

CHILD SAFETY COMMISSION OF INQUIRY

Court 1, First Floor, Toowoomba Courthouse
159 Hume Street, Toowoomba

On Wednesday, 25 February 2026 at 10.15 am

Before: Mr Paul Anastassiou KC, Commissioner

Counsel Assisting: Ms Robyn Sweet KC
Mr Nathan Boyd
Ms Bianca Mendelson

1 COMMISSIONER: Mr Boyd.

2

3 MR BOYD: Good morning, Commissioner. There are two
4 witnesses that are to be giving evidence jointly this
5 morning to be called first. They are Ms Lizzie and
6 Mr Trent Adams.

7

8 COMMISSIONER: Yes.

9

10 MR BOYD: I call them.

11

12 <ELIZABETH ADAMS, SWORN [10.16 am]

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14 <TRENT ADAMS, SWORN

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16 COMMISSIONER: Thank you and welcome. Please make
17 yourself comfortable.

18

19 <EXAMINATION BY MR BOYD

20

21 MR BOYD: Good morning. Could you please start by
22 firstly, I guess, explaining the organisation that you work
23 for, Goolburri, and your roles within the organisation.

24

25 MS ADAMS: If I may, Commissioner, can I just do
26 Acknowledgement to Country, thanks.

27

28 COMMISSIONER: Of course. Yes.

29

30 MS ADAMS: Yep. So can I please acknowledge the
31 Traditional Owners on whose land this Inquiry is taking
32 place today, to our Elders past, present and those
33 emerging, and also pay my respects to those who have gone
34 before us to give us the ability to be able to sit here and
35 give evidence today. Thank you.

36

37 MR BOYD: Thank you.

38

39 MS ADAMS: So, yeah, my name's Elizabeth Adams, and
40 I prefer Lizzie.

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42 MR BOYD: Would you prefer me to refer to you as Lizzie or
43 Ms Adams this morning?

44

45 MS ADAMS: Lizzie would be great, if that's all right.
46 Thank you. So, yeah, Goolburri is an Aboriginal
47 community-controlled health organisation that has been

1 around for 30-plus years. We started out as a health
2 organisation that provided services enhancing access to
3 services for our people in the Goolburri region, and we
4 later then went on to expand to social services and child
5 protection services at one place.

6
7 MR BOYD: And what's your role within the organisation,
8 Lizzie?

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10 MS ADAMS: Sorry, I'm the CEO and have been for quite a
11 few years, and that's our passion and drive.

12
13 MR BOYD: And, Trent, what's your role in the
14 organisation?

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16 MR ADAMS: Deputy chief executive officer. So I've spent
17 about 20 years - 10 to 12 years with the company over my
18 time. I come from a sort of automotive background and
19 ended up in the sector to follow mum's footsteps after my
20 brother passed away on the role, you know, going to family
21 support services. So I never really wanted to work in the
22 sector, but someone said there's a job and here we are.
23 While child safety isn't my favourite industry, clinical's
24 my background and it came to a point in time where we had
25 to do a bit of reshuffle and do some good work in child
26 safety. So I thought I would throw my hand up and jump
27 into it.

28
29 MR BOYD: Okay. Thank you. To assist the Inquiry you
30 have prepared a joint statement, which you've provided in
31 advance, and that has some documents that are annexed to
32 that statement?

33
34 MS ADAMS: Yes.

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36 MR ADAMS: Yes.

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38 MR BOYD: Commissioner, do you have a copy of that?

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40 COMMISSIONER: Yes, I do.

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42 MR BOYD: I tender that documents and its annexures.

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44 COMMISSIONER: Yes, that will be exhibit CA-67.

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46 **EXHIBIT #CA-67 - JOINT STATEMENT OF ELIZABETH ADAMS AND**
47 **TRENT ADAMS AND ITS ANNEXURES**

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MR BOYD: I propose to ask you both some questions about what you've set out in your material. Now, do you each have a copy of that in front of you to refer to?

MR ADAMS: Yes.

MS ADAMS: Thank you.

MR BOYD: So if I could take you firstly to paragraph 30. There's a subheading there - a heading there titled "How families experience the child safety system", and you've set out there a list of circumstances that, if achieved, I understand it results in positive outcomes for children passing through the system?

MR ADAMS: Yep.

MR BOYD: The circumstances that you've listed there, is that what you're seeing in practice, that those matters are able to be achieved?

MR ADAMS: That one there, it's more so - it's a lot of focus around the foster and kinship care spaces. So, as we know, there's a lot of children that are removed. So it's sort of - you know what I mean, so the most positive outcomes is in that FKC space when we do follow those cultural support plans, family plans and, yeah.

MR BOYD: Okay. So when the matters you've identified there are able to be put into effect you see that there are good outcomes coming through the system?

MR ADAMS: Yes.

MS ADAMS: Yes.

MR BOYD: Okay. Now, moving then on to the next paragraph, you've identified some negative experiences and outcomes that occur for Aboriginal and Torres Strait Islander children and in certain circumstances that might lead to some negative outcomes?

MR ADAMS: Yep.

MR BOYD: I just wanted to ask you a little bit about some of the matters you've identified there. Firstly, you've

1 said that:

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The decision to remove children is made without the culturally responsive involvement of Goolburri, which can create a disconnection from family and culture.

Can you just explain what you mean by that or just elaborate on that a little bit, please?

MR ADAMS: Yes. So when we're looking at cultural support plans it's normally absent within the family plan. We don't tend to see a lot of that, and I think that's been ongoing for some years now. And then similarly in the sort of standard of care review space there's been occasions where Goolburri's never been requested to be part of those conversations. So we can't, you know, put the context around what's going on in the home or what supports they may or may not have. And specifically, like, departmental staff turnover, when looking at the Roma service centre, there was a point in time where they basically had a bit of a clean-out on the floor with it and had a bit of a restructure, as I understand it, and there was a period in time where there was absence of child safety staff in that community.

MS ADAMS: And also, if I can elaborate, it's around engaging with our families; so, you know, having us there to support our families, giving them the right and being a part of the decision-making and the information gathering to be able to make the right decision for that family.

MR BOYD: Okay. I just want to make sure we're not at cross-purposes here. Trent, what you're just describing, is that happening after a child has been removed or at the point of removal?

MR ADAMS: Often the cultural support plan is not even there. Yeah.

MR BOYD: Yes. Sorry, in the paragraph there you've referred to the decision to remove being made without cultural input from Goolburri?

MR ADAMS: Yep, yep, yep.

MR BOYD: So I just want to focus on the point of

1 removal --

2

3 MR ADAMS: Yep.

4

5 MR BOYD: -- from the - at this point. Do you see a role
6 for Goolburri at that point in time where there is an
7 investigation and there needs to be a decision made about
8 whether a child should be removed or not from the family
9 home?

10

11 MR ADAMS: Yes, we should --

12

13 MR BOYD: And what role would be of assistance from your
14 perspective, or what role should Goolburri be playing in
15 that?

16

17 MR ADAMS: We can give the family history and background
18 if we've been working with them. So if that's never been
19 requested as part of that I&A stage and then into the - you
20 know, when it's getting into the removal, where it's
21 substantiated. So what we can play is if there's a
22 potential placement for kin and, similarly, you know, if
23 we've had sort of like cultural support plan or a family
24 plan and we're doing your family trees, we can actually
25 give advice on who's best placed if they need to do an
26 emergency placement.

27

28 MR BOYD: Okay. So it's not that you need to be
29 involved - tell me if I understand this correctly - that
30 you don't need to be involved in the decision to remove.
31 It's what steps need to be taken, if a decision to remove
32 is made, what happens after that; is that where you'd like
33 to have input?

34

35 MR ADAMS: Yeah. You know, bit of column A, bit of column
36 B. So, like, if they're removing a child for, let's give
37 an example, because there's no food in the fridge, it might
38 be that, you know, little Johnnie actually goes down the
39 road to aunty and they eat there because they have
40 alternate paydays. So in the context of the family
41 situation and the environment, because, you know, they look
42 at household items, it may be that they actually, you know,
43 stand as a community, so - and the philosophies of
44 Aboriginal health, it's not just the physical wellbeing of
45 an individual, it's about the whole community, you know
46 what I mean, so that level of information.

47

1 MR BOYD: Does Goolburri have the capacity to respond and
2 be involved in investigations that are occurring, which
3 sometimes might be on a fairly short turnaround?
4

5 MR ADAMS: Yep.
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7 MS ADAMS: Yes.
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9 MR ADAMS: Yep, we've had emergency cleanups of yards,
10 mowing, you know, removal of rubbish, you know. We've got
11 brokerage within our family wellbeing services. So, you
12 know, if it's identified what the immediate risk is and
13 we're able to accommodate that, we most certainly can
14 respond.
15

16 COMMISSIONER: Are you not consulted by the department in
17 relation to an assessment of the children or a child for
18 whom there's some concern?
19

20 MR ADAMS: It depends on the working relationship and
21 which service centre we're working with, Commissioner.
22

23 COMMISSIONER: Yes. Well, just so I can make sure
24 I understand what you're saying, if your organisation and
25 organisations like yours in other areas were invited to
26 participate in consideration of whether or not a child
27 should be removed, what I take you to be saying is that,
28 because of your connection to the community, you might be
29 able to identify alternatives to removal outside the
30 community?
31

32 MS ADAMS: Correct.
33

34 MR ADAMS: Yes, Commissioner.
35

36 COMMISSIONER: And that will be a good thing for everybody
37 because the child wouldn't be taken into the tertiary
38 system, potentially an agreement, care agreement, could be
39 entered into between the department and the family, and the
40 child will be, as you said, moved down the road rather than
41 to some place outside the child's natural environment?
42

43 MS ADAMS: Correct.
44

45 COMMISSIONER: Do you at times have involvement in
46 decision-making by the department at that point in time -
47 and bearing in mind that ultimately if a child is to be

1 removed an application has to be made to a court, but that
2 can be headed off if something short of removal would put
3 the child in a safe position; right? So, given your
4 current sort of working relationship with the department in
5 this region, I assume, are you not routinely contacted to
6 see if you can assist at that early stage?

7
8 MR ADAMS: Not always, Commissioner.

9
10 MS ADAMS: No.

11
12 COMMISSIONER: Is your involvement at that stage part of
13 the contractual arrangements between your association and
14 the department? In other words, is it part of your terms
15 of reference?

16
17 MR ADAMS: Yeah, it --

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19 MS ADAMS: Different services.

20
21 MR ADAMS: Yeah. So in the space of referral they often
22 come through in the family participation program, and often
23 that's sort of the case - well, that's underneath the
24 family-led decision-making model. So we're getting the
25 referrals at that family-led decision-making space, whereas
26 we want to try and get it at early intervention. As you'll
27 read later on in - in the statement it says family
28 wellbeing for the South West, where family wellbeing
29 support services have not had a referral, 88 per cent of
30 those families will not come in contact with
31 the department. So sometimes it's best to get in before
32 the department has made contact, but there is stages where
33 we, you know, have to be involved where the department has
34 received, say, child concern reports.

35
36 COMMISSIONER: So where there's a child concern report
37 that relates to a child within your sort of region, are you
38 not routinely provided with the child concern report?

39
40 MR ADAMS: It depends on the efficacy and I think of - not
41 always, and that's been an argument: if we could gain
42 access to such, you know, an area, we could have that
43 community response on it sooner.

44
45 COMMISSIONER: Have you participated on occasions when you
46 have been involved in discussions with a child safety
47 officer, who I think is usually the frontline

1 decision-maker, about the assessment as to whether the
2 child is in need of protection and had your views about
3 that listened to by Child Safety? Have you done that?
4

5 MR ADAMS: On occasions, yes, Commissioner.
6

7 COMMISSIONER: But I take you to be saying that that
8 should be something that is done on a systematic basis,
9 that you're more generally involved and invited to be
10 involved at that very early stage where there's been some
11 notification or child concern report so that you can
12 participate?
13

14 MR ADAMS: Yes.
15

16 COMMISSIONER: Yes. Thank you.
17

18 MR BOYD: And it sounds like the participation that you'd
19 be able to offer could be a range of things, such as
20 providing family information to the department; would that
21 be one thing?
22

23 MS ADAMS: Yep, family connections and --
24

25 MR BOYD: Helping to facilitate alternative living
26 arrangements?
27

28 MS ADAMS: Yep.
29

30 MR ADAMS: Yes.
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32 MR BOYD: And I take it if the child did ultimately have
33 to be removed you would at least be then on notice that
34 this is a family that's in need of support and you can get
35 the ball rolling as far as other programs to support them;
36 is that right?
37

38 MR ADAMS: Yes.
39

40 MS ADAMS: Correct.
41

42 MR BOYD: Okay. Thank you. The next matter you mention
43 in that list is an absence of cultural competence and
44 awareness and safety by the department in their day-to-day
45 work involving Aboriginal and Torres Strait Islander
46 people. I just wanted to get an understanding or perhaps
47 some examples of what you mean by that to help sort of

1 identify the types of issues you're encountering.

2

3 MR ADAMS: So often, like, cultural connection, you know -
4 you understand with culture is because it's - they think
5 about it as an event base, you know, generally speaking.
6 It's not just your NAIDOC events, it's not just going to an
7 Aboriginal medical service --

8

9 COMMISSIONER: Sorry, I didn't hear you. Could you just
10 repeat that? I didn't hear you.

11

12 MR ADAMS: Yes, sorry. Sorry, Commissioner.

13

14 COMMISSIONER: No, that's all right.

15

16 MR ADAMS: So the general understanding with connection to
17 culture is people think of it as NAIDOC events or going to
18 an Aboriginal medical service, whereas they're kind of
19 like, you know, celebrations. So under - every person will
20 have their own, you know, customs, they'll have their own
21 totems, they'll have their own sort of, you know,
22 traditional owner group. A lot of these things, you know,
23 when we're talking about the lack of cultural support plans
24 is, well, we don't even have the understanding of the
25 fundamentals of where this child actually belongs to by
26 Country.

27

28 So, you know, you look at the specification documents and
29 it talks about clinical help and crisis help, but it
30 doesn't have underneath that sort of definition of health
31 of connection to Country. So, you know, that most healing
32 bit is to stand grounded on your own ground and be able to
33 go out to your Country.

34

35 So if they're looking at a child that's been removed from
36 Roma and we haven't understood that they're actually from,
37 say, let's say, Bidjara Country and they're from
38 Charleville traditionally, they may be able to best place
39 them in that sort of sense or they may be able to take them
40 back to Charleville so that they've got that connection to
41 Country, kin and the likes.

42

43 So a lot of that family history and a lot of that cultural
44 history is not recorded against each file. So we've got to
45 gather all that work ourselves and try and think of how we
46 can connect these kids back to Country and connect them
47 back to kin. So we've specifically made a role for it so

1 they can actually look at the lineagy of the family and
2 look at where their family's from, what actual, you know,
3 Traditional Owner group they derived from so at least
4 they've got a sense of belonging with one's self. We've
5 only just established a book for it so we can start to
6 record all this information and keep it on the child's
7 file. So throughout their sort of experience within - you
8 know, whether they're going into guardianship or not, at
9 least they have that level of information so they can go
10 back to find their family, find their Country, so - it's
11 normally absent --

12
13 COMMISSIONER: I take it the connection is more than
14 geographic. It's about connection to the relevant mob --

15
16 MS ADAMS: Yep.

17
18 COMMISSIONER: -- broader family, and differences in terms
19 of practices that apply as between different mobs. So it's
20 not just about the Country. It includes the geographic
21 Country, but I understand it to include more than that,
22 more intangible things than just the land, not to diminish
23 the importance of the land, but - what are the other
24 things?

25
26 MR ADAMS: One of the other things that - so, like, as
27 simple as knowing your totem. There's some food you can
28 and can't eat under culture, so otherwise you do get sick,
29 as an example. And then we're looking at the question,
30 just to go back to - so in terms of that cultural
31 competence and the rest of it, underneath your HSQF sort of
32 guidelines there's a requirement for your staff to be
33 trained, and I can remember back at a point in time where
34 there was particular service centre staff that was trained
35 internally by it, whereas you look at the standards and
36 guidelines, you need to do that training underneath an
37 external provider which has Aboriginal and/or Torres Strait
38 Islander input into those sort of, you know, trainings on
39 cultural safety specifically.

40
41 So often, you know, because there's that turnover of staff
42 and the rest of it how do we have consistency within that
43 sort of training to ensure that people understand that
44 there is a cultural component in the way we do actually,
45 you know, go and interact with individuals. We don't, you
46 know - it's how you talk to people, how you can actually
47 gain information without talking down to them. If you've

1 got a young person that's growing up without children, you
2 know, what's that perception of, you know, so it's --

3

4 MS ADAMS: It's a bit like - if I may, it's a bit like
5 saying yes when we actually mean no.

6

7 MR BOYD: Yes.

8

9 MS ADAMS: So that's the context. But also can I say
10 around the cultural competence and awareness you'll see in
11 my bio the Jaydon Adams Foundation, we were engaged to do
12 cultural safety training with the department. And just to
13 give you a bit of a - we had excellent feedback, but there
14 was one feedback that actually came back and said opinions
15 don't mean facts. So to me, you know - and we're talking
16 from our lived experience perspective, because when you
17 talk around culture and - my personal belief, Commissioner,
18 is that I don't think anybody can be competent in anybody
19 else's culture. You can be aware and safe and
20 understanding and all of that stuff, but at the end of the
21 day, you know, you've got to show the initiative that you
22 want to understand at least on us. But if that's the
23 systemic stuff that's happening that somebody actually
24 takes away and gives feedback that your lived experience is
25 opinion, not fact, then I have grave concerns about
26 cultural understanding and awareness anywhere within - and
27 this was in a service centre here in Roma that we - in
28 Toowoomba that we deal with.

29

30 COMMISSIONER: There are different views about that,
31 aren't there?

32

33 MS ADAMS: I'm sure there is, Commissioner.

34

35 COMMISSIONER: I mean, including in amongst advocates in
36 the broader Aboriginal community, are there not? But
37 I understand that, what you're saying.

38

39 MS ADAMS: Yep.

40

41 MR BOYD: How can that be improved then from - what
42 changes do you think could be made to improve that, if
43 I could just call it broadly, cultural awareness with the
44 operation of the department? Would that involve better
45 training or certain matters being outsourced to
46 organisations such as Goolburri? Do you have any thoughts
47 on that?

1
2 MS ADAMS: Yeah, look, and you would have seen, or it can
3 come out, back in the day we actually tried to have
4 different staff sit in different services. So Goolburri
5 went into the department and the department staff actually
6 came over to Goolburri. But, again, going back on what
7 Trent said, it was depending on the relationship with
8 service centres to whether it was continuous or not. So
9 we've tried different stuff in the past. Going forward,
10 you know, yeah, you know, let's look at some solutions
11 that's going to work instead of - because, you know, things
12 can be mandatory and it still doesn't happen.

13
14 MR BOYD: And what you were talking about I think at the
15 beginning of the response to this topic was a body of
16 information that is being built and then held within
17 Goolburri in relation to particular children and families.
18 Is that information that's shared with the department or
19 could be shared with the department?

20
21 MR ADAMS: Yes.

22
23 MS ADAMS: Yes.

24
25 MR BOYD: Yes. Sorry, I asked two questions in one there.
26 So it can be shared with the department. Is it shared with
27 the department?

28
29 MR ADAMS: Yes, we share as much as we can, is my
30 understanding.

31
32 MR BOYD: Okay. Do you see that information being
33 utilised in practice once it has been shared?

34
35 MR ADAMS: When working with, yes, yeah. If there's a
36 level of involvement, yes.

37
38 MR BOYD: Okay. All right. You raise another concern in
39 that list in that when concerns are raised to the
40 department about their conduct or decision-making this all
41 results in either a vague response or no response at all.
42 Firstly, what types of concerns would you raise with the
43 department?

44
45 MR ADAMS: So that specific line there with that family,
46 it was raised on one occasion for therapeutic needs of the
47 child, and then I believe it was about nine months later,

1 eight months, give or take, don't quote me, where another
2 request was done, and then there was a standard of care
3 review in which it was substantiated and the removal of a
4 child because of the lack of, and we flagged it within that
5 system, there was no action because of - I think there was
6 too much cost, too much cost from a department,
7 departmental staff, it was - from my understanding, to
8 actually transport that child to where they needed to be or
9 family to where the services are because of the remoteness,
10 therefore the services did not occur on two occasions on
11 request, which then was a substantiation of a - sorry,
12 don't quote me on the substantiation. There was a
13 breakdown in placement due to those needs of that child.
14

15 MR BOYD: Okay. And if you do have a concern or complaint
16 that you wish to raise about the conduct of the department
17 who do you raise that with?
18

19 MR ADAMS: At this stage I believe - well, it goes through
20 the service centre. At this stage we basically flag it
21 through management, but it's getting to the stage of we'd
22 need to put complaints in on - well, need to support
23 clients to put complaints in where this is occurring. So
24 to my knowledge at this point we have not put complaints
25 in, whereas it may be, you know, investigated from our
26 viewpoint, it may be required to do so to get some action
27 or change.
28

29 MR BOYD: Okay. I just want to make sure I understand you
30 correctly. Are you drawing a distinction between raising
31 concerns and making a complaint?
32

33 MR ADAMS: Well, raising concerns we'd raise with
34 internal, internal staff. With departmental staff we raise
35 concerns. Whether there's any change or not is up to each
36 instance, whereas if there's inaction in these
37 circumstances is it getting to the stage of supporting
38 clients and showing them their rights of, you know,
39 complaining, so the complaints process. We've done QCATs
40 before in certain circumstance, but we've never actually
41 gone through a service centre for complaints.
42

43 MR BOYD: Okay. And what do you understand the complaints
44 process to be at present?
45

46 MR ADAMS: From my understanding, it goes through the
47 service centre against the child safety officer. If it

1 can't be resolved, then it escalates to the team leader -
2 this is my experience in a different region. If it's not
3 resolved at the team leader stage, then it escalates to the
4 Chief Executive of that service centre.
5
6 MR BOYD: Okay. So you have experience in complaints
7 processes, just not --
8
9 MR ADAMS: Not in this region.
10
11 MR BOYD: Not here.
12
13 MR ADAMS: Yeah.
14
15 MR BOYD: But you're familiar with the process?
16
17 MR ADAMS: Yes.
18
19 MR BOYD: I'll just ask about your experience of that
20 process then. Was the complaint satisfactorily resolved
21 or --
22
23 MR ADAMS: For that occasion in which I was, no, it
24 wasn't, and this was when I was working as a frontline
25 family wellbeing worker, and, no, it wasn't, and it was -
26 yeah, dismiss a lot of stuff, basically, on this occasion.
27
28 MR BOYD: Okay. Was it a lengthy process?
29
30 MR ADAMS: Very lengthy process for that region and it was
31 encouraged not to, is the way I felt through that process,
32 in supporting a client to do that process.
33
34 MR BOYD: As in you felt Child Safety were encouraging
35 yourself and the client not to make the complaint?
36
37 MR ADAMS: Not to progress it, yeah.
38
39 MR BOYD: Okay. Do you see any tension in Child Safety
40 managing complaints about their own conduct?
41
42 MR ADAMS: As I've stated, I don't believe we have ever
43 had a complaint put forward in this area.
44
45 MR BOYD: Sorry, but you were just describing one --
46
47 MR ADAMS: Yeah.

1
2 MS ADAMS: From previous.
3
4 MR BOYD: -- from previous - was that in relation to Child
5 Safety conduct?
6
7 MR ADAMS: Yes, and it was around the lack of cultural
8 understanding and, yeah.
9
10 MR BOYD: And in that process there, if I understand you
11 correctly, Child Safety was the one investigating the
12 complaint that had been made about Child Safety; is that
13 right?
14
15 MR ADAMS: As I understand it, yes.
16
17 MR BOYD: And I think you said it felt as though you were
18 being encouraged to not proceed with the complaint?
19
20 MR ADAMS: Yeah, it was - yeah.
21
22 MR BOYD: So, bearing all that in mind, do you see any
23 tension with Child Safety investigating complaints that are
24 made against their own conduct?
25
26 MR ADAMS: I think on the - for the length of the process.
27 But for the result at the end of the process I believe it
28 was dealt with correctly, yeah.
29
30 MR BOYD: Okay. Do you think there'd be any merit in
31 having a separate body considering complaints about Child
32 Safety conduct?
33
34 MR ADAMS: I believe there should be, yes.
35
36 MR BOYD: Okay. What benefits would you see from that -
37 do you think that would provide?
38
39 MR ADAMS: Well, a more efficient investigation, I guess,
40 but --
41
42 MS ADAMS: External.
43
44 MR ADAMS: Yeah.
45
46 MS ADAMS: Takes out conflicts of interests. Yep.
47

1 MR BOYD: Okay. Thank you. Now, the next matter you've
2 raised there is that families are not given the opportunity
3 to engage in available family participation programs or
4 family-led decision-making processes due to the department
5 encouraging families to unnecessarily participate in
6 culturally inappropriate family group meeting processes.
7 There's a few parts to that I just want to unpack with you.
8 Firstly, in relation to the family group meeting processes,
9 why do you say they are culturally inappropriate?

10
11 MR ADAMS: Well, the family group meeting process is sort
12 of departmental led, so - the easiest way to put it is the
13 department's bringing their worries and concerns, what
14 they've read off a child concern report or what they've
15 gathered through an investigation and assessment process,
16 so - whereas in - the differences between family group
17 meeting and a family-led decision-making is family-led
18 decision-making is led by the family of what they want to
19 address of their concerns in the household to, you know,
20 make them better. So the way it's convened, who convenes
21 it. So family group meeting is more like a dictated
22 meeting, whereas family-led decision-making is more of,
23 like, a collective. So, you know, we don't have a head and
24 a toe to the table; we sit in circles. You know, that's
25 why we have Bora Rings; we sit around in a circle. No-one
26 is higher than anyone else and we all get to speak equally.

27
28 So the key benefits with the family-led decision-making is
29 it allows for that, it allows for that sort of environment
30 where it's a collective, we're not telling anybody what to
31 do. We're discussing what are the worries and concerns,
32 what is the breakdown of relationship in the home, you
33 know, so - where they might say domestic violence, it might
34 just be that someone's unemployed. So rather than focusing
35 on domestic violence let's focus on getting, you know, the
36 parent employed and then - you know what I mean? It's just
37 simple things.

38
39 MR BOYD: Just so I can understand why the family group
40 meeting process is not culturally appropriate, is it
41 because it is departmental led and not being led --

42
43 MR ADAMS: Yeah.

44
45 MR BOYD: -- by the family, or are there other factors --

46
47 MR ADAMS: It doesn't take in the sense of how one feels

1 when you deliver a certain information. So you've got
2 people that have never had - or may or may not ever had an
3 interaction with the Department of Child Safety or a
4 government agency, so they're not even aware of what's
5 actually occurring because it's all angst. So when you're
6 sitting there telling someone that you have DV issues, you
7 have aggression issues, you have - it's not nice
8 information to hear. So it's the way it's facilitated, the
9 way it's delivered and it's where the authority sits within
10 that meeting.

11
12 MR BOYD: Okay. All right. And having that family-led
13 process, do you find that results in more open discussions
14 and more fruitful sort of outcomes?

15
16 MR ADAMS: Yep, much better outcomes, and often you see
17 less likelihood of removal in those instances.

18
19 MR BOYD: Okay.

20
21 COMMISSIONER: Could you tell me this --

22
23 MR BOYD: So coming back then - sorry, Commissioner.

24
25 COMMISSIONER: Sorry, can you tell me this about the
26 difference between family-led decision-making and the
27 alternative. You said in connection with domestic violence
28 that the focus might better be on, say, getting the
29 individual concerned a job rather than focusing on domestic
30 violence. Those two things are not mutually exclusive, are
31 they?

32
33 MR ADAMS: No.

34
35 COMMISSIONER: Right. And we know that the immediate
36 drivers of harm to children are pretty well
37 identified: domestic violence, alcohol and drug abuse,
38 mental health issues.

39
40 MS ADAMS: Yep.

41
42 COMMISSIONER: They're pretty broad. But domestic
43 violence is well and truly up there as an immediate cause
44 of harm to children. What is it that your group and groups
45 like yours can do to prevent that conduct in a proactive
46 way? I mean, if you accept - and I think it's pretty well
47 documented that - but just take domestic violence, that's

1 an immediate driver in many cases, often along with other
2 factors; I'm not suggesting to you it's the only factor.
3 What is it that an Aboriginal community-controlled
4 organisation can do within the community to target
5 behaviours that are plainly known to be immediate causes of
6 harm, and I assume not only known in the wider community
7 but well understood and known within the Aboriginal
8 communities? So what do you suggest at a practical level
9 organisations such as yours could do to abate that conduct?

10
11 MR ADAMS: In the domestic violence space, at the minute
12 we do sort of a support plan with the individual who may be
13 the victim, so to speak. So it might be an emergency exit
14 plan or so forth so that there is those things or
15 fundamental things in place or have someone to call upon.
16 It's how we can - what we've sort of been exploring was an
17 emergency accommodation bit. So, you know, rather than
18 removing the family from the household, well, how do we do
19 the perpetrator - remove the perpetrator from the household
20 to then put those supports around, you know what I mean,
21 just taking that different approach to it.

22
23 COMMISSIONER: So are you talking about an emergency exit
24 plan for the victims or an emergency exit plan for the
25 perpetrator or both?

26
27 MS ADAMS: Well, for both.

28
29 MR ADAMS: For both - well --

30
31 MS ADAMS: Sorry.

32
33 MR ADAMS: At current it would be for the victim, so to
34 speak. So at current.

35
36 MS ADAMS: Yep. So can I just say, Commissioner, and
37 that's the importance around all the early intervention
38 stuff. So, if you look at the family-led decision-making
39 stuff, it's at that point that we would identify what is
40 the core to leading to the domestic violence, and then
41 that's where they're confident in saying to us, "Well,
42 look, he hasn't had a job and it's been a bit, you know,
43 financially unstable." So they're comfortable in telling
44 their own undoings, whereas if you're going straight to a
45 family group meeting that's dominated by a departmental-led
46 process, whereas with everybody sitting around the table
47 it's owning your own behaviours but also they become even

1 part of the solution. So when you say victim versus
2 perpetrator - and we know when some, you know --

3

4 COMMISSIONER: I wasn't making that distinction. That
5 distinction was made in the answer that was given earlier.

6

7 MS ADAMS: Okay, okay. Sorry. Well, I'll say, you know,
8 it's looking after both, like, because at some stage, you
9 know, black, white or pink, they're going to - if they love
10 each other they're going to come back together. So how do
11 we then fix it as a family rather than focusing on one
12 and/or the other; does that make sense?

13

14 COMMISSIONER: But do you not accept that individual
15 conduct has a big part to play in all of this? There are
16 plenty of cases of white middle-class comfortable men who
17 commit family violence.

18

19 MS ADAMS: Yes.

20

21 COMMISSIONER: The Family Court is full of cases about
22 that. So they can't point to particular deterministic
23 factors to explain their conduct. Conversely, there are
24 many people from whatever culture and whatever
25 socioeconomic background, even very vulnerable people in
26 economic and social terms, who don't commit domestic
27 violence. I'm not suggesting to you that all of those
28 contextual factors are irrelevant or don't have a bearing
29 on the risk of domestic and family violence, but they're
30 not inevitably causative of it if an individual is able to
31 exercise self-restraint, self-discipline, take
32 responsibility, all of those sort of old-fashioned notions
33 about human agency. What I do I have control over, or one
34 likes to think one does.

35

36 Now, I haven't heard a lot of discussion about the
37 significance of individual conduct and how within your
38 communities that issues is recognised or addressed, because
39 it would be better to prevent the conduct, would it not,
40 than to have to find emergency accommodation for anyone --

41

42 MR ADAMS: Yeah.

43

44 MS ADAMS: Correct. Yep, that's right.

45

46 COMMISSIONER: -- including the children?

47

1 MS ADAMS: Yeah.

2

3 COMMISSIONER: So when one is trying to address the
4 problem of gross overrepresentation of Aboriginal children
5 in the tertiary system what do you say are the most
6 important steps that you as a community could take to
7 assist that?

8

9 MR ADAMS: It's that connection to culture and whether
10 you're spiritually connected with oneself. So what we do
11 as part of a group is - which we sort of partner with a
12 couple of other companies. So what we have is a men's
13 group and men's centres, and within that not only do they
14 get to go out on Country but within that exercise they get
15 to go and cut out their own didgeridoo, they get to go and
16 cut out, you know, their own clapsticks, they get to go out
17 and cut out any timber of sorts to make boomerangs.

18

19 And then what the program is to do is to bring the men back
20 and what they do is sit down in its structured program to
21 talk about such issues in a, you know, nice, neat way that
22 is designed to facilitate for men, and at the end of it not
23 only have they got to step on Country; they've got to
24 converse with other males. As part of that they've also
25 got their own sort of didgeridoos, their own clapsticks
26 and - you know what I mean.

27

28 So by keeping in those core fundamentals of what is
29 culture, whether it is your Traditional Owner group or your
30 native land or not, at least you have some form of
31 connection with it, because the lack of connection to
32 culture or understanding of culture for some people that,
33 you know, are stuck in the urban environment, you can't
34 necessarily just take your shoes off and go and walk on
35 that solid red dirt. It's a concrete jungle, you know, so.

36

37 COMMISSIONER: I think I understand what you're saying.
38 But in that experience is there a discussion about
39 behaviours that are not acceptable within your culture?
40 I mean, domestic violence or any violent behaviour is not
41 acceptable in the broader Australian culture, and I assume
42 it's the same in Aboriginal culture, it's not something
43 that you approve of.

44

45 MR ADAMS: No, no.

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47 MS ADAMS: Correct.

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COMMISSIONER: Right. So, if in a particular case that is the manifest behaviour that's causing the risk to the children and the family, how does your community address that? I mean, I understand that it might be embarrassing or may be perceived by the person creating the problem as confronting.

MR ADAMS: Yeah.

COMMISSIONER: But how do you deal with it if you don't confront it, if you don't call it out, so to speak?

MR ADAMS: If I may, Commissioner, what we do as a family, we sit around a fire and talk of at, you know, dusk or a nighttime there is, you know - so you've got those sort of body of spirits around in which you're attracting good spirits, and as a unit we do call it out. We say, "Hey, buddy, been a bit womba over here, hey? You need to pull that in a bit, the way you're talking to that girl." So we do do it, but it's how you can facilitate that more widely and broadly in communities that may or may not have it. But the core fundamentals of Aboriginal culture is sitting around a fire and actually having a yarn and drawing these things out.

COMMISSIONER: Right. And you want to sit around the fire with the kids?

MR ADAMS: Yep.

MS ADAMS: Yeah, yeah, correct.

COMMISSIONER: And you don't want the kids removed?

MS ADAMS: Yeah.

COMMISSIONER: And if the kids are being removed - just focusing on domestic violence for the moment because there are other significant drivers as well - then surely that conduct has to be openly and frankly and honestly discussed, and some sort of guidance that is culturally appropriate given to those who are engaging in that behaviour. Now, do you agree with that?

MR ADAMS: Yeah. Yep.

1 MS ADAMS: Yep.

2

3 COMMISSIONER: So in the ways in which your programs
4 operate is there some program that you've devised to
5 communicate those sort of issues in a culturally
6 appropriate way?

7

8 MR ADAMS: Yeah, yeah, the program's developed by the men
9 that participate in this instance. So it's designed around
10 what their wants and needs are. So we have elements of all
11 of these things, and it's up to the men who then request
12 what they want to - want the program built around over a
13 six-week program, and then we build the fundamentals on
14 that individual. We don't tell them, "This is what you're
15 doing." We say, "What do you want to talk about," and we
16 have certain sections of the program and we just rope it in
17 depending on what they choose.

18

19 COMMISSIONER: And if the problem is also - is or is
20 related to alcohol or drug abuse that --

21

22 MS ADAMS: Correct.

23

24 MR ADAMS: Yeah, they bring those elements in.

25

26 COMMISSIONER: And what programs do you have to address
27 those immediate drivers of harm to children?

28

29 MS ADAMS: Well, it's camps. So if they're doing the -
30 around the same camp Trent is talking about, we will take
31 them out, off base, do camps, so that they're away from any
32 temptations, any of that stuff, and the last trip they came
33 back on they were thankful because they could just be
34 themselves, men, talk about their issues around the - you
35 know, one had said to me, "Aunty, that's when I am" - and
36 excuse the French - "that's when I'm the biggest dickhead,"
37 he said, "is when I'm, you know, having a smoke or I'm out
38 drunk." He goes, "That's" - so within the program itself
39 they're even identifying their own issues. Like you're
40 saying Commissioner, they're owning their individual
41 problems and triggers. And we then as a group driving the
42 program, we can make sure we bring those relevant people
43 in. We took a mentor in. You know, he was - yeah, he was
44 an alcoholic, had DV, and now in a prime position working,
45 a great job, you know, wonderful man, and these men were
46 saying, like, "I didn't know you could go from that to
47 that." So it's about what our people are exposed to and

1 what they know is available to them, and that they're not
2 being judged on it. I think they're like any of us, we're
3 willing to own what we do. Does that make sense to people?
4

5 COMMISSIONER: Yes. So what I'm understanding you to be
6 saying - and I'll just say it just so that I make sure --
7

8 MS ADAMS: Say it straight out, Commissioner.
9

10 COMMISSIONER: No, just so that I make sure I'm
11 understanding what you're conveying. These sort of
12 culturally designed programs assist in resetting the
13 individual?
14

15 MS ADAMS: Yes.
16

17 COMMISSIONER: It's a sort of reset idea so that habits or
18 behaviours can be kind of interrupted and hopefully reset
19 the individual not to repeat them?
20

21 MR ADAMS: Yep.
22

23 MS ADAMS: Yep.
24

25 COMMISSIONER: Is that the basic idea?
26

27 MS ADAMS: Yes, yes. And they own it. They're driving
28 it. It's not about us saying, "You must go and attend."
29 It's not mandatory that they have to go and do a six- or
30 20-week program or something. This is what's here and,
31 yeah, it's well attended and people want to, you know --
32

33 COMMISSIONER: And I understand from what you said also
34 that the way in which you relate to those who you're trying
35 to help is not judging --
36

37 MR ADAMS: Yeah, non-judgmental.
38

39 MS ADAMS: Yeah, non-judgmental.
40

41 COMMISSIONER: So that they're not shamed by it?
42

43 MS ADAMS: Yep, yep.
44

45 COMMISSIONER: Because of course if the behaviour that
46 you're targeting doesn't alter, then the shame will lie in
47 the removal of the children, surely?

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MS ADAMS: Yes.

COMMISSIONER: I mean, that's presumably a shame that is unavoidable once a child is taken from the family into the care of the State?

MS ADAMS: Yep, and that's what we're saying around the early intervention and prevention stage, that's why it's family participation and family-led decision-making rather than the family group meetings, which I'm just trying to take it back to poor Nathan's question over here. Yeah, that's why we say that, Commissioner, you know, give people a chance to own what they're doing and to understand what is going on instead of just the "bang, in, this, and out". And sometimes that's how it is, and sometimes it has to be quick. But do the process and give the people the opportunity to --

MR ADAMS: You should only have to tell your story once. So, if it's a negative conversation and we keep drawing on negativity and negativity, you're going to be negative in kind. So you're basically affecting the spirit. So rather than - so if we've got the crap out of the side then let's talk about positive reinforcement and let's talk about what we're going to do, how we're going to do it and what we want out of it. And if we reinforce just that little bit of positive information and we can carry it forth, you know, have your plan structured out in that FLDM space, and we start to hit targets, we're done, and then it's positive reinforcement. We're not going, "Oh, but you've got a DV issue over here and you've got drug and alcohol." We're past that. All right. "So how many less beers you have now?" "I'm only having two a night now." You know what I mean? So it's how we can change behaviour but positively reinforce it; whereas if we're going into a family group meeting and it's negative in kind you're always going to get a negative result.

COMMISSIONER: So the family group meeting is the meeting that is organised by the department --

MR ADAMS: Yep.

COMMISSIONER: -- when there's a concern that needs to be investigated, or they take the view it needs to be investigated, and what you're saying is, as I understand

1 it, that family-led decision-making, if that were to occur
2 at an earlier point in time and was arranged by your group,
3 that would be more effective?
4

5 MR ADAMS: Yep.

6
7 MS ADAMS: Yep.

8
9 COMMISSIONER: How do you identify individuals who need
10 the assistance of family-led decision-making before a
11 concern is identified by the department? You need
12 intelligence, don't you? You need something to detect the
13 problem. How do you do that?
14

15 MS ADAMS: Yeah.

16
17 MR ADAMS: Well, as I've said, later in the stage of it
18 you'll see where families have come in contact without a
19 referral from the department. So that's people acting, you
20 know, on their own accord or that's community referring;
21 whereas if we're talking specifically once we get to the
22 I&A stage or so forth within the department, you know, and
23 it's - they're encouraging family group meetings because
24 from an end user viewpoint or from a client viewpoint
25 they're trying to get this over and done with as quick as
26 possible because nobody - they don't want Child Safety to
27 be in their house because these communities, everyone knows
28 everyone. So they get Child Safety knocking on their door
29 down there, then that's the shame factor. So it's - you
30 know what I mean? They're trying to get that experience
31 with the government department out of their house as quick
32 as possible. So if they're encouraged to go to family
33 group meeting "we can get this done quicker", but often
34 you're missing the point of - you know what I mean?
35 They're missing the point of what are the child concern
36 reports, what are their concerns from the department. So
37 they --
38

39 COMMISSIONER: Who's missing the point?
40

41 MR ADAMS: The client - end user. So if they're
42 encouraged to go for a family group meeting as opposed to a
43 family-led decision-making, whereas if we could have the
44 departmental staff encouraging family-led decision-making
45 process then we could actually get the fundamentals of
46 understanding what's going on in the family, we can build a
47 support plan, we can put supports around the family rather

1 than rushing it.
2
3 COMMISSIONER: And who identifies the family that needs
4 the assistance of family-led decision-making?
5
6 MS ADAMS: Sorry, I think that's --
7
8 MR ADAMS: That's the department.
9
10 MS ADAMS: Yeah.
11
12 MR ADAMS: It's got to be a referral from the department.
13
14 MS ADAMS: However, Commissioner, could I just --
15
16 COMMISSIONER: So the person's already come to the
17 attention of the department by some way or means?
18
19 MR ADAMS: Yeah. That's why I was saying earlier,
20 Commissioner, if we had the space where - if there was a
21 space somewhere in that child concerns sort of space, you
22 know what I mean? It --
23
24 MS ADAMS: So - yeah.
25
26 MR ADAMS: That's --
27
28 MS ADAMS: Sorry, I was just going to say the child
29 concern - so child concern reports aren't given to - well,
30 we aren't notified of all of them. It would be great if we
31 could agree on what should be. So that's an early stage --
32
33 COMMISSIONER: Should --
34
35 MS ADAMS: -- the CCR. But, other than that, if people in
36 community get a bit of a, you know, heads-up, "Look, you're
37 interested to the department," some families actually do
38 come and self-refer to us, and that's when we can do our
39 preventative stuff before getting to that.
40
41 COMMISSIONER: Would it be helpful or practical to have
42 somebody from your organisation embedded in the department
43 in that section of the department where - in the
44 notifications and intake division of the department, maybe
45 in some sort of liaison role, so that --
46
47 MR ADAMS: If I may, Commissioner --

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COMMISSIONER: -- there could be a direct communication between your organisation and that person --

MR ADAMS: Yeah. It used to exist in the form of recognised entity, where it was legislated, from my understanding, where any involvement with Child Safety in terms of coming up with a - whether to remove or not to remove, there was a level of involvement from an Aboriginal or from a, yeah, community-controlled organisation in what used to be recognised entity, and that was to give that cultural knowledge and understanding of it, and it was - it did exist at one point in time.

COMMISSIONER: Yes, I've --

MS ADAMS: But was never treated seriously.

COMMISSIONER: I've heard about that, and there have been some mixed views about its effectiveness.

MS ADAMS: Correct.

COMMISSIONER: But I'm suggesting something slightly different --

MR ADAMS: Yep.

COMMISSIONER: -- which is for somebody within your organisation and like organisations in other areas to be employed within the department in that area of the department that is concerned with receiving notifications and investigating them so that, if the notification concerns somebody within your community or communities, you can be activated at the outset; because at the moment you've got the department that gives you certain sort of jurisdiction in terms of referrals that it makes to you, as I understand it, but if you had somebody within the department in that area would that potentially give you a better opportunity to act proactively, is really what I'm asking.

MS ADAMS: Yeah, correct.

MR ADAMS: Could, provided - because you don't want that staff to become too departmental, though, because it has happened in the past in that --

1
2 MS ADAMS: Yeah. Yeah.
3
4 COMMISSIONER: And I'm wondering whether that --
5
6 MS ADAMS: So the risk of that, is what Trent was saying,
7 Commissioner, is that then that individual becomes
8 entrenched in the department - that's the honest truth.
9 Goolburri's recognised entity was exactly that. Can I just
10 give you just a very quick little example. There was a
11 serious case, so myself as the CEO and the nominee for all
12 our child safety services, the - my recognised entity - we
13 work together. Our worker was sitting across from me
14 speaking in code and expected me to understand what she was
15 talking about.
16
17 COMMISSIONER: What do you mean, in acronyms?
18
19 MR ADAMS: Acronym.
20
21 MS ADAMS: So instead of saying, "Lizzie" --
22
23 COMMISSIONER: I sympathise with you.
24
25 MS ADAMS: -- "we have the Adams family here and this is
26 what's happening," you know, my worker was going, "Yes, and
27 family A and family B and then family C," and I'm going,
28 "Look, you need to cut that out and just tell me what are
29 we dealing with here so we can resolve the issue."
30
31 MR ADAMS: Yeah. We're all bound by the same
32 confidentiality, so.
33
34 MS ADAMS: Yeah. Look, if we can get somebody in and be
35 that first point of contact to give us a heads-up in an
36 early intervention and prevention manner --
37
38 MR ADAMS: It's worth exploring.
39
40 MS ADAMS: -- that would tick some boxes for us.
41
42 COMMISSIONER: Would there be a problem potentially in
43 terms of a sort of reputational impact on your organisation
44 because you're more directly associated with the
45 department? And I've heard evidence that there's a degree
46 of scepticism, shall we say, in relation to the
47 department's activities.

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MR ADAMS: They used to be - the department used to request us to go out on removals. That was RE days, yeah?

MS ADAMS: Yep.

MR ADAMS: Be part of the removal. So because of that impact on how the company was seen, so we said no-one is to go out unless requested by the family. So it's - you know, it's a very stressful crisis point because some people don't actually realise --

COMMISSIONER: But if you want to intervene --

MS ADAMS: He's just a bit emotional, Commissioner, sorry.

COMMISSIONER: Sure. Sure. Take your time.

MR ADAMS: Some people don't realise what's actually going on.

COMMISSIONER: Do you want a short break? I'm very happy to have a short break, it's fine.

MR ADAMS: It's not until their children are actually removed and they realise it. And they don't realise they're coming back until they fix these wrongs. So that's the - that's the reason why we need to be there and that - yeah. So that's the reason why we sort of separated with it: because that crisis point which a family is going through, if we're associated with it, then we're deemed to be part of. So we didn't go part of it unless requested by the family. And some families don't actually understand what's going on until it's a little bit too late, so - and that's the requirement for organisations and NGOs, is to support families and to be direct with families to give them a better understanding of, you know, what is --

MS ADAMS: Happening.

MR ADAMS: Yeah. So, you know, sometimes we just need to be a bit more direct with families, but yeah. So we'll only support families upon that removal where, you know, requested by the families so that we don't actually damage the reputation of the company, yes.

COMMISSIONER: Sure. But if you want to be proactive and

1 be in a position to act at the earliest time possible --
2
3 MR ADAMS: Yep.
4
5 COMMISSIONER: -- the department is the funnel through
6 which notifications from a wide variety of different
7 sources come to it - could be a teacher, could be a doctor.
8
9 MR ADAMS: Yeah.
10
11 COMMISSIONER: There are other sources.
12
13 MR ADAMS: Yes.
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15 COMMISSIONER: And that's where the whole story starts,
16 isn't it, when there's some notification?
17
18 MR ADAMS: Yeah.
19
20 MS ADAMS: Yep.
21
22 MR ADAMS: That's Family and Child Connect. So in terms
23 of the Family and Child Connect system, but then I believe
24 it was - but then it's that relationship building with the
25 person who's got that contract as well to get those earlier
26 referrals. So I believe the one that actually obtained
27 that contract in town was also delivering services, so -
28 you know what I mean? There was no separation, you know
29 what I mean? So --
30
31 MS ADAMS: They kept the numbers for themselves instead of
32 referring them out to an Aboriginal --
33
34 COMMISSIONER: Because they were also a provider?
35
36 MS ADAMS: Yes.
37
38 MR ADAMS: Yes. So it goes back to that third body thing
39 with the complaint, you know.
40
41 COMMISSIONER: Sure. What I think you're saying is that
42 there's reputational problems if your organisation, which
43 is providing support, is that directly connected with the
44 department because the department might have to take steps
45 to remove the child. But is there some way around that so
46 that you can be at the top of the food chain, so to
47 speak --

1
2 MR ADAMS: Yeah.
3
4 MS ADAMS: Yeah.
5
6 MR ADAMS: Delegation of authority.
7
8 COMMISSIONER: Well --
9
10 MS ADAMS: Yeah, I think, Commissioner -
11 sorry. Sorry, I thought you were finished.
12
13 COMMISSIONER: No, no, I was going to ask what you mean by
14 delegated authority. In what sense?
15
16 MR ADAMS: Yep. So underneath delegation of authority it
17 basically enables the Chief Executive of an Aboriginal
18 community-controlled organisation to inherit sections of
19 the Act on behalf of the Director-General, you know, of
20 Child Safety.
21
22 COMMISSIONER: I do understand that.
23
24 MR ADAMS: Yeah. So - and, as we've requested, if we took
25 on the fundamentals of every section of the Act and we
26 could be deemed to operate in such a way that a department
27 could, we could do things from a community understanding,
28 we could drive things by a community organisation.
29
30 COMMISSIONER: But isn't there a problem with that - well,
31 a number, potentially?
32
33 MR ADAMS: Yeah.
34
35 COMMISSIONER: One, you'd have to set up a reflective
36 bureaucracy, you know, a dual bureaucracy, which I think
37 is --
38
39 MR ADAMS: Possible.
40
41 COMMISSIONER: Would be perceived to be problematic. But
42 two, when it comes to the removal - as I keep saying to
43 A. - you can't ignore the fact that the removal decision is
44 made by a court. So if it gets to that point --
45
46 MR ADAMS: Yep.
47

1 COMMISSIONER: -- that there's sufficient concern and
2 material is assembled that persuades a court that the child
3 should be removed --

4

5 MR ADAMS: Yes.

6

7 COMMISSIONER: -- then that's not a matter for delegation;
8 right?

9

10 MR ADAMS: No.

11

12 COMMISSIONER: Do you wish to argue that a child from an
13 Aboriginal background should or should not be removed based
14 on the decision finally of some body other - "body", I mean
15 some entity other than the court?

16

17 MR ADAMS: There should be room to have a - so if you're
18 taking the concepts and practices of Murri Court and the
19 way in which it's facilitated, where there's community
20 groups and the rest, I believe it's worked more successful;
21 yeah, from my understanding.

22

23 COMMISSIONER: That's still a court.

24

25 MR ADAMS: Yeah.

26

27 COMMISSIONER: But you're not - I mean --

28

29 MS ADAMS: More culturally safe.

30

31 COMMISSIONER: You're free to put forward any idea that
32 you want to; right?

33

34 MR ADAMS: Yep. If took in the concepts and practices
35 which are already there - the fundamentals of Murri Court's
36 already there. So it's like a diversion. It's almost like
37 a, "Hey" - like, that current process, the department is
38 going to the courts with an application with evidence and
39 information, whether they've obtained all of it or not, of
40 their understanding - and whether there was the competence
41 of cultural inclusion within that, who knows. It needs put
42 forth.

43

44 So it's like where's the defence mechanism, for one, in
45 that process? If we were to go through the normal court
46 process should there be an invite out to the, you know -
47 let's argue there's an ACCHO in that community or there's

1 an NGO, you know, in that community supporting families,
2 our defence mechanism to show the seriousness of it,
3 whereas it's - your kids just get removed and it could be
4 removed overnight. You could go to school and the kids
5 aren't at school, do you know what I mean? So it's done in
6 very different ways in which kids are removed.

7
8 To answer the question, yes, Murri Court, there's a
9 fundamental of having a community body involved with it, if
10 you had to, you know - had them attend a - we sort of step
11 into that family-led decision-making space as well, so.

12
13 COMMISSIONER: Well, the Murri Court process, which is, as
14 I understand it, more collaborative with community
15 groups --

16
17 MR ADAMS: Yeah.

18
19 COMMISSIONER: -- you would say is a better process?

20
21 MR ADAMS: Yes.

22
23 COMMISSIONER: But it's still a court decision?

24
25 MS ADAMS: Yes.

26
27 MR ADAMS: Yes.

28
29 COMMISSIONER: Right. And do you accept that the decision
30 being made by a court - and I'm not suggesting courts are
31 infallible or don't get it wrong --

32
33 MR ADAMS: Yeah.

34
35 COMMISSIONER: -- and that's why there's an appeal
36 structure. Do you accept that that is the appropriate
37 place for a decision to be made where a child is to be
38 removed? Because the alternative is somebody else makes
39 the decision --

40
41 MS ADAMS: Yeah.

42
43 MR ADAMS: Yeah.

44
45 COMMISSIONER: Maybe the bureaucratic arm of government.

46
47 MR ADAMS: I'll have to think about that one,

1 Commissioner.
2
3 COMMISSIONER: All right. I'll put the proposition to
4 you --
5
6 MR ADAMS: Yeah.
7
8 COMMISSIONER: -- that what the court provides is openness
9 and the ability to scrutinise the material upon which the
10 decision is made, and that has the effect of creating
11 public confidence in the process, because it's a pretty
12 serious thing to remove a child.
13
14 MR ADAMS: Yeah.
15
16 MS ADAMS: Yeah. Absolutely.
17
18 COMMISSIONER: It's also a pretty serious thing not to
19 remove a child.
20
21 MR ADAMS: Yes.
22
23 MS ADAMS: Absolutely.
24
25 COMMISSIONER: So it's serious both ways. If the child
26 needed protection and not removed, that has serious
27 consequences also.
28
29 MS ADAMS: Yeah. I think, Commissioner, you know, by
30 having to sit around the table around - like, how the Murri
31 Courts and that is done makes it a bit more - I was going
32 to say user friendly, but more culturally safe, I suppose,
33 so that the person who is sitting there understands, yes,
34 you have been wrong, the child had to be removed because of
35 this, but it's taken in all seriousness but not in that
36 judgmental way. Does that - so it's not saying that you
37 are a bad parent for not providing, you know, this, this,
38 and this. It's that - it comes back to what you said --
39
40 COMMISSIONER: I understand that, but at the end of
41 the day the shame comes from the necessity to remove,
42 doesn't it, irrespective of what somebody says about it?
43
44 MS ADAMS: Yep, and those people sitting around that table
45 in the Murri Court, and I've experienced it personally,
46 with one of my family members, the embarrassment because
47 they knew that - it was about me - "I can't believe you're

1 standing in front of me when I know what your Aunty and
2 mother does in community, and you're standing here for
3 doing what?" The embarrassment that person got, individual
4 got, come back to me and even said sorry to me because --
5

6 COMMISSIONER: But that's a consequence in the community
7 generally of, say, any person going before a court for a
8 criminal matter and being found guilty, isn't it? And the
9 way you avoid that is avoid committing the crime, I mean,
10 is the simple answer, isn't it?
11

12 MS ADAMS: Yeah.

13
14 COMMISSIONER: Is there a Murri Court operating in this
15 region?
16

17 MS ADAMS: Yeah, there was. Is that still ongoing? Yes.
18

19 COMMISSIONER: In principle there would be no reason not
20 to adapt procedures and processes in the Childrens Court to
21 pick up elements of the Murri Court practice and adapt them
22 to the child safety jurisdiction, and you see that as
23 potentially a good idea?
24

25 MS ADAMS: Yeah, get a panel of expertise.

26
27 MR ADAMS: Yeah, it's an option.
28

29 COMMISSIONER: All right. Thank you.
30

31 MR BOYD: Thank you, Commissioner.
32

33 Just following on from that discussion you've just had,
34 there was a bit of talk about potentially being embedded or
35 being notified, need to become aware of families of
36 children at risk at an earlier stage. At the moment it
37 sounds like that's happening sometimes but not all the
38 times; is that right?
39

40 MR ADAMS: Yes.
41

42 MS ADAMS: Correct.
43

44 MR BOYD: Would a formal referral process where - and
45 I guess we'd have to think about at what point, but if
46 there was an Indigenous child or family that's been
47 identified, a formal referral process or notification

1 process to Goolburri, would that address some of the
2 concerns that we've been discussing?
3
4 MR ADAMS: Yes, if it - yeah, it's access to information,
5 the sooner the better with anything.
6
7 MR BOYD: Okay. And that would enable you to act
8 quickly --
9
10 MS ADAMS: Yep.
11
12 MR ADAMS: Yep.
13
14 MR BOYD: -- deal with the family, put in place processes
15 and supports that you have available at Goolburri on a
16 case-by-case basis?
17
18 MR ADAMS: Yes.
19
20 MR BOYD: Okay. And one other thing you mentioned, which
21 was families being encouraged to go to the family group
22 meeting process as opposed to family-led decision-making
23 because it's quicker, I think you said?
24
25 MR ADAMS: Yes.
26
27 MR BOYD: Can you just explain why it's quicker or
28 potentially why family-led decision-making takes longer?
29
30 MR ADAMS: Yeah. So from an FLDM approach from start to
31 finish - off the top of my head, it's about three months
32 from start to finish, and I believe they convene three
33 different meetings with the family within that. So it
34 takes longer, but anything good isn't rushed, obviously.
35 So within that process, I was saying earlier, some people
36 just want to get in and out of the system, and they don't
37 understand what the consequences may be. So within that
38 FLDM space it takes longer but because it takes longer we
39 can gather more information, we can put more supports
40 around the family and you've got a better result as part of
41 that. So there may be numbers in there. I'll have to
42 refresh it, but, yeah, it would be the successes of --
43
44 COMMISSIONER: How do you apply that where there's a
45 situation where the child is at immediate harm or risk of
46 harm? So in a context, which is not uncommon, where
47 there's some event that has triggered action by the

1 department, how would you best intervene in that very
2 common context, at least it's common as I understand it?
3
4 MR ADAMS: One would assume that there would have to be a
5 number of child concern reports prior to a major incident.
6 I don't know what the statistics would be on a family that
7 has been unbeknownst to that have escalated straight to an
8 I&A off one concern. I could be wrong; don't quote me
9
10 COMMISSIONER: Well, I'm not sure, but, for example,
11 there's power in the Act for a policeman to - I think it's
12 section 18 of the Act --
13
14 MR ADAMS: Okay.
15
16 COMMISSIONER: -- to remove a child, and a child safety
17 officer has the same power, in emergency circumstances.
18 Let's say there's a disturbance of some kind, there's
19 violence happening.
20
21 MR ADAMS: Yep.
22
23 COMMISSIONER: Now, you need to act --
24
25 MR ADAMS: Yep. Okay, yes, yes.
26
27 COMMISSIONER: -- I think you would accept, quickly or
28 immediately?
29
30 MR ADAMS: Yes.
31
32 COMMISSIONER: But that could be a trigger also for
33 instigating the family-led decision-making process, but the
34 child is likely to be removed for protective purposes for a
35 short time at least?
36
37 MR ADAMS: Yeah.
38
39 COMMISSIONER: But you could intervene at that point if
40 you had the opportunity?
41
42 MS ADAMS: So, Commissioner, if we go - sorry.
43
44 MR ADAMS: The question at hand is how do you apply an
45 FLDM if it's an instant removal.
46
47 MS ADAMS: Yeah, I know. But with the - if we didn't know

1 about it - and what used to happen in the recognised entity
2 stage was if a child was removed overnight it was to inform
3 Goolburri as soon as possible or practical to be able to
4 get on and do that. Then we would do the cultural advice
5 stage. So in this case maybe it's like is that where it
6 brings in the FLDM stage, that they must contact us on the
7 removal so that we can work towards. I know it may seem -
8 you're never too late. If it still gives us an opportunity
9 to work with the family, then I think we should be notified
10 that the Adams kid was removed last night, they are
11 Aboriginal descent, and Goolburri needs to be informed as
12 soon as possible.

13
14 COMMISSIONER: Because your role could be characterised as
15 a sort of social mediator within your own community in a
16 way that's - what I think I'm hearing you do through this
17 family-led decision-making, you're mediating disputes,
18 maybe problems, looking to find solutions.

19
20 MR ADAMS: Yeah. It's Murri grapevine.

21
22 COMMISSIONER: Is that a fair enough way to characterise
23 family-led decision-making or an aspect of it: you're like
24 a mediator?

25
26 MR ADAMS: Yep.

27
28 MS ADAMS: Yeah. Yep. And that's what we always say,
29 Commissioner. We're not here to make the department's job
30 harder. We're here to make it easier. That's what we do.
31 That's why we want to be a part. That's why we've put our
32 hand up for the continuum of Child Safety so that we're
33 dealing with our families at the front end and taking them
34 through to the - right up to getting them into whether it's
35 kin care, general care or some care. We're keeping them
36 out of residential. We don't do residential. That's why
37 we put our hand up and, you know, it's hard for us not to
38 get emotional about it because some of us live this. So
39 we're not here to criticise, make the department look bad.
40 We're here saying we are the better people to do the job
41 because we know our people. We're not going to say no to a
42 removal if our children are at risk of harm or harm has
43 been caused. We're not here to do that. What we're saying
44 is give our people the right and a voice and to own -
45 exactly what you were saying, Commissioner, own your own
46 behaviours, and how are we going to wrap this relevant
47 support around our families to keep them together. If we

1 can't keep them together, let's put them with appropriate
2 safe people. That's our kin carers. And, you know, being
3 privy yesterday to Commissioner's orders in - and in this
4 room, you know, sometimes it's not always the best person
5 either. But let us help and determine who are the right
6 people for these kids to be growing up in a loving
7 environment. That's all we're saying. Sorry.

8
9 COMMISSIONER: And that is an entirely reasonable
10 position, if I may say so.

11
12 MS ADAMS: Thank you.

13
14 COMMISSIONER: Coming back to the early detection, you
15 say, and I accept what you say, that you know your
16 community and who they are and so on. Does that depend on
17 how sort of close-knit the particular community in a
18 particular region might be? I mean, if it's a discrete
19 community, presumably your intelligence about who's who, et
20 cetera, is better than if it's a large regional centre,
21 say, Toowoomba, say Cairns, and the same question arises in
22 my mind about, say, Brisbane. I mean, how do you know
23 everybody in these large sort of population centres?

24
25 MR ADAMS: Everyone knows somebody who knows somebody,
26 right, so - yeah. Sometimes you can ask about a family -
27 when you see a surname you can ask some information about a
28 surname and find something out. So we have a very diverse
29 company in which we have very many different surnames and
30 very different collective, you know, Traditional Owner
31 groups within which you've already got a wealth of
32 knowledge already in your staffing without, you know,
33 outsourcing, so to speak. And the towns in which we sort
34 of service they're not very big. Some of them are 5,000
35 people. Everyone knows everybody's business, you know,
36 henceforth --

37
38 COMMISSIONER: Well, that's the question I was really
39 asking. I mean, if it's Brisbane, for example --

40
41 MR ADAMS: Yeah, yeah, yeah.

42
43 COMMISSIONER: -- more difficult?

44
45 MR ADAMS: You'd be surprised how quick you can go.

46
47 MS ADAMS: Yeah. But, look, I think what - between all

1 the Aboriginal services, you know, whether it's health,
2 housing, employment, they will all talk to each other
3 because at some stage they will all need to come together
4 to wrap the relevant services around them. From our
5 perspective here in Toowoomba and Ipswich, South West
6 Queensland, we pride ourselves on being place-based
7 employment. So the people in those communities are from
8 those communities. So if we need to chase up information,
9 Commissioner, the people in the community knows who's
10 related to who. So, if we need a placement for one of our
11 kids who are removed, that's probably faster than --

12
13 COMMISSIONER: I accept all of that.

14
15 MS ADAMS: Yeah.

16
17 COMMISSIONER: You have a network --

18
19 MS ADAMS: Yep.

20
21 COMMISSIONER: -- of connections through various kinship
22 groups and mobs. But what I'm asking about or what I want
23 to ask about is if you were to really be proactive and able
24 to engage in what I've labelled early early intervention -
25 that is, to take supportive action before any notification
26 is made and comes to the attention of Child Safety- that
27 could be the most effective preventative action, but you
28 have to have relevant knowledge, and that relevant
29 knowledge would be about the factors that are likely to
30 expose the particular family to risk so that you could
31 intervene in some culturally appropriate way before any red
32 flag is raised. That would really be true early
33 intervention. Can you conceive of a way in which that kind
34 of objective, proactive early intervention
35 pre-notification, could be designed?

36
37 MR ADAMS: Yeah, an AI app that had characteristics of
38 fundamentally what are indicators of Child Safety entering
39 a house, progressive thinking. You know, it's a bit like
40 an AI app you do, how do I dim my outdoor setting, if you
41 had an AI app that went through and it had the core
42 fundamentals of types of reasons why the department would
43 remove a child.

44
45 COMMISSIONER: But you - yes --

46
47 MS ADAMS: And/or.

1
2 MR ADAMS: Yeah - no, no, no, I'm - and if that created a
3 referral - because there's other apps in that sort of
4 sphere in terms of early childhood development, et cetera,
5 but then if it flagged here and it had a wealth of
6 knowledge of support services in your community that did
7 not push it towards a government interaction and push it to
8 a community-based interaction, there is potential solutions
9 with that.

10
11 COMMISSIONER: So some sort of app --

12
13 MS ADAMS: Could work, yeah.

14
15 COMMISSIONER: -- that would harvest the data?

16
17 MR ADAMS: Yeah.

18
19 COMMISSIONER: Demographic data, economic data --

20
21 MR ADAMS: No, it would be a household camera. If you had
22 a camera interaction of your household and put in your own
23 circumstantial information.

24
25 COMMISSIONER: Well --

26
27 MS ADAMS: And/or - if I may, Commissioner?

28
29 COMMISSIONER: Yes, please.

30
31 MS ADAMS: And/or instead of people being guided to ring
32 the department when they have concerns about somebody, they
33 actually ring us. If it's an Aboriginal and/or Torres
34 Strait Islander person, they ring us and then we put in the
35 early intervention and prevention stuff because we know
36 before the department knows.

37
38 MR ADAMS: It's already in place, those --

39
40 MS ADAMS: Yeah, but it's obviously not working
41 successfully.

42
43 Don't worry, Commissioner, we have our differences too.

44
45 COMMISSIONER: One way to encourage direct contact with
46 you under that sort of model would presumably be via
47 advertising of some kind, you know, social media, for

1 example?
2
3 MS ADAMS: Social media.
4
5 COMMISSIONER: At present do you promote by some means of
6 advertising via whatever media, including social media, the
7 availability of your service?
8
9 MS ADAMS: Yeah, Facebook.
10
11 MR ADAMS: Yeah, if you've got all of those fundamentals
12 you're still going to have limitation on service user
13 demand and what's available.
14
15 COMMISSIONER: I mean, do you know if the department
16 advertises the availability of your services, or is it
17 simply or confined to you act upon a referral given to you?
18
19 MS ADAMS: Yep.
20
21 MR ADAMS: You're still going to have limitations as
22 demand is going to far exceed what's available. Further
23 investment, yeah. But --
24
25 COMMISSIONER: Demand for your services, you mean --
26
27 MR ADAMS: Yeah, like, you --
28
29 COMMISSIONER: -- would exceed --
30
31 MR ADAMS: I believe we have wait lists currently even in
32 the family wellbeing space. So, you know, it --
33
34 MS ADAMS: So with the advertising, Commissioner,
35 Goolburri do their - we do our norms. I don't know - we do
36 give the department or have in the past given the
37 department our flyers. How they advertise or promote us --
38
39 MR ADAMS: They're through your NAIDOC events, so --
40
41 MS ADAMS: -- I can't say. But, yeah.
42
43 COMMISSIONER: Given what you know about your own
44 community, you must have an idea about how best to reach
45 the community by way of communication with them, and
46 everybody's got a mobile phone, don't they? So I'm just
47 trying to work out how early intervention and even early

1 early intervention, as I've called it --

2

3 MS ADAMS: So community events. We've now been able to go
4 throughout our region and run community events,
5 back-to-school community events. We make sure we have all
6 those --

7

8 MR ADAMS: Yeah, that's your early intervention. So it's
9 --

10

11 MS ADAMS: That's what he wants to know.

12

13 MR ADAMS: Yeah. So your early interventions, yeah, your
14 return-to-school programs - so through it you have, you
15 know, full return to schools basically. So what we do in
16 terms of return to school in the January period - January,
17 March - January/February. So the idea in concepts is -
18 well, a lot of the communities don't have a lot of money
19 invested into them. It's always your larger urban areas
20 that get the money, and it's not your remote areas because
21 it's so far to travel, right, in the short, so places like
22 Cunnamulla, Charleville, St George, probably got Chinchilla
23 there, and there's a few little spots in between.
24 Warwick's another one that sort of doesn't get a lot of
25 attention as well.

26

27 So what we've done is push through the community events
28 around the return to school. So, you know, you're putting
29 the likes of Walkabout Barber, et cetera, out there, so the
30 kids are getting haircuts before school, whether they may
31 or may not have had a haircut prior to return to school.
32 So you're already dressed neat and - yeah. Then the idea
33 is where we can accommodate those items which some kids may
34 or may not have, and often, you know what I mean, it's
35 waiting until you go to school and the kid may not have a
36 bag before a teacher does a referral. So how do we have it
37 available that there's bags on availability for kids to go
38 to school with, so we're removing that shame factor.

39

40 So it's structuring things - it's structuring program
41 supports and the right intervention points that - you know,
42 in this Western society in which we live, working around
43 those constructs. So how can we put intervention points to
44 accommodate families on the bare needs or essentials which
45 someone may take for granted. And it's not only just
46 Aboriginal children. There is non as well. This is just a
47 human issue, or Australian issue.

1
2 But it's how we can have those intervention points which
3 would flag where the majority of the child concern reports
4 be based upon. So if it's because of a child coming to
5 school with no food, well, how do we have intervention
6 points in what towns. So it's access to data and what's
7 the level of issue that we have for each demographic -
8 well, each demographic point or geographical location so
9 that in that way we can accommodate and target specific
10 supports for those individual townships. No town operates
11 the same. So if we base it upon cultural knowledge - we
12 have different Traditional Owner groups across all these
13 townships - which talks about different totems, which talks
14 about different behaviours, different ecosystems in which
15 we live. So how do we base our - how do we base
16 intervention points based upon the evidence and information
17 that's available and, if it may or may not be made
18 available, not too sure in terms of what's in the child
19 concern report space, but how do we compile against each
20 township what the issues or the most prevalent issues are
21 in terms of, you know - what do you call it - your cultural
22 things and your - yeah. So how can we target specific
23 supports to townships based upon evidence available.

24
25 COMMISSIONER: If we're talking about school-aged
26 children, and on the hopeful assumption that most of them
27 will attend school, even if they don't necessarily attend
28 every day for the duration of their primary or secondary
29 schooling, then a school seems to be a natural contact
30 point at which to form or create a hub for services.
31 I attended The Murri School a few weeks ago, and that seems
32 to function very well as a hub at which other services are
33 also available. It's an Aboriginal community-controlled
34 school, and I think the services that are allied to the
35 school are also community-controlled organisations
36 providing those services. .

37
38 MS ADAMS: Yep.

39
40 COMMISSIONER: So would you agree as at least a general
41 proposition that in most communities and in most centres,
42 population centres, having a hub located at a school is
43 likely to be a good incidental way to identify people who
44 need assistance?

45
46 MR ADAMS: I was one of those kids that - it wasn't so
47 much a hub but it was a section off for, you know, the

1 troubled kids and they were often - no, but they were often
2 cousins of mine. So that's where we were able to go out
3 and - yeah. So it does work, yes, go out and do a
4 boomerang session with - so go out and explore those
5 cultural items and - yeah. But, yes, it does work.
6

7 COMMISSIONER: Have you got any other - just dealing with
8 school-aged children, what other sort of location - not so
9 much location but some incidental meeting point would be
10 likely to draw people in that you could use their
11 attendance as a way of being able to identify need?
12

13 MR ADAMS: Cross-departmental.
14

15 MS ADAMS: Yeah. Yeah, possibly, in the smaller
16 communities. But I think a lot of people, Commissioner,
17 view if you have a health problem this is where you go, if
18 you have this sort of - this is where you sort of go, and
19 I suppose with the Aboriginal community-controlled health
20 services, you know, we probably have a lot of those stuff
21 in place and then - sorry?
22

23 MR ADAMS: It's cross-departmental, though.
24

25 MS ADAMS: It becomes like interagency, I suppose, more
26 than targeted for, you know, if there's a concern.
27

28 MR ADAMS: That used to occur at SCAN stage. It used to
29 be a practice whereby segments of departments, and back
30 then SCAN's RE was also mandated, legislated, I believe, to
31 go to it - I could be wrong; going back some years now. So
32 as part of that it became almost a target, was the
33 downfall, when it became cross-departmental, because it was
34 like, how much crap can we pile against this one family in
35 terms of a police report, in terms of health report, in
36 terms of education, in terms of child safety; you know what
37 I mean? So, like, I understand the question at hand from a
38 community response in terms of identification, but it boils
39 down to the individual and the intent.
40

41 COMMISSIONER: But if the intention is to help, and to
42 help before the problem becomes a bigger problem --
43

44 MR ADAMS: Yeah.
45

46 COMMISSIONER: -- then you've got to have some
47 intelligence, to use the sort of kind of military idea, of

1 what's going on; right?

2

3 MR ADAMS: Yeah.

4

5 COMMISSIONER: So where do you get that from? And it's
6 got to be relevant information, you know, broadly speaking,
7 about the vulnerability of the particular family that needs
8 addressing and if addressed in advance might avoid the
9 problem. So that's what I'm getting at. For children who
10 are younger than school age --

11

12 MR ADAMS: Yep.

13

14 COMMISSIONER: -- then health services are presumably a
15 good location to pick up that sort of information?

16

17 MR ADAMS: As far as I understand it, Commissioner, unless
18 three antenatal appointments have been attended, they are
19 automatically a child concern report to the individual, and
20 I believe there's been some cases of snatched depress, as
21 they call it. It would be how fundamentally from a health
22 viewpoint how does that information from the CCR - that's a
23 potential CCR, so let's argue - I think 10 by the end of
24 it. Don't quote me on numbers there; been a while since
25 I worked in the antenatal space. I think there's about 10
26 that is suggested to do, 10 to 12, and if you don't obtain
27 at least three from my understanding back then it
28 automatically kicked in as a threshold for a child concern
29 report.

30

31 So fundamentally should we be saying if earlier
32 identification and that sort of predicament, if they've
33 missed one or two out of the first four antenatal
34 appointments is it an automatic referral to a
35 community-based organisation to put the supports around the
36 family, and that could potentially, you know, fulfil that
37 gap or void.

38

39 COMMISSIONER: Or at least to investigate whether there's
40 some need?

41

42 MR ADAMS: Yep.

43

44 COMMISSIONER: So you're saying that trigger for a child
45 concern report, namely three appointments being missed --

46

47 MR ADAMS: No, they've got to have a minimum of three,

1 from memory. This is going back some time.
2
3 COMMISSIONER: Okay. It doesn't matter whether you've got
4 the detail right or not --
5
6 MR ADAMS: Yeah.
7
8 COMMISSIONER: -- but there is a trigger --
9
10 MR ADAMS: Yes.
11
12 COMMISSIONER: -- that puts up a red flag --
13
14 MR ADAMS: Yep.
15
16 COMMISSIONER: -- if the child isn't taken to three --
17
18 MR ADAMS: That's prior to birth, so --
19
20 COMMISSIONER: Antenatal?
21
22 MS ADAMS: Yeah.
23
24 MR ADAMS: Antenatal, yep.
25
26 COMMISSIONER: Okay. That's not an irrational thing, is
27 it? I mean, it might be an indicator that it's something -
28 that the family need help?
29
30 MR ADAMS: Yes.
31
32 COMMISSIONER: So it's not a bad idea, is it? Are you
33 saying that that is or isn't?
34
35 MR ADAMS: But it's a CCR. That's why I keep targeting
36 CCRs. If we had access to that level of information, from
37 a community viewpoint you can put intervention points as
38 opposed to - you know what I mean? So it becomes a CCR if
39 they fail to have - so, you know what I mean, whereas if
40 you're aware of pregnancy - if we're talking
41 cross-departmental again. Sorry. But, yeah. So, if
42 you're aware of that level of information, how does it kick
43 in to a referral across, rather than it - yeah.
44
45 COMMISSIONER: If the expectant mother doesn't attend
46 three antenatal reports, your understanding is that --
47

1 MR ADAMS: The child concern report.
2
3 COMMISSIONER: -- that sends an alert to the --
4
5 MR ADAMS: Department of Child Safety.
6
7 COMMISSIONER: To the department?
8
9 MR ADAMS: Yeah.
10
11 COMMISSIONER: And do you regard that as a good thing?
12
13 MR ADAMS: Yeah, but it's how - we should - yeah, like, if
14 we had made the threshold rather than being at the end of,
15 just before birth, to mitigate, you know, a removal at
16 birth, could it - is there a way to --
17
18 MS ADAMS: So let me jump in, Commissioner. So if I've
19 been known to the department or my family and I may have
20 had a child removed previously, so now I'm now pregnant I'm
21 being monitored and if I don't attend I then become a
22 concern to the department. What we're saying, just because
23 Lizzie was naughty back here doesn't say that she hasn't
24 changed and become this deadly mum now. But because she's
25 pregnant, she's not attending the antenatal, then - and
26 what Trent is saying, instead of ringing the department
27 around the CCR stuff, if it's an Aboriginal lady, ring the
28 Goolburri Aboriginal Health Advancement for a - see if we
29 can get an appointment and to be able to wrap support then
30 around her until Lizzie gives birth.
31
32 But what we're saying, we don't know about Lizzie being
33 monitored until she then goes in and has birth and - as
34 Trent said, some of our kids - not all, but - are taken
35 from us or being caught at the end of the table, taken off
36 the breast, you know?
37
38 COMMISSIONER: I've heard quite a bit of evidence about
39 that. I understand that.
40
41 MS ADAMS: So that's what I'm saying.
42
43 COMMISSIONER: So you would say that where there's a child
44 concern report triggered in that antenatal context --
45
46 MS ADAMS: Yes.
47

1 COMMISSIONER: -- you should be notified --
2
3 MS ADAMS: Yes.
4
5 COMMISSIONER: -- so that you can go and investigate and
6 see --
7
8 MS ADAMS: Wrap the support around.
9
10 COMMISSIONER: Well, it might be a false alarm, mightn't
11 it? I mean, it might be nothing to see here?
12
13 MS ADAMS: Yeah.
14
15 COMMISSIONER: But it might not?
16
17 MS ADAMS: Correct.
18
19 COMMISSIONER: So at least you can go and investigate and
20 find out what's going on?
21
22 MS ADAMS: Yes.
23
24 COMMISSIONER: That's really what you're saying?
25
26 MS ADAMS: Yep.
27
28 COMMISSIONER: Yes. What other information that is
29 routinely available, as you understand it, to the
30 department at the early notification stage do you think you
31 should be provided with so you can act proactively?
32
33 MS ADAMS: Yes.
34
35 COMMISSIONER: You've just given one example in the
36 antenatal context. Are there other sources of information
37 that is routinely gathered by the department that you think
38 should be shared with you at that initial or early stage?
39
40 MS ADAMS: Yes.
41
42 MR ADAMS: Yeah. Within, like, the aged - the way the
43 aged care portal is done - and talking cross-departmental
44 but just other examples of how things work. So within it
45 you select the region in which you want, and what it does
46 is it brings up the service providers and the types of
47 services they provide, right, and it's all portal based.

1 So it's end of consumer care, you know? So in - a lot of
2 these standards are starting to apply cross-departmental
3 anyway in the HSQF space. So how do we take learning
4 fundamentals out of that so - because I'm just trying to
5 think of, like, FAC and the rest of it, trying to use
6 existing systems, whereby rather than putting your
7 complaints - well, putting in your concerns, how can you
8 progress it to a community-based organisation and coincide
9 it with, say, a department as an example. I'm just trying
10 to think of solutions.

11
12 COMMISSIONER: Yes, indeed.

13
14 MR ADAMS: Yeah, yeah, yeah.

15
16 COMMISSIONER: All right.

17
18 MR ADAMS: Because, yeah, the aged care platform, it's not
19 the best for that vulnerable clientele, so how do you -
20 yeah.

21
22 MS ADAMS: But even, Commissioner, the - you're only
23 allowed to share so much information. Like, if we're all -
24 we're all there for the same reason; right? It's around
25 looking and making sure our kids are safe; yeah? Why can't
26 we have access to the same information?

27
28 MR ADAMS: Need to de-identify it --

29
30 MS ADAMS: Yeah, but it's a difficult process on what we
31 can and can't get out of the systems. So the systems
32 aren't even --

33
34 COMMISSIONER: But if arrangements were made between the
35 department and an organisation such as yours for you to
36 provide, I'll just put it broadly, early intervention
37 services - you'll have to define what they are, of
38 course --

39
40 MR ADAMS: Yeah, have a think about it.

41
42 COMMISSIONER: -- then for you to perform those services
43 plainly you would need to have shared with you the
44 information you need in order to perform the service?

45
46 MR ADAMS: Yeah, respond appropriately. Yep.

47

1 COMMISSIONER: And at the moment you're given a referral,
2 and I assume, but please tell me if I'm wrong, that when a
3 matter is referred to you you're provided with information
4 relevant to that referral; is that the case?
5
6 MR ADAMS: Yeah --
7
8 MS ADAMS: Minimal.
9
10 MR ADAMS: -- you'll - I'm just trying to make points from
11 this one because there should be a point where we haven't
12 gathered all the relevant information. It may be around
13 the child's needs.
14
15 MS ADAMS: It's minimum.
16
17 MR ADAMS: Just bear with me.
18
19 COMMISSIONER: Isn't part of your role, if a referral is
20 made to you, to yourself make an assessment of the child's
21 needs? I mean, isn't that part of what you are doing?
22
23 MS ADAMS: Yeah, but, Commissioner, I think it --
24
25 MR ADAMS: Yeah, the points - we've got to keep on that.
26 Forty-sixth point:
27
28 *It's difficult to access information from*
29 *the department. Improved information*
30 *sharing would lead to better consistency*
31 *and understanding between service*
32 *providers, department and families.*
33 *Goolburri health services, for example, can*
34 *access information from other government*
35 *agencies. It would be of assistance in*
36 *able to access at the very least child*
37 *concern reports. Currently caseworkers*
38 *with --*
39
40 See, I'm talking to - but I should state the point, sorry,
41 Commissioner --
42
43 COMMISSIONER: No, I understand your point. But, you
44 see --
45
46 MR ADAMS: We're having to rely on self-reporting with
47 very limited information provided by the department, you

1 know, and there's so many different systems to obtain such
2 information.
3
4 COMMISSIONER: Well, there are some checks and balances,
5 aren't there, here --
6
7 MR ADAMS: Yeah.
8
9 COMMISSIONER: -- because you've got privacy issues --
10
11 MS ADAMS: Yep.
12
13 COMMISSIONER: -- and you don't need the information you
14 don't need.
15
16 MS ADAMS: No, that's right.
17
18 COMMISSIONER: What you need is information that's
19 relevant to what you're doing. A child concern report, you
20 would - if you're being engaged to provide early
21 intervention services, then you'd need the child concern
22 report. Are they not provided to you as part of
23 the referral?
24
25 MR ADAMS: There would be - yeah, it's more that earlier -
26 we don't get all of the information. So some things may be
27 behavioural issues and so forth as far as I understand it
28 in some of the FKC spots. But, yeah, sometimes we may not
29 get all of the information and it's --
30
31 COMMISSIONER: Do you get the child concern report?
32
33 MR ADAMS: Not from my understanding. So what have we got
34 there? I just want to make sure I don't jump out of it.
35 Yeah, no. So we'll get a summary and, you know, say -
36 let's argue there's historical. May not have that. It'll
37 only be the current, and it'll be just a summary of the
38 child, and nine times out of 10 I think often it's received
39 via email.
40
41 COMMISSIONER: What if the child has been given some
42 mental health treatment of some kind? You know, let's
43 assume it's a child who has some mental health issues,
44 perhaps significant behavioural issues, and has had some
45 therapy or medication or whatever it might be. Do you not
46 get provided with that information when you're given a
47 referral in respect of that child?

1
2 MR ADAMS: It has been missed, and, as in the other point
3 provided before, it has been requested and not provided
4 either. So it's their lack of consistency.
5
6 COMMISSIONER: But there's not a policy, as you understand
7 it, to not give you information relevant to the individual?
8
9 MR ADAMS: Yeah, not as I understand it, no.
10
11 COMMISSIONER: No. All right. Thank you very much.
12
13 MR BOYD: Thank you, Commissioner.
14
15 I just wanted to move topics now to delegated authority.
16 You've provided some information regarding Goolburri's role
17 in relation to delegated authority commencing at
18 paragraph 52 of your statement?
19
20 MR ADAMS: Yep.
21
22 MR BOYD: That commenced in mid-2023 and, as I understand
23 it, there was about an 18-month setup period and you were
24 able to formally commence activities at the beginning of
25 2025; is that right?
26
27 MS ADAMS: Yep.
28
29 MR BOYD: Can you just explain the scope of the delegated
30 authority that Goolburri holds and the activities that are
31 being undertaken?
32
33 MR ADAMS: So I've got two sections of the Act.
34
35 MS ADAMS: Culture and contact.
36
37 MR ADAMS: Yeah, connection to culture and contact is the
38 two clauses we've got. I won't state the acts because I'm
39 flustered. But, yeah. And the grounds of that, so -
40 what'd we do? 1 July --
41
42 MS ADAMS: 2023.
43
44 MR ADAMS: I think it was '24, going off me doing my
45 homework. So, anyway, I did have a sticky note there.
46 What was --
47

1 COMMISSIONER: Section 87 of the Act, I think, is it?
2
3 MS ADAMS: Yep, 87 and 88, is it?
4
5 COMMISSIONER: Section 87 and 88(2)?
6
7 MS ADAMS: Yeah. 88(2), yeah.
8
9 MR ADAMS: And within that contract we are currently only
10 dealing with one service centre.
11
12 MR BOYD: And which service centre is that?
13
14 MR ADAMS: That would be Toowoomba South.
15
16 MR BOYD: Okay. But you have contracts for Roma,
17 Toowoomba North and other child safety service centres; is
18 that right?
19
20 MR ADAMS: Yes.
21
22 MS ADAMS: Yes.
23
24 MR BOYD: And you've set out at 57 in your statement that
25 you haven't received any referrals from those service
26 centres; is that correct?
27
28 MR ADAMS: So we've had, as I understand it - so was it
29 '24. So as part of that contract we'd have an annual
30 review on it, which has occurred, and when the first
31 initial contract negotiations came out it was basically
32 what do you want to do, which service centre do you want to
33 work with. With the majority of our other contracts, what
34 we would happen is that they're across the whole footprint.
35 So we don't have to turn people away, and they get the same
36 support no matter what town you're in, in short. So within
37 that we've had two negotiations on contract around service
38 centres and types of act, and basically what's been advised
39 is that the other service centres are not ready for DA,
40 which is basically delaying our services and support we can
41 provide to the other regions.
42
43 MR BOYD: Do you know what that means when they say
44 they're not ready for DA?
45
46 MS ADAMS: My assumption would be that they're not ready
47 as in understanding what delegated authority is.

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MR BOYD: Okay.

MS ADAMS: I stand corrected, though.

MR BOYD: Have you received any information as to when these other service centres are intending to utilise your DA contracts that you hold with them?

MR ADAMS: No.

MS ADAMS: No, we've to bring it to a meeting with the regional director or regional executive director and regional director sitting around the table, QATSICPP, so we - and we've sort of asked when would it look like for us. We would like to do and like Trent was saying before around the - you know, we may not have capacity to do the whole delegation of those delegations, but we are doing case management, but we're not funded to do case management. We're not - you can't just wrap that little - the service around. It's a journey of the people. Does that make sense? So we only have the 87, 88(2). But what we're saying, we're ready to take on other delegations but the other service centres aren't ready to take on.

MR BOYD: Okay. And what delegations would you be in a position to take on?

MS ADAMS: Well, personally, and as the CEO, we would have capacity to do those because --

MR ADAMS: What I generally do in terms of contract negotiation is you open it up blanketly, take them all on so you have the powers to be because it's still a request to the Director-General, DG, anyway. So you can still get knocked back if it's not, you know, covered off on all aspects.

COMMISSIONER: Say that again, please?

MR ADAMS: I would take on all sections so that that way it's embedded in your contract so you don't have to keep begging and pleasing for things, and then that way it's embedded across, and if you could have it so that it was across every service centre at the same time it enables you so as you get a request from each region you should be - you know, you're not knocking people back.

1
2 COMMISSIONER: Can we unpack that a bit?
3
4 MS ADAMS: Yep.
5
6 MR ADAMS: Yep.
7
8 COMMISSIONER: Presently, as I understand it, a delegated
9 authority relates to - or it's a delegation on a
10 child-by-child basis?
11
12 MR ADAMS: Yes.
13
14 COMMISSIONER: So it has to be a specific delegation in
15 relation to particular powers that the department has,
16 usually via the Chief Executive of the department --
17
18 MS ADAMS: Yep.
19
20 COMMISSIONER: -- in respect of an individual child. Now,
21 when you say you could take on all of the powers for a
22 child, bearing in mind that the department itself is a not
23 small government department, wouldn't you need, in order to
24 perform all of the powers that are performed by the
25 department pursuant to its powers, to have something like
26 another Department of Child Protection in order to do all
27 the things that the department presently does? Isn't that
28 what you would need in terms of resources? Unless of
29 course you're suggesting that or might suggest that the
30 department is unduly bloated, you'd need something like the
31 same, wouldn't you?
32
33 MR ADAMS: I think that's the intention of it, isn't it?
34
35 COMMISSIONER: I'm not sure. But I'm just trying to
36 understand at a practical level what would be involved if
37 you were to have all of the powers.
38
39 MS ADAMS: So let me - so the true essence is if - instead
40 of us saying let's go under the delegated authority for
41 Aboriginal and Torres Strait Islander - so for that case
42 management, but we haven't even got the full delegation
43 across our region.
44
45 COMMISSIONER: No, I understand that. There's a sort of
46 cherry-picking here in terms of --
47

1 MS ADAMS: Correct. They're saying this is what - because
2 this has been trialled - and I stand corrected, it was
3 trialled by a couple of other Aboriginal services. So they
4 did that up in Central Queensland and on the Sunshine
5 Coast. They did different things. I think from those
6 Goolburri is able to do both what they did, which was 87
7 and 88(2), and case --

8

9 COMMISSIONER: Well, case management's in a way a loose
10 term, I think, because case management would involve the
11 exercise of a variety of the powers that are given to the
12 department.

13

14 MR ADAMS: Yeah.

15

16 MS ADAMS: Yep.

17

18 COMMISSIONER: I can't tell you off the top of my head
19 what they are --

20

21 MS ADAMS: Me either, but that's okay.

22

23 COMMISSIONER: -- but there would be a lot of them; right?

24

25 MS ADAMS: So, yeah. So this is what I'm saying because
26 we're doing it anyway, and, you know what, Commissioner, as
27 black people that's what we do. We don't care if we're
28 funded for it or not. We just wrap the service around
29 them, right? We just do it. So my next - the other thing
30 is why we can't do it is because it is only with Toowoomba
31 South. Now, we're all - our mob are all transient, and
32 which has happened. So one of the families we have
33 delegation for actually went out west. But we have to do
34 other rigmarole work in making it al legal because we don't
35 have a delegation out with the Roma service centre.

36

37 COMMISSIONER: Really? I have misunderstood the
38 delegation then because I thought the delegation related to
39 a particular child in respect of particular powers. Why
40 should it matter whether the - if they got in a caravan or
41 whatever and gone up north --

42

43 MS ADAMS: Because it went from one region to another.
44 Because it went out of Toowoomba to the South West region.

45

46 MR ADAMS: So it's a different service centre. So it's
47 not by - so within the contract we're limited by the

1 service centre in which we can work with.
2
3 COMMISSIONER: Well, I'm not going to get into sort of a
4 legal interpretation of your contract in the absence of it,
5 but --
6
7 MS ADAMS: No, no, this is just the fact of the matter.
8 This is what we're dealing with right now, yeah.
9
10 COMMISSIONER: Well, have you raised this issue with the
11 department?
12
13 MR ADAMS: On two occasions, Commissioner.
14
15 MS ADAMS: Yes. No answer.
16
17 COMMISSIONER: I see.
18
19 MS ADAMS: Or they're not ready, is the answer.
20
21 COMMISSIONER: But, anyway, to get back to my earlier
22 point --
23
24 MR ADAMS: Yeah. The intention, yeah.
25
26 COMMISSIONER: -- that the consequence of seeking
27 delegations across the board, if I can put it that way, and
28 bearing in mind that roughly 50 per cent of the children in
29 Queensland who are in the child protection system are from
30 Aboriginal or Torres Strait Islander backgrounds --
31
32 MS ADAMS: Correct.
33
34 COMMISSIONER: -- you'd need half a department at least,
35 wouldn't you, to do it all, or something half the size of
36 the department?
37
38 MS ADAMS: Yeah, and this is a big area here.
39
40 MR ADAMS: So what we generally do --
41
42 COMMISSIONER: But that's a huge bureaucracy that you're
43 talking about establishing and, as I understand the
44 evidence, the department itself struggles, particularly in
45 regional areas, to recruit staff. I mean, I'm just raising
46 this as a --
47

1 MR ADAMS: Yeah. It's a big wish, is what it is,
2 Commissioner, but --

3
4 COMMISSIONER: Yes. No, I understand.

5
6 MR ADAMS: So how we generally work as a community-based
7 organisation is you learn each time you're faced with
8 something; yeah? And you will seek out from those who have
9 a better understanding to apply it. So you've still got to
10 request underneath the DG underneath each section of the
11 Act, so there is a control mechanism. So if the intent is
12 to enable but we are being told what we can and can't do
13 then you have a limitation; yeah? And, yes, it is
14 progressive thinking and it is so that it is a controlled
15 learning environment. We're not in school.

16
17 So if we're able to open it up to that realm so, you know -
18 and as community members came to us and asked, "Why have we
19 got no support for aged care," so then you go and find the
20 money and you start delivering aged care. If a community
21 member comes in and says, "I don't like the way this
22 department is dealing with my case planning," well, we'll
23 start to learn and understand that so we can do it better.
24 So if we're enabled to do something we will learn how to do
25 it and we will provide it, and that's the concepts of
26 Aboriginal culture.

27
28 COMMISSIONER: Do I take it from what you said that you
29 would accept that expanding the powers --

30
31 MR ADAMS: Yeah.

32
33 COMMISSIONER: -- or subject matter of delegations would
34 at a minimum have to be incremental so that you could learn
35 about what you need to do and have the structures in place
36 to be able to do it?

37
38 MR ADAMS: Yep.

39
40 COMMISSIONER: I mean, hypothetically, if all of a sudden
41 tomorrow the Chief Executive decided to give you delegation
42 in respect of every Aboriginal child in the State of
43 Queensland in the system there's no way you could discharge
44 your obligations, is there?

45
46 MR ADAMS: We'd be limited to the Toowoomba South service
47 centre, that's --

1
2 COMMISSIONER: Well, even in Toowoomba South I suspect.
3
4 MR ADAMS: Yep.
5
6 COMMISSIONER: So you'd accept that?
7
8 MR ADAMS: Yeah, yeah, yeah. Yep.
9
10 COMMISSIONER: I mean, it can't be just sort of land on
11 you, can it?
12
13 MR ADAMS: Yeah.
14
15 COMMISSIONER: But in principle that's what you want to
16 see developed; I understand that.
17
18 MR ADAMS: Yeah.
19
20 MS ADAMS: Commissioner, can I just make a comment around,
21 you know, the department finds it very hard to get staff
22 and that's - you know, that's across everybody. It seems
23 to be the longstanding reason why things aren't moving
24 around in the different areas of services provided by us
25 and the department. No matter where you go, it's always
26 around the staff. You know what? We employ our staff
27 without qualifications. We get them trained. They're
28 place based. We invest in them. Christmas we just
29 acknowledged - no, no, no, I need to say this. We just
30 acknowledged 17 staff within Goolburri five years or
31 greater out of 100 staff, right, across our region.
32
33 So the department is doing something that's not so good for
34 the turnover of these staff continually. And you know
35 who's the suffering of the turnover of the staff? Us and
36 our people; okay? So invest in the staff, make them want
37 to enjoy their work, do what we do, and you won't have that
38 problem. I'm sorry, I have to say that. I'm sick of it
39 being an excuse.
40
41 COMMISSIONER: No, I understand your point. I mentioned
42 it in the context of a practical issue that the department
43 faces, and you say, well, you do as well. I accept that.
44 And I take you to be saying that, because of the way you
45 relate to your staff, you have better retention, and that's
46 obviously a good thing, and the department's turnover is an
47 issue because a direct consequence of it, say in the case

1 of a CSO, is just as a child might get to know the CSO
2 they're gone and there's somebody new or whatever.

3

4 MS ADAMS: Correct.

5

6 MR ADAMS: If you go more out in the sort of smaller
7 towns, Commissioner, if the CSO's been deemed to be the,
8 you know, reason of removal, whether it's an upstairs
9 decision or downstairs, the community member will blame the
10 CSO in the short. So some of these workers don't feel safe
11 walking down the street because they'll get bashed
12 because - you know what I mean? Like, these are the living
13 things in remote communities you need to think about too,
14 though.

15

16 COMMISSIONER: Well, in terms of that consequence, let's
17 think about that in relation to delegated authority. In
18 your hypothetical, you know, Utopian world where you're
19 running the whole show, right, wouldn't you have the same
20 problem if you had to have somebody performing the function
21 of making the hard assessments about removal, and who's
22 going to volunteer from your community to be at that end of
23 the decision-making?

24

25 MS ADAMS: Yeah, and, believe it or not, Commissioner,
26 I've been subject to that outside of my IGA.

27

28 COMMISSIONER: Well, I've heard that, sort of bits and
29 pieces of that issue elsewhere.

30

31 MR ADAMS: Yes.

32

33 MS ADAMS: Yeah. So, yeah, we would have the same issue.
34 But, you know, it's how you're seen, it's how you sell your
35 organisation, it's how you engage people.

36

37 COMMISSIONER: All of that is true --

38

39 MS ADAMS: Yeah.

40

41 COMMISSIONER: -- but this is a very fraught area, isn't
42 it? You know, it's very upsetting --

43

44 MS ADAMS: Yeah.

45

46 COMMISSIONER: -- and it's likely - and this is something
47 I think the department has to really grapple with and

1 endure - that if you're, to put it in the vernacular, the
2 evil empire that's taking the child away --

3

4 MR ADAMS: Yeah.

5

6 COMMISSIONER: -- then it is likely to cause antagonism
7 towards anybody having that duty and performing that duty.
8 I mean, that is one of the things that should be recognised
9 in terms of the challenges and difficulties that the
10 department faces.

11

12 MR ADAMS: Yeah. It's the highest risk area,
13 Commissioner.

14

15 COMMISSIONER: Highest risk in what way?

16

17 MR ADAMS: Highest risk in terms of - what do you call
18 it - how you're perceived. What do you call it? You know,
19 company image, et cetera, so --

20

21 MS ADAMS: Reputation.

22

23 MR ADAMS: Reputation; that's the one.

24

25 COMMISSIONER: Yes. All right. Is there anything else
26 you want to draw particular attention to in relation to
27 delegated authority? We've got what you've said in
28 writing.

29

30 MR ADAMS: Yeah, it's all in writing there. We might talk
31 about four points in one sentence.

32

33 MR BOYD: I just have one question about delegated
34 authority before I move to the next topic. You say at 57
35 that CSOs seem to undermine the DA by communicating
36 directly with family members if they don't agree with
37 the decision of the DA. Can you just explain what you mean
38 by that?

39

40 MR ADAMS: It's that readiness and if they don't
41 understand it, right, so - you'll see it right throughout
42 it. It's the way in which the department operates to get
43 things to operate in their way and maybe not in the best
44 interests of the client, you know. So as you read it - 57,
45 yeah. So, as you read it, they're basically not engaging
46 or not holding the company with them or the support
47 services with them; everything's being department led, is

1 in the short type how I read that.

2

3 MR BOYD: Yes.

4

5 COMMISSIONER: Are you saying that it's somehow faux
6 authority? I mean, if the authority has been delegated
7 it's been delegated; right?

8

9 MR ADAMS: Yes.

10

11 COMMISSIONER: And if it is a bona fide delegation then
12 the delegate gets to decide, I mean, otherwise it isn't
13 delegated authority.

14

15 MR ADAMS: Yep. The family can withdraw that at any point
16 in time, though, I believe.

17

18 COMMISSIONER: The family can withdraw?

19

20 MR ADAMS: Withdraw, yes.

21

22 COMMISSIONER: Whereas the family can't withdraw from
23 the authority of the Chief Executive?

24

25 MS ADAMS: No. So the referrals come from Child Safety to
26 the delegate - to --

27

28 MR ADAMS: Sorry, this is an application.

29

30 MS ADAMS: Yeah.

31

32 MR ADAMS: Sorry.

33

34 MS ADAMS: And then - yeah.

35

36 COMMISSIONER: But is that right? So is the delegated
37 authority as it operates presently subject to the agreement
38 of the subject child and/or that child's family that that
39 delegation should continue, as you understand it? Because
40 if the principal, right, the person with the authority,
41 which is the Chief Executive, has the authority it's not
42 relevant whether the child or the child's family agrees
43 with the decision or not. I mean, there might be appeals
44 or, you know, other complaint processes, but it's not
45 subject to agreement by the family. So you're telling me
46 that the present delegated authority is subject to ongoing
47 effectively consent by the family or child concerned?

1
2 MS ADAMS: Yeah, that's referred by the department.
3
4 COMMISSIONER: I might ask Mr Hastie to clarify this for
5 me in due course, but --
6
7 MR ADAMS: Yeah, yeah.
8
9 MS ADAMS: Yeah, that'd be good. That'd be good.
10
11 COMMISSIONER: I didn't understand that was a proviso to
12 the delegation, Mr Hastie. I won't --
13
14 MR HASTIE: No, I'll be able to clarify it.
15
16 COMMISSIONER: If you could, thank you. All right.
17
18 MR BOYD: Thank you, Commissioner.
19
20 I'd like to shift now to some of the programs that you
21 offer. We eventually managed to cover off some of it
22 already in discussions this morning. So there's one in
23 particular I wanted to ask you about, which is a relatively
24 new program, which is your Staying on Track program, which
25 started about five months ago. This commences at 92 of
26 your outline. Now, this, as I understand it, is a program
27 for children who are exiting from youth detention; is that
28 right?
29
30 MS ADAMS: Correct.
31
32 MR BOYD: Can you just explain how that program operates?
33
34 MR ADAMS: Yeah. We've got a team leader. So we have a
35 partnership within OzChild, so we're a subcontractor for
36 it, and within the modelling you got basically a family
37 worker as well as mentor workers. So when they're planning
38 to release an individual a referral has to be made. The
39 child can choose to consent to or not --
40
41 MR BOYD: Can I just interrupt there. At what point is
42 the referral made in relation to the release from
43 detention? Is it a week before, six months before?
44
45 MR ADAMS: Specifics, yeah, I couldn't answer that one.
46
47 MS ADAMS: While they're in the detention centre and then

1 --
2
3 MR BOYD: Okay.
4
5 MR ADAMS: Prior to exit, yeah.
6
7 MS ADAMS: Prior to exit, and then when they're exited we
8 can wrap support around them.
9
10 MR BOYD: Are you given sufficient notice?
11
12 MR ADAMS: As far as I understand it, yeah. It's just the
13 release times when they get their ankle monitors maybe late
14 at night, that's all.
15
16 MS ADAMS: Yeah.
17
18 MR BOYD: Okay. Sorry, go on.
19
20 MR ADAMS: Yeah, so within that structure, so we have have
21 a worker that engages the family. So sort of if that's the
22 place that they're going to be staying at upon release,
23 because they've got to notify of their address and that
24 sort of thing if they're out on bail so to speak. So
25 they'll have one that works with the family, and then they
26 have mentors which works with the child. Yep.
27
28 MR BOYD: Okay. So does this apply to children who are
29 both on bail and who have been released from a period of
30 court-ordered detention?
31
32 MR ADAMS: Yes, and it's consent based as well.
33
34 MR BOYD: Okay. I appreciate the program hasn't been
35 running that long yet, but have you observed that there are
36 children who are also under child safety orders who are
37 becoming clients of this program?
38
39 MR ADAMS: Yeah, and there'd be some that'll be in
40 residential care as well, as I understand it, so - yeah,
41 that were in.
42
43 MR BOYD: And as part of this program what interactions do
44 you have with the Department of Child Safety if there is a
45 child who obviously is on a child safety order?
46
47 MR ADAMS: Yeah, good question. I couldn't answer that

1 one, sorry.
2
3 COMMISSIONER: This is a Youth Justice --
4
5 MS ADAMS: It's a Youth Justice program.
6
7 COMMISSIONER: Yes.
8
9 MS ADAMS: System.
10
11 MR BOYD: What role then does Goolburri play in delivering
12 the program?
13
14 MR ADAMS: So what - we've got I believe two mentors,
15 three mentors to support, and the family - what are they
16 called - the family practitioner.
17
18 MS ADAMS: Yep.
19
20 MR ADAMS: So, yeah.
21
22 MR BOYD: What does that actually look like, though? You
23 have these staff?
24
25 MR ADAMS: Yep.
26
27 MR BOYD: Are they meeting on a regular basis?
28
29 MS ADAMS: Yep.
30
31 MR ADAMS: Yep.
32
33 MR BOYD: Is there structure around it? How does it
34 actually work?
35
36 MR ADAMS: Yeah, they have as part of the consortium of -
37 as part of both companies in terms of the partnership, so
38 they have clinical meetings. They happen weekly. They
39 basically sit down and have a case consultation around each
40 child, et cetera. So they meet quite frequently, they
41 discuss quite frequently, as well as they've got another
42 role outside - what's the name of that one? So then
43 they've got the clinical modelling with it as well. So
44 I haven't seen it in the flesh fully.
45
46 MR BOYD: Okay. Is this - sorry, I should ask do either
47 of you have involvement in this program or is this dealt

1 with by other people in the organisation?
2
3 MS ADAMS: It's way up - other people. So we're the key
4 overseer. We have a deputy that looks after it.
5
6 MR ADAMS: So, yeah, we - yeah. Can you ask the question
7 again, sorry?
8
9 MR BOYD: Sorry, I just - I don't want to be asking
10 questions that you may not know the answer to.
11
12 MR ADAMS: Yeah.
13
14 MR BOYD: So is this a program that is dealt with by other
15 people within your organisation and they're in a better
16 position to sort of speak to it?
17
18 MS ADAMS: Correct.
19
20 MR BOYD: Okay. All right. I'll just ask one other
21 question about it then which you might be able to answer.
22 You've mentioned that there's been so far - and it's been a
23 short period of time, but it appears to have been a
24 positive program?
25
26 MS ADAMS: Yep.
27
28 MR BOYD: Are you able to comment on what types of
29 outcomes have been reported to you about the program?
30
31 MS ADAMS: Yeah. I do actually have one success story.
32 One of our young girls that our mentor has been working
33 with, she's now - has found a job. So she's working, which
34 she may not have got the opportunity to get it. So they
35 sat down with her, filled out her resume, took her around
36 to do that, and then she got a job, and there's enough of
37 them in town that you won't need to know who she is, but
38 she got a job in Subway and loving it.
39
40 MR BOYD: Yes, okay.
41
42 MS ADAMS: So that's a success.
43
44 MR BOYD: Was there a gap in services for children coming
45 out of youth detention before this program started?
46
47 MS ADAMS: I'd say yes. We haven't done a lot around the

1 Youth Justice --

2

3 MR ADAMS: Youth Justice, yeah, there is a gap. So as
4 part of another program that we do is the YPP. So it's a
5 referral and consent basis. So in order to get a referral
6 from Youth Justice the child has to consent to the
7 referral, otherwise you don't get it, and it's the consent
8 mechanism that is the large gap. So, yeah, you know, if
9 not known, very limited amount of referrals that come from
10 Youth Justice.

11

12 MR BOYD: Okay. And you'd accept that a child who is
13 leaving detention is a child that is likely at risk of a
14 number of different things, potentially a risk of
15 re-offending as well?

16

17 MS ADAMS: Yeah.

18

19 MR ADAMS: Yeah, more likely than not, yeah.

20

21 MR BOYD: And that's a critical intervention point, where
22 a child should be in receipt of support to assist them with
23 whatever challenges they're facing in their life at that
24 point in time?

25

26 MR ADAMS: Yep.

27

28 MR BOYD: And is this what this program is seeking to
29 assist with?

30

31 MR ADAMS: Yep.

32

33 MS ADAMS: Yep. And, as it says at 94:

34

35 *The youth mentor will visit the detention*
36 *centre regularly so that the relationship*
37 *is built up before the young person is*
38 *released from custody. This enables case*
39 *planning so that the young person is*
40 *properly supported on their release.*
41 *Goolburri is in the process of reviewing*
42 *the referrals to confirm the number of*
43 *children in care under this program, but it*
44 *is estimated that it is approximately*
45 *one-third of the clients.*

46

47 MR BOYD: Okay. All right. One moment. Commissioner,

1 I don't have any other questions. Thank you.

2

3 COMMISSIONER: Thank you. I just had a question about
4 how, from your perspective, the economics of these programs
5 work, and what I mean by that is, as I understand it,
6 you're engaged to provide a service, that's presumably
7 defined in some contract, what the service will be, but
8 it's then triggered by a referral. Is that how each of the
9 services that you're involved in operates, so the
10 family-led decision-making program, this new service that -
11 the next step program, et cetera?

12

13 MR ADAMS: Yeah.

14

15 MS ADAMS: Yeah.

16

17 COMMISSIONER: So how does the funding work? You don't
18 know at the outset how many referrals you're going to get.

19

20 MR ADAMS: Yeah.

21

22 COMMISSIONER: So how do you cover overheads, how do you
23 plan for the employment of staff, how do you know how to
24 set up your own resourcing in order to meet the potentially
25 random and ad hoc referrals that you might receive? How
26 does that work?

27

28 MR ADAMS: Yeah. So what we've done, underneath your
29 family wellbeing space - so we couldn't - it's a
30 contractual obligation - is info exchange, which is your,
31 you know, client management systems so to speak. So out of
32 all of the systems, apart from DA, where they get access to
33 Unify - out of all of that there's no other contractual
34 obligation on what system you'll use or defined to use;
35 yeah? So --

36

37 COMMISSIONER: Well, I think that's a - let me see if
38 I can ask the question more clearly. Are you paid sort of
39 minimum retainer and then extra per referral, or are you
40 guaranteed an income equating to some minimum number of
41 referrals for the program, because obviously you can't
42 meet - discharge the obligation to deal with the referral
43 if you don't have the resources? So just in broad terms
44 how does that work?

45

46 MR ADAMS: Block funding, term funding, and output and
47 performance based.

1
2 COMMISSIONER: Sorry, say that again?
3
4 MR ADAMS: It's, you know - so term funding, per year, you
5 know, period, so you get your dollar --
6
7 COMMISSIONER: So there's a basic - there's a sort of --
8
9 MS ADAMS: So it's a grant submission, and the specs are
10 already there. So we're saying, "Yes, we can do this for
11 you."
12
13 COMMISSIONER: So you're funded with a certain amount of
14 money?
15
16 MR ADAMS: Yep.
17
18 COMMISSIONER: And you get that funding irrespective of an
19 individual referral?
20
21 MR ADAMS: Yeah, you get the money upfront --
22
23 MS ADAMS: Yes.
24
25 MR ADAMS: -- and it's reportable. It's a reportable item
26 against a contract - yeah?
27
28 MS ADAMS: Yeah.
29
30 MR ADAMS: Yeah.
31
32 COMMISSIONER: Sure, but --
33
34 MR ADAMS: If the referral isn't made, that's why we go
35 and get self-referral or - yeah.
36
37 COMMISSIONER: Let's say you only get one referral on the
38 program.
39
40 MR ADAMS: Yep.
41
42 COMMISSIONER: You still get the same amount of money that
43 is the baseline fee or whatever?
44
45 MS ADAMS: It depends on which contract.
46
47 MR ADAMS: Yes, but if you don't get a referral from, say,

1 departmental staff, that's where we have our community
2 referrals. Yeah.
3
4 COMMISSIONER: No, I understand, but are you required to
5 meet a minimum number of referrals?
6
7 MR ADAMS: Yes, yes.
8
9 COMMISSIONER: So there's an assumption about the number
10 of referrals?
11
12 MR ADAMS: Referrals, yeah, yeah, yeah.
13
14 MS ADAMS: Yep.
15
16 MR ADAMS: And it's population based.
17
18 COMMISSIONER: And you're funded on that basis?
19
20 MR ADAMS: Yes. So if there was 100 kids coming out of
21 juvie per year and there's a potential 100 indicator, then
22 there would be the 100, you know, indicator to then meet,
23 so.
24
25 MS ADAMS: No, can I --
26
27 COMMISSIONER: I might need to direct these questions to
28 the department. They presumably --
29
30 MS ADAMS: But also, Commissioner, there are occasions
31 where if you don't meet the number of referrals in this -
32 I'm only saying referrals because that what's you're
33 doing - referrals in this quarter you will be cut in the
34 next quarter because you didn't meet the - so it's not, no,
35 we keep the money.
36
37 COMMISSIONER: No, I wasn't asking for that --
38
39 MS ADAMS: No, no, no, but it's what I'm saying to you.
40 What I'm saying to you that's what happens. So we get
41 funded. We apply for - okay, so I'm just going to say it
42 from my perspective. So we will see a grant that says, "We
43 want you to apply youth justice." And we go, "Oh, yes,
44 that's specific to around Aboriginal and Torres Strait
45 Islander people. Let's partner," which is what we do. So
46 then the - not KPIs but the requirements are there already.
47 So you're saying when you're applying for this money that

1 you can meet those number of referrals, for example. And
2 if you're endorsed to get that, well, then, yes, you're
3 funded. But what then comes after that is - call them
4 outputs, outcomes, whatever you want to call them, but at
5 the end of it, yes, you've got to record that in this
6 quarter you said you were going to do 100 referrals. If we
7 didn't do the 100 referrals, it's not guaranteed that we're
8 going to get it, we're penalised by not meeting the 100 and
9 it comes out of the next quarter. So they withhold
10 dollars. Does that make sense?

11
12 COMMISSIONER: So it's sort of provisional funding --

13
14 MS ADAMS: Yep.

15
16 COMMISSIONER: -- that if you don't meet the target will
17 be adjusted in the following financial period; is that
18 how --

19
20 MS ADAMS: Different funds.

21
22 COMMISSIONER: I think I understand it, but I might ask
23 Mr Hastie --

24
25 MS ADAMS: You ask Mr Hastie.

26
27 COMMISSIONER: -- what the department's understanding of
28 it is in due course, if you could let me know. All right.
29 Thank you. Now, Mr Hastie, do you have some questions?

30
31 MR HASTIE: There's just a couple of questions.

32
33 **<EXAMINATION BY MR HASTIE** **[12.35 pm]**

34
35 MR HASTIE: You referred in particular to two services and
36 programs you offer, which is the family wellbeing service
37 and the family participation program. They're intended -
38 certainly the family wellbeing service is intended as an
39 early intervention service?

40
41 MR ADAMS: Yep.

42
43 MS ADAMS: Yep.

44
45 MR HASTIE: And the idea is that you can intervene with
46 families on referral by the department if you can. So
47 that's a positive program from what you were saying about

1 the need for early intervention?

2

3 MR ADAMS: Yep.

4

5 MR HASTIE: And, by the sounds of it, you've been able to
6 successfully manage a number of - or 700-odd families in
7 the time you've had it?

8

9 MR ADAMS: Yeah.

10

11 MR HASTIE: You do mention that the current funding model
12 is not a reflection of the resources required. So can
13 I ask you does the funding - if you had further funding are
14 we talking about the ability of your organisation to handle
15 more families or more services or what? What would it look
16 like if you had more funding?

17

18 MR ADAMS: If we had more funding - so the basic algorithm
19 I used out of the contract on outputs versus - so there's
20 output hours and then divide it by your 46 working weeks in
21 a year. And then if you divide that down so you get your
22 38 - yeah? So off of those outputs it's required under the
23 maximised staff we could afford out of it that we had to
24 get 36 output hours a week off of a staff member. So we've
25 stretched it as far as we could to get the maximum amount
26 of staffing to meet that requirement whilst leaving the
27 5 per cent brokerage to support families. So if we had
28 more money I can get more staff on the ground and we can
29 have less waiting lists, and then we can have more services
30 delivered to the people, in the short.

31

32 MR HASTIE: So the limitation on the number of people
33 you've got is because of the funding?

34

35 MR ADAMS: Basically, yeah.

36

37 MR HASTIE: And that reflects the number of people
38 essentially that you can employ?

39

40 MR ADAMS: So the demand on those outputs, the output
41 hours is, like, yeah - it's a high output reporting for
42 that contract, and to get the maximised people for the
43 dollar value you're overworked, basically.

44

45 MR HASTIE: All right. And do I take it that the numbers
46 you're talking about, that's through the various service
47 centres you have in this area?

1
2 MR ADAMS: Yep.
3
4 MR HASTIE: And can I ask you - I think, Lizzie, you said
5 before that you try to employ people who live in those
6 service centre areas?
7
8 MS ADAMS: Place based, yes.
9
10 MR HASTIE: All right. And can we take it that they're
11 Aboriginal?
12
13 MS ADAMS: Correct.
14
15 MR HASTIE: All right. And do we also take it that you
16 endeavour to give them some sort of training prior to
17 engaging them?
18
19 MR ADAMS: As part of the contractual obligations it's a
20 cert III in communities at a bare minimum. So they must
21 be, you know, enlisted, enrolled. And we do have a
22 rigorous induction process on commencement of employment.
23
24 MR HASTIE: All right. And so one of the benefits of that
25 obviously is that it gives a source of employment to
26 Aboriginals in those areas as well?
27
28 MR ADAMS: Yeah.
29
30 MS ADAMS: Yeah, correct.
31
32 MR HASTIE: All right. And can I take it a step further.
33 Is it the case that in your view some of the assistance
34 you've provided to families has avoided removal of children
35 from those family?
36
37 MS ADAMS: Yes.
38
39 MR ADAMS: Yeah, there should be a stat in there;
40 88 per cent I think it was stated that had had an
41 interaction.
42
43 MR HASTIE: It's in the schedule attached to your
44 statement.
45
46 MR ADAMS: Yeah.
47

1 MR HASTIE: All right. So can I then ask you about the
2 family participation program.
3
4 MR ADAMS: Yep.
5
6 MR HASTIE: Now this potentially - does it fall under the
7 same category as being an early intervention device?
8
9 MR ADAMS: It's not to provide services as such. It's
10 only to create a plan.
11
12 MR HASTIE: Yes.
13
14 MR ADAMS: Yeah.
15
16 MR HASTIE: But it's an early intervention with the family
17 to provide a plan?
18
19 MR ADAMS: It can be utilised in that way; yeah.
20
21 MS ADAMS: In that way to create, like I say, the
22 boundaries and provide clear and understandable goals.
23 Yes, it can be.
24
25 MR HASTIE: So is this like a family plan, what's to be
26 done for the child and the family?
27
28 MR ADAMS: Yeah, of what they wish and want; yeah.
29
30 MR HASTIE: All right. And your criticism is in part in
31 paragraph 71; often that occurs after there's been a
32 removal.
33
34 MR ADAMS: Yep.
35
36 MR HASTIE: But it can be before there's a removal and can
37 be before there's any formal intervention as well?
38
39 MR ADAMS: Yeah. So often by the time it gets to a family
40 participation stage, a referral to then engagement, you see
41 children removed more often than not. So you're trying to
42 chase your tail, if you know what I mean.
43
44 MR HASTIE: Yes.
45
46 MR ADAMS: So then you're trying to address the new
47 worries and concerns of no children in the home whilst

1 trying to get the wraparound support.
2
3 MR HASTIE: All right.
4
5 MR ADAMS: That's from my observation.
6
7 MR HASTIE: All right. Okay. The goal or one of the
8 means used for that program, I take it, is a form of -
9 where the decision-making is family directed?
10
11 MR ADAMS: Yeah.
12
13 MR HASTIE: And that's what you're referring to when you
14 spoke earlier about the desirability of having that form of
15 planning by the family itself?
16
17 MR ADAMS: Yep.
18
19 MR HASTIE: And do I take it that your description,
20 Lizzie, of sitting around a table discussing things and
21 having three meetings was developed or occurs under that
22 program?
23
24 MR ADAMS: From those three meetings a plan develops?
25
26 MR HASTIE: Yes.
27
28 MR ADAMS: Yes.
29
30 MR HASTIE: All right. Now, can I just ask you this --
31
32 MS ADAMS: Sorry, what did you say?
33
34 MR ADAMS: No, that was me that said it; yeah.
35
36 MS ADAMS: I was going to say I didn't say it. That's why
37 I didn't know what you were talking about. You said when I
38 was --
39
40 MR HASTIE: I'm sorry, I thought maybe it was you had said
41 it before. Maybe it was Trent. But in any event he's
42 answered the question.
43
44 MR ADAMS: Yeah.
45
46 MS ADAMS: Okay.
47

1 MR HASTIE: Can I ask you this then. You think that works
2 as a better model because it's not directed from above, as
3 it were?
4
5 MR ADAMS: Yeah. It's an alleviation, is the way I see
6 it. It's an alleviation between the two service types.
7 One's your planner and one's your doer; yeah.
8
9 MR HASTIE: But a better model than the family group
10 meeting model is what I wanted to ask you about?
11
12 MR ADAMS: Yeah.
13
14 MS ADAMS: Yeah, they've been a part of the process.
15
16 MR HASTIE: Can I direct your attention to that issue. So
17 have you participated as a - by way of assistance to the
18 family or in any of these meetings or even as a convenor of
19 the family group meetings that are held?
20
21 MR ADAMS: Have I?.
22
23 MR HASTIE: Yes. Or both of you?
24
25 MR ADAMS: Not in this region.
26
27 MS ADAMS: I have.
28
29 MR HASTIE: You have? All right.
30
31 MS ADAMS: As a family participation, I participated so
32 I could understand the program at the very start; yes,
33 I did.
34
35 MR HASTIE: All right.
36
37 MS ADAMS: And it was - sorry, I just get excited to tell
38 success. You're right.
39
40 MR HASTIE: That's all right.
41
42 MS ADAMS: Sorry, keep going.
43
44 MR HASTIE: So your criticism of that was, as I understood
45 it, that you didn't think it was a - in your statement you
46 describe it as culturally inappropriate because --
47

1 MS ADAMS: We're not being consulted.
2
3 MR HASTIE: Well, and it's directed from the department.
4
5 MR ADAMS: The FGM.
6
7 MR HASTIE: Is that right?
8
9 MR ADAMS: Only in the FGMS.
10
11 MR HASTIE: The FGM?
12
13 MR ADAMS: Yeah, not the FLDM. FLDM's led by the FPP
14 worker whereas FDMs are departmental led.
15
16 MR HASTIE: What I want to direct your attention to is -
17 maybe it's easier if I do it this way. My learned friend
18 in paragraph 31 of your statement --
19
20 MR ADAMS: Yeah.
21
22 MR HASTIE: -- took you to the second last dot point.
23
24 MR ADAMS: Yeah. So it's a who's in first to give the
25 information to steer somebody; yeah.
26
27 MR HASTIE: All right. So what I want to ask you about is
28 your criticism of the family group meeting process --
29
30 MR ADAMS: Yep.
31
32 MR HASTIE: -- which is a recognised process under the Act
33 for participation. It could be prior to intervention, it
34 could be after intervention, and it could be after removal
35 of a child.
36
37 MR ADAMS: Yeah.
38
39 MR HASTIE: Do you understand that?
40
41 MR ADAMS: Yeah, yeah.
42
43 MR HASTIE: All right. And do I understand you to be
44 saying that if you had an FLDM process that might work
45 better than the family group meeting process?
46
47 MR ADAMS: I believe so, yes.

1
2 MR HASTIE: And the issue you raise, though, in a sense
3 was that it might take a couple of months and three
4 meetings to get somewhere? You're nodding; so you're
5 agreeing with that?
6
7 MS ADAMS: Sorry, yes.
8
9 MR HASTIE: That means --
10
11 MR ADAMS: But that's not to say we haven't already worked
12 with the family prior to that, I guess. Yes, yes.
13
14 MR HASTIE: Yes, all right.
15
16 MR ADAMS: It's circumstantial, yes.
17
18 MR HASTIE: Okay. So, assuming that the family haven't
19 had or you haven't had the benefit of the family wellbeing
20 service, that program, or maybe even the family
21 participation program, you're then left in - well, the
22 families are then left with this alternative.
23
24 MR ADAMS: Yep.
25
26 MR HASTIE: Now, can I just ask you this, though. In the
27 case where there is a removal of a child, and particularly
28 in the case where there's a short-term protection order
29 with a removal of a child into some placement --
30
31 MR ADAMS: Yeah, yeah.
32
33 MR HASTIE: -- then if you had the FLDM it would be a
34 slower process than --
35
36 MR ADAMS: If it was from start - if we're only aware of
37 the family from that point in time. But if we had been
38 working with the family prior we could have already had an
39 FLDM done; you know what I mean?
40
41 MR HASTIE: All right.
42
43 MR ADAMS: So if we're going last case, yes, it would be
44 difficult. But we could have been working with the family
45 prior; yeah.
46
47 MR HASTIE: All right. And when you have - can we take it

1 that at the conclusion of an FLDM the attempt is to try and
2 have a care plan or a family plan for the child?

3
4 MR ADAMS: Yeah. You should have your cultural support
5 plans, all those items in place.

6
7 MR HASTIE: As well?

8
9 MR ADAMS: Yeah.

10
11 MR HASTIE: All right.

12
13 MR ADAMS: You have their story.

14
15 MR HASTIE: All right. And just following, in a sense,
16 the Commissioner's question to you, in paragraph 54 you've
17 mentioned there was some delay after getting the delegated
18 authority whilst the contractual requirements and capacity
19 building occurred. So that was just simply the delay that
20 occurs between a formal contract being entered into and, in
21 a sense, your organisation having the capacity to actually
22 take a child; is that how we should understand that?

23
24 MR ADAMS: It took us nine months to get the operational
25 agreement in place, and you can't apply for any sections of
26 the Act until both parties sign off on it. And the issue
27 at the time was around items of the contract. But, yeah,
28 it was the delay in terms of whether you've got 18 months
29 there and we had nine months, seven months there in terms
30 of --

31
32 MS ADAMS: Yeah, other impacts also as managers left --

33
34 MR ADAMS: Development of form works and - yeah, yeah,
35 development of form works and all the rest of it.

36
37 MR HASTIE: So it just took a little bit of time,
38 including getting your data systems up and running?

39
40 MR ADAMS: Yeah, yeah. We built the system and everything
41 else. So, yeah.

42
43 MR HASTIE: There's just one other thing I wanted to ask
44 you about. The youth participation program and Staying on
45 Track, both programs that you participate in, they depend -
46 sorry, Lizzie, on page 22 and 23 of your statement. I'm
47 not going to ask any particular questions about what's

1 there, but I'm just directing your attention to them. One
2 way of describing them is that the recipients of the
3 benefits of the program, that is the youths, they have to
4 consent or want to volunteer to participate in a program.
5 So there's some limitation in those programs, if you like?
6

7 MR ADAMS: That is a limitation. If you go to Staying on
8 Track because that earlier engagement with an individual,
9 whilst you've got them in place, you can get to understand
10 them. So everything's about rapport, isn't it?
11

12 MR HASTIE: Yes, and if you get that rapport and they're
13 volunteering for participation then you're more likely to
14 get a good outcome.
15

16 MR ADAMS: Yeah.
17

18 MR HASTIE: All right. And if the youth is unwilling to
19 participate then that's not going to work, is it?
20

21 MR ADAMS: No, and that's the same as intentions of
22 Clontarf programs which are in schools here just to have
23 engagement with kids to keep kids at school and - you know
24 what I mean?
25

26 MR HASTIE: Yes, all right. Thank you, and thank you for
27 your attendance. Thank you, Commissioner.
28

29 COMMISSIONER: Can I just ask you a clarifying question or
30 two arising from some questions Mr Hastie asked you.
31 You've indicated in your evidence that you think family-led
32 decision making, as you arrange it, is preferable, has
33 better outcomes for the reasons you have explained than the
34 family participation program, which is linked, as
35 I understand it, to the family group meeting; right? You
36 don't need to go over the reasons why you prefer the
37 family-led decision-making; I understood what you said.
38

39 My question is are there important elements of the way in
40 which a family-led decision-making process operates that
41 could be introduced into and combined with the family
42 participation program/family group meeting so that the
43 family participation program looks more like a family-led
44 decision-making process? In other words, can the character
45 of the family participation program and family group
46 meetings be changed in a material way such that what you
47 perceive to be the shortcomings of that process could be

1 overcome within that process? Do you understand the -

2

3 MR ADAMS: Yeah. If we go on FLDMs, like, so if you - if
4 you're doing that back end from juvenile justice, right, if
5 you're exposing them to all of these abuses, okay, which
6 we're well aware of, don't need to talk about them, and
7 that interaction where they get to meet and greet other
8 people in similar circumstances, therefore creating
9 potentially - yeah. So if you did the FLDM space, yes, in
10 the earlier bit it would make sense, wouldn't it?

11

12 COMMISSIONER: Yes. But, as Mr Hastie pointed out, the
13 family participation program and specifically the family
14 group meeting is mandated by the statute. So we're talking
15 at the moment about a situation where the child is subject
16 to I think either an emergent order or a longer term order.
17 So it has to operate within the framework that the statute
18 provides, unless the statute is changed of course.

19

20 I don't know if this is strictly available but under
21 section 511 of the Child Protection Act the Chief Executive
22 can appoint a private convener of the family group meeting,
23 and that private convenor has to be a person approved by
24 the Chief Executive. But, on the face of it, there's no
25 reason why that person couldn't be an Aboriginal
26 community-controlled organisation. And I'll need to check
27 how that relates to other sections of the Act - and
28 Mr Hastie will help me - but, on the face of it, it seems
29 that there is available within the Act already a process
30 whereby a person - and your organisation is relevantly a
31 person - could be appointed to convene the family group
32 meeting. And, on the assumption I'm correct about that at
33 the minute, that might assist in making the family group
34 meeting in true character be more like family-led
35 decision-making than a family participation program led, as
36 I would understand your evidence, top-down rather than more
37 collaboratively as you would prefer.

38

39 MS ADAMS: Yep. Commissioner, could I suggest that if we
40 take away some of this stuff because we - and I think we
41 have capacity to look at how we could actually come up with
42 something for you.

43

44 COMMISSIONER: Certainly.

45

46 MS ADAMS: Is that - yeah.

47

1 COMMISSIONER: What I've just said might be wrong because
2 I've just based it on reading one section of the Act, but
3 I think it's probably right. Mr Hastie, do you have an
4 off-the-cuff view about that?
5
6 MR HASTIE: Well, that's why I asked whether Lizzie might
7 have been a convenor.
8
9 COMMISSIONER: Yes.
10
11 MS ADAMS: Thanks, Mr Hastie.
12
13 COMMISSIONER: Have you been a convenor appointed as --
14
15 MS ADAMS: Have I been a convenor?
16
17 COMMISSIONER: Appointed as a convenor of a family group
18 meeting?
19
20 MS ADAMS: No.
21
22 MR ADAMS: You've been part of the processes.
23
24 MS ADAMS: Yeah, just part of the - yeah. No.
25
26 COMMISSIONER: Well, on the assumption that that procedure
27 is available, which we can work out, something like that
28 together with a more culturally attuned --
29
30 MS ADAMS: Yep.
31
32 COMMISSIONER: -- conduct of the meeting or meetings might
33 overcome some of the shortcomings that you perceive in
34 the --
35
36 MS ADAMS: Yeah.
37
38 COMMISSIONER: -- family participation program/family
39 group meeting process, mightn't it?
40
41 MR ADAMS: There is an FLDM framework; yes.
42
43 COMMISSIONER: Yes. Now, I notice the time. This
44 afternoon we need to get to Commissioner Twyford. If there
45 were only a few questions that other counsel wanted to ask
46 we could sit on for a bit and try and finish this evidence
47 before we break.

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MR KIYINGI: Commissioner, I have about four or five questions for --

COMMISSIONER: Go ahead.

<EXAMINATION BY MR KIYINGI [12.56 pm]

MR KIYINGI: Aunty Lizzie and Trent, thank you very much for coming to provide evidence. I just have some questions for you around domestic and family violence. In your statement, written statement, you've made mentions of it. I'm from Queensland Indigenous Family Violence Legal Service, or QIFVLS, and we're a family violence prevention legal service with our sister organisation based here in Toowoomba, there's an office, that's Aboriginal Family Legal Service Queensland. So I'll just use AFLSQ to keep it easier. Am I right in understanding that Goolburri has a working relationship with AFLSQ?

MR ADAMS: Yes.

MS ADAMS: Yes.

MR KIYINGI: And so that working relationship, that would include referrals, so referrals to and from; AFLSQ can make referrals to Goolburri and back and forth? .

MS ADAMS: Vice-versa; yeah.

MR KIYINGI: Thank you. Now, I note with being a family violence prevention legal service Goolburri have a key focus - sorry, AFLSQ have a key focus on early intervention and prevention. Are you aware of any Goolburri clients or families who have been able to use resources from AFLSQ like, for instance, community legal education sessions, community education sessions on a variety of different topics?

MS ADAMS: I couldn't say if our clients went there, but I'm aware that they did community stuff as per their social media.

MR KIYINGI: Okay. Thank you. And those are different areas around safe relationships, topics for children around safe relationships, elder abuse --

1 MS ADAMS: Yeah.
2
3 MR KIYINGI: Thank you. And that also includes I know
4 AFLSQ ran - sorry, run Bamba Mari men's program, and that
5 works from boys from 16 years old going up. So are you
6 aware of any Goolburri clients or families utilising that?
7
8 MS ADAMS: Yeah, I can't --
9
10 MR ADAMS: Not specifically.
11
12 MS ADAMS: Not specifically.
13
14 MR ADAMS: But we're aware of it. So, yeah.
15
16 MR KIYINGI: Thank you. Just a couple more questions. My
17 organisation, QIFVLS, we observe that many victim survivors
18 are reluctant to disclose family violence or seek help, and
19 that's because they fear the disclosure might trigger
20 removal of their children. Do you encounter any similar
21 dynamics with families at Goolburri around that particular
22 issue?
23
24 MS ADAMS: I wouldn't say specific, but we know that it's
25 a factor.
26
27 MR KIYINGI: And so when families engage with Goolburri as
28 an ACCO you also find it's easier for the families to open
29 up to you and that you can then provide services around
30 family wellbeing supports and safe spaces; am I correct in
31 that --
32
33 MS ADAMS: Yeah, correct. Goolburri has a no wrong door
34 policy.
35
36 MR KIYINGI: Yes.
37
38 MS ADAMS: It doesn't matter which avenue you come in, you
39 are offered a suite of services.
40
41 MR KIYINGI: Thank you. In the written evidence you
42 mentioned around some difficulties around families seeking
43 legal supports. Now, I note the National Agreement on
44 Closing the Gap had a number of priority reforms, and one
45 of those related to increasing and expanding the capacity
46 of the community-controlled sector, and that included areas
47 around training, professional development, leadership,

1 labour market. Would you find that would be helpful across
2 the board for community-controlled organisations in this
3 region around increasing the capabilities?
4

5 MR ADAMS: Yes.

6
7 MS ADAMS: Yes. Yeah
8

9 MR KIYINGI: Thank you.

10
11 MS ADAMS: Yeah, you're right. I was just --
12

13 MR KIYINGI: That's okay. Thank you. I have no further
14 questions, Commissioner.
15

16 COMMISSIONER: Thank you, Mr Kiyingi. Yes?
17

18 MS McMILLAN: No, thank you.
19

20 COMMISSIONER: Now --
21

22 MS GREENWOOD: Yes, please, Commissioner.
23

24 COMMISSIONER: Yes. Please, go ahead.
25

26 MS GREENWOOD: Thank you, Commissioner.
27

28 **<EXAMINATION BY MS GREENWOOD** [1.00 pm]
29

30 MS GREENWOOD: I'll just take you straight to paragraph 71
31 in your statement where you say:
32

33 *Receiving referrals earlier would help*
34 *prevent removals by intervening to address*
35 *concerns proactively without disrupting*
36 *care arrangements.*
37

38 We've heard evidence earlier on in these hearings a
39 recommendation made by a witness - this is Aimee,
40 Commissioner - that prevention functions and funding should
41 be structurally separated from statutory child protection
42 operations and prioritised for non-statutory community
43 based family supports delivered before crisis or system
44 contact. One, is that something you would find useful and,
45 two, what would that look like in the context of the
46 processes you've been describing through the Commission
47 today?

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MR ADAMS: In the short, as I understand that question, basically more money put into community groups and getting the help to where it should be as opposed to spending the money in the likes of out-of-home care; is that the short? Yeah.

MS GREENWOOD: Yes, look, I think there's already been discussion about either more use of FLDMs and the opportunity for a private convenor for FGMs.

MR ADAMS: Yep.

MS GREENWOOD: What would it look like if there was a separate track around fixing the problems as opposed to removing the child?

COMMISSIONER: Just so I'm clear, Ms Greenwood, are you suggesting that prevention and early intervention should fall within the jurisdiction of some department separate from the Child Safety Department? Is that the premise of your question?

MS GREENWOOD: Yes. Maybe, Commissioner, if I say it seems from evidence that they skip over quite quickly from concerns to removal and there isn't more intervention in that space.

COMMISSIONER: All of that may be so. But let's just for the benefit of the witness as well - witnesses - be clear about the contention that you want to put to them for their response, that's all, to start with.

MS GREENWOOD: So would it maybe make sense for addressing those concerns before removal even gets talked about could be dealt with by a different group, maybe in this circumstance your organisation, would that lead to better outcomes?

MR ADAMS: I guess it goes back to the point of access to child concern reports from the first instance.

MS ADAMS: Yes.

MR ADAMS: You know, earlier access to information; yes.

MS GREENWOOD: So if I was to wave a magic wand and that

1 was going to happen starting tomorrow what would that look
2 like?

3
4 MS ADAMS: Well, I'd have to get back to you on that.

5
6 COMMISSIONER: I'm not sure that's a fair question, to be
7 honest.

8
9 MS ADAMS: Yeah. We'll take it - we can get back to you;
10 is that all right?

11
12 MS GREENWOOD: Yes, absolutely. Absolutely.

13
14 COMMISSIONER: That's what I'm expected to do, apparently.

15
16 MS ADAMS: Thank you.

17
18 MS GREENWOOD: And maybe just building on that a little,
19 in your paragraph 101 you were saying there were occasions
20 when Child Safety working and FKC services have not
21 properly followed standard of care reviews, leading to the
22 inappropriate removal of children from established carers
23 and family members. Again, is there another useful
24 off-ramp that could be built from that so there's a
25 different sort of intervention to prevent the removal of
26 children?

27
28 MR ADAMS: Again, when we have breakdowns in placements
29 like that there seems to be no communication or there lack
30 of in terms of the intent of, you know, their standard of
31 care review. So we've had instances in which the carer
32 worker was not even engaged as part of the standard of care
33 review, you know. So we've never even been invited to the
34 table to provide any information before they've determined
35 it's a substantiated removal. So they've just basically
36 made a stable placement unstable and hindered or
37 re-traumatised the child in those instances.

38
39 MS ADAMS: And the --

40
41 COMMISSIONER: Are you talking about the context of a
42 child placed in kinship care?

43
44 MS ADAMS: Yeah.

45
46 MR ADAMS: The majority the - in that instance that I'm
47 aware of.

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COMMISSIONER: In paragraph 101?

MS ADAMS: Yeah. It goes with that case study.

COMMISSIONER: Yes.

MS GREENWOOD: Okay. Your organisation runs oral healthcare, primary healthcare, family child wellbeing, aged care, healing and wellbeing.

MS ADAMS: Yeah.

MS GREENWOOD: So in a lot of ways you're capable of what people are talking about in terms of therapeutic responses. There's an initiative down in Victoria, and this is around the Childrens Court, where there's on site specialist mental health assessments for children presenting with acute mental health episodes at court. And you would be familiar that there's a very large cross-over with child safety kids appearing in youth justice in the courts.

MS ADAMS: Yep.

MS GREENWOOD: The sorts of illnesses they're talking about are diagnosed mental illness, anxiety, depression, post-traumatic stress disorder, bipolar or schizoaffective disorders. So that's placed in a courthouse. You've also been asked about Murri School and the hub that they have with services. Where best should medical and allied health be to intervene early around child removal scenarios and what can the Commission recommend to make that easier for you?

MR ADAMS: Should a health assessment be part of the I&A stage and, you know, not after removal?

MS ADAMS: I think it's - yeah, I mean, I think it's fair to say that not all Aboriginal community-controlled health organisations like Goolburri have those services. Some have specific - just child protection services. So within that regard I think one of the fights that we were doing back in the day was that, you know, it's imperative that the child - so maybe like Trent's sort of going like before removal, after removal. At some stage I think they need to have --

1 MR ADAMS: Yeah, it needs to be prior to the removal of
2 the child. In the majority of instances what you see is
3 it's a knee-jerk reaction upon removal. When the child had
4 their last 715, whenever they had their dental check,
5 whenever they had their X, Y, Zs. So obtaining a 715,
6 which needs the family history, the - you know, who is the
7 parents, all this sort of stuff, and if cultural support
8 plans aren't done and family plans aren't done one would
9 assume you cannot comply to the Medicare requirements of a
10 715 health assessment if you do not gather all of this
11 information to incorporate it into that health assessment
12 to make it, you know, effectively a true and accurate
13 record.

14
15 So rather than it being a spot check of bumps and bruises,
16 which is essentially the target aim of it, but how can we
17 incorporate the child safety practices on gathering and
18 obtaining information that is also relevant to the health
19 department so that they can obtain the required information
20 to do a risk analysis in health terms. So we're not just
21 talking about the child's - you know, in a child safety
22 term; we're talking about health, are they healthy. So how
23 can we put those parameters in the child safety system if
24 they don't have these health care - if you haven't obtained
25 the health care information and history nor record prior to
26 removal, how are they required to obtain it within a
27 certain window and period of time with the - yeah.

28
29 MS GREENWOOD: And you've very neatly anticipated my next
30 question, which is how do we look beyond the bumps and
31 bruises --

32
33 MR ADAMS: Yep.

34
35 MS GREENWOOD: -- to the broader issues --

36
37 MR ADAMS: Yep.

38
39 MS GREENWOOD: -- about social and emotional wellbeing,
40 all those broader considerations for the child so they
41 don't get --

42
43 MR ADAMS: Chronic illness.

44
45 MS GREENWOOD: You know, in one sense we don't want too
46 medical a lens.

47

1 MR ADAMS: Yep.
2
3 MS GREENWOOD: We want to look at the broader situation
4 for the child --
5
6 MR ADAMS: Yeah.
7
8 MS GREENWOOD: -- including behavioural issues.
9
10 MR ADAMS: If you take on an ACCHO definition of
11 Aboriginal health it's not just the physical wellbeing of
12 an individual. It's also the spiritual, the cultural
13 wellbeing of an individual plus the community in which one
14 is able to able to thrive, then we will have a real healthy
15 environment, won't you? But, yeah.
16
17 MS GREENWOOD: That was exactly what I was hoping to bring
18 out.
19
20 Thank you very much, Commissioner. Those are my questions.
21
22 COMMISSIONER: Thank you, Ms Greenwood.
23
24 Aunty Lizzie and Trent, I want to say to you thank you most
25 sincerely for the work you've done in preparation for
26 coming here today, the very extensive and thorough
27 submission you've provided. Thank you for coming along and
28 giving evidence publicly based on what is plainly both
29 individually and collectively a deep experience in these
30 areas. When I say "these areas", you know what I mean,
31 child protection --
32
33 MS ADAMS: Yeah.
34
35 COMMISSIONER: -- and all of the associated issues. The
36 evidence that you have given both in your submissions and
37 orally today concerns matters that are highly relevant to
38 the terms of this Inquiry. So I'm grateful for your
39 participation and thank you very much.
40
41 MR ADAMS: Thank you, Commissioner.
42
43 MS ADAMS: Thank you.
44
45 COMMISSIONER: We'll adjourn until quarter past 2.
46
47 **LUNCHEON ADJOURNMENT** [1.13 pm]

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MR HASTIE: Commissioner.

COMMISSIONER: Yes.

MR HASTIE: Before you deal with this witness, could I just inform you, Commissioner, about two matters that arose during the evidence --

COMMISSIONER: Please do.

MR HASTIE: -- of the Goolburri people and that was that, firstly, to deal with delegated authority, that they're understanding that the family could withdraw their consent to the delegation is correct. The Commission should have under notice 220 the delegated authority.

COMMISSIONER: The actual delegation.

MR HASTIE: But I'm told that those are my instructions.

COMMISSIONER: Yes.

MR HASTIE: And the second matter is their understanding of the way in which the financing works is correct as well; that is to say that the organisation is funded for a particular number of children and in anticipation, as it were, that they would have those number of children, and then that will be reviewed at the end of the period for the next financial year or whatever the next period of funding is to see whether they met that mark.

COMMISSIONER: Thank you very much for clarifying those matters. There was one outstanding matter which is just concerning section 511 of the Act and whether an ACCO might be the person nominated by the Chief Executive to conduct the meeting.

MR HASTIE: You might recall, Commissioner, I didn't disagree with your construction that it could be --

COMMISSIONER: No.

MR HASTIE: But in terms of an ACCO I don't know whether the - I haven't looked at specifically whether a person that could be appointed as convenor would include an organisation or whether it had to be a named person.

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COMMISSIONER: Well, presumably it could be the nominee of an ACCO would suffice. So if you need a natural person the Chief Executive could ask for a nomination from the ACCO and that would serve that purpose, wouldn't it?

MR HASTIE: Yes, and then the appointment itself would be to the person.

COMMISSIONER: Correct.

MR HASTIE: Yes.

COMMISSIONER: All right. Very good. Thank you.
Welcome, Commissioner.

MS LOFARO: Commissioner, before you take this witness, might I just announce my appearance?

COMMISSIONER: Yes, please do.

MS LOFARO: Commissioner, my name is Lofaro, L-O-F-A-R-O, initial A, solicitor in the employ of Minter Ellison Lawyers, and I appear on behalf of Luke Twyford, Principal Commissioner of the Queensland Family and Child Commission and Chair of the Child Death Review Board.

COMMISSIONER: Yes, thank you. Could you just tell me your name again?

MS LOFARO: Lofaro, L-O-F, F for Fred, A-R-O.

COMMISSIONER: Thank you, Ms Lofaro. Yes, Ms Sweet.

MR SWEET: Thank you, Your Honour. Your Honour, the Commission calls Commissioner Luke Twyford.

<LUKE TWYFORD, SWORN [2.18 pm]

<EXAMINATION BY MS SWEET

MS SWEET: Yes, good afternoon, Commissioner Twyford.
A. Good afternoon.

Q. Now, I'm going to start by tendering the two statements of the Commissioner. Your Honour, the first

1 is - Commissioner Twyford, you should have your first one
2 before you which is dated 7 August 2025?

3 A. Correct.

4

5 Q. Yes, thank you. And that relates to your commission's
6 role in monitoring the outcomes of the Carmody Inquiry?

7 A. That is correct.

8

9 MS SWEET: Yes, thank you. I tender that, Your Honour.

10

11 COMMISSIONER: Yes. That will be exhibit CA-68.

12

13 **EXHIBIT #CA-68 - STATEMENT OF LUKE TWYFORD DATED 7 AUGUST**
14 **2025 RE NOTICE 8 AND ATTACHMENTS**

15

16 MS SWEET: Yes, thank you. And then there's a second
17 statement of yours, Commissioner Twyford, that is dated
18 28 November 2025?

19 A. That is correct.

20

21 Q. Yes. And that was in response to a notice to produce;
22 correct?

23 A. That's correct.

24

25 Q. Yes. And that notice related to the requests for a
26 witness statement to provide details about pilot programs
27 suggested to remove children from non-family based
28 residential care which have been referred to in your Buyer
29 Beware Residential Care Report?

30 A. That's correct.

31

32 MS SWEET: Yes, thank you. I tender that statement,
33 Your Honour.

34

35 COMMISSIONER: Yes, that's dated 28 November?

36

37 MS SWEET: Yes, it is.

38

39 COMMISSIONER: That will be exhibit CA-69

40

41 **EXHIBIT #CA-69 - STATEMENT OF LUKE TWYFORD DATED 28**
42 **NOVEMBER 2025 RE NOTICE 188 AND ATTACHMENTS**

43

44 MS SWEET: Thank you.

45

46 Now, Commissioner Twyford, I want to take you straight to
47 the concept of secure care, and you deal with this in your

1 second statement at page - you start at page 60. If
2 I could take you to that, under the paragraph 4.115?
3 A. Yes.

4

5 Q. And so if I can start there and note that as you begin
6 to speak about this topic in your statement you refer
7 specifically to the board's work. When you say the board
8 you mean?

9 A. The Child Death Review Board.

10

11 Q. Yes. And of course you're chair of that board?

12 A. That is correct.

13

14 Q. And you've held that position since some time in 2022?

15 A. Yes, correct.

16

17 Q. Yes. So you talk about the board's work on mental
18 health needs. Do you see secure care as being a model of
19 care that is for children who have acute or complex mental
20 health needs or do you see it as more broad than that?

21 A. The specific design matters, and I'm not sure in the
22 work of the board we recommended a specific model other
23 than our first recommendation in that 2023/24 annual report
24 spoke to the need for the government to create a whole
25 continuum of out-of-home care, the different placements
26 that would be required to meet children's needs, and that
27 at the end of that we called for a tertiary system that
28 would include consideration of secure care.

29

30 It was based on the review of children in that annual
31 period who had certainly heightened and complex behaviours,
32 some driven by what we would say are trauma backgrounds and
33 some driven by mental health needs. I'm labouring the
34 question to you, I apologise, because I think too often we
35 try to narrow down and say, "Well, that's an acute mental
36 health issue and therefore this is the program for this
37 young person," whereas that's a behaviour arising from a
38 trauma background and therefore they don't fit in. The
39 board is actually calling for a continuum of services that
40 meets the possibility of every child's needs.

41

42 Q. And when you talk about the need to establish a whole
43 continuum of care what do you mean by that and why do you
44 say that's not currently what the system is?

45 A. Well, put simply, we refer in out-of-home care to
46 home-based care, family-based care, and non-family-based
47 care. In Queensland we understand that as being foster

1 care, kinship care or residential care. And the work
2 I have led over the last three years says that that is
3 insufficient in nuance to ensure that we're meeting the
4 needs of every young person, and it's providing a lack of
5 quality standards to actually address or to articulate the
6 service that we need to meet those needs.

7
8 COMMISSIONER: Mr Twyford, pretend for a moment that
9 you're the minister responsible for child protection and
10 you're considering whether to introduce as part of a suite
11 of placements available secure care. What are the target
12 groups to which secure care might be considered when
13 designing the ambit of that form or model of care? Senior
14 counsel's question to you was directed to ascertaining what
15 groups characterised by behaviour or need would fall within
16 the range of groups that could reasonably be considered as
17 potential users or residents of secure care. That's the
18 question.

19 A. Yes, I understand. So, to frame it that way, I would
20 say it is a young person that is at risk to themselves or
21 others where there is no other viable option to address
22 that risk. If I was the minister - to answer the first
23 part of your sentence, if I was the minister of child
24 safety I would be concerned that generic residential care
25 providers are using restrictive practices - physical,
26 mechanical or environmental restraints - on children
27 without an appropriate legal framework. And therefore
28 secure care was seen by the board as something that should
29 be considered because, when young people are demonstrating
30 unsafe behaviours, our current system has two options: one
31 is to let them go and say that there is no control or
32 command over those young people; and the second is to
33 impose a restraint that is not legally justified and has no
34 appropriate oversight.

35
36 COMMISSIONER: Right. So they're reasons to introduce a
37 model of secure care, unless one is to accept either
38 somewhat ad hoc unauthorised restraint being applied in a
39 residential care setting or you just abandon the field and
40 say, "Well, we can't deal with this child's behaviour." So
41 that suggests there is a need, do you not agree, for some
42 well thought through and well-designed model of secure
43 care?

44 A. Absolutely.

45
46 COMMISSIONER: Right. So your suggested criteria for a
47 child to be potentially placed in secure care is quite

1 broad. I've made a note of it: a child who is at risk to
2 themselves or others.
3 A. Where there is no other viable alternative to address
4 that risk.

5
6 COMMISSIONER: Yes. Okay. You did say that. I regard
7 that as implicit in your criterion.

8 A. What I would say, Commissioner, is I have worked in
9 other jurisdictions and am aware of other jurisdictions
10 that purport to have secure care facilities, and too
11 quickly they become the place where all troubling cases are
12 sent and quickly the rest of the system does not lean in to
13 addressing the young person's needs because secure care
14 becomes a false safety net. And so I think it's very
15 important in its design that it is maintained for the very
16 few because the rest of the system is improving its
17 capacity and quality.

18
19 COMMISSIONER: So, in other words, so that it doesn't
20 become some kind of default --

21 A. Correct.

22
23 COMMISSIONER: -- in lieu of taking potentially more
24 difficult but more suitable action to look after the child?

25 A. That's correct.

26
27 COMMISSIONER: I understand. And that's a noted warning
28 on your part?

29 A. Absolutely.

30
31 COMMISSIONER: Yes.

32
33 MS SWEET: And so when you say in other jurisdictions it
34 has led to troubling cases being sent to secure care where
35 you say that's not what secure care is designed for, what
36 do you mean by troubling cases?

37 A. I mean what I hope we have seen in the evidence you've
38 already collected as well as the work of the Child Death
39 Review Board and the QFCC is that the interaction of
40 children in child safety systems, police call-outs, models
41 of health and mental health support are not addressing the
42 young person's need and there is an escalation of
43 behaviours in young people who are in residential care in
44 particular. Our life trajectories report spoke to how, as
45 a young person reaches adolescence and they have a trauma
46 history, they will invariably start to demonstrate trauma.
47 The system retreats and retracts because they start to

1 define the young person as highly complex or highly
2 problematic. And so if we continue to have a system in
3 residential care or child protection or our universal
4 service systems that retreats from the complexity and sees
5 a secure care facility as the solution we will quickly see
6 the 2,500 children in residential care's life trajectory be
7 to secure care.

8
9 COMMISSIONER: Well, it would have to be a pretty big
10 facility or there would have to be a few of them, wouldn't
11 there, for that to occur?

12 A. And perhaps I'm being flippant in suggesting that --

13
14 COMMISSIONER: No, no, I didn't take you to be --
15 A. -- because it's just not possible. We should be all
16 leaning in to make sure children are returned to home-based
17 care rather than continuing to build the next escalation
18 step at the other end.

19
20 COMMISSIONER: Well, I think your warning is well made, if
21 I may say so, and you've made that very clear. That aside,
22 for the reason that you advanced a moment ago which I would
23 like you to say a little bit about and because of other
24 evidence about behaviours that are dangerous to the child
25 and to the community, there does seem to be a need for
26 something short of detention. And often, in any case, the
27 child in question may not have committed a crime but is
28 rather in need of protection himself or herself. So, as a
29 matter of principle, you accept that it should be part of
30 the suite of available models of care; that's a starting
31 point, isn't it?

32 A. Correct.

33
34 COMMISSIONER: Right. You mention the practice,
35 unauthorised practice, of restraints being applied de facto
36 in some way and presumably ad hoc by residential care
37 providers. Can you tell me, please, about that and in
38 particular what the source of your information as to that
39 practice is and how extensive you consider it to be?

40 A. I think that's a very hard question to give a
41 quantifiable scientific answer to. Certainly we see cases
42 from time to time in our work or I see from time to time in
43 my work young people who have been physically restrained
44 and not allowed to leave a placement. We see - and you
45 heard evidence here in the Toowoomba hearings about the
46 medication of young people in care.

47

1 COMMISSIONER: Well, if you're talking about Aimee's
2 evidence, as I understood it, her evidence was that she was
3 excessively medicated but I think in the context of a
4 hospital environment, not a residential care environment.
5 I might be wrong about that, but I think that's what she
6 was talking about, where she couldn't get up from the
7 floor, if you recall.

8
9 MS SWEET: My understanding of the evidence was that it
10 was in a residential care environment. It was prescribed
11 by a psychiatrist, but it was when she was in the
12 residential care environment that she couldn't get off the
13 floor. I think there were some questions about her safety
14 if she was that incapacitated within the residential care
15 environment.

16
17 COMMISSIONER: All right. Well, I was half right and half
18 wrong. But she was medicated on prescription by a
19 psychiatrist. Whether it was dispensed properly to her is
20 perhaps another question and so on.

21 A. Yes, and I think there's a fine line around the legal
22 definition of chemical restraint that in the disability
23 sector would have legal oversight and reporting obligations
24 but does not apply to residential care. So broadly -
25 sorry, Commissioner, I've forgotten the start of
26 the question you asked.

27
28 COMMISSIONER: All right. I'll break it down. You've
29 mentioned as a reason, one reason, for there being a need
30 for secure care that there is an unauthorised, ad hoc
31 practice in residential care for restraints to be imposed -
32 and they may be presumably physical or chemical - and my
33 question is I'd like to understand what the basis for your
34 understanding of that practice occurring is and how
35 extensive you consider that to be.

36 A. I am aware and have seen the template memo that child
37 safety officers use to brief their Director-General to seek
38 approval to use restraints. I am unable to comment on how
39 often that memo would have been used in a reporting period
40 or over a period of time. But that is part of the reason
41 why the board called for a legal framework to be created
42 for secure care with oversight, and for the government
43 actually the step before that to consider what they would
44 and would not allow in legislating a secure care facility.

45
46 COMMISSIONER: But, Mr Twyford, in relation to what you've
47 seen by way of some memorandum that is conveyed to the

1 Chief Executive, the Chief Executive does have power,
2 doesn't she, to authorise the use of some restraints in
3 residential care or elsewhere, I assume, for a child under
4 the care of the State?

5 A. Yes. And there is a legal principle around the right
6 of a parent, when acting protectively for their child, to
7 take certain restrictive practices, and I would consider
8 that that would apply to the Director-General or delegate
9 authorised to use parental responsibility. But I would
10 still say, even if that is true, there is a lack of
11 transparency, reporting and oversight to its use.
12

13 COMMISSIONER: All right.

14 A. And certainly the training provided to residential
15 care workers does not speak clearly to what they can and
16 can't do.
17

18 COMMISSIONER: Well, they're two separate points, aren't
19 they? One is the visibility of the practice and two is the
20 suitability of a residential care environment, having
21 regard to the training of the staff and probably other
22 factors, as a place at which restraints, I would imagine
23 particularly chemical restraints, ought be used. So
24 they're separate points.
25

26 But if approval has been sought and lawfully obtained from
27 the Chief Executive then it's not an unlawful practice.
28 Are you aware - it may not be a desirable practice, but if
29 authority has been given, and let's assume that in some
30 instances it has, are you aware of the practice of
31 unauthorised restraints, chemical or physical, occurring
32 within the residential care sector?

33 A. I have no cases that I could refer and say yes in
34 order to answer that question.
35

36 COMMISSIONER: Are you aware on some anecdotal level of
37 such a practice occurring from time to time?

38 A. Well, I think if it's anecdotal then I can't clearly
39 answer whether it's legal or not.
40

41 COMMISSIONER: No, sorry, the predicate of my question was
42 unauthorised in the sense of not authorised by the Chief
43 Executive. And if you don't know whether the matters that
44 have come to your attention were authorised or not
45 authorised, that's fine, just say so and I can't take it
46 any further.

47 A. Yeah, I think I'd choose that way with a caveat that

1 there are thousands of reportable incidents within our
2 system, and for each one of those you would ask the
3 department around, "Well, what was the flow-on effect?"
4 The number of physical assaults in residential care
5 facilities, for example, would be something I would like to
6 conduct an inquiry into, but it requires system-wide data
7 and the ability to follow up on a case-by-case basis.

8
9 COMMISSIONER: Physical assaults by the child or young
10 person or physical assaults by employees at the --

11 A. Indeed.

12
13 COMMISSIONER: Which way around are you talking?

14 A. Well, I think we should look at both and try to
15 determine the involvement of both parties.

16
17 COMMISSIONER: And, just while we're on the subject of
18 restraints, allied to that is a question of what reasonably
19 the staff at a residential care facility should be allowed
20 to do by way of invoking the usual range of parental
21 strategies that are currently acceptable, because there
22 does seem to be an issue in terms of the clarity of what it
23 is a youth worker, say, at a residential care facility can
24 and can't do? Do you have a view about that?

25 A. Two views I'll suggest. One is the what would a
26 reasonable parent do test. I think too often we try to
27 proceduralise our answers and, instead, we need to take a
28 principle based approach rather than a procedural based
29 approach, particularly when we're asking someone to raise a
30 child with a trauma background. And --

31
32 COMMISSIONER: Just pausing there, your test to answer the
33 question what would a reasonable parent do, is that
34 presently, as you understand it, the test that's applied by
35 the department when it comes to the conduct of residential
36 care workers vis-à-vis exercising some authority or, if you
37 like, discipline in relation to the young people under
38 their care? Is that the test that's used?

39 A. No.

40
41 COMMISSIONER: What is the test?

42 A. I couldn't say exactly what the test is, but it would
43 be a much more risk based assessment and a contract
44 performance based assessment, in my view.

45
46 COMMISSIONER: So it descends into the standard of care
47 review and those sort of matters?

1 A. Absolutely. And I don't want to say that they're not
2 important as well, Commissioner, but I think we have lost
3 the sense of who's the parent for this child and what
4 special approaches do we enable them to take to deliver
5 their parenting to that child.
6

7 COMMISSIONER: And isn't another problem with the standard
8 of care review is that it is ex post facto? So something
9 happens, some action is taken, some conduct on the part of
10 the - it could be a foster carer or it could be the
11 residential care worker, and then there's an ex post facto
12 inquiry into whether that conduct met the standard. It's
13 not very good guidance for either the foster carer or for
14 the youth worker to have to act on the spot and then have
15 the conduct interrogated after the fact by reference to
16 some standard that is not clear in advance.

17 A. Correct, and that's why I referenced the training
18 being critical. The clarity of role is fundamental to all
19 of our system. And that brings me to the second part of my
20 last answer which is I am actually more worried about the
21 absence of intervention. In fact the greater risk I see to
22 young people is the ease with which they are leaving
23 placements, participating and engaging in dangerous
24 behaviours, because staff don't have a clear understanding
25 of what they can do to intervene because they are
26 necessarily trained that it is of risk if they do
27 intervene. And so we almost have created a system that
28 becomes more neglectful for those children at the higher
29 end, and there are two stories I would tell to that just
30 shortly.
31

32 One is a young teenage girl who constantly leaves her
33 placements and constantly has her placements changed who
34 invariably is found in the streets and at bus stops having
35 swallowed batteries. And then there is a high demand
36 policing response to her, and admission to emergency wards,
37 and the keeping of her in tertiary health systems --
38

39 COMMISSIONER: I understand that, and there's probably
40 many examples.

41 A. Too many.
42

43 COMMISSIONER: But training - you can't have training
44 without having some identified standard or principle - to
45 adopt yours, for example, what would a reasonable parent
46 do; that could be the prescribed standard and then you
47 could work out maybe some guidance to that, but perhaps

1 it's more a matter of applying that standard to the events
2 as they occur, to sort of treat it like a common law
3 principle. But, in the absence of a clearly articulated
4 standard, you couldn't train anybody, could you, because
5 what would you be training them to do
6 A. I think we're in fierce agreement.

7
8 COMMISSIONER: Yes. All right. Thank you.

9
10 MS SWEET: Thank you, Your Honour.

11
12 Commissioner Twyford, at page 62 of your statement,
13 paragraph 4.122, you refer to the current Queensland
14 government's commitment to a \$50 million secure care
15 facility by 2028, and you say that presently Queensland,
16 South Australia and Tasmania are the only jurisdictions in
17 Australia that don't have an operational secure care model.
18 And you'd be aware that a secure care facility was a
19 recommendation of the Carmody Inquiry?

20 A. Yes.

21
22 Q. And do you know why in the proceeding years from 2013,
23 when that recommendation was made, and 2025, when this
24 promise was made, why there was no move towards a secure
25 care facility in Queensland?

26 A. What I have observed in my role is the anxiety I have
27 expressed to the earlier questions around secure care, a
28 secure care facility becoming the ultimate safety net for
29 the whole system and too many children being placed there
30 because of failures in the rest of the system. That's my
31 observation. I think the evidence that could be sought on
32 that would be from people in government during that time
33 period you've referenced and the formal government
34 responses to the Child Death Review Board recommendations
35 that recommended they consider secure care where it was one
36 of the few recommendations that the then government
37 declared for consideration rather than for approval.

38
39 Q. Yes.

40 A. Or supported, I should say.

41
42 COMMISSIONER: Not supported?

43 A. I believe for all other if not most other
44 recommendations they recorded supported. For this one it
45 was declared for further consideration.

46
47 COMMISSIONER: Well, have you in your role as the

1 commissioner with - I'll put it broadly - oversight of
2 the operation of the system, have you raised concerns about
3 inactivity in terms of the introduction of some form of
4 secure care, acknowledging your warning that it shouldn't
5 be allowed to become some sort of default for every
6 "difficult" child? Have you raised that and sought to
7 understand from decision-makers what is going on about
8 introducing secure care in some form?

9 A. Yes, I have, most notably and formally through the
10 annual monitoring of the Child Death Review Board
11 recommendations. So each year we would write to
12 director-generals asking for an update on those
13 recommendations, and each year the government proper would
14 publish or table a report to those recommendations in
15 parliament. So at each point there is a chain of narrative
16 around the board's view on the government's last response,
17 and they are attached to that November statement of mine.

18
19 COMMISSIONER: Yes.

20 A. Separate to that, over the last three years we
21 obviously started with the residential care review that led
22 to the residential care roadmap that led to my reports: A
23 System that Cares and Too Little Too Late. Within all of
24 them there is commentary on the lack of action on defining
25 the continuum, including the place and role of secure care
26 within that continuum.

27
28 COMMISSIONER: And in your role in addition to your formal
29 reporting do you have the opportunity or make the
30 opportunity to speak directly to the senior leadership of
31 the department or even the minister about such matters?

32 A. Yes, I do.

33
34 COMMISSIONER: And have you raised in discussions with,
35 well, let's start with, say, the Director-General of the
36 department your perceived need for there to be a secure
37 care facility?

38 A. Yes. It was very well known by both the former and
39 the current Director-General that that was my position.
40 The residential care review and roadmap were seen as the
41 way in which they would deliver on that need or address
42 that need. And so each time I was able to raise it through
43 the informal methods that you're suggesting. There was
44 work under way within the department that could be pointed
45 at that we are currently leading a review or we are
46 currently implementing a roadmap, and so in that context
47 I'm receiving a response that suggests there's action.

1
2 COMMISSIONER: Doing the best you can when do you recall
3 first raising the need for secure care and, if you like,
4 the failure to implement the recommendations of the Carmody
5 Inquiry in that regard or any later recommendations you
6 might have made?
7 A. The first time I was involved, Commissioner, was the
8 23/24 Child Death Review Board annual report which by law
9 is required to be circulated to director-generals prior to
10 its presentation to the Attorney-General. So I would have
11 to check the exact month, but it would be in the period
12 September to December of - sorry, I'm wrong, 2021/22. So
13 it would have to be in the period September to December
14 2023. I will have to check that date, actually,
15 Commissioner.
16
17 COMMISSIONER: Well, you just said - perhaps we can
18 clarify it.
19 A. Yes.
20
21 COMMISSIONER: You said 23/24?
22 A. Sorry, the very first secure care recommendation is
23 recommendation 3 in the 2021/22 board report.
24
25 COMMISSIONER: So as far back as 21/22?
26 A. Correct.
27
28 COMMISSIONER: Yes, thank you. Ms Sweet.
29
30 MS SWEET: Yes, thank you. Just a paragraph back, you
31 refer to that report, Commissioner Twyford, at page 5 of
32 your statement. I take you to paragraph 3.8 of your
33 statement, and you refer to a chapter - you refer to
34 bringing attention to the quality and viability of
35 placement and placement supports.
36 A. Sorry, I've lost what number you said.
37
38 Q. Yes, page 5, if you start from 3.7?
39 A. Yes. Yes, that's correct.
40
41 Q. That's the report --
42 A. Yes, it is; thank you.
43
44 Q. -- where you refer to the need for secure care.
45 A. That's correct.
46
47 Q. Yes, thank you. And then going back to the section of

1 secure care, so going back to page 62, at paragraph 4.123,
2 you refer to the model in Western Australia --

3 A. Yes.

4
5 Q. -- which, you say, provides accommodation for children
6 aged 12 to 17. It's a six-bed facility. The stay is for
7 up to 21 days. The duration of the stay may only be
8 extended once up to another 21 days. And you refer to the
9 test:

10
11 *The children may only be placed in the*
12 *facility where the legal test of immediate*
13 *and substantial risk of significant harm to*
14 *self and others is met and where there is*
15 *no other suitable way to manage that risk*
16 *and provide necessary care.*

17
18 In raising that model are you suggesting that the
19 Queensland secure care model should replicate that in those
20 respects?

21 A. It should certainly be considered and it should, in my
22 view, be a time-limited service. It should have judicial
23 oversight with a clear legal test and criteria. But it
24 comes back to how does it fit within the continuum. So
25 what happens on day 22 for someone who is still
26 experiencing a period of psychosis? Is the legal test
27 strict and they are therefore back out into a generic
28 residential care home? Is there a step-down model? We
29 can't keep designing programs and trying to attach them to
30 the current system. We need to re-design the whole system.

31
32 COMMISSIONER: You accept that secure care should be
33 subject to judicial oversight?

34 A. Yes, absolutely.

35
36 COMMISSIONER: By which you mean you need a court order?

37 A. Yes.

38
39 COMMISSIONER: Which, arguably, you don't need because
40 it's a protective jurisdiction rather than a punitive
41 jurisdiction. But it would be desirable for a range of
42 reasons we needn't go into to have judicial oversight; do
43 you agree with that?

44 A. Yes.

45
46 COMMISSIONER: Wouldn't the Childrens Court be the
47 appropriate jurisdiction to deal with whatever application

1 is devised for the purposes of the child being placed in
2 secure care?
3 A. I don't know if I have a strong view on that,
4 Commissioner, other than to say that we currently have
5 adolescent mental health facilities and services and adult
6 mental health legal frameworks that we should consider. It
7 may not be seen or --
8
9 COMMISSIONER: And who deals with that? QCAT, is it?
10 A. I could not say. But it may not be designed as a
11 punitive service, and I use the word "service"
12 deliberately, but it is certainly one that infringes
13 rights.
14
15 COMMISSIONER: Well, there is a legal distinction of
16 substance between punishment and protection.
17 A. Yes.
18
19 COMMISSIONER: Only courts under our system can administer
20 punishment. The High Court's recently dealt with that.
21
22 MS LOFARO: Commissioner, sorry to interrupt.
23
24 COMMISSIONER: Yes.
25
26 MS LOFARO: It might be of assistance to mention that the
27 particular jurisdiction you're mentioning that deals with
28 adult or adolescent mental health is the Mental Health
29 Review Tribunal not the Childrens Court.
30
31 COMMISSIONER: Yes, but is that under the aegis of QCAT?
32
33 MS LOFARO: No, it's a separate tribunal --
34
35 COMMISSIONER: All right. It's a separate tribunal?
36
37 MS LOFARO: -- established specifically under the Mental
38 Health Act.
39
40 COMMISSIONER: Thank you; that's helpful. But there might
41 be contexts in which secure care could be appropriate as
42 something less than detention in a juvenile detention
43 facility where the behaviour of the young person is such
44 that, to use your test, the young person is a risk to
45 themselves or others but, in a given case, it might be
46 preferable that that young person be secured rather than
47 detained. And why shouldn't that as a potential option be

1 available in the context of even offending behaviour that
2 is not prosecuted through the exercise of appropriate
3 discretion but needs to be addressed in some way short of
4 incarceration in a detention centre, obviously with the
5 ambition that the child can be deflected from ending up in
6 the youth justice system and in detention? Is there not a
7 role for secure care, if you like as a hybrid, as an
8 alternative to ending up in youth detention?

9 A. I want to make very clear that the current detention
10 models and infrastructure in Queensland is a long way away
11 from what I would say is secure care. They are two very
12 different systems, two very different facilities, two very
13 different workforces with different intent. But that
14 doesn't mean I disagree with your point that when you look
15 at our work on life trajectories and how a young person
16 experiences trauma and it demonstrates itself in behaviours
17 and those behaviours when unaddressed lead to danger and
18 risk, in that sense I agree with you; that a child
19 protection, mental health focused, secure care intervention
20 should be provided to prevent harms from occurring.

21
22 COMMISSIONER: Well, I take you when you say youth
23 detention in Queensland falls far short of what you would
24 expect secure care properly designed to look like that
25 rather fortifies, doesn't it, the argument I'm trying to
26 put to you which is that secure care could provide an
27 opportunity that is better and more beneficial in the
28 interests of the child in the long term than the
29 alternative of youth detention?

30 A. Yes.

31
32 COMMISSIONER: So it's not presently available as an
33 option, but if it were available then it would be one of
34 the courses of action that the department could consider
35 and a Childrens Court magistrate, in my suggested model,
36 could also consider, given that you accept that there
37 should be court oversight, some court needs to deal with
38 it. It does on the face of it seem to me that the
39 Childrens Court, which is already, let's assume, expert in
40 dealing with child offending and child protection, should
41 have allied to that jurisdiction a remedy, if you like,
42 short of detention. I'm putting that to you. I mean, you
43 don't have to agree. Obviously you don't.

44 A. It would be my hope that secure care is provided
45 because of a deep understanding of that child's needs and
46 it is not provided because of any offending.

47

1 COMMISSIONER: But there might be circumstances, indeed
2 there's very likely to be circumstances, where a child's
3 conduct amounts to criminal conduct and, but for the
4 availability of let's say a diversion into secure care, the
5 child would end up in detention, because on my hypothetical
6 the child can't be managed within the present residential
7 care model and, even if you had some other better designed
8 therapeutic model, the child's behaviours might be such
9 that that child will present a risk to other young people
10 in the facility, present a risk to the foster carers if it
11 was a foster carer environment, and, as I say, it's
12 potentially an option that falls short of absolute youth
13 detention and would be part of a suite of potential
14 responses to a child's behaviour, not the last thing that
15 one would do but - sorry, not the only thing that you would
16 need to do for the child, but it would be part of the mix.
17 Do you disagree with that general thinking?

18 A. I think we're very close to agreeing, and probably
19 disagree on some small points that are hard to pinpoint.
20

21 COMMISSIONER: All right.

22 A. I would, in my other performance in my current role,
23 be calling for our detention centres to be more
24 trauma-informed and rehabilitative. So I think in that
25 sense there is a connection. I still say that secure care
26 must be a small-scale service based on need. It is not
27 simply enough to be based on behaviours or for those
28 behaviours to have to be offending. It is about meeting
29 someone's psychological and emotional wellbeing in a
30 time-limited way to enable them to return to home-based
31 care. In that sense it is akin to forensic mental health
32 and adolescent mental health services, because the rest of
33 the residential care system must be focused on responding
34 to teenage and adolescent behaviours.
35

36 COMMISSIONER: All right. How do you deal then with a
37 young person who at the moment, at the time that you're
38 called upon to decide what to do with this child, has for
39 whatever reason behaviours that cannot be managed in a
40 residential care setting and is engaging in either
41 self-harming behaviour or behaviour that's likely to cause
42 harm to others? So what do you do, short of detaining the
43 child in youth detention?

44 A. So I guess part of the policy work that needs to be
45 done is what would a current parent in Queensland do. They
46 would access alcohol and other drug services. They would
47 access mental health counselling. They would access

1 forensic mental health support. They wouldn't engage in a
2 secure facility such as we're suggesting, and they
3 certainly wouldn't drop their young person off at a
4 detention centre. And that's the delineation I'm trying to
5 make.

6
7 COMMISSIONER: If I may say so, with respect, you're
8 missing the point, which is this: that your hypothetical
9 parent would cease to have a choice in it if the child was
10 engaging in behaviour that led to the child being
11 criminally prosecuted and ending up in juvenile detention.
12 So I don't see the distinction.

13 A. That's correct in that case. But if it was
14 self-harming, or bulimia, or some other form of high-risk
15 self-harming behaviour that does not involve community
16 harm --

17
18 COMMISSIONER: I accept that distinction. My questions
19 have proceeded on the basis that there is a potential need
20 that could be filled by creating secure care also for the
21 purpose of avoiding a more significant step of
22 incarcerating the child. I'm not disagreeing with you
23 about the secure care being available for other reasons as
24 well and having all of the therapeutic characteristics that
25 one would like to see for the best outcomes possible;
26 that's all.

27 A. Yes. So I take your suggestion - sorry, Commissioner,
28 I can agree with you that the child safety system in being
29 a parent to children needs a new, better and more clearly
30 defined response to how the young people it is raising are
31 engaging in criminal behaviour. Completely agree.

32
33 COMMISSIONER: Yes, and I think actually your point about
34 what would a parent do is a very good touch point. But, as
35 I say, a parent could do nothing - well, not nothing, but
36 the parent is subject to the impact of the criminal law if
37 the child engages in criminal behaviour, and that's that,
38 really?

39 A. Yes.

40
41 COMMISSIONER: Yes. Ms Sweet, sorry.

42
43 MS SWEET: Thank you. At 4.124 of your statement you
44 refer to secure care being a model that's therapeutic and
45 not punitive, and you talk about it being last resort. You
46 also talk about it providing a circuit-breaker intervention
47 with clear transition plans. What I want to ask you about

1 that aspect of your evidence is, given your knowledge built
2 up over many years now of children who might qualify for a
3 secure care model, in the absence of knowing what it
4 actually looks like, the idea of it being a
5 circuit-breaker, that's not going to be realistic, is it,
6 for a number of those children in that it's not going to be
7 a model that can fix them - well, to mitigate the risks
8 sufficiently to them and the community by being on a 21-day
9 order with a possible extension for another 21-day order;
10 it may need to be more long term for some of that cohort;
11 would you accept that?

12 A. It goes back to the continuum. And I'm sorry I can't
13 answer clearly because if you design secure care for the
14 very pointiest of ends then, yes, it should be time-limited
15 and it should have a clear step-down model. I agree that a
16 child that is behaving in an unsafe way to themselves or
17 others because of childhood trauma, drug addiction and
18 mental health will not receive a 21-day service and never
19 experience a challenge again. What I am suggesting is that
20 an intensive secure care intervention is there for when the
21 crisis comes, and when the crisis is de-escalated the
22 patient - for want of a better word - has to be somewhere
23 else where they are sustained.
24

25 I attempted to legislate a secure care facility in the
26 Northern Territory in one of my former roles, and we went
27 back and forth on this very issue. Clinicians will tell
28 you they can't address the psychological behaviours of a
29 young person in less than six months. But the facility
30 that was being built in the Northern Territory was in no
31 way a home-like environment that would maintain someone's
32 mental health if they were there for six months. So the
33 decision-making on is this an acute intervention ward-like
34 facility with specialists that de-escalate the young person
35 that has just swallowed glass or has just spent the night,
36 you know, deeply in suicide ideation or suicidal attempts;
37 and, if it's that crisis point, how are they stepping that
38 young person down once treated to a place where they can be
39 more consistently engaged with and kept below the crisis
40 point?
41

42 COMMISSIONER: But why do you think it's necessary to have
43 some absolute time limit? You see, take your example of
44 the child needing psychiatric therapy and assume you're
45 right about six months being a minimum, generally. In that
46 context - and I hear what you say about the impact of being
47 in an institutional environment, but it may be that the

1 counterfactual is being in a detention centre; so there's a
2 balance of evils, perhaps. Why wouldn't the term of the
3 secure care be a matter for evaluation on a bespoke basis
4 and a matter that the court making the order would have to
5 be satisfactory with, bearing in mind that orders of this
6 kind can be revoked at any time? I mean, you go back to
7 the court and say, "We need a longer period" or "we don't
8 need, as events have turned out, to keep this child in this
9 secure care facility for six months because the child has
10 had a remarkable recovery and it will now suitably be
11 placed in" wherever. I mean, why do you need to have some
12 rigid rule about how long the child should be in the
13 facility for?

14 A. It has been my experience, Commissioner, that as a
15 matter of inherent principle it's easier to get into a
16 tertiary system than it is to get out.

17
18 COMMISSIONER: That's a difficult proposition to argue
19 with, given the number of young people in the tertiary
20 system in this state.

21 A. Yes. And so you see systems that invest in high-cost,
22 high-end treatments. They quickly become full. They
23 quickly have wait lists. And very few young people exit.

24
25 COMMISSIONER: You might be right about that. But as the
26 system presently operates there's a very limited range of
27 placement options. There is a high incidence of young
28 people self-placing in unsafe places like sleeping rough or
29 couch-surfing or whatever. In that context, viewed in the
30 context of what is actually occurring in Queensland, while
31 I accept and you make clear your reservation about the
32 secure care not becoming some sort of default placement
33 options where any young person who's a bit difficult gets
34 stuck - and clearly that shouldn't happen - I don't see how
35 it follows from that that there should be some strict time
36 limit in relation to the availability of the option while
37 recognising that it's an option that should be carefully
38 justified in every case. So if it were carefully justified
39 with a reasoned basis for the duration --

40 A. Yes.

41
42 COMMISSIONER: -- subject to early revocation if need be,
43 that might meet your concerns?

44 A. Correct, correct, because I've articulated my concern
45 and suggested some controls. If there are other controls
46 that meet my concern then that would be acceptable to me.

47

1 COMMISSIONER: Yes, I understand.

2

3 MS SWEET: Thank you. Commissioner Twyford, I now want to
4 take you back to page 10, paragraph 320 --

5 A. Yes.

6

7 Q. -- where you refer to the board's annual report of
8 2023/24 --

9 A. Yes.

10

11 Q. -- where the board expressed the view that did not
12 consider sufficient action in relation to that earlier
13 recommendation of 2021/22. And you see then down at
14 paragraph 3.22 in the context of placements of care the
15 2023/24 report of the board stated that:

16

17 *The board discussed that complex cases*
18 *require safety plans of significant scale.*
19 *There is a need for an acute residential*
20 *care option for high-risk children,*
21 *including involuntary or diversionary*
22 *options.*

23

24 Can you just speak to what was meant by the board when they
25 said "acute residential care options for high-risk
26 children, including involuntary and diversionary options"?

27 A. My recollection is that it is somewhat what I've been
28 trying to articulate here when I talk about a continuum and
29 step-up and step-down models that the acute residential
30 care called secure care, that there is very certainly a
31 demonstrated need for that type of intervention.

32

33 Q. Yes.

34 A. But that the options must also include the step-down
35 models or the involuntary and diversionary options, noting
36 that the board's chapter, I believe, also discussed - and,
37 if not, then the board certainly discussed - how the
38 emergency wards and adolescent mental health wards are part
39 of this system.

40

41 Q. Yes. And I don't need to take you back to it, but you
42 do say in your section in your statement on secure care
43 that the secure care model should be Health led, and
44 I wanted to ask you what you meant by that. Do you mean
45 that its owner, prime owner, should be Queensland Health
46 and not Child Safety? Is that what you're saying when you
47 say it should be Health led?

1 A. That is what I meant, yes.

2

3 COMMISSIONER: But if that's the case wouldn't it be
4 inapposite for Queensland Health to be dealing with the
5 secure care model in the context of the allied purpose or
6 concurrent purpose that it might serve as I've - I won't
7 repeat, but in the context of something less than
8 detention? If you were to accept that secure care as
9 something short of detention is potentially beneficial,
10 because the alternative is detention and that's the sort of
11 hypothetical counterfactual, then why would the program or
12 that model of care fall under the jurisdiction of the
13 Department of Health rather than the Child Protection
14 Department?

15 A. Because, Commissioner, it comes back to my view that
16 it should be designed around addressing need; that if the
17 young person is there because of a mental health addiction
18 or any other inherent need then Health is the department
19 best placed to address that need. In the past experience
20 child safety departments attempting to run secure care
21 facilities struggle to get the psychiatrists,
22 psychologists, trauma counsellors that are employed by the
23 Department of Health to actually --

24

25 COMMISSIONER: Well, that's a good practical reason, isn't
26 it?

27 A. Yeah. And it's my view I think - I'm not sure if
28 I said it in that report where this quote is from, but it
29 has to be a multi-agency response to these young people.
30 Right now our multi-agency response to these young people
31 is police and Youth Justice. How do we flip that so that
32 it's Child Safety, Health and Education that are
33 intervening.

34

35 COMMISSIONER: Why is it that a psychiatrist, say, would
36 discriminate when it comes to the care of a child depending
37 on whether the child is, let's say, referred or whatever
38 the right expression is by Health as opposed to the Child
39 Protection or Child Safety Department? Why should it
40 matter to them?

41 A. To the individual or to the system?

42

43 COMMISSIONER: To the psychiatrist. You said you've found
44 it that it's difficult to get psychiatrists to - well,
45 I won't try and paraphrase it.

46 A. Yes

47

1 COMMISSIONER: Perhaps you could explain that again
2 because I don't understand why.

3 A. So in the secure care facilities we were designing and
4 exploring the psychiatrists and psychologists were embedded
5 staff members. They were in fact the house leaders and
6 were on call because they were the lead professional in
7 that young person's experience in secure care.

8
9 COMMISSIONER: All right. Do they have some objection to
10 being employed by the Department of Child Safety?

11 A. Yes.

12
13 COMMISSIONER: And why's that?

14 A. It's not seen as part of their professional - it was
15 not at that time for those people seen as part of their
16 professional circle. It was a Child Safety Department that
17 had a lower status, more complex cases, and would
18 disconnect them from their field of colleagues.

19
20 COMMISSIONER: Their reasons, if I were to speculate, may
21 be a bit more substantive than that. It may be that a
22 psychiatrist, say, or psychologist and other allied health
23 professionals would perceive a benefit of remaining within
24 the silo of their own profession, I suppose, for their own
25 benefit in relation to matters of substance like, for
26 example, the exchange of learning and career development
27 and all of those sort of things, because that's not
28 really - they're substantive reasons why, I could imagine,
29 a specialist might say, "Well, I don't want to leave the
30 hospital or the Health Department to go and work out there
31 in the satellite of Child Safety. I want to stay within
32 the Health context."

33 A. I think I can speculate that I have observed that.
34 Also the way the model is designed it's complex work that's
35 not necessarily diagnostic for a medical professional.
36 It's mostly behavioural.

37
38 COMMISSIONER: It's therapeutic, isn't it?

39 A. It should be therapeutic.

40
41 COMMISSIONER: Is that the right word to use?

42 A. Yes, absolutely. And so the extent to which you work
43 with this young person over many years to see a better hope
44 for their future and to change their behaviour versus you
45 respond at a crisis point until the next young person moves
46 in. It's a challenging job that we're trying to imagine
47 how to design and fit in to a system where there are many

1 other government portfolios that have touch points.

2

3 COMMISSIONER: Yes. But if we're to give meaning to the
4 word "secure" there would have to be some security,
5 wouldn't there?

6 A. Yes.

7

8 COMMISSIONER: And so that might not be the natural sort
9 of expertise of healthcare professionals.

10 A. Correct.

11

12 COMMISSIONER: But that of course - that element could be
13 provided by somebody else?

14 A. And if it is presented and seen as an institution, in
15 the old word, then there are certainly professional worries
16 that arise around --

17

18 COMMISSIONER: How do you avoid there being an
19 institution? I mean, you can give it a kind name. You can
20 call it a college rather than a - I don't know, something
21 else. But how does one avoid, if one is talking about a
22 model of secure care - and at the moment I'm focusing on
23 the word "secure" --

24 A. Yes.

25

26 COMMISSIONER: -- some characteristic of an institution?
27 How do you avoid that?

28 A. I think it's the look and feel when you walk in or
29 when you're a recipient. I like to use the word "secure
30 care service". I certainly have provided advice to the
31 current government that this should not be seen as a
32 facility, something to be built. It should be seen as
33 something that is delivered to young people in crisis, and
34 that might involve outreach, inreach, and other models of
35 service delivery. That is a very different articulation of
36 what this is to, "This is a locked down building where
37 young people are housed." And I think in presenting those
38 two narratives you can see that one is seen as a worrying
39 institution of the past and the other is seen as something
40 that might actually help these young people.

41

42 COMMISSIONER: Well, that's true. But we mustn't focus on
43 semantics, must we? I mean, if you give it a kind name it
44 doesn't alter its essential character?

45 A. Agree.

46

47 COMMISSIONER: And if it's going to be secure it will have

1 to some an element of security. So that doesn't mean that
2 with the assistance of clever architects you couldn't
3 design a hypothetical facility that is at least
4 institutional in touch and feel --

5 A. Correct.

6

7 COMMISSIONER: -- as can be devised. But I don't see how
8 you can avoid, if it is secure, some characteristic of it
9 being an institution irrespective of the name you give it.

10 A. Yes.

11

12 MS SWEET: Thank you, Your Honour.

13

14 Commissioner Twyford, can I take you to paragraph 15 of
15 your statement, to subparagraph (i). And, just to orient
16 you, this is a comment you're making in the context of
17 being asked to perform a role of providing strategic and
18 independent oversight to the then government, who was
19 undertaking a review of the residential care systems. And
20 this is one of the 15 observed key issues you raised in
21 your final report.

22

23 COMMISSIONER: Sorry, which page?

24

25 MS SWEET: Your Honour, it's page 15, paragraph (i), which
26 commences, "There is a strong desire".

27

28 COMMISSIONER: Yes.

29

30 MS SWEET: Yes, thank you.

31 A. Yes.

32

33 Q. And, Commissioner Twyford, what you say is:

34

35 *There is a strong desire and anecdotal*
36 *evidence that government departments and*
37 *services, including Education, Police,*
38 *Housing, Youth Justice, Health, and Mental*
39 *Health do not act in a way that recognises*
40 *the State is the parents to these young*
41 *people for any young people within the*
42 *residential care system.*

43

44 Can you speak to what you mean by that?

45 A. Sorry, I'm just reading the further --

46

47 Q. Yes, please.

1 A. -- second half of that quote. The extent to which -
2 as part of this review we also led a series of engagements
3 with young people currently in residential care to hear
4 from them. So the reports like, "I was raised by
5 a checklist, treated as broken, treat me like a human,"
6 speak to the voices of the young people in this system.
7 What we see is the Department of Education able to record
8 these young people as not attending school and that being
9 the limit of their responsibility whilst child safety
10 officer, residential care workers and residential care
11 providers are in team meetings discussing, "How do we get
12 this young person a tutor or to re-engage" in the absence
13 of the Department of Education, for example.
14

15 Q. Yes.

16 A. We see police being called out to the residential care
17 house and/or finding these young people on the street and
18 recording street checks. And I would suggest that if that
19 police officer was street checking their own child there
20 may have been a further response such as, "Can I get you
21 home? Where is home? Are you okay?" And so it's speaking
22 to the corporate parenting work that we did and the words
23 around corporate parenting where, if the child is in State
24 care, does not the entirety of the State and all its
25 resources lean in to being the parent to help and assist
26 this child? And our view certainly has been that too often
27 these young people are having touch points with government
28 that are actually recording their pathway to danger and
29 harm and, in my work, to short lives. The number of child
30 death life maps that I have that show escalating Youth
31 Justice/Child Protection interventions or interactions,
32 declining Education, Health, and Child Safety interactions,
33 I'm at the point now where I don't have to look at the
34 right-hand side of the life trajectory map. As soon as
35 I can see that cliff drop off I know how the story ends.
36

37 COMMISSIONER: Can I just understand what you're saying
38 here. "There's a strong desire and anecdotal evidence that
39 government departments and services, including Education,
40 Police, Housing, Youth Justice, Health, and Mental Health
41 do not act in a way that recognises the State is the parent
42 to these young children." Are you saying - because it's
43 the word "desire" that throws me a bit. Is your point that
44 as the parent, the State as the notional parent, that role
45 involves all of the departments that have an impact on the
46 child - so Education, Police, Housing, Youth Justice et
47 cetera - so that do I take you to be saying that when you

1 talk about the corporate parent, the corporate parent being
2 the State, that entails all of these entities and
3 departments; is that the point?

4 A. That's correct, Commissioner. And the word "desire"
5 is there because this is a list of what I heard during the
6 residential care roadshow around Queensland. It is the
7 desire from the frontline child protection staff that their
8 colleagues across the Queensland government start to act as
9 the parent for the child as well.

10

11 COMMISSIONER: So they recognise their role in the
12 parenting of the child.

13 A. Absolutely correct.

14

15 COMMISSIONER: Their contribution to it all.

16 A. Why are Queensland's children, children in the care of
17 the State of Queensland, overrepresented in school
18 expulsions? Where are we expelling them to? What parent
19 would expel their own child and not put in place an
20 intervention and a support service?

21

22 COMMISSIONER: Well, that analogy, if I may say so, only
23 goes so far because what parent runs the school? I mean,
24 there are parents who have to deal with children being
25 expelled or suspended or whatever. I mean, it's a literal
26 analogy, but I'm not sure that it is apposite because
27 I agree with your test about acting as a reasonable parent
28 would, but a reasonable parent's authority and power is not
29 unconstrained. The family outside the State context is
30 subject to the State and subject to the various organs of
31 the State; that's right, isn't it? So I'm not sure - I'm
32 just taking issue with the proposition that you can say,
33 "Well, the parent is the State. An emanation of the State
34 is the Education Department. How can that emanation act
35 contrary to how a parent would act?" But it ignores the
36 reality that a natural parent isn't running the school and
37 will be subject to the same potential action by a school
38 vis-à-vis that parent's child; that's all.

39 A. I know and understand what you're saying, but I think
40 there's a middle ground too, Commissioner. A school
41 principal that is a parent whose own children go to their
42 school who suspends their child, and does not let them go
43 home, and makes them walk the streets for the day is
44 probably getting pretty close to a child protection report.

45

46 COMMISSIONER: All right. Well --

47 A. And so --

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COMMISSIONER: You're not asking me to assume that principals of schools have an appetite for suspending or, I don't know, excluding children without good cause, are you?

A. Children in out-of-home care are overrepresented in school exclusions. And what I see is that they have their residential care homes closed, their placements closed by the State. They're then expelled from school by the State. Who in government is now providing a parental role? The only person that comes into contact with that expelled and homeless child starts to be the police.

COMMISSIONER: I mean, your point is good insofar as the consequences for expulsion might be more acute in the case of a child who is in resi care, and I know that some of these resi cares are not even open during the day.

A. Correct.

COMMISSIONER: But the correlation between the higher incidence of exclusion or expulsion or suspension from school and children who are subject to the care of the State is a correlation not necessarily a causation.

A. Correct.

COMMISSIONER: There's not necessarily a causal link between those two factors. All right. I understand.

A. And so to round out the analogy, if I could labour it, is you have two parents then. You have the Education system and you have the Child Protection system. One or the other has to be providing a protective factor for this child. Who has the care and wellbeing of this child front and centre? And, if they are expelled, do we see Child Safety step in with an alternative program?

COMMISSIONER: Because, to take your analogy further, you would say if the child wasn't a child under State care and the child was expelled the child would go home to mum and dad, and mum and dad would look after the child. They may get into trouble or whatever, but they would have to deal with that situation. But in the case of a child, say, in resi care and the resi care's closed during the day, the child is left unsupported. That really makes the expulsion more acute in its effect.

A. Unsupported, alone and unloved.

COMMISSIONER: So it's a more serious thing --

1 A. Absolutely.

2

3 COMMISSIONER: -- to expel a child in resi care than it is
4 to - yes, let's say resi care, than it would be to expel a
5 child who can go home to mum and dad.

6 A. Correct.

7

8 COMMISSIONER: Yes, I get your point.

9

10 MS SWEET: Your Honour, I note the time. In those
11 circumstances, I'm going to hand over to my learned friend
12 Ms Freeman for the State.

13

14 COMMISSIONER: Yes, thank you. Thank you, Ms Sweet.
15 Ms Freeman.

16

17 MS FREEMAN: Thank you, Commissioner.

18

19 <EXAMINATION BY MS FREEMAN

[3.35 pm]

20

21 MS FREEMAN: Mr Twyford, I won't keep you long. There's
22 just a couple of things I just wanted to ask you about what
23 you've been talking about so far this afternoon. Can I
24 take you to - so you've got a big bundle in front of you.

25 A. Yes.

26

27 Q. Can I take you to page 1122. So I think it's --

28 A. I have it.

29

30 Q. Your second statement, para 3.8?

31 A. Yes.

32

33 Q. And there you talk about the Child Death Review Board
34 annual report that you've mentioned already from 21/22.
35 And in the second sentence of that you refer to children
36 and young people who displayed complex or challenging
37 behaviours, often termed high-risk behaviours. Now, do
38 I understand your evidence today to be that, really, when
39 we're thinking about what models of care children in care
40 need who exhibit those behaviours what needs to be in focus
41 is the needs of the child rather than the behaviours that
42 they're displaying?

43 A. Yes.

44

45 Q. And what you're really saying is that behaviours are a
46 product or byproduct of these unmet needs of these
47 particular children?

1 A. Yes. Behaviours is how children communicate.

2

3 Q. Yes. And so when we're looking at what kind of models
4 of cares, including secure care, they really need to be
5 addressing these unmet needs of the children, and when
6 you're talking about them being complex you're talking
7 about the needs not the behaviours; right?

8 A. Yes. Thank you.

9

10 Q. All right. So then if I could take you to page 1124;
11 so turn over to paragraph 1.13. You're there referring to
12 the board's recommendation about the continuum of care for
13 children that recognises that multiple government
14 departments come into contact with these young people and
15 there's no single responsible owner for the assessment and
16 response required to address these complex needs. Do
17 I take it that what you're saying there is that's because
18 these children generally come into contact with multiple
19 government departments over the course of their life
20 because of their complex needs?

21 A. Yes. And also in that chapter we articulate how, as
22 the behaviours escalate because the need has remained
23 unaddressed, the unfortunate circumstance is that the
24 government interventions reduce. So, as need increases,
25 people present to respond decreases.

26

27 COMMISSIONER: What do you mean by that? Sorry, but what
28 do you mean by that?

29 A. That the life trajectory of these young people is a
30 response to childhood trauma, removal from family, entering
31 into care, placement with kin or foster --

32

33 COMMISSIONER: No, it was the inverse relationship between
34 need and government response that I would like to
35 understand.

36 A. Yes. And then they reach adolescence and that trauma
37 leads to behaviours, so searching for connection, as well
38 as normal adolescent risk-taking and a lowering respect for
39 authority. When that combines we start to see the young
40 person's education involvement decrease. The young
41 person's willingness to engage with services that they had
42 previously engaged with decrease, such as monthly visits
43 from child safety officers. And consequently we see
44 Education, Health and Child Safety start to decrease the
45 number of times they meet with those young people or
46 provide services to those young people.

47

1 We then start to see school non-attendance and then we see
2 placement breakdown happening pretty coincidentally. And
3 then once placement breaks down and school disappears we
4 see police contact and Youth Justice contact increase. And
5 by the time the young person is outside of school, outside
6 of placement, and outside of having an adult in their life
7 that shows care and connection they are documented in our
8 file, in Queensland government files, as people that avoid
9 service delivery, as people that are problematic, as people
10 that are highly complex.

11
12 And so the young person is showing behaviours saying, "I'm
13 not okay, I need help," whilst the systems are saying,
14 "They're not showing up to their mental health appointment
15 and we can't find them. We went to the park three times;
16 they weren't there. So therefore they're not getting
17 visited this month." And so you see the decline in
18 government interaction except, as I say, police and Youth
19 Justice.

20
21 COMMISSIONER: I mean, would an appropriate metaphor be
22 the proverbial snowball? As the child progresses through
23 the range of circumstances you've just described the
24 difficulty of addressing the need becomes greater and, the
25 more difficult it is, the less likely those needs are to be
26 met?

27 A. Absolutely correct. And I left out, sorry, substance
28 use and misuse in my story just then. You're spot on. But
29 also it becomes less clear whose job it is to respond to
30 that need. Once the snowball gets very big it's no longer
31 the child safety officer's remit. It's no longer the
32 general practitioner's remit, if there is one. The
33 education system is clearly saying, "This person, even if
34 they wanted to, we don't have the right type of school to
35 welcome them back." And we see in our files children who
36 have been absent from school being turned away when they
37 try to re-enrol. So it's a very stark truth that the
38 longer we leave these needs unaddressed the harder we make
39 it for everyone, but it's the child that pays the price.

40
41 COMMISSIONER: Yes.

42
43 MS FREEMAN: Thank you. Mr Twyford, can I take you to a
44 document that's in that bundle there that you've got in
45 front of you. So it's page 1586. It should be behind
46 tab 60; at least that's what it is in my bundle. Sorry,
47 61. Sorry, that's my fault. So it should be your report

1 from April 2024?
2 A. Yes.
3
4 Q. "A system that cares"?
5 A. Yes.
6
7 Q. And then if you go to page 1586 or page 25 of that
8 report there should be --
9 A. Yes.
10
11 Q. -- a diagram of the continuum of care. I just wanted
12 to talk through that with you briefly. So, as I understand
13 the diagram, if we just focus on the top row along there --
14 A. Yes.
15
16 Q. -- we start with the entry to care. So this is when
17 the young person first makes contact with the child
18 protection system. And then you've then - the next one
19 along we've got kinship care and foster care.
20 A. Yes.
21
22 Q. So obviously that's the step up from in-home care to -
23 or their own family care obviously then to kinship care and
24 then foster care, are the sort of two options there.
25 A. Yes.
26
27 Q. Then we move along and you've got there residential
28 care and supported independent living, and then the exit
29 from care.
30 A. Yes.
31
32 Q. What I want to just talk you through is just that big
33 chunk in the middle that you've got for residential care
34 there --
35 A. Yes.
36
37 Q. -- and sort of where that fits into the continuum, and
38 then where secure care will fit in --
39 A. Yes.
40
41 Q. -- on that continuum, potentially. So with
42 residential care, as I understand your evidence and indeed
43 the work of the board over a number of years, at the
44 moment am I right in understanding that the residential
45 care sort of system that we have in Queensland is a bit of
46 a one size fits all scenario?
47 A. Yes.

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Q. And what you're advocating for and indeed the board is advocating for is a number of different models within the ambit of residential care that might address different types of needs for different cohorts of young people that are in care under the State; is that right?

A. Correct.

Q. So we might, for example, have models of care that specifically deal with young people and children who have mental health needs that need addressing?

A. Yes.

Q. You might have a model of care that addresses particular disabilities that children might have? You're nodding.

A. Yes.

Q. You might have a model of care that deals with sibling groups that need to stay together?

A. Yes.

Q. And then you might also have a model of care, although not ideal, for very young children like from the zero to five year age group?

A. Yes.

Q. Although you wouldn't like to see them necessarily in residential care, but it does happen from time to time. So you'd want to have a model of care that particularly focuses on the needs of those types of children?

A. Yes. But I'm going to stop and say in doing all this work we won't ever allow a child under five into residential care because there will be an alternative.

Q. Yes.

COMMISSIONER: Is there always an alternative?

A. I beg your pardon, Commissioner?

COMMISSIONER: Is there presently an alternative for all children under five, because I understood there's quite a number of children who are as young as two --

A. Yes, there's hundreds currently. Sorry to pause but the intent of this picture, the blue boxes, light blue boxes, are the current system. That is what Queensland has: kinship, foster, residential care and supported

1 independent living. Anything else on this page was the
2 work we did --

3

4 COMMISSIONER: Is aspirational?

5 A. Well, the work we did leading up to the government's
6 residential care review and then the roadmap. The red
7 diagram and the yellow - sorry, the red diamonds and the
8 yellow diamonds are our advice on what the system actually
9 needs.

10

11 COMMISSIONER: Yes.

12

13 MS FREEMAN: And you also might have, for example, a model
14 of care that is specifically designed for First Nations
15 children?

16 A. Correct.

17

18 Q. Okay. And so then secure care then would fit in at
19 the very sort of pointy end of that spectrum for a very
20 small group of people, young people, in care that require
21 very specialist, high-needs care for a very short period of
22 time?

23 A. Correct.

24

25 Q. Is that how I understand your evidence?

26 A. Correct.

27

28 COMMISSIONER: Mr Twyford, why doesn't secure care feature
29 on this diagram, given that you'd earlier recommended it in
30 your capacity as the chairman, I think, of the Child Death
31 Review Board?

32 A. That's a very good question, Commissioner. I was just
33 flicking through the page to find an alternative of this
34 exact diagram to see if it's on there.

35

36 COMMISSIONER: It doesn't matter.

37

38 MS FREEMAN: I must admit I wasn't able to find one,
39 Mr Twyford, but that doesn't mean it's not in there.

40 A. Okay. The diagram started in our second progress
41 report on the residential care review, and was then lifted
42 from that into this report, "A system that cares", and was
43 then refreshed and quoted in the report "Too little too
44 late". I'm just considering if the --

45

46 COMMISSIONER: Don't worry.

47 A. I think it's coded in the third from the right yellow

1 diamond, "Intensive crisis mental health accommodation
2 services with specialised workforce". The formal word
3 "secure care" isn't there, but I would suggest that's the
4 intent.

5
6 MS FREEMAN: Sure.

7
8 COMMISSIONER: And somebody might come up with a better
9 word than "secure care", perhaps?

10 A. Correct, Commissioner. And I think if we do keep that
11 word I would suggest it's the security for the young person
12 as much as anyone else.

13
14 MS FREEMAN: And so the secure care model, as part of this
15 continuum, would be designed, as I understand your
16 evidence, to meet the needs of a very small portion of kids
17 who wouldn't have their needs otherwise met by these other
18 models of care that we've been talking about?

19 A. That is correct. And it would be connected to all
20 these other options so you could escalate from foster care
21 into secure care and back to your original foster carers
22 once you are - once the crisis is de-escalated. So it's
23 about how - it's not only about this list of things; it's
24 how they connect.

25
26 Q. Yes. And it would be really important, wouldn't it,
27 as I understand your evidence, to make sure you have that
28 step down from secure care so you're not left with a child
29 thrown into a very intensive model of care for 21 days
30 which immediately addresses the risks that may be opposed
31 to that young person, but then they're put back into the
32 same scenario they were in 21 days earlier that caused the
33 risk in the first place?

34 A. That's correct. And I want to be clear 21 days is not
35 something I've recommended.

36
37 Q. No, no, no, that seems to be the model that's adopted
38 in WA and Victoria; is that right?

39 A. Yes. WA at least, yes.

40
41 Q. But, as I understood your evidence, though, you were
42 of the view, weren't you - and tell me if I'm wrong about
43 this - that a stay in secure care, at a secure care
44 placement, would ordinarily be a short-term measure, not a
45 long-term measure --

46 A. Yes.

47

1 Q. -- to addressing the needs of the child?
2 A. Yes.
3
4 Q. Yes. And so we wouldn't be talking about months and
5 years, necessarily?
6 A. No. And I think that would show that the secure care
7 model is not working.
8
9 Q. Yes. And so secure care is really seen, as
10 I understand your evidence, just part of that continuum of
11 different models of care that will be available to address
12 different needs from time to time in a child's life?
13 A. Yes.
14
15 COMMISSIONER: Do you accept that secure care might not
16 work for all children and one consequence might be that the
17 child ends up in youth detention? I mean, that's quite a
18 conceivable outcome, isn't it? I'm not saying it's a
19 desired outcome, but it is one --
20 A. Yes.
21
22 COMMISSIONER: -- that could well occur?
23 A. Yes, but I'd also say that secure care might work and
24 that young person might still end up in youth detention.
25 I'm trying to separate --
26
27 COMMISSIONER: Well, if it's worked, it hasn't worked for
28 long enough, has it, if the child does end up in youth
29 detention?
30 A. Well, that's what I'm trying to delineate,
31 Commissioner. If you have a young person who has periods
32 of psychosis where they self-harm, whilst secure care might
33 actually address that need, the young person might still
34 commit a graffiti offence and end up in the - I don't want
35 to conflate too closely addressing a young child's
36 underlying trauma and mental health to criminal offending
37 behaviour. They are both important causes --
38
39 COMMISSIONER: I understand you're making that distinction
40 and if the need, whatever that need is, isn't addressed in
41 whatever model of care, including secure care, then a
42 consequence that can occur is that the child's behaviour
43 ends up involving the child in the youth justice system;
44 not always of course --
45 A. Yes.
46
47 COMMISSIONER: -- but that is a foreseeable outcome?

1 A. There are root causes behind the young person's
2 offending; absolutely.

3

4 COMMISSIONER: Yes, all of that. But if those needs,
5 whatever they are, that have led to behaviours that are
6 unlawful and --

7 A. Yes.

8

9 COMMISSIONER: -- risk the child and risk the community
10 are not addressed, then the likelihood is that the child,
11 if the child offends, will end up in youth justice. And,
12 further, if they're not addressed by the time the child
13 turns 18 the child will end up in the adult justice system.

14 A. Correct.

15

16 COMMISSIONER: So there's a window of opportunity. And
17 I think you're saying that that requires an acceleration of
18 action as early as possible to have the best chance of
19 avoiding those undesirable outcomes.

20 A. Yes.

21

22 COMMISSIONER: So you should act as early as you can to
23 try and meet the child's needs so that it doesn't snowball
24 in the way that you described a little while ago.

25 A. Absolutely. Absolutely.

26

27 COMMISSIONER: Yes.

28

29 MS FREEMAN: Thank you, Commissioner.

30

31 And really maybe just to round that point out, when we're
32 talking about this continuum of care we're talking about
33 the underlying purpose of all this is of course to ensure
34 that a child who is in the care of the State is having
35 their needs met so that their welfare and needs are being
36 supported in the best possible way, like any parent would
37 do?

38 A. Yes.

39

40 Q. And the response of the criminal justice system to
41 anti-social behaviour is to act as partly rehabilitation
42 but also a punitive retribution type purpose too, isn't it?
43 So it's completely different to what we're talking about
44 here in terms of the care continuum?

45 A. Correct. And I have a different map attached to
46 another statement that tries to place the youth justice
47 continuum alongside the child protection continuum for that

1 very reason.

2

3 Q. And no doubt there is intersection between the two,
4 but they have very different functions and purposes?

5 A. Correct.

6

7 MS FREEMAN: That's all I had.

8

9 COMMISSIONER: But the youth justice system is more geared
10 towards - as I would understand the underlying policy
11 including in relation to sentencing, is more geared to
12 rehabilitation than punishment, isn't it?

13 A. I've made many parliamentary appearances and
14 statements on Queensland's youth justice system, including
15 Child Death Review Board chapters and recommendations
16 actually, that would say our current system is not
17 rehabilitative.

18

19 COMMISSIONER: I'll accept what you have said you've said.
20 But it may not be achieving the objective to your
21 satisfaction of rehabilitation, but the objective is
22 stated, isn't it, to be weighted towards rehabilitation
23 rather than punishment or sanction in the youth justice
24 system, is it not? I mean, isn't that why young people,
25 generally speaking, don't have convictions recorded against
26 them, there are non-custodial responses wherever possible?
27 I mean, there's not a focus on sanction or punishment. It
28 doesn't mean that the youth justice system is doing a good
29 job in rehabilitation, but it's not aimed at punishment or
30 sanction as a sort of primary deterrent factor, is it? I
31 mean, compared to --

32 A. I think we're wading --

33

34 COMMISSIONER: Pardon?

35 A. I think we're wading into personal and individual
36 perceptions of a system. I take your point the Youth
37 Justice Act contains the words around the system's purpose,
38 which is not disputed.

39

40 COMMISSIONER: And that's manifest in sentencing sort of
41 practices in the Childrens Court, for example, in relation
42 to young offenders, is it not? I mean, I'm comparing it
43 with what occurs post the age of 18. There's a different
44 focus in sentencing, for example, importantly, when one is
45 dealing with an adult offender which, if I may say so,
46 fortifies your point --

47 A. Yes.

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COMMISSIONER: -- that you need to act early --
A. Yes

COMMISSIONER: -- because if you had a 16-year-old offender it's not long before he or she is 18 and then is out of the youth justice system and in the adult justice system.
A. Yes.

COMMISSIONER: But I also acknowledge your point that you say the youth justice system in terms of its achieving rehabilitation has a long way to go.
A. Yes.

COMMISSIONER: Yes.

MS FREEMAN: I don't have anything further. Thank you, Commissioner.

COMMISSIONER: Very good.

MS McMILLAN: No, thank you.

COMMISSIONER: Yes, thank you, Mr Kiyingi.

<EXAMINATION BY MR KIYINGI

[3.56 pm]

MR KIYINGI: Thank you, Mr Twyford, for attending and providing evidence. I just have a number of questions for you and they largely relate more so to your first statement, looking at your review of the Carmody report and the recommendations. Just before I do so just broadly and in a broad sense, throughout this Commission of Inquiry we've heard evidence from various witnesses of the lack of optimal coordination of government departments such as Child Safety, Youth Justice, Health. Would it be your broad observation that the systems to ensure the safety of children in the child safety system are siloed in that regard?

A. Yes.

Q. Thank you. My organisation, Queensland Indigenous Family Violence Legal Service, we've had observations that family violence tends to be the cornerstone, that many of our clients have had interactions with whether it be the child protection system, youth justice, adult crime, family

1 law. Just going to paragraph 8.3 of your statement, your
2 first statement on 7 August 2025 - so that will be on
3 page 13?

4 A. Thank you.

5
6 Q. And in there you quoted from the "Measure what
7 matters" report prepared by the QFCC in 2021. Through this
8 report the QFCC highlighted the urgent need to link the
9 many different pieces of data to tell a single story about
10 a child or young person's journey through the different
11 parts of the system. Would you agree that this supports
12 the observation of many stakeholders that a child or young
13 person's journey spans multiple systems, including Child
14 Safety, Youth Justice, Health, Education?

15 A. Yes, absolutely.

16
17 Q. Do you believe - sorry, I'll just go to my next
18 question. Going to page 14, so the next page,
19 paragraph 8.6 of your statement, you identify key findings,
20 and these included that data is not integrated at a system
21 level, there is a limited evidence of shared responsibility
22 and accountability alongside ongoing high demand,
23 overrepresentation of Aboriginal and Torres Strait Islander
24 children in the system, a stretched workforce, and limited
25 placement options. Taken together, would you accept those
26 findings mean that the system cannot presently demonstrate
27 that it is functioning in the best interests of children
28 across their whole journey?

29 A. There's a macro-level answer and a micro-level answer
30 to that question. I think for some children and for most
31 decisions that are made within the child protection system
32 the best interests of the child bears out. I think the
33 "Measuring what matters" report - and I will just note that
34 8.6 is my view of the key findings of that report that was
35 written by my predecessor. So at 8.6 I'm trying to suggest
36 what my predecessor may have wanted to emphasise in that
37 report prior to my appointment. But, having said that,
38 many of those points hold true today.

39
40 We do have a system under pressure. We do have
41 overrepresentation of First Nations Aboriginal and Torres
42 Strait Islander children. We do have high demand. We do
43 not have clear data. We don't, in 2026, have any public
44 data, and it's certainly not linked. And the reasons for
45 why we had the Carmody review continue to bear out into why
46 we have this review, this Commission of Inquiry.

47

1 But I'm going to stop short of saying that the system
2 doesn't focus on the best interests of children. The
3 system as designed is trying to. What I have done in my
4 reports, particularly "Too little too late" and the Child
5 Death Review Board recommendations is tried to call for a
6 re-design at a point in time - where at a moment - a
7 re-design of the system so that we can better meet the best
8 interests of the child. I think that's the deep work we
9 have to do here. We know what the problems are. We don't
10 need more reports diagnosing problems. We --

11

12 COMMISSIONER: I can go home then.

13 A. Well, Commissioner, I think we struggle to understand
14 why people don't respond to the problems. Why doesn't the
15 system change? The recommendations from --

16

17 COMMISSIONER: Can I venture an answer to your question,
18 which I know is rhetorical.

19 A. Yes.

20

21 COMMISSIONER: In part I think because the discourse about
22 what is wrong is so unclear, generalised and replete with
23 labels of uncertain meaning that when one reads it, that
24 kind of material, apart from putting a wet towel on one's
25 head, one doesn't understand what's being said. Okay.

26 A. And if I could talk to the data - a particular
27 interest of mine - the QFCC two years ago created the Data
28 Explorer, a place where all Queenslanders could go to get
29 the story of Queensland's children's wellbeing. We took
30 data from most government departments, from national
31 reporting, as well as can I say most NGOs, who have rich
32 data that government does not use nearly enough, and from
33 that we were able to tell quite a significant story about
34 Queensland's family and child wellbeing. You are spot on
35 that the three evil monsters in our society - domestic and
36 family violence, poor mental health, and substance misuse -
37 underpin all our tertiary and statutory systems. And so
38 from there it's how do we build government systems that
39 will start to treat and address those prevailing issues
40 whilst maintaining the good that we do have.

41

42 MR KIYINGI: Thank you, Mr Twyford. My final question
43 addresses the big money question. What would you suggest
44 to the Commission as the most urgent recommendations to
45 track the outcomes for a child across the child safety and
46 youth justice systems?

47 A. In "A system that cares" we proposed a child wellbeing

1 reporting framework. It was child and family focused
2 rather than government portfolio focused. And if the child
3 protection and youth justice systems picked up those types
4 of measures, including, you know, life trajectory measures,
5 we would be in a much better position. So that's some of
6 the data I would track.

7
8 Secondly, I think we need to make recommendations that
9 require the mandatory public transparency of the
10 performance of our systems. The fact that we sit here
11 today and don't know how many children are in residential
12 care is incredibly worrying. How do we design better if we
13 don't know what we have today?

14
15 COMMISSIONER: Are you saying we don't know or we don't
16 have the most up to date figures as of today?

17 A. If you go to the website it will have the March 2025
18 data.

19
20 COMMISSIONER: And is it to do with the problems
21 associated with the new IT system that we don't have more
22 up to date data than that, to your understanding?

23 A. That would be a factor. But I do believe that the
24 people in the department would know the numbers. And what
25 I'm getting at is --

26
27 COMMISSIONER: Well, I can ask for them. But presumably
28 they're dynamic in that they change on a day-to-day
29 basis --

30 A. Correct.

31
32 COMMISSIONER: -- to some degree at least?

33 A. Correct. But we initiated a residential care review
34 and produced a roadmap on the promise that we would reduce
35 the number of children in residential care.

36
37 COMMISSIONER: Who's "we"?

38 A. The Queensland government via its parliament or
39 through its ministers of child protection.

40
41 COMMISSIONER: When was that?

42 A. So Minister Crawford called for the residential care
43 review on the basis of the high numbers. Minister Mullen
44 launched the roadmap with the promise to reduce and
45 included phrases around the demand moderating or
46 stabilising; the exact words are in my statement.

47

1 COMMISSIONER: Yes.
2 A. But, Commissioner, the bigger point I'm making is the
3 number of children in State care should not be a secret.
4 If I am sitting here today saying all government
5 departments must play more of a role in helping these
6 children grow and thrive then the starting point must
7 certainly be well then there needs to be transparency about
8 how many there are and where they are.
9
10 COMMISSIONER: Well, why shouldn't the number of children
11 in the care of the State, broken down into their respective
12 placements, not be published on the department's website,
13 say, updated on a weekly basis?
14 A. Correct.
15
16 COMMISSIONER: I mean, it's not going to identify anyone.
17 A. No.
18
19 COMMISSIONER: It would allow interested members of the
20 public and of course people who have a direct involvement
21 in the system in one way or another to understand what's
22 going on.
23 A. I fundamentally agree. I'd also say it might
24 encourage more people to volunteer to be foster carers,
25 that there could be many good benefits from transparency.
26 When we led the review into why are so many Queensland
27 children in watch-houses for extended periods the
28 recommendation was that the Queensland Police Service start
29 to publish on a daily basis on its website how many there
30 were. And that transparency has led to a system rethinking
31 how to prioritise itself to avoid young people spending too
32 long in Queensland watch-houses. Transparency is a
33 fundamental part of system improvement.
34
35 COMMISSIONER: And would you advocate further that the
36 published data should include demographic characteristics
37 such as the number of children from an Aboriginal or Torres
38 Strait Islander background and perhaps identify other
39 backgrounds and on a regional basis?
40 A. Yes.
41
42 COMMISSIONER: Yes.
43
44 MR KIYINGI: Thank you, Mr Twyford. Those are my
45 questions, Commissioner.
46
47 COMMISSIONER: Thank you very much, Mr Kiyingi.

1 Ms Greenwood, you've got three minutes.

2

3 MS GREENWOOD: Thank you, Commissioner. I'll be quick;
4 I've got two questions.

5

6 <EXAMINATION BY MS GREENWOOD

[4.08 pm]

7

8 MS GREENWOOD: Commissioner, I appear on behalf of
9 the Aboriginal and Torres Strait Island Legal Service.
10 I was having a look at your extended statement. This is
11 pages 130 to 132. This is child death reviews for [REDACTED]
12 and [REDACTED], and the statistic on page 131 --

13

14 COMMISSIONER: Just hang on a minute.

15

16 MS LOFARO: If we could have that struck from the record.

17

18 COMMISSIONER: Could we have that - we'll have the names
19 struck.

20

21 MS GREENWOOD: Sorry, Commissioner.

22

23 COMMISSIONER: No, that's all right.

24

25 MS GREENWOOD: I thought that was a public report.

26

27 COMMISSIONER: No. But that's okay; that's why we have a
28 delay in the transmission. We'll have the names deleted
29 from the record, please. Put the question again without
30 reference to the names, please.

31

32 MS GREENWOOD: Yes, thank you.

33

34 Commissioner, on your report at page 131, and this is in
35 the context of a child death review, you refer to a child
36 spending 22 days in his cell for more than 23 hours.

37

38 A. Yes.

39

40 Q. And then if I can take you to page 135 of the bundle -
41 sorry - that's right, 135 of the bundle. For that same
42 child you link behavioural incidents to separation periods.

43

44 A. Yes, that is correct.

45

46 Q. And similarly for another child on the page earlier,
47 134 of the bundle, a similar linking.

48

49 A. Yes.

1 Q. Is it a fairly uncontroversial statement that solitary
2 confinement can impact the child's health and wellbeing in
3 severe long-term and irreversible ways?

4 A. I'm sorry, I'm just trying to work out the double
5 negative to the lead to the question, but absolutely
6 solitary confinement detrimentally impacts a child's
7 safety, wellbeing and mental health.
8

9 Q. You do refer to an article. So that's probably
10 academic writing --

11 A. Not only that; the United Kingdom College of
12 Psychologists has a very clear policy position with
13 research attached that the board quoted within the public
14 chapter of this report that we're looking at.
15

16 Q. And then I think on the page before you comment that
17 nights in detention are not - 12 hours from 7.30 pm to
18 7.30 am are not counted in the separation periods. And so
19 at the top of page 131 of the bundle you have set out the
20 charts there that links both nights in detention which are
21 not counted to additional in-cell separation time which are
22 counted.

23 A. That's correct.
24

25 Q. You obviously did this count because it concerned the
26 deaths of two children in care. Is the information
27 collected for all children who are held in these conditions
28 of separation?

29 A. Sorry, is your question is there accurate reporting on
30 separation?
31

32 Q. Well, my question really is we've got your figures for
33 two children --

34 A. Yes.
35

36 Q. -- and the reason why they're there is that they
37 died --

38 A. Correct.
39

40 Q. -- while they were in care. But I'm asking for all
41 the other children who are held in detention are those
42 figures collected for children who are held for such
43 extended periods of time in separation?

44 A. This review was done a couple of years ago. The
45 answer I got then was that information is collected for all
46 children by the youth correctional centre. It is not
47 synthesised and reported, and the board therefore made a

1 recommendation that the Queensland government through the
2 national reporting done by the Productivity Commissioner
3 and Australian Institute of Health and Wellbeing adopt the
4 adult correctional KPI reporting measure; that is, how many
5 hours did each detainee spend outside of cell on average,
6 and that is an open CDRB recommendation that the Queensland
7 government is yet to implement.
8

9 Q. Could I propose that it would be pretty serious for a
10 child to be held for 22 days for more than 23 hours and
11 with the needle on the red for that that there needs to be
12 some sort of real-time reporting, and especially to your
13 office?

14 A. Certainly it speaks to what I said about tertiary
15 systems needing transparency and mandatory reporting.
16 I think the end part of your question placing the QFCC as
17 an oversight body for Youth Justice would need to be
18 clarified and confirmed. I would be open to it, and
19 certainly in my role as advocate and adviser to the safety
20 of Queensland's children it would fit, and that is why we
21 have made recommendations about adopting national reporting
22 standards. So to that extent, yes, I agree.
23

24 Q. I'll just pause to comment from page 132 of your
25 statement that staffing issues are impacting all the young
26 people in Queensland youth detention centres. And there
27 are multiple causes for why children are put into
28 separation, but one of them is staff shortages?

29 A. The report we're looking at is 2023. So I'm very
30 happy to say that at that time based on the evidence
31 collected for this report yes. Anecdotally I would suggest
32 it's still continuing, but I do not have 2025 or 2026
33 staffing data to give you a more up to date answer on yet.
34

35 MS GREENWOOD: I'll avoid going into evidence myself.
36 Picking up --
37

38 COMMISSIONER: Ms Greenwood --
39

40 MS GREENWOOD: I'm sorry, Commissioner, I'll retract that.
41

42 COMMISSIONER: -- we're going to have to wrap up. So, if
43 you have one final question, carry on.
44

45 MS GREENWOOD: Thank you, Commissioner.
46

47 And my final question is what sort of inspection regime

1 would be needed to make sure that the number of kids put
2 into secure care don't swell?
3 A. Excellent question. I would suggest - my view would
4 probably be that we need a child advocate placed in a
5 secure care facility permanently as part of the design of
6 the model.

7
8 MS GREENWOOD: Thank you, Commissioner. That concludes my
9 questions.

10
11 COMMISSIONER: Thank you, Ms Greenwood.

12
13 Do you have any questions?

14
15 MS LOFARO: Yes, Commissioner, just one question.

16
17 COMMISSIONER: Yes. I'll allow one. I'm kidding.

18
19 **<EXAMINATION BY MS LOFARO** **[4.17 pm]**

20
21 MS LOFARO: I understood your evidence before, Mr Twyford,
22 you said that, "Deep work needs to be done. We know what
23 the problems are. We don't need more reports. And why
24 doesn't the system change?" And forgive me if I'm
25 paraphrasing you incorrectly. And the honourable
26 Commissioner put to you a rhetorical - or his answer to
27 that question --

28
29 COMMISSIONER: It wasn't entirely rhetorical, but yes.

30
31 MS LOFARO: -- which was, "The system doesn't change" -
32 and forgive me if I'm misquoting you here, Commissioner;
33 I'm sure you'll correct me - but, "The system doesn't
34 change in part because the discourse around what is wrong
35 is unclear, generalised and uses labels of uncertain
36 meaning." Now, without meaning any undue disrespect to the
37 Commissioner, I wonder whether you would like to respond to
38 that and give your view about whether you agree?

39
40 COMMISSIONER: I welcome a response. I would rejoice in a
41 response.

42 A. There's a big answer and, in the interests of time,
43 I'll try and do a short answer and offer a written further
44 response or a reappearance at a later date on why doesn't a
45 system reform itself. When you quoted me just then as
46 saying we don't need more reports, the end of that sentence
47 was we don't need more reports that only point to problems.

1 We need reports that drive accountability for implementing
2 solutions.

3
4 In my experience working in a child protection department
5 as well as in my current role it's a high demand, high
6 risk, high turnover environment. Implementing big change
7 in a big machine takes time and drive. If you have those
8 pressures that I just spoke to, implementation gets really
9 hard, and people re-prosecute old ideas and old plans
10 before you've even implemented what you last agreed to. So
11 you have significant swings in strategic direction within a
12 child protection system.

13
14 I think the Commissioner is right in the sense that people
15 talk about the problems globally. I think we jump very
16 quickly from the macro system problem to the micro system
17 problem and don't understand that sometimes there's a huge
18 distance between them.

19
20 And, finally, the child protection system is probably like
21 a big sound board - I'm trying to find the right analogy -
22 with hundreds of dials on it. We can identify one dial
23 that's a problem and we turn the dial without fully
24 understanding that that therefore mucks up how we set 26
25 other dials. So I often say child protection systems know
26 how to do two or three change processes really well and no
27 more.

28
29 In the last period of time there's been real focus on an
30 intake reform, a delegated authority reform and, given its
31 previous make-up, youth justice and disability. And so
32 residential care, out-of-home care, family support, child
33 protection court work I would suggest was secondary to
34 those three big things that they were focused on,
35 notwithstanding I'd also throw in Unify, a computer system
36 reform. And so that's within department.

37
38 I think we also have a big problem across community and
39 across political layers of understanding what the child
40 protection system is or isn't. And, when we talk to how do
41 we keep children safe, I don't think members of the
42 community always think first to, "Well, the child
43 protection intake hotline is your first step." We see
44 child safety as more broadly profound, but we have a
45 tertiary, legislated, departmental system that's narrower.
46 And that goes a bit to the State role in child safety
47 rather than a department role in the safety of children.

1
2 And then, finally, when we do start to discuss what
3 solutions are we get agendas, many agendas, and not always
4 in a bad way - I don't mean to say in the sense of
5 corruption or, you know, misbehaviour - but certainly
6 people that would prefer all children are safe and that
7 early intervention will solve everything through to, "No,
8 we need a statutory court-led legal process," through to
9 the role and rights of families must be pre-eminent,
10 through to, "Will someone please consider how foster carers
11 are being treated," so you quickly disperse a reform plan
12 into subcomponents and we end up with a strategy to fix X,
13 not understanding that X exists in a system that isn't
14 perfect.

15
16 So that's a really whistle-stop tour through Commissioner
17 Twyford's long views of why the system doesn't change. But
18 ultimately it's a really tough system to not just deliver
19 your day-to-day responsibilities is hard, let alone trying
20 to get change to happen alongside your day-to-day
21 responsibilities.

22
23 MS LOFARO: Thank you, Commissioner.

24
25 COMMISSIONER: Thank you.

26
27 Commissioner, thank you for embracing participation in this
28 Inquiry, however inutile it may turn out to be. And
29 I understand your apprehension about that and also the
30 context in which you make those observations. I also
31 appreciate your appreciation of the problem, if I can just
32 call it that, as being one which requires - to use a label
33 I've picked up - a systems approach. It is, after all, a
34 system. And that naturally means that its component parts
35 are connected to each other in a variety of ways. I think
36 of it somewhat like the mechanism of a watch. Your
37 evidence demonstrates or brings into sharper focus that
38 reality.

39
40 I appreciate that this afternoon we have but scratched the
41 surface of the work that you have done in supporting the
42 Commission, and I appreciate that work very much. I have
43 in the course of this Inquiry referred to work of yours on
44 a number of occasions, and it is highly valued, as is your
45 preparedness to come here today and give evidence publicly
46 about some of the matters that we've been able to canvass
47 this afternoon. So thank you very much for your

1 participation and I'm sure - well, I'm confident that it
2 will continue for as long as I've got.
3 A. Thank you.

4
5 COMMISSIONER: We'll adjourn.

6
7 WITNESS: Thank you, Commissioner.

8
9 **THE HEARING WAS ADJOURNED AT 4.25PM TO A DATE TO BE FIXED**

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