

CHILD SAFETY COMMISSION OF INQUIRY

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

On Monday, 16 February 2026 at 10.31 am

Before: Mr Paul Anastassiou KC, Commissioner

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

1 COMMISSIONER: Yes, Ms Sweet.

2

3 MS SWEET: Yes, thank you, and good morning, Your Honour.
4 This week the Commission commences its public examination
5 of the link between the child safety system and the youth
6 justice system, and it is evaluating the Department of
7 Child Safety's effectiveness as a corporate parent against
8 community expectations. I wish to thank the Queensland
9 community and the south-west region in particular for
10 coming forward to inform the Commission's work on these
11 topics. May I also thank the investigators within the
12 secretariat of the Commission for their tireless and
13 sensitive work with submitters and witnesses, which work is
14 the backbone of these public hearings.

15

16 In respect of some local south-west region data, as of
17 30 June 2025 this region had the second highest number of
18 children in out-of-home care, with approximately one in
19 every 56 children living in out-of-home care. Of those
20 2,774 children, 477 are in residential care, that is
21 non-family based care, and 154 of those children are under
22 12. So 154 children are in residential care, a system that
23 has not been designed for children under the age of 12.

24

25 Under the banner of safer communities, the terms of
26 reference called for an examination of children or young
27 children on dual orders, dual orders meaning children who
28 are under youth justice supervision and who also have an
29 active child protection order. We know that in light of
30 data provided to us from the department of youth justice
31 that dual-order children comprise approximately one-quarter
32 of the youth justice cohort as at March 2025. So
33 one-quarter of the children under youth justice supervision
34 also have current child protection orders. If one
35 considers the percentage of the youth justice cohort, that
36 is in a broader sense known to the child safety system,
37 which may mean that they've previously been on child
38 protection orders, have previously been in State care or
39 have been the subject of notifications to the department,
40 then the subject of child concern reports reported to the
41 Department of Child Safety, that figure would be much
42 larger.

43

44 In the 12 months ending 30 November 2025 there were
45 approximately 3,410 distinct youths with criminal charges
46 finalised, and 2,865 youths with proven offences finalised.
47 During the same period on an average day there are

1 approximately 2,413 distinct youths under youth justice
2 supervision. In the 12 months to 30 November 2025, 1,088
3 distinct youths were in youth justice custody, with
4 approximately 295 of those youths remanded in custody on an
5 average day. This means that approximately 11.2 per cent
6 of youths in Queensland's youth detention centres are in
7 sentenced custody and the remaining 88.8 per cent are being
8 held on remand.

9
10 We know from the 2024 census data that in the youth justice
11 cohort approximately 76 per cent of them identify as male;
12 approximately 24 per cent of them were living in unstable
13 or unsuitable accommodation; 50 per cent were completely
14 disengaged from education, training or employment;
15 30 per cent had a parent who had been held in adult
16 custody; and 59 per cent had experienced or been affected
17 by domestic and family violence.

18
19 We know that more than half of the youths on supervised
20 youth justice orders and 75 per cent of the youths in
21 custody have at least one disability, including foetal
22 alcohol spectrum disorder, and approximately 49 per cent of
23 the youths on supervised orders and 54 per cent of youths
24 in custody have at least one mental health disorder or
25 behavioural disorder, including anxiety, depression or
26 post-traumatic stress disorder.

27
28 As to the evidence the Commission will hear today, your
29 Honour, you will hear the harrowing story of a former child
30 in care who has also spent time in youth detention whilst
31 under child protection orders. This is a story of
32 persistent abuse, failed interventions and missed
33 opportunities in respect of a child who was falling through
34 the cracks in full view. That this brave woman is here
35 today to tell her story is in spite of the system and not
36 because of it.

37
38 This week we will also examine a case study of a child who
39 entered the care system at two-and-a-half years old and was
40 in the system until he aged out of the system at age 18.
41 This child had approximately eight primary foster care
42 placements, more than a dozen respite carers, three kinship
43 care placements and six separate residential care
44 placements. He also spent time during this period in the
45 watch house and in youth detention. His formal contact
46 with police commenced soon after he was first placed in
47 residential care, and he aged out of the system whilst on

1 remand in youth detention for his part in a violent assault
2 and robbery of a helpless citizen.

3

4 The Commission will also hear this week from local
5 guardians and former foster carers about their experiences
6 in trying to provide stable, loving homes for some of
7 Queensland's most vulnerable children, and their
8 experiences within a system that appeared to fight them
9 every inch of the way.

10

11 Your Honour, that concludes my opening remarks, and I now
12 call our first witness, Aimee.

13

14 COMMISSIONER: Yes, thank you.

15

16 <AIMEE, AFFIRMED

[10.39 am]

17

18 COMMISSIONER: Thank you, Aimee. I understand that you
19 wish to commence by making a statement. Please go ahead
20 when you're ready.

21 A. Before I begin I'd like to start by acknowledging the
22 Traditional Custodians of the land on which we're all
23 meeting on today and acknowledge their Elders, past,
24 present and emerging, and also acknowledge the 6,750
25 Aboriginal and Torres Strait Islander young people waking
26 up in out-of-home care today.

27

28 From a very young age I suffered emotional, physical and
29 sexual abuse at the hand of my parents. Child Safety
30 became involved in my life at a young age, at around five,
31 once I moved to Queensland. I told Child Safety that I had
32 been sexually abused by my father, but they did not believe
33 me. However, they acknowledged that I had suffered
34 emotional abuse, and I was taken into care and placed with
35 foster carers.

36

37 Soon after I was then sent to live with my maternal
38 grandmother. Any contact with my parents was supposed to
39 be supervised. Instead, my grandmother allowed me to live
40 with my father when he was not travelling for work. Whilst
41 I was with him he continued to sexually abuse me, and
42 I didn't feel that I could tell anybody because nobody had
43 believed me previously. My grandmother also allowed
44 unsupervised contact with my mother during school holidays.
45 My mother was extremely abusive. She used drugs in front
46 of me. She provided me with drugs. She was physically
47 abusive. Through notifications to the department, Child

1 Safety were aware of this unsupervised contact with my
2 parents but did nothing to intervene.

3
4 My grandmother was also emotionally and physically abusive.
5 One time she bit me on my arm so hard that I actually still
6 have the scar from that.

7
8 After years of the abuse at the hands of those who were
9 supposed to protect me I'd had enough and I left living
10 with my grandmother. At around 12 I began smoking
11 marijuana as a means of escape. Eventually I was suspended
12 from school for possessing marijuana. I refused to go back
13 to my father's house on the day that I was suspended
14 because I knew that I would be in trouble. I remember
15 telling the school that it was not safe for me to return
16 home. And I want to make it clear I was not concerned
17 about being in trouble because I had weed; he provided it.
18 I was concerned that I had been caught and that he would be
19 upset about that.

20
21 The school contacted Child Safety to report concerns for my
22 physical safety. Two child safety officers came to my
23 school to speak with me. They first asked me about my
24 grandmother and had asked me if she had hit me with an open
25 or closed hand, and I really didn't understand their
26 question and I struggled to answer it because she hadn't
27 hit me, she had bit me and choked me. So I couldn't
28 answer, and they determined that I was just a difficult
29 child, that I was transient and deceitful, and that I just
30 didn't want to go home because I didn't want to get in
31 trouble for being caught at school with weed.

32
33 The child safety officers also told me and my school that
34 I had had no child protection history, and told the school
35 that I was lying about previously being in foster care as a
36 younger child. The two child safety officers advised my
37 school to call the police if I refused to go back to my
38 father's so that the police could return me to his house.
39 I did not want to continue to be abused and I had no
40 alternative, so eventually I began couch surfing at
41 extended family and friends' houses. After a while
42 I became homeless and began living at a bus interchange.

43
44 I struggled to go to school during the period that I was
45 couch surfing. I remember showering at - the bus
46 interchange had, like, public bathrooms and one had a
47 shower. So I remember showering there and trying to get

1 ready for school, but I had a lot of days off, and the
2 school also then determined that the bus stop I lived at
3 was out of catchment, so my enrolment was cancelled for
4 that school.

5
6 While I was living at the bus interchange - it was across
7 the road from a child safety service centre. So I would
8 often go there to charge my phone. I'd beg them to find me
9 a placement that I could stay at, and I remember on one
10 occasion I had a youth worker from, like, an external
11 service and she had told me, no, when you go into Child
12 Safety to charge your phone next time and it is getting
13 close to 5 o'clock, don't leave, like, ask them to find you
14 a placement, tell them how you feel. So I tried to do
15 that, but they called the police because I was trespassing
16 because it was after 5 and they wanted to close the
17 building.

18
19 My youth justice offending began as survival crimes,
20 stealing food from Woolworths so that I could eat.
21 I remember stealing Rice Bubbles and milk and, like,
22 disposable bowls one day so that the other kids that were
23 homeless and I could have breakfast. Another time we stole
24 bacon and eggs because we'd never had a family barbecue and
25 that was something we had all really wanted to do. So we
26 stole bacon and eggs, and went and cooked it at like a
27 public barbecue.

28
29 I remember stealing colouring-in books and pencils to
30 colour in with at the bus stop. I remember, like, stealing
31 my first bra because I was homeless and I didn't have a mum
32 or any type of mother figure to do that with me.
33 I remember on one occasion I lost my shoes, and so I went
34 into Big W with no shoes on and walked out with a pair of
35 shoes that I had stolen so that I would stop getting
36 blisters from walking on the roads with no shoes.

37
38 I was charged with trespassing for sleeping in a locked
39 public toilet, and trespassing again for sleeping in a fire
40 escape stairwell; another trespassing for charging my phone
41 in the car park of a shopping centre because I had finally
42 found somewhere with a power point that worked.

43
44 At one point I remember sleeping in a big, like, skip bin
45 behind a KFC because nobody could see me in there, I was
46 pretty well hidden, and they used to throw out food when
47 they closed, so the bin was warm.

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I was criminalised for the State's failure to intervene and provide me with a safe placement with access to food and basic amenities. Eventually my youth justice caseworker managed to find me a bed at a local youth homelessness shelter. That shelter had a minimum age of - I think 15 you had to be to stay there. I was significantly under that. So I was too young to be allowed in the shelter. They also had a maximum stay of 12 weeks. I was really fortunate that the manager of the shelter allowed me to stay. She let me in even though I was under the age, and I stayed well beyond that 12-week period.

While I was there that shelter attempted to contact Child Safety multiple times to ask for support. It happened to be the same two child safety officers who had met me at my school previously. The department continued to tell the shelter that they had no records of me on their system and that I was not a child in need of protection. Eventually a community visitor from the OPG met with me at the shelter. The community visitor referred me to the OPG legal team, where they were able to get the Department of Child Safety to find records of me in their system and admit the fact that I had already been removed from my parents and that I had in fact been in out-of-home care previously.

While I was grateful that someone finally seemed to be advocating for me and my needs, I still felt hopeless and as if I had no future. My mother would constantly send me messages telling me to end my life, and my drug use increased. I was raped by another resident at the shelter, and I did not report the rape, but somebody else witnessed it and reported it. As a result he was charged. I then attempted suicide.

Child Safety were made aware of the rape, and it seems only at this point did they seek to intervene and offer me a placement. From then on I was placed in a series of residential care services. I was a child seeking love, connection and understanding, and the residential care environment is not conducive to providing any of these things for any children. Some of the residential care homes I lived in had multiple other young people, but toward the end of being in care I was placed in two-on-one or one-on-ones that was me and two youth workers or me and one youth worker. So there were no other children or young people that I lived in toward the end of being in care.

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One of the residential care homes I lived in with other young people was purpose built. I remember being taken there and asking my child safety officer to take me back to juvie because that was better than the resi. The residential felt unnatural and cold. Youth workers were constantly rotating in shifts. They were unable to share any personal information about themselves, and if they do it has to be a secret. They are unable to hug, they are unable to show any signs of affection toward children in care. If someone decided that a youth worker was too close to me or another child in care, that youth worker was removed from the house and would work in a different house because it wasn't viewed as professional boundaries.

As a child in resi I understood the youth workers were simply paid to spend time with me, although I do want to acknowledge that there are some brilliant youth workers and I had some brilliant youth workers. I had ones that cared and ones that, although they were paid, they wanted to be there. I also want to acknowledge that the system put these youth workers, other young people and me in difficult positions when we had to hide how much we got along out of fear that they would get in trouble for being unprofessional for simply caring.

At the end of the day my home was always someone's workplace. My home had exit signs all over the walls and ceilings. My home had a pantry that remained locked in the day because the resi didn't have a big enough grocery budget. So we were only allowed fruit outside of meal times. My home had strangers in there almost daily. Sometimes we'd wake up to find that the youth worker that was on shift when we went to bed had left and an agency youth worker, usually male and unknown to us, was in the house when we woke up. My home had shift hand-overs.

My home had youth workers locked behind Crimsafe screens writing shift notes about their observations of me throughout the day. Whatever I did or said was documented at the end of their shift. I felt like I was constantly being surveilled, I had no secrets, I had no privacy, and what I said to one youth worker was documented and discussed in team meetings. Case notes were written about me like I was never going to see them. Sometimes they were mean, sometimes they were lies, and sometimes they were copy-pasted from other young people where they forgot to

1 change their name.

2

3 At one point I was sent to a resi in Cairns. I'd never
4 been to Cairns before and I didn't know anybody there.
5 This resi was supposed to be a therapeutic residential care
6 home. They used restrictive practices daily. The staff
7 would physically restrain me if I tried to leave the
8 placement. They would hold me down if they thought
9 I looked angry or, in their words, like I was going to
10 escalate, or if I actually was angry.

11

12 There was a psychiatrist that worked in that resi Monday to
13 Friday, and she would prescribe me medication from inside
14 of the resi which was then used as a chemical restraint,
15 and I think that many youth workers did not and still do
16 not understand the medications that children in residential
17 care are prescribed and do not even understand what a
18 chemical restraint is.

19

20 When the option given to me and other young people is
21 either "take this medication", which will sedate you, "or
22 we will call an ambulance", it is not a choice, it is not
23 free will; it is coercion and a chemical restraint. I was
24 on so much medication that at one point I remember not
25 being able to move from the floor of my resi bedroom to the
26 bed to go to sleep because I was so sedated that
27 I physically could not get up. I remember absconding, in
28 the department's words, from that placement in Cairns and
29 coming back to Brisbane and having a residential case
30 manager that I had known previously, she was crying in
31 front of me and I was saying that I was on so much
32 medication that she couldn't recognise me anymore.

33

34 Now, this is not care and it is not therapeutic, and I am
35 deeply concerned about what the proposed secure care model
36 of residential care will look like based on my experiences
37 in what the department would call therapeutic residential
38 care. If a child living in a family home was prescribed
39 medication and as a parent myself I think that I'd probably
40 ask a doctor about what the medication is, its purpose and
41 some form of care plan, things that child safety officers
42 and residential care staff do not routinely do. It appears
43 that they blindly accept any medication with no plan and no
44 care. I do not believe that this is adequate parenting by
45 the State.

46

47 Residential care was essentially a roof over my head, never

1 a safe roof, just a roof, nothing more, no care, no love,
2 no connection. I was a risk to be managed, not a human,
3 not a child and not viewed as deserving of any better.
4 Imagine never hearing "I love you" as a child. Imagine
5 never feeling as if you belong. Imagine your daughter or
6 son being passed through institutions with no adult to stop
7 and remind them that they were good and that they deserved
8 more.

9
10 I don't believe that there is anyone that works in the
11 so-called child protection system that would accept this
12 type of life for their child, so I do not understand why
13 I deserved less and I do not understand why the 2,000
14 children in residential care today deserve less. Why do
15 the babies and children in residential care right now
16 deserve less than your own children, and what makes us
17 different to your children?

18
19 All I wanted was to belong. I was forced to seek
20 connection outside of the residential care environment, and
21 unfortunately these connections were with men who took
22 advantage of my vulnerabilities. But they provided me with
23 a warped sense of love and belonging. They would inject me
24 with methamphetamine in my arms, and then when those veins
25 were too hard to find that turned into injecting me into my
26 neck. They would be gentle when they injected me and they
27 would always use clean needles, and this is what I thought
28 love and care was: grown men injecting me with meth as a
29 child, and thinking it was good of them to be gentle and
30 kind of them to use the clean needle on me first before
31 they all shared it.

32
33 After they would give me meth I would have the courage to
34 commit crimes with and for them, like stealing cars.
35 I eventually became addicted to methamphetamine, and these
36 men would provide me with drugs to fuel my addiction in
37 exchange for sex. Eventually this became a job for me and
38 I would be provided with meth, I would go to a local motel
39 and I would be sexually exploited and abused by strangers
40 to make enough money to buy myself shampoo and conditioner
41 because the resi grocery budget could not afford shampoo
42 and conditioner.

43
44 I remember the residential I lived in at the time would
45 refuse to pick me up from the motel if I called the youth
46 worker asking to come home. Now, I can understand refusing
47 to drop me off at a motel, of course. I will never

1 understand the rationale around refusing to pick me up.
2 I had a child safety officer at this time that viewed me as
3 a person. They would try and argue with the residential
4 and asked them to please bring me home from the motel if
5 I called, and the residential said they would not pick me
6 up because it was enabling, in their words, child
7 prostitution. The result of that meant I stayed at a motel
8 longer and was abused for longer.

9
10 Child Safety placed me in a motel as a placement option for
11 a period of time. At that point I was in a domestic
12 violence relationship and it was pretty well known. On one
13 occasion I came back to the motel and presented with
14 cigarette burns and bite marks from my partner. No-one
15 sought to understand what I was going through or act
16 protectively. I think this really perpetrated the cycle of
17 abuse. The department absolutely had the ability as my
18 guardian at the time to take out a protective order on my
19 behalf against my at the time boyfriend, however that never
20 occurred.

21
22 My earlier offending was always viewed as survival, then
23 later viewed as reckless and criminal. But the reality is
24 it was all survival, and every kid in resi is just trying
25 to survive the system that they've been put into. Some
26 residential care homes had rules so that, if any of us came
27 to the placement and the worker suspected or we said that
28 we were under the influence of drugs or alcohol, we were
29 not allowed inside. There was no alternative and no other
30 safe place to go; it was simply "come back when you're
31 sober".

32
33 I don't believe that the State would accept a parent only
34 providing shelter with terms and conditions attached. Yet
35 the State does exactly that. When I was viewed as too much
36 of a risk for the resi to carry, they would close
37 placements and leave me homeless with no alternative. When
38 a parent leaves a child homeless, the State would assess
39 that as a parent not willing or able. But when the State
40 leaves a child homeless there is no-one left to question
41 their ability.

42
43 During my time in residential care I experienced frequent
44 police call-outs to manage behaviours that were not
45 criminal and posed no risk to others. I remember at one
46 point living in a resi with eight-year-old boys, under the
47 age of criminal responsibility, and I recall police being

1 called out to manage their behaviour as well.

2

3 I was charged and convicted of crimes that any other child
4 in a family home would never be charged with. I have been
5 charged with possession of methamphetamine because my
6 residential care case manager convinced me to hand all my
7 drugs over to her and to get clean and sober. She then
8 drove those drugs to the police station to dispose of them
9 but she told them it was mine, and I was actually brought
10 here, to this very courthouse and the watch house
11 underneath us, after that occasion.

12

13 I have been charged with armed robbery in company because
14 the girl that I lived in the residential with stole my
15 shoes while I was out, so we ended up in a physical
16 altercation where I took my shoes back from her and my at
17 the time boyfriend was present. This is not in my opinion
18 an armed robbery in company, and I think in a family home
19 where siblings fight over items and belongings you would
20 not see one charged with armed robbery in company.

21

22 I remember going through court a lot and not once -
23 I didn't even know you were allowed to plead not guilty.
24 That was never told to us and nor was it told to other
25 young people that were going through court at the same
26 time. Every single charge I would plead guilty all the
27 time, even if I wasn't.

28

29 I've been charged with assaults because a male youth worker
30 that was behind a security screen felt unsafe when I threw
31 a plastic cup of water at the screen in anger. He was
32 behind the screen, so the plastic cup couldn't possibly get
33 to him, but allegedly he was splashed by water.

34 Ironically, this same youth worker was sexually abusing me
35 at the time and he was aware that I was being exploited by
36 other men at the motel - this is the placement I was living
37 in then - and he sought to use this to his advantage. It
38 took me many years to recognise what he did to me as sexual
39 abuse, but that is exactly what it was. He used to only
40 drive me somewhere in exchange for sexual acts, and he
41 would use my probation conditions against me and only drive
42 me to Youth Justice to check in if I did what he asked.

43

44 Eventually I made a national redress application against
45 this youth worker and it was successful, and later
46 I discovered that I was not the only victim of his. There
47 were multiple other redress applications against this youth

1 worker, yet he somehow managed to retain his blue card and
2 continued to work in residential care. I told a senior
3 officer in the child safety department about this
4 individual after I received redress, and I told this senior
5 officer about the risk that he posed to children in
6 residential care. I was told that it was up to me to make
7 a criminal complaint before the department could intervene
8 or do anything. Eventually the matter was reported in the
9 media, and the next day his blue card was cancelled.

10
11 Needless to say I did not feel safe in residential care.
12 Residential care is not a place for any child. If I was
13 absent from placement, instead of looking for me, Child
14 Safety would close my placement. On one occasion I made my
15 way to a house with a group of men and was tied up in a
16 bathroom and prevented from leaving. Child Safety closed
17 my placement. They did not report me missing, and I was
18 found because the police raided the house for unrelated
19 drug offences. And no-one knew that I was missing, no-one
20 cared enough to check where I was, and no-one noticed.

21
22 Child Safety later placed me in a semi-independent living
23 arrangement with another child, who happened to be the son
24 of the man who had tied me up in the bathroom. I alerted
25 Child Safety to this, only to be dismissed. They told me
26 that it was not a risk because there was a youth worker on
27 shift during the daytime hours. I left this placement for
28 my own safety and went back to living at the bus stop.
29 Child Safety eventually closed that placement and did not
30 provide an alternative.

31
32 Sometimes Child Safety would place me in a resi and tell me
33 that it was a trial, if I was good enough I might be
34 allowed to stay longer. I would have to prove myself and
35 I would have, like, a date that was given to me as a
36 deadline of, "If you" - you know, "On this date we'll
37 assess if you've been good enough. If you've had no police
38 call-outs, if you've had no incident reports, you might be
39 allowed to stay."

40
41 They would place me in temporary residential care homes and
42 provide cut-off dates. I had been sent to youth detention
43 because Child Safety closed my placement, which then meant
44 I was in breach of my bail and curfew because I could not
45 physically live at the approved address. On one occasion
46 on release from youth detention Child Safety placed me in a
47 short-term 48-hour placement in a motel room. Once this

1 placement ended I had nowhere to go and again was faced
2 with being homeless and in breach of my conditions.

3
4 Child Safety even closed placements in which I had begun to
5 actually feel settled. Following a period of
6 hospitalisation in an adolescent mental health ward I was
7 discharged to discover that my child safety officer and
8 team leader had made the decision to move me from the resi
9 placement in which I felt safe and settled into a
10 semi-independent living placement. It was cheaper to have
11 me in a SIL placement - sorry, in a semi-independent living
12 placement than it was a resi. At the time I had torn
13 ligaments in my leg and had to be in a moon boot and on
14 crutches. There wasn't anybody at my new placement to
15 offer support, so I used to walk to the bus stop, catching
16 four to six buses a day to attend school and medical
17 appointments and comply with my youth justice order
18 conditions.

19
20 On one occasion I remember enrolling myself in school and
21 buying my own uniforms because I had been asking Child
22 Safety for so long to enrol me and they said that they
23 didn't trust that I would attend so that they didn't want
24 to waste the money on enrolling me.

25
26 Another time I arranged and paid for my own dental
27 appointment as a teenager because I needed braces and the
28 department refused to book me an appointment. I got the
29 appointment and I managed to pay for an x-ray for my teeth,
30 but I was a child, so I could not afford to pay for the
31 braces in the end. After numerous attempts to raise my
32 concerns with my child safety officer and team leader with
33 no response, I eventually made an email complaint to the
34 department. I never received a response to this complaint.

35
36 I raised a complaint again after transitioning out of care
37 when I turned 18. This time I did receive a response, only
38 to discover that my complaint had been handled as a first
39 attempt at resolution and had been deemed resolved because
40 the department determined it was unsubstantiated and I did
41 not push any further with it. I had raised the very same
42 concerns countless times, only to be told that they
43 actually had taken that as a first attempt at resolution.

44
45 Later I pursued legal action against the department for the
46 very things I made a complaint about, and for its failings
47 in caring for me. I received compensation from

1 the department. Many of the concerns I had raised in my
2 complaint were validated in this process. I would never
3 have taken legal action had my complaint just been listened
4 to.

5
6 Years after leaving care I requested my Child Safety
7 records through the Right to Information process. What
8 struck me is the number of times Child Safety were made
9 aware of my circumstances but failed to intervene. Child
10 Safety often described me as deceitful and transient,
11 blaming me for being at risk of harm. On the other hand,
12 Child Safety sometimes described me as resilient,
13 independent and resourceful as a means to justify their
14 lack of intervention and offering of a placement. No
15 matter what, it was all left up to me. Child safety
16 officers would often cite my street smarts as a reason to
17 justify not having a placement because I was able to keep
18 myself safe.

19
20 It is also important for me to point out that once you're
21 on a child safety order youth homelessness shelters - which
22 are already in very small numbers, but those shelters are
23 unable to take a child on a child protection order in due
24 to funding arrangements and the assumption that being on a
25 guardianship order means you always have a safe parent, a
26 home, or the State as being willing and able. The
27 department's willingness to assess or recognise a child at
28 risk of harm or in need of protection when with their
29 parents but inability to act when a child in out-of-home
30 care is at risk of harm or in need of protection deeply
31 concerns me.

32
33 I have experienced significant abuse and neglect during my
34 time in out-of-home care. It is my opinion that the
35 government should recognise systemic abuse and neglect as a
36 distinct harm type arising when the State, either through
37 action or inaction, fails to meet a child's needs when they
38 are subject to statutory intervention. This looks like
39 failure to provide a child with a placement, failure to
40 meet health and disability needs, failure to support a
41 child to access education, and failure to uphold a child's
42 right to cultural connection and continuity whilst in care.

43
44 When the State takes a child they are saying that they can
45 do better, they can provide better care than what the child
46 was receiving with their parents. In my experience,
47 I would always prefer the abuse I experienced by my parents

1 than what the system did to me later. The times where the
2 department made me justify why I'm worthy of having
3 somewhere to live, the times where they told me that they
4 might have a foster carer for me, they had to write a
5 letter to a carer outlining why I deserve a family-based
6 placement and why I'm good enough, when they monitored my
7 behaviour and threatened to remove the roof over my head if
8 I did something they deemed to be wrong, that will stay
9 with me forever.

10
11 Now as an adult I constantly feel the need to justify
12 myself. I will never feel secure in myself, and I
13 frequently look around and wonder how long it will take the
14 people around me to see that I'm actually a really bad
15 person and not deserving of their time. If I ever try and
16 go on a walk at night I'm immediately taken back to the
17 times I slept outside as a child, alone and scared,
18 planning how I was going to kill myself but make sure
19 no-one found my body because I didn't want to traumatise
20 them too.

21
22 And when I tuck my daughters in bed at night or I attend
23 their school awards I wonder how that feels because I never
24 had that, and kids in residential care today don't have
25 that. I will never understand how a placement in
26 residential care can be in a child's best interests. When
27 the decision is made to put a child in residential care it
28 appears that the justification is usually the child has
29 complex needs, usually after many years in care,
30 experiencing systemic harm. This again is not in the
31 child's best interests. And we know from royal commissions
32 that institutional sexual abuse is current and real, and
33 placing children in residential care, some so young that
34 they're still wearing nappies, some so young that they're
35 preverbal, some with profound disabilities or some that
36 have been passed around through so many placements that
37 they don't know what being loved feels like is dangerous.

38
39 The harm that arises in residential care is known, but we
40 still put children in this setting. We still allow
41 unlicensed and for-profit residential care organisations to
42 pop up. The "bid for the kid" that goes on when placement
43 services send out an email to providers in their region
44 asking who has a bed is gross. These children are
45 someone's babies and they are human beings.

46
47 After leaving care I became a youth worker and I worked in

1 residential care for a short period. Through that I'm very
2 aware of the negative perception of kids in residential
3 care in some communities, and there are children in
4 residential care and often children with no offending
5 behaviours that are routinely discriminated against by
6 community members that discover the house they're living in
7 is a residential care home.

8
9 I experienced this as a child in this region that we're in
10 today, and I've also seen this play out for other children
11 in residential care. At one point I worked in a
12 residential care home with a 17-year-old boy with
13 significant unmanaged disabilities. He had a fascination
14 with fire, and to prevent him from setting trees on fire we
15 bought him a small backyard fire pit. The strategy
16 immediately stopped him from setting other items on fire as
17 he'd been doing, but the neighbours were disturbed by the
18 smoke from the bonfire in the small fire pit. The
19 neighbours called police almost every time the bonfire was
20 lit because - and because the child that lived - because he
21 was a child that lived in residential care and not a family
22 setting, he had no parent able to meet with the neighbours
23 and explain his disability, explain that the fire in the
24 backyard was legal and come to a compromise about using the
25 backyard fire pit.

26
27 Frequent aggressive outbursts from the neighbours directed
28 at the child caused him great distress to the point he
29 began to self-harm and run away from his placement. He
30 actually turned 18 and ended up in an adult nursing home
31 because there was no transition plan for him to transition
32 into a house with adequate support.

33
34 I have seen community members on Facebook pages post photos
35 and the address of known residential care homes to warn
36 others off the area. If crime does occur close to a
37 residential care home, I have seen community members at
38 times become violent and attend known residential care home
39 addresses to blame the children living there for crimes
40 that often they had no involvement in. Where community
41 members have been negatively affected by children in
42 residential care, this usually looks like loud disturbances
43 and frequent police call-outs to manage non-criminal
44 behaviour since residential care staff often do not have
45 the skills to de-escalate children with significant trauma.

46
47 I no longer work in residential care now, but other roles

1 that I've held I've regularly engaged with children and
2 young people in care or who have recently transitioned from
3 care, and to this day I'm still hearing these children and
4 young people speak of the very same experiences that I had
5 in residential care. I find this deeply disturbing given
6 the rising number of children five years and younger being
7 placed in residential care.

8
9 Back when I was a youth worker in residential care I worked
10 with a five-year-old girl who had been placed in that resi.
11 As youth workers we were told we were not allowed to hug
12 her or tuck her in bed at night. I remember ignoring this.
13 My oldest daughter was two at the time, and I just couldn't
14 ever imagine my baby not being tucked in at night. So I'd
15 ignore this rule and I'd tuck this little girl in bed at
16 night when I was on shift because she deserved to feel safe
17 and secure. And I remember teaching her how to shower and
18 bathe herself so she didn't have to rely on male youth
19 workers to do so when female youth workers weren't there to
20 help her.

21
22 There was a 15-year-old girl residing in the same
23 residential care service who owed money to another group of
24 15-year-old girls. This other group of girls turned up to
25 the resi in the middle of the night and kicked in a window,
26 thinking it was the 15-year-old girl's window. It wasn't.
27 It was the bedroom window of the five-year-old little girl.
28 That group of girls who came to, you know, beat up this
29 other 15-year-old, even they were shocked to find a
30 five-year-old sleeping in a residential care home and
31 helped her after they had broken in. They were shocked.

32
33 And as a youth worker I didn't ever believe that I was
34 adequately trained or supported to meet the care needs of
35 such a young child. I had to figure this out on my own.
36 I cared for another child in residential care who was
37 diabetic, and I remember having to YouTube how to
38 administer her insulin because I received no instructions
39 or training to do so.

40
41 I have heard from many Aboriginal and Torres Strait
42 Islander young people that speak about their experiences of
43 being placed on long-term guardianship to other, or LTGOs,
44 to non-Indigenous foster carers where that foster carer had
45 the authority to make decisions and arrangements about
46 family contact and cultural connection or continuity.

1 These young people very, very recently have spoken about
2 turning 18, being kicked out of that house by their foster
3 carer and having no connection to their family or their
4 culture because their foster carer had told them they
5 wanted a baby of their own but apparently without any of
6 the responsibility of being a foster carer to a child that
7 already had a family.

8
9 Now these kids are alone and trying to connect with family
10 they never knew, and not because their families didn't try
11 and find them, and not because their families didn't want
12 to connect with them, but because the State hid them from
13 their families.

14
15 The State views success in numbers: the number of children
16 removed, reunified, the number of children in a long-term
17 placement. But what the State does not measure is the
18 experience of children throughout this. A long-term
19 placement might look nice on paper, it might signal
20 stability on paper, but does it look nice through the
21 child's eyes? Are they happy? And were they ever even
22 asked what they would like to happen in their own life?
23 Then these children grow and turn 18 and they leave the
24 system. They become invisible to the State that once
25 assumed parental responsibility for them.

26
27 The State does not measure any kind of post-care life
28 outcomes to even understand how the decisions made in
29 childhood affect young people throughout their life.
30 Currently the State blindly and dangerously assumes that
31 decisions made are in a child's enduring best interests
32 because someone determined at that point in time it was in
33 their best interest.

34
35 The State will repeat cycles of harm until they understand
36 the outcomes of decision made for children in childhood.
37 I know of 13 young people aged 18 to 25 that have died
38 after leaving care in the past two years only; one of them
39 an 18-year-old boy who was only reported missing when his
40 youth justice worker was concerned after he missed his YJA
41 appointment. He laid dead in the hospital morgue with
42 no-one missing him. The department, once alerted, said
43 that he was 18 and not in care anymore, so it was not their
44 responsibility to claim his body. And he was a little boy,
45 someone's baby, someone's brother, and a person who
46 deserved to be loved.

47

1 An 18-year-old girl sat across from me at a residential
2 care workshop last year. She spoke about her time in care,
3 her mental health struggles and wanting to fix the system
4 so that other kids didn't have to live what she did. A
5 week later she died alone in her unit.

6
7 Another three girls suicided. One was murdered. One girl
8 had just been released from a mental health ward and jumped
9 off a cliff; and, most recently, a young girl that had
10 turned 18 three weeks before she died. When we approached
11 the department, the department said that her extended
12 post-care support funding that she was eligible for but had
13 not accessed because she died on the waiting list was not
14 able to be used to pay for her funeral because she couldn't
15 consent because she was dead. She died on the waiting list
16 for the local extended post-care support provider and was
17 denied a funeral.

18
19 I am also aware that mothers in care or having recently
20 left care are at an increased risk of having their babies
21 removed at birth, with their care experience often being
22 cited as a risk factor. If having a care experience is a
23 risk indicator or concern to the department, it is bizarre
24 to me that the solution is to bring more children into
25 care. The very act of stating that having a care
26 experience may impede a person's ability to appropriately
27 bond with or care for their baby recognises that the system
28 is incapable of raising children to be safe and settled
29 adults.

30
31 I think it is cruel that these kids are being raised in
32 environments completely void of love, care and support.
33 And I think it is deeply disturbing that the people who are
34 comfortable to make decisions to place children here go
35 home at night to show their own babies love. Thank you.

36
37 COMMISSIONER: Aimee, thank you for your astonishing
38 courage. To come here and tell the harrowing story of your
39 experiences must surely humble all of us. There's a great
40 deal to digest in what you've said, and I propose to take a
41 short break to allow the adults in this room some time to
42 digest the very harrowing but incredibly courageous story
43 that you've told about your experiences. So we'll just
44 break for a short time.

45
46 **SHORT ADJOURNMENT**

[11.20 am]

1 COMMISSIONER: Ms Sweet.

2

3 MS SWEET: Yes, thank you, Commissioner.

4

5 <EXAMINATION BY MS SWEET

[11.40 am]

6

7 Now, Aimee, thank you again for your evidence before the
8 break. What I want to do now is - I appreciate you were
9 reading from your own personal document, but you also have
10 an outline of evidence that's been prepared. Do you have a
11 copy of that?

12

13 COMMISSIONER: Just pardon me, Ms Sweet.

14

15 Aimee, would you like your document that you have, as
16 I understand it, written yourself, would you like to have
17 that tendered in the written form? It's on the transcript.
18 But, if you wish, we can have it tendered as a separate
19 exhibit.

20 A. I don't know what that means.

21

22 COMMISSIONER: You can think about that if you like?

23 A. Okay. All right. I'll think about it. Thank you.

24

25 COMMISSIONER: Okay. Very well.

26

27 MS SWEET: Do you have in front of you a document that's
28 headed "Outline of evidence"?

29 A. Yes.

30

31 Q. And that is dated 13 February 2026?

32 A. Yes.

33

34 Q. Yes. And then behind that document or included within
35 that document, if you go to page 9, there should be a big
36 bold paginated number in the right-hand bottom corner of
37 the pages. Do you have that?

38 A. I don't believe so.

39

40 Q. I'll just have my instructor assist you to find the
41 page --

42 A. Thank you.

43

44 Q. -- the page which commences with your recommendations.

45 A. Yes, I have those. I think it's just numbered
46 differently perhaps. Okay. Thank you. Yes, I have it.

47

1 Q. Yes, thank you. And you'll see that you've made a
2 number of recommendations from 1 through to - the last one
3 is 11?

4 A. Yes.

5

6 Q. There are 11 recommendations that you have made to
7 inform the Commission's work. Do you see that document?

8 A. Yes, I do.

9

10 MS SWEET: Yes. Your Honour, I tender that bundle.

11

12 COMMISSIONER: That is both the outline dated 13 February
13 and Aimee's recommendations. They will together be exhibit
14 CA-58.

15

16 **EXHIBIT #CA-58 - OUTLINE OF EVIDENCE AND RECOMMENDATIONS OF**
17 **AIMEE**

18

19 MS SWEET: Thank you. And, Aimee, just to clarify you'll
20 see at the top of each page of those recommendations you'll
21 see it says, "Draft recommendations," but can we take it
22 that these are your final recommendations?

23 A. Yes, these are my final recommendations.

24

25 Q. Yes, thank you very kindly. Yes, thank you. Just to
26 correct myself on the record, in that recommendations
27 document there are 13 not 11 recommendations. I'm indebted
28 to my learned friend for the correction. You've spoken
29 about your schooling and the difficulty you had with your
30 schooling during this period. Can you tell us a bit about
31 whether and how you maintained going to school during this
32 period?

33 A. Yeah. So during the time I was in residential care it
34 was particularly hard to continue schooling. I did not
35 complete my schooling. I believe I completed year 9,
36 potentially. I'm not even sure if that was marked as
37 complete, but I made it through to year 9. There were two
38 occasions where I enrolled myself in, like, local high
39 schools because the department were unwilling to support my
40 enrolment. For a period of time I also went to a flexi
41 school. That was where I spoke about needing to get, like,
42 four to six buses to get to school. That school was quite
43 far away. So I went to the flexi school for a period.

44

45 With so many placements closing and moving so much and the
46 department telling me that they did not think that I would
47 complete school or that it was a waste of money for them or

1 they did not have the funding to purchase uniforms,
2 I eventually just stopped attending completely. It was
3 once I turned 18 and left care that I went back and
4 completed year 12. Yeah.

5
6 Q. And how were you supported to do that?

7 A. Post 18, like, when I went back? I went to a flexi
8 school, a different one that I had been to previously.
9 I was pregnant with my daughter at the time. That school
10 had a young mums or young parent section of the school.
11 They had a social worker embedded in the school. And so
12 they were really great at supporting attendance but also
13 completion of work. And I think having that social worker
14 present as well as external services that would come in,
15 like Centrelink or other organisations, to share
16 information, that was helpful. I didn't have external
17 support to complete year 12 or to go through that flexi
18 school. But the support in the school was great. They
19 provided meals as well. There was no requirement for
20 uniform, so cost was not an issue.

21
22 Q. Yes, thank you. And you talk about the period you
23 were in residential care and it being difficult to maintain
24 schooling. What age were you during that period? What's
25 the range, doing the best you can?

26 A. Between 15 to 17. I believe there also was an issue
27 where transport to and from school was problematic. So
28 maybe there were three to four young people living in a
29 resi with one vehicle that the residential care was allowed
30 to use. So that one vehicle had to support young people
31 getting to school, often different schools, as well as
32 family contact, as well as other appointments. And there
33 were also some resis where they had - they would close
34 during the day. So they did not have youth workers
35 rostered on during school hours. So it was difficult to
36 have support to get to and from school. There was no such
37 thing as a sick day either because there was not a youth
38 worker rostered on to stay at the resi, meaning no young
39 people were allowed to remain there.

40
41 Q. And so in the residential care facility when you were
42 sick did you have - in circumstances where you were sick
43 during the day but couldn't stay in your residential
44 placement because the placement closed during school hours
45 effectively?

46 A. Yeah, that's true. So I would either sit in a - often
47 they're near a park or somewhere. So I would sit in a

1 park, or a train station, or a shopping centre for air
2 conditioning.

3

4 Q. Yes. And were there circumstances where you were sick
5 and actually required medical assistance or a GP visit
6 during those times?

7 A. Yes, there are a few occasions that I can remember.

8

9 Q. And were you left to manage that on your own?

10 A. Sometimes yes; sometimes no. So I think it was really
11 dependent on the residential care provider that I was
12 placed with. I think different - I had resi placements
13 across multiple different organisations and there was quite
14 a difference in the way that they go about supporting young
15 people. So there have been residential care providers
16 where they have taken me to the GP and sat and waited with
17 me and supported. There have been other ones where that
18 was never an option, and so if I required a doctor I would
19 need to go alone, which was difficult because I did not
20 have a copy of my own Medicare card nor did I know my
21 Medicare card number. So that made it quite difficult to
22 be able to book my own GP appointment, especially as a
23 child under the age of 18 or 16, depending on the GP
24 clinic.

25

26 Q. And did you notice, whether or not there was a good
27 response to these things or a bad response to these things,
28 whether it made a difference if it was not-for-profit or
29 profit or therapeutic or non-therapeutic; can you speak to
30 that at all?

31 A. At the time I would not have known the difference.

32

33 Q. Yes.

34 A. But upon reflection, yes, I do think there's a
35 difference. I think some of the placements that I've had
36 with larger organisations, so the maybe more well
37 established and/or not-for-profit, they tend to have youth
38 workers rostered on all the time. It would be unusual that
39 they would not have youth worker staff rostered on, whereas
40 the other smaller and I think they like to call them
41 boutique residential care providers it is more likely that
42 they will not have youth workers in the day, making it much
43 more difficult to access any services with support from who
44 is supposed to be caring for your day-to-day needs.

45

46 Q. And again you probably couldn't have known this at the
47 time and you may not now know it but is there - did you

1 notice a difference between quality of care between
2 licensed and unlicensed providers?

3 A. Yes, I did. I think in my experience with the
4 licensed providers there tended to be more of a stable
5 youth worker team almost. So the youth workers working in
6 the house was a well-established group. They had worked
7 together for long periods of time in the same home. They
8 had good routines in place and a good working relationship,
9 which I think translated into much better day-to-day care
10 of young people; whereas other providers that were
11 unlicensed tended to have really high turnover in youth
12 workers, brand new youth workers or were recruiting youth
13 workers specifically for children or houses that they had
14 just opened up. So when they had accepted a placement from
15 the department they did not have youth workers yet in
16 place, it was a rush to find some to get them in, compared
17 to the well-established teams of youth workers in houses.

18
19 Q. And you spoke about a residential care facility you
20 were in where you were sexually abused by a youth worker.
21 Can you say whether or not that was a licensed or
22 unlicensed provider?

23 A. Look, unfortunately it was a licensed, quite large
24 provider.

25
26 Q. And from your perspective what do you see as the
27 failures of the system that allowed that person to continue
28 to work within residential care?

29 A. I think quite a few. And so, speaking from my
30 experience, I think when - there's a few things. So when a
31 child enters care and enters into an out-of-home care
32 placement the department will substantiate or not
33 substantiate harm types leading to the reason that they're
34 coming into care. So I think if you're a child who has
35 been sexually abused before coming into care and that has
36 not been substantiated there is the view that then that
37 means the child has lied, almost. And so that really - in
38 my experience, and I have seen that - follow a lot of young
39 people through their placements as well which creates a
40 barrier in terms of speaking up and reporting that.

41
42 I also think that young people in residential care
43 typically have also experienced systemic abuse and neglect
44 prior to entering resi. It is unusual that a child would
45 be removed from their family and placed directly into
46 residential care. In my experience they cycle through
47 other placements first, foster care placements or kinship

1 placements, before they end up in residential care. And
2 I think that creates another barrier for young people in
3 terms of feeling confident to report because kids are so
4 scared that they will lose their placement by reporting
5 something or not be believed.

6

7 In terms of my specific experience with that youth worker,
8 he had multiple redress applications that were successful
9 granted against him or for young people about him. And
10 there was a lack of information sharing, I think, between
11 the National Redress Scheme, Blue Card Services and the
12 residential care providers and the Department of Child
13 Safety.

14

15 So he worked at multiple organisations. So he left the
16 organisation he was working at when he sexually abused me
17 and went on to work at two or three other residential care
18 providers. And I know that at least one of those
19 residential care providers were made aware of pending
20 redress scheme applications or processes against him where
21 he was let go, but just went over to another provider.

22

23 So I think there's a real lack of information sharing
24 between residential care providers as well about the reason
25 that youth workers or staff may be let go or have any type
26 of disciplinary action against them.

27

28 Q. Thank you. Just stopping there for a moment. So
29 you've said the youth worker leaves the residential care
30 employer who was employing you at the time he abused you.
31 He then goes to another - seeks employment with another
32 residential care provider --

33

34

35 A. M'hmm.
36 Q. -- who becomes aware of pending redress applications.
37 So is your evidence that he is then employed there or is
38 your evidence that that provider does not employ him
39 because there are these pending applications, but then he
40 goes on to try his luck with another provider?

41

42 A. He was let go from the second provider once they
43 became aware that there were redress applications pending.
44 So I don't think they were aware when he began employment.
45 They became aware, let him go. He went to a different
46 provider, a third provider.

47

48

49

50

51

52

53

54

55

56

57

58

1 redress applications and in some cases successful
2 applications?
3 A. Correct.
4
5 Q. But there's, as you understand it, no check within the
6 system to alert other residential care providers?
7 A. That is my understanding, yes.
8
9 Q. How satisfactory do you regard that?
10 A. I think it's very poor. I think it's deplorable.
11 I cannot imagine a world in which residential care
12 providers are not connected with each other or the
13 department cannot have some type of youth work register or
14 something similar where you're able to see disciplinary
15 action against youth workers. I understand that at each
16 new provider a youth worker works at they need to apply for
17 an LCS2 check. I think personally that that would be a
18 really good opportunity for - if there had been
19 disciplinary action or staff had been let go at other
20 providers, for that to come through and become evident via
21 an LCS2 check.
22
23 Q. So you regard that as a serious gap and a serious
24 failing within the system?
25 A. Yes.
26
27 Q. And that system failure has led to further abuse of
28 children?
29 A. Yes.
30
31 Q. And you talked about living in the bus shelter.
32 A. Yep.
33
34 Q. And how old were you when you were living in the bus
35 shelter?
36 A. That was on and off. So I believe the first time that
37 I was living in the bus shelter would have been around 12
38 to 13. The last time was at 17, but with periods in
39 between.
40
41 Q. Yes. And each time you were living in the bus
42 shelter - and I use the word "living" loosely --
43 A. Yes.
44
45 Q. -- that is where you were sleeping at night?
46 A. Yes.
47

1 Q. Were you living there because you had left placements?
2 A. Yes, on some occasions because I had left placements
3 and on other occasions because a placement had been closed.
4 I didn't necessarily leave. It was closed and there was
5 not an alternative. In the younger years of me living
6 there that was because the department had not provided an
7 option, a placement option.

8
9 Q. Yes. And when you say you leave a placement and there
10 is no further placement offered, what is your understanding
11 as to why you are not offered - why were you not offered
12 another placement?

13 A. I don't know. There were times where I was told that
14 my behaviour made it difficult to provide a placement for
15 me; that too many police callouts or Youth Justice
16 involvement made it difficult for Child Safety to secure a
17 placement. I was told that funding was a problem; that
18 I would require a one-on-one, so me and one youth worker,
19 no other young people, but that was difficult. And I have
20 also been told that the department had exhausted all
21 options and that there were no other residential care
22 providers or any placement type suitable for me.

23
24 Q. And during this period did you feel that the
25 department had given up on you?

26 A. Yes.

27
28 Q. And how old were you when you first felt that?

29 A. When I first felt that due to placement issues or when
30 I first felt that generally with the department?

31
32 Q. Generally.

33 A. Maybe from when I was about five-years-old and I had
34 disclosed to the department about the abuse I was
35 experiencing at home, including writing a letter about it
36 and drawing a picture of it and not being believed.

37
38 Q. And when you were disclosing - and you may not be able
39 to answer because you don't remember - were you supported
40 as a young child to make those disclosures?

41 A. I don't believe so. I can recall one occasion where
42 there was a child safety officer and a police officer in a
43 room. And I remember seeing, like, a camera, like, it was
44 filming, and asking them what the camera was, and they were
45 telling me not to worry about it and to just keep talking.
46 I don't feel that I was ever supported to do so. I don't
47 think the physical environment was supportive, nor do

1 I think that the departmental staff were very supportive in
2 engaging with a young child who was disclosing sexual
3 abuse.

4

5 Q. And at any time, say in particular from - I think you
6 say you left your grandmother's house at about 12?

7 A. Yes.

8

9 Q. That's when you first became homeless?

10 A. Yes.

11

12 Q. And from that time you were having some interaction
13 with Child Safety, whether or not you were actually under
14 orders?

15 A. Correct.

16

17 Q. Yes. At any time from that time you became homeless
18 to when you were aged out of the system did you have any of
19 your family members attempting to advocate for you to the
20 department?

21 A. Not that I am aware of or saw. I'm unsure.

22

23 Q. And so, going back to the bus shelter and you say that
24 you were - that that bus shelter was across the road from
25 the child safety office --

26 A. M'hmm.

27

28 Q. -- and that you would sometimes charge your phone
29 there, but if you stayed past 5 pm you would be forcibly
30 removed, was it, from the office?

31 A. Yeah. So they would tell me I needed to leave or they
32 would call the police for trespassing because it was 5 pm
33 and they needed to go home.

34

35 Q. So what were you told was Child Safety's solution?

36 A. Go back to my father's house.

37

38 Q. Yes. And at that time what do you understand their
39 records showed about your father?

40 A. So initially, when my school had contacted the
41 department, that service centre and those two child safety
42 officers would say that there was no record of me ever
43 coming to the attention of or being in out-of-home care.
44 And so when that transferred to a different service centre,
45 which was the local one to the youth homelessness shelter
46 I lived in which was where the bus stop was, magically they
47 found me on their system. However, they - there are

1 conflicting - it was very difficult because some people
2 within the department would say that I had been removed
3 earlier as a child and lived in foster care due to sexual
4 abuse; other child safety officers who took over later
5 would say it's not correct, that I was removed and placed
6 in foster care for a short period, but that there was no
7 sexual abuse substantiated. So it was quite confusing.
8

9 Q. And do you believe if there was better record-keeping
10 you may have been assisted and assisted earlier?

11 A. I think so, yes. Yes, definitely. I'm not really
12 sure how it came that one service centre could not find me
13 and the other could. That confuses me. They are both in
14 the same state of Queensland. They're not far from each
15 other. I don't know how that occurred. But it sounds like
16 a record-keeping issue, yeah.
17

18 Q. And so I think your evidence is that you had to spend
19 a lot of time trying to convince Child Safety that you
20 existed in their records?

21 A. Yes, correct.
22

23 COMMISSIONER: Aimee, can you tell me about this confusion
24 in relation to the records concerning your removal. Do you
25 recall learning that a court order had been made at any
26 stage for your removal, because that would seem to clarify
27 whether you've been removed?

28 A. Yes. I'm unsure. I have seen the court order now as
29 an adult for my removal as a child. It had a different
30 last name on it to what my legal last name was at the time.
31 I'm not sure if that contributed. I'm not really sure.
32 But, yes, it wasn't until I had lived in the youth
33 homelessness shelter for around nine months, until the -
34 that was when the OPG was able to liaise with a different
35 child safety service centre and they were able to confirm
36 the fact that I had been removed earlier.
37

38 COMMISSIONER: Yes. And you've said a few times that you
39 were informed that the statements you had made concerning
40 the abuse you experienced at the hands of your father,
41 I think your mother and your grandmother had not been
42 substantiated.

43 A. Correct.
44

45 COMMISSIONER: Was that the expression that was used to
46 communicate with you by child safety officers?

47 A. Yes. That was the exact language, was

1 "substantiated". I remember not knowing what that meant
2 and needing to work out what that meant. But, yes, that
3 was the language used.
4

5 COMMISSIONER: And has anybody since told you what is
6 meant by "substantiated" in the child safety language?

7 A. Kind of, I believe. I believe since somewhere I've
8 had conversations with people. They have said that
9 "substantiated" means that the department were able to
10 verify that that did in fact occur. When it is
11 "unsubstantiated" it does not necessarily mean that it
12 never happened; it means that the department were unable to
13 verify that it did.
14

15 COMMISSIONER: Yes. Thank you.
16

17 MS SWEET: And you say it was the Office of the Public
18 Guardian who intervened --

19 A. Yes.
20

21 Q. -- and that they were able to assist the department to
22 find the necessary records. And do you know about how old
23 you were when that happened?

24 A. I'm unsure, sorry.
25

26 Q. Doing the best you can?

27 A. Maybe 14.
28

29 Q. Yes. Okay, 14. And then you spoke of the fact that
30 you were raped at the home of the centre?

31 A. Yes.
32

33 Q. And, again doing the best you can, how old were you at
34 that point?

35 A. Fourteen, I think.
36

37 Q. Yes. Yes. And that charges resulted from that event?

38 A. Yes.
39

40 Q. Why did you not report it?

41 A. Because I did not think that anybody would believe me
42 because I had already experienced that and worse, and I had
43 been sexually abused for the majority of my childhood. So
44 I didn't think anyone would believe me. And I also did not
45 think that it was bad enough because it wasn't violent.
46 So, in my mind, because it could have been more violent it
47 was not bad enough, and I wouldn't be believed anyway. So

1 there was no point, and it would just add to the narrative
2 that I was a liar or an attention-seeker or was difficult.

3

4 Q. And part of the reason you had that view of yourself
5 was how you felt you had been treated within the system?

6 A. Yes, absolutely. Like, before that had occurred I had
7 the child safety officers telling me and writing about how
8 I was deceitful, transient, that I would manipulate
9 motherless women into feeling guilty for me, were all
10 things that the department had said to my face or had
11 written about me. So, yes, I think it's directly related
12 to my experience with the Department of Child Safety.

13

14 Q. It's your evidence that you sought some documents from
15 the department --

16 A. Yes.

17

18 Q. -- that they had about you, and your evidence is that
19 there was a statement about you being sort of deceitful.

20 Is that what you're talking about?

21 A. Yes.

22

23 Q. Doing the best you can from memory of that record, how
24 old were you and what is being said about you?

25 A. That was when the two child safety officers had come
26 to my school and I had been suspended for being caught with
27 marijuana at school. I think maybe 13 years old, maybe,
28 like around - I'm not 100 per cent sure, it's got to be
29 around there, and it was an email communication. There was
30 quite a few people cc'd into that email, including the two
31 CSOs and a team leader, a youth worker from an external
32 agency that I knew via my school, also my school. I read
33 that in there, and once she actually became my CSO, once
34 I entered care, that same person, she continued to use that
35 language with me and about me, yeah.

36

37 COMMISSIONER: Were you given copies of the email?

38 A. When I applied - when I was over 18 I applied through
39 the Right to Information process, and so a lot of it is
40 heavily redacted, but, yes, the email was included and
41 wasn't redacted. So I was able to read that as an adult
42 when I applied for my child safety records.

43

44 COMMISSIONER: Do you still have the material that was
45 produced to you?

46 A. I do, yes.

47

1 COMMISSIONER: Would you be prepared to provide that
2 material to the Commission?

3 A. Yes.

4

5 COMMISSIONER: Thank you.

6

7 MS SWEET: Do you say that what then led to you being
8 offered a placement was the fact that you had been raped at
9 a youth homeless centre and the department became aware of
10 that, and it was at that point that you were offered a
11 placement?

12 A. Yes. I don't know if it's only and solely directly as
13 a result of that, but, yes, it was immediately following
14 that incident, and it was transferred from one service
15 centre through to that local child safety service centre
16 close to the shelter.

17

18 Q. And that placement was a residential care placement,
19 was it?

20 A. Yes, correct.

21

22 Q. You say that you were a child seeking love and
23 connection and understanding, and that the residential care
24 environment is not conducive to providing any of those
25 things. You've already talked about this somewhat in your
26 statement, but is there anything more you want to say about
27 why that environment is not conducive to providing love,
28 connection and understanding to children?

29 A. I think there's multiple reasons, and in my case I did
30 not have parents who could have provided that. But, from
31 my time living in residential care with other children and
32 from working with other children and young people who are
33 in or have been in residential care, they have known love
34 and connection, and that was at home with their parents.
35 So once they go into a setting like a residential care
36 home, where it is almost like clinical, for lack of a
37 better word - it is like you're in a hospital having
38 observations constantly taken on you almost, you have
39 adults that you don't know, that you have no choice in
40 providing care for, in a setting with rules, right? Like,
41 you're raised by policies and procedures and checklists and
42 certain times that a shift must change over or - all sorts
43 of things like that. So I think it's really unnatural when
44 what guides parenting is an organisational policy and a
45 Child Protection Act compared to love and protection and
46 care that you would receive from a parent or family member.

47

1 Q. Thank you. You talk about sometimes being placed in
2 one-on-one residential homes?

3 A. Yeah.
4

5 Q. And when you say that you mean there's - within the
6 facility it's - one is you and the other one is a support
7 worker; is that right?

8 A. Correct. Yes, correct.
9

10 Q. Do you understand why it was that you were placed in a
11 one-on-one facility?

12 A. When I was a child in care and that was occurring
13 I would hear different things - different reasoning as to
14 why that was occurring. So sometimes it would be that my
15 drug use was excessive and was a concern, and that that may
16 lead other young people astray or into that; that the
17 adults that I was spending time with outside of the resi
18 were unsafe or dangerous, so people had concerns about
19 that. Also that my - I've heard that my mental health was
20 poor and that they thought that it would be better if I had
21 one-on-one care provided by a youth worker. I think the
22 issue with that was that - although I can see why that
23 occurred, the issue was the youth workers were not trained
24 any differently or better than youth workers in a group
25 home setting. It often ended up in further isolation. My
26 residential would be put out of, like, Townsville main
27 suburbs, where there was no public transport, meaning once
28 I left it was almost impossible for me to come back. So
29 I was spending longer times absent from my placement, and
30 in doing that, in having one child with one youth worker -
31 and sometimes male youth workers, sometimes youth workers
32 I did not get along with, and in areas with no phone
33 reception, for example, or really far away from main areas,
34 you are very isolated and stuck with that one adult who has
35 chosen to work there, and there is no-one in the world that
36 would believe you if you said something negative about
37 the standard of care that you were receiving in that
38 placement.
39

40 Q. Did you ever feel safe in those one-on-one
41 environments?

42 A. No.
43

44 COMMISSIONER: So, Aimee, would you say as a general
45 proposition that one-on-one residential care is not a
46 satisfactory way of looking after children in care?

47 A. I'm not sure that - I don't think any residential care

1 placement is satisfactory. In my experience as a teenager,
2 often with - and I recall one placement in Toowoomba which
3 was one on one. I was 17 and my youth worker was a
4 19-year-old male and it was his first ever youth work
5 shift. When I think about things like that, I think that's
6 highly inappropriate, and I worry about younger children
7 and smaller children, who don't have another set of eyes on
8 them in that setting where they are particularly vulnerable
9 to the adults around them. I don't know that I would say
10 we should never have one-on-one residential care homes.
11 I think we should never have them generally. So it's hard
12 for me to answer that particular one.

13
14 COMMISSIONER: Sure. I take it with the one-on-one model
15 of care that there was a rotation of youth workers?

16 A. Yes, correct, just like any of the other residential
17 I'd been in. So like a rotating shift. I believe they
18 were maybe eight-hour shifts. There was an overnight
19 shift - so there was a morning shift, afternoon shift,
20 overnight shift.

21
22 COMMISSIONER: Yes.

23 A. Yeah.

24
25 COMMISSIONER: Thank you.

26
27 MS SWEET: Then you talk about one of the residential care
28 homes being purpose built?

29 A. Correct.

30
31 Q. What do you mean by purpose built? What does that
32 mean?

33 A. Yeah. So this was actually the residential I lived in
34 with that youth worker who was sexually abusing us. So
35 it - it was odd. So a lot of the resis that I've lived in
36 are like a normal home that has either been rented or has
37 been purchased and I guess sometimes retrofitted. They
38 might put a screen door on a bedroom and make that the
39 youth worker bedroom. This residential had - as you'd
40 enter the front door there's like a sunroom style thing.
41 So it was two doors. They were all alarmed. All of the
42 doors were alarmed. As you'd walk in there was an office
43 and that had a Crimsafe door on it, and that was where the
44 youth worker would spend the majority of their time. As
45 you'd go through that, the kitchen had a door on the front
46 that was lockable. So they could lock the kitchen and we
47 couldn't access the kitchen without a key. Youth workers

1 would wear keys on their body or in their pocket. The
2 bedrooms for young people - so there were two hallways that
3 ran next to each other almost. So you had bedrooms all
4 along one hallway with a toilet at the end. In the middle
5 there was like a computer room kind of thing and then more
6 bedrooms on the other side of the hallway with a bathroom
7 at the end. So if your bedroom was in this hallway that
8 was your designated bathroom; this hallway, designated
9 bathroom. The youth worker bedroom was at the start of
10 the hallway. So that was like an ensuite bedroom. That
11 also had like a Crimsafe screen door, and the door was
12 different to a standard bedroom. It was like a front door
13 of a house, so it was a bit stronger. One of the bedrooms
14 in that resi for young people was also an ensuite bedroom,
15 and that was supposed to be to support young people
16 transitioning out of care, that were close to living in a
17 semi-independent living, or turning 18 and transitioning
18 out. So they were allowed access to their own bathroom.
19 I guess it was more - from the outside it kind of looked
20 like a very large home. From the inside it was very
21 clearly an institutional setting with all of the alarms on
22 doors and the - I guess, like additional safety measures or
23 whatever on the youth work and the office/bedroom, and
24 particularly that lockable kitchen door, I think that was
25 something different that I don't ordinarily see in
26 residential care homes, is a kitchen with a front door that
27 you can lock.

28
29 Q. Okay. And you say after you were taken there you
30 asked your child safety officer to take you back to
31 juvenile detention because it was better?

32 A. Yeah, yeah.

33
34 Q. Why was detention better?

35 A. The smell as I walked into that residential was
36 disgusting. Like, I've never experienced anything like
37 that before. They had - the TV had previously been damaged
38 by a young person. So they weren't going to get that
39 repaired. So there was no television. There were so many
40 holes in the wall that had been repaired by, I don't know,
41 like, nailing a piece of something like on top, so you
42 could see where all the damage had occurred. The lounge
43 was not useable. Apparently some young people had put eggs
44 on it or something and it had peeled off all of the fake
45 leather stuff, which was also the smell in the house. It
46 was not clean. That was a young person rotating roster to
47 clean the house. So that was quite difficult. It was

1 quite dirty. The actually first day that I walked in, that
2 afternoon, and while the child safety officer was still
3 there, a youth worker and a young person got into quite a
4 heated verbal altercation about something. I think it was
5 just truly, like, a gross environment, and I think it
6 really felt like - with that youth worker office and the
7 way it was and with people behind the screen, like, it
8 just - it felt awful. It also didn't feel like you had any
9 type of privacy. At least in detention the door locks.
10 Like, they can unlock it, but it locks, right? Like, there
11 was none of that available for young people. The toilet
12 door, the shower door didn't lock. So you could never feel
13 fully comfortable in using the bathroom or having a shower
14 because you didn't know if somebody was going to come in.
15 Yeah.

16
17 COMMISSIONER: What about your bedroom? Could you lock
18 that?

19 A. No, you could not lock the bedroom.
20

21 MS SWEET: I want to ask you about managing the risk of
22 inappropriate sexual behaviour within residential care,
23 because on the one hand it's described as it's an unnatural
24 environment, it's a cold environment, workers can't show
25 affection, they can't tuck children in, but also obviously
26 there's - we know that in institutions there are
27 circumstances that allow sexual abuse to flourish. How do
28 we manage the balance there?

29 A. By not using residential care homes. I think as soon
30 as you put a child in a residential care setting it is a
31 risk, and it's not because the child is a risk or their
32 behaviour's risky. It is because they are now put in the
33 care of adults who come in on a rotating roster and have
34 often unsupervised access to children in an institutional
35 setting. I do not see a world in which we can ensure that
36 residential care homes are safe for children, not only
37 their physical safety but their emotional and cultural
38 safety as well. I think it's highly problematic that our
39 reliance on them have grown so large, and I know - and
40 I have this conversation a lot - people will say, "Well, we
41 don't have enough foster carers, so where do they go?" But
42 we know that a lot of children that enter care could have
43 been supported to stay at home with their parents and if
44 not - and there are some young people who can't be, and
45 I accept that - there are often family members or more
46 people in their community or circle that would be willing
47 and able to care for the child if the department did family

1 and kin mapping adequately and appropriately, and supported
2 those people to be able to care for children. I do not
3 think that we need residential care homes. I think we
4 could place all of these children in alternative settings.

5
6 COMMISSIONER: So your argument is that if better efforts
7 were made to find kin - for one?

8 A. M'hmm.

9
10 COMMISSIONER: And to support foster carers?

11 A. Yes.

12
13 COMMISSIONER: Would you include that in the mix?

14 A. Yes, I would include foster carers, absolutely.

15
16 COMMISSIONER: Then over time at least --

17 A. M'hmm.

18
19 COMMISSIONER: -- there wouldn't be a need to place
20 children in non-family based residential care?

21 A. Yes, that is my opinion, and I think that there are
22 young people who have a lot of additional needs that may
23 make it very difficult to care for them safely at home or
24 in a family setting, and in that case I think potentially
25 we have space for professional foster carer models.
26 There's - I can't think of his organisation, but I can
27 think of his name. He is based in New South Wales, and he
28 has a model where he will get older children that are in
29 residential care, like teenagers, out of that placement and
30 placed with professional foster carers, so social workers,
31 psychologists, those types of people, and the money that
32 would have been used to pay for the residential care is
33 instead paid to that carer, where not only are they
34 receiving more of a family type arrangement and care,
35 they're also receiving professional support at the same
36 time. I think that we could look at options like that as
37 well for those young people who have additional needs. And
38 I think it's important to note that usually those young
39 people who are - the department will call complex have been
40 in care for a significant amount of time prior, so their
41 behaviours often don't stem from what happened prior to
42 entering care. It is a direct result of entering care. So
43 I think there's the view that it is - it is traumatising to
44 remove a child from their parent, yes, but that is not the
45 only type of trauma or harm or abuse a child experiences in
46 care. It is not just the separation - that is a big part
47 of it - but it is everything that follows. And so I think

1 the department has a responsibility to support those young
2 people, even now those 16-, 17-year-olds, those older young
3 people with more of those extreme types of behaviours into
4 family-based settings.

5
6 COMMISSIONER: Aimee, do you accept that your own case was
7 one where you could not be left at home, given the abuse
8 that you have described; you were suffering --
9 A. Yes.

10
11 COMMISSIONER: -- within your own family?
12 A. Yes, I should have been removed, and I agree that
13 there are children who cannot and will never be able to
14 safely live with their parents in the home of origin or the
15 home that they were taken from.

16
17 COMMISSIONER: Yes. Yes, I took that from what you've
18 said. But you suggest that there are alternatives that are
19 not being properly explored in terms of the availability of
20 kin carers, foster carers, supporting foster carers?
21 A. Yes. Can I give an example of something?

22
23 COMMISSIONER: Please do.
24 A. So when I was a teenager and I lived in this resi -
25 this is this purpose-built resi. This one I was at for a
26 bit. Police were called there, sometimes more than daily,
27 and there was one police officer and she would - if she was
28 available and free she would try and come, she would try
29 and be the responding police officer. She didn't tell me
30 this at the time. She told me later. I had a really good
31 relationship with her, actually. She had applied to become
32 a foster carer solely to take me and only me. She did not
33 want to become a long-term foster carer. She just wanted
34 to become a foster carer so that I could live with her.
35 She went through that process without telling me because
36 she didn't want me to get my hopes up for something.
37 Later, when I exited care and I happened to see her at a
38 shopping centre, she told me this and she told me she went
39 through this process but she was told that it was a
40 conflict of interest because I was a child in conflict with
41 the law and she was a police officer who would often
42 respond. So she was unable to go through that process and
43 become a foster carer for me. So she ceased going through
44 that process and remained a police officer and never became
45 a foster carer.

46
47 COMMISSIONER: That's an amazing explanation, though

1 I have heard a lot of misunderstanding of what conflict of
2 interest is thought to mean in the course of this Inquiry.
3 So she wanted to look after you but was rejected because of
4 some perception that it would entail a conflict of
5 interest?

6 A. Yes, correct. And I think probably my offending would
7 have stopped and I would not have been at conflict with
8 the law had I had that placement. So, yes, that's what
9 happened there, and I think - so when I talk about children
10 having family-based placement, again, I think we could do
11 better family and kin mapping. I also think we could look
12 at natural networks. I know that there are teachers who
13 would become foster carers for certain students that they
14 already have a relationship with, however they have
15 reported that that process is difficult, and so, yeah,
16 I think it's important to highlight that case with me and
17 the police officer because I don't believe that it's a
18 conflict of interest, but that stopped it.

19

20 COMMISSIONER: Neither do I, Aimee, but somebody took that
21 view?

22 A. Yes.

23

24 COMMISSIONER: Thank you.

25

26 MS SWEET: And you've spoken about being in a residential
27 care facility with rotating carers such that you might - as
28 a young girl, a young woman, child, who has previously been
29 sexually abused, that you would wake up in the morning and
30 there would be a youth worker in the house that you had
31 never met, often a male, sometimes not?

32 A. M'hmm.

33

34 Q. What does that do to your system?

35 A. Look, it's awful. I think there are - and I want to
36 make it really clear - some absolutely great male youth
37 workers who are safe men and who teach young girls actually
38 what safe relationships with men can look like, because a
39 lot of young girls in residential care have never had that
40 before and that's where they experience that, and I have
41 had that experience with a male worker at the shelter that
42 I've lived at, actually. So that can be true. I think
43 when you've experienced a lot of abuse and harm by
44 strangers, unknown people and men and you wake up to all
45 three of those things wrapped up in one in your home it's
46 awful because what is one person's workplace is another
47 person's home and you're always hypervigilant and you are

1 always on alert because you can't even feel safe when go to
2 bed because you can't lock your door, you can't know for
3 sure who's going to be there in the morning. To walk out
4 of your bedroom - and, you know, if you're living at home
5 and you wake up in the morning and you go and have a
6 shower, you walk from your bedroom to your shower. That is
7 not something I ever did in residential care. I would get
8 myself completely ready in my room, then walk to the
9 shower, get myself unready, shower, ready, and walk back
10 out because I never knew who was going to be present. So
11 you're waking up in your familiar environment with
12 unfamiliar people and you never know what will happen the
13 next morning you wake up. So I think it's hard to ever
14 feel secure in that type of setting.

15
16 Q. Yes, and that is not to demonise male youth workers --
17 A. No

18
19 Q. It's to say because of your experience --
20 A. Yes.

21
22 Q. -- your body starts reacting?
23 A. Yes.

24
25 Q. Despite no fault of theirs?
26 A. Yes.

27
28 Q. And it's true that also sometimes you may wake up and
29 there will be a new young person?
30 A. Yes, frequently.

31
32 Q. And in some circumstances there are young people being
33 placed in residential care who have violent tendencies?
34 A. M'hmm.

35
36 Q. And who are highly sexualised --
37 A. Yes.

38
39 Q. -- young people?
40 A. Yes.

41
42 Q. So you're waking up not knowing what is the background
43 of the person who is in the bedroom next to you?
44 A. That's right, yes. And just on that as well, like,
45 being the new young person into a resi is equally as - it's
46 just a different type of, like, nervous feeling, right?
47 Like, because you don't know the routine, like, the

1 structure, like, it feels awkward to come out of your room
2 in the morning when you first wake up, so you sit in there
3 and wait and see if a youth worker will knock on your door
4 and ask if you want to come out. Sometimes it happens,
5 sometimes it doesn't. So, yeah, I think it's uncomfortable
6 any way you look at it for a young person either being new
7 into that resi or living there and having a new young
8 person come in.

9
10 Q. So you say you were sent to a residential care
11 facility in Cairns?

12 A. Yes.

13
14 Q. And you didn't know anybody in Cairns?

15 A. Yes.

16
17 Q. And you say it was supposed to be therapeutic?

18 A. Yes.

19
20 Q. In terms of therapeutic residential care, what do you
21 think you needed at that time?

22 A. I think at the time that I was sent to Cairns to that
23 particular resi I needed to have a safe adult in my life,
24 and I needed to feel secure in that and know that that
25 adult's involvement in my life was not based on a birthday,
26 turning 18, and leaving care or a placement end date or any
27 other conditions imposed by the State or the organisation.
28 I think just that's what I needed. It is impossible to
29 feel connected or safe or secure when you never know when
30 that relationship with that adult will end. I've had some
31 great youth workers. Like, I know I'm talking about
32 negative experiences. I've had really solid, good youth
33 workers who I was never allowed to talk to again because my
34 placement was moved. So I think that makes it challenging,
35 it makes - well, it made me never want to become close to a
36 youth worker or any type of person who was paid to provide
37 a service or be in my life because I did not know when that
38 would end. So it made all of my attachments with adults
39 difficult, and it made my behaviour toward adults very
40 difficult because it felt better to be the one to end that
41 relationship rather than the State ending it for you.

42
43 Q. And you talk about the use of restrictive practices?

44 A. Yes.

45
46 Q. And there has been some evidence in this Commission
47 before about it's - oftentimes restrictive practices are

1 not available to residential care workers. Is that also
2 your understanding?

3 A. That is my understanding, that they're typically not
4 available to standard residential care homes or youth
5 workers.

6
7 Q. So what is your understanding as to why restrictive
8 practices could be used on you in this residential care
9 facility?

10 A. They shouldn't have been. They were not approved.
11 There was not a QCAT process to place me there, which is
12 what should have usually occurred in that circumstance.
13 The rationale as to why I was placed there was to get me
14 away from drugs or negative adults or peers in the area
15 I was from. So they sent me there. I don't understand why
16 and in what world it would ever be appropriate to have
17 fully grown - and there was one female youth worker there,
18 the rest were male - adult men holding a young girl down,
19 holding - I would be held in bear hugs, I'd be pinned down
20 to lounges if I attempted to walk out the front door. So
21 it was a normal home, it looked like a normal house from
22 the outside. So you could, I guess, walk out the door.
23 And those were in place apparently for my own safety.
24 I think as well as - that was the physical restraint side.
25 I think in that residential care and in a lot of
26 residential care homes there is a lot of chemical
27 restraints being used, but youth workers are unaware that
28 they're using it. So I think when we talk about
29 restrictive practices a lot of people's mind goes to that
30 physical restraint style that I experienced in Cairns.
31 That was the only resi I experienced that in. However, the
32 chemical restraint was something that I experienced in
33 almost all of my placements. It's something that I've seen
34 little - little, little kids, like, four-, five-,
35 six-year-olds, experience in resi and it's something that's
36 still happening today.

37
38 COMMISSIONER: Aimee, how was that implemented? Were you
39 just given certain pills and told to take them? I mean --
40 A. Yeah.

41
42 COMMISSIONER: -- how did that work?
43 A. So I had multiple different prescribed medications.
44 Most of them were or would act as like a sedative, I guess.
45 They wouldn't put me to sleep but they would really dull
46 me, and I think those were prescribed either through GPs or
47 through the hospital. After I had been in there in like an

1 adolescent mental health ward stay the medications became
2 extremely high in dosage and it got to a point where if
3 I refused to take my medication - because youth workers
4 would dispense it. I didn't have control or I didn't hold
5 my own medication. It was locked in a youth worker office
6 in like a Webster pack. And so if I didn't take it - and
7 they would check my mouth; I would have to open my mouth,
8 show them that I'd swallowed it - they were directed by the
9 department to call an ambulance because I wasn't complying
10 with taking my medication. So then what happens is the
11 ambulance comes, and often along with the police because
12 I was not compliant with paramedics because I did not want
13 to take the medication, to then where I would be given some
14 form of IV injection by the paramedics, be taken to
15 hospital on a mental health hold - even though I was not
16 expressing any type of desire to harm myself or others; it
17 was purely because I did not take my medication - on a
18 mental health hold, where then I'd be released a few hours
19 later and back to the resi, and that cycle would continue a
20 lot because apparently I needed to take the medication
21 because it was in my care plan. And so as well as that
22 prescribed daily medication I also had - now, I don't know
23 what it stands for, but something called PRN. So I had
24 like Valium. So if they thought - if the resi or youth
25 workers thought I was escalated or escalating they would
26 offer - well, they would ask me if I wanted to take my PRN
27 medication. If I declined to take that and I was still
28 escalated, they would phone an ambulance because I was not
29 complying with my care plan, and that is something that
30 occurs still now. The example I'm giving is a rather
31 extreme example, I guess. That was what was in place for
32 me at the time, but there were other young people in that
33 residential care who had the exact same process occurring
34 for them. During my time working in resi I've also been
35 directed to, for a five-year-old girl, empty her - she was
36 on an ADHD medication - empty the capsule into her apple
37 juice in the morning because she didn't want to take the
38 medication. So medicating children without their knowledge
39 as well is something that routinely occurs in residential
40 care settings.

41
42 COMMISSIONER: Do you think at any time that you were in
43 residential care and you were prescribed these medications
44 that there was any period where looking back you considered
45 that course of action to be justified? I mean --
46 A. I think --
47

1 COMMISSIONER: -- you've said that you were in a - you
2 were in hospital for treatment?

3 A. M'hmm. Yes, I think during periods of acute mental
4 health crisis that medication, yes, and for me, yes, was
5 probably needed. What I think is problematic was that they
6 were using it to - almost like a bandaid for behaviour
7 rather than understanding where it was occurring to address
8 it so it stopped. So, instead of understanding the root
9 cause, medication was just added and added and added, which
10 made it really difficult to ever move away from that
11 prescription of medication because the cause was never
12 discussed or addressed.

13

14 COMMISSIONER: Indeed, in your statement you described an
15 episode where you were so heavily medicated you couldn't
16 lift yourself from the floor to the bed?

17 A. Yes.

18

19 COMMISSIONER: Once that occurred and you realised it at
20 some point, did you speak to anybody about that experience
21 and tell them you think you were being too heavily
22 medicated?

23 A. Yes, I told youth workers in the residential care home
24 or the case managers in the residential care home. Some of
25 the case managers would agree but would say that they
26 cannot do anything about it. I don't recall if I ever
27 directly spoke to my child safety officer about that. But
28 I do remember - and I remember a case manager - actually,
29 I still talk to her today; I've known her for a long time -
30 crying, saying that I was on too much medication and that
31 she wished that I didn't have to take it but that I had to,
32 like, that was the direction that they were given.

33

34 COMMISSIONER: Do you think that there's ever a case for
35 physical restraint in a residential care setting, and,
36 based on your experience with the kind of behaviours that
37 might endanger other children at the residential care home
38 or staff, what do you suggest could be done short of in
39 some cases some form of restraint?

40 A. I think that there needs to be a better understanding
41 of when there is behaviour or something occurring that is
42 getting to a crisis point to where a young person would
43 need to be restrained. I think it's really dangerous - and
44 I'm not the best person to speak on it because I'm not an
45 expert in this, but I think it's a really slippery slope
46 that we go down if we say - you know, if a young person's
47 posing a risk to themselves or others and restrain them,

1 I think that there would need to be extremely clear
2 guidelines around what that restraint is, what that looks
3 like, specialist youth workers who are trained, and not
4 just trained on how to use a restrictive practice but
5 ongoing supervision of that and a real solid understanding
6 of when - what type of situation would warrant that.
7 I think a risk to a young person's life would warrant
8 holding a young person or using a restrictive practice for
9 the minimum amount of time possible, alongside some
10 intensive work with mental health professionals with that
11 young person to address some of the behaviour that's
12 occurring, because typically those young people aren't just
13 having a once-off episode, it is ongoing. And so I think
14 there's something that's being missed there in terms of
15 working with them to stop that.

16
17 COMMISSIONER: Sure. But in the heat of the moment when
18 somebody's having an episode that is --

19 A. Yeah.

20
21 COMMISSIONER: I think you've experienced those episodes or
22 witnessed them?

23 A. M'hmm.

24
25 COMMISSIONER: Is there not a need in that context for
26 some immediate action to be taken - I'm not suggesting to
27 you, Aimee, that that's the end of it --

28 A. Yeah.

29
30 COMMISSIONER: -- but in that moment aren't there
31 situations where that's necessary?

32 A. Yes, I believe so, and I believe that in that case
33 independent oversight of that situation and what occurred
34 would need to happen directly after. I think, and as
35 somebody who has lived through resi, no-one's ever going to
36 believe me compared to the youth worker next to me who
37 relays an incident very differently to what actually
38 happened, and so I think in those cases where, yes, there
39 probably are cases where that does need to happen, I think
40 that that would need to trigger an immediate response from
41 an independent oversight body who has the ability to
42 intervene and look into individual matters about why that
43 occurred, what the next steps are and any remedies to that.

44
45 COMMISSIONER: Yes. Thank you.

46
47 MS SWEET: You say in your evidence that you are concerned

1 about the proposed secure care model --

2 A. Yes.

3

4 Q. -- and what that will look like. What do you
5 currently understand about the proposed model?

6 A. It's my understanding that the proposed secure care
7 model is currently being designed or looked at internally
8 within the department. It's my understanding that there is
9 a dedicated team internally within the department who is
10 looking at that, and I guess the design of that and the
11 implementation of that. I'm not aware of very much outside
12 of that. I think there's - maybe the department's not very
13 willing to share a lot of that information or involve a lot
14 of external stakeholders or organisations in that process.
15 I'm aware that it was a recommendation from the Queensland
16 Family and Child Commission Child Death Review Board
17 report. I'm aware of that. I'm aware that's where this is
18 coming from. My concern is that there will not be adequate
19 independent oversight, and I'm concerned that we will see
20 children admitted into secure care facilities that probably
21 don't need to be there, that could be supported better in a
22 different environment, and that these young people may
23 remain there for long periods or experience significant
24 harm in these environments. I'm unsure how an Aboriginal
25 or Torres Strait Islander child could ever be supported to
26 remain connected to culture or be supported with cultural
27 continuity in such a setting like secure care. I'm deeply
28 concerned about children in secure care, what their access
29 to education would look like, what their access to
30 community would look like, and who makes the decision and
31 reviews those decisions that is independent from the State.

32

33 Q. Do you accept that there is a need for a secure care
34 facility as part of a model of care for some children
35 within the system?

36 A. I do not.

37

38 Q. You speak about in your search for a sense of
39 belonging you ultimately made connections with men who
40 would exploit your vulnerabilities?

41 A. Yes.

42

43 Q. How was it that you were - how were you coming into
44 contact with these men?

45 A. Through being homeless and living at bus stops before
46 that. There were a lot more homeless adult men than there
47 were homeless children in the area that I was in. So

1 I think by default you end up spending time with other
2 people who are experiencing similar, and I guess through
3 there, like, you meet one person, who introduces you to
4 more people, to more people. So that - yeah, I think
5 that's kind of how it occurred for me.
6

7 COMMISSIONER: So would you say that being in a homeless
8 position is the most significant risk in terms of coming
9 into contact with - let me put it broadly - bad actors that
10 then engage in the kind of exploitation that you've
11 described?

12 A. Yeah, so I think for me it definitely was and for some
13 other young people that I know, yes, because if you're in
14 a - especially for children, if you're on a child
15 protection order and you are homeless, you are unable to
16 access funded homelessness services for youth because they
17 determined that you have a guardian willing and able and -
18 to provide a placement option for you. So for children on
19 child protection orders that find themselves homeless
20 I think that their options are even more limited than a
21 child who is not on an order. And I'm not saying it's a
22 good situation for those children who aren't on child
23 protection orders either. I think you're very limited then
24 in what you can do and where you can go for support. So
25 I think being homeless exposed me to a lot of bad people
26 and bad situations.
27

28 COMMISSIONER: And when you were homeless is it your
29 understanding that you were subject to a child protection
30 order at that time?

31 A. There were periods where I was and where I was not.
32 So later, yes, I was on a child protection order. When
33 I was homeless earlier, when I was around 12 or 13, no.
34 Child Safety were involved. They were aware I was not on
35 an order. Later and particularly --
36

37 COMMISSIONER: Sorry, just if we can go back, Aimee.

38 A. Yeah.

39
40 COMMISSIONER: So when you first became homeless --

41 A. Yes.
42

43 COMMISSIONER: -- was that because you left your home,
44 your family home?

45 A. It was because I didn't want to return to my father's
46 house; yes.
47

1 COMMISSIONER: That's right. And at that time you
2 weren't, according to your understanding --
3 A. Yes.
4
5 COMMISSIONER: -- on a child protection order of any kind?
6 A. No. There was an open intake and assessment. I was
7 not on a guardianship order at that time.
8
9 COMMISSIONER: And you weren't on any temporary order
10 that - like a court assessment order or a temporary
11 assessment order, anything of that kind?
12 A. In that first instance?
13
14 COMMISSIONER: Yes.
15 A. I was not - it's my understanding I was not. Later
16 I was, and I experienced homelessness on those orders. At
17 that point in time, no. I had - it's kind of confusing.
18 Like, I had an allocated child safety officer because there
19 was an open intake and assessment. I was not on any form
20 of order initially. Later I was on a TAO, then a CAO, then
21 a guardianship order, yes, and I was homeless during those
22 periods as well.
23
24 COMMISSIONER: How long were you, if you can recall, on an
25 open intake assessment?
26 A. I'm unsure. I don't know, I'm sorry.
27
28 COMMISSIONER: Doing the best you can, was it a matter of
29 months or years, or you can't say?
30 A. I think more than a year.
31
32 COMMISSIONER: Yes. So you were in some limbo at that
33 point --
34 A. Yes.
35
36 COMMISSIONER: -- in terms of your status in the child
37 protection system?
38 A. Yes.
39
40 COMMISSIONER: And in that position of limbo, which is my
41 language, you refused to return to your father?
42 A. Yes.
43
44 COMMISSIONER: Because of the abuse that you had
45 experienced?
46 A. I must also point out that he - he worked five weeks
47 away in WA and one week home in Queensland. Where he lived

1 was a property quite far away from any type of public
2 transport. So the department still did see it fit for me
3 to live there alone while he was away for five weeks at a
4 time as well, which was another contributing factor to me
5 not wanting to remain there.
6
7 COMMISSIONER: And this remote home --
8 A. Yes.
9
10 COMMISSIONER: -- was it - was there a bus that you could
11 get on to go to school from that home?
12 A. The neighbour went to a school close by, so I - his
13 mother would drop the neighbour and I off at the bus stop
14 because it was too far to walk.
15
16 COMMISSIONER: And how long was the bus trip?
17 A. Over an hour.
18
19 COMMISSIONER: So you had to get a lift from the home?
20 A. Yes.
21
22 COMMISSIONER: From the neighbour?
23 A. Yes.
24
25 COMMISSIONER: The neighbour had a child going to the same
26 school?
27 A. Yes.
28
29 COMMISSIONER: Right. So how long was it from the home to
30 the bus stop?
31 A. Maybe 15 minutes.
32
33 COMMISSIONER: By car?
34 A. Yes, by car.
35
36 COMMISSIONER: And then an hour or over an hour by bus?
37 A. Yes.
38
39 COMMISSIONER: And nobody else at the home --
40 A. No, nobody.
41
42 COMMISSIONER: -- if your father was working in Western
43 Australia?
44 A. Yes, that's right, there was nobody living at the
45 home.
46
47 COMMISSIONER: So somebody decided that they were suitable

1 living arrangements for you?

2 A. He told them that he would find an adult to be in the
3 home at the times that I was there, I believe after I had
4 said I can't get to and from school because there's no-one
5 there. So that's how the arrangement with the neighbour
6 began. But, no, there wasn't an adult present there and -
7 yeah.

8

9 COMMISSIONER: And was there a period where you gave that
10 arrangement a go, as it were?

11 A. Yes.

12

13 COMMISSIONER: Yes. And how long did that last?

14 A. I'm not sure. Maybe a school term, potentially.

15

16 COMMISSIONER: And about how old were you at that time?

17 A. Twelve.

18

19 COMMISSIONER: Twelve?

20 A. Yes.

21

22 COMMISSIONER: I see. All right. Thank you, Aimee. That
23 might be a convenient time. We'll adjourn until 2.15.

24

25 **LUNCHEON ADJOURNMENT**

[12.55 pm]

26

27 COMMISSIONER: Ms Sweet.

28

29 MS SWEET: Yes, thank you, Your Honour.

30

31 Aimee, I want to take you to the point where you speak
32 about being in a residential care facility and at the time
33 you were going to a motel or motels where you were being
34 sexually exploited?

35 A. Yes.

36

37 Q. And you would call the residential facility and ask a
38 youth worker to pick you up?

39 A. Yes.

40

41 Q. And the response of - you say that the residential
42 said they wouldn't pick you up as it was enabling your
43 child prostitution?

44 A. Correct.

45

46 Q. Correct?

47 A. Yes, correct.

1
2 Q. Yes. And so who was it who was saying that? Was it
3 the youth worker? Was it somebody else in management? Who
4 was saying that?
5 A. I believe it was management, and that message was
6 passed down to youth workers as well.
7
8 Q. Okay. So, "If Aimee asks to be picked up from the
9 motel, don't do it"?
10 A. Correct. "Say no, because it's enabling that
11 behaviour." And the motel is actually, like, essentially
12 next door to a child safety service centre. So I had
13 offered and was willing to walk there instead; if the
14 concern was that the motel wasn't a safe location, that
15 I could walk to the service centre and be picked up from
16 there. But it was still a "no".
17
18 Q. And how far - was it generally the one motel?
19 A. Yes, generally the one motel.
20
21 Q. Yes. And how far was it from the residential
22 facility?
23 A. Maybe a 10 to 15-minute drive.
24
25 Q. Okay. And, other than refusing to pick you up from
26 the motel, what other steps did the residential facility
27 take to support you to not engage in that behaviour?
28 A. Nothing.
29
30 Q. And you say that you had a child safety officer at
31 that time --
32 A. M'hmm.
33
34 Q. -- who would argue with the residential care facility
35 and say, "You ought to pick Aimee up if she's calling you
36 to ask to be brought back"?
37 A. Yes, correct.
38
39 Q. Was the child safety officer aware that the request
40 you were making was because you were at a motel and had
41 been sexually exploited at the motel?
42 A. Yes.
43
44 Q. Okay. So do you say - other than advocating to the
45 residential care facility to pick you up if you asked to be
46 picked up from the motel after being exploited, what other
47 steps was the child safety officer taking to support you

1 not to engage in this behaviour?

2 A. So that person, that child safety officer, was not my,
3 like, allocated child safety officer. Because my
4 residential placement was far away from my actual child
5 safety officer, they had somebody in the local child safety
6 service centre essentially, like, support my main child
7 safety officer. So this person, this child safety officer
8 who tried to advocate with the residential care to pick me
9 up, wasn't my allocated CSO.

10

11 They, where they could and where they had capacity, used to
12 come and meet with me. If I was able to get on to them,
13 like, call them and they were available they'd come and
14 either transport me or meet me at the child safety service
15 centre that was next door to the motel. That wasn't the
16 one that they worked at either. To be fair, that person
17 was a really, really solid child safety officer. It was
18 the only one that I ever had that I think I had any type of
19 relationship with and that I ever felt that cared about me
20 or viewed me as a person, and I think a lot of that was
21 because they often asked my views and asked me to
22 participate in decisions, and that was something that I had
23 never had before. But this CSO really went out of their
24 way and made a really big effort in attempting to include
25 me in those decisions and conversations.

26

27 Q. With the benefit of hindsight, what did you need at
28 that time from Child Safety in respect of you engaging in
29 this behaviour?

30 A. I think a lot of things probably I can absolutely
31 understand and agree with. Not transporting me to the
32 motel or facilitating me to get there, I agree with that.
33 I think in terms of returning to the residential,
34 practically, like, I needed transport or support to get
35 home so I could get out of those situations. But I think
36 as well, like, if that residential care home had have been
37 a positive environment, had I had not - if I wasn't being
38 sexually abused in the resi, and if there was a little bit
39 more care and concern shown, I probably would have wanted
40 to stay at the placement during the day and at night.
41 I would have had less desire to leave and seek connection
42 elsewhere because I would have been receiving that in the
43 placement.

44

45 Q. So this is the same residential placement where you
46 were being abused by the youth worker?

47 A. Correct; yeah.

1
2 COMMISSIONER: Aimee, can I ask when you asked to be
3 picked up from the motel you spoke to the child safety
4 officer who was on the ground, the one sort of looking
5 after you --
6 A. Yeah.
7
8 COMMISSIONER: -- because your other child safety officer
9 is remote from where you are?
10 A. Yes.
11
12 COMMISSIONER: Did you explain to that child safety
13 officer what was occurring at the motel?
14 A. I did not. QPS did. So the police were aware of this
15 occurring. I did not go to the resi or my child safety
16 officer and disclose that it was happening. Once they
17 became aware via QPS it was just a fact of what was
18 occurring. So, from there, the conversations would happen
19 about what I was doing because they were aware via QPS.
20
21 COMMISSIONER: And do you know how QPS became aware?
22 A. I'm actually unsure, to be honest. I don't know.
23 I think when I would leave the residential placement
24 sometimes I would be picked up by adult men, and I know now
25 that when the resi was reporting me absent from placement
26 that sometimes they were getting the licence plate of the
27 car, for example, and providing that information to the
28 QPS. So I'm not 100 per cent sure how they knew exactly
29 what I was doing, but they knew who I was hanging out with,
30 I guess, by, like, licence plates and that type of stuff.
31
32 COMMISSIONER: Are you aware whether QPS took any action
33 in relation to those who were involved in your
34 exploitation?
35 A. I'm unsure. I don't believe so.
36
37 COMMISSIONER: Do you know whether anybody communicated
38 with the motel as to what was going on?
39 A. I don't know.
40
41 COMMISSIONER: No. All right. Thank you.
42
43 MS SWEET: Aimee, you also speak about being placed in a
44 motel for a period of time?
45 A. Yes.
46
47 Q. Can you recall how long you were in a motel?

1 A. This happened more than once. I really don't know how
2 long. I think in my memory it was, like, a few weeks. It
3 wasn't long. Sometimes it was a night or two; other times
4 it was, like, maybe a few weeks.

5

6 Q. So what does a placement in a motel look like?

7 A. Yeah, I think it depends on, like, the motel, I guess.
8 So usually it's like a two-bedroom motel; so a bedroom for
9 a youth worker, a bedroom for the young person. Sometimes
10 those motel placements were supported by organisations.
11 So, like, youth workers who were employed at that org would
12 come and work with me but not out of a resi, out of a
13 motel. Other times it is agency youth work staff where the
14 department, I guess, is coordinating with a - I don't know,
15 like, the right word - like an on-call agency almost, like,
16 where they use youth workers to fill shifts for providers
17 when a provider doesn't have their own pool of casual youth
18 workers, for example. So sometimes a placement was
19 supported purely by, like, casual on-call youth workers.

20

21 Q. Yes. And what do you say about the satisfactory
22 nature of a placement in a motel?

23 A. No, I think it's extremely inappropriate. I can't
24 really ever see how a placement in a motel would ever be in
25 a child's best interest or would work toward any type of
26 healing or stability for a child. I've spoken to other
27 young people as well who have really recently exited care
28 and they've experienced the motel placements recently as
29 well, and they speak about how difficult it was for them to
30 even get inside of the motel. Like, if the youth worker
31 wasn't present or they couldn't find a youth worker to fill
32 the shift, they couldn't access their own hotel room,
33 I guess, with their belongings in it. And I think that
34 there are certain motels who maybe have - are used to
35 hosting children in out-of-home care as a placement option
36 and the negative perception towards those children, like,
37 regardless of if they've offended or done anything wrong in
38 that motel, like, I think that really greatly affects
39 children in motel settings as well.

40

41 COMMISSIONER: So, Aimee, just so I can understand this
42 clearly, when you're placed in a motel there's a youth
43 worker on a roster who stays at the motel with you in the
44 room?

45 A. Yes. Yes. Correct.

46

47 COMMISSIONER: Yes.

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MS SWEET: And you say that one of the particular times you speak about being placed in a motel was when you were in a domestic violence relationship.

A. Yes.

Q. So when you were placed in a motel where had you been immediately prior to that; can you recall?

A. I don't recall, but often before a motel placement I had no placement before that. So probably the bus stop.

Q. And, to your knowledge, what is then triggering you moving from no placement to a motel?

A. Either a period of hospitalisation, where the hospital won't discharge me or a young person unless they have accommodation. So in that case often the department is pressured into finding a placement for a child they otherwise wouldn't because another agency is involved. Also release from youth detention as well; they won't release a child to homelessness. So the department will usually need to work toward finding a placement, and it doesn't really seem to matter if that's a permanent placement or a temporary placement.

COMMISSIONER: Aimee, can you recall approximately how old you were at the time you were having placements in motels that you've just described?

A. Around 15, 16, 17 years old.

COMMISSIONER: Yes, thank you.

MS SWEET: And so at this time you're 16 or 17?

A. M'hmm.

Q. To the best of your knowledge, are you under long-term guardianship orders to the Chief Executive at that time?

A. I was on a short-term guardianship order to the Chief Executive.

Q. All right. So the Chief Executive is your guardian at the time?

A. Yes, correct.

Q. And what had you disclosed to the department about the domestic violence that you were experiencing?

A. They were very aware about the domestic violence. There was an occasion where a case manager who worked for a

1 residential care provider witnessed it and kicked my
2 boyfriend at the time out of my placement. I had invited
3 him into my placement. She removed him from the placement.
4

5 There was another time where he had kicked in the door to a
6 placement, and the residential care provider had called
7 police about it. Multiple times where I had presented with
8 visible injuries as a result of the domestic violence. It
9 was very well known by my child safety officer, team leader
10 and youth workers across multiple residential care
11 placements, including Youth Justice, who one time had to
12 shut down the service centre because my boyfriend at the
13 time was outside and threatening me from outside of the
14 service centre while I was doing like a probation check-in.
15

16 Q. Yes. What type of threats was he making?

17 A. Threats against my life that he would kill me; that,
18 I don't know, he would beat me up; just all sorts of things
19 around, like, physical violence or taking my life.
20

21 Q. Yes. And in terms of you mentioned before that one
22 time a child safety officer had witnessed the violence?

23 A. Yes, a case manager for a residential care provider
24 had witnessed it.
25

26 Q. Yes. And what did that case manager witness?

27 A. I had snuck in my boyfriend at the time into the
28 placement. It was like a - it was a unit, a two-bedroom
29 unit, and I had snuck him in. And we got into a fight
30 where he used the cord from, like, a fan that you plug in,
31 like a stand-up fan, to choke me against the floor with.
32 And that made some noise, I guess, and she opened up the
33 bedroom door and saw that happening. She yelled at him,
34 and I remember he left. He left and he started yelling at
35 both of us from outside of the driveway of, like, the units
36 where that placement was. That is the same placement that
37 he kicked the door into one day when I was out with a youth
38 worker as well.
39

40 Q. Yes. And you said in the initial part of your
41 evidence that the department had the ability to take out an
42 order against your boyfriend?

43 A. Yes.
44

45 Q. And is it the case that - sorry, I withdraw that.
46 Were any attempts made by the department to do that?

47 A. Not that I'm aware of. I don't recall the department

1 ever asking me if that's something that I wanted. I don't
2 remember them ever telling me that that's something that
3 they could do or that that was an option. I don't think
4 I ever had those conversations with the department.

5

6 Q. Did you have the conversations with anybody?

7 A. No, I don't recall anybody ever suggesting that that
8 was something that the department had the ability to do or
9 that I could even be listed on a domestic violence order,
10 no.

11

12 Q. So were you yourself even aware that you could do
13 this?

14 A. At the time, no.

15

16 Q. You also say - you talk about some of your earlier
17 offending being stealing cereal, stealing shoes because you
18 didn't have shoes, stealing your first bra. You then talk
19 about - well, you then say that there was also - and you
20 say that was survival, survival stealing?

21 A. Yes. Yeah.

22

23 Q. And then you say a bit later on that you had - there
24 was other offending that was viewed as reckless and
25 criminal.

26 A. Yes.

27

28 Q. And viewed by who?

29 A. The Department of Child Safety and QPS and Youth
30 Justice.

31

32 Q. Okay. And, that type of offending that you say was
33 later viewed as reckless and criminal, what type of
34 offending are we talking about?

35 A. Break and enters. Assaults. There's quite a few
36 assaults, and one example of that was that youth worker
37 behind the screen door. Property damage in residential
38 care homes as well, that was a common one for me. And
39 things like unlawful use of a motor vehicle, possession of
40 methamphetamine or drug utensils, charges like that.

41

42 Q. Yes. And you say - even that later offending that was
43 viewed as reckless and criminal, you say in reality that's
44 all survival?

45 A. Yes, that's right.

46

47 Q. Can you tell me a bit more about why you say that's

1 survival, that offending is survival?

2 A. I think the drug use and the charges that came
3 alongside that, like possession of drugs or utensils and
4 things like that, for me the only time that I didn't want
5 to die was when I was high. So I was using more and more.
6 And sometimes I wasn't - I was using drugs. I wasn't out
7 doing other crimes alongside that. But my residential care
8 home, if I came back - and some would let you in under the
9 influence of drugs; sometimes you could pretend you
10 weren't; others wouldn't let you in; right.

11
12 But if I came back after I had been absent from placement
13 they would call the police and I would - sorry, they'd lock
14 me out of my room, kind of. Like, they would guard the
15 door so I couldn't go in my room; do a room search; find
16 drugs or find utensils; and then call the police and I'd be
17 charged as a result of that. That happened quite
18 frequently. So, although I wasn't out committing offences
19 whilst under the influence, when I returned back to my
20 placement they would phone the police and that would
21 normally end in a search for drugs and things like that.

22
23 So I think using drugs for me at the time was, yeah, the
24 only way that I could really survive that and not want to
25 die. And I think other parts of that offending was because
26 I felt that the only worth I had to people was when I was
27 serving them and doing something for them. So when people
28 would say, "You're a kid. You're smaller. You fit through
29 this door and you steal this car or you do this," and they
30 would be happy after, that was the only time that adults
31 ever showed me that I was valued or that I was worth
32 something because I was serving them. And I think I wanted
33 that so badly that I did not really consider what I was
34 doing to get that. I just did whatever I could.

35
36 Q. And you say at one point that you would sometimes be
37 viewed as too much of a risk for the residential provider
38 to carry, and then once that assessment occurred your
39 placement would be closed?

40 A. Yes.

41
42 Q. To the best of your knowledge what was it about you or
43 your behaviour that resulted in you being classified as too
44 risky for the residential provider?

45 A. I think there was a few things. I think my drug use.
46 So I think at the time - and I know things are changing.
47 At the time there wasn't so many children, at least in the

1 resis that I was in, that were using IV methamphetamine.
2 It was a lot of chroming or smoking weed. So I think they
3 found it very difficult to manage a child who was using
4 more I guess hardcore drugs.

5
6 I think my mental health was not great, and there was
7 always - I think they were always concerned that I may end
8 up dead, either killing myself or dying out doing what they
9 would call reckless activities. And I think all of that,
10 rather than being viewed as a child in need of love or
11 protection or care, it was a risk to have me in their
12 residential and their organisation because if I died it
13 was on their watch or if I was harmed it was on their
14 watch; so it is better to not be the organisation that has
15 a child die in your care.

16
17 Q. And when they closed the placement you're then
18 homeless again?

19 A. Yes. Sometimes I would be offered an alternative.
20 Most times there was not an alternative and there was not
21 another placement option. It wasn't that I was declining
22 the placement option provided; it was that there just was
23 not one.

24
25 Q. And you've been aware there's been significant press
26 around this idea of children missing in the system and
27 children self-placing.

28 A. M'hmm.

29
30 Q. Do you regard the number of children being
31 self-placing or missing as an indication of systems
32 failure?

33 A. Of course. Absolutely I do. I think - and, firstly,
34 like, I want to say with that number - and I know it's a
35 very high number - I don't think that all are legitimately
36 self-placing. I think that there is a number of children
37 who do not have an alternative provided to them, and that
38 is different, in my mind, than self-placing where a child
39 chooses to place themself somewhere else. But I think when
40 we look at children who are self-placing they've chosen to
41 leave the placement provided by the State and go somewhere
42 else. That's an indication that that placement is not
43 meeting their needs, and I also think an indication that
44 that child has not been asked to participate in those
45 decisions.

46
47 I think that, you know, I hear people talk all the time

1 about involving children in decisions that affect them.
2 It's kind of viewed as like a tick box; like, we ask the
3 kid but actually, like - the United Nations Convention on
4 the Rights of the Child, like, children have rights and
5 they have a right to be involved in decisions that affect
6 them. And I don't see that happening very often at all,
7 the children in out-of-home care. And where I do see it
8 occurring it is often tokenistic or toward the end of their
9 time in care and not true participation. So I think when
10 we look at the number of kids self-placing it indicates a
11 system that is failing in its corporate parenting
12 responsibilities and not including children in those
13 decisions about their own lives.

14
15 Q. So is it your view that the majority of children are
16 voiceless within the system?

17 A. Yes, I think they've been taught that, that what they
18 say doesn't matter or that they're not allowed to have a
19 say. So I think there is a very small number of children
20 in out-of-home care that understand their rights and
21 understand that they are supposed to be consulted on
22 decisions that affect them, that they're allowed to be.
23 And I think there is a lot of examples of children who try
24 and are shut down or who have family members who try on
25 their behalf or with the child, and that is completely shut
26 down as well. I think there's an idea that children don't
27 understand what's in their best interest, so we just skip
28 over consulting with them and speaking with them.

29
30 COMMISSIONER: Aimee, what was your experience when it
31 came to speaking up about what you considered at the time
32 to be in your interests and consistent with your
33 aspirations? Can you recall occasions where you attempted
34 to do so and, if you can, in substance what you said and
35 what the response was?

36 A. Yeah. So, first of all, I just want to say I think as
37 well, like, for kids in out-of-home care, in my experience
38 and a lot of other kids, they're mistreated so often that
39 they don't actually even recognise when they're supposed to
40 be consulted or when they're being mistreated to even be
41 able to speak up.

42
43 One example for me was I wrote an email - and I, like,
44 actually found a copy of this email - to a child safety
45 officer and team leader raising multiple concerns around a
46 few things, but one of them being a placement being changed
47 without any consultation or discussion with me or even the

1 residential care provider I was in prior to that. In that
2 email I noted that one of the child safety officers at the
3 time had made - I looked her up on Facebook. She had made
4 a Facebook post about her day. She had spent the whole day
5 with me. You know, she's not paid to talk to idiots all
6 day, to the effect of that, right, her post said. So
7 I included that in my email as well, in my complaint. The
8 only response that I received was being blocked on Facebook
9 by that child safety officer. Nobody responded to that
10 email where I had raised multiple concerns in quite a calm
11 way, I think, considering, and written communication as
12 well. There were other times where I verbally --

13
14 COMMISSIONER: Can you just tell me before you go on to
15 the other one - I'm sorry to interrupt you - what the
16 nature of the concerns were that you expressed in the
17 email?

18 A. So one of them - one of the concerns was about the
19 inappropriate actions of that child safety officer posting
20 a thing on social media about me. Second was about my
21 placement being closed. I was in a - I had been in a
22 mental health ward, and during the time I was there Child
23 Safety closed my residential placement and, upon discharge
24 from the hospital, had given me another placement in a
25 semi-independent living arrangement with the son of one of
26 the men who had me in his bathroom for a period of time
27 before that. So in that complaint I expressed that I had
28 verbally tried to tell the child safety officer that it was
29 not a safe placement option for me, and I had tried to
30 explain why, and there was no response.

31
32 COMMISSIONER: Did you explain the connection?

33 A. Yes, I did.

34
35 COMMISSIONER: Yes, I see.

36 A. And Child Safety were aware of the connection, but had
37 told me it was not a risk because there was a youth worker
38 rostered on in the daytime hours, and it wasn't the man
39 that I was tied up and held in a bathroom with, it was his
40 son, so it wasn't a risk is what the department told me.
41 So in that email I had raised that after I had already
42 tried to verbally raise that with the department as well.
43 I never received a response to that email ever. And
44 I continued to voice my concerns about that placement and
45 continued to not return to that placement. And the
46 department had said that they wanted to, you know, show me
47 that I don't get to make the rules and choose where I live,

1 and that that was a safe option provided and I was simply
2 choosing not to go there. So that's one example.

3

4 COMMISSIONER: So, just to get this clear, you're abused
5 by the father.

6 A. M'hmm.

7

8 COMMISSIONER: And you were concerned that you would be
9 placed in a residential care facility where the son of
10 the father was also residing?

11 A. Correct, yes. It was a semi-independent living
12 placement. So the son lived upstairs. I lived downstairs
13 in a renovated granny flat, with a youth worker rostered on
14 in the daytime hours; no overnight youth worker.

15

16 COMMISSIONER: And the department's answer was it wasn't
17 the son who was the abuser but the son's father?

18 A. That's right.

19

20 COMMISSIONER: I see. Thank you.

21 A. Yeah, so that's one example of where I've tried to
22 raise concerns, and that was via email which I had hoped
23 would be more effective than verbally raising it since it
24 was on paper. It was not more effective, actually. And
25 there are other times as well where I had tried to raise
26 concerns around not being provided with a placement as
27 well, verbally raising those concerns with my child safety
28 officer and team leader at the time, which did not go
29 anywhere.

30

31 COMMISSIONER: Thank you, Aimee.

32

33 MS SWEET: Aimee, you'll be aware of the terms of
34 reference for this Commission.

35 A. Yes.

36

37 Q. And how it asks the Commission to investigate case
38 studies of children subject to dual orders.

39 A. M'hmm.

40

41 Q. And to investigate and determine what are the failures
42 by the Department of Child Safety, what are the failures of
43 policy and process and practice that contribute to children
44 offending.

45 A. Yes.

46

47 Q. Doing the best you can, and noting that you've been in

1 the box for a long time, what do you say are those failures
2 that contributed to your offending?

3 A. I think the department did not support me to access
4 any type of therapeutic mental health support. So that
5 would look like counselling or psychologist sessions that
6 addressed both the harm I experienced before entering care
7 and the harm I was currently experiencing by being in care.
8 And that is really difficult, I think, to address if you're
9 living the systemic abuse and harm to then be able to work
10 on that and address that; it is quite difficult. But
11 I think that was one thing that led me to my offending
12 because there wasn't any meaningful intervention in terms
13 of supporting mental health.

14
15 Also drug and alcohol support services. And, to be fair to
16 the department, at one point I was sent to ADAWS, so, like,
17 Adolescent Drug and Alcohol Withdrawal Service, as part of
18 the Mater Hospital. I was there for one night. That was
19 all I lasted. I don't think that there was very good
20 understanding of how to support young people with chronic
21 methamphetamine use. It was a lot of how to support kids
22 that smoke weed and binge drink. So I don't think the drug
23 and alcohol support services were very effective.

24
25 I think I felt very powerless as well all the time. I was
26 never asked what I wanted or what I felt or to be involved
27 in those decisions. So I sought different ways to have
28 power over my own life. And I think - and this isn't
29 applicable to me, but what I see now is a lot of young
30 people with disabilities that are not diagnosed in
31 out-of-home care and those young people go on to offend.
32 And I think if a parent did not seek to get a disability
33 diagnosis or support a child in their care with their
34 disability we would view that as a parent not willing or
35 not able to adequately care for their child.

36
37 But we see so many children in out-of-home care with very
38 clear disabilities that are not diagnosed or they're on a
39 wait list, and that wait list is normally for, like, a
40 CYMHS or an Evolve service and it's not a private
41 psychiatrist or paediatrician or however. So those
42 children are on wait lists for extraordinary amounts of
43 time because the department will not pay for a private
44 assessment so that they can have their disability diagnosed
45 quicker.

46
47 Q. You talk about the time that you went to a house with

1 a group of men and you were tied up and prevented from
2 leaving.

3 A. Yeah.

4

5 Q. And you say that Child Safety didn't look for you?

6 A. I was not reported a missing person. There were
7 sometimes where I was absent from placement where I was
8 reported to police as a missing person. On this occasion
9 I was not reported missing. So I did not have any missed
10 calls from Child Safety either. I didn't have access to my
11 phone at the time, but I still had my same phone afterward.
12 There was not missed calls from the department looking for
13 me asking where I was.

14

15 Q. And how long between being at the placement and
16 therefore - sorry, being at the house with the group of
17 men, not being at placement, how long between that and
18 Child Safety closing the placement?

19 A. I'm unsure how long it took them to close my
20 placement. But I was in that house for 11 days; so it has
21 to be less than that.

22

23 Q. Okay. And during those 11 days you had no calls on
24 your mobile phone --

25 A. I had no missed calls, no.

26

27 Q. -- from Child Safety?

28 A. Yes, that's right. No missed calls from Child Safety.

29

30 Q. And, returning to this motel issue, so a time when you
31 are released from youth detention, you were provided with a
32 short-term 48-hour placement in the motel room?

33 A. Yes.

34

35 Q. Because if this placement isn't arranged you can't be
36 released?

37 A. That's right. So the detention centre could not keep
38 me for longer, and so the department needed to find a
39 placement for me to be released to because I also could not
40 be released to no address. So in that case temporary
41 accommodation was sought, and that still occurs now.

42

43 Q. And so when you were released from youth detention and
44 went to the motel what did you actually have with you?

45 A. Nothing. I had - I had nothing. I got a Big W gift
46 card for \$50, not on the day that I was released either, so
47 later I was able to go to Big W with \$50 to get clothes.

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Q. You say once the 48 hours was up you had nowhere to go?

A. Yes.

Q. And you were faced with being both homeless and in breach of your probation?

A. Yes. So there were times where I was in breach of bail or probation because I - the address listed as one of my conditions or maybe I had curfew, I was unable to stick to those conditions because I physically wasn't allowed at the address.

Q. And on this occasion what happened?

A. I actually don't even recall on this one occasion what happened after that 48-hour window. I was really fortunate throughout all of my involvement with Youth Justice I only ever had two youth justice case managers, and both were really, really good. Both advocated really hard with the department to try and find me placements, but also suitable placements as well. They were very flexible with my probation check-ins or bail check-ins. Like, I had conditions where I had to go three times a week in person, and sometimes they would allow me to do that over the phone because they knew that the department could not or would not transport me there. So I imagine I would have called my YJ worker.

Q. Yes. And about how old are you at this time?

A. Sixteen or 17.

Q. Okay. And you say that there was a residential care placement in which you felt safe and settled, and you had access to 24-hour support?

A. M'hmm.

Q. And you ultimately moved from that placement. So can you tell me about why in that placement you felt safe and settled?

A. So one of the residential care organisations that I was placed with I had multiple placements through them but often with the same case manager or youth workers. So, although the physical address was different, the relationship stability remained. So I knew that case manager well and she really, like, involved me in decisions even around youth work support. Like, I remember her sitting me down and asking me, like, what type of youth

1 worker do I feel comfortable with or do I feel safe with,
2 and she was really able to almost build a team of youth
3 workers around me that she knew I would feel supported by.
4 And I think again it's just back to that she was honest
5 with me, she explained the limitations, but involved me in
6 those decisions and explained the process to me so that
7 I could understand it.

8
9 Q. And you speak about raising a complaint when you
10 transitioned out of care when you turned 18.

11 A. Yeah.

12
13 Q. And it being handled as a first attempt at resolution.

14 A. Yes.

15
16 Q. And deemed resolved because it was unsubstantiated.

17 A. M'hmm.

18
19 Q. So at the time were you told - were you given a letter
20 to tell you these things?

21 A. Yes, I was given a letter in response to my complaint
22 to say that the matter that I had raised was
23 unsubstantiated.

24
25 Q. Yes. And you say that you later pursued legal action
26 against the department?

27 A. Yes.

28
29 Q. You say for its failings in caring for you?

30 A. Yes.

31
32 Q. And you say, "Many of the concerns I had raised in my
33 complaint were validated in this process."

34 A. Yeah.

35
36 Q. Can you tell the Commission what were the complaints
37 that you considered had been validated in that process?

38 A. The period of time that I was absent from placement
39 where I was in the bathroom where nobody had reported me
40 missing, and I was then placed with the son of one of those
41 men. So that was part of it. The department's failure to
42 act while on notice while I was younger, when I was five;
43 and then again when I was a bit older and the department,
44 you know, said that they couldn't find me on their system.
45 And there was one other point but I actually can't recall
46 that right now, sorry.

1 Q. No, that's okay. It may come back to you and, if it
2 does, please feel free to raise it.

3 A. Yeah.

4

5 Q. What caused you to feel validated? Was it because the
6 department made certain concessions or just that you felt
7 heard and there was - in the end there was compensation, so
8 you felt it was validated? What was it that made you feel
9 validated?

10 A. A few things. I think during that process there were
11 - obviously my records were, like, applied for - or both
12 legal teams had my records, and in that it reflected what
13 I had said in there. Although it might have been
14 documented slightly differently, the point was still
15 documented. So that was the first time that somebody said,
16 "Oh, we don't believe you because you're saying it; we
17 believe you because it's on paper."

18

19 The fact that it - I had to see two psychiatrists, so one
20 for the State and one for my legal team, I guess. The
21 psychiatrist for the State in his report talked about
22 believing what I had said, which was surprising. I did not
23 think that that would occur. And then also because it
24 settled. Like, I don't know if that's the right word. The
25 first attempt at, like, meeting with both sides, it never
26 went to court, it settled for a significantly higher amount
27 of money than my legal team told me that I would be offered
28 during that first attempt.

29

30 Q. Okay. And it's correct to say that part of your
31 criticism of the department is the type of abuse and
32 neglect that would cause you to be removed from your
33 parents, if it occurs in care tends to be met with a
34 response where at times it's accepted or ignored; is that
35 fair?

36 A. Yes, that's right. I think there are times where,
37 yes, it's just accepted or almost normalised, particularly
38 in residential care. And I think that it is very difficult
39 for a child in out-of-home care to raise any of those
40 concerns and be believed whilst in care. And I think also
41 - so I was in residential care, so it's a bit different.
42 But when I've talked to young people, particularly young
43 people on long-term guardianship to other to a foster
44 carer, and they talk about when they wanted to raise a
45 concern about their care arrangement or the way they were
46 being treated there they were unable to get access to their
47 child safety officer. That was a really big barrier for

1 those young people as well. They either didn't know who it
2 was, their CSO was, or when their CSO did the once a year
3 home visit their foster carer was present, meaning that the
4 child didn't feel safe enough or comfortable to raise an
5 issue directly with the CSO either.

6
7 And I think in the case that a concern for a child in care
8 does make its way to the department it's like a standard of
9 care report. The process is very different to how that
10 would look for a child at home with their parents. In that
11 case there would be a notification or a concern report.
12 For children in residential care in particular it's a
13 standard of care report, and in my experience it is very
14 difficult to be believed as a child in care.

15
16 Q. And you raise concerns about there has been over many
17 years and still is a practice of allowing unlicensed and
18 for-profit residential care organisations to proliferate;
19 yes?

20 A. Yes. Sorry.

21
22 Q. And you talk about the bid for the kid.

23 A. Yeah.

24
25 Q. The bid for the kid that goes on when placement
26 services - so the department's placement services - sends
27 out an email --

28 A. Yes.

29
30 Q. -- to providers effectively, you say, to say bid for
31 the kid. Can you tell the Commission what you mean by bid
32 for the kid?

33 A. In my experience and what I've seen is that, and it
34 typically happens for a child who has been determined by
35 the department to have complex needs or high needs; the
36 dollar figure attached to them, basically the dollar
37 figure, the amount that is paid to a residential care
38 provider to provide care for that child. So it is my
39 understanding that there are two different funding model
40 arrangements, I guess, for children in residential care.
41 And for children with complex needs or higher needs
42 typically, yeah, there's, like, a dollar amount attached to
43 them because they should be accessing therapeutic supports
44 like external mental health supports or youth workers with
45 different levels of training or understanding or knowledge
46 around how to support them.

1 So there are emails that I've seen and emails that go out
2 when placement services is seeking a residential care
3 placement for a child, and providers that will respond and
4 sometimes take the child for less money than what the
5 department has said is required, I guess, to support them.
6 I've seen it work in placement services. You know, I know
7 the full inner workings of that; I've seen that.

8
9 And then so what we have is children with higher needs and
10 who probably require really intensive support by
11 professionals who understand either early childhood
12 development for younger children or disabilities for
13 children with complex disabilities, they require day-to-day
14 care by professionals, but instead they receive day-to-day
15 care in unlicensed, for-profit residential care providers
16 often with multiple other young people who also have
17 complex but very different needs, and where it's just that
18 none of those children are receiving the level or quality
19 of care that they should be.

20
21 Q. And have you observed what happens when children are
22 placed in those conditions?

23 A. Yeah. So one of the residential care homes that
24 I worked in as an adult had - at one point there were three
25 children placed in there. So one was a five-year-old
26 child, one was a 16-year-old young person with chronic
27 suicidality and self-harm, and the other was a young person
28 with Down syndrome, FASD, ASD and was non-verbal, was
29 incontinent and went to a special school.

30
31 And so that young person, the young person with
32 disabilities - and they had profound disabilities; they
33 were also hard of hearing, they had sight visions - sight
34 vision, like, impairment as well - they didn't even have
35 access to a communication device. So what had been
36 recommended by their school, and they went to a special
37 school to support disabilities, what had been recommended
38 was that they have an iPad with an app on it to support
39 them to be able to communicate through that. And that app
40 cost \$400, and so the department for the period of time
41 that I worked there never paid for that app. That young
42 person never had access to that app.

43
44 I did not know and no youth worker there knew how to work
45 with a young person with such complex disabilities like
46 Down syndrome and the other physical health conditions that
47 came with that young person's Down syndrome. That young

1 person was incontinent not because of a physical disability
2 but because they had never throughout their time in care
3 been toilet trained. And so one of the tasks that were
4 given to us as youth workers were to try and toilet train
5 this young person, and none of us knew how to do that.
6

7 The five-year-old and also the young person with
8 the disabilities, we had to support them to shower and wash
9 their bodies. And that was just incredibly uncomfortable
10 because, on one hand, you're told you can't tuck this kid
11 in bed at night, you can't give them a hug when they do
12 something good, you can't give them a hug if they ask, you
13 can't show any type of affection, but wash their naked
14 body. Like, that stuff is really just, like, concerning.
15

16 So there was a lot of really, really complex disability
17 going on in that resi as well as children that were really
18 young. Like, none of us had any idea about early childhood
19 brain development, what it does to a little child in
20 residential care when they have a rotating roster of adults
21 coming in and out all the time. That stuff was really
22 challenging, and it was my observation that none of those
23 children accessed or received any type of mental health
24 support or adequate disability support.
25

26 That five-year-old girl, she had been excluded from school
27 and there had been no attempt by Child Safety to re-enrol
28 her in a different school. She had been excluded because
29 of some behaviours that she was displaying at school. So
30 all day she was just at home with youth workers and doing
31 no type of education at all, accessing no education. Yeah.
32 And so to have children like that in a residential care
33 setting was particularly problematic, especially when one
34 was non-verbal. And we also have pre-verbal children who
35 can't verbally tell somebody when they've been harmed or
36 abused in a placement.
37

38 Q. The child with the disabilities who had not been
39 toilet trained, is it the Down syndrome child?

40 A. Yes.

41
42 Q. How old was the child?

43 A. That child turned 13 while I worked in that resi.
44

45 Q. So the child was 13, not toilet trained?

46 A. Correct.
47

1 Q. How long had the child been in care without being
2 toilet trained?

3 A. That child entered care at four, and had been in
4 multiple other residential care placements before that resi
5 that I worked in. She was also an Aboriginal child with no
6 cultural plan in place at all because she was non-verbal.

7

8 Q. You gave some evidence about 13 young people you knew
9 of between the ages of 18 and 25 who've died after leaving
10 care in the past two years. In terms of the transition to
11 adulthood - T2A?

12 A. Yes, yes.

13

14 Q. Is it part of your evidence that the department is
15 failing in successfully transitioning these young people
16 out of care?

17 A. Not only are they failing to support them in their
18 transition out of care; they're failing to support them
19 prior to that and whilst they're in care, leading to
20 greater difficulties during their transition and then
21 post-care.

22

23 Q. And so in what ways are these young people being set
24 up to fail?

25 A. A lot of these young people that I speak about that
26 have died after leaving care had experienced multiple
27 residential care placements, periods of self-placing or
28 homelessness, and rather poor transitions from care into
29 adulthood as well when they turned 18. Quite a few of the
30 young people are Aboriginal or Torres Strait Islander young
31 people who experienced multiple placements without ever
32 having a meaningful cultural plan in place or any type of
33 support to connect with their culture or to support
34 cultural continuity whilst in care as well.

35

36 Some of these young people were transitioned out of care
37 when they turned 18 into homelessness because the
38 department didn't put them on a public housing wait list in
39 time, and it appears to be that children exiting
40 residential care are destined for public housing and that
41 is the transition plan in terms of housing.

42

43 I understand that we now have extended post-care support,
44 which didn't exist when I transitioned out of care, and
45 that program - with it comes an attached amount of money
46 that children can access for the first three years prior -
47 first three years after exiting care. I think it's around

1 \$16,000 maybe per year for the first three years of
2 exiting.

3
4 I know that for some of those young people that that money
5 has been able to pay for housing for them when the
6 department's been unable or unwilling to secure housing
7 post-care. I also know that accessing that service is
8 almost like a postcode lottery where every region has a
9 different provider. Some providers are really large,
10 well-established organisations who have a lot of experience
11 in supporting young people during their transition from
12 care, and there are other providers that are a lot smaller
13 and maybe they have a smaller number of staff or less
14 experience in supporting young people. And kids die on the
15 waiting list for those services because, although they're
16 entitled to it and should be accessing it, some providers
17 have a wait list. And so those children aren't actually -
18 or those young people, sorry, because they're 18, aren't
19 actually accessing the money and case management that
20 they're entitled to because they're waiting. And that
21 money doesn't roll over on each birthday. So when that
22 young person turns 19, whatever they didn't spend in that
23 first year is gone. They can't access it again. So if
24 they're on a wait list it is no fault of their own that
25 that money is not being spent and that they're not being
26 supported with intensive case management or housing
27 services being paid for with that money.

28
29 Q. And if transition to adulthood is not handled in a way
30 that appropriately supports the young person does that
31 contribute to offending behaviour?

32 A. I absolutely think it does, especially for young
33 people that have transitioned to homelessness or unstable
34 housing post-care. I definitely think it does. And
35 I think, although kids turn 18, sometimes they're still on
36 youth justice orders. This happened to me. My YJ order
37 ended after I turned 18. So they still have conditions,
38 like bail conditions or probation conditions, attached that
39 they are unable to meet not because they choose not to meet
40 them but because they don't have stable housing. So they
41 can't adhere to a curfew or, because they're being charged
42 with further offences like when they're doing essentially
43 survival crime, right, like shoplifting or stealing, and
44 there's a range of offending that could occur but that's
45 some of the offending that I've seen and how that really
46 contributes to moving through from the youth justice system
47 into the adult correction system.

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Q. Okay. I wanted to ask you about one of the recommendations that you make. Do you have that document with you?

A. Yes, I do.

Q. Yes. It's page 3.

A. Yes.

Q. It's recommendation 5, "Require two directional harm assessment across the child's life course."

A. Yes. Do you want me to speak to it?

Q. Yes, could you speak to that?

A. Yes. And I'm trying to do my best with speaking to it, but I think when decisions are being made and it's earlier in a child's life around bringing them into out-of-home care or placing them on a child protection order, there is an assessment done around the child's current living arrangement, so usually with their parent. And so there's a harm assessment done around that. And that kind of, I guess, is the basis to then an application to make a child protection order later; right?

So I think if the department is able to do those assessments about a parent - and we often see them happen for unborn babies as well; so babies that aren't yet born. So the department is projecting risk or assuming the risk of harm that the child might experience once born. They're not yet born; they can't have yet experienced harm.

If the department can do that, I also think that they should be able to do an assessment on the probable or assume the harm that a child might experience in care. It's really well known through the Royal Commission into Institutional Responses to Child Sexual Abuse that culture is a protective factor for Aboriginal and Torres Strait Islander children around preventing sexual abuse and them being sexually abused. And so when we remove Aboriginal and Torres Strait Islander children from their homes and families and communities and place them in out-of-home care with non-Indigenous carers or away from their culture they are at an increased risk of experiencing institutional child sexual abuse.

And I think that there is a lot of associated harm types that children experience in out-of-home care and that can

1 only be experienced in out-of-home care and cannot be
2 experienced at home. So I'm not saying that every child
3 should remain at home but I think that, if we're able to
4 make assessments about the child's family and parents and
5 the risk presented there, we should then compare that or at
6 least make an assessment of the types of harm that those
7 children are likely to experience in out-of-home care based
8 on the data that the State has and make a decision around
9 that and what's in a child's best interests. I think that
10 there's a real lack of considering abuse and neglect
11 experienced in out-of-home care both systemic in nature and
12 also at the hands of individuals.

13
14 MS SWEET: Thank you.

15
16 Those are my question, Commissioner.

17
18 COMMISSIONER: Aimee, can I just ask you in relation to
19 your last answer --

20 A. Yes.

21
22 COMMISSIONER: -- to take your case as an example, if an
23 assessment results in what I might call a false negative
24 assessment, that is to say that the department decides that
25 the child does not need to be removed, as appears to have
26 been the case in your case, then that can lead to
27 undetected and quite significant risk of harm or actual
28 harm; and, with that in mind, do you accept that it's
29 important for that assessment to be as good as it can be
30 and for action to be taken where the child is at risk, as
31 you were, and that can involve removing the child from
32 the child's family, kin and culture? So I understood your
33 point about the countervailing harm that can be suffered
34 once the child is in the system. But how do we avoid when
35 there is at the moment of assessment a real and supportable
36 evaluation that the child is not safe where the child is?

37 A. I think that a child can be unsafe and in need of
38 protection and need to be removed from their parents;
39 I think that's true for Aboriginal children and
40 non-Indigenous children.

41
42 COMMISSIONER: Yes.

43 A. I don't accept that that includes disconnection and
44 removal from kin and culture as well. That doesn't only
45 come from inside of the home with your mother or father.
46 I think that kin and - is much bigger than that and there
47 are multiple other ways that a child can be supported to

1 remain connected with their family. And, by family, maybe
2 that's their parent, but I'm also talking about extended
3 family as well.

4

5 COMMISSIONER: Yes. No, I understand that, and the two -
6 your point is that the removal of the child, as
7 I understand it anyway --

8

9

10 COMMISSIONER: -- from the child's immediate family
11 doesn't need to also mean that the child is disconnected
12 from that child's cultural environment entirely; that there
13 are things that can be done and should be done to ensure
14 that any disconnection - and some disconnection will be
15 inevitable, at least for a period - that such disconnection
16 is as far as possible abated by contact and all other
17 reasonable means to ensure the ongoing connection of the
18 child.

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1 how it's effected?

2 A. Yes, I don't think having a plan's a bad idea.

3 I think it's about was the child a part of it. If the
4 child was too young to be able to verbally provide their
5 input, who was a part of that; who is monitoring it; how
6 often is it being reviewed and looked at; and is there any
7 type of accountability or monitoring of that plan in terms
8 of, like, how it's practically put in place? So you'll see
9 people's cultural safety plan - or cultural plan, sorry,
10 and it will say, "Take them to a NAIDOC event and put NITV
11 on so they can see that and they have family contact.

12
13 I don't accept that that's sufficient by itself. But
14 I also very rarely see those plans - any form of
15 accountability when what is in there is not met. And as
16 the child grows and throughout their time in care they
17 should be provided with opportunities to have input into
18 that plan and talk about, like, if that worked for them, if
19 it didn't, and what they'd like to see.

20
21 I think it's hard. In my mind we have Aboriginal children
22 who are removed at birth and removed very young. And so
23 that looks like cultural connection for them. And we have
24 other children - and I spoke to a young person recently,
25 and he was from the Torres Strait, and he was removed a bit
26 older, and that looks like cultural continuity. I think
27 there's a difference between the two. Both are important
28 but they're different. If you have a child who was born
29 and raised strong in their culture and often in maybe a
30 discrete community or in the Torres Strait, for example,
31 that might look really different to what somebody - that
32 connection to culture and continuity of culture looks
33 really different to what we might think here in South East
34 Queensland.

35
36 And so for that young person who was removed from the
37 Torres Strait and he was sent to a residential care home in
38 South East Queensland, and when he came he had with him a
39 fishing spear. And he had used that in the Torres Strait,
40 and that was passed down through the men in his family. It
41 was a really important object and had a lot of cultural
42 significance for him.

43
44 When he was sent down here the resi and Child Safety viewed
45 it as a weapon and took it and disposed of it. Now, he
46 only ever used it for fishing. There were no types of
47 violent behaviours involved in that. And he was told, "You

1 know, when you exit care you can have this back." He never
2 got it back. It was disposed of. And so I think that
3 there's a great misunderstanding as well in what cultural
4 connection or continuity looks like. And I think a lot of
5 that is because we're not consulting with children and
6 young people, their families or the right people if not
7 them.

8
9 I think we have - and I acknowledge that we have cultural
10 practice adviser positions and there are identified
11 positions within the department and also within some NGOs
12 that provide residential care. I think when you have a
13 child from an area that's outside of South East Queensland,
14 for example, but they're placed here, or the person in that
15 identified position is maybe also learning themselves about
16 their culture and how to connect with that culture, we have
17 very misguided cultural plans and they are not questioned
18 and there's no oversight or accountability of those.

19
20 COMMISSIONER: So how would those plans be better
21 formulated so that they are not - I mean, I take your
22 criticism to be they're a bit superficial, perhaps a bit
23 faux, a bit sort of box ticking rather than really truly
24 substantive. How would you better ensure that cultural
25 connection in a meaningful way is both planned for,
26 adjusted as the child becomes older and presumably with
27 greater input to as far as possible make it meaningful?

28 A. I think we have the Aboriginal and Torres Strait
29 Islander child placement principles. I recognise that in
30 the title of that it has the word "placement". So I think
31 a lot of people by default think that means and only means
32 an Aboriginal child to be placed with an Aboriginal carer
33 or kin. And so placement is one of the five principles
34 within the Aboriginal and Torres Strait Islander child
35 placement principles, but it's not the only one.

36
37 And so I think if the State properly implemented active
38 efforts in terms of those Aboriginal and Torres Strait
39 Islander placement principles and if true
40 self-determination - environments that enabled true
41 self-determination for Aboriginal and Torres Strait
42 Islander people, we would have better outcomes or more
43 meaningful cultural safety plans. So that might - that
44 needs to look like some level of accountability for the
45 department. When actions or things like that in the plan
46 aren't met, there seems to be no accountability. So there
47 needs to be somebody independent from the department,

1 probably an ACCO, an Aboriginal community-controlled
2 organisation, who is genuinely and meaningfully engaged in
3 that process and brings the child's safe family members -
4 so it might not necessarily be their parent, and
5 I acknowledge that - alongside them on that journey of
6 creating those cultural safety plans and having frequent,
7 regular, meaningful check-ins with the young person with
8 somebody the young person identifies as a safe adult for
9 them.

10

11 When there's, let's say, meetings about that plan and how's
12 it going and we talk to that young person about how that's
13 going, they should be told that they have the right or the
14 ability to have an independent person present with them and
15 that there's some level of accountability when those goals
16 aren't met in those plans.

17

18 COMMISSIONER: Thank you. Mr Hastie.

19

20 MR HASTIE: Commissioner, we don't have any questions of
21 this witness.

22

23 COMMISSIONER: No. I would ask, however, Mr Hastie, that
24 if the department seeks to dispute any of the facts that
25 have been recounted in the statement and evidence, the
26 statement made by Aimee and in the evidence she's given
27 today, it would be incumbent upon the department to inform
28 me of what the dispute is about any particular fact,
29 otherwise the only evidence I have is the evidence given by
30 Aimee. Now, if the department has no dispute about it,
31 what she's said, that's fine. But I shall infer that it
32 doesn't dispute the evidence unless it does so expressly.

33

34 MR HASTIE: I was going to add, Commissioner, words to
35 that effect. The other matter that I thought of assistance
36 to the Commissioner reflects what, Commissioner, you asked
37 prior to lunch which was what orders Aimee was on at the
38 various times, and we can probably put together a short
39 chronology which would be consistent with her evidence,
40 I might add --

41

42 COMMISSIONER: Yes.

43

44 MR HASTIE: -- as best as I can determine, but that might
45 be of assistance to the Commissioner.

46

47 COMMISSIONER: That would be useful, Mr Hastie; yes.

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MR HASTIE: And, as for the recommendations, they're a matter for you, Commissioner, and it might be at a suitable time I get instruction about that. But this week there are conflicting recommendations that are being made to the Commission in any event. I don't see any benefit in asking this witness further about them.

COMMISSIONER: Indeed. But it may be that the department itself has a view and wishes to express a view about some of the recommendations or all of them that Aimee has advanced, and some may be embraced, some may be partly embraced, some may be disputed. It would be useful to know what the department says about them.

MR HASTIE: Yes. Thank you, Commissioner.

COMMISSIONER: Thank you, Mr Hastie. Yes, now --

MS AMOS: I have some questions, Commissioner.

COMMISSIONER: Yes.

<EXAMINATION BY MS AMOS **[3.30 pm]**

MS AMOS: Aimee, I act for Queensland Health and I just want to ask you a few questions about your recommendation number 2. It's on page --

COMMISSIONER: Ms Amos, would you mind just speaking up just a little bit?

MS AMOS: Of course, Commissioner. Is that better?

COMMISSIONER: Thank you. Yes, that's better.

MS AMOS: So questions about recommendation 2, I believe that's on page 9.

A. Yes.

Q. And this recommendation is where - and it's consistent with your oral evidence today that the government should recognise systemic abuse and neglect?

A. Yes.

Q. And in the second paragraph under that recommendation you provide a proposed definition or perhaps what could be

1 included in a definition of "systemic abuse and neglect".
2 A. Yes.

3

4 Q. And just for present purposes for the line of
5 questioning that is, "'Systemic abuse and neglect' must be
6 defined to include failures across the child protection
7 system and associated service systems to provide children
8 in out-of-home care with" - among other things - "timely
9 access to healthcare and disability supports."

10 A. Yes.

11

12 Q. Could you just explain to the Commission what you mean
13 by associated service systems?

14 A. So to me that means Queensland Health, Department of
15 Youth Justice, I think other government agencies or
16 departments that provide services to children, and that
17 includes children in out-of-home care.

18

19 Q. And your outline in the next paragraph goes a little
20 bit further and recommends some legislative amendments or
21 reforms.

22 A. Yes.

23

24 Q. And that is that, "The legislation should impose
25 shared and enforceable responsibility across relevant
26 government agencies for meeting these obligations,
27 supported by minimum service guarantees, clear access and
28 quality standards, mandatory inter-agency coordination, and
29 accountability where guarantees are not met."

30 A. Yes.

31

32 Q. Would you just be able to explain to the Commission
33 what you mean by minimum service guarantees?

34 A. Yes. I think two things. So access to service. In
35 my experience there are children in out-of-home care who
36 are referred to services provided or funded by
37 Queensland Health where their referral is denied based on
38 the fact that they're too complex. And the quality of
39 service provided to those children and young people as
40 well. I think that for children in out-of-home care they
41 lack sometimes an adult to advocate on their behalf. So
42 when one service determines that the child's case to be
43 closed or that there's no further support or intervention
44 that they can offer, that is just accepted by the child's
45 guardian, which is the State, rather than a true assessment
46 of the child's needs.

47

1 Q. You gave evidence just before in respect to a referral
2 that was denied by Queensland Health based on it being too
3 complex. That wasn't a referral in respect of you, was it?
4 A. No, it wasn't.
5
6 Q. So I just want to ask you some questions around the
7 nuances of imposing responsibility for health and
8 disability services.
9 A. Sure.
10
11 Q. So when you say health services you mean things like
12 seeing a general practitioner, a dentist?
13 A. Yes, seeing a general practitioner, dentist, any eye
14 testing, that type of thing, as well as mental health
15 supports either through Queensland Children's Hospital or
16 through somewhere funded by the Department of Health.
17
18 Q. So you would agree with me then that some health
19 services are going to be able to be accessed publicly; for
20 example, going to the hospital?
21 A. Yes.
22
23 Q. And are you aware that the principal providers of
24 public health services in Queensland are through various
25 hospital and health services throughout the state?
26 A. Yes.
27
28 Q. So, for example, Children's Health Queensland Hospital
29 and Health Services is the responsible --
30 A. Yes.
31
32 Q. -- hospital health service to providing services to
33 children and young people?
34 A. Yes.
35
36 Q. And then there are other primary health services which
37 can be accessed privately; for example, going to your GP,
38 local GP?
39 A. Yes.
40
41 Q. You also gave evidence in respect of specialist
42 paediatric review and access to a psychiatrist; that can
43 also be accessed privately?
44 A. Yes.
45
46 Q. And you would also agree with me that health services
47 can be provided by non-government organisations such as

1 specialist Aboriginal and Torres Strait Islander health
2 service organisations?
3 A. They can be. It is less likely that a child in care
4 will have access to that; but, yes, I agree.
5
6 Q. So that is access to health services is across a
7 spectrum of different providers?
8 A. Yes.
9
10 Q. Just turning to disability support services, are you
11 aware of the National Disability Insurance Scheme or NDIS?
12 A. Yes, I am.
13
14 Q. And that scheme provides access to disability support
15 service?
16 A. Yes.
17
18 Q. You're aware that scheme is a Commonwealth scheme?
19 A. Yes.
20
21 Q. And, to the extent that support is provided under that
22 Commonwealth scheme, it's outside the remit of
23 Queensland Health to ensure access to disability support
24 services to children in out-of-home care?
25 A. In terms of the NDIS, yes. In terms of specialist
26 outpatient services provided through Queensland Children's
27 Hospital, I disagree.
28
29 Q. You would agree with me that it wouldn't be
30 appropriate to impose minimum service guarantees on
31 Queensland Health for services which it doesn't provide?
32 A. If the recommendation is specifically about
33 Queensland Health, I'm talking about services that
34 Queensland Health provides.
35
36 Q. And you would agree with me then it wouldn't be
37 appropriate to impose accountability on Queensland Health
38 for not providing health services which are outside its
39 remit?
40 A. Again --
41
42 COMMISSIONER: You can ask that question, you can put it,
43 but the question is a sort of argumentative proposition
44 and, frankly, you're able to make those submissions to me
45 in due course if you wish. Aimee speaks from the
46 perspective of her own experience. She's been very clear
47 about what that is and also her expertise born of her own

1 direct involvement in the system both as a person who
2 suffered harm but also as a person who ended up
3 subsequently working in the system. So she is a lay
4 expert, one might say. But the propositions that you're
5 asking Aimee to accept or reject are really matters that go
6 to government policy and are also matters that you're able
7 to make submissions to me about in due course.

8
9 MS AMOS: Thank you, Commissioner. Just out of fairness
10 I was wanting to put those propositions.

11
12 COMMISSIONER: Thank you. I understand why - I'm not
13 suggesting to you they're not relevant propositions, but
14 perhaps they're not matters most suitably put to Aimee.
15 That's all I'm saying.

16
17 MS AMOS: Thank you, Commissioner. I have nothing
18 further.

19
20 COMMISSIONER: Thank you. Now, Ms Greenwood, do you have
21 some questions?

22
23 MS GREENWOOD: Thank you, Commissioner. Yes, I do.
24 Commissioner, I will also just say at the outset that
25 I appear with my colleague, Mr Hamish Patterson, who's
26 present in the court today.

27
28 COMMISSIONER: Yes, I saw Mr Patterson sitting there.
29 Welcome, Mr Patterson.

30
31 MR PATTERSON: Thank you, Commissioner.

32
33 MS GREENWOOD: Commissioner, I may throw a subtopic to
34 Mr Patterson when we get to it.

35
36 COMMISSIONER: That's fine, Ms Greenwood. Given the time
37 constraint presently, given the hour of the day, I would
38 ask you to confine questions to matters that go to systemic
39 issues, and bear in mind that it is open to you to make
40 matters that are in the nature of submissions to me
41 directly either in writing or orally at an appropriate
42 time. So if you wouldn't mind confining your questions to
43 matters that can be extrapolated from the evidence given by
44 Aimee which are in themselves of systemic significance.

45
46 MS GREENWOOD: Yes, certainly, Commissioner.
47

MS GREENWOOD: Hi, Aimee, I appear on behalf of the Aboriginal and Torres Strait Islander Legal Service and a partner in the Queensland Coalition of Peaks. I'll touch on a topic which I'm going to broadly call the voice of the child. You've already given evidence about the difficulties for you to make a complaint to police about the sexual abuse that you suffered. At any time were you told about PACT or a group called Protect All Children Today?

A. No, this is the first time I've ever heard of them.

Q. So you're not aware that there's a specialist group that specifically supports children who have suffered abuse or are otherwise complainants in the legal system?

A. No, I have never heard of them until just now as you've mentioned it.

Q. Okay. You have told us in evidence that the first time - well, the time when you were significantly getting referrals and the ability to link in was from a social worker at a flexi school after you had exited the Child Safety system; is that correct?

A. The social worker at the flexi school was supportive, like, in terms of supporting my attendance at school. The only external service that she mentioned or referred to was BiOC, Birthing in Our Community. That is a service in which I birthed my first daughter through. And, yeah, that was the external - the external referral that she supported me with.

Q. You also gave evidence about how you did get in contact the Office of the Public Guardian?

A. Yes, correct.

Q. Can you describe how hard or easy it is for kids in your situation to be able to access OPG?

A. It's my opinion that it can be extremely difficult. There are a number of young people who have never heard of the Office of the Public Guardian or a community visitor, including young people who live in residential care settings where you would ordinarily expect them to have some level of exposure to a community visitor. There are some young people who have never seen one or heard of one and don't know what a community visitor or the Office of the Public Guardian is or can do.

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Q. Have you ever heard of something called the school lawyer in Victoria?

A. I have not.

Q. You were giving us evidence earlier that you didn't particularly know that you could, for example, take out a DV order.

A. Yeah, that's right.

Q. Would easier access to lawyers or some sort of help line improve things?

A. Yes, I believe that if children had access to independent advocacy at all times, not just at point of, let's say, like, legal orders being made or applied for, I think if young people had access to independent advocacy, including legal professionals that were independent from the State or the system, that that would greatly improve things for children and young people in care.

Q. At the point of orders being made about you did you have any input or standing when those were being argued for?

A. No, I did not.

Q. Would that have been helpful to you, to have that ability?

A. Yes. I think for me it is a bit different to what I typically see when I work with young people because I was somebody who definitely needed to not be living at home with my parents and attempted to say that to the department numerous times. I think that there are other children and young people I have worked with who are old enough to understand that Child Safety's involved in their life and don't believe that they should be removed from their family or don't want to be, and that their involvement in those decisions should happen as well, I think. Yeah, regardless of the circumstances, all children have the right to be involved in these decisions. Kids just don't know they have that right. So I think that needs to be explained to children in a way that they understand, explained to families in a way that they understand, and put into practice as well.

Q. There's a bit of practicality that I'm seeking from you. Obviously the school lawyer in Victoria relies on kids being at school to access the lawyer. Where would the

1 resi kids or other kids be able to access that sort of
2 help?

3 A. If they're in a residential it should be in the
4 residential. So either somebody comes and does maybe a
5 site visit to the resi. We know about the turnover of
6 children in residential care placements and that they often
7 have a lot, and they often move through regions as well.
8 So those visits should be frequent. There should even
9 potentially be information sharing of when a new young
10 person enters that residential care home, that that should
11 trigger the need for a visit into the resi.

12
13 For the children that are self-placing or have not been
14 provided with a placement, sometimes those young people
15 access other services. So, for example, when I was
16 homeless there was somewhere called QuIHN - and I don't
17 fully know what it stands for, but it's an adult drug and
18 alcohol service. And we used to go there a lot because
19 they'd give us meals. So there are places that children
20 that are self-placing frequent in the community to access
21 support that I think would be a good almost hub to provide
22 further support services or visits to.

23
24 Q. Okay. Just picking up on the - I'll cut across to
25 drug and alcohol briefly. You were describing when you had
26 been given - so PRN, a piece of Latin that they use in the
27 medical field, as required.

28 A. Yes.

29
30 Q. After the situation where you couldn't actually get
31 off the floor and go to bed, were your meds reviewed at
32 all?

33 A. No, they were not reviewed.

34
35 Q. Did you have any advocacy within the health system for
36 that?

37 A. No, not that I am aware of.

38
39 Q. Would some advocacy help have been useful to you at
40 that time?

41 A. Certainly. It definitely would have been. I think
42 when I tried to express that I thought the medication was
43 too much or I didn't want to take it, it was labelled as me
44 being difficult. I think that if I had some type of
45 independent advocacy from a professional that would have
46 looked different and I would have really benefited from
47 that advocacy; yes.

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Q. You also gave evidence a little bit earlier that you had been - I'm going to get the name wrong - the drug withdrawal service that you were sent to.

A. Yes, ADAWS.

Q. ADAWS. In your view is there need for broader and better drug and alcohol services for young people, especially young people who are in the extreme situation that you were in at the time?

A. Yes, definitely. I think that there are some drug and alcohol services that might have a minimum age, that you must be 18, for example, to access their services. And I think that the available services for children under the age of 18 are really limited, and where they are available the wait lists are very long. And when you get past that barrier often there is not a strong understanding of how to support children that are using drugs that maybe previously or ordinarily you wouldn't expect children to be using. So, yes, I think that the expansion of or adding new services that specifically work with children that are using drugs would be beneficial.

And I think that we could extend that to detention centres as well, to children that are inside of detention centres. A lot of those young people do engage in drug and alcohol use yet lack any type of appropriate service, even when they express the desire to stop using it. And I think when you have children in detention they can't use drugs and alcohol; they're in detention. And so I think that that is - it sounds kind of gross to say - like, a good opportunity to intervene and provide those services inside of a youth detention centre to children while they are sober and are physically unable to access drug and alcohol.

Q. Yes. Okay. I'm going to ask you about two of your recommendations.

A. Okay.

Q. You have just been asked about this. This is your recommendation number 5 about the two directional harm assessment. I'm just going to, just for timing's sake, just read out the bit that I'm referring to, and if you suddenly disagree with it please let me know.

A. Sure.

Q. But essentially you have here, "Decisions must be

1 informed by realistic appraisal of the system's limitation,
2 capacity, ability to effectively meet the wellbeing needs
3 of the child, provide safety, uphold rights and best
4 interests, not just at the point of decision-making but for
5 the duration of the child's life." Now, I might break off
6 there for a moment. You were asked about cultural plans
7 and you were briefly talking about broader family
8 structures within the context of Aboriginal and Torres
9 Strait Islander families.

10 A. Yes.

11
12 Q. Can I just put this proposition to you and if you tell
13 me if you agree with it, disagree with it, whatever?

14 A. Yes.

15
16 Q. But within more traditional family-rearing styles
17 multiple family members, not just biological mum and not
18 just biological dad, have child-rearing roles?

19 A. Correct.

20
21 Q. And that becomes more and more important as the child
22 reaches adolescence and goes into adulthood?

23 A. Yes, I think it's --

24
25 Q. Feel free to modify it if I've got it wrong.

26 A. No, no, no, I agree. I think it's important all the
27 time. Yes, I think the guidance looks different as the
28 child grows and gets ready to reach adulthood; yes.

29
30 Q. And you were asked earlier about cultural plans.

31 A. Yes.

32
33 Q. Is it a fair reflection of your evidence that they
34 should be a living document because what a cultural plan
35 looks like for a five-year-old will be very different what
36 it looks like for an adolescent?

37 A. Yes, I think it should be a living document, always.
38 And I think in my experience of talking with and working
39 with young Aboriginal and Torres Strait Islander people who
40 have been in out-of-home care, either in residential care
41 or with a non-Indigenous carer, as they get ready to
42 transition out of care or once they turn 18 they often
43 return to family or their communities, or they attempt to,
44 and that can be very, very difficult for young people who
45 during their time in care were not supported well to
46 connect with their extended family or their culture. And
47 those young people will talk about feelings of shame

1 attached to that, those experiences that were really
2 entirely out of their control. But, once they turn 18 and
3 they're no longer under the control of the State, and they
4 often don't have anywhere to live and their placement ends
5 and they try and return there, that can be something really
6 challenging for them. So I think it's important to look at
7 during that transition from care planning period what that
8 connection or reconnection with family and culture looks
9 like, noting that a lot of those children return to their
10 families and their communities.

11
12 Q. And I think at one stage in your evidence you were
13 referring to the feeling that families were being hidden
14 from the removed child. Can you expand on that a bit more?

15 A. Yes, I've spoken to many young people, and there's one
16 young person that I spoke to and what they said to me,
17 really, I think about that a lot in that, when she was
18 removed, she was removed from her mother's care. Her
19 father wasn't present in her life. She grew up in
20 out-of-home care, and as an adult she happened to reconnect
21 with her father. And she never knew that during her time
22 in care that her dad was looking for her and that her dad
23 wanted a connection with her. She didn't know that.

24
25 There are other young people I speak to who will talk about
26 having a nan or a pop who tried to initiate contact with
27 young people while they were in care or tried to find where
28 they were placed, and these family members had little
29 success in doing that through the department. And it was
30 only once these young people reached adulthood or were old
31 enough to initiate contact by themselves - so usually once
32 they get a phone or access to internet and they connect
33 with those family members - it is only then that they know
34 that those people wanted them and were looking for them.

35
36 So I think there's a lot of young people who grow up in
37 care thinking that their family does not care because their
38 family never tried to get them or they weren't sent to live
39 with their family, and the reality of that particularly for
40 Aboriginal and Torres Strait Islander families is that they
41 did try but the child never knew that that was occurring in
42 the background.

43
44 Q. Would better involvement of, say, delegated
45 authorities with cultural plans and cultural reunification
46 be a worthwhile approach?

47 A. Yes, I think so. I think - I'm not, like, the best

1 person to talk about delegated authority. I understand
2 what it is. But I think delegated authority should be
3 expanded. I think it's difficult. Different regions and
4 different providers have different delegations around that
5 delegated authority which makes it confusing. And also the
6 department is able to just come and kind of override that
7 decision made by the ACCO anyway. So I think true
8 delegated authority and expanded delegated authority would
9 probably lead to better and different outcomes for
10 Aboriginal and Torres Strait Islander children in terms of
11 connection with their family and their culture, and their
12 life both in care but then post-care would look very
13 different.

14
15 Q. I'm going to ask you about another part of your
16 recommendation 5, but it may link in to your
17 recommendation 1. In your recommendation 5, when you're
18 talking about the two directional assessment of harm you're
19 asking that it requires decision-makers to identify a way
20 and document the nature, severity and likelihood of harm to
21 the child if no statutory intervention occurs, and the
22 nature, severity and likelihood of harm created,
23 intensified or prolonged by statutory intervention itself.
24 A. Yes.

25
26 Q. So I think earlier the Commissioner was asking about
27 false negatives; a child should have been removed and a
28 decision was made not to. And I think in those two factors
29 you also include weighing up the false positives; a child
30 should not have been removed or different approaches taken
31 but they were anyway. So my first question to you: are we
32 essentially talking about some sort of Goldilocks situation
33 where we don't want too hot, we don't want too cold, we
34 want as close as possible kids removed that need to be
35 removed and kids kept in family or related family where
36 they don't need to be removed?
37 A. Sorry, can you repeat the last --

38
39 Q. Feel free to restate it if you think there's a better
40 way of putting it. So how would you identify or document
41 the harm of not removing and the harm of removing?

42 A. I'm hoping this answers this. The State, Queensland,
43 and the Department of Child Safety does not monitor and
44 record life outcomes post-care for, you know, young people
45 that turn 18 and exit care. So we don't collect - we don't
46 routinely collect and report on data around how many young
47 people exit care and experience homelessness, drug and

1 alcohol use, domestic and family violence, death, and those
2 types of things.

3
4 So I think when - first of all, we need to do that because
5 those life outcomes and the outcomes of children post-care
6 indicate the effects of decisions made for children in
7 care; right? So if we know that lots of children who exit
8 residential care experience really adverse outcomes and
9 here are the outcomes, that is something that ideally then,
10 if we collect that data, the State can address and prevent.
11 If we don't collect that life outcome data post-care, the
12 State cannot say that decisions they make uphold the
13 paramount principle of enduring the best interest because
14 they do not know the outcome and the effect of decisions
15 that they make for children in childhood. They don't
16 routinely monitor and record that.

17
18 And so I think that that is a first step and is necessary
19 and will then inform decisions made for children in care
20 because then, again, we know the outcomes of that. And the
21 State will not risk repeating cycles of harm. And, in
22 that, we could look at life outcomes for Aboriginal and
23 Torres Strait Islander children when they are placed in
24 placements with non-Indigenous carers or in residential
25 care settings where they don't have a strong connection
26 with their family and culture, and we can actually see how
27 that plays out into adulthood, and that should then better
28 inform the decisions made for children in care going
29 forward.

30
31 Q. Thank you. That's a very eloquent answer. Can I take
32 you now to your recommendation 9 and talk about a few
33 concepts that I think you've combined in here. You earlier
34 have given evidence about how your placements have been
35 finished; you no longer appear to be on the system; you are
36 still without a doubt a child who's in the child safety
37 system, whether acknowledged or not. Do I understand you
38 to be saying there should be a responsibility for children
39 up until the point that they manage to transition into
40 adulthood manage to transition into better arrangements; is
41 that what you're seeking to achieve?

42 A. Sorry, are you asking if there should be a requirement
43 that all children on child protection orders are provided a
44 placement?

45
46 Q. I'm actually separating out placement from
47 responsibility.

1 A. Okay. Sure. Sorry, can you repeat? I'm not sure I'm
2 following.

3
4 Q. Yes. We've already heard evidence in the
5 Commission and - Commissioner, with your indulgence,
6 I might just refer to CL-61, I think it is, which is the My
7 Life in Care Survey.

8
9 COMMISSIONER: Can I suggest you perhaps take a backward
10 step because I've lost the thread, I have to say, of your
11 questions. So perhaps if you just take a moment and see if
12 you can, for the witness's benefit, just zero in, as it
13 were, on the proposition you want to put to her.

14
15 MS GREENWOOD: Yes.

16
17 COMMISSIONER: Take your time.

18
19 MS GREENWOOD: Thank you, Commissioner. I am in fact just
20 taking a different tack to try and do that through exhibit
21 CL-61.

22
23 COMMISSIONER: Okay. Very well. Do you want us to
24 provide the exhibit to Aimee?

25
26 MS GREENWOOD: Yes, please. That would be very useful,
27 Commissioner.

28
29 COMMISSIONER: I'm not sure if we can, but if we can we
30 will.

31
32 MS GREENWOOD: Page 6, if we can, of CL-61.

33
34 COMMISSIONER: Somebody's just going to get it.

35
36 MS GREENWOOD: Thank you.

37
38 WITNESS: Okay. So was it page number 6?

39
40 MS GREENWOOD: Page number 6.

41 A. Yes, I have it in front of me.

42
43 Q. At the top you should have a diagram showing
44 self-placing kids?

45 A. Yes, I see that.

46
47 Q. And up on the top right corner where they are

1 self-placing family is 55 per cent, previous carer is
2 15 per cent, girlfriend/boyfriend 27 per cent, family of
3 girlfriend/boyfriend 20 per cent, and other including
4 family friends 23 per cent.

5 A. Yes, I see that.

6
7 Q. So my question to you is - and also against a
8 background where the Family Court gives a great deal of
9 freedom to 16-year-olds to say where they want to place in
10 divorce proceedings - does it make sense where children
11 have safely self-placed, let them do that, but at the same
12 time you're giving examples where you hadn't successfully
13 self-placed, you were in bus stations, you were in various
14 dangerous places, does it make sense to say instead that
15 the government retains responsibility for making sure that
16 you're able to seek help, get help, until such time as you
17 are safely somewhere else, in a placement under your own
18 steam, whatever?

19 A. Okay. So I think if the State is the guardian they
20 have the legal responsibility to ensure that the child's
21 needs are met, regardless of the placement type. In my
22 experience, when I've worked with or spoken to young people
23 that have self-placed, including with family, all support
24 is essentially cut off. So these young people are unable
25 to access grocery vouchers, for example - that's something
26 some young people self-placing may be able to access a
27 grocery gift card through their CSO - and any type of other
28 support service that the department could assist with. It
29 appears that all of that is cut off, despite the child
30 still remaining on a guardianship order, even during
31 periods of self-placement. So I think that the State, if a
32 child is on an order, has the responsibility to provide and
33 support the young person to access necessary services.

34
35 I don't think that the State should be forcibly removing
36 children that are self-placing into an approved placement
37 by the department. But it's my observation that if a
38 child's not in an approved placement they're unable to
39 access any type of support through Child Safety.

40
41 I also just want to say quickly under My Life in Care
42 Survey that these surveys are password-locked for young
43 people. So if you're a young person that wants to complete
44 this, first of all, you have to know what it is. You need
45 to be in contact with your child safety officer and receive
46 a log-in password to be able to complete the survey. So
47 I would just generally be hesitant to make many comments on

1 this considering the knowledge that I have of the My Life
2 in Care Survey and the way that it's promoted to certain
3 young people, and who has access and who doesn't have
4 access to completing the survey. I think that's
5 problematic. I know you didn't ask that but, while we're
6 on the topic of the survey, I just do want to mention that.

7
8 Q. That's an excellent point.

9 A. Back to the area where it shows that of the young
10 people who responded to this survey that were self-placing,
11 55 per cent were with family, I'd wonder how many of those
12 young people were invited to be involved in any type of
13 decisions about their life in any type of case planning
14 meetings, transition meetings, any of that, because from
15 looking at this it tells me that they feel safer or more
16 comfortable with family, previous carers, girlfriends,
17 boyfriends or the other options than they do in any
18 placement that was provided by the department.

19
20 Q. Thank you.

21
22 COMMISSIONER: Ms Greenwood, I notice the time. Do you
23 have much further to go?

24
25 MS GREENWOOD: No, Commissioner, and I was just on my last
26 question, which was we've heard about what didn't go well.
27 What turned it around for you and is there something we can
28 learn about that to bring it into play for other kids in
29 care?

30 A. Personally for me what kind of changed where my life
31 was heading was, firstly, exiting care and the control,
32 I guess, of the State, but then also building secure
33 relationships with adults outside of paid roles and outside
34 of paid services. So I think that a lot of young people in
35 care, and particularly those in residential care, the only
36 safe adult or the only adult relationship they know is one
37 where that person is paid to be in their life. And when
38 that young person turns 18, or moves placement, or
39 whatever, that worker quits their job, those relationships
40 are gone. When you're an adult you don't have those same
41 terms and conditions attached to any of your relationships.

42
43 So I think that the department could do a better job at
44 supporting young people to have, like, what I call - have a
45 better word - like, natural relationships with other
46 adults, right, so that when they do transition out of care,
47 particularly those in residential care, they don't lose

1 every adult that they had in their life and every adult who
2 provided care to them in their childhood, that they have
3 continuity of relationship. I think relational stability
4 is important, and the importance of that is underestimated
5 for children in out-of-home care, and we look at stability
6 and measure that as placements rather than relationships.

7
8 So I think relational stability really makes a big
9 difference and if we did a better job at that, connecting
10 children to extended family but also others who may not be
11 part of their family that will stay post-care, then I think
12 we would have better outcomes.

13
14 MS GREENWOOD: Thank you, Commissioner, and thank you,
15 witness.

16
17 COMMISSIONER: Thank you very much.

18
19 Aimee, I'd like to say this to you. It's impossible to
20 overstate your courage in coming forward in the way that
21 you have. You have told your story in harrowing and
22 unvarnished detail. The Commission is sincerely grateful
23 for your willingness to tell your story publicly.

24
25 Your public testimony in this forum must surely help the
26 community to understand the harm that may be suffered to
27 children in State care when the child safety system fails
28 them. Your evidence must also surely help the community to
29 understand that children in State care, above all, are
30 children with the same indispensable needs of all children,
31 whatever their socioeconomic, cultural or ethnic
32 background.

33
34 I hope that your evidence will also help the community to
35 regard children in State care with the same innate instinct
36 towards protection and nurture as if those children were
37 their own. And your willingness to do what you've done
38 publicly advances that hope, I hope. So sincere gratitude
39 for your incredible courage and candour. Thank you very
40 much.

41 A. Thank you.

42
43 COMMISSIONER: We'll adjourn until 10.15.

44
45 **THE HEARING WAS ADJOURNED AT 4.15PM UNTIL TUESDAY,**
46 **17 FEBRUARY 2026**

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