



SPARK AND CANNON

TRANSCRIPT OF PROCEEDINGS

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THE HONOURABLE TIMOTHY FRANCIS CARMODY SC, Commissioner

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

IN THE MATTER OF THE COMMISSIONS INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 1) 2012

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

BRISBANE

..DATE 8/11/2012

Continued from 7/11/2012

..DAY 33

WARNING: The publication of information or details likely to lead to the identification of persons in some proceedings is a criminal offence. This is so particularly in relation to the identification of children who are involved in criminal proceedings or proceedings for their protection under the *Child Protection Act 1999*, and complaints in criminal sexual offences, but is not limited to those categories. You may wish to seek legal advice before giving others access to the details of any person named in these proceedings.

By whom?---By some former - I don't know, but we actually can do this well if the senior players are empowered to do this. We have done it in Brisbane before extremely well. That process doesn't exist anymore.

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I take it from your answer that you think that would be very beneficial?---I think it would save lives, and I think also having - as a director of mental health, developing a personal relationship with the director of communities meant that that person rang me up and said, "Brett, I want a favour," to which I was defenceless to say no, because we had a personal relationship. I'd say, "What do you want?" and vice versa. I would ring up TAFE and say, "I want a special program for this kid, mate. Do I have to remind you of all the good things I've done for you?" "No." "Good." The system worked extremely well.

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COMMISSIONER: How did it come - we don't know why it died out, but what was the impetus for this?---I suspect a child death. I think there was actually a very - at a senior level in premier's there was a person who had a project role who dreamt this up. It was a trial. It was a trial over two or three years and it was extremely successful. I could out of session provide counsel assisting - - -

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MS McMILLAN: Yes, please?--- - - - with some information about it.

COMMISSIONER: Yes, that would be good, thanks?---It was extremely helpful.

MS McMILLAN: Now, I just want to ask you, lastly, could you tell the inquiry what is the Barrett Centre and where is it located?---The Barrett Adolescent Centre is located at the Park. It's been there for about 30 years. It's very unusual, because it's run by health but it offers an in-patient experience for sometimes nine to 18 months for some of our most traumatised adolescents. I call these kids eponymous legends, because everybody knows their name and they are so problematic across juvenile justice and health and child safety.

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Let's just, if you can, approximate. How much in terms of percentage-wise would they be kids in care, or children at least in that context?---The director of the unit is a Dr Trevor Sadler, and he feels that 30 to 50 per cent are kids who have had abuse histories. Now, not all of those are formally in care.

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Yes?---Some are still with kinship or other arrangements, but 30 to 50 per cent. 80 per cent have had extremely prejudicial parenting, which is related but slightly different. He thinks that more could be accepted from that system if the system had some, you know, better arrangements around stability of placement, but at least 30 to 50 per cent are abused children.

8/11/12

McDERMOTT, B.M.C. XN

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What do you understand as of this week is the fate of this centre?---Yes, we've been informed that the centre will close at Christmas. You know, I'd like to bring this to the commissioner's attention. This is a decision by adult mental health directors who in my opinion know very little about child abuse and neglect, who know very little about child protection, who judge the centre by adult metrics like occupied bed days and length of stay, when of course in a unit looking after schizophrenia your length of stay might be three weeks. If you're looking after someone who has neurobiological deficits from serial abuse and has 15 residential placements and is about to go to gaol, nine months is an appropriate time to change that individual. I'm extremely concerned that this unit will be never recreated. You know, it's obviously expensive. I will accept that it probably needs some reform. It should be under the Queensland Children's Hospital. It's sitting out by itself under an adult mental health unit which doesn't understand it, but to bring it under, as an interim, Dr Stathis or myself, into the child fold - but to lose this service would be lose the place of last therapeutic help for some of our most traumatised Queensland adolescents.

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Dr Stathis's evidence yesterday, particularly in view of those who into contact with youth justice, that this group of adolescents you're talking about is probably the most socially disadvantaged in the community already?---Yes. Yes, I mean, they have - it's interesting, the more abused you are the more likely you are to have impairments across multiple domains, educational, occupational, peer, mental health, drug and alcohol, physical health.

Yes, I have nothing further for the doctor, thank you.

COMMISSIONER: Thank you. The Queensland Child Death Case Review Committee Annual Report 2011-2012 will be exhibit 123.

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ADMITTED AND MARKED: "EXHIBIT 123"

COMMISSIONER: Mr Hanger?

MR HANGER: I have no questions.

COMMISSIONER: Ms Stewart?

MS STEWART: Doctor, I'm just interested in your opinion in relation to one matter. Just in the submission that you've provided in relation to the multi-generational impact, we've heard evidence from Dr Hoehn that she's of the opinion that it can take many generations to reverse those effects. Is that an opinion that you share?---It's a very difficult question, because I think it relates to the type of experience the person subsequently has. So, for

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