Parliamentary Committees

2018-19 Budget Estimates
Volume of Additional Information

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

August 2018

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MINUTES

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Estimates Meeting No 1
Room 5.04A, Level 5, Parliamentary Annexe
Monday, 11 June 2018

Present:	Mr Aaron Harper MP, Chair	Member for Thuringowa
	Mr Mark McArdle MP, Deputy Chair	Member for Caloundra
	Mr Michael Berkman MP	Member for Maiwar
	Mr Marty Hunt MP	Member for Nicklin
	Mr Barry O'Rourke MP	Member for Rockhampton
	Ms Joan Pease MP	Member for Lytton
Absent:	Mr James Gilchrist	Assistant Committee Secretary
	Mr Rob Hansen	Committee Secretary
	Mr Michael Ries	Deputy Clerk (9.26 - 9.31am)
Apologies:	Nil	

1 Welcome and apologies
The meeting commenced at 9.00am.

2 Agenda
A copy of the agenda and meeting papers had been circulated before the meeting.

3 Status of the meeting

Mr McArdle MP moved, seconded by Mr Hunt MP:
That the meeting of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on 11 June 2018 commencing at 9.00am with respect to the 2018-19 estimates hearing be declared a public meeting.

Discussion ensued about Mr McArdle's motion.
Meeting suspended:
The meeting was suspended at 9.05am while the Committee Secretary sought advice.
Meeting resumed:
The meeting resumed at 9.13am. The Committee Secretary advised that it is a matter for the committee to determine whether its meetings are private or public.

Mr McArdle's motion was put to a vote.

Negatived
That the meeting of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on 11 June 2018 commencing at 9.00am with respect to the 2018-19 estimates hearing be declared a public meeting.

Ayes:
Mr McArdle MP
Mr Hunt MP

Noes:
Mr Harper MP
Mr O'Rourke MP
Ms Pease MP

Abstained:
Mr Berkman MP

Moved: Mr McArdle MP Seconded: Mr Hunt MP

Mr McArdle MP called for a division on the committee's vote on the motion.
Discussion ensued. Ms Pease requested that the Clerk be in attendance while the committee discussed Mr McArdle's request.
Meeting suspended:
The meeting was suspended at 9:22am.
Meeting resumed:
The meeting resumed at 9:26am with the Deputy Clerk, Mr Michael Ries in attendance. Mr Ries clarified that the procedures for committees do not mirror the procedures of the House in relation to the calling of divisions, however, when a committee motion is put to a vote the minutes of the committee's meeting should reflect how members voted.

4 Estimates timetable
Resolved

That the committee adopt the draft timetable as the timetable for the committee's consideration of portfolio estimates for 2018-19:

Mon 11 June		Committee to consider draft hearing program and inquiry timetable
Tues 12 June		Appropriation Bill 2018 introduced Budget papers tabled by the Deputy Premier and Treasurer
Fri 15 June#	**1.15pm**	Committee meeting to consider hearing program
Mon 9 July	**10.00am**	Deadline for the committee to provide their questions on notice to the Committee Secretary. **(SO 182(1), 182(2))**
Tues 10 July	**5.00pm**	Deadline for the Committee Secretary to forward the committee's pre-hearing questions to Ministers, after vetting by the Chair to ensure compliance with the Standing Orders, **(SO 182 (5))**
Mon 30 July	**10.00am**	Deadline for Ministers to provide the Committee Secretary their answers to the committee's pre-hearing questions **(SO 182(3)).** Committee Secretary to distribute answers to committee on receipt.
Tues 31 July	**8.30am - 8.45am**	Committee's pre-hearing meeting in Room A35, Parliament House.
Tues 31 July	**9:00am– TBC**	**Public hearing in the Legislative Council Chamber (SO 178).**
Thurs 2 August	**5.00pm**	Deadline for Ministers to provide the Committee Secretary their answers to questions taken on notice at the hearing **(SO 183(3)).**
Mon 6 August	**5.00pm**	Deadline for the Committee Secretary to send draft report to the Chair.
Tues 7 August	**5.00pm**	Deadline for the Committee Secretary to forward the Chair's draft report to the committee.
Mon 13 August	**10.00am**	Committee meeting to consider the Chair's draft report (teleconference facility available).
Tues 14 August	**Approx. 10.00am**	Deadline for the committee to provide the Committee Secretary with any statements of reservations or dissenting reports (within 24 hrs after report adopted) **(SO 187(3)).**
Fri 17 August	**By 5.00pm**	Report and volume of additional information** tabled with the Clerk **(SO 189 & SO 217).**

Moved: Mr O'Rourke MP Seconded: Mr Berkman MP

5 Public hearing - procedural matters

5.1 Participating members (SO 181(e)

The Committee secretary clarified, in response to a question from Ms Pease MP, that there is a practical limit on the number of chairs that will be available for participating members to sit at the committee's table for the hearing, though there is no limit on the number of members who may participate in the hearing, and that it is not the role of the secretariat to decide how many members are able to participate.

Resolved

That all non-committee members who make a written request to attend and ask questions during the committee's estimates hearing, are given leave to do so.

Moved: Mr Berkman MP Seconded: Mr O'Rourke MP

5.2 Ministerial Opening Statements

Resolved

That each Minister may make a brief opening statement of up to five minutes at the beginning of the Minister's examination.

Moved: Mr O'Rourke MP Seconded: Mr Hunt MP

The Committee Secretary clarified that it has been a practice in previous years to allow Ministers to apportion their five minutes for opening statements across the opening sessions for their portfolio areas.

5.3 Allocation of time for questions

Resolved

That the committee notes the Chair's intention to allocate time for questions in blocks of approximately 20 minutes, alternating between Government and non-Government members, and to use his prerogative as Chair to allow flexibility at changeovers so members can complete their line of questioning.

Moved: Mr Berkman MP Seconded: Mr O'Rourke MP

5.4 Areas the committee intends to examine in detail

Resolved

That the Chair writes to Ministers Farmer, O'Rourke and Miles advising of the committee's intention to examine in detail their portfolios, so the Ministers and their departments can ensure the relevant staff attend the hearing.

Moved: Mr O'Rourke MP Seconded: Ms Pease MP

5.5 Ministers' use of ancillary material
Resolved

That, at the estimates hearing on 31 July 2018, Ministers are permitted to use ancillary material that complies with the following:
- the material should not be of a size or nature which could create safety or security issues
- information depicted in the materials should also be presented in documentary or other acceptable form, and
- advance notice should be given of the nature of ancillary material to be used.

Moved: Mr McArdle MP Seconded: Mr O'Rourke MP

5.6 Sign language interpreter
Resolved

That the committee use sign language interpreters for the Communities, Disability Services and Seniors session of the estimates hearing.

Moved: Mr McArdle MP Seconded: Mr Hunt MP

5.7 Other procedural matters
Resolved

That the committee notes:

- SO 181(g) provides members broad latitude to ask questions relevant to the examination of the Appropriations being considered by the committee to determine whether the proposed expenditure should be agreed to

- SO 180(2) provides that, for statutory authorities, a member may ask any question which the committee determines will assist it in its examination of the Appropriation Bill or otherwise to determine whether public funds are being efficiently spent or appropriate guarantees are being provided

- In accordance with SO 181, CEOs of the entities listed in Schedule 7 of the Standing Orders must attend the hearings whilst the estimates for their entities are being examined, and may be directly questioned by the committee and visiting members

- as with all committee hearings, the Chair presides over the estimates hearing and is the arbiter for all procedural matters, in the same way the Speaker presides over sittings of the Legislative Assembly. The correct process for a member to challenge a ruling of the Chair is to request the Chair to adjourn the hearing so the committee may deliberate in private on the Chair's ruling, and

- Room A35 on the ground floor of Parliament House will be set aside for the committee's exclusive private use during the hearing to meet to resolve procedural matters, and for breaks.

Moved: Ms Pease MP Seconded: Mr Berkman MP

6 Other business

6.1 Catering for the hearing day

Resolved

That catering be provided during the breaks from 10.30-11.00am, 2.30-3.00pm & 4.30-4.45pm, and that committee members will make their own arrangements for the break for lunch from 12.30-1.30pm.

Moved: Ms Pease MP Seconded: Mr O'Rourke MP

6.2 Guidelines for camera operators at the hearing

Resolved

That camera operators at the estimates hearing must comply with the following guidelines for camera operators in estimates hearings adopted by the Legislative Assembly on 21 May 2015:

1. Cameras will be set up in an area on the floor of the House determined by the Chair
2. Cameras will only begin to film when the Chair declares the hearing open
3. Cameras should only focus on the Chair when speaking, the Member who has the call from the Chair and the witness responding to a question from a Member
4. Shots should be no closer than head and shoulders, unless a wider shot is required to include vision of an interpreter
5. Cameras should never focus on a Member who does not have the call from the Chair.
6. Reaction shots of a Member are not permitted
7. In the event of unparliamentary behaviour or disturbance, the camera is to focus on the Chair or a slightly wider angle shot which incorporates the Chair and the Members of the Committee but which does not show the offending incident, and
8. Instructions from the Chair in relation to the operation of the vision equipment shall be observed.

Moved: Mr McArdle MP Seconded: Mr Hunt MP

7 Next meeting

The next scheduled estimates meeting is on Friday 15 June 2018 in Room A31, Ground Floor, Parliament House, to discuss the hearing program.

Close The meeting closed at 9:48am.

Certified correct on the 25th day of June 2018

Aaron Harper MP
Chair

MINUTES

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Estimates Meeting No 2
Room 5.04A, level 5, Parliamentary Annexe
Monday, 11 June 2018

Present:	Mr Aaron Harper MP, Chair	Member for Thuringowa
	Mr Mark McArdle MP	Member for Caloundra
	Mr Michael Berkman MP	Member for Maiwar
	Mr Marty Hunt MP	Member for Nicklin
	Mr Barry O'Rourke MP	Member for Rockhampton
	Ms Joan Pease MP	Member for Lytton
Absent:	Mr James Gilchrist	Assistant Committee Secretary
	Mr Rob Hansen	Committee Secretary
Apologies:	Nil	

1 Welcome and apologies

The meeting commenced at 11.21am.

2 Hearing program for 31 July 2018

Mr McArdle MP moved, seconded by Mr Hunt MP:
That the committee consider the estimates hearing program for 31 July 2018 in relation to the portfolios contained in the program at its meeting on 11 June 2018, and that that meeting be declared a public meeting.

Discussion ensued about Mr McArdle's motion.

Mr McArdle's motion was put to a vote.
Negatived

Ayes:	Noes:
Mr McArdle MP	Mr Harper MP
Mr Hunt MP	Mr O'Rourke MP
	Ms Pease MP

Abstained:
Mr Berkman MP

Moved: Mr McArdle MP Seconded: Mr Hunt MP

3 Other business

No other business was discussed.

4 Next meeting

The next scheduled estimates meeting is on Friday 15 June 2018 in Room A31, Ground Floor, Parliament House, to discuss the hearing program.

Close The meeting closed at 11:38am.

Certified correct on the 25th day of June. 2018

Aaron Harper MP
Chair

MINUTES

File ref: A335382

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Friday, 15 June 2018

Committee Room 2, Level 6, Parliamentary Annexe

Present	Mr Aaron Harper MP, Chair Mr Mark McArdle MP, Deputy Chair Mr Michael Berkman MP Mr Marty Hunt MP Mr Barry O'Rourke MP Ms Joan Pease MP
In attendance	Mr Rob Hansen, Committee Secretary Mr James Gilchrist, Assistant Committee Secretary

1. Welcome and apologies

The meeting commenced at 1:15pm. There were no apologies.

2. Agenda

A copy of the agenda and meeting papers had been circulated before the meeting.

3. Minutes of Estimates meetings 1 and 2 held on Monday 11 June 2018

Draft minutes of the two estimates meetings held on 11 June 2018 had been circulated before the meeting. It was requested that the minutes of estimates meeting 1 be amended at point three, page 1, to include what the advice sought by the Committee Secretary was. The secretariat agreed to this request.

Resolved

That the minutes, as amended, be confirmed as a true and accurate record of the estimates meetings numbers 1 and 2 held on 11 June 2018.

Moved: Mr O'Rourke MP Seconded: Mr Berkman MP

4. Public hearing on 31 July 2018

A draft program for the estimates hearing had been included with the meeting papers (included at Appendix 1).

At 1:18pm, Mr McArdle MP tabled a written motion, seconded by Mr Hunt MP, outlining an amended estimates hearing program (included at Appendix 2), proposing a later finish to the day and

shorter breaks to allow for more time to question the Ministers that will appear before the committee. Mr McArdle MP explained more time should be available to question the Minister for Communities and Minister for Disability and Seniors, given that the National Disability Insurance Scheme is being implemented.

Mr Harper MP provided an amended version of the estimates program (Estimates Hearing Program OPTION A, attached as Appendix 3). Discussion regarding timings for Ministers followed.

The committee agreed to the following estimates hearing program:

Estimates program for 31 July 2018

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Estimates Hearing Program
Tuesday 31 July 2018
Legislative Council Chamber, Parliament House

Responsibilities	Ministers and Agencies	Time
Health	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Department of Health Hospital and Health Services Office of the Health Ombudsman	**9:00am to 10:30am**
Break – morning tea		**10:30am to 10:45am**
Health	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Department of Health Hospital and Health Services Queensland Institute of Medical Research Queensland Mental Health Commission	**10:45am to 12:15pm**
Break - lunch		**12:15pm to 1:00pm**
Health **Ambulance Services**	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Hospital and Health Services Queensland Ambulance Services	**1:00pm to 2:00pm**
Break – afternoon tea		**2:00pm to 2:15pm**
Communities, Disability Services and Seniors	**Minister for Communities and Minister for Disability Services and Seniors – Hon Coralee O'Rourke MP:** Department of Communities, Disability Services and Seniors	**2:15pm to 4:00pm**
Break		**4:00pm to 4:15pm**
Child Safety, Youth and Women **Domestic and Family Violence Prevention**	**Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence – Hon Di Farmer MP:** Department of Child Safety, Youth and Women	**4:15pm to 6:15pm**

Resolved

That the committee adopts the draft estimates program, as amended, as the program for the hearing on 31 July 2018.

Moved: Mr McArdle MP Seconded: Mr O'Rourke MP

5. General business

There were no other items to discuss.

6. Next estimates meeting – 8.30am, Tuesday 31 July 2018 in Room A35, Parliament House

7. Close

The meeting concluded at 1.26pm.

Certified as correct on the day of 2018.

Aaron Harper MP

Chair

Appendix 1 – Estimates hearing program circulated before the meeting

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Estimates Hearing Program
Tuesday 31 July 2018
Legislative Council Chamber, Parliament House

Responsibilities	Ministers and Agencies	Time
Health	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Department of Health Hospital and Health Services Office of the Health Ombudsman	**9:00am to 10:30am**
Break – morning tea		**10:30am to 10:45am**
Health	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Department of Health Hospital and Health Services Queensland Institute of Medical Research Queensland Mental Health Commission	**10:45am to 12:15pm**
Break - lunch		**12:15pm to 1:00pm**
Health **Ambulance Services**	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Hospital and Health Services Queensland Ambulance Services	**1:00pm to 2:00pm**
Break – afternoon tea		**2:00pm to 2:15pm**
Communities, Disability Services and Seniors	**Minister for Communities and Minister for Disability Services and Seniors –** **Hon Coralee O'Rourke MP:** Department of Communities, Disability Services and Seniors	**2:15pm to 4:00pm**
Break		**4:00pm to 4:15pm**
Child Safety, Youth and Women **Domestic and Family Violence Prevention**	**Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence –** **Hon Di Farmer MP:** Department of Child Safety, Youth and Women	**4:15pm to 6:15pm**

Appendix 2 – Motion moved by the Committee's Deputy Chair for an amended estimates hearing program

THE ESTIMATES HEARING PROGRAM

For the 31st July 2018

Be amended as follows:

HEALTH	**9am to 10.30am**
Morning Tea	10.30 to 10.45am
HEALTH	**10.45 to 12.30pm**
Lunch Break	12.30 to 1.00pm
HEALTH	**1 to 2.30pm**
Afternoon Tea	2.30 to 2.45pm
COMMUNITY etc	**2.45 to 4.45pm**
Break	4.45 to 5.00pm
CHILD SAFETY etc	**5.00 to 7.15pm**

Whilst leaving in place the "Minister and Agencies" listed in the existing "Estimates Hearing Program" document to coincide with the above timeline.

15/6/2018

Appendix 3 – Amended estimates hearing program provided by the Committee Chair

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Estimates Hearing Program OPTION A

Tuesday 31 July 2018

Legislative Council Chamber, Parliament House

Responsibilities	Ministers and Agencies	Time
Health	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Department of Health Hospital and Health Services Office of the Health Ombudsman	**9:00am to 10:30am**
Break – morning tea		**10:30am to 10:45am**
Health	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Department of Health Hospital and Health Services Queensland Institute of Medical Research Queensland Mental Health Commission	**10:45am to 12:15pm**
Break - lunch		**12:15pm to 1:00pm**
Health **Ambulance Services**	**Minister for Health and Minister for Ambulance Services – Hon Dr Steven Miles MP:** Hospital and Health Services Queensland Ambulance Services	**1:00pm to 2:00pm**
Break – afternoon tea		**2:00pm to 2:15pm**
Communities, Disability Services and Seniors	**Minister for Communities and Minister for Disability Services and Seniors – Hon Coralee O'Rourke MP:** Department of Communities, Disability Services and Seniors	**2:15pm to 3:45pm**
Break		**3:45pm to 4:00pm**
Child Safety, Youth and Women **Domestic and Family Violence Prevention**	**Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence – Hon Di Farmer MP:** Department of Child Safety, Youth and Women	**4:00pm to 6:00pm**

MINUTES

File ref: A350455

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Tuesday, 31 July 2018

Room A35, Ground Floor, Parliament House

Present	Mr Aaron Harper MP, Chair Mr Mark McArdle MP, Deputy Chair Mr Michael Berkman MP Mr Marty Hunt MP Ms Leanne Linard MP Mr Barry O'Rourke MP
In attendance	Mr Rob Hansen, Committee Secretary Mr James Gilchrist, Assistant Committee Secretary

1. Welcome and apologies

The meeting commenced at 8:34am. Ms Joan Pease MP was an apology for the meeting. Attending in her place was Ms Leanne Linard MP, Member for Nudgee.

2. Agenda

A copy of the agenda and meeting papers had been circulated before the meeting.

3. Minutes of estimates meeting number 3 held on Monday 15 July 2018

Draft minutes of estimates meeting number 3 held on 15 July 2018 had been circulated before the meeting.

Resolved

That the minutes be confirmed as a true and accurate record of estimates meeting number 3 held on 15 July 2018.

Moved: Mr McArdle MP Seconded: Mr Hunt MP

4. Correspondence

The committee was advised it had received correspondence from the Leader of the House to Mr Speaker, advising that Ms Linard MP would substitute for Ms Pease MP for the estimates hearing.

5. Hearing arrangements – leave granted to members to participate pursuant to Standing Order 181(e)

The Chair informed the committee that, in accordance with Standing Order (SO) 181(e), leave had been granted to the following members to participate in the estimates public hearing:

- Stephen Andrew MP, Member for Mirani
- Ros Bates MP, Member for Mudgeeraba
- Stephen Bennett MP, Member for Burnett
- Jarrod Bleijie MP, Member for Kawana
- Sandy Bolton MP, Member for Noosa
- Deb Frecklington MP, Member for Nanango
- David Janetzki MP, Member for Toowoomba South
- Jon Krause MP, Member for Scenic Rim
- Tim Mander MP, Member for Everton, and
- Dr Christian Rowan MP, Member for Moggill.

The Chair advised members that if the committee held any further private meetings for the day, any of the above members wishing to attend such meetings would need to seek leave in accordance with SO 209 to do so.

Resolutions made at the committee's first estimates meeting

The Chair reminded Members of key resolutions made at the committee's first estimates meeting, including that:

- time for questions would be allocated in blocks of approximately 20 minutes, alternating between Government and non-Government members, and that the Chair would use his prerogative to allow flexibility at changeovers for members to complete their line of questioning
- while SO 181(g) provides broad latitude to ask questions regarding the examination of the appropriations being considered by the committee, questions must be relevant to the appropriations. The Chair stated he would challenge members if he could not see the relevance of a question
- SO 180(2) allows a member to ask questions about statutory bodies and that these questions also need to be relevant to the appropriations and that if the Chair considered a question was not relevant he would ask members to explain its relevance before letting it stand
- SO 181 requires the CEOs of the Office of the Health Ombudsman, the Hospital and Health Service Boards and the Queensland Mental Health Commission must attend the estimates hearing and may be directly questions by the committee and visiting members, and
- if a member wishes to challenge a ruling of the Chair, they should request that the Chair adjourn the hearing so the committee can deliberate in private on the ruling.

6. Other business

6.1 Use of mobile telephones by departmental officers in the public gallery

It was explained that departmental officers had requested to be able to use their mobile telephones during the estimates hearing to access the internet and to contact colleagues via email and text message. Parliament's default position is that this is not allowed.

Resolved

The committee authorises departmental officers to use mobile telephones in the gallery during the estimates hearing for text messaging, accessing emails and searching the internet provided that phones are on silent at all times, are not used for recording or filming the proceedings or making telephone calls and their use does not disrupt the committee's proceedings.

Moved: Mr Berkman MP Seconded: Ms Linard MP

6.2 Publication of responses to the committee's pre-hearing questions on notice to Ministers

Members discussed that SO 182(8) states that answers to questions on notice taken before the hearing are deemed to be authorised for release by the committee and published upon commencement of the hearing, unless the committee orders otherwise. Members were reminded that this was their final opportunity to order that certain items not be published. Members did not wish to order that any item not be published.

7. Next estimates meeting

The committee's next estimates meeting is a teleconference at 10:00am, Monday 13 August 2018.

8. Close

The meeting concluded at 8.43am.

Certified as correct on the day of 2018.

Aaron Harper MP

Chair

MINUTES

File ref: A352716

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Monday, 13 August 2018

Thuringowa Electorate Office, Thuringowa, and via teleconference

Present

Mr Aaron Harper MP, Member for Thuringowa, Chair (via teleconference)
Mr Mark McArdle MP, Member for Caloundra, Deputy Chair (via teleconference)
Mr Michael Berkman MP, Member for Maiwar
Mr Marty Hunt MP, Member for Nicklin (via teleconference)
Mr Barry O'Rourke MP, Member for Rockhampton (via teleconference)
Ms Joan Pease MP, Member for Lytton (via teleconference)

In attendance

Mr Rob Hansen, Committee Secretary
Mr James Gilchrist, Assistant Committee Secretary

1. Welcome and apologies

The meeting commenced at 9:59am. There were no apologies.

2. Agenda

A copy of the agenda and meeting papers had been circulated before the meeting.

3. Minutes of estimates meeting No. 4 held on Tuesday 31 July 2018

Draft minutes of estimates meeting No. 4 held on 31 July 2018 had been circulated before the meeting.

Resolved

That the minutes be confirmed as a true and accurate record of estimates meeting No. 4 held on 31 July 2018.

Moved: Mr O'Rourke MP Seconded: Mr Berkman MP

4. Consideration of the Chair's draft report

The Chair's draft report no. 9 had been circulated with the agenda. The Deputy Chair identified a typographical error on page 7, where the word 'HHW' should read 'HHS'. The secretariat agreed to amend this error.

Resolved

That the committee adopts the Chair's draft report No. 9, as amended, as a report of the committee and authorises that it be published.

Moved: Ms Pease MP Seconded: Mr McArdle MP

5. Transcript of the public hearing on 31 July 2018 and requests for amendments

Requests to change the Hansard transcript (these are outlined in Appendix A) from the following attendees had been circulated with the agenda:

- Department of Health
- Department of Child Safety, Youth and Women
- Department of Disability Services and Seniors
- Dr Rowan MP, and
- Mr Jon Krause MP.

The committee discussed the requested changes.

Resolved

That the committee accept:

- Mr Krause MP's request to change the Hansard text from 'will guarantee' to 'will you guarantee'
- all changes requested by the Department of Health
- all changes requested by the Department of Disability Services and Seniors apart from its suggested change on page 49, paragraph 3, and[1]
- the changes from the Department of Child Safety, Youth and Women outlined in Table 1.

[1] Which was to change the text, '... over three years to provide peer-to-peer advocacy ...' to, '... over three years to provide advocacy services, including peer-to-peer advocacy ...'.

Table 1 – Changes to the draft Hansard requested by the Department of Child Safety, Youth and Women

Hansard page & paragraph number	Text in Hansard	Requested change
Page 68, para 5	47 per cent	46 per cent
Page 72, para 12	Cairns	Gold Coast
Page 72, para 12	'... the $1.2 million committed to the Griffith Youth Forensic Service Neighbourhoods Project in West Cairns and Aurukun.'	'... the $1.2 million committed to youth sexual violence initiatives,'
Page 81, para 4	'... have a 92 per cent response figure ...'	'... have a 93 per cent response figure ...'
Page 85, penultimate para	'... over 5,300 foster and kinship carers ...'	'... almost 5,300 foster and kinship carers ...'

Moved: Mr McArdle MP Seconded: Mr O'Rourke MP

6. Volume of Additional Information

Resolved

That an Additional Volume of information will be tabled with the committee's estimates report containing: the minutes of the committee's estimates meetings for 2018; the responses to pre-hearing questions on notice; responses to questions taken on notice at the public hearing; and documents tabled at the hearing.

Moved: Ms Pease MP Seconded: Mr Hunt MP

7. Statements of reservation and dissenting reports

Members were reminded about the opportunity to make, and when to submit, statements of reservation and dissenting reports.

Resolved

That the committee notes that statements of reservations and dissenting reports for inclusion with the committee's report must be provided to the Committee Secretary by 5pm on Thursday 16 August 2018.

Moved: Mr Berkman MP Seconded: Mr O'Rourke MP

8. Authorisation of minutes

It was discussed that today's minutes could be authorised by the Chair and Deputy Chair and signed by the Committee Secretary so they can be included in the Volume of Additional Information to be published with the estimates report.

Resolved

That the minutes of this day's estimates meeting be confirmed by the Chair and Deputy Chair and signed, under Standing Order 212(4), by the Committee Secretary for inclusion in the Volume of Additional Information.

Moved: Mr Hunt MP Seconded: Ms Pease MP

9. Other business

There was no other business. The Chair thanked members for their participation during this year's estimates process.

10. Close

The meeting concluded at 10.28am.

Certified as correct on the 17th day of August 2018.

Rob Hansen

Committee Secretary

Appendix A – requested changes to the Hansard record of 31 July 2018

Mr Krause MP: Page 84 – change 'will guarantee' to 'will you guarantee'.

Dr Rowan MP: Page 50 – change text to, '...confirmed given that they are being paid by the Government', changing the word 'Commonwealth' to 'Government'.

Changes from the Department of Health

Page	Paragraph	Witness	Proposed Amendment
5	1, line 3	Dr Miles	"In particular, QSA..." – should read 'In particular, QAS...'
5	1, line 4	Dr Miles	As a result, QSA has..." – should read 'As a result, QAS has...'
9	Last para, line 4	Dr Miles	I look forward to ensuring that is delivered on behalf of the people of Queensland. It appears a word is missing - I look forward to ensuring that **it** is delivered on behalf of the people of Queensland.
13	5, line 3	Dr Wakefield	In the public sector, our current approach has been guarded by – should be *guided* not *guarded*.
16	1	Dr Miles	The funding will be provided to the Townsville, Mackay, north-west, Cairns and hinterland, and Torres and cape hospital and health services. Names of the following HHSs should be capitalised: North-West, Cairns and Hinterland, and Torres and Cape.
41	3, line 5	Dr Miles	A total of six new and replacement stations were opened, benefiting communities from Torres and cape - Name of the following HHS should be capitalised: Torres and Cape
41	5, line 2	Dr Miles	Where talking about the new Hervey Bay Ambulance Station. 'Ride-up' area should read as 'write-up' area.
41	Last para, line 2	Dr Miles	Where talking about the new Drayton Ambulance Station. "Ride-up" area should read as 'write-up' area.

Changes from the Department of Child Safety, Youth and Women

Ref	Current	Proposed	What was said	Should we change?
Page 73, paragraph three	That funding is administered through the Department of Aboriginal and Torres Strait Islander Partnerships. I understand that the funding has been committed for at least three years **to the initiative**. That particular detail would have to be directed to the responsible minister.	... for at least three years to ~~the~~ initiatives in **West Cairns and Aurukun**.	Original text	No
Page 68, paragraph five	... **47** percent female representation on government boards.	**46** per cent	Original text	No
Page 71, paragraph two	We have seen a range of cuts right across Queensland, including: the Wide Bay Sexual Assault Association; Zig Zag Young Women's Resource Centre; Micah Projects; the Women's Centre in Townsville; Tableland Rape and Incest Crisis Centre; ... ... very pleased that we have been able to increase our funding in consecutive years for **these** services.	We have seen a range of cuts right across Queensland, including: the Wide Bay... ... very pleased that we have been able to increase our funding in consecutive years for **sexual assault** services.	Original text Original text	No No
Page 72, paragraph 12	... commenced trials of multi-agency responses to child sexual abuse in both Townsville and **Cairns**.	... both Townsville and the **Gold Coast**.	Original text	No

Ref	Current	Proposed	What was said	Should we change?
Page 72, paragraph 12	The government has continued to implement the Queensland Sexual Health Strategy and, as the minister mentioned, has implemented the $1.2 million committed to **the Griffith Youth Forensic Service Neighbourhoods Project** in West Cairns and Aurukun.	The government has continued to implement the Queensland Sexual Health Strategy and, as the minister mentioned, has implemented the $1.2 million committed to **youth sexual violence initiatives**, including in West Cairns and Aurukun. [Note: funding of $1.2 million is not all going to the Griffith Youth Forensic Service]	Original text (but word 'Youth' was not said)	No
Page 81, paragraph 4	... have a **92** per cent response figure for child safety notifications ...	... have a **93** per cent response figure for child safety notifications	'Over 92%'	Yes – Hansard text does not reflect what was said
Page 85, second to last paragraph	... **over** 5,300 foster and kinship carers ...	... **almost** 5,300 foster and kinship carers	Original text	No

Changes from the Department of Disability Services and Seniors

Page no.	Full paragraph no.	Existing text	Proposed text	Was the proposed text said?	Accept request?
49	2	... over three years to provide peer-to-peer advocacy...	... over three years to provide advocacy services, including peer-to-peer advocacy...	No	No
51	1	... because that is normal customer practice with these changes...	... because that is normal custom and practice with these changes...	Hard to be 100% sure, but I believe so	Yes
52	3	... asked for the QAU report...	... asked for the QAO report...	Yes	Yes
58	6	That was conducted with BDO.	That was conducted by BDO.	No	No
59	6	At the same time...	Around the same time...	No	No
64	Final	... to make choices around future career...	... to make choices around future careers...	No	No
65	2	... as to how many have gone to the NDIS...	... as to how many have gone to the NDIA...	No	No
65	2	... who are now in key NDIS positions...	... who are now in key NDIA positions...	No	No

Questions on notice and responses – *Minister for Health and Minister for Ambulance Services*

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 1 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister please update the committee on each reporting Hospital and Health Service's a) emergency department performance and b) elective surgery performance?

ANSWER:

Cairns and Hinterland Hospital and Health Service

Cairns and Hinterland Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	100%	100%
Category 2	80%	76%	77%
Category 3	75%	80%	81%
Category 4	70%	82%	82%
Category 5	70%	94%	95%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	76%	76%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	95%	95%
Category 2	>95%	92%	93%
Category 3	>95%	93%	94%
Median Wait time			
All Categories	25	29	30
Number of elective surgery patients treated within clinically recommended times:			
Category 1	2,759	2,874	2,904
Category 2	2,487	2,243	2,225
Category 3	1,673	1,890	2,074

Children's Health Queensland

Children's Health Queensland	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	100%	100%
Category 2	80%	93%	91%
Category 3	75%	51%	53%
Category 4	70%	61%	63%
Category 5	70%	88%	89%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	77%	77%
Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	99%
Category 2	>95%	95%	92%
Category 3	>95%	99%	98%
Median Wait time			
All Categories	25	64	67
Number of elective surgery patients treated within clinically recommended times:			
Category 1	1,739	1,187	1,244
Category 2	3,577	3,389	3,309
Category 3	2,531	2,674	2,689

Central West Hospital and Health Service

Central West Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	87%	89%
Category 2	80%	97%	98%
Category 3	75%	98%	98%
Category 4	70%	99%	99%
Category 5	70%	100%	100%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	96%	97%
Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	100%
Category 2	>95%	100%	93%
Category 3	>95%	98%	98%
Median Wait time			
All Categories	25	259	190
Number of elective surgery patients treated within clinically recommended times:			
Category 1	40	1	2
Category 2	48	5	14
Category 3	160	52	49

Central Queensland Hospital and Health Service

Central Queensland Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	96%	96%
Category 2	80%	85%	85%
Category 3	75%	83%	83%
Category 4	70%	89%	89%
Category 5	70%	97%	97%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	84%	84%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	99%	99%
Category 2	>95%	99%	98%
Category 3	>95%	100%	100%
Median Wait time			
All Categories	25	56	56
Number of elective surgery patients treated within clinically recommended times:			
Category 1	1,898	1,724	1,765
Category 2	1,870	1,919	1,865
Category 3	1,974	2,017	2,014

Darling Downs Hospital and Health Service

Darling Downs Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	98%	98%
Category 2	80%	85%	85%
Category 3	75%	73%	73%
Category 4	70%	86%	86%
Category 5	70%	98%	98%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	87%	86%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	99%
Category 2	>95%	98%	98%
Category 3	>95%	99%	99%
Median Wait time			
All Categories	25	50	48
Number of elective surgery patients treated within clinically recommended times:			
Category 1	1,740	1,639	1,769
Category 2	3,008	2,765	2,749
Category 3	2,096	2,035	1,994

Gold Coast Hospital and Health Service

Gold Coast Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	100%	100%
Category 2	80%	57%	59%
Category 3	75%	46%	48%
Category 4	70%	68%	70%
Category 5	70%	91%	91%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	76%	76%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	100%
Category 2	>95%	97%	98%
Category 3	>95%	97%	97%
Median Wait time			
All Categories	25	40	41
Number of elective surgery patients treated within clinically recommended times:			
Category 1	6,291	6,478	6,637
Category 2	6,224	6,563	6,779
Category 3	3,387	3,245	3,539

Mackay Hospital and Health Service

Mackay Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	99%	99%
Category 2	80%	88%	88%
Category 3	75%	71%	71%
Category 4	70%	85%	85%
Category 5	70%	98%	98%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	79%	78%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	95%	93%
Category 2	>95%	96%	93%
Category 3	>95%	98%	96%
Median Wait time			
All Categories	25	55	54
Number of elective surgery patients treated within clinically recommended times:			
Category 1	1,069	1,009	1,004
Category 2	1,154	1,093	1,060
Category 3	361	310	323

Metro North Hospital and Health Service

Metro North Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	99%	99%
Category 2	80%	73%	74%
Category 3	75%	58%	59%
Category 4	70%	76%	77%
Category 5	70%	94%	95%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	67%	67%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	94%	94%
Category 2	>95%	94%	93%
Category 3	>95%	96%	96%
Median Wait time			
All Categories	25	33	34
Number of elective surgery patients treated within clinically recommended times:			
Category 1	11,299	9,499	9,491
Category 2	10,014	9,872	9,978
Category 3	5,501	5,862	5,936

Metro South Hospital and Health Service

Metro South Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	99%	99%
Category 2	80%	62%	61%
Category 3	75%	55%	55%
Category 4	70%	72%	72%
Category 5	70%	93%	93%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	68%	68%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	98%	98%
Category 2	>95%	86%	86%
Category 3	>95%	86%	87%
Median Wait time			
All Categories	25	29	30
Number of elective surgery patients treated within clinically recommended times:			
Category 1	9,370	8,591	8,690
Category 2	10,751	8,586	8,831
Category 3	5,136	4,091	4,228

North West Hospital and Health Service

North West Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	94%	94%
Category 2	80%	93%	94%
Category 3	75%	88%	88%
Category 4	70%	87%	87%
Category 5	70%	99%	99%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	91%	91%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	99%	100%
Category 2	>95%	100%	100%
Category 3	>95%	100%	100%
Median Wait time			
All Categories	25	27	29
Number of elective surgery patients treated within clinically recommended times:			
Category 1	203	223	218
Category 2	251	230	225
Category 3	192	163	203

South West Hospital and Health Service

South West Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	90%	91%
Category 2	80%	87%	87%
Category 3	75%	87%	87%
Category 4	70%	92%	92%
Category 5	70%	99%	99%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	95%	95%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	99%
Category 2	>95%	98%	99%
Category 3	>95%	100%	100%
Median Wait time			
All Categories	25	81	77
Number of elective surgery patients treated within clinically recommended times:			
Category 1	150	164	170
Category 2	170	224	234
Category 3	820	712	708

Sunshine Coast Hospital and Health Service

Sunshine Coast Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	97%	97%
Category 2	80%	67%	68%
Category 3	75%	60%	61%
Category 4	70%	76%	77%
Category 5	70%	96%	96%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	73%	73%
Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	93%	94%
Category 2	>95%	89%	89%
Category 3	>95%	95%	96%
Median Wait time			
All Categories	25	36	39
Number of elective surgery patients treated within clinically recommended times:			
Category 1	3,568	2,905	2,945
Category 2	5,060	4,057	4,078
Category 3	2,283	1,656	1,862

Torres and Cape Hospital and Health Service

Torres and Cape Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	89%	88%
Category 2	80%	87%	88%
Category 3	75%	88%	88%
Category 4	70%	90%	90%
Category 5	70%	98%	98%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	94%	94%
Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	97%	98%
Category 2	>95%	92%	91%
Category 3	>95%	99%	99%
Median Wait time			
All Categories	25	26	24
Number of elective surgery patients treated within clinically recommended times:			
Category 1	31	40	56
Category 2	40	42	51
Category 3	169	187	171

Townsville Hospital and Health Service

Townsville Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	99%	99%
Category 2	80%	77%	78%
Category 3	75%	70%	72%
Category 4	70%	82%	83%
Category 5	70%	99%	99%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	81%	82%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	100%
Category 2	>95%	100%	100%
Category 3	>95%	100%	100%
Median Wait time			
All Categories	25	50	49
Number of elective surgery patients treated within clinically recommended times:			
Category 1	3,292	3,402	3,432
Category 2	3,960	3,708	3,709
Category 3	2,450	1,925	1,955

Wide Bay Hospital and Health Service

Wide Bay Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	100%	100%
Category 2	80%	81%	81%
Category 3	75%	71%	71%
Category 4	70%	68%	67%
Category 5	70%	87%	87%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	77%	77%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	100%
Category 2	>95%	100%	100%
Category 3	>95%	100%	100%
Median Wait time			
All Categories	25	29	29
Number of elective surgery patients treated within clinically recommended times:			
Category 1	1,880	2,022	2,060
Category 2	1,632	1,584	1,558
Category 3	1,198	1,486	1,529

West Moreton Hospital and Health Service

West Moreton Hospital and Health Service	2017-18 Target	2017-18 Est. Actual published in SDS	June 2018 FYTD
Emergency Department Performance			
Percentage of emergency department patients seen within recommended timeframes:			
Category 1	100%	100%	100%
Category 2	80%	79%	79%
Category 3	75%	48%	50%
Category 4	70%	72%	73%
Category 5	70%	91%	92%
Percentage of emergency department attendances who depart within 4 hours of arrival	>80%	80%	80%

Elective Surgery Performance			
Percentage treated within clinically recommended time:			
Category 1	>98%	100%	100%
Category 2	>95%	100%	100%
Category 3	>95%	100%	100%
Median Wait time			
All Categories	25	50	49
Number of elective surgery patients treated within clinically recommended times:			
Category 1	2,900	1,469	1,513
Category 2	1,900	2,047	2,026
Category 3	2,360	2,152	2,141

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 2 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister update the Committee on action being taken in response to the findings of the inquiry into the performance of the Health Ombudsman's functions, undertaken by the former Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee?

ANSWER:

The Department of Health is actively working with the Office of the Health Ombudsman (OHO) and the Australian Health Practitioner Regulation Agency (AHPRA) to improve the management of health care complaints in Queensland, consistent with the Government's response to the former Health, Communities, Disability Services, Domestic and Family Violence Prevention Committee's inquiry into the performance of the Health Ombudsman's functions.

On 28 May 2018, Mr Andrew Brown was permanently appointed to the role of Health Ombudsman. The Health Ombudsman has now had the opportunity to review the former Committee's findings in detail and to advise the Minister for Health and Minister for Ambulance Services on how optimal performance of OHO's functions can be achieved.

The Health Ombudsman has identified a range of administrative and operational changes that can be implemented within the existing legislative framework. Many of these changes have been or will soon be implemented. In addition, the Health Ombudsman has recommended that legislative changes be progressed to enable OHO to better perform its functions.

A steady improvement in the OHO's performance suggests these changes are effective: end-of-year data shows 88.8 per cent of complaints in 2017-18 were accepted within 7 days, compared with 73.5 per cent and 48.5 per cent for 2017-18 and 2015-16 respectively. 72.3 per cent of assessments finalised during 2017-18 were completed with legislated

timeframes, compared to 60.7 per cent and 32.3 per cent for 2016-17 and 2015-16, respectively.

The Department is closely monitoring the implementation of the Health Ombudsman's proposed administrative and operational improvements and the effectiveness of these measures. The Department is also considering the Health Ombudsman's advice regarding potential legislative amendments.

The Minister will keep the Committee informed of the progress of the Government's response.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 3 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 144 of the SDS, will the Minister outline how patients and carers have benefited from the Palaszczuk Government's hospital car parking concessions?

ANSWER:

Increased demand at Queensland's public hospitals has increased the demand for parking.

The Palaszczuk Government is delivering more car parks in our hospitals and improved access to free or discounted car parking concessions for people who need them.

The cost of car parking at public hospitals can be a real concern for many patients, carers and their families.

The Government is investing $7.5 million over four years to make an extra 100,000 free or discounted car parking concessions available for eligible patients and carers at our public hospitals each year.

In October 2017, all Queensland public hospitals with paid car parking implemented car parking concession policies and began delivering the 100,000 additional concessions.

At a minimum, car parking concessions are available to patients and their carers who are attending hospital frequently or for an extended period of time, patients and carers with special needs who require assistance, and patients and carers experiencing financial hardship.

In the eight months from the commencement of the scheme in October 2017, hospitals with paid parking have provided over 170,000 concessions, and are tracking well to exceed the annual target for this year at the final reconciliation.

The scheme is already making an impact for patients and carers with hospitals receiving positive feedback about the increased concession availability.

Information on concessions is available on local hospital websites.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 4 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister outline what skills and experience the Hospital and Health Board members appointed in 2018 will each bring to their respective Hospital and Health Boards?

ANSWER:

Hospital and Health Boards (HHB) control the Hospital and Health Service (HHS) for which they are established, and are accountable for the delivery of public healthcare services within their communities.

The *Hospital and Health Boards Act 2011* requires the Minister for Health to recommend to the Governor in Council, persons to be appointed as HHB members who are considered to have the skills, knowledge and experience for the HHS to perform its functions effectively and efficiently, including:

- expertise in health management, business management, financial management and human resource management;
- clinical expertise;
- legal expertise;
- skills, knowledge and experience in primary healthcare;
- knowledge of health consumer and community issues relevant to the operations of the Service;
- where relevant, persons from universities, clinical schools or research centres with expertise relevant to the operations of the Service;
- persons with other areas of expertise the Minister considers relevant to a Service performing its functions.

At least one HHB member must have clinical expertise.

When undertaking recruitment for HHB members, careful consideration is given to ensure the skills and experience of nominees meet the specific needs of each HHB.

The recruitment process leading to the 2018 HHB member appointments was managed by an independent recruitment firm engaged by the Department of Health, Davidson Executive and Boards. The process commenced with a publicly advertised expression of interest which was open between 16 December 2017 and 10 January 2018.

To ensure proposed appointees possessed optimal skills and experience, individual HHB chairs actively participated throughout the recruitment process. This included HHB chairs undertaking an internal skills assessment of their existing membership, and engaging on a one-to-one basis with Davidson Executive and Boards to discuss the skills and experience considered to be desirable for potential appointees. HHB chairs also sat on the selection panel established for their HHB, which made recommendations for appointment for the Minister's consideration. Where a HHB chair's term of appointment was also expiring, a HHB nominee participated in the process instead.

Specific skills and experience for each appointed HHB member appointed in 2018 is in Attachment 1.

Attachment 1

Central West Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Mr Johnathan (Blake) Repine Member	**New appointment** Mr Repine brings significant expertise to the Board in relation to health research given his current role as Associate Vice-Chancellor (Central Highlands Region), Central Queensland University. Mr Repine contributes extensive experience in the areas of health research, business management, human resource management and finance.

Children's Health Queensland Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Mr David Gow Member and Chair	**Current member, new appointment as Chair** Mr Gow has strong financial expertise, an understanding of the current Board and wider multinational background which provides him with a good grounding for engaging with Board members and clinicians, as well as providing the entrepreneurial expertise required to guide the Board. His specific mix is financial management, business management and legal expertise.
Mr Ross Willims Member	**Reappointment** Originally appointed to the CHQ HHB in May 2014, Mr Willims is the current Chair of the Board's Finance and Performance Committee and also serves on its Audit and Risk and Executive Committees. He brings 30 years' experience across a range of a senior executive positions within both the public and private sector, including State and Commonwealth Government departments. His skill mix includes business management, financial management and health research and academia.
Ms Heather Watson Member	**New appointment** Ms Watson is a strategic adviser and consultant lawyer and has been a member of the legal profession for more than 30 years. Ms Watson brings broad skills including legal expertise, health management and business management.

Darling Downs Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Ms Cheryl Dalton Member	**Reappointment** Originally appointed in June 2012, Mrs Dalton is the current Chair of the Board's Audit and Risk Committee and is also a member of its Finance Committee. Ms Dalton's specific skill mix includes business management, financial management and health consumer & community issues.

Darling Downs Hospital and Health Board	
Dr Ross Hetherington Member	**Reappointment** Dr Hetherington was originally appointed to the Darling Downs HHB in June 2012 and is a member of the Board's Executive and Safety and Quality Committees. Dr Hetherington also satisfies the requirement to nominate a clinician to the Board and has primary health care skills.
Ms Patricia Leddington-Hill Member	**Reappointment** Mrs Leddington-Hill was originally appointed to the Darling Downs HHB in September 2012 and is the chair of the Board's Safety and Quality Committee. Mrs Leddington-Hill brings skills in health consumer & community issues, primary healthcare and health management.

Gold Coast Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Mr Michael Kinnane Member	**New appointment** Mr Kinnane brings valuable management and health sector experience and knowledge to the Board. Mr Kinnane has led an accomplished career as Director-General of several Queensland Government Departments over a period of 12 years and was Chief Executive Officer for the Queensland Ambulance Service for five years. He brings skills in health management, health consumer and community issues and HR management.
Ms Colette McCool Member	**Reappointment** Ms McCool is a recognised leader within the local community and has extensive knowledge of the health needs of the region as well as the city's demographic and social indicators. Additionally, Ms McCool has significant Board experience. Ms McCool brings skills in health consumer & community issues, financial management and business management.
Dr Andrew Weissenberger Member	**Reappointment** Originally appointed to the Gold Coast HHB in September 2012, Dr Weissenberger brings significant knowledge to the Board with his keen interest in safety, quality and standards for the health industry along with his work in primary health. Dr Weissenberger brings skills in primary healthcare and clinical expertise.
Dr Cherrell Hirst AO Member	**Reappointment** Originally appointed to the Gold Coast HHB in May 2014, Dr Hirst brings significant health sector and financial management experience as well as clinical expertise to the Board. Dr Hirst's skill mix includes health management, clinical expertise and health research and academia.

Mackay Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Dr Judith (Helen) Archibald Member	**Reappointment** Originally appointed in September 2012, Dr Archibald satisfies the requirement to nominate a clinician to the Board. Dr Archibald is a general practitioner in Mackay as well as an associate senior lecturer at James Cook University's School of Medicine. Dr Archibald brings skills in primary healthcare and clinical expertise.

Metro North Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Dr Kim Forrester Member and Deputy Chair	**Reappointment** Dr Forrester is a Barrister with 30 years of legal experience. Prior to entering the legal profession, Dr Forrester was a registered nurse for 10 years. Dr Forrester brings skills in legal expertise, clinical expertise and health research and academia.
Dr Kim Johnston Member	**New appointment** Ms Johnston holds a PhD in strategic communication and organisational culture, and has over 20 years experience in senior public relations, public affairs, and communications roles. Her experience, knowledge and skillset complement the Board's existing structure and her communication and engagement abilities assist the Board in relating to their consumers. Her specific skill mix includes business management, health research and academia and health consumer & community issues.
Ms Paula Conroy Member	**New appointment** A general practitioner, Dr Conroy contributes over ten years' experience in primary, secondary and corporate sectors. Dr Conroy also satisfies the requirement to nominate a clinician to the Board and has primary health care skills.
Mr Bernard Curran Member	**New appointment** An experienced company director, Mr Curran brings to the Board significant financial and business acumen in addition to his extensive previous experience on Boards and in the health sector as an adviser and chair of The Prince Charles Hospital Foundation. Mr Curran's skills are financial management and business management.

Metro South Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Mr Brett Bundock Member	**New appointment** Mr Bundock has extensive experience delivering outcomes for organisations through the use of innovative technology. He is an active contributor to various community and support groups, and drives corporate social responsibility initiatives. He brings skills in business management, health consumer and community issues and information technology and data science.

South West Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Ms Karen Tully Member and Deputy Chair	**Reappointment** Originally appointed in May 2017, Ms Tully continues as the current Deputy Chair. Ms Tully is an expert in advocacy, facilitation, leadership and governance and serves on a number of community associations in the region. Ms Tully brings skills in health consumer & community
Cr Fiona Gaske Member	**Reappointment** Originally appointed to the South West HHB in May 2014 Cr Gaske has been chair of the Board's Safety & Quality Committee. Cr Gaske was originally elected as Councillor for Balonne Shire Council in 2012, and re-elected in 2016 as deputy chair. A registered speech pathologist currently resident in St George, she has also worked as an allied health co-ordinator in rural settings. Cr Gaske brings skills in health consumer
Dr John Scott Member	**Reappointment** Originally appointed to the South West HHB in May 2014, Dr Scott has experience as a member of the Board's Executive and Safety & Quality Committees. Dr Scott's brings health management and primary healthcare skills with specialist areas including health service design, rural and remote general practice and community health and
Mr Ray Chandler Member	**Reappointment** Mr Chandler was originally appointed to the South West HHB for an initial twelve month term in May 2017. Mr Chandler has over 30 years experience in executive and senior management roles in the public health sector, primarily in corporate services and infrastructure positions. He brings skills in health management, financial management and business management.
Mr Stewart Gordon Member	**Reappointment** A practicing lawyer, working primarily in employment law, Mr Gordon was originally appointed for an initial twelve month term in May 2017. He brings skills in health management, legal expertise and HR management.

Torres and Cape Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Mr Robert McCarthy AM Member and Chair	**Reappointment** Mr McCarthy has more than 30 years' experience in high-level positions in the private sector, as well as Federal and Queensland governments at Director-General level. Mr McCarthy previously served as chair of the then Cape York HHB and was appointed inaugural chair following amalgamation into the Torres and Cape HHB in July 2014. He brings business management and corporate leadership, awareness and understanding service delivery in local communities.
Associate Professor Ruth Stewart Member	**Reappointment** Associate Professor Stewart is a Senior Medical officer with the Thursday Island Hospital and brings more than 20 years' clinical experience to the Board. Originally appointed to the Torres and Cape HHB in July 2014, Associate Professor Stewart has served as Deputy Chair since September 2014 and contributes ongoing skills in business continuity, health consumer and community, health research and academia and clinical expertise.
Mrs Tracey Jia Member	**Reappointment** Originally appointed to the Torres and Cape HHB in July 2014, Mrs Jia contributes extensive experience of community engagement and expertise in understanding the challenges of providing health care in remote communities. Mrs Jia brings skills in health consumer and community, business management and HR management.
Cr Frasier (Ted) Nai Member	**Reappointment** Originally appointed to the Torres and Cape HHB in July 2014, Cr Nai is a member of the Torres Strait Island Regional Council and respected councillor for Masig (Yorke) Island, and contributes local leadership and local government expertise to the board. His understanding of stakeholder management is highly beneficial to the Board. He brings skills in health consumer and community issues.
Ms Tina Chinery Member	**New appointment** Ms Chinery has extensive experience in health service management in acute, primary health and aged care sector, including service reform and has overseen the development and commissioning of three regional hospitals in Western Australia. Ms Chinery has experience in the nursing profession and brings skills in health management and business management.

Townsville Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Dr Eric Guazzo Member	**Reappointment** Originally appointed to the Townsville HHB in May 2012, Associate Professor Guazzo has experience as the chair of the Board's Quality & Safety Committee, deputy chair of the Audit and Risk Committee and a member of the Board's Executive Committee. Dr Guazzo brings skills in clinical expertise and health management.
Ms Shayne Sutton Member	**New appointment** Ms Sutton has over 15 years prior experience in local and state government positions. Ms Sutton has key strengths in managing public sector budget processes, risk management and procurement. The skills Ms Sutton brings to the board are financial management, health consumer and community issues and HR management.

West Moreton Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Mr Stephen Robertson Member	**New appointment** Mr Robertson is a previous Minister for Health with extensive knowledge of the health industry. He brings considerable experience in governance, risk identification & strategy, stakeholder management and government relations, and community engagement. The skillset he brings is health management, health consumer and community issues and business management.
Professor Jeffery Dunn AO Member	**New appointment** Professor Dunn is the Chair and Professor of Social and Behavioural Science, Institute for Resilient Regions, University of Southern Queensland. Prior to this, Professor Dunn spent 15 years as the Chief Executive Officer of Cancer Council Queensland. Professor Dunn brings significant knowledge of the health sector and its consumers to the board. His specific skill mix includes business management, health research and academia, health consumer & community issues and population health.
Ms Lynette Birnie Member	**New appointment** Ms Birnie brings more than 20 years' management experience to the Board. Ms Birnie is a Certified Practising Accountant and has held several Board and governance roles. Ms Birnie's skills she brings to the Board are in financial management, business management including business transformation and performance improvement.

Wide Bay Hospital and Health Board	
NAME	**SKILLS/EXPERIENCE RELEVANT TO HHB**
Professor Bryan Burmeister Member and Deputy Chair	**Reappointment** Originally appointed in May 2014, Professor Burmeister has experience as a member of the Wide Bay HHB Executive Committee and its Safety & Quality Committee. Professor Burmeister is an oncologist and practices in the public and private sector. Professor Burmeister brings skills in clinical expertise, health research and academia and primary healthcare.
Mr George Plint Member	**Reappointment** Originally appointed in May 2014, Mr Plint is a clinician on the Wide Bay HHB and has experience as a member of its Safety & Quality Committee. He has also previously worked across a range of health settings associated with general and psychiatric nursing as well as aged care nursing, the Red Cross Blood Service and community mental health case management. Mr Plint brings skill in clinical expertise and health management.
Ms Anita Brown Member	**Reappointment** Originally appointed in May 2017, Ms Brown contributes significant corporate governance expertise to the Wide Bay HHB including membership of its Audit and Risk and Finance Committees. Ms Browns skills are in legal expertise, business management and financial management.
Emeritus Professor Phillip Clift Member	**Reappointment** Originally appointed in May 2017, Emeritus Professor Clift has experience as a member of the Wide Bay HHB Audit and Risk and Finance Committees. Emeritus Professor Clift is a previous Head of Campus, CQ University in both Mackay and Bundaberg. He brings skills in business management, health consumer and community issues and health research and academia.
Ms Simone Xouris Member	**Reappointment** Originally appointed in May 2017, Ms Xouris contributes a broad clinical perspective to the Wide Bay HHB. Ms Xouris has more than 25 years' experience in the health sector and continues to practice in a private capacity as an Accredited Practising Dietitian. Ms Xouris continues to bring skills in clinical expertise and primary healthcare.
Mr Trevor Dixon Member	**Reappointment** Originally appointed to the Wide Bay HHB in May 2017, Mr Dixon has experience as the chair of the Board's Finance Committee and member of its Audit and Compliance Committee. Mr Dixon has over 30 years' experience as a director of private and publicly-listed companies and brings skills in financial management, business management and health management.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 5 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

In relation to the recent occurrences of PFAS contamination in Bundaberg and the Bremer River, will the Minister advise the committee when he was briefed on the contamination and what action was taken to inform the public of any associated public health risks? Page 21 of the SDS refers.

ANSWER:

Queensland has led the way in dealing with per- and poly-fluroalkyl substances (PFAS) issues in Australia, including implementing the first state-wide ban. The Department of Health has engaged meaningfully with councils and other key stakeholders to help manage public concerns when PFAS contamination impacts on drinking water supplies.

PFAS Contamination - Bundaberg

The Minister for Health was briefed on Friday 13 April.

The Chief Health Officer announced news of the contamination to the community on Friday 13 April 2018. This was followed by a joint media conference involving the Chief Health Officer, Queensland Health and the Bundaberg Regional Council Mayor on Monday 16 April 2018.

Queensland Health established a blood testing program for potentially affected residents. As at 30 June 2018, 226 residents had taken advantage of this testing.

Queensland Health assisted the Bundaberg Regional Council with the development of an information leaflet which was letterbox dropped to residents in the affected area on 17 April 2018.

PFAS Contamination - Bremer River

The Chief Health Officer and Minister for Health and Minister for Ambulance Services were briefed on the matter on Friday 8 June 2018.

A letter was sent from the Chief Health Officer to the Department of Defence also on 8 June 2018, recommending that the public be advised as soon as practicable not to consume fish caught near the RAAF Base Amberley due to PFAS contamination.

This recommendation was made following Queensland Health's review of the report released by the Commonwealth Department of Defence on an environmental investigation into PFAS contamination on and in the vicinity of the Amberly Royal Australian Air Force (RAAF) Base.

Queensland Health conducted a risk assessment of the levels of PFAS reported in fish caught in the upper reaches of the Bremer River on 4 June 2018.

The interagency Technical Working Group which includes representatives from Queensland Health, Department of Environment and Science, Department of Premier and Cabinet and Department of Agriculture and Fisheries met on 6 June 2018 to review the findings.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 6 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister outline in relation to each of the 16 Hospital and Health Services: (a) the financial result for 2017-18; and (b) the forecast financial result for 2018-19?

ANSWER:

Queensland Health has a sound financial position.

Queensland Health resources are prioritised when and where they need to be based on different challenges at different times in different parts of the State. This is a strong position to be in, given Queensland Health is servicing a population of around five million, and experiencing incredible growth in demand.

The financial forecast result for 2017-18 and the forecast position for 2018-19 by Hospital and Health Service (HHS) is as follows:

Hospital and Health Service (HHS)	**2017-18 Published ($million)**	**2017-18 Estimated Actual[1] ($million)**	**2018-19 Forecast ($million)**
Cairns and Hinterland HHS	(29.5)	(19.4)	(15.8)
Central Queensland HHS	0.0	0.0	0.0
Central West HHS	0.0	0.0	0.0
Children's Health Queensland HHS	0.0	(10.4)	0.0
Darling Downs HHS	0.0	0.0	(7.7)

[1] Subject to change following audit of accounts.

Gold Coast HHS	0.0	0.0	0.0
Mackay HHS	(8.3)	(15.6)	(6.5)
Metro North HHS	0.0	0.1	0.0
Metro South HHS	0.0	(14.0)	0.0
North West HHS	0.0	0.0	0.0
South West HHS	0.0	0.0	0.0
Sunshine Coast HHS	(13.1)	(13.1)	0.0
Torres and Cape HHS	0.0	0.0	0.0
Townsville HHS	0.0	14.0	0.0
West Moreton HHS	0.0	(8.9)	0.0
Wide Bay HHS	0.0	0.0	0.0
TOTAL	(50.9)	(67.3)	(30.0)

Financial results for 2017-18 represent HHS forecast positions. Final results are still being finalised and are subject to audit by the Queensland Audit Office.

Of the 16 HHSs, six are forecast to end 2017-18 in a deficit position totalling $81.4 million. The deficit position can be attributed to:

- A planned reinvestment of prior year retained earnings in non-recurrent activities totalling $48 million for Children's Health Queensland HHS ($10.4 million), Sunshine Coast HHS ($13.1 million), Mackay HHS ($15.6 million) and West Moreton HHS ($8.9 million).
- A deficit of $14 million for Metro South HHS due to an anticipated loss of Commonwealth funding for home ventilation.
- A deficit of $19.4 million for Cairns and Hinterland HHS which is part of a planned financial recovery plan and better than originally forecast.

All bar three HHSs have published a balanced 2018-19 position. The published 2018-19 operating position for three HHSs totalling a $30 million deficit is attributable to:

- Planned reinvestment of prior year retained earnings in non-recurrent activities totalling $14.2 million for two HHSs, predominately representing investment in the integrated electronic Medical Record system.
- A planned $15.8 million deficit for Cairns and Hinterland HHS.

When a HHS has positive retained earnings (i.e. savings from a prior year), the HHS may choose to invest these earnings into priority activities. Where these activities generate operating costs, the HHS will generate an 'in year' planned deficit. This is also known as a technical deficit as the HHS has the cash to cover the cost of these activities.

When a HHS discloses a deficit position, the HHS works with the Department of Health to determine the cause and develop a financial recovery plan in accordance with the Performance Framework *Delivering a High Performing Health System for Queenslanders*. This Framework provides an integrated process for performance review and assessment, within the overarching objectives of driving sustained improvement, keeping people healthy and improving access to timely, quality and patient-focused health care.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 7 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister outline in relation to each of the 16 Hospital and Health Services and for the department of health: (a) the staffing levels for 2017-18; and (b) the forecast staffing levels for 30 June 2019?

ANSWER:

Health care is delivered for people by people.

Our workforce grows because the amount of health care we provide grows.

The overwhelming majority of Queensland Health staff work in our Hospital and Health Services (HHSs). And the majority of staff are frontline staff.

The tables below shows the full-time equivalent (FTE) staffing levels as per the 2018-19 Service Delivery Statements (SDS).

CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
4,923	4,937	4,971

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is the result of additional funding being provided to the Cairns and Hinterland HHS for the provision of health services, and is consistent with the amended service agreement with the Department of Health (the Department).

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of increased funded activity together with additional funded services that have

occurred outside of the hospital, such as the Rheumatic Heart Disease Program.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the Department purchasing additional health services through the 2018-19 Service Agreement.

CENTRAL QUEENSLAND HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
2,890	2,980	3,052

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the purchase of additional activity by the Department through the 2017-18 Service Agreement, including additional medical services, surgical services and mental health services, together with the recruitment of permanent medical officers to reduce the number of locum medical officers.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is partly the result of increased activity compared to the previous financial year, together with additional funded services that have occurred outside of the hospital such as preventative health, hospital avoidance and health promotion programs.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the purchase of additional activity by the Department through the 2018-19 Service Agreement, including additional medical services, surgical services and mental health services, and the recruitment of permanent medical officers to reduce the number of locum medical officers.

CENTRAL WEST HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
373	380	373

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the temporary increase of 7 FTE in the second quarter of 2017-18. This was a result of additional non-recurrent funding being provided as part of the amendment to the service agreement for specific projects to be delivered in 2017-18.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual reflects increased funding being provided to the HHS in 2017-18 for activities undertaken

outside of the hospital, including community-based services.

The reduction in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast reflects the cessation of non-recurrent funding, which results in the reduction of 7 FTEs.

CHILDREN'S HEALTH QUEENSLAND HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
3,608	3,792	3,700

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the Department purchasing additional health services through the 2018-19 Service Agreement.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is primarily the result of temporary non-recurrently funded positions for the implementation of the integrated electronic Medical Record and other ICT projects.

The reduction in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast reflects the reduction in temporary non-recurrently funded positions for the implementation of the integrated electronic Medical Record and other ICT projects.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
4,315	4,396	4,549

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to planned outsourced service delivery actually being delivered through internal resources and is consistent with the amended service agreement with the Department.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is largely the result of additional activity growth funded via the service agreement, together with additional funded services that have occurred outside of the hospital such as preventative health, hospital avoidance and health promotion programs.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the Department purchasing additional activity through the 2018-19 Service Agreement and additional time-limited FTE associated with the implementation of the

integrated electronic Medical Record.

GOLD COAST HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
7,482	7,635	8,063

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to additional funding being provided for frontline services in response to the growth in healthcare activity, including the commissioning of Varsity Lakes Day Hospital and general ward areas. This is consistent with the amended service agreement with the Department.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of increased activity compared to the previous financial year.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the Department purchasing additional activity, and also additional temporary staff required for the implementation of the integrated electronic Medical Record.

MACKAY HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
2,160	2,286	2,312

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is primarily due to temporary staff for the delivery of programs funded by prior period surpluses, such as the Digital Hospital implementation program for the Mackay Base Hospital as well as patient activity and acuity pressures.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of increased activity compared to the previous financial year, together with additional staff funded from retained earnings to deliver healthcare innovation and improvement projects such as the Digital Hospital implementation program.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is based on an expected level of staffing to respond to increased activity purchased by the Department, as outlined in the 2018-19 Service Agreement, as well as a continuation of retained earnings investments relating to the Digital Hospital implementation program and a transformation program designed to support improved productivity.

METRO NORTH HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
15,750	15,832	16,165

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to a number of funded new initiatives, such as increased Heart and Lung transplantation services at the Prince Charles Hospital, the statewide bariatric surgery service at the Royal Brisbane and Women's Hospital, and the Brisbane North Primary Health Network alliance.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of increased activity compared to the previous financial year, the Queensland Mental Health Plan including the opening of Nundah House and community mental health services, and additional staff to support funded projects such as the Financial Systems Renewal project and the Closed Loop Electronic Medication Management system.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to increased frontline staff to deliver additional clinical activity to meet demand growth and additional funding for endoscopy services.

METRO SOUTH HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
12,604	13,275	12,882

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the delivery of additional activity and implementation of the Digital Hospital Program at Logan Hospital, Queen Elizabeth II Jubilee Hospital and Redland Hospital and is consistent with the amended service agreement with the Department.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is partly the result of increased activity compared to the previous financial year, together with initiatives such as the Digital Hospital Program implementation and additional funded services that have occurred outside of the hospital, such as hospital avoidance programs.

The reduction in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to a reduction in staff required for the implementation of the Digital Hospital Program, partially offset by the Department purchasing additional activity through

the 2018-19 Service Agreement.

NORTH WEST HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
702	716	782

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the delivery of additional activity and is consistent with the amended service agreement with the Department.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of an increase in activity compared to the previous financial year, together with additional funded services that have occurred outside of the hospital, such as preventative health, hospital avoidance and health promotion programs.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is a result of the increased activity to be undertaken as per the 2018-19 Service Agreement.

SOUTH WEST HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
777	806	819

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the sustained delivery of activity in rural facilities and is consistent with the amended service agreement with the Department. The increase also relates to the conversion of medical contactors into permanent staff to reduce the cost of external (Locum) usage, and also the provision of operational services to deliver training, leave and recruitment overlap in a rural setting. In addition, increases are driven by the delivery of the chronic disease model of care, the multi-purpose health service staffing model, the Integrated Care Innovation project, and specific nursing projects including nurse navigator, nursing and midwifery exchange and nurse magnet/pathways.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is due to the same drivers of the increase in FTEs from the 30 June 2018 Forecast to the 30 June 2018 Estimated Actual.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the same drivers of the increase in FTEs from the 30 June 2018 Forecast to the

30 June 2018 Estimated Actual.

SUNSHINE COAST HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
6,540	5,970	6,400

The reduction in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual reflects changes in the timing of on-boarding of staff for Stage 2 of the Sunshine Coast University Hospital.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of increased funded activity associated with the Sunshine Coast University Hospital.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast reflects changes in the timing of on-boarding of staff for Stage 2 of the Sunshine Coast University Hospital.

The reduction in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2019 Forecast can be largely attributed to the reduction in temporary staff associated with the Transition and Transformation Program now that the Sunshine Coast University Hospital has been commissioned.

TORRES AND CAPE HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
926	961	943

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual relates to funding adjustment updates to the 2017-18 Service Agreement throughout the financial year. The primary areas of increase in service activity include Child and Youth Mental Health, Associated Nurse Unit Manager Project, Ear Nose and Throat, Integrated Dental Care, Revitalisation programs and Nursing Enhancements.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is largely the result of increased activity compared to the previous financial year, together with staff to support funded programs such as Child and Youth Mental Health, Integrated Dental Care, Ear Nose and Throat, Sexual Health, Nursing Enhancements and community

mental health.

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2019 Forecast relates to new program funding for Child and Youth Mental Health, Integrated Dental Care, Ear Nose and Throat, Sexual Health, Nursing Enhancements and community mental health.

The reduction in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast relates to the cessation of a number of time-limited programs that were funded on a non-recurrent basis.

TOWNSVILLE HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
5,180	5,381	5,401

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is due to the delivery of additional activity and is consistent with the amended service agreement with the Department.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is the result of increased funded activity together with additional funded services that have occurred outside of the hospital, such as preventative health, hospital avoidance and health promotion programs.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the Department purchasing additional activity through the 2018-19 Service Agreement.

WEST MORETON HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
3,243	3,284	3,572

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual is consistent with the amended service agreement with the Department.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is largely the result of an increase in activity compared to the previous financial year together with additional temporary staff engaged on the Digital Hospital project and in the

management of capital projects.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast is due to the Department purchasing additional activity through the 2018-19 Service Agreement.

WIDE BAY HOSPITAL AND HEALTH SERVICE

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
3,049	3,080	3,132

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual reflects additional funded activity provided throughout the year as per the amended service agreement.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is largely the result of an increase in activity compared to the previous financial year together with additional funded services that have occurred outside of the hospital, such as preventative health, hospital avoidance and health promotion programs.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast reflects funded activity purchased through the 2018-19 Service Agreement including employment of additional Nurse Navigator and Nursing Graduate positions, along with a strategy to increase permanent Senior Medical Officers.

eHEALTH QUEENSLAND

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
1,318	1,421	1,498

The increase in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual, and from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual, is predominantly driven by additional demand for services to support the significant growth in digital healthcare, and to deliver ICT initiatives including the Windows 10 and Office 365 program and rollout of the integrated electronic Medical Record.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast relates to expected growth in existing and new services to meet a higher demand in digital healthcare and technological advancements.

HEALTH SUPPORT QUEENSLAND

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
4,335	4,335	4,381

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actual is predominantly driven by growth in services provided to HHSs to meet increased service demand, for example Pathology and Biomedical Technology Services. Additional FTE growth is also associated with business improvement projects such as the front end Payroll rostering system, Health Contact Centre programs, and the conversion of contract and agency staff to permanent employees.

The increase in FTEs from the 30 June 2018 Estimated Actual to the 30 June 2019 Forecast are predominantly driven by growth in services provided to HHSs to meet increased service demands and process improvements, particularly in Pathology Queensland, Central Pharmacy and Biomedical Technology Services. Additional FTE growth is also associated with business improvement projects such as delivery of the new Laboratory Information System and the delivery of programs by the Health Contact Centre.

OTHER DEPARTMENT OF HEALTH

30 June 2018 Forecast published in 2017-18 SDS	30 June 2018 Estimated Actual published in 2018-19 SDS	30 June 2019 Forecast published in 2018-19 SDS
1,762	1,741	1,766

The reduction in FTEs from the 30 June 2018 Forecast published in the 2017-18 SDS to the 30 June 2018 Estimated Actual relates to the active management of staffing within the published Forecast figure to allow for contingent and emergent needs.

The increase in FTEs from the 30 June 2017 Actual to the 30 June 2018 Estimated Actuals can be attributed to growth in the provision of public health policies and initiatives including improving services for mental health, disease protection, indigenous health, obesity management and sexual health. As well as resources to support the Barrett Adolescent Centre Commission, implementation of a graduate training program, prevention of sentinel events, and Surgery Connect.

The increase in FTEs from the 30 June 2018 Forecast to the 30 June 2019 Forecast is due to the insourcing of the prevocational accreditation service for Queensland's HHSs, managed by the Office of the Chief Medical Officer.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 8 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister update the committee on the roll-out of new and replacement ambulances containing the new power stretcher, and advise on the benefits of this to our paramedics and the community?

ANSWER:

The Palaszczuk Government continues to invest heavily in frontline services, with a record Queensland Ambulance Service (QAS) budget of $800.3 million for 2018-19. This is an increase of $80.7 million, or 11.2%.

The QAS will continue to fit power assisted stretchers into ambulance vehicles, with an investment of $15.1 million for a further 85 new and replacement ambulance vehicles scheduled to be commissioned in 2018-19.

Commencing in 2015-16, the QAS has rolled-out 393 frontline operational vehicles with 460 power assisted stretchers across the state. This includes four dual stretcher acute vehicles, 326 single stretcher acute vehicles and 63 dual stretcher patient transport vehicles.

The power assisted stretchers and loading equipment provide an enhanced work platform for paramedics and patient transport officers. These stretchers assist in improving patient and officer safety by ensuring less physical stress to our paramedics when moving patients in and out of ambulance vehicles and a smoother and more comfortable experience for patients.

These stretchers have an enhanced capability over the current stretchers, with a load capacity of 318 kilograms compared to manual Stryker stretchers which have a capacity of 228 kilograms.

Since the implementation of the power assisted stretcher in 2015-16, WorkCover claims related to manual handling have been reduced by 37.3% and lost time injury claims related to manual handling have been reduced by 42.6%.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 9 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 13 of the SDS, will the Minister please advise the committee what steps have been taken by Queensland Health in relation to a potential breach of the Therapeutic Goods Administration guidelines by the Queensland Heart Valve Bank?

ANSWER:

The Queensland Organ and Tissue Donation Service, which comprises DonateLife Queensland and the Queensland Tissue Bank, coordinate organ and tissue donations across the state, and the production of tissue for use in transplantation.

Since the incident involving the Queensland Heart Valve Bank was identified, a number of actions have been taken to assure the safety and quality of tissue transplantation in Queensland.

The Department of Health has confirmed that open disclosure has occurred with the four individuals, three infants and a 21-year-old woman, who received the heart tissue grafts from a donor with a rare form of brain cancer, and their families. While I'm advised that the consensus clinical view is the risks to these individuals are extraordinarily low, they will be monitored through their ongoing health care to identify any issues that may develop.

The Queensland Heart Valve Bank will remain closed while the review is underway. This will not affect tissue donation and transplantation in Queensland as, during this closure, heart tissue required for Queensland patients will be sourced from interstate and donated tissue from Queensland will be sent to St Vincent's Heart Valve Bank in Sydney for processing and storage.

I can advise the Committee that I asked the Director General to initiate an independent external investigation on being made aware of the incident. In response he instructed that a health service investigation be undertaken in accordance with his authority under Part 9 of the *Hospital and Health Services Act 2011*. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has been appointed to engage a team of experts to undertake this health service investigation.

The investigation has commenced and will conclude by the end of the year. The outcomes of the investigation will determine how and why this incident occurred, and what measures need to be put

in place to prevent it ever occurring again. The team of experts who are leading the investigation include:

- Dr Robert Herkes MB BS FRACP FCICM, Chief Medical Officer, the Australian Commission on Safety and Quality in Health Care (ACSQHC);
- Mr Kieran Pehm BA LLB LLM, recently retired Commissioner for the NSW Health Care Complaints Commission;
- Ms Danielle Fisher, General Manager, NSW Organ and Tissue Donation Service; and
- Adjunct Professor Michael Wallace, Chief Operating Officer, ACSQHC.

I am also advised that Metro South Hospital and Health Service has engaged an external consultant to undertake an independent Rapid Clinical Governance Review of the Queensland Tissue Banks to commence in the last week of August 2018. Dr Liz Mullins is an experienced medical administrator who has assisted organisations in the United Kingdom, United States of America and Victoria in optimising their clinical risk management systems.

The Therapeutic Goods Administration is aware of the matter and has advised the Department its course of action will be determined on review of the findings of the investigation of the Queensland Heart Valve Bank.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 10 (Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

Will the Minister update the Committee on the progress of action under the Patient Transport Subsidy Scheme Reform Project?

ANSWER:

The Patient Travel Subsidy Scheme (PTSS) provides financial assistance to eligible Queensland patients who are required to travel for specialist health services that are not available locally.

The Scheme is managed by Hospital and Health Services (HHS) in accordance with the PTSS guideline and provides assistance with travel and accommodation costs. Annually, around 70,000 Queenslanders are provided assistance through the scheme.

The Palaszczuk Government is committed to helping rural and remote Queenslanders access healthcare that may not be available locally.

The Department of Health is addressing the recommendations from the Queensland Ombudsman's June 2017 report in close consultation with all relevant stakeholders, especially patients and HHS staff.

The key to the success of the project has been stakeholder engagement when designing improvements to the scheme. Patients, staff, clinicians, non-government organisations and other relevant stakeholders have had the opportunity to participate in activities and provide feedback in the development of improvements to the Scheme.

All stakeholders have had the opportunity to attend information sessions on progress of the reform project. The core premise of the reform project has been that all improvements must be patient-centred and subject to testing and consultation to ensure there are no unintended consequences.

The initiatives undertaken as part of the reform project include the redesign of forms, clearer and easier access to information, updating policy documents, introduction of a new

governance structure to improve consistency and introducing an IT solution to improve the administration of the Patient Travel Subsidy Scheme.

The enhanced, new look Patient Travel Subsidy Scheme webpages went live on 19 February 2018. The new webpages make it much easier to find information on the scheme. More improvements are planned for the webpages, including frequently asked questions and every day scenarios to help explain the scheme.

The new enterprise IT solution went live successfully in the Darling Downs Hospital and Health Service on 2 July 2018, with expected rollout across the state by the end of 2018. The introduction of the IT solution will greatly improve the efficiency of the management of the PTSS. The IT solution will also improve communications with patients with status updates sent on the progress of applications and subsidy payments via email or text message.

The redesign of the forms and the update of the brochure is currently in the last rounds of consultation. Both have undergone extensive consultation with patients, staff, non-government organisations and other relevant stakeholders. Testing will be undertaken on the forms in the next few months to ensure they are user-friendly before they are rolled out. Particular care has been taken with the design of the brochure to ensure the scheme is easily understood, including the steps a patient will take in the course of their interaction with the scheme. This brochure will be available in all HHSs and general practice clinics.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 1 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 80 of the SDS regarding patient travel, can the Minister outline the following in relation to the Patient Travel Subsidy Scheme:

a. The program budget for 2017/18
b. The actual expenditure for 2017/18
c. Program budget for 2018/19
d. The numbers of claims made in 2017/18 (reported separately by HHS)
e. The average processing time for claims made in 2017/18 (reported separately by HHS)?

ANSWER:

The Patient Travel Subsidy Scheme (PTSS) provides financial assistance to eligible Queensland patients who are required to travel for specialist health services that are not available locally.

The scheme is managed by Hospital and Health Services (HHS) throughout Queensland in accordance with the PTSS guideline and provides assistance with travel and accommodation costs.

Queensland is a big state, with a decentralised population. That is why Queensland Health spent more than $82 million last financial year helping around 70,000 Queenslanders get where they needed to go for specialised healthcare, and has increased the budget for this scheme in 2018-19.

Statewide allocation for PTSS funding is as follows:

2017-18 allocation $M	**2017-18 actual $M**	**2018-19 allocation $M**
$88M	$82.9	$90.2

It should be noted that the Service Agreement does not reference PTSS as a specific allocation. The PTSS is a component of the non-ABF patient transport allocation, which also includes aeromedical retrievals and Queensland Health Authorised Transport (QHAT).

The PTSS is a demand driven scheme with funding allocated to HHSs based on previous expenditure. HHSs are encouraged to find alternatives to travel wherever possible to assist patients receiving treatment closer to home or possibly reducing the need to travel.

The number of claims, reported separately per HHS, is:

Approving HHS	FY 2017-18 (as at 30 June 2018)
	Total number of claims
Cairns and Hinterland	22,054
Central Queensland	18,952
Central West	3,691
Darling Downs	34,498
Gold Coast	1,271
Mackay	21,105
Metro North	840
Metro South	744
North West	7,872
South West	5,458
Sunshine Coast	9,637
Torres and Cape	20,959
Townsville	24,865
West Moreton	1,319
Wide Bay	41,006
Total FY 2017 -18	**214,271**

Currently, the PTSS is a manual, paper-based process and data is not maintained on the average processing times made in 2017-18.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 2 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 40 of the SDS relating to optimising efficiency and service delivery, can the Minister outline the specific agreements between Queensland Health or a Hospital and Health Service and private hospital and health providers in Queensland, reported separately per agreement and including reference to the nature of each agreement (without revealing commercial-in-confidence information)?

ANSWER:

The Department of Health and Hospital and Health Services have a number of specific agreements with not for profit, community and other non-government organisations together with Private Hospital and Health service providers, for the delivery of public health services.

Non-Government Organisations

The Department of Health has service agreements with approximately 250 private, non-government and non-profit providers for the delivery of over 500 discrete projects funded under a range of health service programs. Details of frontline service and grant funding agreements are published on the Queensland Government Open Data website, which is available online: https://data.qld.gov.au/dataset/qh-queensland-government-investment-portal-qgip.

As statutory bodies, Hospital and Health Services (HHS) can also enter into agreements with non-government organisations. Hospital and Health Services are required to report grant and frontline service funding arrangements as part of the data collection exercise for the Queensland Government Open Data website.

Non-government Organisations engaged by the Department to deliver health services are subject to Service Agreement reporting requirements which are used to monitor

performance. The standard Social Service Agreement requires non-government Organisations to report against the Queensland Health Performance Framework for the non-government organisation Sector (or meet equivalent state or national quality accreditation standards). In addition, non-government organisations are subject to performance standards specific to the services that they are delivering, which may include clinical care standards, national and state standards, program-specific requirements and other legislated safety, quality and patient care requirements.

Private Hospital Providers

The Department also contracts with 15 private service providers as part of the targeted Surgery Connect Program which has been running since 2007.

Under these contracts patients are referred, when required, to the relevant private hospital provider and, as such, there are no guaranteed volumes within any of the agreements.

Private provider performance is measured through key performance indicators identified within the individual contracts. These indicators are monitored regularly through the business review meetings between Queensland Health and the private provider group. In addition, the Surgery Connect Advisory Committee meet on a quarterly basis to discuss the performance of the private provider groups.

The Department of Health also has a long history of partnership with Mater Misericordiae Limited (Mater) for the delivery of a range of public health services at South Brisbane. The public services delivered include maternity, emergency department services, inpatient services, elective surgery and specialist outpatients. These services are funded under the activity based funding model, similar to that of the Hospital and Health Services. This allows for benchmarking against similar services to ensure that services are being delivered efficiently. The performance management framework applies to Mater in a similar way to Hospital and Health Services which ensures that good governance is in place and that the services being delivered are safe, high quality and effective.

West Moreton HHS and Metro South HHS have entered into a separate agreement with Mater Private Hospital Springfield for the provision of specialist outpatient and surgical services to public patients. These services are funded under the activity based funding model, which again allows for benchmarking against similar services to ensure that services are being delivered efficiently.

Mater Private Hospital Springfield performance is monitored and managed by the Hospital and Health Services through monthly performance meetings with performance measured against a number of Key Performance Indicators.

In addition, Hospital and Health Services can enter into arrangements with private providers for the delivery of public hospital and health services. These arrangements are specific to each Hospital and Health Service and subject to commercial in confidence.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 3 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

I refer to page 42 of the SDS regarding Queensland Health corporate and clinical support and ask, can the Minister outline the number of fraud and or misconduct investigations currently being undertaken either by Queensland Health or the Crime and Corruption Commission, regarding Queensland Health or Hospital and Health Service employees with specific reference to the overall types of complaints and the number of staff currently on suspension as a result of these investigations?

ANSWER:

Queensland Health is one of the largest organisations in the state, employing more than 90,000 staff.

Queensland Health has a zero tolerance to fraud, misconduct and corruption, and allegations of wrongdoing are taken very seriously.

I am advised that as independent statutory bodies, each Hospital and Health Service is responsible for the management of allegations of fraud or any other misconduct including reporting of such to the Crime and Corruption Commission as required.

As at 30 June 2018, the Department of Health was dealing with a total of 44 matters involving alleged corrupt conduct of departmental employees (including the Queensland Ambulance Service). This represents less than 0.05 per cent of the workforce. 'Dealt with' in this context refers to actions which may be taken under the *Crime and Corruption Act 2001* which may include an investigation, disciplinary proceeding, managerial action or any other action to address the complaint in an appropriate way.

In addition to matters reportable to the Crime and Corruption Commission, as at 31 March 2018, there were 37 ongoing investigations across Queensland Health. Similarly this represents less than 0.05 per cent of the total workforce. These investigations relate to incidences of serious misconduct or serious neglect of performance of duties (which may or may not involve a breach of criminal law) and minor misconduct or careless or negligent

performance of duties.

I am further advised that, as at 31 March 2018, there were 42 employees, less than 0.05 per cent of the workforce, on suspension across Queensland Health; although these suspensions may or may not relate to an ongoing investigation.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 4 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 42 of the SDS relating to ICT services, can the Minister outline the ICT projects being undertaken by Queensland Health, the budget for each specific project and the status of each specific project, as at 30 June 2018?

ANSWER:

Queensland Health has a complex Information and Communication Technology (ICT) environment that underpins the effective delivery of clinical and non-clinical services, which is enabled by an extensive ICT infrastructure program. The refresh of ICT assets ensures health services are supported in a way that is sustainable both now and in the future. Supporting the delivery of ICT in a large enterprise such as Queensland Health is complex.

In 2017, Queensland Health:

- Supported 71,000 workstations
- Prevented 420,000,000 spam, viruses, malware
- Enabled 20,000 Queensland Health smart devices (phones and tablets)
- Delivered 1,400 videoconferencing/telehealth units
- Installed 12,000 printers
- Managed 108,000 new user/email accounts
- Managed 821,000 IT support calls
- Installed 26,000 wireless access points.

Additionally, Queensland Health's ICT program of new work has delivered and continues to deliver a range of capabilities in support of the eHealth Investment Strategy and the 10-year

Digital Health Strategic Vision for Queensland 2026, to ensure systems are operating efficiently across the following categories:

- Digital Infrastructure – the replacement and enhancement of core infrastructure to support digital hospitals, with contemporary, responsive and flexible equipment and tools.
- Business Systems – investment in core systems which support the corporate and business services of the Department.
- Digital Future – to enhance Queensland Health's ability to accurately, cost effectively and seamlessly store and share data across the continuum of care.
- Clinical Systems – replacement and enhancement of core clinical systems to better support frontline health service provision and decision making at the point of care.

Queensland Health publishes performance data, including project budget and status, on the Queensland Government ICT Dashboard for all reported initiatives that are valued at over $1 million and/or are high risk. Queensland Health's reported initiatives are from across the Department and four Hospital and Health Services (HHSs), being Metro North HHS, Cairns and Hinterland HHS, Gold Coast HHS and Children's Health Queensland HHS.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 5 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 29 of the SDS, can the Minister outline the reasons for the $115.5 million underspend in the 2017/18 capital budget, with reference to specific projects or initiatives that were delayed, cut or underspent (reported separately by project/initiative)?

ANSWER:

Queensland Health makes significant investments upgrading and maintaining our health facilities and supporting ICT infrastructure.

Variances between the 2017-18 estimated actual figures and the 2017-18 Budget figures can be attributed to several factors, including:

- Accounting standards' requirements that some capital expenditure is expensed rather than capitalised. These expensed costs contribute to project outcomes but are not recorded as capital acquisitions.
- Contingency funds held in case of unforeseen circumstances until a project reaches financial close despite main works being completed.
- Project savings, where the full scope of works is delivered at a lower cost than was originally anticipated. These surpluses are repurposed towards future high priority projects.
- The increased number of projects being undertaken in live hospital environments adds to the already complex nature of building work. Works undertaken on existing facilities (to refurbish or extend) are more likely to encounter contaminated materials during design and construction, depending on the nature and age of the facilities. These complexities may increase the time taken to deliver projects. It also increases the probability of changes during the design and construction phases of project delivery to address service needs and latent conditions.

- Expenditure deferrals, due to variances between the planned and actual timing of expenditure.

The ten projects with the largest underspends in 2017-18 are shown in the table below.

Project	**Underspend against Budget Paper No. 3 ($million)**
Sunshine Coast University Hospital (Stage 2)	30.7
Roma Hospital Redevelopment	14.1
Atherton Hospital Redevelopment	9.6
Hervey Bay Emergency Expansion	9.3
Cairns Hospital Improvement Project	8.7
Laboratory Information System	7.5
Adolescent Extended Treatment Facility – Prince Charles Hospital	6.4
Lady Cilento Children's Hospital (finalisation works)	6.1
Torres Strait Primary Health Care Centre Redevelopment Project	5.2
Regional eHealth Project	5.0

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 6 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 32 of the SDS, can the Minister outline the specific reasons for the reduction in supplies and services to Queensland hospital and health services of $394.747 million between the 2017/18 adjusted budget and 2018/19 budget with specific reference to changes with the improved alignment of employee expenses?

ANSWER:

Overall, there has been an underlying increase in general expenditure on supplies and services, associated with additional activity across the health system.

The decrease in the budgeted supplies and services expenditure is not a true reduction in expense for Queensland Health, but is due to changes in accounting treatment, the timing of funds held by the Department of Health still to be allocated to Hospital and Health Services, and a realignment of expenditure budget to employee expenses.

The Queensland Audit Office directed a change to the way some specific transactions between the Department of Health and the Hospital and Health Services are recorded. However, there is no impact to Queensland Health's operating position overall. Queensland Health is not spending less on supplies and services, rather this is a reflection of a change to the recording of cost.

The supplies and services budget is also impacted by the timing of funding held in the Department of Health, still to be allocated to Hospital and Health Services at the time of preparing the Service Delivery Statements. In previous years' budget papers, this held budget was recorded against supplies and services expense. When this held budget is allocated to the Hospital and Health Service's throughout the year, staff are employed to deliver the associated health services, and the majority of these funds are then recognised against employee expenditure costs. Following consultation with Central Agencies, it was agreed for the 2018-19 budget that these held funds be realigned to the employee expenses

category in the budget papers, which also aligns with the approved FTE staffing estimates for the Queensland Health consolidated budget. This has resulted in an adjustment between supplies and services expense and employee expenses of approximately $237 million.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 7 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to page 144 of the SDS relating to the service summary for Metro North Hospital and Health Service, can the Minister outline:

a. the capital budget for 2018/19 for works required to upgrade the adult clinic at The Prince Charles Hospital for cystic fibrosis patients;

b. what is being done to manage cross-infection control at the clinic;

c. how many beds are currently available at the clinic; and

d. when will the upgrade commence and be completed?

ANSWER:

The former LNP Government opened the Adult Cystic Fibrosis Unit at The Prince Charles Hospital in late 2014 in response to concerns about the risk of cross-infection.

However 12 of the 14 single rooms do not have dedicated single bathrooms, which is non-compliant with international infection control practices for inpatients with cystic fibrosis.

The risk of cross infection among patients is very high and the best possible care is undertaken by members of the Cystic Fibrosis Team to reduce the risk of cross infection through clearly communicated clinical care practices and protocols.

The Palaszczuk Government is providing $150,000 (excluding GST) in 2018/19 to commence planning and detailed design work to upgrade the adult clinic at The Prince Charles Hospital for cystic fibrosis patients. The Cystic Fibrosis unit is internationally renowned for providing world class care to patients with complex lung conditions and the latest data shows patient outcomes at the hospital are comparable with other large Cystic Fibrosis units in Australia.

International healthcare professionals regularly visit the unit to learn from our experts in this field and we need to provide patients with the best possible environment for their treatment.

Detailed design together with cost estimates will be completed in 2018-19. The detailed design work will inform the project's construction timeline.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 8 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to abortion law reform and terminations in Queensland,

a. What funding has been allocated in the budget to expand the provision of termination services at public hospitals and health services?

b. What budget, staffing or other allocations has the government made to achieve better access to abortions via the public system, particularly in regional areas?

c. What barriers have been identified, and how are these barriers being overcome?

d. What is the government's plan to capture more and improved data on pregnancy outcomes similar to South Australia's Pregnancy outcome statistics?

ANSWER:

a) Hospital and Health Services deliver services to meet the needs of their population. Currently, in some circumstance, public hospitals provide termination of pregnancy services. In 2018-19, a total of $14.7 billion will be allocated through service agreements to provide public healthcare services from HHS's and other organisations.

b) Termination of pregnancy is a health issue and the Government is committed to removing barriers to access, should the proposed legislation pass Parliament.

Based on published evidence from other jurisdictions, the total number of terminations performed in a health facility is unlikely to increase following the proposed legislative changes. Currently, 95 per cent of cases are undertaken in the private and non-government (NGO) sector funded by Medicare with a patient co-payment. I am advised this is unlikely to change significantly in the short term.

The public health system will focus on identifying and addressing specific groups where significant barriers to access to termination services exist due to distance or economic reasons. HHSs will work with the private, not-for-profit and Primary Healthcare Networks to address these gaps.

For example, a relationship between Marie Stopes Australia and Queensland Health already exists to support continuation and sustainability of termination of pregnancy services in Rockhampton and Townsville. This arrangement may be extended to support other regional areas and is subject to appropriate procurement policy.

c) Barriers to termination of pregnancy services may arise for a number of reasons as outlined below. These factors will be considered in any new arrangements in response to updated legislation and include factors such as:

    i) For service providers and individual clinicians:

    - The availability of private and NGO service providers in regional communities providing day surgery for terminations performed in a health facility. Currently, these exist in Rockhampton and Townsville but the service in Cairns ceased 18 months ago due to retirement of the private specialist, and no provider has entered the market.

    - The limited number of GPs in regional areas who are willing to become trained prescribers of termination services delivered through the prescription of medication.

    - The current stigma associated with provision of termination services for medical practitioners discourages many practitioners from providing services, even if they are not conscientious objectors. They risk public vilification from pro-life groups.

    - Conscientious objection from medical, nursing and other staff in the public and private hospital systems which make provision of services a significant operational challenge outside of specific termination clinics where staff elect to work there and provide these services.

    - Availability of suitably trained medical practitioners able to perform the full range of pregnancy termination services.

    - Competing demands for acute services in public hospitals. Competition for resources of emergency and acute services is such that termination on request may not be considered to be a priority for public hospitals even following legislative change.

- Remote and rural health services rarely have the service capability for surgical termination of pregnancy requiring costly and lengthy travel for services.

ii) For patients:

- Distance – remote, rural and regional patients face a significant barrier in accessing services due to lack of local service provision of medical termination or support systems for referral and travel to regional providers.

- Cost – Even if patients can overcome travel barriers, the co-payment, especially for regional NGO or private providers is high relative to urban services. Charitable assistance and reduction or elimination of co-pay by providers is often available but requires significant work by support agencies to access in individual cases.

- Culture – many anecdotal reports exist of cultural barriers in communities to women who want a termination but who face cultural barriers in the community and/or fear from abusive partners. The lack of prompt, confidential services available to these women compounds this problem of access.

d) Currently, termination of pregnancy data is collected through two sources, Perinatal Data Collection (PDC) and Queensland Hospital Admitted Patient Data Collection (QHAPDC).

Queensland Health extensively links and analyses the data from these two sources, in best endeavours to determine the occurrence of termination of pregnancy in Queensland.

The Queensland Law Reform Commission (QLRC) did not make a recommendation regarding the public reporting of termination of pregnancy data in Queensland. There has been no decision to undertake public reporting of these data at this point.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 9 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to the Remote and Isolated Practice Endorsed Registered Nurse (RIPEN) Registration Standard, the Nursing and Midwifery Board of Australia (NMBA) has indicated it may discontinue the RIPEN endorsement in November 2018, and the impacts this would have on the delivery of health services and on the health budget

a. Does the Queensland government have a plan to seamlessly transition RIPENs if this occurs, including a plan to amend the Health (Drugs and Poisons) Regulation 1996 (Qld) as appropriate?

b. If yes, will the government provide assurances to rural and isolated communities that RIPENs will continue to have legislative and regulatory authority to act in this role, e.g. to supply patients with medicines where there is no prescriber readily available?

ANSWER:

While the Nursing and Midwifery Board of Australia (NMBA) initially indicated that they would discontinue the Remote and Isolated Practice Endorsed Registered Nurse (RIPEN) endorsement by November 2018, they have since stated they will not remove it until alternate provisions are in place to ensure that RIPENs continue to meet the medicines need of Queenslanders who live in rural and isolated areas. This will mean that registered nurses who have completed the training currently recognised by the NMBA endorsement will legally be able to carry out their roles in the same way they currently do.

In order to assist with this transition, the Department of Health through the Office of the Chief Nursing and Midwifery Officer, is leading work with stakeholders to develop an implementation plan for RIPEN transition. Any necessary legislative changes will be brought to the Queensland Parliament, including any changes necessary to the Health (Drugs and Poisons) Regulation 1996 (Qld) to allow registered nurses to supply medicines under the

relevant drug therapy protocol. No changes to the NMBA RIPEN endorsement will be made until this plan is implemented.

The Queensland Government is committed to providing quality health services to rural and isolated communities. Under any new legislative arrangements, rural and isolated practice nurses (current RIPENs) will continue to be able to supply medications to patients in these communities in accordance with the relevant drug therapy protocol.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

QUESTION ON NOTICE

No. 10 (Non-Government)

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR HEALTH AND MINISTER FOR AMBULANCE SERVICES (HON S.J. MILES)—

QUESTION:

With reference to the delivery of health services to aged care residents in the Department of Health's aged care facilities, as discussed in the SDS under each hospital and health service, and to home residents who present to public hospitals –

a. For residents of State-based aged care facilities who require palliative care, what proportion of those residents receive that care in public hospitals (i.e. away from their aged care facility)?
b. For residents of private sector aged care facilities who require palliative care, how many receive that care in public hospitals (i.e. away from their aged care facility)?
c. For these residents of private sector aged care facilities who rely on public health services for palliative care, is there any further data which can be provided including by location or age?
d. Can the Minister provide data from the last three financial years on utilisation of hospital in the home services for palliative care in public and private RACFs?

ANSWER:

The Department of Health provides approximately $95 million annually for palliative care services in Queensland, including more than $7 million for non-government organisations.

These services are provided to ensure that people receive the compassionate care they need at the end stages of life, in hospital, hospice, community and home settings.

For the purposes of monitoring, evaluation and planning health services, Queensland Health collects data on admitted patient episodes of care. The Department is currently focused on improving the capture and quality of the data regarding patients admitted from residential aged care facilities, both public and private.

However, at this time, the requested data is not available from admitted patient data.

Questions on notice and responses – *Minister for Communities and Minister for Disability Services and Seniors*

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 1

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 14 of the Department of Communities, Disability Services and Seniors Service Delivery Statement can the Minister provide an overview of the operations of the Forensic Disability Service during 2017-18?

ANSWER:

The Palaszczuk Government is committed to ensuring an effective forensic disability service system that provides high quality therapeutic supports for clients.

The Forensic Disability Service (FDS) at Wacol provides specialist, purpose-built medium security therapeutic residential care for up to 10 forensic disability clients.

The Director of Forensic Disability (DFD) is responsible as an independent statutory officer for the operation of the FDS in accordance with the *Forensic Disability Act 2011*.

The Director operates the FDS by:

- providing for the detention, admission, assessment, care, support and protection of clients
- observing the human rights of clients
- providing a multidisciplinary model of care and support for clients that is designed to promote their continual development, independence and quality of life
- making decisions that take into account:
  - protection of the community
  - needs of victims of alleged offences to which forensic orders relate
  - client's needs for individual development

The FDS provides evidence-based programs and services to address clients' risks, maximise their quality of life and teach life skills and appropriate behaviour for community participation, with the aim of supporting a planned transition to a less restrictive community environment. Addressing the risks posed by clients can be a lengthy process

The Director of Forensic Disability's Annual Report for 2016-17 was tabled in the Queensland Parliament on 16 May 2018.

Since June 2017 five clients from the FDS have successfully transitioned from the FDS to new support arrangements across Queensland.

As at 30 June 2018 there were five clients detained at the FDS.

During 2017-18 reviews of the *Forensic Disability Act 2011* and the FDS were also progressed. The review of the Act has been conducted under s.157 and includes a comprehensive broader systems review and options for the framework for service. The outcomes of these reviews will be considered by the Queensland Government in 2018-19 in-line with other key reforms to the disability sector, including links to the NDIS.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 2

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 6 of the Department of Communities, Disability Services and Seniors Service Delivery Statement can the Minister explain how her Department monitors compliance of service providers with service delivery obligations?

ANSWER:

In 2018–19, the third and final year of the NDIS transition, the Department of Communities, Disability Services and Seniors will maintain its longstanding investment with funded non-government organisations to deliver specialist disability services to thousands of people with disability across the state.

This investment will continue to be contracted through service agreements by which organisations are committed to a shared goal of ensuring the delivery of quality and effective services, while acknowledging and agreeing to Queensland Government requirements for accountable, responsible and effective expenditure of public monies.

The delivery of services under each service agreement is monitored by three layers of oversight:

- monitoring through governance internal to organisations
- external monitoring by the department
- independent external monitoring by statutory oversight agencies.

Internal monitoring occurs within organisations through their Boards. Each organisation's Board and Chief Executive Officer are accountable for the overall management of their organisation and to ensure they meet their legal obligations and compliance requirements. Those registered as Australian companies will also be regulated by the national Corporations Law.

The department monitors organisations by requiring them to submit performance reports for analysis; certifications about their use of the funding; and annual financial statements. Where issues are identified, the department will meet with organisations to discuss concerns early. If necessary, issues are escalated to the department's formal Compliance and Audit Team for investigation.

Under the *Disability Services Act 2006* and the *Community Service Act* 2007 and service agreements, there are also a suite of safeguards for clients of funded service providers that require organisations to:

- ensure workers undergo criminal history screening
- implement a complaints management system
- have policies to address abuse, neglect and exploitation
- comply with the Human Services Quality Framework (HSQF).

The HSQF requires all funded providers delivering direct services to vulnerable clients to undergo independent third-party quality audits to assess their compliance with the HSQF standards and safeguards.

Independent external monitoring of the department and its funded service providers is also undertaken by a combination of statutory oversight agencies, namely:

- Public Guardian
- Public Advocate
- Queensland Audit Office
- Queensland Ombudsman

These agencies have jurisdiction to examine whether the department is receiving value for money and to verify that clients are receiving the best possible outcomes.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 3

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 6 of the Department of Communities, Disability Services and Seniors Service Delivery Statement, will the Minister provide advice about what steps are being taken to implement the recommendations made in the audit report titled 'Performance of the National Disability Insurance Scheme' which was conducted by the Queensland Audit Office?

ANSWER:

As the lead agency coordinating Queensland's transition to the NDIS, the Department of Communities, Disability Services and Seniors has welcomed the Queensland Audit Office (QAO) Report and recommendations.

The former department asked the QAO to bring the audit forward 12 months to assist in preparing for this critical stage of Queensland's implementation of the NDIS.

The report found there are real benefits being achieved for participants and carers, who identified better outcomes from the NDIS overall.

In this final year up to 60,000 people with disability will access the supports they need through the NDIS and it is important the system is ready to support this larger scale of transition.

The report identified the continued commitment of the Commonwealth to the implementation effort in this final year as a critical variable to its success in Queensland.

The department is actioning a co-ordinated response to the QAO's report across all member agencies of the Queensland NDIS Reform Leaders Group (RLG). This will help ensure the Queensland Government response to the QAO's work is well understood, integrated and consistent across transition projects during year three.

The department's preparation for year three did, however, begin well before the QAO tabled its findings. This work aligns with the QAO's advice and is being progressed across four key areas: Internal and External Governance, Information Sharing and Communication, Mainstream Agency Readiness and Program Management Office capacity.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 4

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 25 of the Department of Communities, Disability Services and Seniors Service Delivery Statement can the Minister explain how AS and RS has created certainty for clients during transition?

ANSWER:

The continuing presence of Queensland's Accommodation Support and Respite Services (AS&RS) as a provider during NDIS transition has created an extremely stable environment for its clients and their families in a context of rapid change brought about by the NDIS implementation.

The Palaszczuk Government commitment to AS&RS has provided stability and certainty for its over 900 clients and their families.

Being able to exercise a choice to remain with AS&RS has meant that clients and their families can continue with their current service arrangements and focus on entering the NDIS planning process and additional supports at their own pace.

AS&RS also provides people with disability and their families a level of confidence that essential accommodation and respite services will be available in locations that have both maturing and unstable provider markets.

As at 30 June 2018 over 500 AS&RS clients and families have attended participant readiness workshops across the state. These workshops provided opportunities to learn about the NDIS and to explore its benefits. Support has also been provided to prepare clients and families for their individual NDIA planning meetings.

The feedback from clients and families has been overwhelmingly positive for all these support activities.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 5

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 6 of the Department of Communities, Disability Services and Seniors Service Delivery Statement will the Minister explain what steps were taken to make sure that emerging service delivery gaps to do with health care and the NDIS were addressed so that no person with a disability was impacted?

ANSWER:

As the NDIS transition progresses in Queensland, it has highlighted some differences between the National Disability Insurance Agency's (NDIA) and the states and territories' interpretation of the *Principles to determine the responsibilities of the NDIS and other service systems,* which were agreed by COAG in 2015.

These include arrangements for some services at the disability and health interface that are delivered through the Queensland Community Care program funded by the Queensland Government.

The supports in dispute under the NDIS include arrangements for nursing type supports delivered to people in their own homes, such as wound care, medication management and catheter changes.

As these issues are being experienced across all jurisdictions, Queensland has been working closely with other states and territories, the Commonwealth and the NDIA to resolve a shared understanding of roles and responsibilities in the health-NDIS interface.

Queensland has advocated strongly within the Disability Reform Council for resolution of interface issues. In the meantime, to ensure NDIS participants continue to receive the supports they need, the Queensland Government has continued nursing supports through the Queensland Community Care program.

Funding of $10 million has been identified in the 2018-19 budget specifically to support this arrangement.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 6

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 10 of the Department of Communities, Disability Services and Seniors Service Delivery Statement will the Minister explain what concessions are available to Queensland seniors and what difference does this make to their bills?

ANSWER:

Concessions

The objective of the concessions administered by the department is to provide cost of living assistance to persons on low and fixed incomes.

Nearly $5.6 billion has been allocated for concessions by the Queensland Government in the 2018-19 budget. $384 million of the allocation is for concessions that are administered by the Department of Communities, Disability Services and Seniors.

This allocation is inclusive of $100 million for the Electricity Asset Dividend, which provides $50 for each eligible Queensland household, and for seven concessions that are available to eligible Queenslanders.

During 2017-18 there were over 1 million Queensland households receiving a concession including approximately $266M in concessions from my department.

For example, a single pensioner living in their own home anywhere in Queensland would receive a range of concessions on their regular expenses. The electricity bill would be reduced by up to $340.85 per year, plus a further $50 this year. Their rates would also be reduced by up to $200.

If the pensioner has any medical conditions they would also be eligible for financial assistance for an oxygen concentrator, kidney dialysis machine or additional cooling or heating costs if required.

The department's administered concessions include:

Activity	Yearly value per household/ individual	2017-18 Est. Act $M	2018-19 Estimate $M
Electricity Rebate Scheme	$340.85	181.0	195.5
Electricity Asset Ownership Dividend	$50	100.0	100.0
Pensioner Rate Subsidy Scheme	20% up to $200	53.0	53.6
South East Queensland Pensioner Water Subsidy Scheme	$120	18.0	18.2
Home Energy Emergency Assistance Scheme	$720 max in 24 months	8.1	10.0
Electricity Life Support Scheme	$694.18 (Oxy con) $464.88 (Kid Dia)	2.3	2.3
Reticulated Natural Gas Rebate Scheme	$72.51	2.5	2.6
Medical Cooling and Heating Concession Scheme	$340.85	1.5	1.6
Total	**N/A**	**366.3**	**383.8**

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 7

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 2 of the Department of Communities, Disability Services and Seniors Service Delivery Statement will the Minister outline what representations the Minister has made to improve services for those in aged care?

ANSWER:

The Queensland Government is committed to making Queensland an age-friendly place, where older people are supported to maintain control over how and where they live.

The Department of Communities, Disability Services and Seniors is not responsible for, nor does it provide funding to, any aged care or nursing home facilities in Queensland.

The Australian Government is responsible for the funding and regulation of aged care under the *Commonwealth Aged Care Act 1997*.

In March, the Minister made a submission to the Australian Government House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia in relation to the value and quality of care in aged care including the importance of mechanisms to prevent elder abuse.

The submission responded to two specific items in the Terms of Reference for the Inquiry -

- the incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers
- the adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.

In the submission the Minister outlined a number of issues, including the need to ensure residents of aged care facilities are respected, valued and appreciated as well as being enabled to actively participate in their community.

The Minister raised the work that the Queensland Parliamentary Inquiry into the Adequacy of Existing Financial Protections for Queensland's Seniors had progressed. The Inquiry found that there are benefits associated with mandatory reporting requirements when the abuse of a person with impaired capacity is suspected, regardless of the nature of the abuse or exploitation.

The need to investigate whether the Quality and Safeguard framework is sufficient for the Aged Care Service System was raised, along with the complex interactions between potentially vulnerable clients, paid carers and extended family and friends.

The Queensland Government has also been active in its commitment to lobby the Commonwealth to introduce staff-to-resident ratios that better reflect the service and safety needs of residential aged care clients.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 8

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 3 of the Department of Communities, Disability Services and Seniors Service Delivery Statement, can the Minister outline what Community Recovery activities occurred after the recent floods in Ingham and damage done by Cyclone Nora.

ANSWER:

As a result of the North Queensland flooding event that occurred between 6 and 10 March 2018, Hinchinbrook and parts of the Cassowary Coast Regional Council areas were severely impacted.

The Department of Communities, Disability Services and Seniors worked closely with the Local Government and its Local Disaster Recovery Group to understand what help was needed, and that local community groups and services were supported to play a key role in the recovery efforts.

As residents were isolated by the flood waters, the department engaged the Australian Red Cross to reach out and provide information and emotional support, using a new telephone outreach model.

This service continued to be available until the Queensland Government Ready Reserves and our government and non-government partners were able to access the area.

Similarly, an online grants portal and the 1800 Recovery Hotline were activated to ensure that residents did not need to wait for the government to arrive before they could get the financial assistance they needed to support their recovery.

As soon as it was safe to do so, a Community Recovery Hub was established at the Ingham TAFE, providing a one-stop-shop approach to accessing a range of information, services and supports from government and non-government agencies, including local service providers such as the Hinchinbrook Community Centre.

Later that month a number of communities in Far North Queensland felt the effects of Severe Tropical Cyclone Nora.

The department worked very closely with the Aboriginal Councils, the Department of Aboriginal and Torres Strait Islander Partnerships, Community Enterprise Qld (stores), Apunipima Cape York Health Council, Pormpur Paanthu Aboriginal Corporation, Indigenous Consumer Assistance Network and Weipa Community Care, to develop an appropriate community recovery response to meet the needs of disaster affected community members in Mapoon, Pormpuraaw and Kowanyama.

Pop up hubs were established in Pormpuraaw and Kowanyama and assistance was provided through outreach visits in Mapoon.

In response to both of these events:

- approximately $1.9 million in grants was distributed through the joint Commonwealth/State Natural Disaster Relief Arrangements assisting more than 8638 people
- 410 Community Recovery Ready Reserves were deployed
- more than 4400 calls were made to the Community Recovery Hotline, and
- 2102 outreach visits were made to people in their homes.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 9

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 3 of the Department of Communities, Disability Services and Seniors Service Delivery Statement, Minister what is the role of the LGBTI Roundtable and how effective has it been?

ANSWER:

The Queensland Government is committed to engagement with LGBTI communities, individuals and their families to ensure the Queensland Government continues to support LGBTI Queenslanders to eradicate all forms of discrimination, deliver responsive and appropriate services and programs and continue to create safe communities where diversity is celebrated.

The Roundtable met for the first time on 23 April 2018. Eleven representatives of Queensland's diverse LGBTI communities were joined by a number of senior staff from across Government agencies to discuss priorities and opportunities for change on key issues. Roundtable members raised issues such as:

- the need for greater awareness and training regarding domestic violence responses by the Queensland Police Service, court staff, funded support services and hospital staff
- reviewing opportunities to provide greater support for teachers to appropriately respond to and support young LGBTI Queenslanders in schools, including strengthening mental health responses, suicide prevention, anti-cyberbullying and anti-bullying
- ensuring the views of Aboriginal and Torres Strait Islander LGBTI community members are heard
- ensuring better access to appropriate LGBTI healthcare for rural and remote communities, particularly for transgender people
- responding to different culturally and linguistically diverse groups with appropriate, targeted approaches regarding LGBTI matters
- addressing language and labelling in government systems to include inclusive pronouns in forms and templates.

The Roundtable proposed a set of key priorities and focus areas to form the basis of a Work Plan to guide its business for the next two years. The Work Plan is currently being finalised and will identify deliverables with 3, 6, 12 and 24 month targets.

As a direct result of the LGBTI Roundtable a cross-agency project is underway. The project is identifying all government legislation, policies and procedures that may negatively impact LGBTI Queenslanders. This project will result in making sure the Queensland Government supports, not hinders, the Queensland LGBTI community.

The Roundtable is due to meet on two more occasions this calendar year with a dedicated working group convened between meetings to progress Roundtable business. Its early work is showing it will be an effective forum in which to raise issues for Queensland Government action.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 10

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 3 of the Department of Communities, Disability Services and Seniors Service Delivery Statement funding is outlined for Volunteering Queensland, Minister what funding does the department supply to Volunteering Queensland and what is the funding used for?

ANSWER:

Volunteers are the lifeblood of the community. On 1 January 2017 the Department of Communities, Disability Services and Seniors commenced a five-year service agreement with Volunteering Queensland involving funding of over $2 million. Under the agreement, Volunteering Queensland is the designated peak organisation in the sector. It has responsibility for:

- raising awareness and promoting volunteering opportunities
- building the capacity of volunteer-involving organisations
- operating the Emergency Volunteering response during disasters.

In the first full year of the service agreement (2017), Volunteering Queensland:

- trained 6,243 volunteers
- provided training for 1,096 volunteer managers
- assisted 5,285 community organisations with volunteer management.

As of 31 December 2017, there were 63,978 volunteers on the Emergency Volunteering database.

During the first quarter of 2018:

- A further 2,999 people registered their interest in volunteering
- 492 organisations actively advertised volunteer roles on the Volunteering Queensland online volunteer matching platforms, and
- 53 new volunteers registered on the Emergency Volunteering database.

Volunteering Queensland also runs the Queensland Volunteering Awards during National Volunteer Week (21-27 May 2018).

Awards recognising the contribution of outstanding volunteers and volunteer managers were presented in six categories:

- Volunteer of the Year
- Youth Volunteering
- Lifetime Contribution
- Excellence in Volunteer Management, and
- Volunteering Impact and Corporate Volunteering.

The Queensland Government investment in Volunteering Queensland provides excellent value for money; it delivers a wide range of returns for both community organisations and the community.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 1

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 7 of the SDS and the state's transition to the National Disability Insurance Scheme, can the Minister detail:

a. The number and percentage of eligible participants who have transitioned in each of the previous and relevant financial years (listed by each year);
b. The number and percentage of eligible participants who have not yet transitioned in each of the previous and relevant financial years (listed by each year); and
c. The previously estimated number of eligible participants who were expected to have transitioned in each of the previous and relevant financial years (listed by each year).

ANSWER:

The National Disability Insurance Scheme (NDIS) is a national scheme and the National Disability Insurance Agency (NDIA), through relevant Commonwealth legislation, determines eligibility for the NDIS.

The NDIA regularly reports on its achievements in the transition of each jurisdiction www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports

In the areas that transitioned earlier in the process (Townsville, Mackay, Toowoomba and Ipswich), all existing Queensland Government clients have entered the scheme. There is no one on the Register of Need in these areas. For locations that finished transition at 30 June 2018 (Bundaberg and Rockhampton) a reconciliation of data is currently underway.

Given the Commonwealth's responsibility for new entrants, the Department of Communities, Disability Services and Seniors has repeatedly raised concerns with the Federal Minister that the absence of critical NDIA infrastructure and staff has meant that the Commonwealth has not been able to properly address the slow take up rate for new entrants.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 2

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 15 of the SDS and staffing for Disability Services, can the Minister detail the stated reasons for departure of the 424 FTE (without revealing personal details) who have departed during 2016-17 and 2017-18 and how many of these were classified as frontline staff?

ANSWER:

The decrease in staffing FTEs largely reflects the impact of Queensland clients transitioning to the National Disability Insurance Scheme (NDIS). The FTE numbers in these budget papers represent the total FTEs across a financial year and do not directly relate to individual employees.

The departmental workforce providing services to people with disability in Queensland will transition proportionately across workgroups as we move to the NDIS. This is in line with the Federal Government's schedule for transition.

During 2016-17 and 2017-18 the proportion of Disability Services frontline staff impacted by the NDIS transition who have chosen an alternative employment or career pathways was approximately 89% (frontline).

The Palaszczuk Government has provided an employment guarantee for the affected staff.

Career Pathways for impacted staff included:

- Other roles in former and current Department
- Other Queensland Government Departments
- NDIA first offer priority placement process
- Voluntary redundancy
- Resigned.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 3

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 18 of the SDS and the department's income from user charges and fees, can the Minister list the charges and fees (and the corresponding values) that made up:

a. the 2017-18 Adjusted Budget;
b. the 2017-18 Estimated Actual; and
c. the 2018-19 Budget?

ANSWER:

User Charges and Fees	**2017-18 Adjusted Budget $'000**	**2017-18 Estimated Actual $'000**	**2018-19 Budget $'000**	**Notes**
MOU – Department of Aboriginal and Torres Strait Islander Partnerships	1,278	1,013	596	(1)
Adoption Service Fees	36	36	-	(2)
MOU – Department of Justice and Attorney-General	3,588	3,588	-	(2)
Yellow Card	132	132	132	
Funding for Homelessness Positions	192	192	192	
After Hours Child Safety Service Centre (Crisis Care After Hours)	277	277	-	(2)
Miscellaneous	9	115	5	(3)
Multicultural Affairs Queensland – Same Wave offset in Grants and Other Contributions	- 66	- 66	-	(2)
Intellectual Disability Rent	703	703	703	
Employee Housing Rents	246	246	18	(1)
Rental income for Ridley St, Kirwan	14	-	-	
Gambling Help and Unaccompanied Minors	4,404	4,404	-	(7)
Portability Funding	100	100	100	
Aurukun Youth Service	68	68	-	(2)

User Charges and Fees	2017-18 Adjusted Budget $'000	2017-18 Estimated Actual $'000	2018-19 Budget $'000	Notes
Social Cohesion $500K and Scanlon Survey	-	521	-	(2)
Youth Housing and Reintegration Services	-	5,922	-	(4)
Post Care Support for adults with a disability	-	1,619	-	(7)
Manoora Community Centre – from Cairns Regional Council	-	140	140	
Unspent service procurement refunds	-	500	-	(5)
MOU – Department of Child Safety, Youth and Women	-	1,034	1,094	(6)
Total	10,981	20,544	2,980	

Notes:

(1) Reduced due to some user charges now relating to Department of Child Safety, Youth and Women (DCSYW)
(2) Decrease relates to transfer to DCSYW and the Department of Local Government, Racing and Multicultural Affairs
(3) Increase mainly relates to unspent prior year funds returned to the Department of Communities, Disability Services and Seniors (DCDSS)
(4) Funding ceases/limited life
(5) Recognition of contributed revenue and unspent service procurement refunds
(6) New agreement between DCSYW and DCDSS for services
(7) Gambling help and post care support are negotiated on a yearly basis and user charge yet to be agreed

MOU = Memorandum of Understanding

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 4

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 18 of the SDS and the department's grants and subsidies expenses, can the Minister detail the grants and subsidies (and the corresponding values) that made up:

a. the 2017-18 Adjusted Budget;
b. the 2017-18 Estimated Actual; and
c. the 2018-19 Budget?

ANSWER:

Grants and Subsidies	**2017-18 Adjusted Budget $'000**	**2017-18 Estimated Actual $'000**	**2018-19 Budget $'000**	**Notes**
Foster care	55,428	54,375	-	
High support needs	4,414	4,414	-	
Complex support needs	4,715	4,715	-	
Transition to independent living allowance	97	97	-	
Social benefit bonds	1,500	1,500	-	
Other	20	20	-	
Domestic and family violence	565	565	-	
Women	25	25	-	
Multicultural Affairs Queensland	261	261	-	
Capital Grant	51	51	-	
Youth	56	56	-	
Sub-total	**67,132**	**66,079**	**-**	**(1)**
Miscellaneous	413	413	-	(7)
Regional Services	280	280	90	(7)
Elderly Parent Carer Innovation Initiative	3,139	1,412	1,716	(2)
Young people in residential care	273	298	298	
Supported accommodation	2,240	906	1,309	(2)

Grants and Subsidies	2017-18 Adjusted Budget $'000	2017-18 Estimated Actual $'000	2018-19 Budget $'000	Notes
Your Life Your Choice Direct	10,879	12,872	-	(3)
General		3,030	-	(4)
Disability Services and Seniors	1,982		-	(5)
Community	388	4,826	388	(6)
Individuals	3,012	3,262	3,012	
Seniors	1,165	1,165	1,165	
Capital Grants – Atherton	250	137	113	(2)
Total	**91,153**	**94,680**	**8,091**	

Notes

(1) Grants and subsidies impacted by machinery-of-government changes and transferred to the Department of Child Safety, Youth and Women or the Department of Local Government, Racing and Multicultural Affairs

(2) As per Budget Paper 3 (Capital Grants)

(3) Your Life Your Choice reclassified in 2018-19 under Supplies and Services – Outsourced Service Delivery

(4) Deferral from 2016-17 for National Partnership on pay Equity for Social and Community Services Sector

(5) Disability Services and Seniors reclassified in 2017-18 under Supplies and Services – Outsourced Service Delivery (capacity reinvestment)

(6) Increase in 2017-18 estimated actual mainly relates to additional funding received for Drought Assistance

(7) Miscellaneous relates to National Disability Insurance Scheme (NDIS) Intergovernmental payments, the reduction in regional services is due to the impact of regions transitioning to NDIS.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 5

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 24 of the SDS and the transition to the National Disability Insurance Scheme, what number and percentage of eligible Aboriginal and Torres Strait Islander people have successfully transitioned, and what is the projected to increase to over each of the next three financial years?

ANSWER:

The National Disability Insurance Scheme (NDIS) is a national scheme and the National Disability Insurance Agency (NDIA), through relevant Commonwealth legislation, determines eligibility for the NDIS.

The NDIA regularly reports on its achievements in the transition of each jurisdiction www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports

Aboriginal and Torres Strait Islander people with disability and their families have been a priority for NDIS readiness activities for a variety of reasons.

The Productivity Commission's report *Disability Care and Support* (Vol. 2) estimates that Indigenous Australians have a profound or severe core activity limitation at around 2.2 times the rate of non-Indigenous Australians.

Providing disability support to Aboriginal and Torres Strait Islander people in remote and rural areas will present challenges to the NDIA and its service providers, due to remoteness, increased costs of service delivery and lack of available trained workers and service infrastructure.

Complex cultural factors also play a role, making it difficult to identify the true level of demand for disability support in these communities.

The Queensland Government Participant Readiness Initiative commenced in August 2014. Up to 31 March 2018 service providers have delivered 224 workshops in 66 locations to Aboriginal and Torres Strait Islanders, including remote communities.

In February 2018 the Institute for Urban Indigenous Health was funded through the Participant Readiness Initiative to focus on assisting Aboriginal and Torres Strait Islanders in South East Queensland, in readiness for year three transition locations.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 6

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 3 of the SDS and concessions for eligible Queenslanders, can the Minister list out all the concessions (and the revenue cost of each concession) that were in place for 2016-17, were in place for 2017-18, and will be in place for 2018-19?

ANSWER:

The Department of Communities, Disability Services and Seniors, previously the Department of Communities, Child safety and Disability Services, provides a diverse range of concessions to eligible pensioners and seniors for rates, electricity, water, reticulated natural gas and also disburses electricity life support concessions to eligible persons. The following tables list those Queensland Government concessions administered by the Department of Communities, Disability Services and Seniors, previously the Department of Communities, Child safety and Disability Services.

Revenue cost of each (est actual) concession for the financial years 2016-17; 2017-18; and (estimated) 2018-19.

Activity	2016-17	2017-18	2018-19
	Est. Act $M	Est. Act $M	Estimate $M
Electricity Rebate Scheme	173.4	181.0	195.5
Electricity Asset Ownership Dividend	N/A	100.0	100.0
Pensioner Rate Subsidy Scheme	53.6	53.0	53.6
South East Queensland Pensioner Water Subsidy Scheme	19.2	18.0	18.2
Home Energy Emergency Assistance Scheme	10.0	8.1	10.0
Electricity Life Support Concession Scheme	2.4	2.3	2.3
Reticulated Natural Gas Rebate Scheme	2.2	2.5	2.6
Medical Cooling and Heating Concession Scheme	1.3	1.5	1.6
Total	262.1	366.3	383.8

Individual Concession payment to household/individual per year

Concession	2016-17	2017-18	2018-19
	Amount $	Amount $	Amount $
Electricity Rebate Scheme	329.96	340.85	340.85
Electricity Asset Ownership Dividend	N/A	50.00	50.00
Pensioner Rate Subsidy Scheme	20 percent up to $200 pa	20 percent up to $200 pa	20 percent up to $200 pa
South East Queensland Pensioner Water Subsidy Scheme	120.00	120.00	120.00
Home Energy Emergency Assistance Scheme*	$720.00 per annum (for a maximum of 2 consecutive years)	$720.00 in a 24 month period	$720.00 in a 24 month period
Electricity Life Support Scheme: Oxygen concentrator	672.12	694.18	694.18
Kidney dialysis machine	450.00	464.88	464.88
Reticulated Natural Gas Rebate Scheme	69.73	71.30	72.51
Medical Cooling and Heating Concession Scheme	329.96	340.85	340.85

*Note: The Home Energy Emergency Assistance scheme provides householders who are experiencing short-term financial crises or unforeseen circumstances and consequently have difficulty paying their energy bills. Eligibility requirements were changed in 2017-18 to streamline access to the concession (in response to Recommendation 46 of the Queensland Productivity Commission 2016 Review of Electricity Pricing Report). However, the financial benefit works out the same over four years. The change was made by the former Department of Energy and Water Supply, who consulted with the community services sector, including QCOSS, on the changes.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 7

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to page 15 of the SDS and staffing for the department, how many of the staff lost from community and senior services from 2016-17 to 2017-18 were transferred along with Machinery of Government changes, and how many of those who were not transferred were classified as frontline staff?

ANSWER:

Due to the machinery-of-government changes in 2017-18, there were 30 FTE transferred to the Department of Local Government, Racing and Multicultural Affairs and 151 FTE transferred to the new Department of Child Safety, Youth and Women.

The remaining 157 staffing FTE outlined in the Service Delivery Statement are reflective of the department's breakdown of 93 per cent frontline and seven per cent corporate services.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 8

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

With reference to the *Operational Plan between the National Disability Insurance Agency (NDIA), Queensland Government and Commonwealth Government for transition to the National Disability Insurance Scheme (NDIS)* (Operational Plan):

(a) Has the Queensland Government taken all relevant agreed actions within the timeframes stipulated in the Operational Plan?

(b) If not, which actions and/or timeframes in the Operational Plan have not been met?

ANSWER:

The Queensland Government has taken all relevant agreed actions within the timeframes stipulated in the Operational Plan, except in circumstances where the NDIA or the Commonwealth Government have varied those timeframes.

Examples of the NDIA or the Commonwealth Government varying timeframes include: the provision of the NDIA CALD Strategy, which was finalised by the NDIA after the agreed date in the Operational Plan; and the NDIA finalising in kind arrangements after the agreed date.

Where there has been a reliance on the provision of external deliverables, interim or alternative arrangements and timeframes have been agreed by the parties to the plan.

Work undertaken in the Operational Plan will inform the development of a Completion Plan. This is occurring in each jurisdiction to finalise transition. It will ensure all actions and issues are addressed by 30 June 2019, or to identify agreed arrangements and timeframes put in place to manage items that require action during full scheme.

Delivery of the Operational Plan is closely monitored by the Transition Steering Committee with senior representatives from the Queensland and Commonwealth Governments and the NDIA.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 9

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

Regarding the need for continuity of support through the NDIS rollout:

(a) What has the Queensland government done to complete the agreed actions for continuity of support arrangements set out in the Operational Plan and, in particular, the development of a management plan for ineligible existing clients and specific communication strategies to inform existing clients who will not meet the access requirements for the NDIS?

(b) Has the Queensland government taken any other steps to ensure continuity of support for existing clients through the NDIS rollout?

(c) Has the Queensland government taken any other steps to communicate with and provide other support for potentially ineligible existing clients?

(d) How will the Queensland government ensure it meets the needs of people living with disability who are not existing clients, but do not meet the eligibility requirements for the NDIS?

ANSWER:

With regard to the need for continuous support through the NDIS rollout:

(a) The Queensland and Australian Governments have established the *Administrative Arrangements for Commonwealth Continuity of Support for Older People with Disability under the Full Implementation of the NDIS in Queensland*.

These Administrative Arrangements outline the management and operations to ensure the transfer of funding and administrative responsibility from the Queensland Government to the Australian Government to provide funded clients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) with disability supports.

The Queensland Government writes to affected clients to let them know about the Commonwealth Continuity of Support (CoS) Program and the date on which funding responsibility for their disability services will move to the Australian Government.

In situations where an existing funded client is under 65 years of age (under 50 years of age for Aboriginal and Torres Strait Islander people) and the National Disability Insurance Agency (NDIA) determines they do not meet NDIS eligibility, the Queensland Government will continue to fund their disability supports until they turn 65 (or 50 for Aboriginal and Torres Strait Islander people).

(b) During the NDIS rollout, clients continue to access Queensland Government funded supports until such time as they have an NDIS plan or the location finishes transition. Existing Queensland clients who are ineligible for the NDIS are supported to access the Commonwealth Continuity of Support Program if they are 65 years or older (50 years or older for Aboriginal and Torres Strait Islander people); and Queensland Government funded disability supports if they are under 65 years (under 50 years for Aboriginal and Torres Strait Islander people).

(c) The Queensland Government writes to all existing clients at the commencement of their location's transition to encourage them to seek access to the NDIS. The letter includes contact details for the local Disability Services office which clients can contact directly at any time during transition.

At a later stage during transition, the Government writes to those existing funded clients who have not yet transitioned to the NDIS to offer assistance, again including contact details for their local Disability Services office.

Departmental contact details to assist Queenslanders with NDIS transition are also available on a number of Queensland Government websites.

Information on continuity of support arrangements has been provided to service providers at forums across Queensland. Further, key messages are regularly provided to various stakeholders including the Disability Services Partnership Forum and the disability advisory councils, for sharing with their networks.

(d) People who do not have existing disability services who are found ineligible by the NDIA will continue to be able to access mainstream and community services. The Queensland Government is committed to ensuring that mainstream and community services are open to, and improve outcomes for, all people with disability. Through the Queensland Government's plan *All Abilities Queensland: opportunities for all*, actions are being taken by state agencies to make sure the range of government and community services are available and accessible to people with disability.

People with disability ineligible for the NDIS will also be able to access the NDIS Information, Linkages and Capacity Building (ILC) services to help them build personal capacity to participate in and access services and supports in the community.

The Queensland Government is continuing to fund capacity building activities through to the end of transition in Queensland. This will ensure that these essential state-funded ILC-type services are available to all people with disability in Queensland during the transition.

From 1 July 2019 the NDIA will fund organisations to carry out ILC activities in the community.

The Queensland Government is also committed to the provision of Community Care supports after 30 June 2019 in recognition that there may be people with disability whose ongoing needs are not intended to be met by the NDIS. The Queensland Government is working during 2018–19 to establish arrangements that will provide supports for these people after full transition.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 10

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

What information, services and training will the State Government provide, both in transition and under the full NDIS, for participants to better understand the details and management of their package regardless of whether the participants opt to engage a brokerage service or to self-manage their plan?

ANSWER:

The National Disability Insurance Scheme (NDIS) is a national scheme and the National Disability Insurance Agency (NDIA), through relevant Commonwealth legislation, determines eligibility for and administers the NDIS.

The Queensland Government has, however, funded the NDIS Participant Readiness Initiative over a number of years to support Queenslanders with disability, their families and carers to understand the opportunities presented by the NDIS and how to apply this knowledge to develop their NDIS plan for their ongoing disability supports and services.

The Queensland Government recognised early on that there would need to be a significant effort invested to support Queenslanders with disability to learn about and embrace this change to how their supports and services were identified and funded under the NDIS.

The Queensland Government has invested over $13 million across the life of the Participant Readiness work. This initiative delivered information through NDIS workshops and information sessions; with 2,569 formal workshops delivered across the state with approximately 35,000 attendees.

These workshops were held in boardrooms, schools, public halls, hostels, supermarkets, under trees and in people's homes at all times of the day, including evenings and weekends to ensure people heard about the NDIS.

This four-year initiative ensured people with disability were well prepared for when the NDIS began, starting well ahead of the NDIS transition commencement to ensure that people had sufficient time to engage with the advice and to understand and apply it to their own circumstances.

The Your Life Your Choice self-directed support program gives people with disability the opportunity to exercise greater choice and control and decide when, where and who would deliver their disability supports and services.

Two key projects supported this program:

1) resources – a suite of online resources to help people with disability, their families and carers to understand the program and take up opportunities to self-direct their disability supports; and
2) workshops – 37 peer-led workshops across the state delivered by people with lived experience in self-directing disability supports to increase people's confidence and understanding of self-directing.

At its peak, there were 2,304 individuals self-directing their funding through the Your Life Your Choice program either through a host provider or receiving disability funding directly to purchase their supports and services.

The Your Life Your Choice program has similar principles to the NDIS – allowing people to choose who delivers their disability services, when and how. It has provided people with disability a great opportunity to prepare for the NDIS where they can choose to self-manage their plan or work with a coordinator to direct it.

While the Queensland Government has supported people with disability during transition, the NDIA is fully responsible for working with people with disability to help them understand the NDIS and to determine the supports and services they need.

The NDIA, with its partners in the community such as local area coordinators (LACs), is providing a range of information and supports to assist people to understand the NDIS and to develop and implement their NDIS plans. The LACs will continue to support people once their NDIS plans are in place by providing information and referrals to supports available in the community.

Questions on notice and responses – *Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence*

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 1

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister outline how the government is progressing with its critical reforms of the child protection system, including how recent changes to the Child Protection Act will strengthen permanency and embed the Aboriginal and Torres Strait Islander child?

ANSWER

The Queensland Government is making good progress in building a new child protection and family support system to better meet the needs of Queensland children, young people and families, now and into the future. At the end of 2018-19, the *Supporting Families, Changing Futures* reform program will be at the halfway point of implementation of the ten-year roadmap from the Queensland Child Protection Commission of Inquiry, with 77 recommendations of the 121 Inquiry recommendations delivered as at 31 May 2018.

As part of *Supporting Families, Changing Futures*, the Department of Child Safety, Youth and Women conducted a comprehensive review of the *Child Protection Act 1999* (the Act). The review found Queensland's child protection legislation is generally operating well, however, identified priority amendments and opportunities for broad legislative reform.

Legislative reforms have been advanced in stages.

The latest set of reforms were made through the *Child Protection Reform Amendment Act 2017* (the Amendment Act). A staged approach is being taken to commence the provisions in the Amendment Act. Some provisions commenced on 29 January 2018 and 23 July 2018, with the remaining provisions planned to commence on a date to be set by proclamation later in 2018.

Provisions commenced so far relate to:

- sharing information with police to assist them to conduct an investigation following a child's death; with child protection authorities in other jurisdictions; and with people who have been in care
- enabling medical practitioners to vaccinate a child in care as a part of medical treatment provided to them
- stronger requirements related to when an Intervention with Parental Agreement can be undertaken under the Act to ensure a child's parents can meet their protection and care needs
- enabling the department to make an application for a temporary custody order while the Director of Child Protection Litigation considers whether or not to apply for an order

- the extension of the prohibition against publishing identifying information about a child or young person reasonably likely to be a witness in a criminal proceeding for offences of a sexual or violent nature, and
- enabling the release of information for research purposes.

The remaining provisions will provide greater permanency and stability for children and young people in care. Importantly the Amendment Act defines permanency for a child to include three elements: the ongoing positive, trusting and nurturing relationships a child has with people of significance in their lives; stable living arrangements with connections to the child's community that meet their developmental, educational, emotional, health, intellectual and physical needs; and the legal arrangements for the child. Some other jurisdictions have just focused on one element of permanency and stability for children; what the legal arrangements are for the child. The Amendment Act means Queensland will have the most comprehensive approach to permanency for children in care.

The Amendment Act introduces a new permanency framework and principles to promote timely decision-making, stability and positive developmental outcomes for children and young people. The comprehensive definition of permanency means arrangements must be put in place that support a child or young person to maintain stability in their life, whether they are reunified with their family or an alternative permanency option is identified. The Amendment Act limits the making of consecutive short-term child protection orders to a maximum of two years, unless the court is satisfied it is in the best interests of the child or young person and reunification is achievable in the timeframe. The new permanent care order will provide an option for a more stable and secure family arrangement in addition to the range of long-term child protection orders that can be made for a child, while maintaining the child or young person's legal relationship with their birth family.

The Amendment Act introduces provisions that support the safe care and connection of Aboriginal and Torres Strait Islander children with their families, communities and cultures by recognising the right of Aboriginal and Torres Strait Islander people involved in the administration of the Act to self-determination. The Amendment Act also embeds the Aboriginal and Torres Strait Islander Child Placement Principle in the Act by incorporating the five elements of the principle: prevention, partnership, placement, participation and connection. These important amendments support the implementation of the *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017 – 2037*, and the *Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2017 – 2019.*

Implementing the legislative amendments will see a significant shift in the way the department works with, partners with, supports and empowers Aboriginal and Torres Strait Islander children and families in Queensland. Over time, this will contribute to reduce the unacceptable over-representation of Aboriginal and Torres Strait Islander children in the child protection system.

Through these changes, we will continue to improve Queensland's child safety system and ensure the final five years of the *Supporting Families, Changing Futures* reform program offers children and young people, and their families the best possible future.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 2

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister provide an update on the establishment of specialist clinical service teams and how these teams are assisting children and young people with challenging behaviours?

ANSWER

The child protection and youth justice systems are dealing with an increasing number of children and young people with complex and extreme behavioural, emotional, disability and mental health needs.

Practitioners and carers in these systems have identified the need for more trauma-informed and healing-focused policies, training and practices, and the need to strengthen arrangements for integrated case work and pathways across the family support, child safety, youth, youth justice, health, mental health and disability service systems, especially with the roll-out of the National Disability Insurance Scheme.

As part of the machinery of government changes in late 2017, the new Department of Child Safety, Youth and Women (DCSYW) committed to establishing a specialist clinical service team to work with government and non-government partners and carers to address the complex and extreme behavioural, emotional, disability and mental health needs of children and young people at risk of entering or in the child protection and/or the youth justice systems.

DCSYW is in the process of establishing the Specialist Services Team with 19 positions. An Acting Director has been appointed and recruitment to the remainder of the positions is underway.

Priorities for the team include:

- working closely with Child Safety Officers, non-government services and carers to address the needs of children and young people in care with the most complex and at-risk behaviours
- working with Youth Justice to identify young people in detention or community supervision who may have an undiagnosed disability or mental illness, or who require additional support to address their needs
- children and young people currently subject to Voluntary Out-Of-Home Care (through Disability Services), or at risk of entering the child protection system due to their disability.

Specialist Services Coordinators will have high-level skills and experience of working with children and young people with complex and extreme behavioural, psychological, disability and mental health needs, and will have a strong cultural capability focus.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 3

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister provide an update on how the department is strengthening therapeutic and trauma informed youth justice interventions?

ANSWER

Many young people in youth justice services have a history of complex trauma strongly influencing their day-to-day behaviour, developmental level and capacity to understand appropriate behaviours, and why these are important.

This trauma can include neglect, psychological and physical abuse, family violence, disrupted attachment, complicated grief and loss and other adverse developmental impacts. For Aboriginal and/or Torres Strait Islander young people, inter-generational trauma and loss can compound this.

Young offenders have much higher rates of cognitive impairment, learning difficulties, mental ill-health and traumatic brain injuries. These factors, along with peer influence, impulsive risk-taking, lack of self-regulation, lack of awareness of consequences and pyscho-social immaturity, and extended adolescent brain and emotional development, contribute to the rate of offending by adolescents and young adults.

Youth Justice systems operate on the basis that offending and other challenging behaviours in large part represent adaptive responses to past traumatic experiences.

Trauma-informed practice provides staff with the skills to work more effectively with young people regarding their behaviour, trauma impacts and behavioural triggers. Highly skilled therapeutic professionals complement and strengthen these efforts.

Youth Justice is implementing specific interventions and initiatives to enhance trauma-informed programs and practices. These include:

- expanding Behaviour Support Teams in the youth detention centres to include speech pathologists, additional psychologists and increased access to psychiatrists
- continuing work to embed speech and language practices across youth justice services and upskill all staff to modify their communication when working with young people.
- reviewing the Changing Habits And Reaching Targets program to refine and adapt it to the needs of young people who may have a disability or learning difficulty
- extending restorative justice practices that allow young people to better realise consequences and repair harms they have caused their victims
- establishing restorative practice coordinators at each detention centre to assist young people to manage conflict, take responsibility for their actions, and reduce incidents
- introducing screening tools to identify young people in the youth justice system who may be eligible for National Disability Insurance Scheme (NDIS) supports, and the development of specific NDIS practice and program guidelines to support staff in responding to the needs of young people

- increasing the number of psychologists and speech and language pathologists engaged across community-based services
- providing clinical capacity to provide assessments relevant to the identification and diagnosis of conditions such as Fetal Alcohol Spectrum Disorder (FASD)
- training over 100 Youth Justice staff to understand the signs and symptoms of FASD so they can adapt their case management approach to these young people
- training over 1100 staff in trauma-informed practice to enable them to work more effectively with young people in terms of the function and triggers for their behaviour and trauma impacts
- sharing training resources from Child Safety and Youth Justice capacity development areas
- therapeutic staff attending a range of specialist mental health training delivered by the Queensland Centre for Mental Health Learning and by experts in Aboriginal mental health, and
- establishing a Specialist Services Team to provide advice and support to practitioners and professionals.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 4

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister provide an update on how the department is strengthening links between youth justice reforms, child safety, housing, disability services, health and education?

ANSWER

Interagency collaboration and cross-government engagement are vital to reducing the number of children and young people entering the child protection and youth justice systems in Queensland.

The Department of Child Safety, Youth and Women (DCSYW) is advancing the *Supporting Families Changing Futures* reforms, domestic, family and sexual violence reforms, and Youth Justice reforms in collaboration with other agencies to strengthen pathways and integrated approaches across youth justice, child safety, housing, disability services, violence prevention, health and education.

Across these reforms, key cross-agency initiatives being implemented include:

- placing Child Safety Officers into 12 Health and Hospital Services to facilitate better information sharing and case collaboration
- placing 5 Child Safety staff into the Police Headquarters to facilitate child protection investigation information sharing
- co-funding with the Department of Education eight (8) Principal Advisers Student Protection positions
- working closely with the Department of Education to strengthen student engagement, support and achievement by children and young people in care or youth justice,
- committing to a trial of Education Officers at the Children's Courts in Brisbane and Townsville
- training staff in the impacts of domestic and family violence (DFV) on children and young people, and on mental health, drugs and alcohol (including methamphetamines), and disability
- rolling out multi-disciplinary teams across 33 new Indigenous Family Wellbeing Services, which are operated mostly by community-controlled health services, and linking families with children and young people in or at risk of entering youth justice or child protection
- placing nurses and specialist domestic and family violence and child safety workers in Family and Child Connect services, and DFV workers in Indigenous Family Wellbeing Services

- linking family wellbeing and support, child safety, DFV, housing, early years, youth and youth justice services through local service alliances and Regional Child and Family Committees
- establishing eight High Risk DFV Teams, including representatives and links to child safety, youth justice, police, health housing and other services
- funding Evolve Therapeutic and Behaviour Support Services in conjunction with Queensland Health and the Department of Communities, Disability Services and Seniors
- working closely with the Department of Housing and Public Works to support families through housing and homelessness services, and to assist young people leaving care.

Within DCSYW, significant progress has already been made to strengthen collaboration across child and family services, youth justice and violence prevention services. In child protection, a growing proportion of families at risk evidence increasing complexity associated with domestic and family violence, drug and alcohol misuse, mental health and cognitive impairment, and parental involvement in child protection and criminal justice. About 80 per cent of young offenders are known to Child Safety, and 10 per cent of young people in youth detention are also on Child Protection Orders.

The strong portfolio focus on children and young people is producing more holistic and integrated responses that address the complex causes and consequences of violence, abuse, neglect and crime.

The coming together of these programs and services enables a more joined-up approach to prevention, early intervention, secondary and tertiary responses. It allows easier sharing of information, assessments, interventions, and the development of joint strategies and case plans. It more readily allows for multi-disciplinary responses, and packages of support from a range of non-government organisations.

During 2018, DCSYW has:

- placed senior Child Safety Officers (CSOs) into the Youth Detention Centres
- strengthened information sharing and joint case planning and management by CSOs and Youth Justice workers
- increased court attendance by CSOs with children and young people in care charged with offending
- commenced establishment of a Specialist Services Team with clinical staff to better address the needs of children and young people in child protection and youth justice with complex needs and challenging behaviours
- integrated learning and development support and resources in relation to trauma-informed practice, impacts of domestic and family violence, sexually reactive behaviours, mental health, drug and alcohol, safety and support networks,
- strengthened links for families with young people who are offending to family intervention, support and well-being services, and
- integrated its strategy and commissioning teams, and operational management, to drive joined up responses

DCSYW will build on these initiatives as it continues to lead implementation of the Queensland Youth Strategy, develops and implements a new Youth Justice Strategy, continues with the second phase of *Supporting Families Changing Futures* reforms, and continues to implement domestic, family and sexual violence strategies.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 5

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister provide an update on how the High-Risk Teams are providing an integrated response to domestic and family violence?

ANSWER

The Queensland Government is committed to addressing domestic and family violence and has allocated $328.9 million over six years to deliver the recommendations of the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* report.

Of this, $26.3 million is allocated over four years to establish eight domestic and family violence High Risk Teams in urban, regional and remote locations across Queensland.

As at July 2018, six High Risk Teams are operational and achieving positive outcomes for clients in Logan-Beenleigh, Mount Isa, Cherbourg, Brisbane, Ipswich and Cairns.

High Risk Teams comprise officers from key agencies, including police, health, courts, probation and parole, as well as domestic and family violence services, and are working together to share information and provide robust, culturally appropriate responses to support victims and their children assessed to be at high risk of serious harm or death, and to ensure perpetrators are held to account.

The High Risk Teams are using a common risk assessment framework and tools developed in conjunction with the Australian National Research Organisation for Women's Safety (ANROWS), and new information sharing guidelines developed in liaison with the Information and Privacy Commissioners. These cross-agency guidelines are available to all domestic and family violence services and related agencies and staff across Queensland.

High Risk Team members share and discuss information about the needs and views of victims, and perpetrator risks and behaviours, and develop a safety management plan. Action items are allocated for urgent implementation by agencies participating in the integrated response.

All High Risk Teams report positive progress and safe outcomes for victims. For example, a mother of six children who was being subjected to high-risk domestic violence, including harassment and controlling behaviours, was referred to the High Risk Team. The referral resulted in expedited security upgrades to the family's home by the Department of Housing and Public Works, Legal Aid assistance, a renewed Domestic Violence Order and the victim being supported by police to report all breaches, with the view to upgrading the perpetrator's charges, and funding from Victims Assist Queensland for counselling and security upgrades.

The victim stated that she was grateful for the High Risk Team's quick action and support, which enabled her to stay in her home, secure her house and have a greater sense of safety. She also felt more able to trust the police and empowered to reach out to services, which made her feel safer and better connected to support agencies.

This is only one of many positive, safer outcomes reported by High Risk Teams and victims since the commencement of the six teams across Queensland.

High Risk Teams will commence in two additional locations in early 2019 - Mackay and Caboolture.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 6

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister provide an update on how the government is continuing to invest in domestic and family violence and sexual assault services, including investments in domestic violence shelters?

ANSWER

Record funding of $101.6 million has been allocated in 2018–19 for support services to Queenslanders affected by domestic, family and sexual violence, including counselling and support services, women's shelters and perpetrator interventions.

Of this investment, a record $30.968 million has been invested in women's shelters and non-accommodation domestic and family violence support services. Seven new shelters have or are being provided across Queensland, the first new shelters in over 20 years. The status of the shelters is as follows:

- Brisbane – commenced operations in December 2016, with funding of $1,320,453 committed in 2018-19
- Townsville – commenced operations in December 2016, with funding of $832,088 committed in 2018-19
- Charters Towers – commenced operations in May 2017, with funding of $592,979 committed in 2018-19
- Coen – commenced operations in July 2017, with funding of $157,428 committed in 2018-19
- Roma – mobile support commenced in July 2017, and the shelter is due to open in August 2018. Funding of $615,781 has been committed in 2018-19
- Caboolture – mobile support is due to commence in August 2018, and a shelter will be built during the next year. Funding of $560,000 has been committed in 2018-19
- Gold Coast – mobile support is due to commence in August 2018, and a shelter will be built during the next year. Funding of $560,000 has been committed for 2018-19.

In addition to enhancing existing services to increase their capacity to provide support, in 2017-18 the Palaszczuk Government provided funding for new domestic, family and sexual violence support services in Coen, Mossman, Moranbah, Gympie, Darling Downs, Roma, Brisbane and Logan.

New funding was also provided to non-government organisations to enable their participation on multi-agency Domestic and Family Violence High Risk Teams that were established in Cairns, Ipswich and Brisbane.

In 2018-19, the Palaszczuk Government continues to roll out funding for new or enhanced domestic, family and sexual violence support services across the state. In early July 2018, funding was provided for new services, including 963,000 per annum for four new women's health and wellbeing services to be established at the Sunshine Coast, Moreton Bay, Logan and the Gold Coast, to provide post-crisis, trauma-informed counselling and case management support

In addition to more than $85.2 million for domestic and family violence, $10.1 million for sexual violence and $6.1 million for women's health and wellbeing support services that this Government will provide to non-government organisations this year, new investment will be provided for new services including –

- $920,000 per annum for two new women's health and wellbeing services to be established in Toowoomba and Ipswich
- $437,387 per annum for a new domestic and family violence support service for Aboriginal and Torres Strait Islander people in Townsville
- $123,395 per annum for a new intervention service in Whitsunday to assist perpetrators of domestic and family violence to change their abusive behaviour.

The Department of Child Safety, Youth and Women will continue to use new investment provided by the Palaszczuk Government to draw on available evidence to inform service delivery, and to build the capacity of the domestic, family and sexual violence support service system to better support the needs of Queenslanders affected by domestic and family violence.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 7

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister outline how the government plans to achieve gender equity in Queensland?

ANSWER

The Queensland Government is committed to advancing gender equality in Queensland, so that all Queenslanders, regardless of their gender, have opportunities to fully and equally participate in all aspects of Queensland life.

In March 2016, the Palaszczuk Government released the *Queensland Women's Strategy 2016-21*, which provides a framework to drive gender equality across Queensland.

The Queensland Government's vision for women and girls is '*the Queensland community respects women, embraces gender equality and promotes and protects the rights, interests and wellbeing of women and girls'*. We have four priorities: participation and leadership; economic security; safety; and health and wellbeing.

The *Community Implementation Plan* for the strategy outlines the initiatives being delivered by government, the community and the private sector to address gender inequality in Queensland. The Plan currently identifies 170 initiatives being implemented across all sectors and will continue to grow as new initiatives are added.

Achieving gender equity will require a whole-of-government, community and business effort. Since the release of the *Queensland Women's Strategy and Community Implementation Plan*, new and existing partnerships have been formed to drive gender equality across all Queensland sectors.

Successes include the delivery of superannuation workshops for women; enhanced health responses for Aboriginal and Torres Strait Islander mothers and babies; and the creation and delivery of three Queensland Women's Weeks to celebrate the important contributions of Queensland women and girls.

One of the Queensland Government's key initiatives is to increase the number of women on boards. Gender diversity targets were established in July 2015 aiming for 50 per cent of all new board appointees to Queensland Government bodies to be women, and 50 per cent representation of women on Queensland Government bodies by 2020.

Since setting gender diversity targets, 1141 women have been appointed to government bodies, equating to 49 per cent of all appointments. The proportion of women serving on Queensland Government bodies has risen from 31 per cent to 46 per cent (as at 30 June 2018).

The Queensland Government is on track to meet the 2020 target. Departments are developing Gender Parity Action Plans, outlining how they will achieve the government's gender diversity targets. Key actions identified by departments include addressing barriers affecting diversity on boards, working with industry stakeholders to increase the number of female board nominees, and tailoring recruitment strategies and tools to attract a diverse pool of appropriately skilled candidates.

We have committed $600,000 over three years, from 2016-17 to delivering the Toward Gender Parity: Women on Boards initiative. The initiative supports organisations to value and reflect diversity and inclusion in leadership for women. Decision-makers, board members, recruiters and women seeking board appointments have been engaged through workshops, think tanks, action-planning sessions and face-to-face meetings. Targeted support has also been provided for those in male-dominated sectors and industries where gender diversity has historically been low.

The Queensland Government is also supporting a range of initiatives to increase women's leadership and participation, particularly in male dominated industries, including the Queensland's Women in STEM (Science, Technology, Engineering and Mathematics) prize, with more than 130 young women engaged in the program since funding support began in 2016.

The Queensland Government understands improvements in gender equality will take time to be realised and evidenced by statistics, so we will continue to push for action and services to address the areas where significant barriers still exist.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 8

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister update the committee on the government's investment in new Child Safety staff, the overall performance of the Child Safety system, and in particular the proportion of investigations that have commenced on time?

ANSWER

Since March 2015, the Palaszczuk Government has been rebuilding frontline services cut by the previous government and our Child Safety staff are no exception. While the previous government cut 225 Child Safety staff and funding to family support, domestic and family violence and a range of other social services, the Palaszczuk Government is continuing to restore and boost frontline services.

We have committed 458 new full-time equivalent staff (FTEs) over a three-year period from 2016-17. A total of 365 FTEs were allocated in 2016-17 and 2017-18, with the remaining 93 in 2018-19. Of the 365 FTEs allocated in 2016-17 and 2017-18, 362.5 positions were filled.

We have progressively established 44 Intensive Family Support Services, 33 Aboriginal and Torres Strait Islander Family Wellbeing Services and 17 Family and Child Connect Services across Queensland so that families can get help earlier, as well as investing in domestic and family violence and drug and alcohol and other services that prevent and respond to the causes of child abuse and neglect.

It is Queensland children, young people and families that are benefiting from restoring these frontline services, with Queensland families seeking support and sooner, more investigations commencing on time, and a stronger system to support our carer families and children and young people in care.

From January 2015 to 31 March 2018, Family and Child Connect has received over 60,000 enquiries. For the year ending 31 March 2018, almost 18,000 families were actively engaged and connected to the right support services, and almost 1500 of these families referred themselves.

We have also seen the number of carer families increase from 4982 as at 31 March 2015 to 5218 as at 31 March 2018, an increase of 236 carer families. Importantly, the proportion of children in home-based care placed with kin has improved – increasing to 48.6 per cent from 43.6 per cent in March 2015, an increase of 690 children placed with kin.

Caseload averages for child safety officers working with children in care are now under 18. The most recent result shows caseloads were 17.4 as at 31 March 2018 and reflects the additional staff funded by the Palaszczuk Government.

The latest March 2018 quarterly data showed a continued steady improvement across a wide range of areas, including the continued increase in the number of the most critical cases being dealt with in a 24-hour period. The data shows 92.9 per cent of investigations that needed to be started within 24 hours were commenced in that timeframe. This is the best result since reporting on this measure commenced in September 2009.

Across all response timeframes, more investigations commenced on time, with the proportion of investigations that commenced across all three response timeframes (24-hour, five-day and 10-day) now at 40 per cent. This is the seventh consecutive quarter of improvement for this measure. We will continue our efforts to restore service capacity and capabilities, to address growing complexity and to improve performance.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 9

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister update the committee on what the Government is doing to tackle the over-representation of Aboriginal and Torres Strait Islander children in the Child Safety system?

ANSWER

The Queensland Government acknowledges the majority of Aboriginal and Torres Strait Islander children live safely at home and have developed a clear identity with their communities and cultures.

Despite this, Aboriginal and Torres Strait Islander children in Queensland continue to experience disadvantage and are over-represented within the child protection system. The *Our Way – A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037* (the strategy) is the Queensland Government's response to closing the gap in life outcomes for Aboriginal and Torres Strait Islander children and families, and eliminating the over-representation of Aboriginal and Torres Strait Islander children in the child protection system.

The strategy is a long-term generational commitment by the Queensland Government, Family Matters and the Aboriginal and Torres Strait Islander community to work together to ensure Aboriginal and Torres Strait Islander children and young people in Queensland grow up safe and cared for in family, community and culture.

The strategy offers a framework for transformational change to be delivered over the next 20 years, recognising that meaningful and sustained change will take a generation to be realised. It will be delivered through a series of action plans aimed to empower families and communities to care safely for their children, solve problems and achieve their aspirations.

Over time, through successive action plans, the foundations will be built, the required changes implemented and actions consolidated and embedded to achieve positive outcomes for Aboriginal and Torres Strait Islander children and families. Each action plan will continue to build the evidence base to inform future directions.

As part of the strategy, the Department of Child Safety, Youth and Women (DCSYW) has shifted and balanced investment to focus on prevention and early intervention services, recognising that the community-led and Aboriginal and Torres Strait Islander community controlled sector is best placed to design and deliver services for Aboriginal and Torres Strait Islander children, families and communities.

Through the strategy and action plan, DCSYW is working closely with key agencies to ensure:

- all families enjoy access to the quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive
- Aboriginal and Torres Strait Islander peoples and organisations participate in and have control over decisions that affect their children
- law, policy and practice in child and family welfare are culturally safe and responsive
- governments and community services are accountable to Aboriginal and Torres Strait Islander peoples.

Within the first three years (2017 to 2019) the department will:

- better meet the needs of Aboriginal and Torres Strait Islander young women under 25 years and their partners, before and during pregnancy and parenting, especially during the first 1000 days
- increase access to and involvement in early years, health and disability programs for Aboriginal and Torres Strait Islander children aged two to five years
- provide Aboriginal and Torres Strait Islander families who have complex needs with the right services, at the right time
- enable Aboriginal and Torres Strait Islander children and young people in care to thrive, and re-engage those disconnected from family and kin
- enable Aboriginal and Torres Strait Islander children and young people aged 15 to 21 years leaving care to learn and earn.

The department has already established the foundation for much of this work and commenced significant investments in the secondary service system aimed at reducing the over-representation of Aboriginal and Torres Strait Islander children in the child protection system:

- $34.34 million per annum has been allocated to community-controlled organisations to deliver 33 Family Wellbeing Services (FWS) across the state.
- FWS supports Aboriginal and Torres Strait Islander families to establish safe and nurturing environments for their children, including families who have come into contact with the child protection system. Since October 2017, FWS received referrals from 4,597 families, including 1,115 who referred themselves for assistance.
- 23 per cent of referrals to mainstream Intensive Family Support Services are for Aboriginal and Torres Strait Islander families.
- Performance data shows Aboriginal and Torres Strait Islander families are more likely to engage with services than non-Indigenous families and they achieve similar outcomes.
- Changes to the *Child Protection Act 1999* are allowing us to repurpose investment in Recognised Entities, with a focus on supporting families so they can participate in child protection decisions that affect their children.
- We have delivered the Pepi-Pod safe sleeping program, making available 600 Pepi-Pods across Queensland so Aboriginal and Torres Strait Islander women can improve safe sleeping practices.
- Funds of $1.5 million are invested over three years for the First 1000 Days Australia collective impact initiative in Moreton Bay and Townsville. The First 1000 Days Australia initiative focuses on best start to life by improving the health and wellbeing of parents and children from the time a child is conceived to their second birthday.

By partnering with the Aboriginal and Torres Strait Islander community-controlled sector, we will see community-led and culturally appropriate services, designed and delivered by Aboriginal and Torres Strait Islander services and peoples that will better respond to the needs of Aboriginal and Torres Strait Islanders children and families.

By recognising Aboriginal and Torres Strait Islander culture as a protective factor, creating partnerships, empowering families and communities, and enabling Aboriginal and Torres Strait Islander self-determination, we will tackle the over-representation of Aboriginal and Torres Strait Islander children in care.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

GOVERNMENT QUESTION ON NOTICE
No. 10

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

Will the Minister update the committee on the Government's Cultural Connection Program in Rockhampton?

ANSWER

The Cultural Connections Program is a 10-week program which has been delivered four times in Rockhampton, with approximately 90 young people participating since the commencement of the program. The fifth round of the program is due to commence on 1 August 2018 for another 25 children and young people.

The second round of the Foster and Kinship Cultural Connections Program training has been successfully completed in Rockhampton, with approximately 20 carers and 10 agency staff from Darumbal Enterprise participating.

The Cultural Connections Program for children and young people will be rolled out across the Central Queensland Region in Gladstone and Emerald commencing in late July or early August 2018.

The program has delivered positive outcomes for children and young people, including connecting siblings who had not previously had contact with each other, and connecting participants back to their country, mapping heritage, language and identifying links to the community where possible.

There have been a number of young people who have finished the program who have returned as mentors to participants who are still working through the program. This is testament to the significant positive impact this program has had on young Indigenous people in care.

The Cultural Connections Advisory Panel comprises Indigenous volunteers in the community as well as Elders. The panel provides information and advice linking specific young people to services, supports and community connections where required.

Extremely positive feedback has been received about the Cultural Connections Program from carers, young people and facilitators. Initial discussions have occurred with the Elders Advisory Group and child safety service centre managers to develop an early intervention model to complement the Cultural Connections Program. Further discussions will occur in the near future to further develop this initiative.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 1

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 35 of Budget Measures, can the Minister outline where the $11.3 million is being re-prioritised from, including reference to specific programs being delayed, cut or reduced, totalling the $11.3 million re-prioritisation?

ANSWER

Reprioritised funding of $11.3 million has been sourced from uncommitted funds across a number of supervised community accommodation projects from within the Transition of 17-Year-Olds initiative.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 2

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 105 of the 2017/18 Budget Measures, can the Minister provide an update on the $16.9 million in capital funding outlined as part of that budget to assist with the transition of 17 year old offenders to youth detention, including:
a. how much has been spent to date;
b. what specific measures and projects were allocated funding as part of this program; and
c. how this was impacted by the delayed transition?

ANSWER

a. Capital programs are generally multi-year programs. Funds are allocated in a year for a program to be expended over multiple years for specific projects. Each year the department reassesses the progress of its capital program and allocates funding to priority initiatives. 2018-19 Budget Paper No.3 reports expenditure to 30 June 2018 of $6.999 million for the Transition of 17-year-olds to the youth justice system.

b. Funding has been allocated to the following specific measures and projects:
   - acquisition and development of properties for Supervised Bail Accommodation sites
   - planning for construction of additional 12 beds at the Cleveland Youth Detention Centre
   - zonal and marshalling fencing at the Cleveland Youth Detention Centre
   - fire safety works
   - upgrades and fitouts across Youth Justice facilities

c. Some procurement activity for this program was impacted by the 2017 State Election caretaker period and machinery of government changes.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 3

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 6 of the SDS regarding youth detention services and specifically supervised bail accommodation services, can the Minister outline; a. the number and service locations opened to date; b. the cost (per location) to construct and operate each facility that has been opened; c. the number and service locations set to be opened in 2018/19; and d. the cost (per location) to construct and operate each facility as budgeted for 2018/19

ANSWER

a. There are four Supervised Community Accommodation (SCA) services in Queensland. There are two SCA services in Townsville, one in Logan and one in Carbrook. These services provide both residential and community-based bail, offender and post-release support.

b. The establishment and fitout costs (rounded to the nearest $1,000) at 30 June 2018 for each location are: Townsville 1 $855,000, Townsville 2 $923,000, Carbrook $1,925,000 and Logan Reserve $1,453,000.

   In addition, the department has incurred service provider establishment and operating costs, as well as employee expenses for staff directly allocated to the SCAs (rounded to the nearest $1,000) as follows: Townsville 1 $1,114,000, Townsville 2 $1,639,000, Carbrook $943,000 and Logan Reserve $833,000.

c. There are no new SCAs planned for 2018-19.

d. Funds allocated for 2018-19 (rounded to the nearest $1,000) for each of the Supervised Community Accommodation services, to provide both residential and community-based bail, offender and post-release services, are: Townsville 1 $1,763,000, Townsville 2 $2,697,000, Carbrook $2,748,000 and Logan Reserve $2,205,000. This is a new service model and the model and expenditure may continue to be adjusted. The department is currently negotiating with the service providers to support a larger number of young people in the community to meet their court-ordered bail conditions with therapeutic interventions and wrap-around services. This includes support with re-engagement with education, training and employment pathways and engaging with families to increase supervision.

   Capital costs of $1,130,000 have also been budgeted in 2018-19 to purchase the two Townsville properties from the Department of Housing and Public Works. These costs are included in the establishment costs reported in part b) above.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 4

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 3 of the SDS, and further reference to the changes requiring mandatory early childhood education and care professionals to report a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and there is not a parent willing and able to protect the child from harm—

Will the Minister advise how many reports the department has received since the change was made?

ANSWER

Since the legislative changes came into effect on 1 July 2017, through to 31 March 2018, the department received 1650 intakes from early childhood personnel. Of these, 1287 were child concern reports and 363 were notifications.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 5

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 4 of the SDS, service area highlight of implementing the Keeping Queensland's children more than safe: Review of the foster care system and Partners in Care priority actions, will the Minister detail a. how many recommendations have been accepted out of the total number; b. how many recommendations have been delivered out of the total number; and c. what the expected timelines are for each of the remaining recommendations?

ANSWER

In relation to the Queensland Family and Child Commission (QFCC) final review report *Keeping Queensland's children more than safe: Review of the foster care system:*

a. The Queensland Government accepted all of the 42 recommendations. The Department of Child Safety, Youth and Women (DCSYW) is responsible for the implementation of 33 of these, with the others led by the QFCC and the Office of the Public Guardian.

b. These 33 recommendations are being implemented over three phases:

- There are nine stage one recommendations completed as at 31 July 2018.
- Some stage two recommendations have commenced and most are scheduled to be completed by June 2019. Implementation of some recommendations will be advanced in conjunction with the Government Response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.
- One recommendation in stage three is due for completion by mid 2019, subject to the Department of Justice and Attorney–General streamlining the blue card system.

In relation to the DCSYW and Foster Care Queensland (FCQ) *Partners in Care: Working better with foster and kinship carers* report released in October 2017:

a. The Department has committed to implement all initial Partners in Care actions through an active ongoing partnership with FCQ. These are being progressively actioned at statewide, regional and local levels.

b. Of the 30 systems-level *Partners in Care* actions currently listed, 22 have been completed or partially completed. Others will commence in 2018-19. DCSYW's regions and local Child Safety Service Centres are also progressing actions.

To date, DCSYW has delivered:

- revisions to the foster and kinship carer handbook
- a new foster and kinship carer website
- a new guide on financial assistance for carers
- transition of carer support to non-government organisations
- online Fact Sheets for carers on the National Disability Insurance Scheme

- a trial of a new app, *Carer Connect*, to provide foster and kinship carers with an efficient and effective way to access information and support
- a trial of the Health Navigator initiative in conjunction with Queensland Health
- support for Foster Care Queensland for training for carers
- a guide for Safety and Support Networks for young people with complex needs that includes carers as part of the care team
- implementation of changes to the Child Protection Act in relation to vaccination decisions
- revisions to the Child Safety Practice Manual
- shared Child and Family Services learning resources on working with young people, child development, crystal methamphetamine, the impact of domestic and family violence, and alcohol and other drugs
- the *Our Child* missing children in care reporting platform
- a review workshop with FCQ and foster and kinship carers in May 2018
- advice on how the Australian Government can improve support for carers.

c. DCSYW will undertake an annual review process of Partners in Care actions in collaboration with FCQ and foster and kinship carers and, as part of a cycle of continuous improvement, will continue to identify new actions as required.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 6

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 9 of the SDS, service area highlight of Youth services, can the Minister detail whether each of the 129 actions (listed individually) in the Queensland Youth Strategy action schedule are a) on schedule/delivered, b) behind schedule/undelivered or c) discontinued/unsuccessful?

ANSWER

The Queensland Youth Strategy (QYS), released in May 2017, is a whole-of-government policy document which sets the course for realising this government's vision for young Queenslanders. The Queensland Government's commitments are detailed in the Action Schedule, which includes 129 actions led by various agencies.

Agency annual reports for 2017-18 are scheduled for release at the end of September. The Department of Child Safety, Youth and Women is working with partner agencies to prepare the first annual progress report on the QYS for the period ending 30 June 2018. In line with the commitment in the QYS, an annual youth statement will be released later this year reporting on the implementation of actions.

Some achievements to date include:

- launch of the youth engagement hub (eHub), which has already hosted 14 projects
- delivery of the Care 2 Achieve: Scholarships for young women leaving care in partnership with The Smith Family
- establishment of the Lesbian, Gay, Bisexual, Transexual and Intersex (LGBTI) Roundtable
- delivery of initiatives led by the Youth Engagement Alliance to re-engage young people in school.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 7

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to page 8 of the SDS, service area description on the Queensland Domestic and Family Violence Prevention Strategy, can the Minister advise of each of the second action plan items that have (in separate lists) a) been achieved in the 2017-18 period and b) not been achieved in the 2017-18 period?

ANSWER

The prevention of domestic and family violence is a key priority for the Palaszczuk Government. A total of $328.9 million over six years (2015-16 to 2020-21) has been committed to respond to the recommendations of the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* report (the Report). The Government response underpins a long-term Queensland *Domestic and Family Violence Prevention Strategy 2016-26*. The Second Action Plan is for the 2016-19 period.

On 3 May 2018, the Honourable Annastacia Palaszczuk MP, Premier and Minister for Trade tabled the *Domestic and Family Violence Implementation Council Progress Report* for the period 1 December 2016 to 30 November 2017 in Parliament. This report provides a point in time representation of recommendations completed as at 30 November 2017.

As at 30 June 2018, 92 of the 121 recommendations directed at the Queensland Government have been completed and work is well advanced on the remaining 29.

Key achievements for 2017-18 include:

- Queensland commencing participation in the National Domestic Violence Order Scheme to improve the protection of domestic and family violence (DFV) victims
- 17 Queensland Government agencies receiving White Ribbon accreditation
- the *Stop the Hurting – End Domestic Violence* youth campaign
- the bystander campaign encouraging Queenslanders to help victims of domestic and family violence
- a successful 2018 Domestic and Family Violence Prevention Month
- a media guide supporting media organisations in reporting on domestic and family violence incidents
- enhancing police training packages as part of the Queensland Police Service's broader DFV cultural change program
- enhancing training for Child and Family Services staff on domestic and family violence
- Integrated Service Response trials in Logan/Beenleigh, Mount Isa and Cherbourg, and establishment of High Risk teams in Brisbane, Cairns and Ipswich
- enacting a sexual assault counselling privilege, which protects the private counselling sessions of victims of sexual assault from becoming public in court proceedings

- funding 24 new specialist police domestic and family violence coordinators across the state, bringing the total to 54
- completing the transition of all women's shelters and domestic violence non-accommodation specialist support services to one portfolio under the Department of Child Safety, Youth and Women
- increasing the number of new women's shelters across the state by seven, including new shelters in regional areas – Coen, Charters Towers and Roma.

The Government will continue to implement the remaining recommendations from the *Not Now, Not Ever* report through the *Queensland Domestic and Family Violence Prevention Strategy 2016-26*, and the actions to be delivered over the period of the Second Action Plan 2016-19.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 8

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to the government's *Our Way* strategy which is discussed on pages 2, 4 and 5 of the SDS

a) What measurable progress has the government made in raising the proportion of Indigenous children placed in out of home care in accordance with the Aboriginal and Torres Strait Islander child placement principle?

b) What measurable progress has the government made in reducing the total number of Aboriginal and Torres Strait Islander children in out of home care?

c) Can data be provided to quantify the above progress?

d) What is the breakdown by financial year of budgeted and actual expenditure under the $160 million allocation to the Our Way strategy?

e) Can the Minister provide a detailed breakdown of how the Our Way funding has been distributed by location?

ANSWER

Developed with Family Matters Queensland, the *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037* (Our Way), launched in May 2017, is a generational strategy to eliminate the over-representation of Aboriginal and Torres Strait Islander children in the child protection system by 2037.

The *Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2017-2019* (*Changing Tracks*) sets the foundations for how we are going to reach our generational vision under *Our Way*.

The Palaszczuk Government committed $162.8 million over five years to support implementation of *Our Way* and *Changing Tracks*.

a) For Aboriginal and Torres Strait Islander children and young people, the proportion placed with kin, other Aboriginal and Torres Strait Islander carers or Aboriginal and Torres Strait Islander residential care services (proxy for the Indigenous Child Placement Principle) has increased from 54.4 per cent (as at 31 March 2015) to 56.3 per cent (as at 31 March 2018).

b) Actions to date that will contribute over time to reducing the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system, including children in care:

- rolling out Aboriginal and Torres Strait Islander Family Wellbeing Services across the state
- subsidising statewide access to Triple P parenting programs and the Talking Families campaign
- rolling out of 600 safe-sleeping Pepi-Pods across Queensland so Aboriginal and Torres Strait Islander mothers can improve sleeping practices

- funding of eight Early Childhood Coordinators based in Aboriginal and Torres Strait Islander Family Wellbeing Services
- commencing the First 1000 Days trial projects in Moreton Bay and Townsville
- conducting two rounds of Empowering Families Innovation Grants
- finalising trials of Family-led Decision-Making and commencement of commissioning for the Family Participation program
- commencing trials of Family Wellbeing packages
- commencing three Social Benefit Bonds addressing family reunification, youth homelessness and youth offending
- linking Aboriginal and Torres Strait Islander young people in care to educational supports and subsidies, and
- enacting the *Child Protection Reform Amendment Act 2017* to embed the Aboriginal Child Placement Principle.

In addition, the Government is progressing strategies and investments in employment, health, housing, education, mental health, youth justice, domestic and family violence, drugs and alcohol to tackle the contributing factors to over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system.

c) The level of over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system has stabilised. As at 31 March 2018, Aboriginal and Torres Strait Islander children and young people comprised 42.2 per cent of all children in care, which is the same proportion since the release of *Our Way* (42.2 per cent as at 30 June 2017). This compares to previous years, where the proportion of children in care who were Aboriginal and Torres Strait Islander continued to increase. For example, as at 30 June 2013 it was 39.3 per cent, as at 30 June 2014 it was 40.8 per cent, as at 30 June 2015 it was 41.6 per cent and as at 30 June 2016 it was 41.7 per cent.

d) The *Our Way* investment, inclusive of actual expenditure for 2016-17, estimated actual expenditure for 2017-18 and budget allocations from 2018-19 to 2021-22 is $166.85 million over six financial years, comprised of:

	2016-17 Actual $ million	2017-18 Estimated Actual $ million	2018-19 Estimate $ million	2019-20 Estimate $ million	2020-21 Estimate $ million	2021-22 Estimate $ million
Revised investment	20.46	36.40	42.97	27.51	27.51	11.99

A number of contracts under the *Our Way* strategy extend into the 2021-22 financial year as a result of staged implementation with Family Wellbeing Service providers throughout 2016-17 and 2017-18.

e) *Our Way* investment includes:

- First 1000 Days Australia initiative: Moreton Bay and Townsville
- Statewide rollout of Aboriginal and Torres Strait Islander Family Wellbeing Services, delivered by Aboriginal and Torres Strait Islander community controlled organisations. This is supporting 33 services across Queensland. A list of services by location is available at: https://www.csyw.qld.gov.au/child-family/child-family-reform/meeting-needs-requirements-aboriginal-torres-strait-islander-children-families-communities/aboriginal-torres-strait-islander-family-wellbeing-services

- Empowering Families Innovation Grants (EFIG) Fund - list of EFIG projects (Round 1) available at: https://www.csyw.qld.gov.au/child-family/child-family-reform/meeting-needs-requirements-aboriginal-torres-strait-islander-children-families-communities/empowering-families-innovation-fund
- Outcomes from Round 2 of EFIG is yet to be announced
- Early Childhood Development Coordinators: Townsville, Mackay, Bowen, Sarina, Caboolture (and surrounds), Gold Coast, Ipswich, Beenleigh, Browns Plains, Logan, Cairns, Cassowary Coast, Rockhampton.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 9

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

How many Aboriginal and Torres Strait Islander children are currently in each of the child protection system and in the youth justice system, both in total and as a percentage of the total number of children?

ANSWER

Aboriginal and Torres Strait Islander children and young people are significantly over-represented in the child protection and youth justice systems. This was one of the rationales for bringing family services, child safety, youth, youth justice and domestic and family violence under one ministry and department.

As at 31 March 2018 (this is the latest available data), there were 3841 Aboriginal and Torres Strait Islander children and young people in care, representing 42.2 per cent of all Queensland children and young people in care.

As of 31 March 2018, there were 992 Aboriginal and Torres Strait Islander young people in the youth justice system (community-based youth justice supervision or youth detention), representing 56 per cent of all Queensland young people in the system.

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES PRE-HEARING

NON-GOVERNMENT QUESTION ON NOTICE
No. 10

THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE asked the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence (HON D FARMER)—

QUESTION

With reference to the government response to the report of the Special Taskforce on Domestic and Family Violence, Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland (the Report), and the government's acceptance of all recommendations of the Report:

a) What progress has the government made towards the implementation of each of the Report's recommendations?

b) What funding is allocated to ensure successful implementation of the Report's recommendations?

c) Within what timeframes does the government anticipate successful implementation of any of the remaining 121 recommendations directed at the Queensland government?

ANSWER

The prevention of domestic and family violence is a key priority for the Palaszczuk Government. A total of $328.9 million over six years (2015-16 to 2020-21) has been committed to respond to the recommendations of the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* report. The Government response underpins a long-term Queensland *Domestic and Family Violence Prevention Strategy 2016-26*. The Second Action Plan is for the 2016-19 period.

On 3 May 2018, the Honourable Annastacia Palaszczuk MP, Premier and Minister for Trade tabled the *Domestic and Family Violence Implementation Council Progress Report* for the period 1 December 2016 to 30 November 2017 in Parliament. This report provides a point in time representation of recommendations completed as at 30 November 2017. As noted by Ms Kay McGrath OAM in her recent progress report as Chair of the independent Domestic and Family Violence Implementation Council, 'Queensland has made great strides in [its] efforts to combat domestic and family violence'.

As at 30 June 2018, 92 of the 121 recommendations directed at the Queensland Government have been completed and work is well advanced on the remaining 29.

Key achievements for 2017-18 include:

- Queensland commencing participation in the National Domestic Violence Order Scheme to improve the protection of domestic and family violence (DFV) victims
- 17 Queensland Government agencies receiving White Ribbon accreditation
- the *Stop the Hurting – End Domestic Violence* youth campaign
- the bystander campaign encouraging Queenslanders to help victims of domestic and family violence
- a successful 2018 Domestic and Family Violence Prevention Month
- a media guide supporting media organisations in reporting on domestic and family violence incidents

- enhancing police training packages as part of the Queensland Police Service's broader DFV cultural change program
- enhancing training for Child and Family Services staff on domestic and family violence
- Integrated Service Response trials in Logan/Beenleigh, Mount Isa and Cherbourg, and establishment of High Risk teams in Brisbane, Cairns and Ipswich
- enacting a sexual assault counselling privilege, which protects the private counselling sessions of victims of sexual assault from becoming public in court proceedings
- funding 24 new specialist police domestic and family violence coordinators across the state, bringing the total to 54
- completing the transition of all women's shelters and domestic violence non-accommodation specialist support services to one portfolio under the Department of Child Safety, Youth and Women
- increasing the number of new women's shelters across the state by seven, including new shelters in regional areas – Coen, Charters Towers and Roma.

The Government will continue to implement the recommendations from the *Not Now, Not Ever* report through the *Queensland Domestic and Family Violence Prevention Strategy 2016-26*, delivering on actions in the Second Action Plan 2016-19.

Correspondence

	Correspondence
1.	22 June 2018 – Letter from Ms Deb Frecklington MP
2.	28 June 2018 – Letter from Ms Sandy Bolton MP
3.	13 July 2018 – Letter from Mr Stephen Andrew MP
4.	17 July 2018 – Letter from Mr Jon Krause MP
5.	27 July 2018 – Letter from Hon Yvette D'Ath, Leader of the House

Deb Frecklington MP
Leader of the Opposition and Shadow Minister for Trade

22 June 2018

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Attention: Mr Aaron Harper MP, Chair

By email: health@parliament.qld.gov.au

Dear Mr Harper

I'm writing in relation to the Committee's consideration of the 2018/19 portfolio budget estimates.

Pursuant to section 181(e) of the Standing Rules and Orders of the Legislative Assembly, I seek leave for the following Members to attend the public estimates hearing of the Committee, scheduled for Tuesday, 31 July 2018:

- Deb Frecklington MP, Member for Nanango
- Tim Mander MP, Member for Everton
- Jarrod Bleijie MP, Member for Kawana
- Ros Bates MP, Member for Mudgeeraba
- Dr Christian Rowan MP, Member for Moggill
- Stephen Bennett MP, Member for Burnett
- David Janetzki MP, Member for Toowoomba South

Should you have any queries, please contact Peter Coulson of my office.

Yours sincerely

DEB FRECKLINGTON MP
Leader of the Opposition
Shadow Minister for Trade
Member for Nanango

CC: Mr Jarrod Bleijie MP, Mr Mark McArdle MP

Telephone 07 3838 6767 Email reception@opposition.qld.gov.au
Mineral House, Level 7, 41 George Street, Brisbane Qld 4000 • PO Box 15057, City East Qld 4002

Sandy Bolton MP

Member for Noosa

28th June 2018

Aaron Harper MP
Chair of the Health, Communities, Disability Services
And Domestic and Family Violence Prevention Committee

Dear Mr Harper,

I am writing in relation to the committee's consideration of the 2018/19 portfolio budget estimates. Pursuant to section 181(e) of the Standing Rules and Orders of the Legislative Assembly, I seek leave to attend and ask questions at the public estimates hearing of the committee, scheduled for 31th July 2018.

Yours faithfully

SANDY BOLTON MP
Member for Noosa

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Stephen Andrew MP

Member for Mirani

12 July 2018

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Chair,

In accordance with Standing Order 181(e) I seek leave to participate in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee public hearing questioning the Minister for Health and Minister for Ambulance Services; the Minister for Communities, and Minister for Disability Services and Seniors; and the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence regarding the proposed expenditures for their portfolio areas on 31st July 2018.

Sincerely

MP Stephen Andrew

Member for Mirani

The Sarina Centre
Central Street Sarina Qld 4737
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Mirani@parliament.qld.gov.au

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07 5515 1100

JON KRAUSE MP

MEMBER FOR SCENIC RIM
91 Brisbane Street, Beaudesert

16 July 2018

Mr Aaron Harper MP
Chair
Health, Communities, Disability Services and
Domestic & Family Violence Prevention Committee
Parliament House
George Street
BRISBANE QLD 4000
health@parliament.qld.gov.au

Dear Mr Harper

I'm writing in relation to the Committee's consideration of the 2018/19 portfolio budget estimates.

Pursuant to section 181(e) of the Standing Rules and Orders of the Legislative Assembly, I seek leave to appear and ask questions at the public estimates hearing of the Committee, scheduled for Tuesday, 31 July 2018.

Should you have any queries, please contact my office.

Yours sincerely

Jon Krause MP
Member for Scenic Rim

Queensland Government

Honourable Yvette D'Ath MP
Attorney-General and Minister for Justice
Leader of the House

1 William Street Brisbane
GPO Box 149 Brisbane
Queensland 4001 Australia
Telephone +61 7 3719 7400
Email attorney@ministerial.qld.gov.au

27 July 2018

The Honourable Curtis Pitt MP
Speaker of the Legislative Assembly
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Speaker

I have been advised that Ms Joan Pease MP - Member for Lytton, a member of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) will be unavailable for the Committee's meetings scheduled for Tuesday, 31 July 2018.

In accordance with Standing Order 202 (1) and 202 (2), I appoint Ms Leanne Linard MP – Member for Nudgee, as substitute member of the Committee for the Committee's meetings being held on Tuesday, 31 July 2018.

Yours sincerely

YVETTE D'ATH MP
Attorney-General and Minister for Justice
Leader of the House

cc Mr Aaron Harper MP, Chairperson of the Committee
Ms Joan Pease MP, Member for Lytton
Ms Leanne Linard MP, Member for Nudgee
Mr Michael Ries, Deputy Clerk of the Parliament
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Secretariat

Answers to questions taken on notice at hearing – 31 July 2018

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

2018 ESTIMATES

HEARING QUESTION ON NOTICE

No. 1

Hansard Ref: Pages 39 and 46

MS BATES ASKED THE MINISTER FOR HEALTH (MR S J MILES)—

QUESTION:

What was the aggregate amount of entitlements paid to the 13 Queensland ambulance officers who were medically retired in 2017-18?

ANSWER:

I thank the Honourable Member of Mudgeeraba for her question.

The total amount paid to Queensland Ambulance Service employees medically retired in 2017-18 in respect to accrued entitlements was $177,423.27. Please note this amount has been accumulated as annual and long service leave, as per the industrial arrangement. This represents an average payment per person of $13,647.94.

These payments do not include any additional amounts that may have been payable to an individual in respect to payments from WorkCover Queensland, superannuation or income protection insurance, which will apply differently for individuals and therefore not included in the abovementioned figures.

Cleared by: Russell Bowles ASM

Position: Commissioner, QAS

Phone No: 0407 034 533

Date: 1 August 2018

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

QUESTION TAKEN ON NOTICE

No. 1

ASKED ON 31 JULY 2018

THE COMMITTEE ASKED THE MINISTER FOR COMMUNITIES AND MINISTER FOR DISABILITY SERVICES AND SENIORS (HON C O'ROURKE MP)—

QUESTION:

Can you confirm that the Cloncurry Community Support Service reports through to Mackay, and is that appropriate or not from a governance perspective?

ANSWER:

The department's contracts for this location, including the agreement for the Cloncurry Community Support Service, are managed by the North Queensland Procurement and Contract Management Team which covers the Mount Isa, Mackay and Townsville areas and has offices in Townsville and Mackay.

The department's contract management practices are undertaken in accordance with the Queensland Government Procurement Contract Management Framework and are consistent across all regions. The framework ensures that managing the contract from Mackay in no way detracts from the department's ability to ensure that organisations are supported, accountable and monitored according to a prescribed regime incorporating financial and performance measures.

Documents tabled at hearing – 31 July 2018

Documents tabled at the hearing – 31 July 2018	
1.	A media article titled *Caboolture gets drug rehab funding just before Longman by-election*
2.	A Twitter post by Minister Miles at 1.51pm on 22 June 2018
3.	A letter from Mr Bruce Cowley, Chairman, Children's Hospital Foundation, to Minister Miles dated 27 July 2018 regarding the possibility of a name change for the lady Cilento Children's Hospital
4.	Pages 19 & 20 from document titled *Ipswich Health Precinct – Preliminary Business Case*
5.	Page 36 from a document titled *The National Disability Insurance Scheme (Report 14: 2017-18)*
6.	*Youth Sexual Violence and Abuse Steering Committee Final Report, 2017*
7.	*Youth Sexual Violence and Abuse Steering Committee's Final Report, 2017 – Queensland Government Response, 2018*
8.	News article 'Horror in foster blunder' from *The Courier Mail,* 31 July 2018

Caboolture gets drug rehab funding just before Longman by-election

8:09pm Jun 10, 2018

The Federal Government will inject $11 million into improving drug rehabilitation services in one of Queensland's ice hot spots.

Federal Health Minister Greg Hunt today visited Caboolture, in the Longman by-election heartland, today to make the announcement.

The funding will include $7.5 million for a new 20-bed residential rehabilitation centre.

The not-for-profit organisation Lives Lived Well will also receive a $3.6 million funding boost over three years to help them deliver counselling, medical treatment and withdrawal support for drug users. The move has been welcomed by clinical services manager Leah Tickner, who says their service is already at capacity with a wait list.

Mr Hunt said the money would help people unable to travel to Brisbane for treatment.

But questions have been raised about the timing of the announcement and why other areas, such as ice hot-spots Logan, Beenleigh and Eagleby, aren't included

As the Longman by election for Caboolture looms, there's cynicism that the federal government is simply putting its money where the votes are.

RELATED ARTICLES

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Mr Hunt said the decision was made based on the needs assessment of the primary health network.

With AAP

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HCDSDFVPC Estimates Hearing 31 July 2018

Tabled: _____ / Tabled with leave: ✓

Tabled by: MIN MILES

Doc No. 1

Committee Secretary: _____

Steven Miles ✓
@StevenJMiles

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HCDSDFVPC Estimates Hearing 31 July 2018

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Doc No. 2

Committee Secretary: _____

Children's Hospital Foundation

27 July 2018

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services
1 William Street
Brisbane QLD 4000

Dear Minister

Thank you for the opportunity to provide feedback about the possibility of a name change for the Lady Cilento Children's Hospital.

The Children's Hospital Foundation would certainly see merit in a review of the name being undertaken.

While we appreciate there are many factors involved in this decision and that there may be some initial confusion for donors, patients and families, alignment of the name of the Lady Cilento Children's Hospital closer to that of The Children's Hospital Foundation would assist the Foundation with its fundraising through greater clarity for existing and potential donors.

Although our full name is The Children's Hospital Foundation Queensland we operate under the trading name "The Children's Hospital Foundation" because the Foundation fundraises and receives significant support nationally, not just in QLD, with all communications making it clear that donations are for the benefit of the Lady Cilento Children's Hospital and Children's Health Queensland.

Should you wish to discuss this further, please do not hesitate to contact me on 3119 6213.

Kind regards

Bruce Cowley
Chairman

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Woolloongabba QLD 4102
E info@childrens.org.au

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ABN 11 607 902 687

www.childrens.org.au

HCDSDFVPC Estimates Hearing 31 July 2018

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Tabled by: MIN MILES

Doc No. 3

Committee Secretary: _____

- A new older persons' mental health building.

- The preferred option is recommended because it:
  - Stages provision of the health service requirements to 2031 to incrementally and flexibly meet the growing demand and clinical priorities whilst providing flexibility in time and service response to accommodate population changes and ensure an economically sustainable service
  - Enables further expansion if required given the projected population growth
  - Provides community based, hospital alternatives in line with WMHHS preferred service strategy
  - Enables access to effective contemporary services provided through a network of sustainable public and private partnerships
  - Responds to the clinical priorities and addresses improved self-sufficiency objectives of the HHS by planning a regional facility in Ripley/ Springfield to provide services to more of the community closer to their homes
  - Provides clinical capability to encourage research, education and training enabling the attraction of clinical and support professionals
  - Retains, supports and develops Ipswich's significant Health Precinct whilst providing accessible care for population growth corridors and rural communities outside Ipswich
  - Achieves good outcomes against criteria in the investment appraisal process.
- **Approval** is sought to progress a Detailed Business Case (DBC) for the stage 1A enabling works of option 4. The cost of stage 1A is $124,458,000 and reflects the Government's election commitment. Stage 1A delivers:
  - An asset exchange with the Ipswich City Council (ICC) providing four buildings in close proximity to Ipswich Hospital to form a Health Precinct, in exchange for a currently owned building in the town centre (Ipswich Health Plaza)
  - Refurbished ICC buildings to deliver administration space, community health clinics and outpatient clinics
  - A 201-bay carpark utilising the ICC exchange space to service the community health and outpatient clinics
  - A new MRI to address immediate clinical requirements for Ipswich Hospital, which does not currently have an MRI
  - A new acute mental health inpatient facility with 6 additional beds, and demolition of the existing mental health facility to vacate the site for redevelopment of the acute hospital in a subsequent stage of option 4.
- **Note** that WMHHS will progress the critically dependent activities which will enable future DBC(s) to be developed for stages 1B and beyond should they be approved in the future. These are:

- Negotiation of service agreement for Same Day Centre in Ipswich Health Precinct and for acute hospital services for Ripley and Springfield, and
- A detailed clinical services plan to agree and formalise service models, workforce and clinical capability levels for the community in line with Department of Health planning processes.

- **Note** the ALP announcement on 8th November 2017 for Ipswich Hospital stage 1 for $124M. Details were made available In the Labor Government's Building Better Hospitals 2017 Policy Document.
- **Note** the preferred option has been staged to:
  - Enable further assurance of required service and capital investment through finalisation of service agreement negotiations with private health service providers to define the scope of stages 1B and beyond
  - Commence the enabling works (stage 1A) to meet the program requirements to deliver the future shortfall in bed provisions.

Note that approval of stage 1A does not commitment the Department of Health / State Government to further stages of the project.

Note that stage 1B and beyond will be subject to further Detailed Business Cases.

The investment required for the preferred option is summarised in Table 1.

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Doc No. 4

Committee Secretary: _____

What was implemented?

Queensland Government and the RLG did not implement the governance structures as proposed. There are some key gaps in the structure implemented compared to the proposed design including:

- Cabinet-level oversight of the NDIS is currently performed by a financial/budget committee (the Cabinet Budget Review Committee), which is predominantly focused on financial implications of the NDIS rather than whole-of-government progress/updates
- DCDSS designed the RLG well, with membership drawn from heads of impacted agencies and central agencies. But attendance has not been in accordance with the design
- the final approach was to have a network of officers within departments, rather than have them join the PMO. The government felt it was better to keep expertise within the agencies responsible for their own respective transition plans.

As a result of these gaps, Queensland's governance structures are not operating as effectively as they could.

Cabinet-level oversight

Broader ministerial oversight about the state's preparation for the NDIS is limited in Queensland because:

- There is no regular update to Cabinet or a Cabinet sub-committee about NDIS readiness across all mainstream agencies. DCDSS has updated Cabinet on specific items such as the governance design and funding of the NDIS (such as negotiating the bilateral agreement) but it has been 'issues-based' and infrequent. The most recent update about whole-of-government progress was provided by DCDSS to Cabinet in October 2017. This was the first general update about readiness since July 2015.
- Other ministers responsible for services affected by the NDIS (and accountable for successful implementation of the scheme) rely on being briefed by their own department. This means they are not necessarily hearing about whole-of-government progress that may impact their services and clients also.
- The Cabinet Budget Review Committee (CBRC) consists of the Premier, Treasurer, and two ministers who rotate each year. The rotating ministers are not necessarily responsible for mainstream agency implementation of NDIS.

Outside of any issues-based Cabinet updates, DCDSS provides separate briefings to the heads of DPC and Queensland Treasury every three months about participant numbers, funding and payment arrangements, staff transition and risk management. These updates contain similar information to what is prepared for the RLG (heads of DPC and Queensland Treasury are also on the RLG) that meets every two months.

RLG attendance

The Director-General of DCDSS chairs the RLG. Its members are directors-general/heads of mainstream agencies affected by the NDIS as well as the Public Guardian, DPC, Queensland Treasury and the Public Service Commission.

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Tabled by: MEMBER FOR DOBBIE

Doc No. 5

Committee Secretary: _____

Youth Sexual Violence and Abuse Steering Committee

Final Report

30 March 2017

Published by the State of Queensland (Department of Aboriginal and Torres Strait Islander Partnerships), 2017.

Citation: *Youth Sexual Violence and Abuse Steering Committee: Final Report* (Final Report).

Contents

Sexual violence and abuse has proved to be among the most difficult and confounding social problems of our time...

A unique opportunity now exists to put Australia, and Queensland in particular, at the forefront of international efforts to understand and address these problems.

Professor Stephen Smallbone

Acknowledgements

The task of producing this report was shared by many, most of whom cannot be named individually. I acknowledge the commitment of the Youth Sexual Violence and Abuse Steering Committee (the Committee) members to understand better, and consider new approaches to a complex and disturbing problem.

All have had to travel to meetings, follow the unfolding research publications and otherwise suffer disruptions to their routines. I also thank the proxy members and the staff supporting them who took on much of the workload.

The Committee was greatly assisted by a number of experts, some of whom have been named in the report and by other workers who provided a pathway to further inquiry. I particularly thank Professor Frank Oberklaid; Professor Kerry Arabena; Doctor Ernest Hunter; Former Manager, Cairns Sexual Assault Service, Mr James Edney; Senior Government Co-ordinator, Aurukun, Mr Brendan McMahon and Senior Sergeant Brad Winks for their informed contributions and support.

The Committee was also assisted by the work of a number of school principals, various advisory bodies, researchers and two consecutive secretariat teams, respectively led so effectively by Ms Ainslie Barron and Mr Aaron Hoffman. I am particularly indebted to Ms Barron who carried the burden of organising the work for the Committee and the literature reviews. I make special mention of Ms Rachel Payne who at short notice has reviewed the material and provided considerable insights and invaluable service in the drafting of this Final Report. I thank all involved for their long hours and hard work on a difficult task.

The Griffith University Team (Ms Sue Raymont-McHugh, Ms Dimity Smith and Ms Marnie Manning) has shown extraordinary sensitivity, patience, thoroughness and dedication to uncovering and understanding a profoundly serious and tragic problem in our society. Its work is the impetus for both First and Final Reports and we are all indebted to the team's rigour, compassion and commitment. I sincerely thank them for the work they have done and continue to do.

The Honourable Mr Stanley Jones AO QC
Chair, Youth Sexual Violence and Abuse Steering Committee

Foreword

Happy, healthy children are a national resource. They are the foundation of a cohesive, functioning and productive society. Youth sexual violence and abuse diminishes that resource in a pernicious way, and is therefore a matter of concern for everyone. It causes serious, often irreparable harm to victims, for whom we must take action. If we begin by sharing the responsibility, we will achieve a brighter more equitable future, for these victims and our state. Eliminating youth sexual violence and abuse will require implementing strategies that will have an immediate impact and promote long-term generational change.

The evidence set out in this report—*Youth Sexual Violence and Abuse: Final Report* (Final Report)—unlike for the *Youth Sexual Violence and Abuse: First Report* (First Report), is drawn from across Queensland from both Indigenous and non-Indigenous communities. We cannot ignore the fact that our First Nations people are highly overrepresented among our most disadvantaged in Queensland, and the impact of youth sexual violence and abuse is also disproportionately felt by them. However, youth sexual violence and abuse can occur in any community, and steps must be taken to prevent it and to respond appropriately wherever it occurs. Like many other social problems, it is concentrated in the poorest, most disadvantaged neighbourhoods and it is in these areas that support is most required.

This Final Report reveals a greater incidence of youth sexual violence and abuse in communities with high levels of disadvantage. It is well known that early, intergenerational and locational disadvantage constrains choices, limits opportunities and inhibits social mobility. For children in such an environment their educational achievements will almost certainly be reduced. They are more likely to have involvement in youth sexual violence and abuse, the justice system, become teenage parents and are less likely to find employment. Their chance of enjoying stable adult relationships and a healthy, long life are much diminished.

It is in this way that disadvantage and social dysfunction are entrenched across many dimensions and across generations. Intervention early in a child's life is essential if this cycle is to be broken.

The evidence also reveals a greater impact on young women and girls, highlighting a deeply entrenched gender inequality and the imperative for change in the norms and values in our society.

There is an overwhelming body of research which shows that a child's pathway in life is set during his or her formative years, from before birth until the age of five years. Prolonged adverse child experiences during this period alter the architecture of the developing brain with lifelong consequences for intellectual capacity, learning and behaviour. Consequently, early intervention to reduce the harmful effects of a stressful environment is necessary at the personal, societal and government levels.

There is a significant gap between what the experts in the field of childhood development know and what society at large believes are the influences on a child's development. Closing this knowledge gap will require a sustained public campaign to promote awareness of the key influences, and a matching concerted effort on the part of many more professionals and community workers to understand the issues and impart this knowledge more widely.

Investing in reforms targeting the early years of childhood will reduce later expenditure in special education, criminal justice and welfare, and will increase national productivity and strengthen the economy. Preventing harm at this stage is far less expensive, and more effective, than the cost of remedial measures later.

At the same time, there is a need for immediate action —including raising parents' awareness of the issue of youth sexual violence and abuse, so that parents can be more vigilant and equipped to respond. Other immediate actions include: putting into place strategies to prevent youth sexual violence and abuse from occurring, and ensuring those affected—either as a victim, perpetrator, carer or friend—receive the treatment or support they require. The recommendations of this Final Report are intended to meet the needs of parents, children and young people, service providers and the community. They are designed also to enrich the whole community by providing a heightened knowledge and understanding of the issue, creating safe spaces for children and young people, and finding a pathway to a better future. Acceptance of this challenge by the local community is the starting point and this must be accompanied by sensitive and informed support from governments and service providers.

The way forward requires commitment—by families, by communities and by all levels of government—not only to deal with the wellbeing of children but to find an effective way to reduce the broader disadvantage and dysfunction which is the fundamental cause of the problem. It also requires an acknowledgement by government that interventions are required that promote long-term and generational change as well as interventions that tackle youth sexual violence and abuse in the immediate term.

I am deeply grateful to the women and men of the communities affected who are desperate to see change and are courageously influencing where they can to bring about change. And lastly, I especially thank the children and young people who, despite the violations they have endured, could still place their trust in the Griffith University researchers so that their stories could be heard. This Final Report is for them and those who continue to suffer in silence.

I commend this Final Report to the government and people of Queensland, in the spirit of shared responsibility, to ensure the children of Queensland are happy, healthy and safe.

The Honourable Mr Stanley Jones AO QC
Chair, Youth Sexual Violence and Abuse Steering Committee

Executive summary

In public policy terms, youth sexual violence and abuse is a 'wicked problem' —that is a complex, difficult and confronting problem, for which there is simply no straightforward solution. Moreover, there is little formal scientific research into the problem and limited evidence of successful approaches to eliminating youth sexual violence and abuse to date

This Final Report proposes to bring about change in two ways:

- **implementing actions that will immediately impact and prevent youth sexual violence and abuse.** These actions will include raising parent, community and Governments' awareness of the issue of youth sexual violence and abuse; addressing the physical risk factors that support its occurrence; and ensuring those affected by it, report it, and receive appropriate treatment and support.
- **actions that will support long term and generational change**, to ensure children are given every opportunity to develop to the fullest of their potential, and youth sexual violence and abuse is prevented.

Youth sexual violence and abuse is an affront to the whole of society because it harms and threatens the fundamental structure within society—the wellbeing of children. The protection of children is paramount and, so too is the provision of an environment in which children will be happy and healthy.

To have happy, healthy and safe children is the shared objective of parents, carers, community leaders and government representatives. It is the responsibility of the whole community to protect and support children, and to develop their potential. It is widely accepted that a happy, healthy and loving childhood lays the critical foundation for future cognitive, social, emotional and behavioural development—through adolescence and on to adulthood (Irwin, Siddiqi and Hertzman 2007, 5). It is a tragic fact that in some places in Queensland and around the world, the reality of childhood looks quite different. Far too many young people in Queensland, in particular women and girls, suffer from sexual violence and abuse.

Chapter 01

Chapter one (page 15) provides an overview and background to this Final Report. The Committee has used the definition of youth sexual violence and abuse, as adopted in its First Report, drawing from multiple jurisdictional definitions.

The First Report states that: Youth sexual violence and abuse refers to sexual contact between persons where either the perpetrator or the victim is under 18 years of age and where such contact is non-consensual, violent or illegal. Such contact is non-consensual if any of the following apply:

- either person is under the age of consent or lacks the capacity to consent
- a situation of imbalance of power exists
- there is present a threat or coercion to either person.

The causes of youth sexual violence and abuse are many and complex and must be considered within the context of both the perpetrator's and the victim's family, peers, organisational and community systems and situations. The Queensland Government sought to tackle this issue through the establishment in March 2016, of the Youth Sexual Violence and Abuse Steering Committee. The Committee had two tasks:

- To identify and address barriers to the effective and efficient implementation and coordination of activities of all tiers of government to address youth sexual violence and abuse in Aurukun and West Cairns; and
- To research the prevalence and impact of youth sexual violence and abuse more broadly across Queensland and take advice from experts in the field to consider and make recommendations about the appropriateness of the current legislative, policy and resourcing of responses to youth sexual violence and abuse, and how all levels of government and the community prevent, respond and reduce youth sexual violence and abuse.

This Final Report complements and builds on the First Report and other work in this area to develop a clearer understanding of youth sexual violence and abuse. Most relevant to this effort is the report titled: *Preventing Youth Sexual Violence and Abuse in West Cairns and Aurukun: Establishing the Scope, Dimension and Dynamics of the Problem* (by Professor Stephen Smallbone, Susan Rayment-McHugh and Dimity Smith of Griffith University).

The First Report submitted by the Committee to the Queensland Government examined youth sexual violence and abuse in two Queensland communities —Aurukun and West Cairns. It was submitted to the Queensland Government in September 2016 and all recommendations were accepted.

This Final Report by the Committee acknowledges that this issue is not only state-wide, but a global problem (WHO 2016). Youth sexual violence and abuse occurs in urban centres, regional towns and remote communities. Those areas worst affected also experience high rates of social dysfunction and economic disadvantage. Given the disproportionate disadvantage experienced by Aboriginal and Torres Strait Islander Queenslanders, Indigenous children and youth, particularly girls, are unfortunately over-represented in the data related to youth sexual violence and abuse. For this reason where appropriate, the issue of youth sexual violence and abuse as it impacts on Indigenous communities is given specific consideration.

Chapter 02

Chapter two (page 20) provides an analysis of the reported incidence of youth sexual violence and abuse in Queensland. Prevalence is difficult to gauge due to significant levels of under-reporting. According to the 2015–16 Australian Bureau of Statistics (ABS) Crime Victimisation Survey, approximately 70 per cent of the most recent incidents of sexual assault were not reported to police. For younger people this proportion is likely to be higher still (ABS 2017).

To consider prevalence, the Committee commissioned the Queensland Government Statistician's Office (QGSO) to analyse youth sexual violence and abuse within Queensland, drawing on a range of datasets. It is the first time that a picture of youth sexual violence and abuse in Queensland has been compiled.

Overall the data indicates a significant downward trend in the rates of sexual offending against people aged 0–17 from 2008–09 to 2015–16. Disturbingly however, over the same period, the data also reveals a significant upward trend in the number of child pornography related offences, undoubtedly related to the rise of information and communication technologies and sharing of explicit images by mobile phone and on social media.

The data also highlights other concerning trends and issues, namely that:

- young girls and women are much more likely to be victims of sexual violence and abuse than their male counterparts (362 per 100,000 in 2015–16 for females as opposed to 86 per 100,000 in 2015–16 for males)
- perpetrators of youth sexual violence and abuse are far more likely to be males than female
- although an issue occurring across all of Queensland, there is higher reported incidence in some areas of Queensland over others
- Aboriginal and Torres Strait Islander young people are significantly over-represented in the data, and are twice as likely as non-Indigenous youths to be victims (385 per 100,000 persons as opposed to 178 per 100,000)
- most incidences of sexual assault are perpetrated by someone known to the victim, usually a non-family member, and are most likely to be committed in the places where children and young people spend most of their time—with 70 percent of reported offences occurring in residential settings
- there has been an almost four-fold increase in the number of young offenders with reported child pornography related offences in Queensland, from 2011–12 (27.4 per 1000,000) to 2015–16 (101.7 per 1000,000), undoubtedly closely related to advances in technology and the sharing of explicit images via mobile phone and online
- most young people who have sexually offended do not go on to sexually re-offend.

The data presented in this Final Report provides a basis on which to build further data and evidence to better understand youth sexual violence and abuse in Queensland. The Committee recommends that its collection and analysis be continued and enriched. This data will support parents, teachers, service providers, and young people to understand this issue as it relates to their community. It must be used to inform policy decisions and ensure programs are well targeted.

Chapter 03

Chapter three (page 26) considers the links between youth sexual violence and abuse and disadvantage. As described in the World Health Organization's (WHO) *World report on violence and health (2002)*, children impacted by socioeconomic disadvantage are often exposed to more risk factors than other children. Prolonged exposure to harmful stress associated with extreme poverty, physical or emotional abuse, severe maternal depression, substance abuse and family violence precipitates neurophysiological responses in a child which disrupts developing brain architecture. This can lead to life-long problems in learning, physical and mental health, and particularly in behaviour and create an 'ability gap' that widens as children get older (Oberklaid 2014; Oberklaid and Drever 2011; Oberklaid 1988), as shown below in Figure 1.

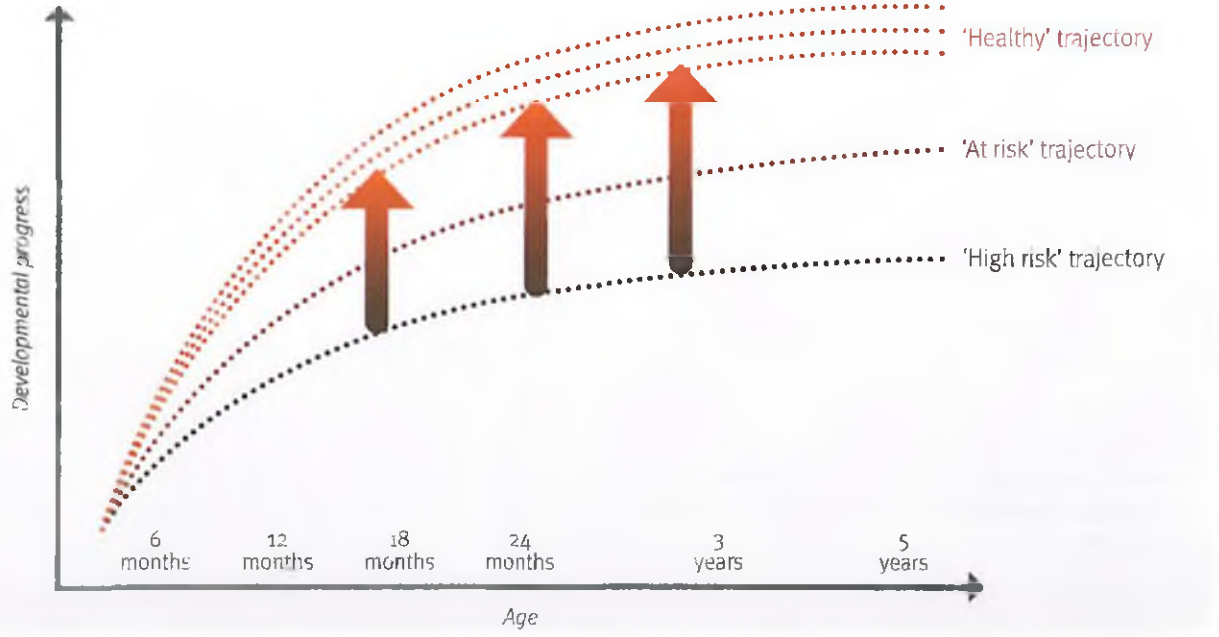
The Committee points to the economic returns of prevention. It also makes recommendations aimed at preventing the gap in ability opening up in the first place by promoting early childhood development and an understanding of its importance, and promoting schools as safe places where children can be supported and protected, and feel confident in discussing and disclosing youth sexual violence and abuse. The Committee sees an opportunity for schools to act as hubs of community engagement on a range of important social issues, in particular youth sexual violence and abuse, in recognition that tackling this issue will require whole-of-community awareness and commitment.

Chapter 04

Chapter four (page 33) discusses one of the major obstacles to tackling youth sexual violence and abuse—that is the silence that surrounds it. The reasons behind the silence and unwillingness to discuss, engage on and report this issue are many and complex and include shame, fear of retribution or consequences of reporting, social norms in which forms of youth sexual violence and abuse are perceived as acceptable or tolerated, misunderstanding about what youth sexual violence and abuse is, and a culture of secrecy amongst some young people. Breaking the silence is critical. The Committee stresses the importance of strengthening communities' understanding of youth sexual violence and abuse —both through a state-wide publicity campaign and also through supplementary materials that respond to community specific needs.

The Committee recommends that the Queensland Government continue to support promising early interventions being implemented as part of the 'Neighbourhoods Project' in Aurukun and West Cairns, and that the project be expanded into two additional communities (including at least one non-Indigenous community) with high reported incidences of youth sexual violence and abuse to determine its effectiveness in tackling this issue in the broader population. The Committee also recommends that location specific assessments be undertaken in communities with an indicated high incidence of youth sexual violence and abuse to inform targeted responses. A recommendation is made that the Queensland school curriculum related to 'Respectful Relationships' be made compulsory and expanded to include increased consideration of issues related to youth sexual violence and abuse, whilst simultaneously giving schools flexibility to nuance material at a local level to ensure it is relevant and appropriate.

Figure 1: *Early childhood life trajectories*



Chapter 05

Chapter five (page 38) discusses the impact of advancements in communication technology on risks and intervention opportunities in relation to youth sexual violence and abuse. Increased access to, and speed of communication technologies has contributed to changing the nature of relationships. A disconnect exists between current child pornography laws that can criminalise youths for consensually sharing or receiving sexually explicit images, and changing social norms in which this behaviour is increasingly becoming part of normal intimate relationships. The Committee recommends that guidelines be developed to support Queensland Police officers in getting the balance right between protecting society from the harm caused by child pornography and recognising changing social norms.

Although most sharing of explicit images is consensual and takes place as part of an intimate relationship, this is not always the case. Over recent years there have been a number of high profile examples of explicit images of young women and girls being shared and even traded, without their consent. Young people need to make judgements about their use of images, videos and other online content of a personal and intimate nature at a time when, developmentally they may not have the cognitive capacity or maturity to process consent and comprehend the repercussions of their actions. Evidence suggests that girls and young women can face significant pressure to engage in sexualised online activity and sexting and potentially face negative consequences for both refusing or taking part in such behaviour (Bluet-Boyd et al. 2013, 24).

The Committee recommends that the opportunities provided by ever improving information and communication capabilities be harnessed as part of a multi-media and interactive community education campaign that emphasises healthy relationships and engages young people as the drivers of change. A stronger awareness of the risks associated with sharing digital images also needs to be fostered through the Queensland 'Respectful Relationships' school curriculum.

Chapter 06

Chapter six (page 42) presents a discussion of structural and systemic changes needed to ensure that no child is left behind. Despite the best efforts and good intentions of government agencies, service providers, community members and families, some children and young people have fallen through the cracks. They have not received the support and intervention they require to either prevent youth sexual violence and abuse or to respond to it appropriately when it occurs. Often, the children and families most in need of support are those most difficult to reach and sustain engagement with. Tackling youth sexual violence and abuse will require a comprehensive and multi-disciplinary approach that is tailored to the needs of specific communities.

There are particular experiences of disadvantage that require a new approach in Queensland's Aboriginal and Torres Strait Islander communities. The Committee recommend that this Final Report and the *Empowered Communities* report be referred to the Productivity Commission for consideration in its current review of service provision in Indigenous communities and that the Queensland Government give consideration to the establishment of an independent statutory authority to oversee investments in Aboriginal and Torres Strait Islander communities in Queensland.

This Final Report concludes with emphasis on the need for a whole-of-community approach and coordinated, local level and outcomes focussed responses to this issue to prevent and respond more effectively to this growing challenge for young people, families and communities.

Recommendations

The recommendations of the report aim to bring about a transformational change to ensure that every child and young person has the safe and secure life they are entitled to. For this change to occur, actions are required that will immediately impact and prevent youth sexual violence and abuse and support long-term and generational change.

The recommendations relate to local level solutions; data and evidence; awareness raising; and tackling the underlying causes of youth sexual violence and abuse. Taken together, the recommendations of the Committee provide a comprehensive and holistic response to youth sexual violence and abuse.

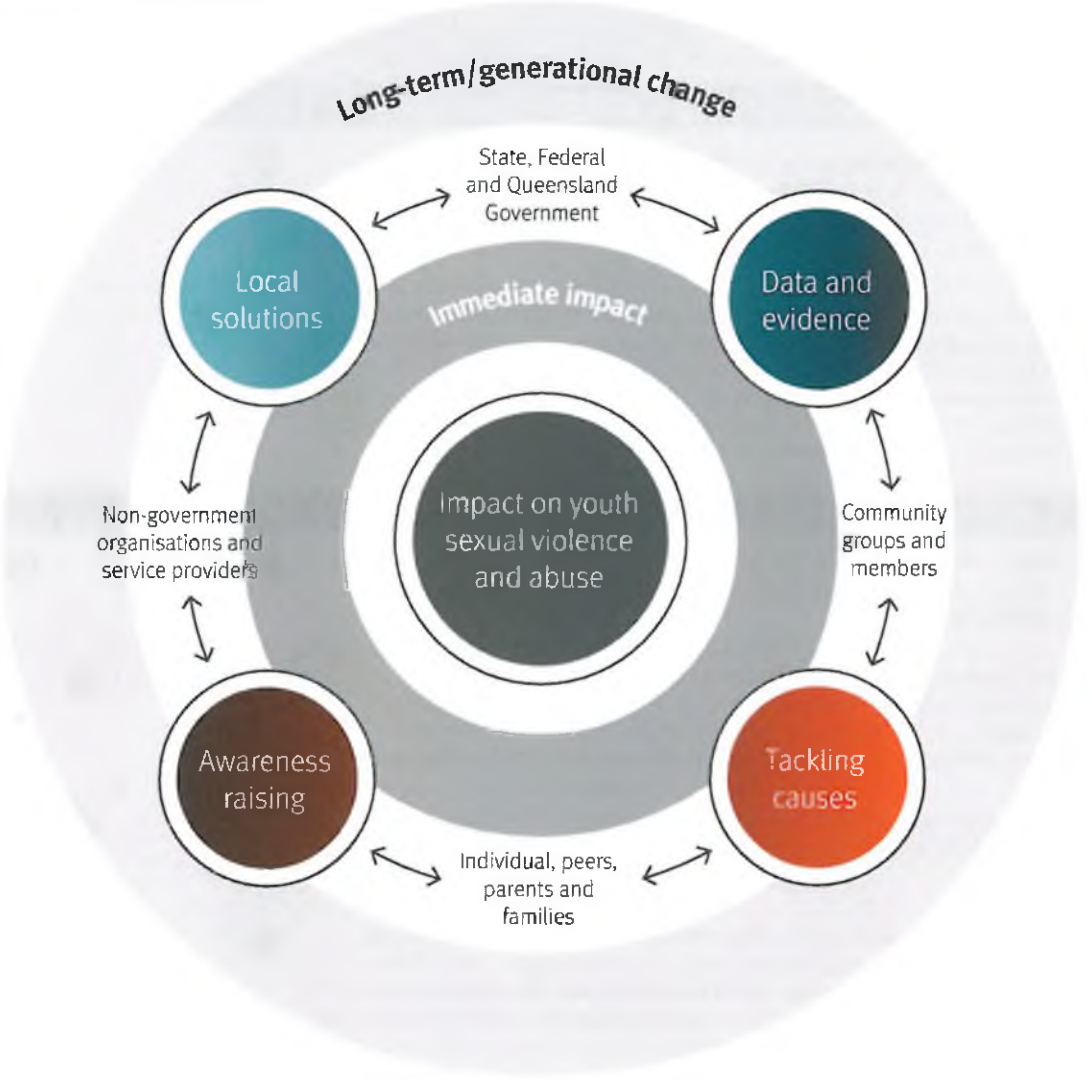
The recommendations are clustered into four key themes:

Local solutions	Data and evidence	Awareness raising	Tackling underlying causes
Strengthen appropriate and relevant physical risk assessment and management responses based on local community need and engagement.	Gather data and evidence needed to strengthen the knowledge base of youth sexual violence and abuse which will provide vision and information to inform future action.	Promote increased understanding and discussion about youth sexual violence and abuse, by assisting and directing young people and parents to appropriate services and equipping professionals with the tools required in their communities and across Queensland to target youth sexual violence and abuse.	Prevent youth sexual violence and abuse by addressing the underlying causes, in particular disadvantage and its associated impacts on child development.

The Committee proposes that every member of society has a role to play in delivering long-term and immediate actions to tackle youth sexual violence and abuse, as illustrated in Figure 2.

Please refer to the following analysis of key issues related to youth sexual violence and abuse and the Committee's recommendations for how best to respond to this challenge (pages 11–14).

Figure 2: *Framework for recommendations*



Recommendation actions

Recommendations	Action areas: Local solutions	Action areas: Data and evidence	Action areas: Awareness raising	Action areas: Tackling causes	Immediate impact	Long-term/ generational change
Chapter 02: Reported incidences of youth sexual violence and abuse						
1. Given the data demonstrates that youth sexual violence and abuse is a statewide issue, there is a need for a whole of government response to the issue. The Queensland Government should work closely with communities to develop place-based responses.	●				◎	◎
2. That administrative data utilised in the development of this report continue to be collected, tracked and analysed on an annual basis to provide an ongoing picture of youth sexual violence and abuse in Queensland. To strengthen the evidence base of Queensland Government's policy responses, additional information (qualitative and quantitative) should be collected by agencies to support a more detailed interrogation of specific issues and help overcome the challenge of under-reporting.		●			◎	◎
Chapter 03: Tackling the cause of the cause						
3. That the Queensland Government adopt a whole-of community approach to tackling Youth Sexual Violence and Abuse that builds on the principles of community empowerment and co-design.	●				◎	◎
4. That the Queensland Government work with key stakeholders including the Commonwealth Government to intensify efforts and adopt a long-term approach to supporting local communities to overcome disadvantage, as a fundamental prerequisite for the healthy development and wellbeing of all children and youth.				●		◎
5. That the Queensland Government develop a strategy to promote healthy early-life programs such as the "First 1000 Days" to reduce the effects of disadvantage in early childhood.				●		◎
6. That, in line with its commitment to support kindergarten programs in all settings under the National Partnership Agreement on Universal Access to Early Childhood Education for 2016 and 17, the Queensland Government prioritise communities with the most disadvantaged and vulnerable children to ensure enrolment and attendance rates are equally high across all parts of the state, and ensure the quality of education being provided is also equally high in all locations.	●			●	◎	◎
7. All Queensland schools implement the recommendations from the Royal Commission into Institutional Responses to Child Abuse to help ensure that they are child safe organisations, and that Queensland's most disadvantaged schools be prioritised and supported to implement the recommendations which: • promote the safety of young people and reduce the risk of youth sexual violence and assault occurring on school premises; • recognise the valuable role that schools can play in supporting community engagement and incorporate spaces that can be used to host community engagement activities, for example community information sessions, computer literacy classes and parenting classes and playgroups; and • promote continual engagement of parents and children from before school stage through to primary school, high school and beyond which reduces the disengagement often associated with transition points.	●		●		◎	◎

Recommendations	Action areas					
	Local solutions	Data and evidence	Awareness raising	Tackling causes	Immediate impact	Long-term/ generational change
8. That the Queensland Government play a leading role in strengthening the knowledge base related to youth sexual violence and abuse, including by commissioning or undertaking research and analysis including on the effectiveness and efficiency of specific interventions. Given the limitations of the data due to under-reporting, the committee recommends that quantitative data analysis be complemented by qualitative data analysis.		●				◎
9. That communities, in particular those with high rates of youth sexual violence and abuse or that are at high risk, be supported to develop or strengthen locally appropriate and relevant programs aimed at empowering and educating young girls and boys, as one part of a localised and comprehensive response.	●		●		◎	◎
10. The Committee recommends the Queensland Government support non-government organisations to work with young women and girls to build confidence and promote knowledge sharing.	●		●	●	◎	◎
Chapter 04: Breaking the silence						
11. The Queensland Government commission the development of a state-wide community awareness and engagement campaign to promote increased understanding and discussion of youth sexual violence and abuse, informed by the voices of children and young people, and developed with expert input. Supplementary material to support the effectiveness of message delivery at the specific community level should be produced by the local community, with Government support.	●		●		◎	◎
12. That the Queensland Government establish a designated hotline service that encourages young people to discuss incidences and concerns in an anonymous setting and be connected with appropriate services and support if required.			●		◎	
13. That the Queensland Government makes 'Respectful Relationships' education programs including sexual ethics a compulsory component of the curriculum across each year of primary and secondary schooling and that the minimum number of contact hours be significantly increased.			●		◎	◎
14. That the 'Respectful Relationships' curriculum be adapted by schools, in conjunction with teachers, parents and young people to ensure it provides a tailored and location-specific response to dealing with the complex issues associated with youth sexual violence and abuse.	●		●		◎	◎
15. That the Queensland Government fund the continuation of the 'Neighbourhoods Project' and its evaluation, leveraging the investment previously made by the Commonwealth Government, for a period of time sufficient to demonstrate effectiveness, including: • Ongoing delivery of those initiatives from the 'Neighbourhoods Project' in Aurukun and West Cairns that have shown promise, to enable further evaluation of the effectiveness of the interventions. • Trial the delivery of flagship elements of the 'Neighbourhoods Project' in two high prevalence locations (including at least one non-Indigenous location) to gather evidence of the relevance of this approach in tackling youth sexual violence and abuse across Queensland. • Trial the delivery of the 'Neighbourhoods Project' through existing service providers with support from GYFS to enhance sustainability of the delivery model and impact.	●	●	●		◎	◎

Recommendations	Action areas					
	Local solutions	Data and evidence	Awareness raising	Tackling causes	Immediate impact	Long-term/ generational change
16. The Committee recommends that a locational assessment to identify 'at risk' locations and times be undertaken in communities with an indicated high incidence of youth sexual violence and abuse to inform an appropriate and targeted response.	●	●			◎	
Chapter 05: Sexting and social media						
17. The Queensland Government commissions the development of a multi-media and interactive community education campaign that emphasises healthy relationships and engages young people as the drivers of change. It should have a particular focus on social media and sexting. The education campaign should draw on examples used in other successful campaigns and aim to strengthen the public's awareness of the law.			●		◎	◎
18. That consideration be given to the establishment of police guidelines aimed at supporting police to appropriately apply the law and ensure that the correct balance is achieved between protecting children and society from the harm caused by child pornography and not criminalising young people for consensually sharing images on digital media.			●		◎	
19. That digital and social media and its role in healthy relationships and youth sexual violence and abuse be included in the 'Respectful Relationships' curriculum, including from a legal perspective.			●		◎	◎
Chapter 06: No child left behind						
20. That the Queensland and Australian Governments work with communities, in particular those with a high prevalence of youth sexual violence and abuse, to identify gaps in service provision and co-design tailored interventions that target youth sexual violence through locally appropriate responses.	●	●			◎	◎
21. That systems of professional and cultural mentoring be established across key service delivery agencies (including the Departments of Health, Communities, Education and Police) to ensure that service providers (government and non-government) working on the frontline, including in remote areas, are supported to meet the needs of clients and effectively respond to issues related to youth sexual violence and abuse.	●		●		◎	◎
22. That the Queensland Government develop a package of interventions for communities to consider in developing best-fit local interventions that target youth sexual violence and abuse. The package would include actions that have immediate and long-term impacts and that support awareness raising, prevention and diversion, and treatment and response.	●		●	●	◎	◎
23. That 'downward' accountability mechanisms, whereby communities help determine the performance measures and contribute to evaluating how well the measures are achieved, be built into all new and existing interventions and performance agreements related to youth sexual violence and abuse.	●	●			◎	◎
24. That the Queensland Government pilot and rigorously evaluate the use of financing models that emphasise results and impact interventions that target youth sexual violence and abuse.		●				◎

Recommendations	Action areas					
	Local solutions	Data and evidence	Awareness raising	Tackling causes	Immediate impact	Long-term/ generational change
25. That the Queensland Government strengthen the *Program Evaluation Guidelines* to mandate that all programs and interventions of a certain financial value or that deal with complex social challenges (such as youth sexual violence and abuse) or high priority issues are appropriately and independently evaluated.		●				◎
26. The Committee recommends the duration and funding for innovative programs targeting youth sexual violence and abuse be determined based on a realistic assessment of how long it will take to be able to demonstrate likely effectiveness. The Committee recommends the funding for and duration of pilots be determined in consultation with appropriate evaluation experts to ensure adequacy for demonstrating results.		●				◎
27. That the Queensland Government undertake consultations in all discrete Aboriginal and Torres Strait Islander communities to relay findings from the Committee's review and foster an open community discussion on this highly sensitive issue. The consultations would lead to the development of community-specific commitments and a framework for fostering happy healthy children free from youth sexual violence and abuse.	●		●		◎	◎
28. That this Final Report and the *Empowered Communities Report* be referred to the Queensland Productivity Commission for consideration in its current review of service delivery in Indigenous communities.		●		●		◎
29. That the Queensand Government give consideration to establishing an independent Statutory Authority to oversee government investments in Aboriginal and Torres Strait Islander communities in Queensland.				●		◎
30. That the Queensland Government prioritise the establishment of local sexual assault networks and encourage and strengthen existing networks particularly in communities with high reported incidence of youth sexual violence and abuse. This would also require the Queensland Government to build the capacity of local non-government organisations to lead the coordination of services and the development of protocols. This may require funding from Queensland Government for dedicated coordinators in some locations as determined by need, and to support the provision of professional mentoring partnerships with from specialist services.	●		●		◎	
31. That existing and new local sexual assault networks be responsive to local needs and priorities and have scope to consider particular issues of concern, for example youth sexual violence and abuse. If warranted, the work of sexual assault networks could also include a focus on prevention as well as response.	●				◎	

01 Introduction

Vision

As a community we all want children to be happy, healthy and safe. This is the shared objective of parents, community leaders, service providers and government representatives and is a right for all children. It is an objective that all members of society must ensure is upheld. It is what has driven the Committee in undertaking this review.

The preamble to the United Nations Convention on the Rights of the Child (1989, 1) emphasises that:

"the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community...."

"...the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding...."

Article 3 (United Nations 1989, 2) goes on to state that:

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be the primary consideration".

"State parties undertake to ensure the child such protection and care as is necessary for his or her well-being taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him and her, and to this end, shall take all appropriate legislative and administrative measures".

It is the responsibility of the whole community to protect and support children, and to develop their potential. It is widely accepted that a happy, healthy and loving childhood lays the critical foundation for future development—through adolescence and on to adulthood (Irwin, Siddiqi and Hertzman 2007, 5).

However some children unfortunately grow up in environments that are not conducive to living happy and healthy lives. These children do not experience the joys of childhood, and instead grow up in environments where violence is considered normal and they are vulnerable to abuse and neglect.

For some children, the downward trajectory starts pre-birth, as indicated by research that demonstrates the links between cognitive development in utero and later life outcomes. This issue is discussed in more detail in the following chapter. Society is failing to provide these children with a positive life trajectory.

Later in the child's developmental journey, adolescence can be a complex and challenging time for young people. It is a period of considerable change (physical, cognitive, emotional and sexual). A loving, nurturing and safe childhood is key to helping adolescents navigate this difficult period.

At this stage, young people frequently receive messages through the media, popular culture and their peers about what it is to be a man or a woman. increasingly these messages focus on sex and sexuality as currency where women are passive objects of sexual desire.

These messages are reinforced through pornography which is increasingly available to children and young people and sends harmful messages about sex, pleasure and consent. As a result, for some young people, early sexual encounters can be violent and distressing and leave life-long impacts. The report *Young Australians' Attitudes to Violence Against Women* found that forty percent of young people agree that 'rape results from men not being able to control their sexual urges'—an increase from the 2009 survey, where 30 percent agreed with this statement. Further, a large proportion of young people believe that women make false claims of partner violence and sexual assault (Harris et al. 2015).

Young people are challenged by the threats posed by an overwhelming increase in the role of communication technologies in their day to day lives and more importantly, their relationships. This unprecedented shift in the way we communicate gives young people responsibility for navigating previously unchartered territory, at a time when they are still developing physically and emotionally (Bluett-Boyd et al. 2013). Research suggests that youth who experience dating violence offline are more likely to experience it online as well, highlighting the risk posed by communication technologies in further eroding social norms around respectful relationships.

Consent is an integral aspect of forming intimate relationships of which the complexity cannot be underestimated. Children and young people are expected to make responsible and informed judgements regarding consent, at a time when each individual child is at a different stage of emotional, intellectual and physical development. Some young people may not understand the concept, or one young person's understanding of consent may differ substantially from another. This is a concern not only for establishing sexual consent but in the responsible use of personal images, videos or other online material of an intimate or sexual nature that may be shared between two individuals.

As children mature, greater autonomy, the development of intimate relationships, and age appropriate and consensual sexual behaviour is to be expected. Where, however, there is behaviour that is concerning and/or problematic, there may be a need for increased supervision, intervention or specialist advice.

The problem of youth sexual violence and abuse reveals a gulf between the vision of happy, healthy and safe children, and the reality. Every child deserves to grow up and be able to say 'I was loved and supported, and felt safe and secure.'

Defining youth sexual violence and abuse

The causes of youth sexual violence and abuse are many and complex. A holistic understanding requires consideration of not only the individual, but their unique social and cultural environment. Sexual violence and abuse is a product of interactions between biological, developmental, sociocultural and situational factors (Carmody 2009, 6). Risk factors operate at multiple levels.

In its First Report on youth sexual violence and abuse which was presented to the Queensland Government in August 2016, the Committee agreed upon a definition for youth sexual violence and abuse. Drawn from multiple jurisdictions, the agreed definition was presented as a recommendation in the First Report. The Committee adopted the following definition:

Youth sexual violence and abuse refers to sexual contact between persons where either the perpetrator or the victim is under 18 years of age and where such contact is non-consensual, violent or illegal.

Such contact is non-consensual if any of the following apply:

- either person is under the age of consent or lacks the capacity to consent
- a situation of imbalance of power exists
- there is present a threat or coercion to either person.

The causes of this violence should not be considered in isolation but also within the context of both the perpetrator's and the victim's family, peer, organisational and community systems and situations.

Risk factors for sexual violence have a cumulative effect, where the more factors present, the greater the risk of sexual violence (World Health Organization (WHO) 2002). Although not unique to disadvantaged communities, children impacted by socioeconomic disadvantage are often exposed to more risk factors than other children. For some children, the downward trajectory starts pre-birth, as indicated by research that demonstrates the links between cognitive development in utero and later life outcomes. This issue is discussed in more detail in Chapter two (page 20). The more disadvantaged an individual, the greater their risk of experiencing youth sexual violence. Girls are particularly vulnerable to youth sexual violence and abuse, as evidenced by the disproportionate representation in victim statistics.

Risk factors for youth sexual violence and abuse as identified in available literature

Individual-level

Maladaptive psychological and behavioural characteristics and cognitive, emotional and intellectual vulnerability:

- E.g. personal trauma (including previous exposure to abuse), impulsivity, risk-taking behaviour.

Relationship-level

Influence of family and peers:

- E.g. household dynamics and circumstances, parenting, drug and alcohol use, domestic and family violence, inappropriate exposure to sexual behaviours or material.

Community-level

Physical and demographic features of the community:

- E.g. socioeconomic disadvantage, marginalisation, welfare dependency, structural opportunity for crime, lack of enforcement.

Societal-level

Sociocultural norms and values:

- E.g. violence-supportive norms, cultural or gender-based oppression, (Carmody 2009; WHO 2002).

Background

A variety of inquiries and reports have investigated issues broadly relating to youth sexual violence and abuse, including areas such as child abuse and domestic and family violence (Appendix one, page 50). Further, a number of reports are being developed concurrently with this Final Report. This Final Report complements and builds on the First Report by this Committee (described below) and other work in this area to develop a clearer understanding of youth sexual violence and abuse. Most relevant to this effort is the Smallbone Report.

In 2012, the Queensland Government commissioned a report titled: *Preventing Youth Sexual Violence and Abuse in West Cairns and Aurukun: Establishing the Scope, Dimension and Dynamics of the Problem*. The report was prepared by Professor Stephen Smallbone, Susan Rayment-McHugh and Dimity Smith of Griffith University and is widely referred to as the Smallbone Report.

The Smallbone Report was commissioned by the Queensland Government as a result of work undertaken by the Griffith Youth Forensic Service (GYFS), who provide clinical psychological services to court-referred youth sexual offenders and their families across Queensland, and had been doing so for some time in both Aurukun and West Cairns. GYFS was concerned that youth sexual violence and abuse was apparently endemic in these two locations.

The Queensland Government released a redacted version of the Smallbone Report in March 2016, at which time it also established this Youth Sexual Violence and Abuse Steering Committee. Given the trust of local people involved, and the desire for them to continue working to make these places safer, the Smallbone Report itself urged caution about the timing and circumstances of making the report public, and suggested some delay may be warranted to allow ongoing work with the communities involved to respond to the report.

The Smallbone Report outlined some of the key characteristics of endemic youth sexual violence and abuse in the two locations and concluded the two environments posed an extreme risk for future and widespread youth sexual violence and abuse due to:

- individual, family, and peer related factors such as substance misuse, general delinquency and non-sexual offending
- the local physical and social ecology: physical environments that are conducive to youth sexual violence and abuse and social/peer relations that 'normalise' sexual violence and degrading attitudes to women.

The Smallbone Report proposed a way forward to work with the communities involved to put in place prevention and intervention centred strategies developed with community input. With three years of funding support from the Australian Government, interventions have been progressively designed and implemented since 2013, and research conducted into their effectiveness. This prevention and intervention work has occurred under the project name of the Griffith University 'Neighbourhoods Project' and has involved some leading international academics in the project team.

As a consequence new programs have been developed and tested over a short time, and are currently being evaluated. These programs will now be the subject of independent peer review and evaluation. Notwithstanding the limited period of assessment, the programs show sufficient early promise to allow a recommendation that they be continued. The two separate suites of programs are designed for the specific locations in which they operate, but do contain elements which are transportable to other locations. However, use of the programs in other areas would require consultation with the individual community members and specialist adaptation.

The Committee: Terms of Reference and Membership

In March 2016, the Queensland Government established the Youth Sexual Violence and Abuse Steering Committee. The Committee had two tasks:

- to identify and address barriers to the effective and efficient implementation and coordination of activities of all tiers of government to address youth sexual violence and abuse in Aurukun and West Cairns; and
- to research the prevalence and impact of youth sexual violence and abuse more broadly across Queensland and take advice from experts in the field to consider and make recommendations about the appropriateness of the current legislative, policy and resourcing of responses to youth sexual violence and abuse, and how all levels of government and the community prevent, respond to and reduce youth sexual violence and abuse.

The Committee was established for up to one year and tasked with producing two reports to government. The Terms of Reference indicate that the Committee's future is to be re-considered following the handover of its Final Report.

The Committee has been led by an independent Chair, the Honourable Stanley Jones AO QC. The membership included local, Australian and Queensland Government representatives and key community and peak body representatives:

Local Government representatives

- **Cr Dereck Walpo**
  Mayor of Aurukun
- **Cr Bob Manning OAM**
  Mayor of Cairns Regional Council

Community and peak organisation participants

- **Mr Noel Pearson**
  Founder and Director of Strategy, Cape York Partnership
- **Ms Natalie Lewis**
  Chief Executive Officer, Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd
- **Ms Pattie Lees**
  Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services
- **Mr Bruce Martin**
  Aurukun community member
- **Ms Keri Tamwoy**
  Aurukun community member
- **Ms Rowena Bullio**
  West Cairns community member

Queensland Government representatives

- **Mr Dave Stewart**
  Director-General, Department of Premier and Cabinet
- **Ms Clare O'Connor**
  Director-General, Department of Aboriginal and Torres Strait Islander Partnerships
- **Mr Michael Walsh**
  Director-General, Queensland Health
- **Mr Michael Hogan**
  Director-General, Department of Communities, Child Safety and Disability Services
- **Mr Paul Taylor**
  Assistant Commissioner, Queensland Police Service

Australian Government representative

- **Mr Andrew Tongue**
  Associate Secretary of Indigenous Affairs, Department of the Prime Minister and Cabinet

The First Report of the Youth Sexual Violence and Abuse Steering Committee

The First Report submitted by the Committee to the Queensland Government examined youth sexual violence and abuse in two Queensland communities. It was submitted to the Queensland Government in September 2016. Recommendations were made in the First Report around three themes:

- improving service effectiveness
- awareness raising
- resourcing.

These recommendations were accepted by the Queensland Government. The First Report can be found on the Department of Aboriginal and Torres Strait Islander Partnerships' website (www.datsip.qld.gov.au/programs-initiatives/preventing-youth-sexual-violence-abuse).

The Final Report of the Youth Sexual Violence and Abuse Steering Committee

This Final Report acknowledges this issue is not only state-wide, but a global problem (WHO 2016). Youth sexual violence and abuse occurs in urban centres, regional towns and remote communities. Those areas worst affected also experience high rates of social dysfunction and economic disadvantage. Given the disproportionate disadvantage experienced by Aboriginal and Torres Strait Islander Queenslanders, where appropriate, this sub-section of the Queensland population is considered separately.

This Final Report of the Committee is informed by:

- discussions with experts in Queensland and other jurisdictions, as well service providers and others with extensive experience and expertise relevant to the issue of youth sexual violence and abuse
- an analysis of reported data commissioned by the Queensland Government Statistician's Office
- a literature review
- continuing discussions with Griffith University researchers through the 'Neighbourhoods Project', given its status as one of the few detailed, evidence-informed research initiatives explicitly examining youth sexual violence and abuse in Australia.

The insights the Committee has gained from each of these inputs have been included throughout the body of this Final Report.

The Committee also investigated the appropriateness of current legislation, considered similar legislative provisions in other states, and consulted with the Queensland Law Reform Commission. While there are some legislative differences across Australia, both the Office of the Director of Public Prosecutions and the Queensland Police Service have existing policies and guidelines which for all practical purposes negate any need for legislative change.

As outlined in the previous chapter, this Final Report makes a number of recommendations aimed at fostering a transformational change and ensuring that every child and young person has the safe and secure life they are entitled to. For this change to occur, interventions are required that will have both an **immediate impact on youth sexual violence and abuse** by raising awareness about the risks, preventing its occurrence, and ensuring that those affected by it receive the treatment and support necessary, as well as **long-term and generational impact**, ensuring that children are given every opportunity to develop to the fullest of their potential, and that the underlying causes of youth sexual violence and abuse are addressed.

02 Reported incidents of youth sexual violence and abuse in Queensland

Building on from its First Report which was focused on two specific locations (West Cairns and Aurukun), the Committee was tasked with examining broader prevalence of youth sexual violence and abuse. It is clear from expert research and advice that there is rising awareness of peer-to-peer sexual offending as a global issue.

There are a myriad of factors that contribute to the risks and prevalence of youth sexual violence and abuse including where people live, community norms and values, and experiences of disadvantage.

Prevalence is difficult to gauge due to significant levels of under-reporting. According to the 2015–16 Australian Bureau of Statistics' (ABS) Crime Victimisation Survey, approximately 70 per cent of the most recent incidents of sexual assault were not reported to police.

The ABS notes it is a conservative estimate of the proportion of offences which remain unreported. For younger people this proportion is likely to be higher still (ABS 2011). This creates barriers to understanding the true nature and prevalence of this pervasive social issue.

To gauge reported abuse the Committee commissioned the Queensland Government Statistician's Office (QGSO) to analyse youth sexual violence and abuse. It is the first time that a picture of youth sexual violence and abuse in Queensland has been compiled drawing from a range of administrative datasets.

This analysis reminds us of many things we know, confirms matters we suspect, and raises new issues. It highlights the importance of developing a finer grained view of victimisation and offending within specific locations. It reminds us all of the critical importance of serious and sustained efforts to increase the ability of young people to disclose and then officially report sexual offences, as well as the ability to successfully identify and prosecute offenders whether they are young people or adults.

The commissioned analysis of relevant statistics offers an in-depth view of youth sexual violence and abuse.

Youth sexual violence and abuse: A mosaic of datasets

Administrative data on youth sexual violence and abuse is collected when offenders and victims come into contact with a range of different service providers. In addition to known under-reporting, there are also limitations with available data, and challenges to combining data together to paint an accurate picture of youth sexual violence and abuse in Queensland given that each administrative dataset captures information to meet the reporting needs unique to that department.

Queensland Police Records and Information Management Exchange (QPRIME)

QPRIME records offences reported to Queensland Police Service (QPS). Using this data, the number and rates of victims and offenders across different regions in Queensland can be calculated and the relationship between victim and offender explored. Data is also available on victims for whom an offender was not reported. Although statistics on offenders provide a more accurate picture of youth sexual offending than statistics on victims, there are many victims for whom no offender is identified.

Restorative justice conferences

As well as cautioning young offenders, police may refer youth offenders to restorative justice conferences. These conferences bring together the youth who committed the crime and other affected parties to discuss the nature of the crime, its consequences, and the restorative steps to be undertaken. The QPS collects data on referrals, and the Department of Justice and Attorney-General (DJAG) holds data on those referrals where a conference proceeded.

Juvenile defendants

Data on juvenile defendants is available from DJAG and includes the number of cases heard and the outcomes of hearings, as well as the number of juveniles in prisons for sexual offences.

Education and child safety

Suspected youth victims of sexual abuse must be reported by teachers to the QPS. Information on suspected victims and offenders is collected by the Department of Education and Training. The Department of Communities, Child Safety and Disability Services collects data on the abuse of children, including the type of harm inflicted. Although a distinction can be made between sexual and other harms, the characteristics of the offender cannot be easily identified.

Notes on data and analysis

Young offenders reported to the QPS are identified as aged 10 to 17 years old. Youth Justice (court) statistics in this report include only those who committed an offence before turning 17 years old. Victims on most occasions are defined as under 18 years of age and, if otherwise, this is noted.

Although the number of reported victims will always exceed the number of reported offenders (as offenders are not always able to be apprehended or identified by the QPS), without an offender, it is impossible to establish whether the offence was perpetrated by another youth, or someone older. It is also important to keep in mind that some offenders have been charged for sexual offences even if sexual relations were perceived to be consensual, such as offences relating to carnal knowledge of a child under the age of 16 years.

The QGSO has supplemented offending and victim statistics with other associated datasets such as data on the proportions of young women who at the time of giving birth were teenagers. Although these datasets are not directly related to sexual abuse they do indicate other possible concerns associated with young people and sexual activity. There is also a wealth of research about the positive impacts for individuals and, therefore, society about delaying the first pregnancy.

Key findings

The Committee acknowledges the limitations of this data in painting a comprehensive picture of youth sexual violence and abuse in Queensland, given known high rates of under-reporting. The data indicates a significant downward trend in the rate of sexual violence victims aged 0–17 from 2008–09 to 2015–16 in Queensland. There was no trend for reported young sexual offenders. The available data also suggests a significant upward trend in the number of child pornography related offences and concerning characteristics relating to victims and perpetrators supported by the very limited Australian and international literature in this field.

Research tells us that young girls and women are more likely to be victims of sexual violence and abuse, and young boys and males are more likely to be perpetrators (Boyd and Bromfield 2006, 1). This trend is reflected in the Queensland data and whilst it cannot account for all experiences, it raises an important issue regarding the social and cultural norms which can enable and perpetuate negative and stereotypical attitudes toward girls and women. Gender inequality sets the necessary social context in which women and girls are disproportionately affected by violence (Our Watch 2015). The literature states there is an urgent need to address the fact that abusive behaviours of young people are tacitly and sometimes explicitly, condoned in their social and cultural environments (Boyd and Bromfield 2006, 2).

Research shows most incidences of sexual assault are perpetrated by someone known to the victim, usually a non-family member (Tarczon and Quadara 2012, 9). QPS victim data shows that victims are most commonly perpetrated against in residential settings. Of those offences committed outside of residential settings, schools were the most common setting. This presents very real concerns about what we know to be traditionally safe spaces for young people to develop and learn. Rather than looking to the unknown, we must address what is happening in our homes and schools to identify ways to safeguard young people from harm.

A challenge relates to the role of information and communication technology in perpetrating youth sexual violence and abuse (Bluett-Boyd et al. 2013, 1). The significant increase of reported child pornography related offences in Queensland from 2011–12 to 2015–16 is closely intertwined with advances in technology. Technology breaks down numerous barriers to communication which might normally be viewed as advantageous. However, the ability to readily upload photographs or videos of vulnerable young people and to distribute them instantly to a worldwide audience presents enormous obstacles for prevention. The emerging nature of this issue is explored further in Chapter 5 (page 36).

It is important to recognise and address the vulnerability of Aboriginal and Torres Strait Islander young people, who are significantly over-represented in the data, particularly as victims of sexual violence and abuse. They are twice as likely as non-Indigenous youths to be victimised. Coupled with the fact that women are more likely to be victims, the data also suggests the high risk in particular for Indigenous women and girls. Their increased vulnerability is intimately tied to their exposure to more risk factors and increased levels of disadvantage (Higgins and Davis 2014; Australian Institute of Health and Welfare 2015). Responding to youth sexual violence and abuse in Aboriginal and Torres Strait Islander communities, particularly in discrete locations, must take into account this disadvantage (Smallbone and Rayment-McHugh 2013b, 5).

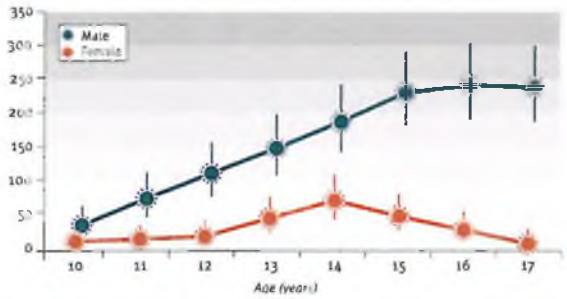
The analysis of administrative data presented in this Final Report provides a basis on which to build a better understanding of youth sexual violence and abuse in Queensland. This data will support parents, teachers, service providers and young people to understand this issue as it relates to their community, and to inform selective and responsive policy decisions going forward. It will also be important that the analysis undertaken for this report continues to be undertaken on an annual basis, and the data further interrogated to answer complex policy questions, including the incidences that result in charges being laid against a young person for child pornography. To answer these questions, additional information may need to be collected.

Nature of youth sexual violence and abuse in Queensland

Sexual offence victims and offenders by age and sex

In 2015–16, 16 year old males recorded the highest rate of reported young sexual offenders (241 per 100,000 for males) as shown in Figure 3. The lowest rates were recorded for the 10 year old male and female cohorts. Over the eight years from 2008–09 to 2015–16, there was no significant trend in the overall rate of reported young sexual offenders, and no significant trend in the rates of either non-Indigenous or Aboriginal and Torres Strait Islander young offenders.

Figure 3: *Rates of young offenders by age and sex 2015–16 (per 100,000 persons)*[a]



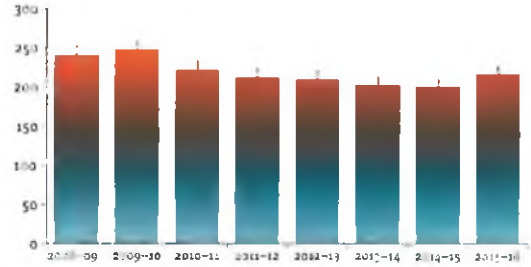
Unique offender count	14	27	39	59	80	86	83	77
Rate per 100,000	14.8	29.3	43.2	64.4	86.1	93.3	90.2	82.7

Source: Queensland Police Service, unpublished data.

a. S. 215 of the Criminal Code Act 1899 (Qld) sets the age of consent at 16 years. If this has been breached, in some jurisdictions, not including Queensland, a defence according to similarity of age is possible. This is possible in Victoria, SA, Tasmania and the ACT, provided the age differential is less than two years and the under-age person is at least 12 years old.

Across eight years from 2008–09 to 2015–16, there were between 2,300 and 2,600 young sexual offence victims reported each year to QPS. Accounting for under-reporting, these figures are likely to be much higher. Rates of reported sexual violence victims (0 to 17 years) have generally been decreasing since 2009–10, although there was a significant increase in the rate in 2015–16 from the previous year (Figure 4).

Figure 4: *Rates of sexual offence victims (0–17 years) (per 100,000 persons)*



Unique offender count	2,522	2,628	2,395	2,302	2,327	2,284	2,268	2,487	Sig. trend
Rate per 100,000	244.9	250.2	225.5	214.6	213.2	206.4	202.9	220.6	↓

Source: Queensland Police Service, unpublished data.

In 2015–16, Aboriginal and Torres Strait Islander young people (385 per 100,000 persons) were around twice as likely as non-Indigenous young people (178 per 100,000 persons) to be victims of a sexual offence. Victim rates for Aboriginal and Torres Strait Islander and non-Indigenous young people showed an overall downward trend between 2008–09 and 2015–16 (Table 1).

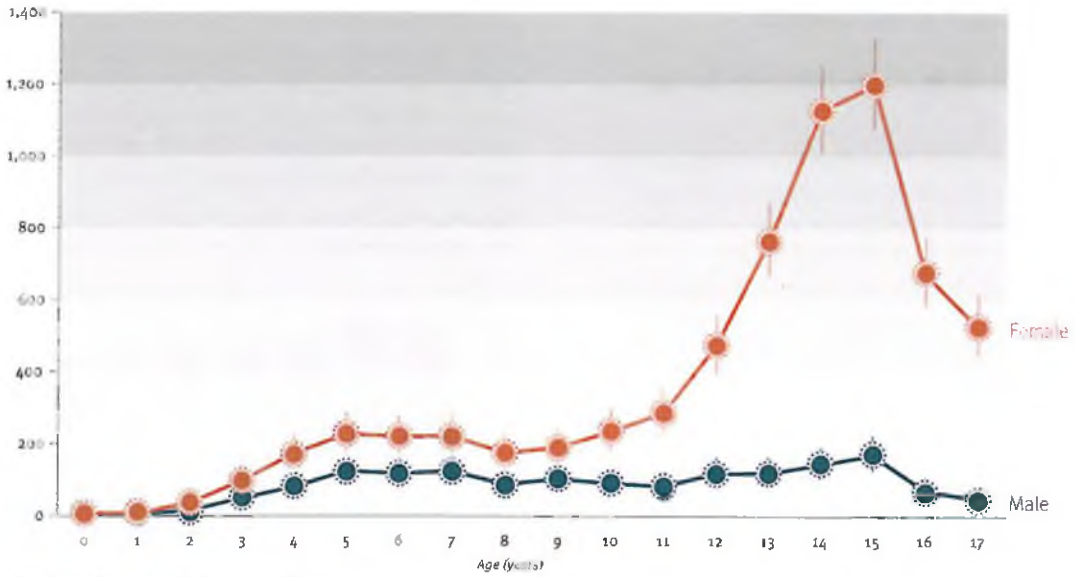
Table 1: *Sexual offence victims (0–17 years), by Indigenous status*

Unique sexual offence victims[a]	Year								
	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	
Indigenous count	342	329	326	294	287	289	296	338	Sig. trend
Rate per 100,000	429.6	405.4	394.9	351.8	338.8	337.3	341.5	385.1	↓
Non-Indigenous count	1,565	1,945	1,702	1,610	1,588	1,556	1,674	1,855	Sig. trend
Rate per 100,000	196.2	200.7	173.8	162.8	157.8	152.4	162.3	178.4	↓
Rate ratio	**2.2**	**2.0**	**2.3**	**2.2**	**2.1**	**2.2**	**2.1**	**2.2**	

Source: Queensland Police Service, unpublished data.

a. Excluding not-stated Indigenous status – between 320 and 462 victims per year.

Figure 5: *Rates of young victims by age and sex, 2015–16 (per 100,000 persons)*[c]



Source: Queensland Police Service, unpublished data.

[c] S. 215 of the Criminal Code Act (Qld) sets the age of consent at 16 years.

Females (362 per 100,000 persons in 2015–16) were much more likely to be victims of a sexual offence than males (86 per 100,000 persons in 2015–16). The highest rates of sexual offence victimisation were experienced by females aged 13 to 16 years (Figure 5 above).

Victim-offender relationship

In 2015–16, of the 2,497 incidents reported in this period involving a young victim:

- 16 per cent included a young offender
- 35 per cent included only an adult offender
- 49 per cent had no matching offender, with this proportion decreasing over time.

Over the eight years 2008–09 to 2015–16, the proportion of all young victims of person offences who were victims of sexual offences ranged between 32–40 per cent. By comparison, the equivalent proportions for adult victims were between 7–9 per cent.

In 2015–16, most peer to peer youth sexual offence incidents reported to QPS involved one victim and one offender (86 per cent). Of these, the greatest proportion of sexual offences were committed by a non-family member (56 per cent) of the victim (Table 2), with 36 per cent committed by an acquaintance of the victim. The next most common category was a family member, where, in 29 per cent of incidents, the offender was a relative of the victim 'not elsewhere classified' (i.e. not a romantic partner or spouse).

Table 2: *Sexual offences, relationship to youth victims (0–17 years), 2015–16*

Relationship to youth victim	2015–16	
	Count	%
Non-family	183	56.4
Acquaintance	115	35.5
Family	141	43.6
Relative (not elsewhere classified)	93	28.7
Not stated/unknown	59	n.a.
Total	**383**	**100.0**

Source: Queensland Police Service, unpublished data.

There were 574 reports of suspected sexual abuse by Queensland State School staff in 2015. Where the perpetrator was suspected of being aged 17 years or younger, 26 per cent were deemed to be a relative of the victim (compared with 56 per cent where the offender was 18 years or older) as shown in Table 3.

Table 3: *Finalised student protection reports*

Suspected sexual abuse[a]	Year		
	2014	2015	2016[a]
17 years and under offenders	332	322	247
Relative of victim (%)	16.0	26.1	15.8
Other (%)[b]	84.0	73.9	84.2
18 years or older offenders	198	252	199
Relative or carer of victim (%)	47.0	56.3	53.3
Other (%)	53.0	43.7	46.7

Source: Queensland Department of Education and Training, unpublished data.

[a] To 4th August 2016.

[b] The 'other' category cannot be disaggregated.

Geography and location

Whilst yearly counts of reported youth sexual offenders in most Police Divisions are typically small, statistics suggest some areas are more problematic than others. From 2008–09 to 2015–16, consistently high rates for youth sexual offenders were recorded for areas in the north of Queensland, as well as in the larger Police Divisions of Cairns, Townsville, and Rockhampton. Over the five years to 2015–16, on average, the highest rate of youth sexual violence and abuse victims was recorded for Cherbourg Police Division, followed by Palm Island and Bamaga Police Divisions. These rates, however, were based on relatively small numbers of victims. Police Divisions with 50 or more victims on average, each year included Cairns, Toowoomba, Kirwan, Caboolture, Logan Central and Bundaberg.

Statistics indicate that between 60–70 per cent of reported youth sexual offences occur within residential settings. Residential setting includes not only dwellings, but also private grounds. The next most likely place of offence was a community setting. Community setting includes not only public and outdoor places, but other settings such as correctional, police, medical, transport and educational locations. Of those offences reported in a community setting, around half occurred in an 'educational' setting. This pattern is the same for child pornography related offences, such as those relating to sexting.

Proven sexual offences

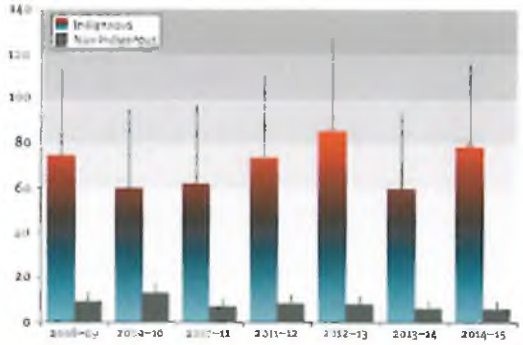
Proven offences are those that have proceeded through the court and excludes charges that have been dismissed or withdrawn (Department of Justice and Attorney-General 2015). In 2014–15, the rate of proven sexual offences for Aboriginal and Torres Strait Islander young defendants (78 per 100,000) was about 13 times the rate for non-Indigenous defendants (6 per 100,000) as shown in Figure 6.

Over the period 2008–09 to 2014–15, there was no significant trend in the rate for Aboriginal and Torres Strait Islander defendants, and a significant downward trend in the rate for non-Indigenous defendants.

In 2015–16, 34 per cent of sexual offences were dealt with by police with a 'caution'. Yearly from 2008–09 to 2015–16, around one-third of all offences were dealt with by police with a 'caution' (ranging from 24–42 per cent).

Approximately one in five sexual offences resulted in an 'arrest' (ranging from 18–27 per cent), and a slightly lower proportion resulted in 'offender bar to prosecution' (ranging from 10–19 per cent).

Figure 6: *Young defendants—proven sexual offences[a][b][c] (per 100,000 persons)*



Indigenous count	22	18	19	23	27	19	25	No sig. trend
Rate per 100,000	74.6	59.9	62.0	73.5	85.4	59.7	78.4	↔
Non-Indigenous count[c]	36	50	28	33	32	25	34	Sig. trend
Rate per 100,000	9.6	13.2	7.4	8.6	8.3	6.4	6.1	↓
Rate ratio	**7.8**	**4.5**	**8.4**	**8.5**	**10.3**	**9.3**	**12.8**	

Source: Department of Justice and Attorney-General, unpublished data.

[a] Using a base population of 10 to 16 year olds, as Youth Justice data include only those who offended before turning 17 years.

[b] Includes rape, sexual assault, carnal knowledge, indecent treatment of a child, and child pornography offences.

[c] Those with a 'not stated' Indigenous status are not included in these statistics.

Re-offending

Consistent with available literature, our analysis indicates that most young people who have sexually offended do not go on to sexually re-offend. An analysis of offenders in 2013–14, shows that 95 per cent were not charged with further sexual offences in the next two years. Of those who did reoffend, most offended sexually only once in the following two year period.

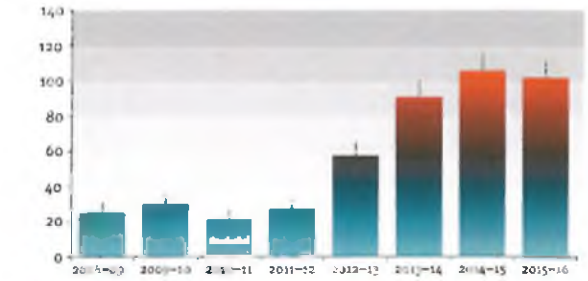
Emerging Issues: technology and youth sexual violence and abuse

Child pornography related offences, among young offenders in Queensland, have increased significantly in recent years, with rates of young offenders rising from 27.4 per 100,000 in 2011–12 to 101.7 per 100,000 in 2015–16. These offences include making, distributing or possessing child exploitation material. Young offenders were mostly charged with making, distribution and possession.

In 2015–16, around two-thirds of all offenders for these offences were aged 10 to 17 years. Of this cohort, 48 per cent of all offenders were aged 13 to 15 years. Almost half (49 per cent) of the 496 young offenders were female. In comparison, only 4 per cent of offenders aged 18 years or older were female.

In the three years to 2015–16, 10 to 17 year olds were mainly cautioned for this offence. Conversely, only one per cent of offences committed by adults received a caution. In Queensland, there has been a significant increase in the number of unique young offenders with a child pornography offence (Figure 7).

Figure 7: *Child pornography related offences, young offenders (per 100,000 persons)*



[illegible] count	117	140	100	130	274	435	511	496
Rate per [illegible]	25.2	29.8	21.2	27.4	57.3	90.5	105.6	101.7

Source: Queensland Police Service, unpublished data

This increase is related to the 'information technology revolution', wherein devices such as the internet and smart phones make it easier for certain laws to be breached, such as those relating to the distribution of indecent images of children. Tellingly, Australia-wide the number of non-assaultive sexual offences has increased dramatically (from 309 in 2008–09 to 844 in 2014–15), while the number of assaultive sexual offences has remained stable (from 1,187 to 1,155) (ABS 2016a).

There is, however, a connection between these offences and unhealthy sexual relationships amongst young people. This is explored in detail in Chapter 5 (page 36).

Recommendations

1. Given the data demonstrates that youth sexual violence and abuse is a statewide issue, there is a need for a whole-of-government response to the issue. The Queensland Government should work closely with communities to develop place-based responses.
2. That administrative data utilised in the development of this report continue to be collected, tracked and analysed on an annual basis to provide an ongoing picture of youth sexual violence and abuse in Queensland. To strengthen the evidence base of Queensland Government's policy responses, additional information (qualitative and quantitative) should be collected by agencies to support a more detailed interrogation of specific issues and help overcome the challenge of under-reporting.

03 Tackling the cause of the cause

Reducing disadvantage and emphasising healthy early childhood development are key factors to consider in tackling the underlying causes of youth sexual violence and abuse.

In the 2016 Boyer Lecture, Sir Michael Marmot, President of the World Medical Association, Director of the University College London's Institute of Health Equity, and a leading researcher on health inequality issues for more than four decades, outlined a clear link between disadvantage and healthy childhood development.

'In Australia, the higher the income of parents, and the more education, the better do their children score on measures of early child development...the more economically deprived a neighbourhood is, the lower the proportion of children, at the age of 5, that have a good level of development: cognitive, linguistic, social, emotional and behavioural. There is a clear relationship: more deprivation means worse early child development'.

(Marmot 2016, 3).

Sir Michael also made recommendations to the United Kingdom Government to reduce health inequalities in England. He identified six domains in which change was necessary. Three of those domains, the Committee considers, to be particularly relevant to the issues here because they impact directly on the conditions which foster youth sexual violence and abuse. They are:

- Give every child the best start in life
- Education and life-long learning to achieve the means of taking control over one's life
- Prevention of inequality—cause of the cause.

Those communities where youth sexual violence and abuse is a most pressing issue are often communities that demonstrate key characteristics of social and economic disadvantage, including high levels of unemployment; welfare dependency; family, financial or medical stress; and problems with alcohol and drug abuse. It is well known children and young people living in socioeconomically deprived environments have great risk of becoming disengaged from the school system, becoming caught up in anti-social behaviour and crime and engaging in sexual activity at an early age.

This point reiterates findings from a four decade long research project, The Dunedin Longitudinal Study, undertaken by a number of universities. The researchers found:

'...the importance of childhood risks for poor adult outcomes has generally been underestimated. It is not news to service delivery professionals that some individuals use more than their share of services. What is new is that individuals feature in multiple service sectors and they can be identified as children with reasonable accuracy'.

(Caspi et al. 2016).

As poverty and disadvantage impede childhood development, children who grow up in such locations are more vulnerable to youth sexual violence and abuse than their peers from less disadvantaged locations. As described in the World Health Organization's (WHO) *World report on violence and health* (2002), many of the risk factors relate to disadvantage and have a cumulative effect—that is, the more risk factors a person is exposed to, the greater their risk of experiencing sexual violence.

It is important to note that while experiencing sexual violence during childhood can increase the likelihood of violence acceptance, either as a victim or perpetrator in future relationships or high risk situations (WHO 2010), academic literature and data analysis presented in this report suggest that the vast majority of young people who sexually offend do not go on to re-offend later in life.

Early childhood development

To inform its work, this Committee had the benefit of discussion with leading experts in the field of early childhood intervention, Professor Frank Oberklaid and Professor Kerry Arabena.

Professor Oberklaid reminded the Committee that a child's development is the result of complex, ongoing, dynamic transactions between nature and nurture (Oberklaid 1988, 180–1). Optimal development is dependent on good environment. By contrast prolonged exposure to toxic stress associated with extreme poverty, physical or emotional abuse, severe maternal depression, substance abuse, family violence, precipitates neurophysiological responses in a child which disrupts developing brain architecture. This can lead to life-long problems in learning, in physical and mental health and particularly in behaviour (Oberklaid 2014; Oberklaid and Drever 2011; Oberklaid 1988). This damage opens up an ability gap which continues and widens along life's trajectory. Early advantages accumulate, and so do early disadvantages, thus widening the gap.

This 'ability gap' between advantaged and disadvantaged children opens up early, well before schooling begins. This gap impacts upon learning ability and future behaviour and contributes to over representation of disadvantaged youth in the criminal justice system, youth sexual violence and abuse, early teen pregnancy and a host of other social problems. The ability gap which begins even before the child is born, continues to widen and perpetuates disadvantage at all ages. The over-representation of Indigenous people as victims of youth sexual violence and abuse can be attributed in large part to this widening of the ability gap.

Professor Oberklaid and Professor Arabena have experience in the introduction of programs in disadvantaged communities and are well aware of the challenges involved. Professor Oberklaid particularly identified the challenging nature of the task and warned of the need for resolute determination to continue with programs in the face of setbacks from time to time.

It is important to note that no one program or intervention can redress disadvantage. Arguably one of the most important investments that can be made to redress disadvantage, dysfunction and associated social challenges, are those that focus on early childhood interventions. However these interventions will be most effective when part of a holistic approach which includes educating parents, community members and service providers of the need for children to grow up in environments that are free from harmful levels of stress and conducive to raising happy and healthy young people.

The primary task of reducing harmful stress falls on the child's carers. This task will be more effectively undertaken if everyone concerned is aware of the consequences of not doing so.

Harmful stress

- Strong and prolonged activation of the body's stress response in absence of buffering protection of adult support.
- Precipitants included extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, family violence.
- Disrupts developing brain architecture and leads to lower threshold of activation of stress management systems – can lead to lifelong problems in learning, behaviour, and both physical and mental health.

Not only does the stress caused by family violence and dysfunction have an impact on childhood development, but exposure to violence, abuse and disrespect within the family also shapes children's attitudes to violence and informs the strategies they use for resolving conflict —both as children and as adults.

As the National (USA) Association for the Education of Young Children notes:

'Several decades of research clearly demonstrate that high-quality, developmentally appropriate early childhood programs produce short and long-term positive effects on children's cognitive and social development. Specifically, children who experience high-quality, stable child care... demonstrate more secure attachments to adults and other children, and score higher on measures of thinking ability and language development. High-quality child care can predict academic success, adjustment to school, and reduced behavioural problems for children in first grade. Studies demonstrate that children's success or failure during the first years of school often predicts the course of later schooling'.

(National Association for the Education of Young Children, n.d.)

The Australian Early Development Census revealed similar findings: children who attend early learning facilities gain by promoting social development and protecting against learning vulnerabilities (Australian Early Development Census, n.d). Early childhood education lays the foundations for lifelong learning. It also provides a forum for the identification of sensory and learning difficulties. If undetected, these difficulties including hearing loss associated with chronic or repeated ear infections, language delays and visual impairments can restrict early cognitive, communicative and emotional development, and hinder emotional and social development and future educational engagement and success.

These factors highlight the importance of all children participating in high quality early childhood education programs. However, research undertaken by the Frameworks Institute (a global leader in early childhood development) in Australia in 2013 suggests that the importance of early childhood education is not fully appreciated by the Australian public. This is highlighted by two key findings:

1. While early childhood development experts regard childcare as a site where key development processes take place, the Australian public viewed childcare as primarily being about keeping young children physically safe.
2. Whereas experts recognise stress as a key threat to the healthy development of young children. The Australian public did not recognise stress as an issue for young children, and was not aware of its long term negative consequences for childhood development (Frameworks Institute 2013).

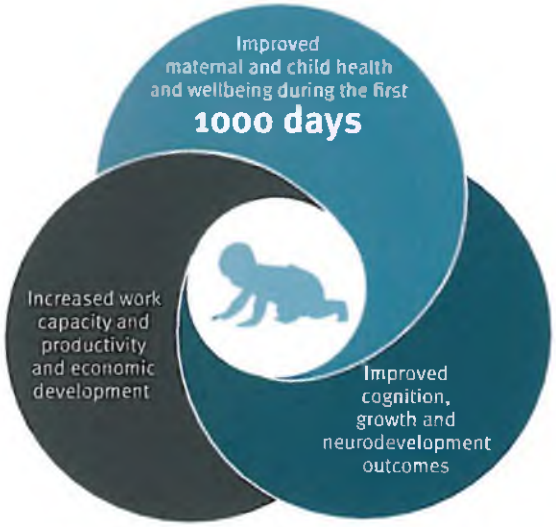
Taken together with the previous discussion in this chapter, it is apparent that more needs to be done to make the general public understand the importance of early childhood development for the future life outcomes of children. Further, this points to the need for a system of continuous engagement and support for children that nurtures them from conception through to their engagement in early childhood education, and their transition onto primary then secondary schooling.

The First 1000 Days approach

The 'First 1000 Days' approach, initially founded in the United States, emphasises the importance of nutrition during the first 1000 days of a child's life (from pregnancy through to the age of 2) for breaking the cycle of poverty. Although originally focused on addressing severe malnutrition, the importance of the first 1000 days for future health, emotional and social outcomes is well recognised (Arabena 2014). Professor Kerry Arabena and her colleagues from the Melbourne School of Population and Global Health have developed a 'First 1000 Days' approach to supporting improved health and wellbeing outcomes for Indigenous infants and their carers (Arabena 2014).

The approach is founded on evidence that:

- Children's early experiences influence brain development
- Adult health, wellbeing and capability are shaped by the early childhood experience
- Prevention programs that target young children are effective in terms of outcomes and cost (Arabena 2014).



Given the evidence that exposure to harmful stress in early childhood has long term consequences of cognitive, social, emotional and physical development, it is the Committee's view that a focus on the first 1000 days, or even 2000 days, of a child's life is equally relevant for the prevention of youth sexual violence and abuse.

The 'First 1000 Days' approach is globally recognised. The Queensland Government has already taken steps to introduce the program to a number of locations of identified need. The results will be evaluated over time.

Families as first teachers

Another initiative of interest is 'Families as First Teachers'—an initiative being implemented in Queensland and the Northern Territory aimed at improving early childhood learning outcomes by working with both children and parents. The program focuses on families with children younger than school age and aims to promote early childhood development through participation in early learning groups that focus on literacy, numeracy and school readiness. Adult capacity-building is also provided through family support and by linking services within local communities. Although designed as a program for Aboriginal and Torres Strait Islander families, the model is worthy of consideration as part of a package aimed at addressing the underlying causes of youth sexual violence (Australian Institute of Family Studies n.d.).

The importance of schools

A high quality education provides a child with a pathway to achieve their potential through empowerment, employment and positive life outcomes. Conversely, if a child's education is poor, their likelihood of achieving positive life outcomes is limited. The importance of education cannot be overstated. As the previous paragraphs highlight, children from disadvantaged backgrounds start behind and get further and further behind their non-disadvantaged peers as they develop. Schools play a critical role in helping to close this ability gap.

Schools are a place of special significance in all communities, particularly given the very substantial periods of time children spend there. Schools have been identified as one of the places outside the home where youth sexual violence and abuse is most likely to occur. This reflects that schools are not immune to the social problems faced by communities and families. However, the high levels of supervision and adult guardianship available in schools means that with the right approach, including appropriate training and physical design, schools should be amongst the very safest places for children to be—and places where children feel safe in discussing and disclosing youth sexual violence and abuse. If appropriately resourced and managed in a way that advances the interests of children, the school, in conjunction with community members, can create opportunities beyond curriculum to redress local harm and assist families to improve life's chances for their children.

Schools as safe places

Schools can also be places where victims of youth sexual violence and abuse feel safe and confident in disclosing and seeking help. The *Royal Commission into Institutional Responses to Child Abuse* (2016, 3–5) has published a report which outlines 10 proposed elements that contribute to organisations being child safe. The Commission's final report which is due for completion in December 2017 will provide further details to support organisations, governments and communities to better protect children by implementing the child safe elements, building the capacity of institutions, and holding institutions to account through independent oversight and monitoring. The Committee recommends the work of the Royal Commission be used to help ensure that Queensland schools (and indeed all organisations that children and young people come into contact with) are safe and meet the requirements specified by the Commission. Implementation of the Commission's recommendations should be prioritised in schools in Queensland's most disadvantaged communities.

The Committee also considers there is an opportunity to promote schools as hubs for community engagement. Doing so would support the continual engagement of families, in particular parents, with the school and reduce the sense of intimidation and unfamiliarity experienced by children and parents as they encounter the education system for the first time. This is particularly important for families where the parents' educational experience has been less than favourable.

The 10 elements of child safe organisations

1. Child safety is embedded in institutional leadership, governance and culture.
2. Children participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved.
4. Equity is promoted and diversity respected.
5. People working with children are suitable and supported.
6. Processes to respond to complaints of child sexual abuse are child focused.
7. Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
8. Physical and online environments minimise the opportunity for abuse to occur.
9. Implementation of child safe standards is continuously reviewed and improved.
10. Policies and procedures document how the institution is child safe.

Royal Commission into Institutional Responses to Child Abuse 2016.

Schools as hubs for community engagement

As a hub for community engagement around childhood and parenting, families will be engaged at and with the school throughout the life cycle—from the postnatal period, through to early childhood, the school years and beyond. Many schools already incorporate early learning centres within their premises, and some host parenting classes. There is the opportunity to extend the scope of these services to support families and young children from birth onwards. Where these do not exist, establishing such facilities should be considered.

The engagement between school and parents should be encouraged, including through the establishment or strengthening of Parents & Citizens Associations (P&Cs). P&Cs play an important role in ensuring that schools understand the community they belong to, and are responding the priorities of parents and the community.

Further, P&Cs provide a forum for sharing information with parents and promoting discussion about issues of relevance to child and youth development - including on topics such as what constitutes age-appropriate relationships, sexual violence and abuse, social media and digital literacy.

Schools can provide the physical infrastructure necessary to support community awareness raising, including through the delivery of programs to increase knowledge about youth sexual violence and abuse such as 'Parents Protect' and 'Friends Protect' from the Neighbourhoods Project (discussed in more detail in Chapter 5 page 36).

Schools could also facilitate extra-curricular activities aimed at empowering young people and supporting them to improve their life outcomes. The Committee notes that a number of these types of activities are being delivered by various organisations, particularly aimed at empowering Indigenous young people. The Committee also notes that many of these activities—particularly those that use sport as the channel for engaging young people—are targeted at young men and boys, such as those of the Clontarf Foundation.

The Committee sees real value in these programs, noting of course that sport or social clubs alone are not the answer to fostering increased confidence and respect in young people, and that they must be seen as only one part of a comprehensive and locally determined strategy for addressing youth sexual violence and abuse. The Committee also notes a need for more initiatives aimed at empowering girls and young women and providing them with the information and support to make healthy life decisions, such as the Girl Academy in Cape York.

Further, the Committee anticipates the ongoing engagement within the school setting will help foster important relationships between families and the school community, strengthen networks in the community, and help families, including those at risk, to navigate life's challenges.

A long term preventative approach

In his lecture, Sir Michael Marmot (2016, 3) referred to the findings of a national study in England, the Millenium Birth Cohort Study, and said:

"A finding that good childhood development is less common in deprived areas suggests one strategy for improving early childhood development: reduce deprivation and, more generally, inequality. A finding that for a given level of deprivation some areas are doing better than others suggests a complementary strategy: support parents and families. There is evidence of the benefit from both strategies".

A long-term preventative approach must be adopted that acknowledges youth sexual violence and abuse as a symptom of broader disadvantage. It must incorporate responses that simultaneously focus on the child, the family and the broader community.

This will take a long-term commitment and intensified effort from all parties—leadership at all levels, service providers and community members. It will take time also to monitor and evaluate coordinated, comprehensive strategies that tackle disadvantage where it exists. It will also require Queensland Government policies, strategies and programs to emphasise the importance of early childhood and in particular the role of families in fostering healthy and happy children, who in turn will develop into healthy and happy adolescents and adults.

The cycle of disadvantage needs to be broken and a new cycle established, particularly in Queensland's Indigenous communities that experience entrenched disadvantage. Similarly, the gendered nature of youth sexual violence and abuse needs to be addressed. Opportunities could include developing a community-wide culture of safety, promoting safety for young women and preventing and responding to harmful sexual behaviours in boys and young men. This includes encouraging healthy interpersonal and sexual relationships between young people focusing on choice, consent, respect, body image, confidence and self-esteem.

The economics of addressing the 'cause of the cause'

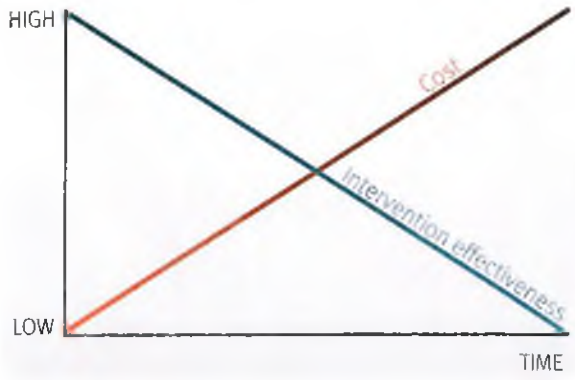
In the absence of broader approaches aimed at overcoming disadvantage and promoting the early development of all children, particularly those in disadvantaged communities, investments made to directly target youth sexual violence and abuse risks undermining the effectiveness and the likely return on investment.

Rather, Australian and international research points to the enormous potential cost benefits of early interventions which prevent family breakdown and thus, ensure children remain safe in the care of their family. For example, in 2015 the Australian Research Alliance for Children and Youth (ARACY) completed a comprehensive review of evidence on cost benefits of early intervention, concluding that:

'In addition to being crucial to children's developmental trajectories, it is clear that investments in the early years and in prevention and early intervention more broadly yield significant financial returns. The return on investment for prevention and early intervention is consistently greater than costly remedial responses; preventative investment reduces downstream expenditure on remedial education, school failure, poor health, mental illness, welfare recipiency, substance misuse and criminal justice.'

(ARACY 2014 as cited in Fox et al. 2015)

Figure 8: *Intervention effects and costs of social-emotional health problems over time (Bricker)*



The ARACY study provides several cost/benefit analyses in support of early prevention and intervention, for example, a 7.35 per cent increase in GDP could be achieved over 60 years by reducing child vulnerability; and that Australia incurs a cost of $245,000 per child at 2011 rates for each new substantiation of child maltreatment.

However, whilst an effective universal service system is critical to support vulnerable families, research notes that the most vulnerable families as those least likely to access services. Responding to families with complex needs requires targeted client engagement strategies. Evidence also suggests the greatest economic and social returns on investment come from programs targeting vulnerable populations early in the life cycle. For Aboriginal and Torres Strait Islander families, service access is compounded by a lack of culturally sensitive programs that are built on a firm understanding of local culture and context. This is reflected in the underutilisation of mainstream services in these communities and emphasises the importance of community involvement in the design and implementation of interventions—co-design.

As Carol Bellamy, Chair of the Board of the Global Community Engagement and Resilience Fund (GCERF) and previously CEO of UNICEF states:

"The economic benefits of investing in children have been extensively documented. Investing fully in children today will ensure the well-being and productivity of future generations for decades to come. By contrast, the physical, emotional and intellectual impairment that poverty inflicts on children can mean a lifetime of suffering and want—and a legacy of poverty for the next generation."

(Bellamy 2002)

Recommendations

3. That the Queensland Government adopt a whole-of-community approach to tackling youth sexual violence and abuse that builds on the principles of community empowerment and co-design.

4. That the Queensland Government work with key stakeholders including the Commonwealth Government to intensify efforts and adopt a long-term approach to supporting local communities to overcome disadvantage, as a fundamental prerequisite for the healthy development and wellbeing of all children and youth.

5. That the Queensland Government develop a strategy to promote healthy early-life programs such as the 'First 1000 Days' to reduce the effects of disadvantage in early childhood.

6. That, in line with its commitment to support kindergarten programs in all settings under the *National Partnership Agreement on Universal Access to Early Childhood Education* for 2016 and 17, the Queensland Government prioritises communities with the most disadvantaged and vulnerable children to ensure enrolment and attendance rates are equally high across all parts of the state, and ensure the quality of education being provided is also equally high in all locations.

7. All Queensland schools implement the recommendations from the Royal Commission into Institutional Responses to Child Abuse to help ensure they are child safe organisations, and that Queensland's most disadvantaged schools be prioritised and supported to implement the recommendations which:
   - promote the safety of young people and reduce the risk of youth sexual violence and assault occurring on school premises;
   - recognise the valuable role that schools can play in supporting community engagement and incorporate spaces that can be used to host community engagement activities, for example community information sessions, computer literacy classes and parenting classes and playgroups; and
   - promote continual engagement of parents and children from before school stage through to primary school, high school and beyond which reduces the disengagement often associated with transition points.

8. That the Queensland Government play a leading role in strengthening the knowledge base related to youth sexual violence and abuse, including by commissioning or undertaking research and analysis including on the effectiveness and efficiency of specific interventions. Given the limitations of the data due to under-reporting, the Committee recommends that quantitative data analysis be complemented by qualitative data analysis.

9. That communities, in particular those with high rates of youth sexual violence and abuse or that are at high risk, be supported to develop or strengthen locally appropriate and relevant programs aimed at empowering and educating young girls and boys, as one part of a localised and comprehensive response.

10. The Committee recommends the Queensland Government support non-government organisations to work with young women and girls to build confidence and promote knowledge sharing.

04 Breaking the silence

Overcoming youth sexual violence and abuse necessarily means breaking the silence that surrounds it, so that a community-wide culture of safety is promoted, harmful sexual behaviours—particularly of boys and young men—are prevented, and healthy sexual and interpersonal relationships between young people can be developed. Breaking the silence will also encourage victims to come forward in reporting when it does occur.

In 2007, the Australian Institute of Criminology (AIC) estimated 30 per cent or less of sexual assaults were reported to police. Of those sexual offence cases (including rape) that are reported, less than 20 per cent result in charges being laid and criminal proceedings being instigated (AIC 2007, 1). Sexual violence and abuse within a family situation or with an intimate partner had particularly low levels of reporting.

The reasons behind the silence and unwillingness to discuss and report this issue when it occurs are many and complex. Social norms that condone sexual violence and abuse and age-inappropriate sexual behaviours often mean behaviours that are harmful and problematic are accepted as normal. In some cases parents and adults in the community may also be too accepting of violence and abuse, including of a sexual nature, in some instances having been exposed to it themselves as children. Children and young people may then grow up knowing no better.

Research also confirms the difficulty of talking about this issue, particularly in communities and cultures where sexual relations are deemed to be not for discussion (Taylor and Norma 2013, 114). The existence of cultural and social taboos can influence the ways in which young people from diverse communities respond to sexual violence and abuse, particularly regarding how they seek help from outside their community and their perceptions of police and the criminal justice system (Taylor and Putt 2007, 2). This relates directly to issues of under-reporting and highlights how the data presented in the previous chapter can only provide an indication of the problem.

Failure to report has adverse, sometimes tragic consequences for victims, as we hear from the witnesses giving evidence to various public inquiries. Failure to report results in victims not receiving appropriate treatment and makes them more vulnerable to further assault. Failure to report is damaging to the perpetrator if it results in further offending and a lost opportunity for counselling to change future behaviour.

Shame

Shame is a powerful emotion and a major reason behind the high levels of under-reporting. As noted by the Australian Institute of Family Studies (Wall 2012, 1):

'Shame is a key aspect of the emotional suffering that results from sexual abuse (Feiring & Taska, 2005; Rahm, Renck, & Ringsberg, 2006; Weiss, 2010). ...shame consistently arises as one of the predominant feelings that victim/survivors describe. Shame has many implications for victim/survivors...including being a major barrier to disclosure and help-seeking (Lievore, 2003). Shame contributes to the risk that intimate partner sexual violence won't be detected and that victim/survivors continue to suffer in isolation.'

The fear of the consequences of discussing sexual violence or abuse is also very real, including the fear and threats of retribution to the victim or people they care about. Other factors that contribute to the silence and under-reporting include:

- Physical and emotional isolation;
- Cultural and linguistic barriers;
- It not being considered serious enough to report or discuss; and
- A fear of engagement with the criminal justice system.

Allimant and Anne 2008; Rees and Pease 2007; Taylor and Putt 2007 as cited in Allimant and Ostapiej-Piatkowski 2011.

It is the Committee's view that establishing a standalone sexual assault hotline would support increased rates of reporting. There is strong evidence to suggest telephone hotlines play an important role in providing immediate support for survivors at a critical point in time. A study undertaken in 2016 in the United States demonstrated that 40.7% of all callers to the studied hotline were victims, and the vast majority of callers were female. Of non-victim callers, 44% identified as having a relationship with a victim, and included professionals, family members and friends. Whilst most calls to the hotline were made within the first 72 hours after the assault, the second most likely category was for assaults that had taken place between 3 and 5 years prior to the call being made (Colvin, 2016).

This highlights the importance of hotline staff being specifically trained and prepared to deal with both the immediate and long term emotional impacts of sexual assault and to have detailed knowledge of resources and services available in different communities and regions.

Consent and secrecy

Children and young people's ability to process consent is an obstacle to breaking the silence around youth sexual violence and abuse. The younger a child is, the less likely they are to possess capacity to understand consent or to identify abnormal sexual experiences or behaviours (Child Family Community Australia 2016). This creates a shroud of secrecy around children who have been victimised and prevents them from reporting incidents to parents or trusted adults. The complexity of navigating consent should not be taken for granted and requires education for young boys and girls alike.

Starting the conversation

High levels of trust must be built in order to have and promote these conversations internally within families and communities, and externally with service providers. Building the levels of trust required takes time and effort and consistency of personnel involved. It also requires the sharing of information to ensure all members of communities understand what youth sexual violence and abuse is.

Further, conversations and information sharing must focus on ensuring all children understand the responsibilities of the adults around them—parents, teachers, community members—to treat them with respect and promote their safety and wellbeing. Children and young people must have confidence they will be listened to, believed and supported. Developing an environment that encourages and supports disclosure is critical.

The role of the community

Community leaders and community-based organisations must support and engage on this sensitive issue. It is at this local level that leadership must be exercised in order to start this difficult conversation and address the silence that leads to under-reporting and inadequate responses to youth sexual violence and abuse. Where sexual abuse involves children against children, older children against younger children, or victims and offenders connected by family relationships, it can be very hard for people to speak up, and hard for those who are aware of the behaviour to know how to respond.

For these reasons, it is important all community members—women, men, parents, family members, children, leaders and service providers—are engaged in the discussion to build a shared awareness and understanding of youth sexual violence and abuse and a heightened resolve to tackle it in all its forms.

Starting a dialogue about youth sexual violence and abuse is not easy, but a clear entry point exists—that is the desire of all people for children to grow up healthy and happy. We must also draw on the many disciplines which encompass issues of sexual violence —psychology, sociology, criminology, and public health (Carmody 2009, 6). Only then can we truly begin to break the silence.

Any approaches to increasing community awareness around youth sexual violence and abuse will need to be adapted to leverage communities' strengths, respond to local priorities and perceptions of the issue, and have traction at a local level. Approaches that might work in one location—for example, the use of children's artwork to raise awareness of the issue—may not work in others. Further, campaigns aimed at increasing awareness of youth sexual violence and abuse must focus on both prevention and response.

The Cure Violence Model

In some of Queensland's most disadvantaged locations, violence has become almost normalised. Concerted effort must be made to work with all members of communities—leaders, service providers, faith leaders, business owners to shift social norms and to promote the establishment of new social norms in which violence and abuse, including of a sexual nature, is not tolerated.

The importance of shifting social norms, has been demonstrated through initiatives such as the Cure Violence Health Model. Developed in the United States and implemented in locations all around the world, the model adopts a public health approach to managing disease outbreaks, detecting and interrupting potential violent conflicts, working with people at high risk of perpetrating violence and connecting them to appropriate social services, and mobilising communities to change social norms. Evaluations of this model have demonstrated its impact on reducing incidences of violence.

Cure Violence 2017.

Prevention through education

Preventing youth sexual violence and abuse through education is a key focus in a number of international frameworks. The increased risk of young girls and women as victims of sexual violence and evidence that young men are commonly perpetrators supports the implementation of school-based peer education in addressing issues of youth sexual violence and abuse (Carmody 2009, 7). Gender and ethics are critical when exploring the role of education as primary prevention.

Young people are at a critical point in their personal and social development and their attitudes and behaviours are more readily influenced than adults. Schools are often viewed as the most suitable setting in which to deliver sexual assault and other violence prevention education (Carmody 2009, 7).

Currently, the Queensland Government school curriculum has provisions for Principals to institute the 'Respectful Relationships' Education program. This program, for children in Prep through to Year 12, constitutes five hours of teaching time per year in each year level. The program challenges attitudes about violence and gender construction associated with trends in sexual violence and abuse and supports students to develop pro-social behaviours that lead to equitable and respectful relationships. In addition to current resources available through Education Queensland, there are other materials developed across a range of agencies, such as Queensland Health, the Queensland Family and Child Commission and Queensland Police Service, that could be utilised by schools. It is the view of the Steering Committee however that a more consistent and concerted effort is required.

Whilst focusing on healthy and respectful relationships is important, alone, it will not result in reduced rates of youth sexual violence and abuse. Change will be needed on many fronts and with leadership from families, peers and community members. Whilst the current arrangements for the 'Respectful Relationships' component of the curriculum represent a good start in breaking the silence and promoting an awareness of youth sexual violence and abuse amongst young people, it is the Committee's view that five hours is inadequate and that the 'Respectful Relationships' curriculum needs to be expanded and made mandatory for it to be an effective tool against youth sexual violence and abuse, particularly in communities where it is more apparent.

The curriculum also needs to include explicit consideration of the gendered nature of interpersonal violence, and to promote ethical decision-making, particularly with regard to consent (Carmody 2009). This should aim to provide children and young people with the skills necessary to reflect on their own behaviour and its impact on others in different circumstances and at different stages of development.

School-based education should prioritise education around consent equally for boys and girls. Age appropriate discussions can empower young people by providing them the skills to ethically negotiate consent in their relationships by emphasising equality and the need to balance power and control.

"Children are 25 percent of the population but 100 percent of the future. If we wish to renew society, we must raise up a generation of children who have strong moral character. And if we wish to do that, we have two responsibilities: first, to model good character in our own lives, and second, to intentionally foster character development in our young."

Thomas Lickona (2004,xxiii), Author, Developmental Psychologist and Professor of Education, State University of New York.

The Neighbourhoods Project

In 2013, in response to the Smallbone Report commissioned by the Queensland Government, the Federal Government contracted the Griffith Youth Forensic Services (GYFS) team to design, implement and evaluate a suite of interventions aimed at reducing the prevalence and impacts of youth sexual violence and abuse in Aurukun and West Cairns.

The 'Neighbourhoods Project' was informed by a six step process for place-based prevention, widely used in problem-oriented policing. A comprehensive prevention program was adopted which organises prevention activities according to three essential targets—offenders (or potential offenders), victims (or potential victims), and settings (potentially unsafe places) across three prevention levels—primary (measures covering whole places populations), secondary (high risk individuals and settings) and tertiary (targeted at known offenders, victims and settings).

The 'Neighbourhoods Project' is based on evidence that demonstrates that many problem sexual behaviours respond well to interventions that identify the problem and establish expectations and norms. The project also acknowledges however that in some cases, a referral to a therapeutic intervention may be needed.

For the project to be effective its program staff must necessarily gain the trust and engagement of the local community in which it is being implemented. Interventions that are implemented without the support and engagement of local community members will likely be ineffective.

The Neighbourhoods Project

Each 'Neighbourhoods Project' is designed to meet the needs of a particular community. It draws on a suite of interventions including:

- **Teachers Protect and Professionals Protect** – designed to equip teachers and other professionals working in the community with the confidence, knowledge and skills to identify and respond to problem sexual behaviours and other related behaviours they identified.
- **Parents and Parents and Guardians Protect** – aims to build parental capacity to identify and respond to indicators of abuse and concerning sexualised behaviours, to identify risks for children and to implement strategies in protect children from sexual violence an abuse in the home.
- **Friends Protect** – a program targeted at 14-16 year old youths aimed at increasing knowledge of laws surrounding sexual behaviour and building awareness of peer's responsibilities for and opportunities to look out for each other in related to sexual behaviour and safety.
- **Communities Protect** – an ambitious program that targets the entire community and aims to address breakdowns in social and behavioural norms and accepted standards of behaviour.
- **Protect Me** – a brief psycho-educational, clinical program aimed at building skills in risk detection and response for victims and those belonging to populations living in conditions that put them at especially high risk (i.e. homelessness).
- **Puggles** – a specialist therapeutic program for children who are displaying harmful and serious sexual behaviour.
- **Targeted police patrols** of high-risk public spaces.

As one of the only bodies of research being undertaken related to youth sexual violence and abuse, the 'Neighbourhoods Project' is making a significant contribution to strengthening the knowledge base on youth sexual violence and abuse.

A recent evaluation of the 'Neighbourhoods Project' in Aurukun and West Cairns indicates the project offers promise for tackling youth sexual violence and abuse in these locations and other areas of Queensland. A number of initiatives have been identified as 'flagships' namely Teachers Protect, Professionals Protect, Parents Protect, Friends Protect and Protect Me. It is important to bear in mind the project has been in operation for less than 3 years and only in two communities—both with large Indigenous populations. As such, their findings are indicative only. It is expected that programs will continue to be refined and adapted to meet changing situations and learning.

Identification of hotspots for youth sexual violence and abuse

The Smallbone Report identified physical infrastructure as a factor in enabling high risk behaviours to occur. This finding informed the Police Patrol component of the 'Neighbourhoods Project'. Hotspots in both West Cairns and Aurukun were identified where young people congregated and engaged in high risk activities at certain times of the day, such as the consumption of alcohol, drug use, engaging in physical and verbal violence, and sexual behaviour. The report made recommendations to help turn high risk locations into safe places, including the use of police patrols and community night patrols, and improving lighting and visibility. It is important to note that the issues identified were specific to each of the two communities and that responses were tailored to each community.

The Committee recommends that consideration be given to conducting locational assessments in communities with high rates of reported offences to identify hotspots for high risk behaviour and to support the development of local strategies to create safer spaces.

Recommendations

11. The Queensland Government commission the development of a state-wide community awareness and engagement campaign to promote increased understanding and discussion of youth sexual violence and abuse, informed by the voices of children and young people, and developed with expert input. Supplementary material to support the effectiveness of message delivery at the specific community level should be produced by the local community, with government support.

12. That the Queensland Government establish a designated hotline service that encourages young people to discuss incidences and concerns in an anonymous setting and be connected with appropriate services and support if required.

13. That the Queensland Government makes 'Respectful Relationships' education programs including sexual ethics a compulsory component of the curriculum across each year of primary and secondary schooling and that the minimum number of contact hours be significantly increased.

14. That the 'Respectful Relationships' curriculum be adapted by schools, in conjunction with teachers, parents and young people to ensure it provides a tailored and location-specific response to dealing with the complex issues associated with youth sexual violence and abuse.

15. That the Queensland Government fund the continuation of the 'Neighbourhoods Project' and its evaluation, leveraging the investment previously made by the Commonwealth Government, for a period of time sufficient to demonstrate effectiveness, including:

- Ongoing delivery of those initiatives from the 'Neighbourhoods Project' in Aurukun and West Cairns that have shown promise, to enable further evaluation of the effectiveness of the interventions.
- Trial the delivery of flagship elements of the 'Neighbourhoods Project' in two high prevalence locations (including at least one non-Indigenous location) to gather evidence of the relevance of this approach in tackling youth sexual violence and abuse across Queensland.
- Trial the delivery of the 'Neighbourhoods Project' through existing service providers with support from GYFS to enhance sustainability of the delivery model and impact.

16. The Committee recommends that a locational assessment to identify 'at risk' locations and times be undertaken in communities with an indicated high incidence of youth sexual violence and abuse, to inform an appropriate and targeted response.

05 Social media and sexting

Technology is developing at an unprecedented pace. In 2000, just over half (53 per cent) of Australian households had access to a computer at home and one third (33 per cent) had home internet access (ABS 2000, 3). Today, Australia is one of the world's largest internet users.

In 2014–15, data indicated that 86 per cent of households had access to the internet (ABS 2016b). This figure rose considerably to 97 per cent when looking explicitly households with children under the age of 15. ABS data also indicates that, on average, households with children under the age of 15 access the internet using seven different devices. For the vast majority of Australians, the internet and mobile devices have become an integral part of life—supporting our learning, work, recreation and socialisation.

Chapter two (page 20) presents Queensland Police Service (QPS) data for child pornography related offences among youths, noting a significant increase in offences from 2011–12 to 2015–16. These offences relate to the distribution, possession and making of child pornography. Young people in Queensland are mostly charged with distribution and possession offences. Whilst the circumstances surrounding these particular incidents cannot be inferred from the data, it is widely acknowledged that the emergence of 'sexting' as a social norm raises complex issues relating to child pornography laws (Legal Aid Queensland 2015; Queensland Police 2014). How can society protect young people from exploitation whilst acknowledging 'sexting' as an increasingly normal and usually consensual behaviour? (Bluett-Boyd et al. 2013, 23)

The impact of technological advancements has both positive and negative implications for youth sexual violence and abuse.

The challenge

Digital technology presents one of the major challenges to protecting children against youth sexual violence and abuse. Over recent years, 'sexting'—the sending of provocative and sexual photos, messages and videos by phone or posting of this type of material online—has become a growing concern (Office of the Children's eSafety Commissioner n.d). Sharing of intimate images is not a new practice, but advances in technology have resulted in significant increases in the speed and volume of images being distributed, meaning the spread is very difficult to control.

Close attention must be paid to identifying and responding to the challenges posed by communication technologies. As consumers, young people are positioned to make judgements about their use of images, videos and other online content of a personal and intimate nature. This comes at a time when young people are at varying stages of development and therefore, have differing capacity to process consent and comprehend the repercussions of their actions.

Failure to address these challenges risks further eroding respectful social norms and contributing to the normalisation of harmful behaviours and attitudes that undermine equality. There is an opportunity to work with young people to promote prosocial norms relating to communication technology, particularly given the evidence supporting the strong influence peer networks can have on youth behaviour (van Hoorn et al. 2016).

The research

A study undertaken by Lee et al. (2015) for the Australian Institute of Criminology found that digital technologies were changing the nature of people's relationships. The authors conducted a survey of more than 2000 respondents (adults and children), 49 per cent reported they had sent a sexual image or video of themselves to someone else, and 67 per cent of respondents said that they had received a sexually explicit image.

Lee et al. (2015, 6) found sexting is common amongst young people, and is usually consensual. 38 per cent of people aged 13-15 and 50 per cent of people aged 16-18 had sent a sexual image/ video at some point. 62 per cent of 13-15 year olds and 70 per cent of 16-18 year old had received a 'sext'.

Other findings included:

- Most people who had engaged in sexting did so in some kind of ongoing relationship and with only one partner;
- 31 per cent of respondents aged 13–15 and 25 per cent aged 16–18 had sent sexual images of themselves to between two and five people;
- 11 per cent of respondents aged 13–15 and 12 per cent aged 16–18 had sent sexual images of themselves to more than five people; and
- Young males were more likely to circulate images more widely, meaning young girls are at greater risk of being shamed or humiliated 'when consensual sexting goes wrong or when they feel pressured into sending an image' (Lee et al. 2015).

This last point raises complex issues surrounding the gender dynamics of sexting in young people's relationships. Lee et al. (2015, 4) notes that, 'While much media, educational and political discourse has highlighted gendered pressure (see Karaian 2012; Salter et al. 2013), exploitation and coercion, this is not the way respondents in this study expressed their motivations. Both young men and women in this study suggested their primary motivation was to be "fun and flirty".

Research by the Australian Institute of Family Studies explored the role of emerging communication technologies in experiences of sexual violence by holding focus groups with key stakeholders. This included practitioners and researchers in justice, policy, education and the academic sector. When exploring the gender dynamics of sexting some members of the focus groups noted, 'Young women in particular were seen as facing significant pressure to engage in sexualised online activity or via mobile phone technology, and potentially faced negative consequences for both refusing to take part or taking part in such behaviour' (Bluett-Boyd et al. 2013, 24).

Evidently, technology is contributing to a significant shift in relationship culture. Whilst in most cases, sexting is consensual and takes place in the context of healthy relationships, non-consensual sharing of images does occur, and images are not always shared between two people. Recent media coverage highlighting the existence of websites where images of young girls and women are traded by young men without their knowledge or consent demonstrate the risks for youth sexual violence and abuse in the digital era.

Studies have shown that viewing violent pornography, which is now increasingly accessible, including to children due to advances in technology, can have negative effects on the thoughts, attitudes and behaviours of people who view it. Consumption of intimate material, including pornography is increasingly common amongst young people due to the accessibility of technology. Research shows there is a relationship between the consumption of sexually violent pornography, sexually violent movies, news headlines that endorse rape myths, sex-stereotyping in video games or exposure to degrading images and attitudes that support violence against women (Webster et al. 2014).

The law

The law in Queensland says a person can consent to most forms of sex and sexting at the age of 16. Australian federal law however says that sexting is a crime when it involves images of people under the age of 18, and can be classified as child pornography. Sexting is also an offence when it involves images harassing people of any age, or when it is shared non-consensually (Lawstuff Australia 2019).

In practice, while it can be a crime to take and share sexual images of people under 18, the police do not usually prosecute when the sexting is consensual and there is no harm to those involved. Charges are likely to be laid in cases where an individual/s have deliberately shared a photo or video of someone without consent, especially if it was intended to embarrass and humiliate (Office of the Children's eSafety Commissioner n.d.).

A disconnect between current laws that can criminalise youths for engaging in what is becoming a normal part of healthy sexual relationships has been the topic of much discussion amongst teachers, parents and those working in the criminal justice and youth services fields. This concern has led to the drafting of police guidelines in the UK to help police to determine when it is appropriate and inappropriate to lay charges against young people for offences related to sexting and sharing or receiving sexually explicit images. The intention of the guidelines is to ensure young people are protected, whilst balancing the need to prevent un-necessary criminalisation (Association of Chief Police Officers of England, Wales and Northern Ireland 2013). It is the Committee's view the development of guidelines may equally be of value in the Queensland context.

The opportunity

Improved access and affordability of Information and Communication Technology (ICT) also presents certain opportunities to protect children and young people against youth sexual violence and abuse. Digital media is readily accessed by youth which makes providing information and promoting services and tools online a valid option. Providing forums to discuss the topic enable young people to connect with other young people to share stories, discuss experiences and foster youth leadership.

A scan of global literature in this area identifies a range of strategies that have been employed to tackle sexual violence and abuse associated with digital technologies. These include:

- Improving digital literacy so young people understand the risk associated with sexting and sharing images digitally and parents understand the role of ICT as it relates to youth sexual violence and abuse;
- Promoting respectful relationships more broadly. Evidence suggests youth who experience dating violence offline are more likely to experience it online as well;
- Social norms marketing and active bystander interventions that promote healthy and gender-equitable social attitudes and beliefs and encourage people to both proactively and reactively to take a stand against the problem behaviour; and
- Youth driven approaches where young people develop and deliver interventions and messages to their peers.

A number of digital programs/platforms have been developed around the world to promote healthy relationships, reduce sexual violence and abuse, and connect young people to appropriate services. The '#R4Respect' program is an excellent example of a peer-led initiative aimed at tackling violence in young people. Although not explicitly focused on youth sexual violence and abuse, the program is an education and prevention strategy led by young people in Logan and surrounding areas. The prevention strategy aims to prevent anti-social behaviour and violence, using messaging created by young people that promote the values, skills and knowledge needed for respectful relationships. The Committee sees value in the Government partnering with a relevant organisation to develop a similar program tailored to the Queensland context.

An excellent example of an initiative that explicitly addresses sexual violence, respectful relationships and digital abuse can be found in 'That's Not Cool'—a public education campaign developed in the United States (discussed further on page 41).

The Committee notes any interventions aimed at addressing harmful and non-consensual sharing of images online must:

- Recognise sexting is not usually associated with harassment and in most cases is done by consenting partners as part of some form of intimate relationship;
- Support all people, in particular young people to understand the risks associated with sexting, in particular that once posted, images can be further sent without the control or consent of the person they concern. Sexting and social media considerations, including the issue of consent, need to be incorporated into all community awareness campaigns and school based education programs aimed at promoting healthy and ethical relationships;
- Work with young people to think through 'sexual ethics' in order to redress the 'gendered double standard' and instances of non-consensual sharing of intimate images as a form of violence. Opportunities to consider this as part of an expansion of the existing curriculum on healthy relationships or through the introduction of ethics into the curriculum, as done in NSW; and
- Ensure young people are aware of resources and services available and ensure teachers, parents and community members are aware of the issues surrounding digital youth sexual violence and abuse.

Given the rapidity of change and the emergence of new technologies every day, preventive efforts are needed which provide children and young people with a framework and tools to support them to make responsible, ethical and safe mobile and online decisions. School based programs that promote respectful and ethical relationships (as discussed in Chapter four) must give specific consideration to digital and social media as it relates to youth sexual violence and abuse. It must aim to equip people to make good decisions.

That's Not Cool

'That's Not Cool' (2016) is an award winning public education campaign developed in partnership between the Department of Justice's Office on Violence Against Women, the Advertising Council and '*Futures without Violence*'—a non-government organisation that support individuals and organisations working to end violence against women and children through programs, policies and campaigns.

It is based on the premise that young people must lead the way in addressing sexual violence, unhealthy relationships, and digital abuse. The program provides young people with the tools, training, information and support they need to lead prevention efforts in their community, schools and online. The campaign also has an Ambassador Program for teenagers that are motivated to take action against digital dating abuse in their school or community. The Program provides the Ambassadors with an opportunity to raise awareness with their friends, family and community at large.

'That's Not Cool's' interactive website, tools, and resources support young people to recognise, avoid, and prevent dating violence in their lives. The initiative includes a vast array of online resources, and includes social media platforms, innovative apps and games, providing ways for teens to learn more about and what does and doesn't constitute a healthy relationship—on and offline. The program also provides tools, resources, and assistance to parents and people who work with youth on these issues.

Recommendations

17. The Queensland Government commissions the development of a multi-media and interactive community education campaign that emphasises healthy relationships and engages young people as the drivers of change. It should have a particular focus on social media and sexting. The education campaign should draw on examples used in other successful campaigns and aim to strengthen the public's awareness of the law.

18. That consideration be given to the establishment of police guidelines aimed at supporting police to appropriately apply the law and ensure that the correct balance is achieved between protecting children and society from the harm caused by child pornography and not criminalising young people for consensually sharing images on digital media.

19. That digital and social media and its role in healthy relationships and youth sexual violence and abuse be included in the 'Respectful Relationships' curriculum, including from a legal perspective.

06 No child left behind

Over the last 30 years, Australian Governments have developed various multi-level strategies to try to address the needs of victims, to hold perpetrators accountable, and to educate the community on how to prevent sexual and other forms of intimate violence (Carmody 2009). Historically these strategies have been more broadly directed at preventing violence against women rather than directly addressing the issue of youth sexual violence and abuse.

Unfortunately, despite the best efforts and good intentions of government agencies, service providers, community members and families, some children and young people have fallen through the cracks and have not received the support and intervention they require to either prevent youth sexual violence and abuse or to respond to it appropriately when it occurs. Often, the children and families most in need of support and assistance are those most difficult to reach and sustain engagement with.

All over Queensland (indeed Australia and the world), there are reports of children and young people who have not received the support necessary to protect them—too often with devastating consequences. This is highlighted by the number of media articles relating to sexual violence and abuse of young people and the number of children whose stories have sadly become well known for all the wrong reasons.

This is not a criticism of all individual service providers, who the Committee acknowledges for the most part do a tremendous job, working tirelessly to protect and support young children, in often very difficult circumstances. Rather, the following paragraphs aim to highlight the underlying systemic issues that undermine the capacity of these service providers to adequately protect and support vulnerable young people, and the changes needed if youth sexual violence and abuse is to be overcome. Taken together, the recommended changes would constitute a fundamental and disruptive change in the way services are designed, funded and implemented. Only by comprehensively and fundamentally changing the way services are provided can the Government of Queensland ensure that no child is left behind in this regard.

Local solutions for local problems

Queensland has in place the *Queensland Violence Against Women Prevention Plan 2016–22* and it shares commitments under the *Third Action Plan 2016–2019* of the *National Plan to Reduce Violence Against Women and their Children 2010–22*. These and other relevant high level plans and strategies (see Appendix one, page 50) are informed by best practice, evidence and data and set the framework for taking forward related interventions.

Though traditionally a more centralised approach has been employed in the development of programs and policies under such overarching frameworks, current best practice approaches emphasise co-design with key stakeholders and end users at all stages of program development and implementation. This approach aims to ensure programs reach the people they are intended to serve, are culturally and contextually appropriate, and are responsive to local needs. Co-design is particularly important for programs for marginalised and minority populations, in particular Indigenous Queenslanders, who may face additional barriers in accessing mainstream service models.

The idea that local solutions are needed to address locally identified problems has been gaining momentum over recent years. As described by World Bank (2013) in their article *Local Solutions for Local Problems*, "Rather than seeking 'best practice" solutions adopted from elsewhere to problems determined by outsiders, the approach (needs)... to begin with locally nominated and prioritised problems as the basis for crafting 'best fit' local solutions". This is also relevant to a discussion on youth sexual violence and abuse which, as highlighted by the data presented in Chapter two (page 20) of this report disproportionately affects some communities and more marginalised community members.

To be effective, services need to be enabled to respond appropriately to local needs. Local communities need to be empowered to participate in the identification of priorities as well as gaps and barriers to effective service delivery—preventive, tertiary and acute. Undertaking co-design with local communities requires a long term commitment, consistent effort, and investments in strengthening the partnership. Further, service providers need support to help them effectively respond to the needs of the local community. As the data in Chapter two of this report indicates, some rural and remote areas of Queensland experience high rates of youth sexual violence and abuse. Often specialised services, such as sexual assault and counselling services are not available in these locations, and the local health worker, teacher, or police officer is required to fill the gap in services as best they can.

The challenge is exacerbated where the service provider is new to the location, in their first professional role, does not have established professional networks nor personal supports in the community, and is a sole practitioner or fly-in fly-out fly worker. The challenge may be further intensified in Queensland's Aboriginal and Torres Strait Islander communities where service providers operate in a different cultural context.

The combination of these factors and the challenge they present for service providers has been identified as a key reason why services sometimes do not reach those most in need. As the preceding paragraphs have indicated, tacking youth sexual violence and abuse will require a comprehensive and multi-disciplinary approach tailored to the needs of specific communities and draws from a number of different fields. These fields include neuroscience, early childhood development and pedagogy, psychology and medicine, community engagement and health promotion, community development and empowerment, and information technology. Systems of professional and cultural mentoring, capacity building and support need to be established to ensure service providers (government and non-government) working in challenging, complex and isolated environments are able to serve their communities and clients. Service providers must be informed of the research and use it to design and implement effective programs.

Strengthening downward accountability

Service providers are accountable to the agencies that fund them, but the Committee recognises the importance of enhancing downwards accountability mechanisms to ensure that services respond to the needs of local communities, in particular the needs of vulnerable children and young people.

There are a number of ways improved local accountability can be developed, including through:

- establishment of contractual arrangements that involve local entities, bodies and panels as parties to the contract or in working with government departments to determine performance agreements;
- individual performance assessments of service providers that incorporate feedback from clients and community members (often referred to as 360 degree feedback) and that follow up on clients who fail to attend appointments; and
- developing mechanisms that enable and encourage communities to have input into services and shape future delivery.

Focusing on and measuring results

Government services were more traditionally funded based on the services they provide and the number and types of people they serve—inputs and processes. However over recent years, the world has witnessed a paradigm shift with the introduction and increasing use of funding models that focus on outcomes, impacts and results. In Queensland this has included a range of outcome based funding models and also new and innovative social investment, results based financing and reinvestment initiatives.

Apart from promoting the delivery of results, funding models that emphasise the delivery of results and impact on the ground have been demonstrated to support shifts towards more participatory approaches that emphasise local involvement in the design, implementation and evaluation and also promote a culture of innovation, creativity and problem solving.

For these reasons, they can be useful as a tool for responding to complex social policy issues, such as youth sexual violence and abuse.

Evaluating the impact of such programs is therefore critical in order to understand whether interventions are working or not, to determine which interventions offer the best return on investment, and how best to allocate scarce government resources.

In 2015, an evaluation was undertaken of the Griffith University 'Neighborhoods Project', discussed previously in Chapter three (page 26). This evaluation was the first comprehensive evaluation of a youth sexual violence and abuse program in Australia. The lack of evaluations of programs related to child sexual abuse, and youth sexual violence is very concerning.

In November 2014 the Queensland Treasury published *Program Evaluation Guidelines* to 'provide a framework within which evaluations can be planned and implemented in a manner appropriate to the program being evaluated' (Queensland Treasury 2014, 2). The Guidelines advise where programs are high risk, complex in terms of program design, are piloting or trialing a program, involve multiple delivery bodies or have high potential for behavioural impacts, they should be comprehensively evaluated in terms of their effectiveness and efficiency. The Guidelines also note the evaluation of such programs should be managed externally, be independent, and evaluation experts should be consulted in their design.

Given the social and economic ramifications if investments to address youth sexual violence and abuse are not effective, it is the Committee's view all such interventions are independently and comprehensively evaluated, including, where appropriate, through randomised control trials.

As demonstrated in the case of the 'Neighbourhoods Project', innovative approaches are needed to tackle the complex issue of youth sexual violence and abuse. However pilots of innovative programs often receive funding for short periods of time (between one and three years) and run the risk of having their funding discontinued if they are not able to demonstrate effectiveness. In some cases, extensions may be granted on a piecemeal basis which can undermine the integrity of the original pilot, and the potential value to be reaped from it. The Committee emphasises the importance of innovation and pilot activities being sufficiently funded for a period of time adequate to demonstrate potential impact.

Disruptive change in the way services are provided in Aboriginal and Torres Strait Islander communities

Analysis of service delivery challenges and the need for more locally driven and outcomes focused services is particularly relevant when considering the disadvantage experienced by Aboriginal and Torres Strait Islander children and families.

In the Boyer Lecture of 1968, anthropologist Professor WEH Stanner wrote:

> ***"Possibly the most dangerous theory ... is that things are now going well, that all we need to do is more of what we are already doing, that is, deepen and widen the welfare programs, and the rest will come at a natural pace in its own good time. The trouble is that things are not going well. The gap between the average living conditions of the Aboriginals and ours shows signs of widening, not narrowing"***
>
> *(Stanner 1968 as cited in Sutton 2009).*

Sadly, this point was reiterated 40 years later by Professor Peter Sutton who noted the "conspicuous failure... to challenge the perpetuation of what obviously doesn't work' in Aboriginal and Torres Strait Islander communities" (Sutton 2009, 52) and again in 2015 in the *Empowered Communities: Empowered Peoples Design Report* (Wanun Foundation Inc. 2015, 7) which observed, "As we have seen with the succession of Closing the Gap reports since 2008, Stanner could well be talking of today. Without a fundamental reform shift, we fear much the same will be true another 50 years from now".

Highlighted by the quotes above, more than anywhere else, it is in Australia's Indigenous communities that a disruptive change in how programs are funded and delivered is most urgently needed.

As indicated throughout this Final Report, people living in Aboriginal and Torres Strait Islander communities represent some of Queensland's most disadvantaged people. As a result of their entrenched disadvantage, children and young people growing up in these communities may be exposed to more risk factors for youth sexual violence and abuse than people growing up in less disadvantaged communities as explored in Chapter one. Raising happy, healthy, children of Australia's first people today is essential if we are to see Indigenous disadvantage overcome in future generations.

The findings of the latest *Closing the Gap Report* (Commonwealth of Australia 2017), and the statistics presented in this report, reinforce the point that traditional, top down, business-as-usual approaches that fail to understand and adequately respond to key community specific challenges are inadequate to overcome Indigenous disadvantage. It is true that some progress towards improved community safety and wellbeing have been noted. However, until Aboriginal and Torres Strait Islander communities are more proactively empowered and supported to discuss and identify the challenges they face—including those cultural and social norms which may impact negatively on gender relations and the treatment of children—and to lead the way in identifying and implementing 'best fit' solutions to them, the gap in Indigenous disadvantage will remain.

The issues raised in the preceding paragraphs—the need to develop tailored, place-based responses, the need for greater accountability of services to communities and individuals, and the need to sharpen the focus on delivering results on the ground—are equally relevant for a discussion regarding service delivery in Indigenous communities. Short term funding cycles, shifts in policy directions every few years, and poorly coordinated policy responses and service delivery at best stall progress towards closing the gap and at worst contribute to the gap widening. Given the entrenched disadvantage and the need for immediate and focused attention to overcome these challenges, a more concerted Government focus and greater amounts of Government leadership is needed.

To this end, the Committee recommends the establishment of a Statutory Authority charged with oversight of the Queensland Government's investments to address Indigenous disadvantage, particularly for people living in Queensland's rural and remote Aboriginal and Torres Strait Islander communities. This body would aim to ensure that investments are prioritised in response to community specific needs and coordinated to maximize impact. The Statutory Authority would ideally be chaired by an Indigenous leader and closely linked with local level leadership.

Importantly, in 2016, the Queensland Treasurer asked the Queensland Productivity Commission to review service delivery in Indigenous communities, considering in particular how available resources can be best used to increase social and economic participation and achieve service outcomes that meet the needs of Aboriginal and Torres Strait Islander communities. The results of this review will be available later in 2017.

The *Empowered Communities Report* (Wanun Foundation Inc. 2015) also considers in detail the types of issues raised in this chapter, as they relate to overcoming Indigenous disadvantage. The report aims to change how Indigenous policies and programs are designed and implemented, and the way governments and Indigenous people work together. The Empowered Communities vision, which has received bipartisan support at the National level, is to ensure policies and programs address local priorities and needs, and achieve meaningful and lasting outcomes.

The Committee recommends that this report and the *Empowered Communities Report* be referred to the Queensland Productivity Commission for consideration in its current review of service delivery in Indigenous communities.

Coordinated responses to achieve cross-sectoral objectives

In conclusion, strategies to address youth sexual violence and abuse across all sections of the Queensland community, cannot be developed and implemented in isolation. Responding effectively requires interventions across a range of sectors be designed and implemented with a clear and unified objective. Breaking down silos is critical in order to effectively and comprehensively respond to the challenge of youth sexual violence and abuse.

Alternative frameworks that are being developed locally and internationally argue for more nuanced responses to youth sexual violence and abuse and draw on more sophisticated multi-sectoral, multi-level approaches to prevention (World Health Organization 2016). The World Health Organization's INSPIRE, outlines seven effective strategies for ending violence against children. INSPIRE identifies responses across government departments such as education, health, justice, and social welfare and also identifies the support of the private sector and non-government organisations as critical. In combination, these stakeholders can converge to reduce the negative impact of risk factors associated with violence against children at individual, family, community and society levels.

Localised responses are necessary to ensure youth sexual violence and abuse is responded to appropriately in different places and contexts. It is also at the local level that coordination is most critical and arguably easiest to achieve, provided the right systems are in place to allow flexibility on the ground so that service providers can structure their work to complement and coordinate with that of others.

There are notable examples of where considerable effort has been made to strengthen coordination between agencies. Of particular relevance to this report is the *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault*. The Guidelines promote whole-of-government interagency cooperation and service coordination to improve government responses to victims of sexual assault.

To support a coordinated response for victims of sexual abuse at a local level, a number of local networks are being established to develop, draft and implement inter-agency protocols for responding to sexual abuse, informed by the Guidelines.

The Committee sees the establishment of local networks to develop localised protocols as valuable and emphasises the importance of the role of these networks being determined in response to local needs and priorities. In communities where youth sexual violence and abuse is identified as a priority, it may be beneficial for the scope of the Networks to be expanded to include an explicit focus on youth sexual violence and abuse and/or other related issues (for example domestic violence). Further, in some communities, particularly those that are small or in remote locations, it may be beneficial for them to focus on prevention as well as response.

In discussions with Victims Assist Queensland, the Committee learned of the challenges in establishing the local sexual assault networks in some locations where there is no clear lead agency with the necessary capacity to lead the process. The Committee recognises the importance of strengthening the capacity of local organisations to play the role of lead agency, particularly in areas of high reported incidence of youth sexual violence and abuse. The Committee suggests this be done by establishing partnerships between local organisations and key specialist servi ce providers (such as sexual assault services) and ensuring the Networks are resourced adequately including by funding specific positions.

Recommendations

20. That the Queensland and Australian Governments work with communities, in particular those with a high prevalence of youth sexual violence and abuse, to identify gaps in service provision and co-design tailored interventions that target youth sexual violence through locally appropriate responses.

21. That systems of professional and cultural mentoring be established across key service delivery agencies (including the Departments of Health, Communities, Education and Police) to ensure that service providers (government and non-government) working on the frontline, including in remote areas, are supported to meet the needs of clients and effectively respond to issues relate to youth sexual violence and abuse.

22. That the Queensland Government develop a package of interventions for communities to consider in developing best-fit local interventions that target youth sexual violence and abuse. The package would include actions that have immediate and long-term impacts and that support awareness raising, prevention and diversion, and treatment and response.

23. That 'downward' accountability mechanisms, whereby communities help determine the performance measures and contribute to evaluating how well the measures are achieved, be built into all new and existing interventions and performance agreements related to youth sexual violence and abuse.

24. That the Queensland Government pilot and rigorously evaluate the use of financing models that emphasise results and impact in interventions that target youth sexual violence and abuse.

25. That the Queensland Government strengthen the *Program Evaluation Guidelines* to mandate that all programs and interventions of a certain financial value or that deal with complex social challenges (such as youth sexual violence and abuse) or high priority issues are appropriately and independently evaluated.

26. The Committee recommends the duration and funding for innovative programs targeting youth sexual violence and abuse be determined based on a realistic assessment of how long it will take to be able to demonstrate likely effectiveness. The Committee recommends the funding for and duration of pilots be determined in consultation with appropriate evaluation experts to ensure adequacy for demonstrating results.

27. That the Queensland Government undertake consultations in all discrete Aboriginal and Torres Strait Islander communities to relay findings from the Committee's review and foster an open community discussion on this highly sensitive issue. The consultations would lead to the development of community-specific commitments and a framework for fostering happy healthy children free from youth sexual violence and abuse.

28. That this Final Report and the *Empowered Communities Report* be referred to the Queensland Productivity Commission for consideration in its current review of service delivery in Indigenous communities.

29. That the Queensland Government give consideration to establishing an independent Statutory Authority to oversee government investments in Aboriginal and Torres Strait Islander communities in Queensland.

30. That the Queensland Government prioritise the establishment of local sexual assault networks and encourage and strengthen existing networks particularly in communities with high reported incidence of youth sexual violence and abuse. This would also require the Queensland Government to build the capacity of local non-government organisations to lead the coordination of services and the development of protocols. This may require funding from Queensland Government for dedicated coordinators in some locations as determined by need, and to support the provision of professional mentoring partnerships with from specialist services.

31. That existing and new local sexual assault networks be responsive to local needs and priorities and have scope to consider particular issues of concern, for example youth sexual violence and abuse. If warranted, the work of sexual assault networks could also include a focus on prevention as well as response.

Conclusion

Through this Final Report, the Committee has attempted to put a spotlight on the too commonly hidden issue of youth sexual violence and abuse. As demonstrated by the evidence presented in the report, youth sexual violence and abuse effects children across the width and breadth of Queensland. It is a state-wide issue.

The data suggests children and young people growing up in disadvantaged communities carry the greatest burden of youth sexual violence and abuse and are exposed to more risk factors. Tragically Aboriginal and Torres Strait Islander young people and children—undoubtedly some of Queensland's most disadvantaged and marginalised citizens—are affected by youth sexual violence and abuse at rates far greater than non-Indigenous young people. For this reason, although this report rightly considers youth sexual violence and abuse as a Queensland-wide issue, it also gives special consideration to tackling this issue as it relates to young Indigenous people.

In this report the Committee has made recommendations that directly relate to youth sexual violence and abuse, in particular the need to break the silence on this sensitive issue—at and across all levels— in order to tackle it effectively. The Committee has also considered the increasingly difficult task of protecting young children from youth sexual violence and abuse in the form of sexting and sharing of online images, in an era where the speed and access to digital media is increasing rapidly.

There are no easy solutions and the discussion and recommendations point to the need for comprehensive and coordinated multi-sectoral approaches. The Committee has provided recommendations to the Queensland Government on how it can best respond to this issue and has given necessary consideration of the broader issues of underlying disadvantage and structural issues that impact on the effectiveness of interventions on the ground. The Committee makes recommendations to support a framework for a government response that will tackle youth sexual violence and abuse in Queensland including actions that will immediately impact and prevent youth sexual violence and abuse and actions that will support long term and generational change to ensure that children are given every opportunity to develop to the fullest of their potential.

The fact that youth sexual violence and abuse disproportionately affects children from disadvantaged backgrounds indicates the problem will not be fixed quickly, by any one intervention, nor by interventions that only target unhealthy and problematic sexual behaviours—although the importance of these interventions cannot be understated.

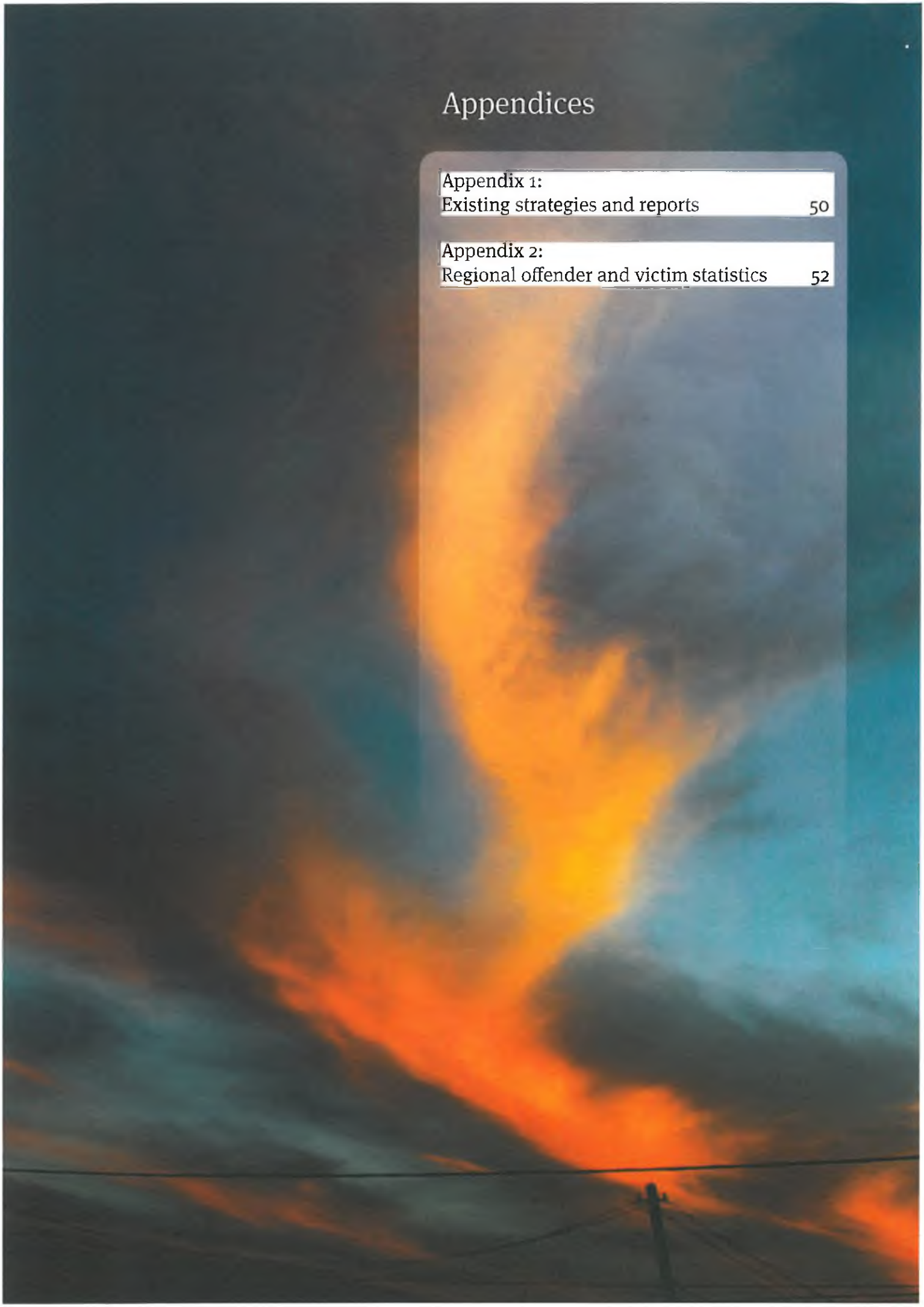
For these reasons the Committee has given consideration to the links between disadvantage and dysfunction in the early years of life and their impact on social, emotional and cognitive development as well as later life outcomes. Recommendations are aimed at ensuring all children—irrespective of where they grow up—get the best start in life.

The Committee emphasises the importance of ensuring that investments made to tackle youth sexual violence and abuse have the greatest positive impact possible. A number of recommendations are aimed at immediately improving the impact of services on the ground, while others will have a longer term impact, creating generational change. These include:

- encouraging discussions within local communities to determine and develop 'best fit' solutions to local priorities;
- providing, if appropriate, independent non-government expert facilitation for such discussions;
- acknowledging the importance of heeding local priorities and of partnering with communities and service providers in determining and developing those priorities;
- ensuring service providers are accountable to the communities, families and young people they are intended to serve;
- strengthening coordination across agencies and service providers, in recognition that youth sexual violence and abuse cannot be addressed by interventions in any one sector; and
- building a knowledge base related to this issue through continued research, innovation and rigorous evaluation of interventions.

There is an urgent need for the issue of youth sexual violence and abuse to be addressed in Queensland. Providing a heightened knowledge and understanding of this issue across all elements of society—young people, parents, families, communities, service providers, educators and policy makers—is a critical step to creating longer term, generational change.

Appendices



Appendix 1: Existing strategies and reports

Taking action through an integrated response

Taking action to prevent and respond to youth sexual violence and abuse is everyone's business. All levels of government and non-government agencies need to work together to create lasting change that will lead to the elimination of youth sexual violence and abuse in Queensland. Appendix one details a number of current and emerging State and Federal Government initiatives that are responding, either directly or indirectly to youth sexual violence and abuse. Some of the initiatives target domestic and family violence which research has shown to have a strong link with youth sexual violence and abuse. The following initiatives present ideas and responses needed to meet the challenge of addressing youth sexual violence and abuse.

Working across Australia

National Plan to reduce Violence Against Women and their Children 2010–2022

In May 2008, the Federal Government appointed a National Council to develop an evidence base for reducing violence towards women and their children. The work led to an agreement that all governments commit to a long-term plan to action.

www.dss.gov.au

Royal Commission into Institutionalised Responses to Child Sexual Abuse

A *Royal Commission into Institutionalised Responses to Child Sexual Abuse* was announced on 11 January 2013. The purpose of the Commission was to investigate the management of allegations and incidents within institutions.

www.childabuseroyalcommission.gov.au

Respectful Relationships education in schools

A Victorian Government initiative aimed at addressing family violence through education in schools and early childhood education settings.

www.education.vic.gov.au

Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014–2017

Young Aboriginal and Torres Strait Islander people (aged under 30) are a priority population for the *Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014–2017*.

This Strategy is one of a suite of five strategies which provide a framework for the coordinated effort by the commonwealth, state and territory governments and communities, clinicians and researchers to address already high or rising rates of HIV, hepatitis B, hepatitis C and STI in priority populations within Australia.

www.health.gov.au

Empowered Communities: Empowered Peoples Design Report

The *Empowered Communities: Empowered Peoples Design Report*, released in 2015 is the joint effort of a group of Indigenous leaders from Australia with support from the Jawun Indigenous Corporate Partnerships. It proposes staged implementation of an Indigenous empowerment agenda.

The Australian Government responded to the report in December 2015, strongly supporting the place-based, whole-of-government approach outlined in the report. The Australian Government is progressing with the regional response for Empowered Communities before considering the institutional governance or legislative reforms also recommended in the report.

www.dpmc.gov.au

Not Now, Not Ever: putting an end to domestic and family violence in Queensland

The Queensland Government convened a special taskforce in 2014 on domestic and family violence in Queensland. The Special Taskforce's role has been to define the domestic and family violence landscape in Queensland, and make recommendations to inform the development of a long term vision and strategy for Government and the community to address domestic and family violence. The report was released by the Premier in 2015 and made 140 recommendations to ensure those affected by domestic and family violence have access to support and safety.

www.communities.qld.gov.au

Domestic and Family Violence Prevention Strategy 2016–2026

The *Domestic and Family Violence Prevention Strategy 2016–2026* encourages partnership between government, community and business. The strategy has released a *First Action Plan 2015–2016* and is currently implementing the *Second Action Plan 2016–2019*. Both Plans focus on the implementation of recommendations of the *Not Now, Not Ever* report. The future work of the Strategy will be rolled out through a series of action plans commencing 2019–2020.

www.communities.qld.gov.au

The Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault

The guidelines outline key principles and a practice framework to assist government agencies in responding to people who have experienced sexual assault, including children and young people who have been abused.

https://publications.qld.gov.au

Review of Queensland Health responses to adult victims of sexual assault (KPMG 2009)

An external review undertaken to identify gaps in service provision, examine cooperation and integration of Sexual Assault Services with key agencies and provide options for a service system model that is evidenced based and appropriately and effectively meets the needs of adult victims of sexual assault.

www.health.qld.gov.au

Respectful Relationships education program

A direct response to the *Not Now, Not Ever* report. The Respectful Relationships education program is a primary prevention program focused on influencing behaviour change to prevent undesirable social consequences such as domestic and family violence. The content and approaches of the program are based on domestic and family violence research and best-practice educational approaches. The program was developed in consultation with teachers, school communities, domestic and family violence organisations and external experts.

www.education.qld.gov.au

My Health, Queensland's future: Advancing health 2026

Developed to guide Queensland Governments' investment into health, the report details the guiding principles of sustainability, compassion, inclusion, excellence and empowerment.

www.health.qld.gov.au

Queensland Sexual Health Strategy 2016–2021

The Strategy was developed in collaboration and consultation with stakeholders including health consumers, other government departments and community organisations. The Strategy aims to improve the sexual and reproductive health of all Queenslanders by addressing a broad range of sexual and reproductive health issues including health promotion, prevention, clinical service provision and community education. The Strategy provides an overarching framework for several Action Plans including the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*.

www.health.qld.gov.au

North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021

Released in May 2016, the Action Plan targets regional services and communities in North Queensland. The goals aim to eliminate, control and progressively reduce sexually transmissible infections in the Aboriginal and Torres Strait Islander population in North Queensland.

www.health.qld.gov.au

Taking Responsibility: A Roadmap for Queensland Child Protection

The Queensland Child Protection Commission of Inquiry final report found that the child protection system was under stress with increased child protection intake rates and over-representation of Aboriginal and Torres Strait Islander children. The Commission has made 121 recommendations and provided a detailed roadmap of how to implement the reform process.

www.childprotectioninquiry.qld.gov.au

Supporting Families Changing Futures: Advancing Queensland's child protection and family support reforms

In response to *Taking Responsibility: A Roadmap for Queensland Child Protection* the Queensland Government is progressing a wide-ranging 10 year reform program for the child protection and family support system.

www.communities.qld.gov.au

Queensland Women's Strategy 2016–21

The strategy provides a framework for the wider Queensland community to take significant action to achieve gender equality in Queensland. A range of actions have been identified under the four key priorities of participation and leadership; economic security; safety; health and wellbeing.

www.communities.qld.gov.au

The Queensland Violence Against Women Prevention Plan 2016–22

The Plan was developed based on widespread community consultation and has been designed to operate over a six year period with action to be implemented in a phased approach. The key priorities are respect; safety and justice.

www.communities.qld.gov.au

Appendix 2: Regional offender and victim statistics

Appendix two explores additional statistics produced by the Queensland Government Statistician's Office using primarily Queensland Police Service (QPS) data. It is important that the data be interpreted cautiously as research demonstrates that underreporting significantly skews the rates of reported sexual offences. Thus, administrative datasets cannot capture the full extent of youth sexual violence and abuse in Queensland. However, they provide a base from which to explore the issue and suggest priority areas for responses to youth sexual violence and abuse.

Offender hotspots

Police Division boundaries have been used to highlight hotspots for youth sexual offending. These boundaries are an obvious choice when presenting QPS data, and, given the small counts overall, they are of an adequate size to enable statistical analyses, without being so large that scope is lost. For more fine-grained analysis, the Statistical Areas Level 2 (SA2) geography is used, and for broader trend analyses, Local Government Areas (LGAs) are used.

Police divisions

Yearly counts of reported sexual offenders across Police Divisions are generally small. However, consistently high rates for unique offenders were recorded for several areas in the north of Queensland, including the more populated Police Divisions of Cairns, Townsville, and Rockhampton. Figure 9 (page 51) shows that several areas with high rates are collocated e.g. Kirwan, Townsville and Mundingburra.

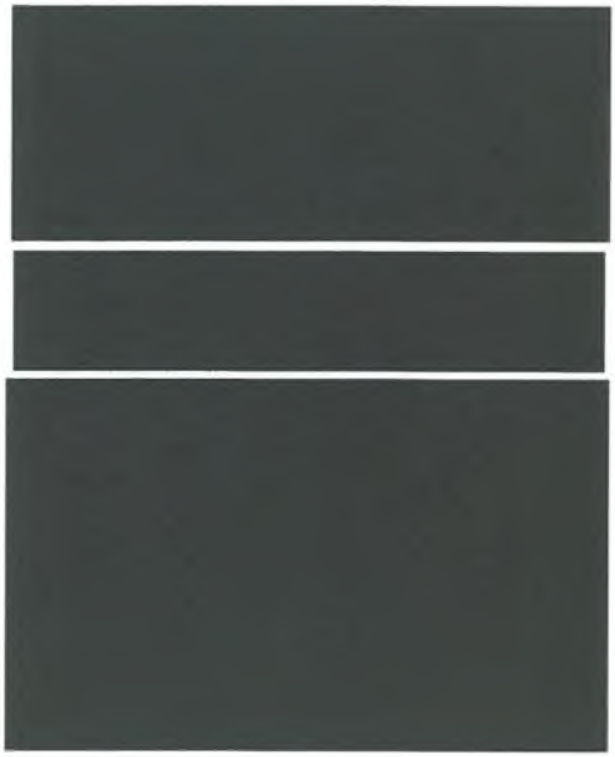


Table 4: *Average annual youth sexual offender (unique) rate and count, 2011–12 to 2015–16, selected Police Divisions[a] in Queensland*

Rank[b]	Police Division	Average rate	Average count
1	Cairns	316.4	26
2	Kirwan	207.6	16
3	Toowoomba	124.7	15
4	Bundaberg	162.9	11
5	Caboolture	150.2	10
6	Townsville	340.5	10
7	Edmonton	220.8	10
8	Logan Central	151.0	10
9	Thursday Island	836.9	8
10	Hervey Bay	126.7	8
11	Gladstone	174.7	7
12	Coomera	61.1	7
13	Redcliffe	134.6	7
14	Maryborough	195.4	7
15	Beenleigh	134.8	7
16	Inala	103.4	7
17	Deeragun	212.7	7
18	North Rockhampton	125.3	7
19	Rockhampton	223.5	6
20	Jimboomba	89.2	6
21	Goodna	99.9	6
22	Maroochydore	80.3	6
23	Bamaga	1,473.6	5
24	Mount Isa	222.0	5
25	Burpengary	87.9	5
26	Capalaba	68.4	5
27	Petrie	59.2	5
28	Ipswich	179.6	5
29	Mundingburra	159.5	5
30	Southport	62.3	5

Source: QGSO, Queensland Treasury using Queensland Police Service, unpublished data.

[a] Excludes police divisions (300) with average annual counts of unique youth sexual offenders of less than five, four years to 2015–16.

[b] Ranked by average annual count, largest to smallest (unrounded values). Ranking is indicative only as Police Division counts have been tested for significant differences.

Table 6: *Average annual youth sexual victim (unique) rate and count, 2011–12 to 2015–16, selected Police Divisions[a] in Queensland*

Rank[b]	Police Division	Average rate	Average count
1	Cairns	448.4	86
2	Toowoomba	273.9	73
3	Kirwan	409.8	71
4	Caboolture	371.6	63
5	Logan Central	362.8	56
6	Bundaberg	356.5	50
7	Townsville	659.8	46
8	Hervey Bay	315.1	40
9	Coomera	137.0	40
10	Redcliffe	313.5	38
11	Goodna	272.7	38
12	Beenleigh	289.2	37
13	North Rockhampton	303.8	36
14	Petrie	175.2	34
15	Maryborough	439.7	33
16	Gladstone	319.7	33
17	Edmonton	311.6	33
18	Ipswich	538.1	32
19	Rockhampton	600.3	30
20	Inala	191.6	30
21	Crestmead	267.0	30
22	Southport	172.2	29
23	Mackay	240.5	27
24	Burpengary	193.9	26
25	Maroochydore	175.3	26
26	Browns Plains	228.9	25
27	Mundingburra	371.7	23
28	Springfield	222.4	23
29	Deception Bay	326.8	23
30	Jimboomba	169.5	23
31	Mount Isa	362.9	22
32	Laidley	442.6	22
33	Deeragun	272.5	22
34	Gympie	260.5	22
35	Nerang	130.8	22
36	Wynnum	123.5	21
37	Upper Mount Gravatt	132.8	21
38	Capalaba	124.5	20

Source: QGSO, Queensland Treasury using Queensland Police Service, unpublished data.

[a] Excludes police divisions (and) with average annual counts of unique youth sexual offenders of less than five years to 2015–16.

[b] Ranked by average annual count, largest to smallest (unrounded values). Ranking is indicative only as Police Division counts have been tested for significant differences.

Definitions used for QGSO statistical analyses

Cleared offences: The QPS (2016, 183) states an offence is deemed to be cleared under, but not restricted to, the following circumstances:

- At least one offender has been arrested or summonsed or issued with a notice to appear, or information has been laid to compel an offender's appearance before a court
- Action has been taken against at least one offender under the provisions of the Juvenile Justice Act 1992 (e.g. administration of an official caution, summons or reference to a community conference)
- At least one offender has been dealt with in accordance with Queensland Police Service policy (e.g. informal counselling of children and elderly persons)
- The offender has admitted the offence but there is an obstacle to proceedings (e.g. diplomatic immunity)
- The offender is known and sufficient evidence has been obtained, but the complainant refuses to prosecute
- The offender is in another jurisdiction and extradition is not desired or not available
- The offender is serving a sentence and no useful purpose would be served by prosecution
- The offender has died before proceedings can be commenced
- The offender has been admitted to a mental institution before charges are laid and release is unlikely
- The offender is being offered drug diversion for a minor drug offence
- There is some other bar to prosecution
- The offender is dealt with by ex-officio indictment
- The offender is being dealt with by another agency apart from QPS
- The complainant or essential witness has died and proceedings would be abortive
- Following a complaint the complainant has requested that police take no further action.

Incident: Defined as an activity which involves the same offender(s), the same victim(s), at one location, and during one period of time.

Reported offences: A single criminal incident may result in a number of offences being recorded. Statistics are reported in Queensland on a victim based counting system. A count of one offence is recorded for each major offence.

Sexual offender or victim: Unless otherwise stated (such as counts reported by incident) we have provided counts of unique offenders and victims. Each victim/offender is counted once only in the reference period, regardless of how many times they have been reported as a victim/offender. Note that the age of the victim is recorded as the age when the offence was reported, not necessarily when it occurred.

Police Division: There are 335 Police Divisions, within five Police Regions in Queensland.

SA2: SA2s have an average population of about 10,000 persons. SA2s in remote and regional areas generally have smaller populations than those in urban areas (see Australian Bureau of Statistics, 1270.0.55.001).

Local Government Area (LGA): LGAs are an Australian Bureau of Statistics approximation of officially gazetted LGAs as defined by each State and Territory Local Government Department (see Australian Bureaus of Statistics, 1270.0.55.003).

Offender hot spots: Identified as a geographic location with (1) a rate significantly higher than the Queensland rate, (2) an average yearly count greater than two for offenders, and greater than five for victims, and (3) a rate which was greater than twice the Queensland rate in five or more of eight years.

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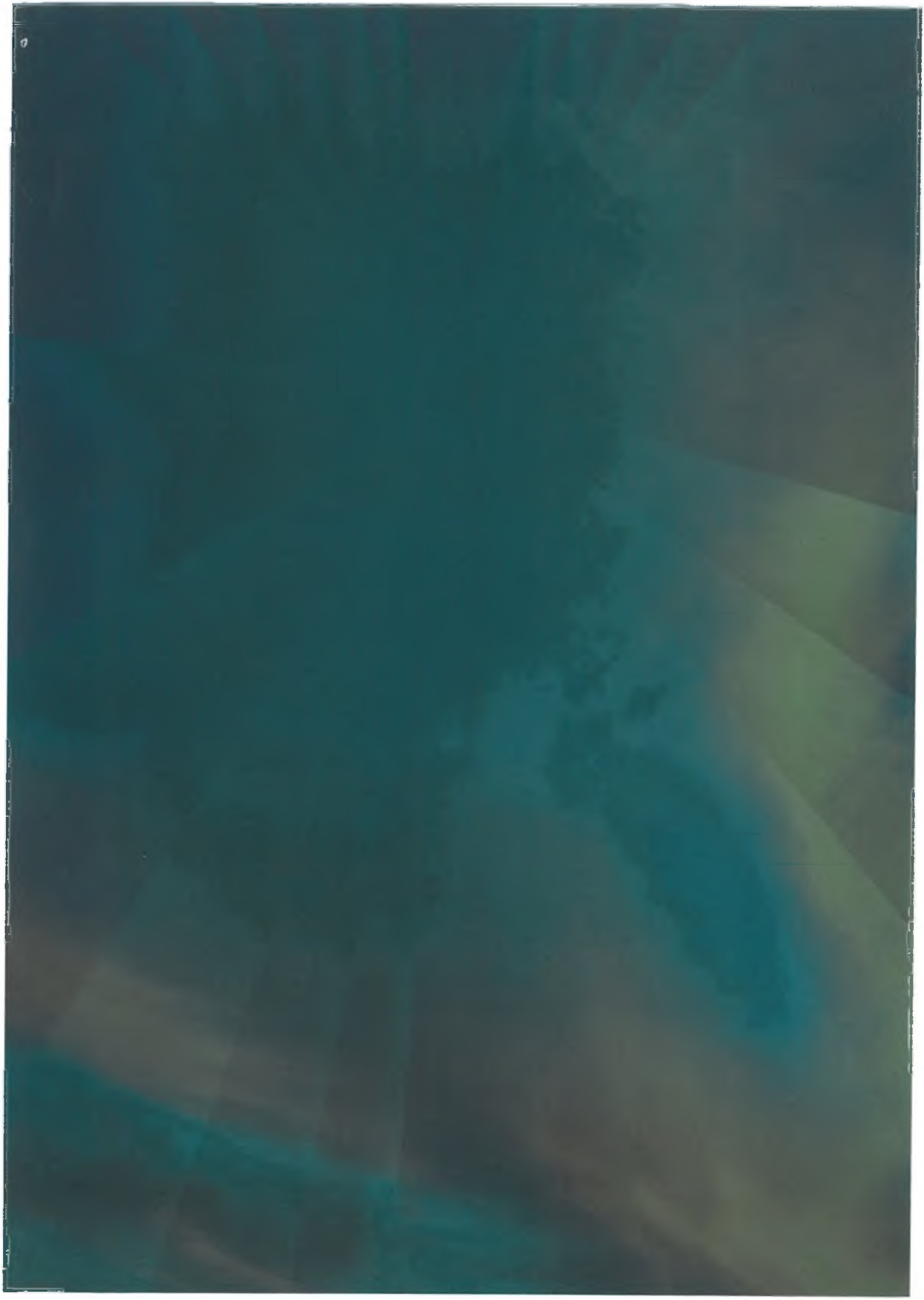

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Committee Secretary: _____

Youth Sexual Violence and Abuse Steering Committee's Final Report

Queensland Government Response

Queensland Government

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Overview

This document outlines the Queensland Government's response to the Youth Sexual Violence and Abuse Steering Committee's Final Report (the Final Report). It provides an update on our work to date and outlines our approach to addressing youth sexual violence in our communities.

The Queensland Government strongly believes that all children and young people, particularly the most vulnerable, have the right to a life that is safe, secure, and free from violence.

While the task of eliminating youth sexual violence in our communities is broad and complex, it is critically important to ensure that all children and young people are safe from violence. We are committed to addressing youth sexual violence in all its forms, and have been getting on with the task of delivering this important work in our communities across Queensland.

Our approach includes:

- broad support for the Final Report's findings
- investment in priority actions
- stakeholder and community engagement.

Youth Sexual Violence and Abuse Steering Committee's Final Report Findings

The Queensland Government broadly supports the findings of the Youth Sexual Violence and Abuse Steering Committee's Final Report, and is committed to responding in a comprehensive and coordinated manner, building on our efforts to date and taking into consideration findings from other relevant developments, including the Royal Commission into Institutional Responses to Child Sexual Abuse.

In its Final Report, the Youth Sexual Violence and Abuse Steering Committee (the Committee) made 31 recommendations for a holistic approach to preventing and responding to youth sexual violence and abuse across Queensland.

The recommendations in the Final Report are evidence-based and have been informed by discussions with service providers, analysis of data by the Queensland Government Statistician's Office, a review of the literature, and discussions with the Queensland Law Reform Commission. The recommendations also draw on the insights of researchers involved with the Griffith Youth Forensic Service's Neighbourhoods Project, given the project's status as one of the few detailed, evidence-informed research initiatives examining youth sexual violence and abuse in Australia.

The 31 recommendations are clustered into four key themes that provide a comprehensive and holistic response to youth sexual violence and abuse.The four key themes aim to deliver the following:

- **local level solutions which provide co-designed, tailored interventions that are implemented based on appropriate locational risk assessments and the identification of service delivery gaps, and are responsive to local community needs and engagement**
- **data and evidence to strengthen the youth sexual violence and abuse knowledge base through data collection, research and evaluation, and to provide vision and information to inform future action**
- **raising awareness among individuals, communities and organisations to promote and increase understanding of youth sexual violence and abuse, ensure the referral of young people and parents to appropriate services, and equip professionals with tools to effectively target and respond to youth sexual violence and abuse**
- **tackling the underlying causes of youth sexual violence and abuse, in particular through addressing disadvantage and its associated impacts on child development.**

While some recommendations in the Final Report will have immediate impact, many propose broad, transformational change. As the Committee notes, youth sexual violence and abuse is a complex, difficult and confronting problem for which there is simply no straightforward solution. Implementing the change necessary to prevent youth sexual violence and abuse will take sustained effort over time.

The Queensland Government is already working to address youth sexual violence and reduce disadvantage more broadly in communities across Queensland through the range of initiatives and investments outlined in this document. While our efforts have led to positive change, we acknowledge that there is still more to do.

Investment in priority actions

The Queensland Government is committing $12 million over four years from 2018-19 for priority actions to respond to youth sexual violence. This investment will deliver:

- enhancements for sexual assault and child sexual abuse services to address service gaps and areas of highest need and undertake community education activities (commencing in early 2019)
- three place-based trials to respond to young people who have experienced sexual violence or are engaging in early sexual offending behaviour, including a culturally-specific trial in a discrete Aboriginal and Torres Strait Islander community (commencing in 2019-20 and 2020-21)
- a strong evidence base to inform future investment.

Our investment in new and enhanced sexual assault and child sexual abuse services will be informed by comprehensive service mapping (to be undertaken by the Department of Child Safety, Youth and Women) and will include working with services to ensure that their responses are trauma informed and youth specific. Development of the place-based youth sexual violence trials will be co-designed with local stakeholders and services to ensure that they are tailored to local needs and circumstances. The trials will also be evaluated to help build our evidence base and inform future initiatives.

These priority actions reflect the four themes identified by the Committee, and will contribute to addressing key findings of the Final Report.

Stakeholder and community engagement

The Queensland Government is committed to providing a strong, cohesive and evidence-based approach to preventing and responding to sexual violence in Queensland. This work will span the continuum of sexual violence and incorporate a refresh of actions under the Violence against Women Prevention Plan 2016-22 (VAWPP), as well as further consideration of the Final Report's findings on youth sexual violence and abuse, and relevant recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.

A comprehensive engagement and consultation process will be undertaken to seek input and feedback from key stakeholders on the suite of issues relating to sexual violence, including youth sexual violence, violence against women and child sexual abuse. This engagement will inform the development of future actions.

Many forms of sexual violence have strong gendered elements, with women and girls over-represented as victims. The refresh of actions under the VAWPP will include actions to address sexual violence from a gendered perspective, focusing on women and girls. This approach is consistent with the findings of the Final Report.

Responding to youth sexual violence is complex. As such, we are taking the time to test findings and solutions with the community, and to continue to build the evidence base to deliver sustainable long-term generational change.

Background

The Smallbone Report: West Cairns and Aurukun

Youth sexual violence and abuse was first identified as an endemic problem in West Cairns (Manoora, Mooroobool and Manunda) and Aurukun through clinical fieldwork undertaken by the Queensland Government funded Griffith Youth Forensic Service.

GYFS had been working with referred youth sexual offenders, their families, community leaders and local service providers in West Cairns from 2002, and in Aurukun from 2008 to 2011. Over time it became increasingly apparent that there was serious and pervasive youth sexual violence and abuse occurring in both communities. In response to these concerns, the Queensland Government in 2012 commissioned Griffith University to investigate the scope, dimensions and dynamics of youth sexual violence and abuse in West Cairns and Aurukun.

In 2013, Griffith University's findings were presented to Government in the *Preventing Youth Sexual Violence and Abuse in West Cairns and Aurukun: Establishing the Scope, Dimension and Dynamics of the Problem* report, otherwise known as 'the Smallbone report'. At the request of the researchers, the report was embargoed so as not to stigmatise the communities while a way forward was developed. In 2016, a redacted version of the report was released by the Queensland Government.

The report highlighted serious and pervasive youth sexual violence and abuse occurring in both communities. In particular, the report indicated that family, peer and schooling issues, as well as the prevalence of 'normalised' attitudes towards sexual violence and degrading attitudes to women, meant that many other young people were at risk of youth sexual violence and abuse in the future. Importantly, the report noted that the issue of youth sexual violence and abuse had a much broader scope, and was not confined solely to these two communities.

The Youth Sexual Violence and Abuse Steering Committee

In response to the findings of the initial Smallbone report, the Queensland Government developed an action plan to ensure that all investment and initiatives to address youth sexual violence and abuse in West Cairns and Aurukun were undertaken in a comprehensive and coordinated manner. The action plan comprised responses from all levels of government, and also included community safety recommendations proposed by local community, government and non-government representatives.

As part of the action plan, the Queensland Government announced the Youth Sexual Violence and Abuse Steering Committee in March 2016. The Committee was initially tasked with overseeing and evaluating the initiatives and investment that local, state and federal governments had provided to address youth sexual violence and abuse in West Cairns and Aurukun.

In addition, the Committee was tasked with investigating the prevalence of youth sexual violence and abuse in other locations across Queensland, and making recommendations to Government about the appropriateness of current responses. This included considering how all levels of government could better respond to youth sexual violence and abuse and reduce re-victimisation.

As such, the Committee produced two reports, with the first focusing on West Cairns and Aurukun, and the second examining youth sexual violence and abuse on a much broader scale and across all Queensland communities. Support for the committee's work and the development of the two reports was provided by the Department of Aboriginal and Torres Strait Islander Partnerships.

The Committee's first report: West Cairns and Aurukun

The Committee provided its first report to Government in September 2016. The first report provided an evaluation of the efforts already underway to address youth sexual violence and abuse in West Cairns and Aurukun across all tiers of government. As part of this evaluation, the Committee identified a number of barriers to effective implementation in the two communities, including:

- the need for dedicated, long-term funding for a sustained, comprehensive, whole-of-government response
- the need for improved coordination of services
- difficulties in recruiting and sustaining qualified staff
- the need for greater community involvement
- environmental factors within communities, including facility and location safety.

To address these issues the Committee made seven recommendations based around three key themes: improving service effectiveness, raising awareness, and resourcing.

The Queensland Government responded swiftly to the Committee's first report by publicly releasing the report and providing a whole-of-government response in October 2016, accepting all recommendations, and taking action to remedy the identified barriers in the two communities.

The Committee's Final Report: A state-wide analysis

The second part of the Committee's mandate was to investigate the prevalence of youth sexual violence and abuse more broadly across Queensland. In particular, the Committee was asked to:

- consider and make recommendations to Government about the appropriateness of the current legislative, policy and resourcing response to youth sexual violence and abuse
- consider how all levels of government, the non-government sector and the community can work better to prevent and respond to youth sexual violence and abuse and reduce re-victimisation.

The Committee's Final Report, presented to Government in March 2017, provided insight on the extent of youth sexual violence and abuse in Queensland, as well as advice on how to address this issue. The Committee made 31 recommendations aimed at bringing about change through immediate action and longer term generational change.
The recommendations address four key themes: local level solutions; data and evidence; raising awareness among individuals, communities and organisations; and tackling the underlying causes of youth sexual violence and abuse.

While the Final Report highlighted that Aboriginal and Torres Strait Islander children and young people are disproportionately impacted by youth sexual violence and abuse, it also strongly emphasised that this issue is not specific to Aboriginal and Torres Strait Islander children, young people or communities. The Committee found that youth sexual violence and abuse can occur within any community, and steps must be taken to prevent it and respond appropriately wherever it occurs.

At the core of the Committee's Final Report was the recognition that early, intergenerational and locational disadvantage are linked to a greater prevalence of youth sexual violence and abuse. In particular, the Committee highlighted that:

- areas worst affected by youth sexual violence and abuse also experienced high rates of social dysfunction and economic disadvantage
- youth sexual violence and abuse is a gendered issue, with young women and girls more likely to be victims and young men and boys more likely to be perpetrators
- Aboriginal and Torres Strait Islander young people are twice as likely to be victims of youth sexual violence and abuse
- increased access to digital and communication technologies has led to an increase in behaviours such as sexualised online activity and 'sexting'
- silence around youth sexual violence and abuse is a major obstacle in responding to the issue.

As such, the Committee's Final Report called for a state-wide approach to reducing the broader disadvantage and dysfunction within our communities, and providing tailored responses to the needs of specific communities.

Our record

Whole of Queensland

Due to the broad scope of the findings and breadth of response required, the Queensland Government has been carefully considering the Committee's Final Report in order to ensure that our response is holistic, integrated, and sustainable in the long term. We have taken significant steps towards both the immediate and long-term actions required to address youth sexual violence in all communities across our state.

Key state-wide initiatives delivered or underway to address youth sexual violence and its underlying causes are listed below. Where appropriate, these initiatives are mapped to the key themes of the Final Report.

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
Initiatives supporting responses to youth sexual violence and child sexual abuse					
DCSYW	Trialling multi-agency service responses to child and youth sexual abuse at the Gold Coast and in the Townsville area by providing a seamless and coordinated response to the safety, health, forensic and therapeutic needs of children and families, as well as culturally safe and responsive services to Aboriginal and Torres Strait Islander children, young people and families.	▲	▲		
DoE	Delivering the Respectful Relationships education program, which is available to all Queensland state and non-state schools and focuses on equipping students with the skills to develop respectful and ethical relationships free of violence.			▲	▲
DCSYW DJAG QH QPS	Reviewing the Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault.		▲		
QH	Releasing the Sexual Health and Safety Guidelines for Mental Health, Alcohol and Other Drugs Services in 2016, developed to guide public health sector clinicians in identifying sexual safety risks, responding to allegations of sexual assault and enabling a service culture that promotes sexual safety.	▲			▲

Whole of Queensland

Initiatives supporting responses to youth sexual violence and child sexual abuse

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DJAG	Amended the *Evidence Act 1977* to give victims of a sexual offence who are to give evidence in a criminal proceeding against the accused automatic status as a special witness.				
QH	Commissioning a review of Queensland Health responses to adult victims of sexual assault.				
QH	Actioning the Queensland Sexual Health Strategy 2016-2021, which provides an overarching framework for several action plans, including the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible infections Action Plan 2016-2021.				
DPC	Established the Queensland Anti-Cyberbullying Taskforce to provide the Queensland Government with advice and coordination on tackling cyberbullying, with a focus on respectful relationships.			▲	▲
DCSYW	Supporting key initiatives under the Queensland Youth Strategy, such as the ReNew program, which aims to reduce abusive behaviours towards family members and in future intimate personal relationships.			▲	▲
DCSYW	Delivering the Youth Justice – Girls Moving On program which provides young women in the youth justice system with new skills and personal resources to better manage gendered causes of offending, including trauma from sexual victimisation.			▲	▲
WoG	Implementing the Domestic and Family Violence Prevention Strategy 2016-2026, as well as the Queensland Violence against Women Prevention Plan 2016-22.				▲
QPS	Implementing the Queensland Police Service operational policy regarding 'sexting' type activity between children, whereby police will adopt an alternative approach focused on prevention and education in circumstances involving young people of similar age sexting or engaging in consenting sexual experimentation.			▲	

Whole of Queensland

initiatives supporting responses to youth sexual violence and child sexual abuse

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
QPS, DoE, the Australian Federal Police and the Daniel Morcombe Foundation	Delivering a range of school-based safety programs, including: • the School Based Policing Program, which currently has allocation for 51 school based police officers attached to 57 state secondary schools (58 campuses) throughout Queensland • the Adopt-A-Cop program, designed to enhance the safety and wellbeing of children through education, positive attitudes of children towards police and the community, and encouragement of law abiding behaviour • the Think U Know educational program, which aims to raise cyber awareness in children • the Keeping Kids Safe educational program, which encompasses the Respectful Relationships and Cyber Safety for Parents programs.			▲	▲
QFCC	Delivering the Out of the Dark program, which aims to build an understanding of the dark side of the internet. The program aims to educate, enable and empower children, families and the community to seek support and have an active role in helping young people be safer online.			▲	
QFCC	Delivering the Talking Families program to promote and enable behaviours necessary for families to take responsibility for their children's wellbeing.			▲	▲
DoE	Developing cyber safety and reputation management programs to help primary and secondary students understand and remember what they should or shouldn't do online.			▲	
DoE QH	Delivering School Based Youth Health Nurse services for Queensland state school students, which provide a range of prevention and early intervention activities to support the health and wellbeing of young people. The service supports young people to access information about sexual and reproductive health and positive and respectful relationships.			▲	▲
QCS	Commencing a project to expand and specialise sex offender interventions, which aims to develop an intervention service delivery model for sexual offenders which includes a best practice intervention pathway for Aboriginal and Torres Strait islander sexual offenders.				

Whole of Queensland

Initiatives supporting responses to youth sexual violence and child sexual abuse

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DCSYW	Supporting the Queensland Centre for Domestic and Family Violence Research to strengthen the capacity and capability of organisations that deliver sexual assault services funded by the Queensland Government.		▲	▲	
QPS	Providing training to recruits and frontline officers tailored to address cultural issues, such as cultural awareness, community engagement, Aboriginal and Torres Strait Islander race relations, legal service issues and trauma resilience. This training equips officers for policing challenges specific to working in Indigenous communities and enables officers to meet the needs of clients and respond to issues that may relate to youth sexual violence and abuse in these communities. A number of other online training packages have been developed for the broader QPS to supplement and reinforce earlier training outcomes. The QPS works collaboratively and cooperatively with local communities and other key service delivery agencies on the frontline to progress the common goal of protecting young people and enhancing responses to youth sexual violence and abuse.			▲	
DCSYW	Providing trauma informed practice training to all Youth Justice staff.			▲	
WoG	Agreed to adopt the following definition of youth sexual violence and abuse across all Queensland Government agencies, as outlined in the Youth Sexual Violence and Abuse Steering Committee's first report: • *Youth sexual violence and abuse refers to sexual contact between persons where either the perpetrator or the victim is under 18 years of age and where such contact is non-consensual, violent or illegal. Such contact is non-consensual if any of the following apply:* • *either person is under the age of consent or lacks the capacity to consent* • *a situation of imbalance of power exists* • *there is present a threat or coercion to either person.* The causes of this violence should not be considered in isolation but also within the context of both the perpetrator's and the victim's family, peer, organisational and community systems and situations.			▲	

Whole of Queensland

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
Initiatives supporting our Aboriginal and Torres Strait Islander young people and communities					
DCSYW and WoG	Actioning Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037, which represents a long-term commitment by Government, Family Matters Queensland and the Aboriginal and Torres Strait islander community to work together and ensure Aboriginal and Torres Strait Islander children and young people in Queensland grow up safe and cared for in family, community and culture.	▲			▲
QPS DCSYW	Delivering the Speak Up, Be Strong, Be Heard campaign to encourage community members to speak up, be strong, be heard and report all incidents of child abuse and neglect in Aboriginal and Torres Strait Islander communities across Queensland.	▲		▲	▲
QH	Undertaking a range of activities under the North Queensland Aboriginal and Torres Strait islander Sexually Transmissible Infections Action Plan 2016-2021 with a particular focus on young people aged 15–29, including: • engaging with young Aboriginal and Torres Strait Islander people to identify appropriate and effective methods for the delivery of sexual health communication initiatives suitable for remote communities, with a focus on increasing knowledge and awareness of sexually transmitted infections (STIs) • prioritising annual STI testing by Hospital and Health Services • reviewing evidence for frequency of STI testing for Aboriginal and Torres Strait Islander young people in areas of high prevalence to inform regional guidelines • collaborating with local Aboriginal and Torres Strait Islander Community Controlled Health Services (ATSICCHS) to increase the availability of culturally secure STI screening for Aboriginal and Torres Strait Islander young people, pilot 'Express STI Services', and develop strategic STI responses in their local communities *Continued over page*	▲	▲	▲	

Whole of Queensland

Initiatives supporting our Aboriginal and Torres Strait Islander young people and communities

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
	Continued from previous page • conducting market research with Aboriginal and Torres Strait Islander young people, relevant community agencies and ATSICCHS to inform the development of culturally appropriate and locally relevant awareness campaigns suitable for use in major regional centres • disseminating and promoting use of the Aboriginal and Torres Strait Islander adolescent sexual health guidelines • developing guidelines to support sexually transmissible infections testing, including syphilis, in young people under 15 years implementing effective, evidence-based educational programs to increase STI knowledge and influence positive choices among young at risk Aboriginal and Torres Strait Islander people not engaged in formal education in settings most accessible to them, e.g. employment services, men's and women's groups, PCYC, sports, corrections.				
QH DoE	Implementing the Strong, Proud, Healthy and Safe sexual health and relationships education program in Far North Queensland state schools.			▲	▲
DoE	Delivering the Families as First Teachers program, which is aimed at improving early childhood learning outcomes for Aboriginal and Torres Strait Islander children.				▲
DoE	Delivering a kindergarten program in 28 state school campuses and four non-state settings across 35 discrete Aboriginal and Torres Strait Islander communities.				▲
DCSYW	Working with Aboriginal and Torres Strait Islander communities to develop local solutions to local problems through social reinvestment initiatives, including overcoming disadvantage.	▲			
DCSYW	Piloting a Justice Reinvestment program in Cherbourg to improve public safety and reduce related criminal justice spending to reinvest savings in strategies that can reduce crime and strengthen communities.	▲			

Whole of Queensland

Initiatives supporting our Aboriginal and Torres Strait Islander young people and communities

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DCSYW	Working collaboratively with the Family Responsibilities Commission to rehabilitate young Aboriginal and Torres Strait Islander people who commit offences through restorative justice processes and statutory case management responses delivered by Youth Justice Service Centres, reintegrate them into their community, and encourage parents to fulfil their parental responsibilities.				
DCSYW	Funding Family Wellbeing Services in 20 locations, to make it easier for Aboriginal and Torres Strait Islander families to access culturally responsive support to improve their social, emotional, physical and spiritual wellbeing and build their capacity to safely care for and protect their children.	▲			▲
DCSYW	Trialling an integrated service response to domestic and family violence in a discrete Indigenous community (Cherbourg), co-designed with the local community.	▲			▲
DATSIP	Delivering welfare reform programs in Aurukun, Hope Vale, Coen, Mossman Gorge and Doomadgee, including youth development activities, a community justice program, infrastructure upgrades, small business development, employment opportunities, parenting programs, opportunity hubs, media campaigns, home improvement and land tenure resolution.	▲			▲
WoG	Implemented Cultural Capability Action Plans in each Queensland Government department to ensure that Aboriginal and Torres Strait Islander perspectives are part of core business.				
DCSYW	Developed and are implementing the Respectfully Journey Together Cultural Capability Action Plan and a number of resources, including the Valuing Aboriginal and Torres Strait Islander Peoples' Knowledge Lens, which helps to ensure Aboriginal and Torres Strait Islander peoples have influence in, and ownership of, policies, programs, projects, procurement and practice. These principles are reflected in the design of initiatives currently being implemented, including: • Aboriginal and Torres Strait Islander Family Wellbeing Services • Empowering Families Innovation Fund • First 1000 Days initiatives in Townsville and Moreton Bay • review of the Recognised Entity and future design of the Family Participation programs.	▲		▲	▲

Whole of Queensland

Initiatives supporting our Aboriginal and Torres Strait Islander young people and communities

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
QCS	Launched the Murridhagun Cultural Centre in July 2017, which aims to increase the development and delivery of cultural capability training by Queensland Corrective Services, build and strengthen partnerships to address Aboriginal and Torres Strait Islander issues, and provide advice to senior management and others in relation to Aboriginal and Torres Strait Islander culture and tradition.	▲		▲	▲
QCS	Increased the number of Cultural Liaison Officers in Probation and Parole to meet Aboriginal and Torres Strait Islander offenders' individual, cultural and social needs.	▲			
QH	Developed the Queensland Health Statement of Action towards Closing the Gap in health outcomes, which sets out an agenda to enhance culturally appropriate and responsive hospital and health services in Queensland, and to drive change through renewed effort and activities to help close the health gap.	▲			▲
DATSIP	Developed Moving Ahead – A strategic approach to increasing the participation of Aboriginal People and Torres Strait Islander people in Queensland's economy 2016-2022, which is a whole-of-government strategy to improve economic participation outcomes for Aboriginal and Torres Strait Islander Queenslanders.	▲			▲
DATSIP	Developed the Queensland Indigenous Procurement Policy (QIPP), a key action under the Moving Ahead strategy, which targets an increased share of existing Queensland Government procurement spend with Indigenous businesses. The QIPP sets a target that procurement with Indigenous businesses will be three per cent of addressable spend by 2022.	▲			▲
DCSYW	Commenced development of a suite of new domestic and family violence practice standards, which will be incorporated into service agreements as a condition of funding and will give strong regard to promoting cultural capability in practice.	▲			▲

Whole of Queensland

Initiatives supporting our Aboriginal and Torres Strait Islander young people and communities

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DCSYW	Commenced the Building a Stronger Domestic and Family Violence Service System project, which examines the strengths of the domestic and family violence service system and its capacity to meet client and system needs. The project is providing insight into barriers to service accessibility, with accessibility for Aboriginal and Torres Strait Islander people a particular consideration.	▲	▲		
DJAG	Worked with local stakeholders in the rollout of specialist Domestic and Family Violence Courts. Since November 2017, a dedicated domestic and family violence magistrate has been leading the work of the domestic and family violence court in Townsville, Mount Isa and Palm Island. A consultant will be appointed in 2018, to work in conjunction with local stakeholders, including Community Justice Groups, to ensure that the justice response to domestic and family violence is culturally appropriate.				
Initiatives and strategies addressing disadvantage in Queensland communities					
DCSYW and WoG	Actioning the Queensland Women's Strategy 2016–21, which sets out a vision for a Queensland community that respects women, embraces gender equality and promotes and protects rights, interests and wellbeing of women and girls.			▲	▲
DHPW	Delivering the Queensland Housing Strategy 2017–2027 and Action Plan, which set out a vision for Queensland where vulnerable people in all communities will have access to and will sustain housing.				▲
DCSYW	Progressing the 10-year Supporting Families, Changing Futures reform program for the child protection and family support system, in response to the Queensland Child Protection Commission of Inquiry's final report: Taking Responsibility: A Roadmap for Queensland Child Protection.			▲	▲

Whole of Queensland

Initiatives and strategies addressing disadvantage in Queensland communities

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DoE	Delivering a range of programs and initiatives to support children's access to, and participation in, early learning, including: • supporting the delivery of kindergarten programs in all settings under the National Partnership Agreement on Universal Access to Early Childhood Education from 2013 to 2018 through the: – Remote Kindergarten Pilot, which provides kindergarten aged children with access to a quality program in prescribed state schools in remote locations – eKindy through the Brisbane School of Distance education to ensure that all kindergarten-age children have access to a quality kindergarten program, regardless of where they live or their circumstances – Queensland Kindergarten Funding Scheme, a subsidy paid to approved kindergarten program providers to reduce the cost of kindergarten for eligible families, which is designed to ensure kindergarten is low or no cost for eligible families. • supporting the delivery of Early Years Places in over 50 communities across Queensland. Early Years Places are 'one stop shops' where families can access multiple services or referrals for children aged from birth to eight years. Services include early childhood education and care, health services, and family and parenting support.				▲
DCSYW	Implementing the First 1000 days program in two locations (Moreton Bay and Townsville) to reduce the effects of vulnerability in early childhood.				▲
DoE DCSYW	Delivering the Pathways for Early Learning and Development program, which embeds evidence-based early learning and development programs into existing family support services to support vulnerable families with children aged birth to five years.		▲		▲

West Cairns and Aurukun

Under the action plan developed in response to the initial findings in the Smallbone report, the Queensland Government has led a number of initiatives in West Cairns and Aurukun to improve government coordination, community safety, service responses, engagement of children and young people, local employment, and empowerment of young women and girls.

The first recommendation of the action plan was to establish the Youth Sexual Violence and Abuse Steering Committee.

West Cairns and Aurukun

The Committee's first report provided an overview of the action plan's implementation progress, identified barriers to effective implementation, and made seven recommendations across three areas of improvement: service effectiveness, raising awareness, and resourcing. The Queensland Government accepted all recommendations and has acted to remedy the barriers and to improve our response to youth sexual violence in West Cairns and Aurukun.

To continue this important work in West Cairns and Aurukun, we have committed $1.2 million over three years from 2017-18. As part of this commitment, funding has been allocated to Griffith Youth Forensic Service in 2017-18 and 2018-19 to continue the delivery of youth sexual violence and abuse prevention services in West Cairns and Aurukun.

An overview of our work to date to address youth sexual violence and disadvantage in West Cairns and Aurukun is provided below.

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
Initiatives improving service effectiveness in West Cairns and Aurukun					
DATSIP	Established the Youth Sexual Violence and Abuse Steering Committee, which has provided advice on the effectiveness of responses to youth sexual violence and abuse in West Cairns and Aurukun.	▲	▲	▲	▲
WoG	Established the Cairns Safer Streets Taskforce to work with the community and lead a cross-agency response to youth crime, including sexual offending.	▲		▲	▲
DPC DATSIP	Established the Four-point plan to achieve sustained calm in Aurukun (the Aurukun Four Point Plan) to strengthen community safety, provide access to education, strengthen the Aurukun community and its governance, and harness jobs and economic opportunities.	▲			▲
DATSIP	Appointed a senior Government coordinator to coordinate activities under the Aurukun Four Point Plan in partnership with local organisations and government.	▲		▲	
DATSIP	Appointed a Women's Project Support Officer in June 2017 in Aurukun.	▲		▲	▲
DCSYW	Established two Regional Child and Family Committees in Far North Queensland, one covering the Cairns, Cassowary Coast and Tablelands areas, and the second covering the Torres Strait.	▲		▲	▲
DPC	Established the Aurukun Directors-General Group to improve integrated service delivery to children and young people and their families by overseeing and coordinating the implementation of the Aurukun four-point plan.	▲		▲	▲

West Cairns and Aurukun

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DJAG (VAQ)	Utilised the Victim Assist Queensland Cairns office as a referral point to local services.	▲		▲	
QPS	Created and appointed an Aurukun Child Protection Investigation Unit (CPIU) position to ensure service integration. The CPIU liaises with the senior Government coordinator and meets with representatives from other agencies such as Department of Education, Queensland Health, Apunipima Cape York Health Council and Child Safety to discuss matters on both a proactive and reactive basis.	▲		▲	▲
DCSYW DATSIP	Supported linkages between specific initiatives to address youth sexual violence and abuse and other government programs of work, such as the Supporting Families, Changing Futures Reforms.				▲
QH	Established a service agreement for the Apunipima Cape York Health Council to receive referrals from the Queensland Police Service.	▲		▲	
QH	Undertaking a range of activities under the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021, including: • building the capacity of the Cairns and Townsville public health unit to provide regional public health guidance on STIs to the five hospital and health services in North Queensland • developing and implementing a consistent service model for sexual health screening programs in schools, in partnership with Education Queensland • partnering with Queensland Rugby League and AFL Queensland to develop standardised programs for pre-season and pre-carnival health checks • exploring opportunities to collaborate with corrective services to review STI processes in correctional and youth justice facilities to ensure appropriate testing, treatment and follow-up • implementing a number of activities to increase access to contraceptive and condom services in North Queensland suited to the needs of Aboriginal and Torres Strait Islander young people • developing web based information on sexually transmissible infection services in the region and evaluating the Express STI Service.	▲	▲	▲	
DHPW	Provided funding for the construction of 24 residences in Aurukun to provide secure government employee housing to support Department of Education employees.	▲			▲

West Cairns and Aurukun

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DJAG	Funded a Community Justice Group in Aurukun to contribute towards reducing the over-representation of Aboriginal and Torres Strait Islander offenders and victims within the criminal justice system. Community Justice Groups aim to achieve this through the delivery or referral to culturally appropriate support services to improve quality of life and to increase cultural understanding in the courts and the wider criminal justice system.	▲			▲
QCS	Led the Adult Prisoner Reintegration program under the Aurukun Four Point Plan, which uses a specialised and localised service model to ensure prisoners returning to Aurukun are reintegrated effectively.	▲			
DoE	Offered the RATEP Community-based Aboriginal and Torres Strait Islander Teacher Education Program in 14 RATEP centres across Queensland, including one at Cairns West State School, Mareeba State School, Mossman State School, Western Cape College Weipa Campus and Yarrabah State School. RATEP aims to help increase the number of registered Indigenous teachers and paraprofessionals in Queensland by offering tertiary programs in the home communities of the student teachers.	▲			▲
DJAG	Lead the Community Justice Group Domestic and Family Violence (DFV) Enhancement Program, which includes: • working with 18 discrete communities, including Aurukun and Cairns, to develop local authority groups and build capacity of communities to respond to domestic and family violence, crime and violence • working with communities to co-design and develop service models that prioritise the safety of domestic and family violence victims and their families and ensure community ownership and cultural appropriateness • working closely with local community justice groups, Elders, Respected Persons, Traditional Owners, non-government organisations and other stakeholders to ensure community needs are met • co-designing activities in Aurukun scheduled to commence in the 2018-19 financial year, including meeting with all stakeholders in community to promote and establish communication channels to support the model being proposed.	▲			

West Cairns and Aurukun

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DCSYW	Funded the Wuchopperen Health Service and Mulungu Aboriginal and Torres Strait Family Wellbeing Service in Cairns to make it easier for Aboriginal and Torres Strait Islander families access culturally responsive support to improve their social, emotional, physical and spiritual wellbeing, and build their capacity to safely care for and protect their children. Family Wellbeing Services have been designed and delivered by Aboriginal and Torres Strait Islander organisations, based on local community needs.	▲		▲	▲
DCSYW	Funded Remote Area Aboriginal and Torres Strait Islander Child Care to deliver Family Wellbeing Services in Aurukun.	▲			▲
DJAG DATSIP	Partnered with the Aurukun Community Justice Group to continue to support the delivery of the Aurukun Restorative Justice Program, which aims to reduce levels of violence in the community by establishing a locally-based and operated, culturally inclusive mediation and peace-keeping service to build local capacity to resolve disputes peacefully. An independent evaluation has found that the program is considered to be delivering significant benefits to the Aurukun community.	▲			▲
QPS DCSYW	Engaged with community members, key stakeholders and Griffith Youth Forensic Service in the development and implementation of the Speak Up, Be Strong, Be Heard program, to ensure cultural capability and coordination and integration with planned and existing responses.	▲	▲	▲	▲
DCSYW	Conducted Aboriginal and Torres Strait Islander family-led decision making trials in Cairns and other locations under the Supporting Families, Changing Futures reform program. The trials aimed to ensure that Queensland families and communities are empowered to become stronger, more capable, more resilient and are supported by a child and family support system that understands and respects the importance of family, community and culture.	▲	▲		▲

West Cairns and Aurukun

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
Initiatives to raise awareness					
DoE	Adopted a range of re-engagement strategies for school age children in Aurukun, including home visits and case management for disengaged children to identify alternative education options or paths for re-engagement.	▲			▲
DoE	Provided initiatives to encourage school attendance in Aurukun such as a breakfast program, certificates at assemblies and verbal acknowledgement of good attendance in classes by teachers.	▲			▲
DoE	Provided transition support services to assist young people who become disconnected or de-enrolled from boarding school pathways to re-engage with a schooling, training or employment pathway. The services work in collaboration with many remote service providers to assist young people and their families to develop and enact a re-engagement action plan.	▲			▲
DHPW	Provided engaging activities through the Get out, Get active positive lifestyle and self defence program in West Cairns.	▲		▲	▲
DCSYW	Employed a Principal Community Services Officer, based in Aurukun, to develop a positively-framed, community-driven Youth Strategy for engaging and improving outcomes for youth in the community.	▲		▲	▲
DoE	Commenced Netball Queensland's Indigenous Girls Advancement Program at Cairns State High School, which provides targeted, extra-curricular engagement activities to support the learning, physical, social, and wellbeing needs of Indigenous female students.	▲			▲
DATSIP	Funded the Griffith Youth Forensic Service to provide the Teachers Protect and Professionals Protect Training Programs in Aurukun, which improve teachers' and professionals' knowledge of child sexual behaviour and their capacity to respond to concerning sexual behaviours.	▲		▲	

West Cairns and Aurukun

Initiatives to raise awareness

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
QPS DCSYW	Delivered the Speak Up, Be Strong, Be Heard program in Aurukun and Cairns to encourage community members to recognise and report youth sexual violence and abuse when they see it. The initiative delivers tailored presentations, participation in community events and activities, and uses promotional material to increase awareness of youth sexual violence. The program has been run in a number of other communities, including Aurukun.	▲		▲	▲
QH DoE	Implemented the Strong, Proud, Healthy and Safe sexual health and relationship education program in Far North Queensland state schools, including Aurukun and Cairns, with full community support.	▲		▲	▲
DoE	Delivered the Be Well, Learn Well (BWLW) program in Aurukun, which supports Aboriginal and Torres Strait Islander student developmental needs through the delivery of targeted Speech Pathology, Occupational Therapy, Psychology and Clinical Psychology services to identify and address behavioural and learning issues. The BWLW program uses the agreed upon definition for youth sexual violence and abuse to identify and address behavioural and learning issues.			▲	▲
Resourcing					
QH	Developed and commenced implementation of the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021 across five Hospital and Health Services in North Queensland, with a focus on addressing sexually transmitted infections. This is providing: • increased screening of young people • additional sexual health staff • specialist Sexual Health Service visits to Aurukun which provide evidence based prevention, early intervention, treatment and management of sexually transmitted infections.	▲	▲	▲	
DATSIP	Worked with the Family Responsibilities Commission (FRC) and other Queensland Government agencies, to promote better connections between the FRC Local Commissioners and existing and newly funded domestic and family violence services at the local level to support referrals.		▲	▲	

West Cairns and Aurukun

Resourcing

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DATSIP	Funded Griffith Youth Forensic Service to deliver the Puggles Therapeutic Program for children 6–12 displaying persistent sexual behaviour in Aurukun.	▲		▲	▲
DATSIP	Funded Griffith Youth Forensic Service to deliver the Cape York Parents and Guardians Protect parenting program in Aurukun to build capacity of parents and caregivers to establish clear rules for children's sexual behaviour and to identify and respond to indicators of abuse and concerning behaviour.	▲		▲	
QCS	Commenced a project to expand and specialise sex offender interventions, which aims to develop an intervention service delivery model for sexual offenders under supervision of Probation and Parole, a best practice intervention pathway for Aboriginal and Torres Strait islander sexual offenders, a specialized model for offender reintegration at Aurukun, and ensure sexual offending program content and program delivery locations are effective in meeting Queensland Corrective Service's needs. To ensure project deliverables are culturally appropriate, a Queensland Corrective Service Aboriginal and Torres Strait Islander reference group will provide advice and support to the project steering committee.	▲		▲	
QH	Provided targeted sexual health services through the Cairns Sexual Health Clinic to meet the needs of Aboriginal and Torres Strait Islander people in Cairns under the North Queensland Aboriginal and Torres Strait Islander Sexual Transmissible Infections Action Plan 2016-2021. This includes providing Aboriginal Health Worker-led sexual health education to young people at the Mooroobool West Cairns Community Hub.	▲		▲	▲
QH	Funded a School Based Youth Health Nurse Service who conducts an early intervention, harm minimisation and sexual health promotion and prevention program targeting high schools students in schools in Cairns and surrounding areas.	▲		▲	▲
QH	Provided sexual health education and promotion services through Cairns Sexual Health Service to majority enrolled Aboriginal and Torres Strait Islander schools within the Cairns region.	▲		▲	▲

West Cairns and Aurukun

Resourcing

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
QH	Funded an early intervention and diversionary program targeting vulnerable young people 12-17 years in West Cairns and surrounding areas to decrease alcohol and drug misuse and other risky behaviours and support a healthy transition to adulthood.	▲			▲
QH DoE	Supported Queensland Health's Child and Youth Mental Health services to continue to work with Aurukun State School, regularly participating in classroom observations and delivering therapeutic interventions for individuals and groups.	▲			▲
DATSIP	Funded Griffith Youth Forensic Service to deliver the Protect Me program in West Cairns, aimed at preventing re-victimisation, targeting vulnerable young people (Indigenous, disadvantaged, homeless) who are unlikely to access mainstream counselling and supporting them to build individual resilience and safety and reduce the likelihood of repeat victimisation.	▲		▲	▲
DCSYW	Funded Family and Child Connect (FaCC) services to provide families experiencing multiple or complex problems with support and referral to more intensive, specialised assistance. A FaCC service is located in Cairns and is jointly run by Act for Kids, Community Services Tablelands, Community Support Centre Innisfail and Warringu Aboriginal and Torres Strait Islander Corporation.	▲			▲
DCSYW	Funded Intensive Family Support (IFS) services to work with vulnerable families who have more complex needs to ensure they receive the necessary support. An IFS is based in Cairns.	▲			▲
DATSIP	Refurbished the Aurukun PCYC in partnership with the Commonwealth Government. The PCYC is now a modern and safe space for young people in Aurukun to meet, have fun and learn strategies to live a healthier and happier life.	▲			▲
DCDSS	Funded the Red Cross to manage the Manoora and Mooroobool Neighbourhood Centres.	▲			▲
DATSIP	Installed 65 CCTV cameras in priority areas across the community in Aurukun. Further work is being done to improve lighting and tree maintenance to realise fully the benefits of the cameras.	▲			
QPS	Installed 20 CCTV cameras in Cairns monitored by Cairns Regional Council security staff, with direct live feed to Queensland Police Service.	▲			

West Cairns and Aurukun

Resourcing

Agency	Initiative	Action areas			
		Local solutions	Data and evidence	Awareness raising	Tackling causes
DATSIP	Funded Griffith Youth Forensic Services to deliver the Adapted Police Patrol in Aurukun and West Cairns, which provide time-limited patrols to target 'hot spots' and 'hot times' to reduce opportunities for problem behaviour.	▲			▲
DATSIP	Funded Griffith Youth Forensic Service to deliver the Friends Protect program, to build the capacity of young people to actively and positively contribute to the safety and wellbeing of their friends in relation to youth sexual violence and abuse, particularly in public places.	▲		▲	▲
DATSIP	Commenced developing a community values poster, an Aurukun statement of community values and education campaign in English and Wik Way. This statement is being co-designed with community stakeholders, including extensive community engagement across clan groups and Wik translators to agree community values and broadcast messages to reject sly grog, drugs, domestic and family violence and build respectful relationships.	▲		▲	▲
DATSIP	Funded the redevelopment of the Three Rivers Community Centre in Aurukun and the splash park scheduled for completion in June 2018.	▲			▲
QPS	Supported the PCYCs in Aurukun and Cairns operate a number of programs supporting crime prevention through community engagement and also provide funding for youth services (information, referral and advice, and case management) in Aurukun.	▲		▲	▲
QPS	Employed a number of Police Liaison Officers (PLOs), who play an important role in liaising between the Queensland Police Service and various organisations and individuals. There are two PLOs based at Aurukun Station and one PLO who works out of the Cairns PCYC.	▲		▲	▲

HCDSDFVPC Estimates Hearing 31 July 2018

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Committee Secretary:

Horrors in foster blunder

EXCLUSIVE
DES HOUGHTON
ASSISTANT EDITOR

IN A tragic Child Safety blunder, a young girl was taken from her loving grandmother and placed in a foster home where she was brutally raped by the foster mother's son.

Member for Bowman Andrew Laming said the girl was four when she was delivered into the arms of a monster on Brisbane's northside for no good reason.

"In the twisted world of child protection, the girl was repeatedly raped in foster care after being removed from her grandmother for no better reason than she lived half an hour too far away," Dr Laming said.

He said the 60-year-old grandmother, who cannot be named, was given custody of the girl after her son and his partner became addicted to ice.

The girl lived happily with her grandmother for 14 months. But Child Safety officers suddenly returned to tell the grandmother the child was being moved to a new home on Brisbane's northside so she could be closer to her parents who were undergoing a drug rehabilitation program.

Dr Laming said the seven-year-old girl lived in the foster home from the ages of four to six. The assaults were discovered by the foster mother who contacted the Child Safety department.

A major police investigation followed. Details of the case, including the name of the offender, were not released to protect the victim's identity.

An earlier report of the assaults described them "horrific" and "shocking".

A spokeswoman for the Justice Department confirmed the assailant had pleaded guilty to a string of sex charges and would be sentenced in the District Court next month.

His file was sealed but the charges were described on the court log as sex offences. There was a further unspecified charge under the Domestic Violence Act.

Dr Laming said it was obvious the Child Safety department's vetting process was seriously awry.

He said he believed children should be kept with blood relatives and not sent to strangers.

The grandmother had cared for the child "impeccably" and was now sick with guilt that she had not tried harder to convince the department not to move the child.

Child Safety Minister Di Farmer declined to comment.

Weapons, drugs in stolen car

POLICE found stun guns, cash, drugs and weapons when they intercepted a stolen car on the Gold Coast.

A 36-year-old man was charged with various offences after a search of the car at Nerang on Sunday morning.

Police allegedly uncovered two stun guns, a small pistol, bullets, a set of knuckledusters, cash and methylamphetamine.

The man, who pushed a police officer to the ground before being arrested, didn't apply for bail when he appeared at Southport Magistrates Court yesterday.

POT LUCK AVOIDING THE JOINT

VANDA CARSON

A BRISBANE mum turned drug mule has walked free from court after being busted with cannabis worth $140,000.

Tamika Chantel Gray, 25, a beautician from Redcliffe, was yesterday sentenced in the Brisbane District Court for cannabis possession.

Prosecutor Lara Soldi told the court that Gray was charged after police pulled over a Jeep wagon driven by her boyfriend, Adam Beer, on December 28, 2017, at Hendra.

The court heard she was paid $1000 for her job and she "understood that the role would involve some sort of unlawful purpose".

Police found 12.6kg of cannabis packaged for sale in heat-sealed bags in the back of the car. Ms Soldi told the court that Gray had a history of drug offences dating to 2016, including five of acting as a cannabis courier.

Gray's lawyer Ali Rana said Gray was "simply a delivery driver".

Judge Bernard Porter sentenced Gray to 18 months in prison, and released her on immediate parole.

"Don't do this again Ms Gray. There are a lot of people relying on you it seems," he said, referring to her seven-year-old daughter.

DRUG DELIVERY: Tamika Chantel Gray leaves court yesterday.

Questions over $445m to save reef

A PRIVATE foundation has been grilled by a government hearing as to why it was granted $445 million to help protect the Great Barrier Reef.

The Great Barrier Reef Foundation was recently handed an extraordinary $443.3 million by the Federal Government.

But during a Federal Senate hearing, Labor Senator Kristina Keneally questioned why the foundation was granted the money when the existing Great Barrier Reef Marine Park Authority could have administered the funds.

The former NSW premier said up to $45 million was included in the $443 million to cover administration costs, which might not have been necessary had the money been given to the authority.

She questioned Deb Callister, assistant secretary of the Reef Branch of the Department of Environment and Heritage, on what would happen to the money if the foundation wound up.

The inquiry, which is holding hearings across the country, was told governments were warned last century that the Great Barrier Reef was in danger of destruction, and those warnings had become a reality.
MICHAEL MADIGAN

Roadworks in fast lane

GOLD Coast Mayor Tom Tate wants to fast-track roadworks to ease congestion on the glitter strip, saying the council is "planning to go hard".

Gold Coast City Council has planned at least 116 roadworks projects through to 2031 as part of a $705 million push to "congestion-proof" suburbs.

A large share of the money, more than $200 million, will be spent in and around the Coomera Town Centre precinct, where at least nine roads will be built, including an overpass.

Cr Tate said he expected to fast-track spending on major road projects in the 2019-20 financial year.

HCDSDFVPC Estimates Hearing 31 July 2018

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Committee Secretary: