive is the training provided to workers?---It's part of a suite of training. It's not the most critical piece of training that they receive since their job is primarily housing and, of course, the emphasis

is about housing, straight housing business, but there is supporting practice guidelines, as I said, and supporting material that they can access.

What's the threshold for reporting, as you understand it, within the department? What do workers understand, if you like, is the threshold through their training and reporting issues of child protection?---I'm not sure that I could comment of what somebody else's understanding - - -

No, but in terms of do you understand what sort of training - what sort of level do you understand through the training is adopted and can you say throughout the department in terms of the threshold for reporting?---The kinds of things that housing officers might see and observe if they're out and about, you know, in the community or in a house might be, for example, that the house is extremely unhygienic so that's something that's visible, would be noticeable to them of if when talking to the tenant, there were references about violence in the house. We routinely receive complaints from neighbours about complaints that may indicate that children are at risk. So, for example, the kinds of information about rowdy parties, lots of people coming and go, small children in the house, perhaps not present - present in the house when they be at school instead, so that kind of general neglect information.

Perhaps if I could be more specific, at paragraph 73 of your statement you talk about, "Staff are encouraged to contact Child Safety Services to report concerns about the safety of a child or children if a staff member suspects that a child is being or is at risk of being harmed"?---Mm'hm.

Now, I'm interested in what you're indicating by the word "harmed". What level are we talking about? What's the definition of "harmed"?---So the kinds of examples I just gave would be the kinds of things that housing staff would equate with harm.

All right; and are those examples in your view clearly articulated in the procedural manual, I think you said, that departmental officers have?---I'm not sure. I would have to check that about how specific they are.

Would you be able to do that for us on notice, so to speak?---Yes, of course.

All right, thank you. Now, I wanted to ask you some questions about children or young people transitioning from care?---Mm'hm.

Again your statement speaks at paragraph 77 to this. Do you consider that when you were part of the, if you like, one super department with Disability Services in particular that it was easier to plan a transition from care for a young person?---My experience is that it has not made any difference whether we're in the department or not in the

same department.

All right. How much notice is normally provided by Child Safety to your department about a young person turning 18 and therefore requiring social housing?---It would vary from location to location, depending upon the practice at Child Safety.

All right. So if I can put it this way, there's not an automatic flag, if you like, that goes up in the system to let you know that X is turning 18 next month?---No, we don't have access to the Child Safety information so Child Safety would have to make a referral to us.

I understand that, but what I'm saying is it's not an automatic generation, as you understand. It depends, does it, on the individual caseworker advising you?---Correct. It really depends on the individual circumstances of the young person because, of course, not all young people exiting from care require social housing. Many of them are housed by their families or their foster carers or they move to independent living themselves so the whole - you know, the same range of options are available to young people exiting from care as any other child turning 18.

How much plan ideally would you require ahead of time to be able to plan and accommodate a young person who was in need of social housing?---The key issue for housing is enough time to be able to find the right accommodation or as best is able to find the right accommodation. As you would know, young people exiting from care have experienced significant trauma throughout their lives. They have often experienced great instability. Moving to independent living at 18 is a very big ask for any 18-year-old, especially for these young people who have experienced trauma so housing will do its very best to find the right fit. So, for example, it would not be in the young person's best interests for us to allocate them an apartment in an apartment block where there might be other young adults who we know are engaging in self-harming, drug-taking behaviours, mental health issues. We don't want to place a young person exiting from care in an environment where they might find, you know, kind of temptations that will derail their prospects.

On a more positive note, is any thought given in their allocation of suitable accommodation, for instance, access to support services? So if they're young people who need mental health assistance, for instance, they would be near to their caseworker or - - -?---Yes. So the kinds of things that we would take into account is their community where they already have supports in place, the family if that's a positive influence, if they're accessing TAFE or some educational work close to that. Ideally young people exiting from care are exiting from care with support and the accommodation aspect is just one part of their overall plan.

So if we know from at least the minister's letter there's a crisis in housing, it would seem that obviously you're going to need a longer period of time for young people transitioning from care because you say you take into account those factors you've enumerated. I therefore assume you would need a considerable period of time, that is, perhaps what? Would it be six months?---Yes.

12 months?---Yes; yes, in that order.

More towards the 12 months?---So the issue is really about when the young person's ready to transition into a place because, of course, at our end if a unit becomes available and the young person isn't ready, we're not going to be able to hold that place for six months until they are ready because, of course, we have the 33,000 other people waiting, you know, potentially for an allocation into housing.

So from what you say it's both the timing aspect but it's also the coordination aspect in having the other services in place, one would hope?---Absolutely.

All right, thank you. Now, in terms of the indigenous communities, how has the department progressed in reducing overcrowding in remote indigenous communities?---So, as I've outlined in my statement, the Queensland government entered into a 10-year agreement with the Commonwealth in 2008. It's known as NPARIH, the National Partnership Agreement on Remote Indigenous Housing. That acronym is NPARIH. So the Commonwealth allocated $1.156 billion to do housing work on 14 communities across 10 years so the agreement runs up to 2018.

Okay?---The focus of that work is to do a couple of things. One is to build new houses on those communities so directly in response to overcrowding. The other piece of the work is around refurbishing or upgrading existing housing and then part of the agreement is that the Queensland government agrees to take on the tenancy management role in those communities, but the intention is - - -

Who has got that now, sorry? Who's got the tenancy management?---So in communities where this work hasn't begun it's usually done by the council.

The local council?---Yes; yes, so we are very close to tenancy managing almost all of those communities and we'll - what we do is then we work hand in hand with the council to up-skill their staff with a view that over time we would exit from that work and again the local people employed by council would be able to do that work.

Have you seen, to your knowledge anyway, any benefits in terms of doing that, for instance, taking over the tenancy responsibilities?---Yes, so one of the very tangible things is the connection between paying rent and houses being maintained. So on those communities where we are tenancy

management - have tenancy management the kind of housing arrangements are regularised, if you like. It's the same arrangement. It's the same process that we undertake in every other community in the state. So tenants pay their rent and then the state takes responsibility for the management of the maintenance and the upgrades. So in terms of the connection with child protection, of course, there's a very strong connection with overcrowding so, for example, children in a household where there are many adults. They're not able to sleep, you know, their sleep disrupted or if, for example, the kitchen is broken and not able to get up in the morning and have breakfast and going to school, children are tired and not fed, of course they can't concentrate, so there's strong connections between the stability of housing and the quality of housing and the safety of a housing and some of those child protection outcomes. I've actually got some photographs with me of some before and after if the commission is interested in the upgrade work that happens on those communities.

Yes, thank you?---So it's just an example of a property we're now referring to. These are before and after.

Who took the photos?---It would have been housing staff on the communities.

Just while the commissioner is looking at that, this partnership, the national partnership with the state department, is it correct that one of the outcomes that's sought to be achieved by 2013 is indigenous homelessness being reduced by 33 per cent?---So that was actually - that's actually a different partnership agreement.

I see?---That's the national partnership on homelessness.

There are a number of partnership agreements, are there? ---There are in fact a number, yes, and the national partnership arrangements were linked to Commonwealth funding arrangements with the state. The one I referenced before related to remote indigenous housing specifically, but there is another one that relates to homelessness.

Right. So you're aware of that target of 33 per cent by 2013?---I am.

How on track is that, to your knowledge?---I'm not in a position to comment on that.

Again we could ask for that information no doubt?---Yes, you could.

So with reference to those photographs, would you just formally for the record identify what are the before ones and what are the after ones?---So there's a series - for the record, there's a series of photographs - - -

Just perhaps identify photos like one to six are the before ones and seven to nine or whatever - - -?---Photographs 1

through to 5 inclusive are the before photographs and six, seven, eight are photographs after the refurbishment work.

I will tender those, Mr Commissioner, thank you.

COMMISSIONER: Exhibit 29.

ADMITTED AND MARKED: "EXHIBIT 29"

MS McMILLAN: Thank you.

All right. That's at Aurukun?---Yes, it is.

Is that, to your knowledge, consistent with what you understand was the level of improvements with the taking over of the tenancy arrangements?---Yes; yes, so that's indicative of the work that's happening across the 14 communities so a mix of upgrades and new properties.

How much involvement do indigenous people have with the design and location of the housing that we're talking about, the designing of new housing or upgrades?---So in relation to the NPARIH work, so this particular program, the remote indigenous program, considerable time is taken in consulting and working with the local community around where the houses are to be built, what design, what type, how many bedrooms and the same in relation to the upgrade work. A lot of the up front work really involves that work on communities in consultation. So on all of the communities in which we would have done this work housing staff would have spent a lot of time talking with them.

All right. Do you know what frequency there is for indigenous families to be evicted from government properties?---I do. I actually have the eviction numbers. So for this past financial year there were in total across the state 59 tenancies who were evicted in total, so 59 of the 55,000 that housing manages which is government owned and managed housing.

Now, just so I can understand, 55,000 is clearly not just indigenous families. That's across the state?---That's the whole state, yes.

Right?---So 59 is the total number of the 55,000. Of that 59 22 were indigenous.

So it would seem overly represented again in the number of evictions, would it not?---It would.

Yes?---But relatively very small numbers.

All right. What housing options are there for those families that are evicted, to your knowledge?---So one of the roles that housing service centre staff undertake is, as you can see from the relatively small numbers of evictions out of the very many number of tenancies that we manage housing service centre staff go to extraordinary

lengths to assist tenants to maintain their tenancies and it's only at the very last resort that we seek a notice from QCAT to evict. If an eviction is granted and a warrant is executed, we will then work with the tenants to either access tenancy in the private market. We have the options about giving them a bond loan to assist them to get the bond to go onto private marketing and they're able to relist again for social housing.

I take it if it's, for instance, in remote communities indigenous families probably the options aren't great in terms of returning to housing?---No, they're not huge.

All right. Of the 22, would you able to again with some notice be able to find out what communities these occurred in?---Yes, I think that I would be able to find out where they - so these would not be related exclusively to remote communities.

No, I understand that?---This would be indigenous people across the state.

Yes, thank you?---Yes.

In terms of promoting successful tenancies, it seems that obviously a significant one is managing the tenancy issues. What other things does your department do in terms of particularly with indigenous communities trying to manage tenancies and be successful?---Yes, one of the things that we do is work very proactively with council and any other support agencies on the ground and more proactively work with tenants than we do in other parts of Queensland about - particularly around their obligations under the tenancy agreement so things like paying their rent and maintaining the house; living peacefully and peaceably with neighbours, part of their tenancy obligations. One of the things that we do work a lot on, particularly in the remote indigenous communities is rent arrears, because we know that for most people in social housing, they're on Centrelink benefits, so very low income, have very little behind them. And so once they fall into rent arrears it's a debt that becomes more and more difficult to pay. Of course once they have a debt then there's a - unless you can actively help them to get back on top, then they just spiral along out of control.

So what active intervention heading does your department take with trying to assist with arrears?---We actively manage everybody who has rent arrears. We require all tenants to be two weeks in advance, so once it falls below that then we will make contact with tenants, ask them to get back up to speed again; put in a plan, put in place payment plans with them; and actively negotiate and follow it up.

All right. I have nothing further for this witness.

COMMISSIONER: Thank you.

MR SELFRIDGE: Have you got your statement there in front of you?---I do.

Can I ask you just to turn to the last page, please - the second-last page, just before the declaration. Paragraph 101?---Mm'hm.

Can you explain to the commission what you mean by that paragraph about, "The strategic relationship the child protection system to be formalised and reflective of the recent machinery of government changes"?---What I was referencing there was the comment I was making before that prior to the last machinery of government changes - - -

Yes?--- - - - 2009 when housing was a stand-alone department we had a formal MOU with Department of Child Safety, so there I was really kind of questioning whether now that we are separate departments again, about whether there is a need for us to enter into, for example, a formal arrangement again with the Department of Communities.

Do you consider there's a need for that?---I don't see any need for it as yet but that's not to say that it might not, you know - a particular issue might emerge that we might need a more formal arrangement.

Sure. Does it work as (indistinct) because that's a question I was going to come onto later on, because there were a series of questions put to you by Ms McMillan and counsel assisting in relation to what notice your housing would need in relation to a young person transitioning to independent living. I think that the nucleus or the gist of it was that at that point that it was not just a matter of time, it was coordination, et cetera. From your perspective those working relationships, are they working? Do they work? Could it be better?---Everything could be better but by and large, yes, they do work.

Yes?---I think that the issues are on both sides, if there are any issues about child safety, understanding more the work of housing and not making an assumption that if they make a referral, that there will instantly be a response.

Yes?---So of course child safety workers don't stand in the shoes of housing workers and understand that there are

33,000 households waiting for housing and that they're managing 55,000 existing tenancies; a child safety worker is concerned about the client and the case right in front of them. Of course, the housing staff are not - you know, they'll have working relationships but don't understand the intricacies of the child safety work. So I think that yes, the working relationships do happen and where there is an issue it's often an issue of communication and breakdown in communication. I don't think any of that is ever solved by an MOU; I think that an MOU or a formal head of agreement really gives a mandate for workers to get on and make things work, that you can't kind of require that, you have to make that happen. You have to work at that.

Just come back then to paragraph 101. When you talk about the department you're obviously talking about your own department, public housing?---I am, yes.

For it to be formalised - I understand what you're saying about the formal MOUs that were previously in existence at the Department of Child Safety. Is there a thought process that you have in relation to how that could be formalised in terms of what will work for that recommendation, as such?---Yes, what I don't know is that as of Monday I have a new director-general so I can't speak on behalf of what his view might be about MOU arrangements with other departments.

Okay, I understand?---It would be my personal view, not the view of the department.

I understand. Turn your attention to those young people that are leaving long-term home care and transition to their own household and independent living. There were some questions that were put to you in relation to that. I don't need to go to the same area, but some of the things that you list in your statement in terms of being proactive and working towards initiatives as such, youth studio initiative and the like, paragraph 97?---Mm'hm.

How long has that been in existence?---The youth studio initiative is an initiative under the national partnership agreement on homelessness, which your colleague referenced earlier. That's been in place for the last couple of years. The specific initiative that's referenced in 97, one of the examples is an initiative called Kids under Cover.

Yes?---There are, if you like, kind of stand-alone modules that are actually located in the - usually in the backyard, often of foster carers, so where young people have been in their care and they're transitioning into adulthood but the carer has indicated that they're willing to continue to offer support to the young person, but we're trying to assist them into some independence, so that a kind of module is placed in the backyard - - -

When you say "the module", what do you mean by the module?

---It's like a demountable, I suppose.

Okay, I understand?---So it has a bedroom and a bathroom and a kitchen, so it's kind of a - it's an independent living studio.

That's done with that contact and that support at hand, as such?---Yes.

You say in sentence 2 of the second sentence, "(indistinct) through a registered housing provider." Who do we mean by that?---That would be a housing organisation, so a community housing, so a non-government organisation.

Okay. And then in terms of scaling, because you go on to mention support and temporary transitional accommodation. What are we talking about in terms of scaling and numbers here?---It's small numbers.

Okay?---So there are 12 one-bedroom studios currently and seven of those 12 are in private properties, so that kind of example that I mentioned about young people who might have been in the care of a foster carer and they're willing to continue to care for them.

Okay. Just turn your attention then to - obviously that relates to something that's been a focal or a central theme in the commission thus far about trying to come up with initiatives and proactively, in terms of young people's care and transition. You list others here as well as part of your statement; A Place to Call Home initiative? ---Mm'hm. So A Place to Call Home initiative is probably more at the secondary intervention level.

Can you explain what you mean by that?---So it's an initiative that's a combined initiative of a number of departments focusing on trying to prevent young people and families from falling into homelessness.

Yes?---So they have some support arrangements in place so they're supported by a support agency or two or three, and one of the key components to trying to stabilise the family to make them more open to intervention is housing, so the housing role is really about providing the place.

So this is for - we're talking about at risk or vulnerable families here?---Yes.

That's that it says, as opposed to an individual, as such? ---Yes.

Is there anything else you could point the commission to in terms of initiatives or moving forward and acting in a proactive way as such in carrying on that same theme or concept?---Nothing is coming to mind immediately.

Can I then just ask you to turn to the last page again, paragraph 104, "Opportunities for housing service delivery staff to access child safety notification decision-making tools made available to police, health and education departments" - pretty clear what it means in black and white, at face value. What does that mean for you in terms of the detail? The devil is always in the devil. Do you say that it should be made available to housing, Ms Mulkerin?---So what I'm referencing there is that there has been some joint work between police, education, health, child safety, to develop some decision-making tools and processes that police, education and health can use to assist them to determine information and whether this will meet a threshold for referral to the Department of Child Safety. So my reference there is that it would simply be useful for housing staff to have access to the same decision tools.

Are you talking about in terms of making the forms, the notifications, than in whose terminology - - -?---Yes.

Okay?---So that's really saying that if there's some decision-making tools or some system whereby some of the other agencies are going to use a similar definition or threshold to make a determination about whether they might make a referral to child safety, I'm simply making the point that that would be useful for housing staff as well.

Are we talking in practical terms of extending a mandatory reporting (indistinct) is that what - - -?---No, it's more about access - - -

Just so I'm clear?---No, no, not mandatory reporting.

No?---It's more about just access to the same decision-making tools, the same policy procedure supporting documents.

Do you mean to assist housing in terms of how to deal with applications from those people who are at risk or vulnerable families?---No, what I mean is to assist housing staff to make a determination about whether information that we might have in relation to children who might be at risk and whether we should make a referral to child safety. So it's that up front notification of risk of harm decision.

Okay. You're obviously familiar with the evidence that's come before the commission in relation to a central bank of intelligence, as such, that's accessible at different levels and that people should be aware of if assessed children are at risk within the community. Is that what you're talking about here?---I'm not advocating that there

should be a central database. What I'm simply saying here is that if there is some consistent tools and practice tools that are being used by other agencies then housing could also use those.

Okay, I understand. Thank you. Sorry, could you bear with me for one minute, commissioner?

Can I ask you just to turn, please, to paragraphs 34 through to 37, thanks, Ms Mulkerin? It's the one social housing system, and then if I take you to paragraph 37, because that clearly identifies what we're talking about here as far as the child protection system is concerned and the issues that the commissioner would have to address as part of his remit. What are we talking in terms of numbers and use of resources here, particularly to foster families, kinship carers, family - are you able to help in assessing that?---Yes, so from a housing perspective the numbers are quite small, so in terms of notifications or information that housing staff have made to child safety in that kind of investigative intake phase there's 102 matters from 2008 to 2011. In relation to matters that have been referred to housing from child safety looking for housing to provide a housing solution for a child safety client, from 2008 to 2012 was 781 referrals and what we call - and then we develop joint action plans. So they would be a mix of either foster carers or parents who had been actively working towards reunification of children into their care and child safety was making an assessment that one of the key factors that would assist the parents to be able to successfully take care of their children again was housing. So that is that client group. So they're the kind of numbers that we have. We do also offer the option, as we were talking before, about young people exiting from care being able to be housed by housing, in social housing. Those numbers are relatively small. As at the end of this last financial year, so 30 June, there were 17 young people who had been in the care of the state who were under 18 for whom we had provided housing.

Of those numbers that you've just given, the 102 and - well, of those - the breakdown of those numbers you've just identified, all the numbers, do you have a breakdown in terms of indigenous children reflected - - -?---No, I don't. I don't have that with me.

Is it something that you would have at hand and could make readily available?---We would most likely - sorry, of the young people in care or the young people exiting from care - - -

Transition, yes?--- - - - I do have those indigenous numbers. So of the 17 young people six were indigenous, but I don't have the breakdown in relation to the larger number, the 781.

That's the joint action plan, is it not?---Yes.

Yes, okay. Thank you very much?---Thank you.

COMMISSIONER: Thanks, Mr Selfridge. Are you ready to cross-examine - - -

MS EKANAYAKE: Yes.

COMMISSIONER: Okay, Ms Ekanayake.

MS EKANAYAKE: Thank you. Going to paragraph 44 of your statement - - -

COMMISSIONER: Ms Ekanayake is from the Aboriginal and Torres Strait Legal Service?---Thank you.

MS EKANAYAKE: Paragraph 44 of your statement, you make reference, as my friend questioned you, the joint action plan developed between child safety and the Department of Housing. Do you have figures on the length of waiting time for families that are referred to the department and feature in a joint action plan?---I don't have specific data about that particular group, the 781. No, I don't, I don't have - - -

Specifically, the waiting time involved?---No, I don't have that. I don't have that data with me about the waiting time from when referred to when they were housed.

Yes, when the joint action plan was formulated and that person was referred to the department?---No, I don't have that information.

From that point, when a person is provided with housing? ---Yes. No, I don't have that information.

Can that information be provided?---I don't know, because we would actually have to do a data search of the 781 specifically and see whether we can extract that information. So I can - if the commission wishes, I can see if it's possible and perhaps I can provide advice about how much effort and time it would take to seek that information.

COMMISSIONER: If you communicate with counsel assisting we'll communicate with Ms Ekanayake and we'll take it from there, if you like?---Thank you.

MS EKANAYAKE: Thank you. It's been our experience that families who are referred to department on this joint housing plan have had long periods of waiting. It's just to find out what kind of waiting times are involved in general. My question again in relation to paragraph 46, the very high segment, is the same. Would you have an average waiting time for people on that list?---I don't have it with me but we may be able to get that information more easily, because we've just completed an evaluation of that program so we have some quite specific information. So I'll see if I can access that information.

Thank you. Going to the second-last page of your statement, paragraph 103 you say under the heading of Further Work, "Local arrangements are a critical component of assisting vulnerable families and children at risk." Could you explain further what you think should happen, and also in relation to Aboriginal and Torres Strait Islander children and families?---So specifically in relation to Aboriginal and Torres Strait Islander children as it relates to child protection matters, one of the really critical factors is the ability to be able to place those children within their community or with family or kin, you know, relatives, and so local arrangements and the ability to support those placements locally, particularly in the remote communities, is really a critical factor about the success of those placements. In the same way, from a housing perspective our ability to assist child safety to help them find kin placements on those remote communities, one of the things that we might be able to do is actually to assist and find housing that might allow for some children to be placed with carers or placed with kin but still remain on community rather than be uplifted, for example, to Cairns. So the point I was making here was that the more that we can assist those children in community with their relatives or carers or anybody else who is able to care for them, my view, and, you know, the evidence backs it up, the better results that we get for those young people (indistinct) arrangements for their care.

So are you saying there's a higher level of housing need or - - -?---Always. It's like any other human service. The demand far outstrips our capacity to respond.

At paragraph 106 you say, "Ensuring appropriate sharing of information particularly with the growth of the role of the not for profit sector in providing both housing services and support services." What would be what you have in mind?---So the future of housing in this state, as in all states in Australia is that the not for profit or the community sector will play an increasingly stronger and larger role in the provision of social housing. So any of the considerations that we have in place about sharing information, protocols, the need to continue to house those most at need, will need further work as the community sector expand and begin to provide more of that service. That was really what I was meaning there, that much of this discussion that we're having between government departments, we'll need to have more and more of that with the community sector.

Thank you. No further questions?---Thank you.

COMMISSIONER: Ms Wood?

MS WOOD: Thank you, commissioner.

My name is Ms Wood. I'm the official solicitor at the

Crime and Misconduct Commission. I'd just like to ask you a few questions in relation to your involvement. I gather you were the executive director of the child safety services division at the Department of Child Safety?---I was.

What years was that?---2004 - the end of 2004 to 2008.

So I gather you had quite a large role in the implementation of the recommendations of the CMC report? ---I certainly did.

Just referring to recommendation 4.1, which I'll read out, that a new department of child safety be created to focus exclusively upon core child protection functions and to be the lead agency in the whole of government response to child protection matters, would you agree with the general proposition at that time that that was a good method to ensure that the tertiary services be focused upon high risk child protection?---I think that the intention of that recommendation of the CMC at the time was to give prominence to the recommendations and the ability of a department to devote considerable time, effort, energy and focus on making sure that the recommendations were implemented. So a single focus agency, in the view of the CMC at the time, gave government the best chance of making that happen.

Do you think that was a success overall?---I think it was a success. I think it was the right approach for that time. I think that it was a - you know, the CMC inquiry was triggered by a series of critical events and the system overall was significantly under-resourced. I think the kind of intent of the CMC recommendation and then the government, you know, carrying that through also sent a very strong message, I think, to the community that the government had heard the downfalls and the weaknesses of the system and had made a profound statement that it wanted to right those wrongs and kind of set child protection on a new path.

Thank you. We have heard from Ms Apelt that since then and since 2009 when the department became part of the super department of communities that it had since then provided I guess what's called an integrated community range of services. Were you involved at that stage at all?---Yes. Yes, I was.

Has that been a success as well?---I think again it was an approach for the time. I think that the strength and the dilemma of a standalone statutory department is that it has the risk of becoming bigger and bigger. You know, you pour resources into the tertiary end and you draw more work to it. As evidence has been led here, many of the new services that were designed to assist families or children can only be accessed by a referral from child safety, so in a sense it draws - you know, the bigger the agency is, the more it draws work to it. So that is the risk of having a

standalone agency that continues to grow. The benefit of belonging to a more integrated department is that you can access other types of services, so for example, housing, you know, in a much broader context, but then, of course, the risk is that you don't have that same single focus again. So it's always a question of balance, really, and which is the greater risk and which is the right approach for the time and the issues confronting child protection.

Thank you. Without dealing with tertiary, secondary or primary services, would you say the standalone department recommendation is strong insofar as trying to prevent the issues that arose out of the CMC inquiry in terms of delivery - - -?---I'm kind of unconvinced that a structural answer is the answer. I think that the kind of best approach is really to work backwards from what is the need of children and families and how best might government, the community, respond to those needs. Structures assist us to organise things, but of themselves, you know, often creates silos. Sometimes they help us to work together - not always and not often, but I think the answers have to be about, from my personal view, what does the research tell us about the best way to care for children, and I think that's about building a strong secondary and tertiary response.

Thank you.

COMMISSIONER: Someone once said that if we designed the aircraft on the same basis that we design child protection systems that we would do so on the basis of why the last one crashed?---Well, that's a reactive response, isn't it?

Yes, okay. Yes, Mr Capper?

MR CAPPER: Thank you.

Craig Capper from the Commission for Children and Young People and Child Guardian. I only have really sort of one series of questions for you and it relates to your comments before about the need for transition of children from care and the need to plan for that. One of the concerns, of course, for the commission is that children are able to transition from care into particularly adulthood effectively. Would you agree from what you've indicated that that planning process you've said could be from a housing perspective no less than six or 12 months out so we need to be starting to be fairly firming up on the need for children after care about 12 months out for it to be effective from your department's perspective?---At least, yes.

So from that sense we need to have a very firm view - you would accept that we have to have a very firm view as to the needs of children about 12 months out and a transition from care plan has to be fairly effectively and ready around that time so we can really work 12 months out to have them ready for transition at adulthood. Is that right?---Yes; yes, I think it's a very big ask for young people to transition into adulthood and independence at 18 so any - so for that to happen well a significant amount of support and planning needs to go into that. I have an 18-year-old son and I dread the thought that he would be out on his own.

Thank you.

COMMISSIONER: Thank you, Mr Capper.

I just wanted to take up your point about the structural remedy to child protection problems. Are you an advocate of placing child protection in a broad context within support for families, support for children, meeting their needs and over time reducing the demand for child protection services because their protective needs are met by such things as stronger families, stronger individual qualities and characteristics developed by accessing more readily universal and targeted secondary services if they needed to?---Yes, I think that, as I said before, the bigger that we build and we make the tertiary end of the system, the more it will draw work to it and ultimately the ideal is, of course, to prevent and stop as many children and families needing a tertiary-end response. So I think that for now my view would be that the emphasis has to be on building the secondary sector and I think that our kind of practice experience or service-delivery experience is that the risk for any service response is at the key kind of transition points, at handover points. So one of the risks of a child protection statutory service being separated from the agency that's responsible for the secondary is that there can be a gap in between the two where one begins and one ends. So, you know, it would be equally as disadvantaged to families and to children if we

built a secondary service that was this big and sort of only went this far and the tertiary response was somewhere up here and there was still kind of a service gap in the middle. The key is about - and I think this is the art more than the science of it - is to find the ways to have a seamless response as families need more support to be able to enter and access more intensive support and, as they kind of stabilise, then to be able to kind of enter - you know, kind of exit back out again and enter back in again and out again as there needs. It's not - often these families - their lives are not kind of a linear progression; you know, they'll be stable. Mums with small children will re-partner and that partner will be quite stable in work and they - you know, they kind of fall apart and then their back in crisis again and she might partner with somebody else who's less stable and so, you know, families move in and out of the need for support and that's the difficulty, I suppose, with a government-designed kind of process in that we have quite structured ways of responding to families. Families and their needs are often a messy business. They don't go about it in a kind of structured and orderly manner.

They don't read the legislation?---No; no, and they don't follow the manual either.

Yes. So what you're saying is, is it, that if you have a healthy functioning secondary system, say - because we're dealing with people who need more than universal services clearly?---Correct.

Not necessarily at the point in time when, if ever, they need the tertiary service. They're at a point where if you give them help at the secondary level, that is, meeting their needs, whatever they are, when they need it most, then they might never enter the tertiary system?---Yes.

So what you're trying to do is erect natural ethical barriers to the tertiary system?---Yes.

Not artificial ones that discriminate and exclude from getting into the tertiary system if they need it, but only letting them in if they do need it and try to prevent their need for it by giving them as needed access to the secondary services, because once you get into the tertiary service, it's not quite so easy to go in and out, is it?---Correct.

Once you're in, it's hard to get out?---Correct; correct. I often - sorry, I should have predicated - this was remiss of me. I should have predicated that any of my comments about the child protection system are really based upon my personal and professional experience. I'm not speaking as a Department of Housing housing officer, more about my experience.

No, we much prefer you to speak from your personal experience than your position?---I often think about the

tertiary end and the discussion about how much should be referred to child safety and how big should the child safety system be as thinking about like requiring every sick person in the community to go to an emergency department of hospital and then requiring the emergency staff at the hospital to triage every single person who's sick in the community, whether they are truly unwell and need emergency through to whether they have a cold and they could have just gone to the chemist.

Not only that, treat them with the same medicine?---Treat them, and so imagine, if that's how the system was designed, how big emergency departments would have to be. New IT systems would have to be created to gather all that information. You'd have to put on so many more staff at the emergency and the risk, of course, would be in that sea of people who were clambering for a response how difficult it would be for the emergency nurse to see and find the people who truly, truly needed the emergency doctor and treatment; you know, they'd spend their time saying, "You're right. You can go to the chemist and just get some cold and flu tablets" or "You should just go back home to bed. No; no, you need a physiotherapy appointment. No; no, you can go see your GP," and in a sense it's kind of a bit like that's how we've built the child protection system to be the great filter, the great funnel, where all of the information gets poured regardless of whether it's useful or important information and we gather that information. So it's all of that noise and information up front that the child protection workers spend their time filtering and screening and assessing and trying to make sense of to find the - you know, out of that 120,000, you know, matters that are referred to find the 20-odd thousand that actually need to be investigated and they do those 20-odd thousand investigations to find the - to make sure that the right 8000, 7000 children are in care. So I often think that we've kind of got the system all devised around the wrong way. In health there's all the emphasis about prevention and early intervention and community health, you know, taking care of your health, you know, going to see your doctor early, you know, having regular checkups, and I think it's in the same way that we need to think about this: that all families from time to time have difficulties. Thank goodness the vast majority of us pull it together and we call upon our family or our experience or our education or we go to a course and we find the way to navigate whatever that personal difficulty is and our kids by and large, you know, seem to be okay. They reserve the right to complain about us, you know, as adults, about the things that their parents did and didn't do for them, but, you know, most of them do okay. So I think that's the essence. If we can build that secondary system to really do all of that early triage and support and help, it's got to be better for those families and those children and then the tertiary end can truly focus on what it's designed to do to help those who really are in extreme need.

That all assumes that the people who need help will access

the services?---Yes.

Because you and I go to the doctor either because we need to right now, we're sick, or we know that if we don't go, we will get sick. The people who the child protection system generally services are people who don't say, "I'm in need of help. I'm going to go and find it." Aren't they the people who either deny that they need help or wait till help comes to them?---So I think one of the kind of important kind of research based programs that we could draw upon is early home nurse support for young mums.

Maternal and child welfare that we - - -?---Yes, so it's a universal service, for example, or it can be slightly targeted so you don't have to go out and search for it, you know, the service will come to you and every mum, young mum, or a mum in a particular location, you know, gets a service. So even those who would go on and do okay anyway benefit from the support, but it's an early pick up about those mums who are likely to struggle with caring for their children so I think you're right. There are some families who are reluctant and resistant to engage with support and probably regardless of how we design the system or what we do they will remain resistant and some will go on to be okay and some will, you know, escalate further, but I think that if we can do more of that early intervention that truly is the preventative type, then that's a strong foundation on which to build the system.

So do you see a highly mobile child protection service?---I do; I do. I think the days of any of us working exclusively in an office are kind of old, old ways of working, I think.

Filling out forms, okay. All right. Anything arising from that discussion? That's it. No reason not to excuse?

MS McMILLAN: No; no; might this witness be excused, thank you?

COMMISSIONER: All right, excellent.

Thank you very much for coming, very helpful, and you are excused from the obligations of your summons.

THE WITNESS WITHDREW

MS McMILLAN: Mr Commissioner, could I have a short break before we resume with Ms Davies?

COMMISSIONER: Yes, sure.

THE COMMISSION ADJOURNED AT 3.47 PM UNTIL 3.51 PM

THE COMMISSION RESUMED AT 3.51 PM

DAVIES, CORELLE called:

COMMISSIONER: Yes, Ms McMillan?

MS McMILLAN: Ms Davies, just before the luncheon break you were speaking of the services that Evolve provide and you were talking about a figure of some 17 to 20 per cent, I think, of children in care having challenging behaviours. Now, I take it from that the sort of behaviours you were speaking of were probably more prevalent in the adolescent years, were they?---Yes, that would be correct.

I think you said earlier that obviously children who are younger - the behaviour is somewhat easier often to manage, isn't it, for parents or indeed foster carers?---Correct.

So that if you look at the children who are needing that sort of intensive support - if you looked at how many adolescents there are, it would be a much higher percentage, I would suggest, wouldn't it?---There is. From the reviews that have been provided the average age in 2010 was around 9.7 years. Average age in 2011 was 9.4 but, as you say, the rate goes up to 15-plus and they're a larger cohort in the older age group with that behaviour.

Right; and am I right in understanding that when you're talking about children who have been relinquished and their challenging behaviours, it's a bit of a chicken-and-egg issue, isn't it, because at least part of the behaviours are probably a result of harm that they've had perpetrated upon them in their parents' care necessitating them to go into care - - -?---Correct.

- - - or behaving in such a challenging way that parents can no longer manage them? That must be, I would suggest, a large percentage of those adolescents with challenging behaviours, whereas the ones with, say, intellectual disabilities - that may or may not have been exacerbated by what's occurred in their parents' household. Correct?---Correct. Can I just clarify the word "relinquishment"? I think in these instances the statutory intervention and the criteria of parent willing and able in a lot of these instances is - they might be - they may be willing but they're not able or they are not willing and not able any more, but I think just to clarify this, the children that are coming into Evolve haven't become in because of their challenging behaviours, it's the possible intra-generational and level of abuse and neglect that they've received that have created those behaviours which then with the subsequent taking into care and then placement and requiring that therapeutic intervention to stabilise those behaviours moving forward.

So in effect you're saying it's not ground zero, they're not coming through the door with challenging behaviours, as such; they are at the end, you say in large part because of what they in due in early childhood?---Correct, and their behaviours have - in the assessment of the child and what's in the best interests of the child to leave the child in that home situation and continue the neglect or the abuse or emotional or psychological abuse is not in the child's best interests, so then the decision to place the child in foster care is taken, my understanding.

COMMISSIONER: Ms Davies, what do you mean by inter-generational? I know what the term means, but what does it mean in this context?---It's a history, just from the information that I've received from the Evolve teams, a lot of these children have come from parents who were also children in care who also suffered some degree of neglect, abuse, emotional, psychological - a range in their childhood.

So they were either victims of abuse or neglect themselves and/or they had - and continue to have, presumably - psychological, mental health, or even physical disabilities?---True. And also their ability to parent is also impacted on the way we were parented.

So with the child who's currently in care, its nature and nurture having an impact on their needs?---Correct.

And that may have been true of their parents and their parents' parents, at some point it was just nurture in terms of maybe the generations have become both?---Yes.

How do you break that cycle?---Good question. I think we are seeing pockets - I know that from my discussions with the staff down in the South Brisbane area, for instance, from my discussion with the education area the young girls in school there don't talk about if they get pregnant, they talk about when the going to get pregnant, because their mother was young - 15, 16 - when they were born. So it's considered a norm, so how do you actually change that norm in the child's life, is a big challenge; and how you actually then break that cycle of, "This is the way I grew up so therefore I'll parent my child in the same way." It is a very vexed problem and a long-term problem and a long-term solution in dealing with that. So as I said, with the long-term follow-up with the Evolve children it would the really interesting to see in their 20s and early adulthood where they're at in their lives in terms of their views of parenting, whether they're parents themselves now, and what their ultimate plans are in terms of jobs, future, family, et cetera, as to whether this system with this support, this therapeutic intervention, has actually made a significant difference in their lives.

What about on top of the therapeutic intervention, dealing with that attitude of the right to be a parent and exercising that right as a right - - -?---Yes.

- - - and changing the norm around that and getting them to challenge that view? How do you do that? Is that educational?---It is educational. I think we had some discussion prior to this around parenting programs. The openness of young children - and I tested it on my own children in high school, "Are you interested in learning about being a parent when you're 15 or 16?" The majority of answers from my children and their colleagues was no, not interested in the slightest. But yet when you are born to a family with very young parents it becomes a norm that everybody in the family had children when they were young teenagers or pre-20. We know that health outcomes for babies of young mothers are not necessarily as good as with older cohort of women. We know that single mothers often end up in the child protection system, not necessarily with the first baby but with subsequent pregnancies. In terms of their ability to remain at school, continue their education, engagement when they've got - it just changes the whole landscape for them. It is an educational thing. It's slow. I do believe personally it's relationship-based; if they have good role models in their lives around their teachers and other support services, that you can actually change that.

The act says that chief executive should make every effort to keep siblings together when they're in out-of-home care. Do you know whether any studies have been done or do you know from your own experience what percentage of children in care are siblings of each other or half-siblings?---I don't have that data, I'm sorry. No, I'm not aware. I know that the preference is to keep sibling groups together, but whether that can be achieved, I'm not really sure and how frequently that is achieved, I'm not sure.

And you wouldn't know how many siblings there are in the 8300 group?---No.

MS McMILLAN: I have a couple of questions on those issues. In terms of - I understand you're aware of some issues raised by an academic, Dr Perry, is that correct? ---Yes.

I think you indicated that there were - is it three spheres, if you like, of harm that may occur to children and timings of them in their developmental stages. I understand that you're of the view that given your experience and qualifications, that you would endorse those views expressed by him. Is that correct?---I would.

What do you understand are his three stages or spheres of harm that may occur to children?---Dr Perry was in Brisbane yesterday. He is apparently gone to New Zealand today. He's a clinician with 30 years' experience as a teacher, clinician and research in children's mental health and the neurosciences, specialising in working with traumatised children. The staff from Evolve attended his presentation yesterday and they were very motivated when it was over.

His view is that children in the child protection system have usually experienced three types of trauma which disadvantages their brain development: the first one is in utero when the lower brain is forming, and that can be related to antenatal care and the health of the mother, et cetera; attachment disruptions in the perinatal period, so especially in the first two months post-birth; and postnatal maltreatment and chaos during the early years, so we've not got a good functioning parent or mother. The literature is very clear that if a child hasn't formed a strong attachment to at least one significant person - adult - in the first three years of life, that does impact on their ability to become part of a social group, formed normal relationships, take full advantage of educational opportunities that are put to them, et cetera. So the first three years are absolutely a critical phase and in our child protection system babies are probably the easiest to remove and foster and then put back and then remove and foster and put back because anyone can look after a baby, but we are now very much aware of the evidence that this is a significant time of brain development in an infant which will impact upon the rest of their life. So all of our mental health services and our parent - we've got now a very significant area in Queensland Health dealing with maternal and perinatal infant mental health act out that mother-child attachment.

I want to ask you about that?---Do.

In terms of - you know, of course, subsequent to the CMC inquiry - the 2004 inquiry about children who may be at risk and looking at protecting children, if you like, in utero?---Yes.

And of course we now have section 21A of the Child Protection Act which allows the Department, as you know - Department of Child Safety, I should say - to take appropriate action where it suspects an unborn child may be at risk of harm after birth. Could you just expand a little bit on the perinatal services that you understand the Department of Health office to mothers?---In 2008 there was a significant investment in what was called the Universal Postnatal Contact Service by the then-government and when we looked at how we would do that contact there was an amount of money and we have to obviously decide how the service would look in all of the health service district is and how we would allocate the quantum of funding and we look at the fact - and found that we basically had no standard antenatal screening tool; we had screening talks that were applied in different ways in different services. So we looked at all so that parent profiling that came out of the Department of Child Safety, the three significant criteria of a parent whose child has ended up in care were drug and alcohol, a maternal mood disorder or a mental health issue, and domestic violence. So we introduced a screening tool for those three criteria.

Right. Can I just stop you there? When you say "maternal

mood disorder" - - -?---Yes.

- - - I take it that's with some deliberation to differentiate that between, for instance, depression or other mental health issues?---Yes.

Why is that?---The maternal mood disorder has a tendency in pregnancy to tip into depression but it doesn't necessarily mean it is diagnosed as depression, but we are looking at picking up on women who've experienced in maybe previous pregnancies, postnatal depression or postnatal anxiety which may not have been diagnosed as depression, but some disruption to their normal functioning as a result of anxiety about being a mother or anxiety about the baby, et cetera.

So you is the - if you like did you widen the net to rather than capture just depression issues, mood disorders?---Yes.

Right?---Basically it's the Edinburgh postnatal depression score, and I think you can do that score in the Women's Weekly. It's not necessarily a scientific tool, it's asking a series of questions about how the woman feels, if she can - control of the situation, does she feel - and doing a score. And depending on what the score is, it depends on (1) we just continue to say maternal mood disorder or depression is normal or it can happen to a lot of women, you just need to be aware of the signs and symptoms; if it's a middle score then we would say we probably need to ask these questions again and just keep a more watching brief on this lady; and if they're at the higher end where they're talking about self-harming, et cetera, or suicidal ideation, then we need to have a proper mental health assessment on that woman. So they're the sorts of activities we would then do through the antenatal clinic.

All right, so if you like, in terms of that screening if you're finding issues that are percolating through, such as domestic violence, what does Queensland Health do in terms of those issues?---Domestic violence is an interesting screening because if you look at the data, two in 10 women are subject to a domestic violence or control situation. I'm not talking about just physical abuse; I'm talking about financial control, a whole range of things.

Yes?---And when you consider our nursing staff are predominantly female, it was interesting to note that a lot of the nurses were not that comfortable in asking the questions. When I quizzed them as to, "Why don't you like doing this screening?" They said, "We don't really want to hear the answer." So I thought, well, okay, are you applying your own personal views to that? So we had a lot of work to do with our staff to actually screen. It is - once the woman identifies and says, "Well, maybe I do feel this way," then we have an opportunity to say, "Well, there are services; there are counselling services, there are police, people you can get in touch with." So we don't -

no, we don't provide a domestic violence counselling service in health, but we've got the opportunity to link them with the broader organisations that do.

Are you aware of on average from some - I think UK studies - how often a woman, for instance, presents to a GP before, for instance, a charge might be preferred through the police?---When we were looking at doing the domestic violence screening program we did look at the evidence out of the UK it was on average a woman would present up to 17 times with an injury or a complaint - it could be to an emergency department with the odd bruise, "I ran into a cupboard," et cetera, or to a GP with - for various other reasons. So they can present to a health service up to 17 times before any decision of the woman to actually progress it further as to say, "I'm in a violent situation and I want to get out."

All right. You say that if any of these risk factors, you range from what might be called in terminology a soft referral - - - ?---Yes.

- - - which is to other support services such as domestic violence or perhaps alcohol-related services - - - ?---Correct, yes.

- - - to an escalation of a referral, what, to - where would you refer them to if you were concerned about, for instance, suicidal ideation?---To the Mental Health Service, because at the moment in antenatal clinic it's midwives and obstetricians and registrars and training, looking at the pregnancy. Mental health does have a presence there and social work does have a presence there, and we would actively refer to those services for ongoing assessment and follow-up as required.

Now, you said that you had to do a lot of work with your staff because they weren't very comfortable at it. Have you done any quality assurance to see whether they are now screening - - -?---Well, the only quality - is that we have 98 per cent of our facilities are doing the screening. So I think we've come a long way. We started - I was involved with this some 15, 17 years ago when we developed the tool, so we have come a long way, and I think it's actually a lot more out there in the community, whereas domestic violence was very much a hidden agenda in the past.

COMMISSIONER: Ms Davies, do you know how many children in care come from sole parent homes?---I don't, sorry. I'm sure child safety would know.

Yes, because in a book by Thea Brown, who is a well-known researcher in child protection, she wrote a book in 2007 called Child Abuse and Family Law. It's about the intersection of family law, separation and child abuse and the need for protection. She says this, that approximately 30 per cent of marriages break up because of domestic violence. Does that accord with your experience?---I wouldn't be able to validate that, I'm sorry, no.

She says there's a close link between domestic violence and child abuse?---Yes.

And that about 90 per cent of abusers are male and approximately 73 per cent are fathers of the child or children who are in need of protection, and they're mainly female. Does that accord with your experience?---Again, I couldn't validate those figures, but it sounds intuitively right.

Okay. Well, that means, if that is right, that family violence is a big driver of children's need for protection, wouldn't it?---Agreed, and one of the other things I think - and listening in to the commission for the last week, I haven't really heard it mentioned. We have a change - you did ask the questions about why, why is this - we have a change in the whole family dynamic and we have an incredible mobility, especially in Australia - and can I say the mining boom has a lot to do with it. We have actually people, families, moving from their social supports, their extended families, to places with a view to jobs and earning money, et cetera, which actually disconnects them from all of the things that would normally act as protective factors. So in those - I know that the police have done - where there was a study that was done recently on looking at the suicide profile, which just absolutely resounded for me - from the Sunshine Coast area, that we've got a change in the profile of people who are disconnected - this is in - and men who have relocated their families, taken out huge mortgages, job hasn't come off, can't pay the bills, the wife is very unhappy because, "I'm now not with my family. I want to go home," et cetera, et cetera, so that total, absolute, "I'm useless, I'm worthless," and it's resulting in a spate of

increased suicides. So these people don't come to our attention in terms of mental health but the whole change in the family dynamics I believe personally has played a contributing role to the change in our social norms and our social - and the disconnect with our families that then end up with families in absolute chaos and no other support except to go to a tertiary service.

You said before that the failure of attachment, parental attachment, in early stages of life is a risk indicator? ---Yes.

Or an indicator of a risk factor, and that with children in that group they're readily fostered, they come out and come in, everyone can look after a baby?---Yes.

Do you remember saying that?---Yes.

I'm wondering what the effect - if they've already suffered a failure of attachment, what's the effect on their developmental - well, on their development of having relationship instability by going in and out of a number of different foster care homes on top of the failure to attachment to their own parent?---Correct. Terrible. Absolutely terrible. The department, child safety - and we worked on this as child safety directors a while back called the One Chance at Childhood initiative, and I think Mr Swan did mention it. I can't recall that it went anywhere, but we were looking at in America - there are some states in America that actually have made a determination that for a child under three if they cannot be stably placed with a significant carer, be it family or kin, within a six-month period, so six months to get it right, then the guardianship is awarded to another significant person. So it doesn't mean the biological parents can't be involved in their life, but that one significant person becomes their then attachment person, because it's very clear on the brain neuroscience that if we don't have that attachment in the first three years it is going to impact on their life for much later.

So you can be a parent as many times as you like but you can only be a child once?---Correct.

MS MCMILLAN: So in essence in terms of the issue is it, and again, from your experience, particularly, of being a child safety director, that there has been traditionally a reluctance to made longer term permanent placements other than with biological parents with very young children? ---Correct.

But you're saying the neuroscience indicates that it's obviously deleterious, not just other issues of attachment but in fact to their brain development, their neurological development - - -?---Yes.

- - - if they are not stably placed by the time they're three.

COMMISSIONER: And the state intervenes at that point? ---As in severing guardianship - removing - - -

Yes?---Yes. So they are hard decisions and they're not palatable decisions to any government and nowhere in Australia has gone down that path, but in America, as I say, only a couple of states, have decides that in the long-term interests and the best interests of that child this is the way to go. So as I say, it doesn't exclude the biological parents from being involved in the child's life, but because most of the time these biological parents are chaotic, that to keep moving that child around to different people - and they also have to make a decision that that chaotic life of the parents is not going to resolve itself within a reasonable period of time. So the six months is the reasonable period of time. One of the doctors, the paediatricians, that I think you will be talking to in the future told me a story just yesterday about a young girl, a 16-year-old, who was a child in care, who got pregnant to a boy who was also in care and he had a history of domestic violence in his family and he became also a perpetrator of domestic violence. So here we've got two young people, 16 and 17, with a baby. Now, the view was, which is interesting, "They've had such a terrible life and now we're going to take their baby." So do we then commission that baby to a terrible life because we're going to reward these two adolescents - because they've had a terrible life themselves and the reward is the baby, or do we act in the best interests of that baby to say, "This is not a good place for it." You were also talking about adoption, and I think that my personal view, now that overseas adoptions have been restricted, that we have an opportunity, especially for the under five-year-old cohorts, to stably place and potentially adopt out the younger children. That sounds terrible, but for the long term viability of that child into the future it's possibly a hard decision but a good decision. Whether we're bold enough to make it, and I'm sure there will be a lot of parental rights people who will say that that's not the way to go, but I'm not seeing, especially with these very young children, that we're doing the right thing by them.

Under the legislation if there's a clash of rights between the child's rights and the adult's rights, the parents' rights, you resolve the conflict in favour of the child.

MS MCMILLAN: Would that be a convenient time?

COMMISSIONER: Yes, Mr Hanger?

MR HANGER: Could I give you a Four Corners program on the topic you've just been questioning on?---Yes.

It's a very good program on the English experience?---Yes.

COMMISSIONER: Sure.

MR HANGER: I'll copy it tonight.

COMMISSIONER: Okay. Yes, thanks, Mr Hanger.

MS MCMILLAN: Ms Davies is able to come back tomorrow, which is very accommodating of her.

COMMISSIONER: As it so happens, so are we?---Thank you.

Yes, thank you.

WITNESS WITHDREW

THE COMMISSION ADJOURNED AT 4.18 PM
UNTIL WEDNESDAY, 22 AUGUST 2012