



TRANSCRIPT OF PROCEEDINGS

THE HON RONALD SACKVILLE AO QC, Chair
THE HON ROSLYN ATKINSON AO, Commissioner
MR ALASTAIR JAMES MCEWIN AM, Commissioner
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**THE ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND
EXPLOITATION OF PEOPLE WITH DISABILITY**

9.31 AM, MONDAY, 23 NOVEMBER 2020

DAY 1

Lincoln Crowley QC, Senior Counsel Assisting
Dr Kerri Mellifont QC, Senior Counsel Assisting
Ben Power and Elizabeth Bennett, Counsel Assisting

CHAIR: Good morning, everyone. I extend a warm welcome to all who are following this, the eighth public hearing of the Royal Commission into Violence, Abuse and Neglect and Exploitation of People With Disability. This hearing will examine the experience of First Nations people with disability and their families in contact with child protection systems. I therefore extend a particular welcome to all First Nations people who are following or will follow this hearing. I shall now ask Commissioner Andrea Mason OAM to perform welcome to country and to make an opening statement.

10 Commissioner Mason.

OPENING STATEMENT BY COMMISSIONER MASON

15 COMMISSIONER MASON: We acknowledge the First Nations people as the original inhabitants of the lands on which this hearing is sitting. [Ngaanyatjarra language spoken] We recognise Brisbane. [Ngaanyatjarra language spoken]. We recognise the country north and south of the Brisbane River as the home of the Turrbul and Jagera nations [Ngaanyatjarra language spoken] and we pay our respects to the Gadigal people of the Eora nation. Their land is where the city of Sydney is now located.

25 We pay deep respects to all Elders, past, present, and future and especially Elders, parents and young people with disability.

30 This hearing will include evidence that may bring about different responses for people. It will include accounts of violence, abuse, neglect, and exploitation of First Nations parents with disability and their experiences with child protection systems across Australia.

35 For First Nations viewers, please note that the evidence will describe removal and if the evidence raises concerns for you, please contact the national counselling and referral service on 1800 421 468. You can also contact Lifeline, 13 11 14, Beyond Blue on 1300 224 636, or your local Aboriginal medical services for social and emotional wellbeing support.

40 Before I begin, I would like to acknowledge that in my remarks I'm going to mention 2 First Nations Elders with disability who have passed away.

45 Uncle Paul Calcott, a Wiradjuri Elder, artist and disability advocate, explained his perspective on what matters most to people with disability as they engage with the Disability Royal Commission, which he put into a piece of artwork. It is Respectful Listening.

In the artwork, he implored the Royal Commission to understand the violence, abuse, neglect and exploitation that First Nations people with disability are experiencing.

They are listening, and walking with them and not to do it in a way where the Royal Commission has decided on the answer but to listen with the intent to understand, to do it respectfully so we cut through to the things that matter most, in the solutions we will eventually propose.

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Listening is in the oral tradition of First Nations peoples. It is how we exercise our authority and see and hear the authority in others. This week, we will hear First Nations people with disability speak with cultural authority about growing up and living in Australia as First Nations people, as First Nations people with disability, and as Australian citizens.

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This intersectionality is important to mention at the beginning of this hearing because First Nations people with disability walk in 3 worlds - the First Nations world, the disability world, and as Australians in Australian society. This combination means they are more likely to both experience racism and ableism, that unfortunate coalescence can and does have far-reaching impacts.

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The child protection system is probably the setting more than most that potentially sets into motion deep and lasting ripples on First Nations parents with disability, on grandparents, and on the life of a child and their siblings.

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Decisions made by child protection services can be life-altering for parents with disability. In past inquiries we have heard about the experiences of children in the child protection system but rarely heard about the experiences of First Nations parents with disability. However, the examination of violence, abuse, neglect and exploitation of First Nations parents with disability, and their interaction with the child protection system, are experiences that have largely been invisible in past inquiries. This week, this changes. This week we will hear stories of First Nations parents with disability and their attributes of resilience, courage, persistence, and about their love for their children.

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We will also hear about their experiences of how race, disability, and interacting with Australian citizens in child protection has given them experiences that are unique to them.

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The roles and responsibilities of advocates, disability service providers, peak bodies, legal services run by First Nations and non-Indigenous organisations is an important part of this story. This is because their engagement has the potential to be transformational, to be one of positive synergy for First Nations parents with disability.

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The word "synergy" means the interaction of two parts or more combining to produce a greater impact than what they could do on their own. In summary, it means that in some instances in service provision, one plus one can equal three.

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We will hear, this week, some parents share their experiences and it will be clear they have had an experience of positive synergy. For others, some experiences may

be more transactional, so one plus one equals two. And for some, their experiences have been one of deficit, that even with the effort they have given, parents may feel things have gone backwards.

5 This week, when these stories are told in the company of other stories, we will have the opportunity to see single stories join with others to become collective stories. It's important we do this because these collective stories have the power to uncover patterns and potentially the attitudes behind these patterns.

10 Aunty Gayle Rankin and Uncle Lester Bostock were 2 Elders warriors who fought passionately for people with disability until their passing. If they were here today, I'm sure they would say, "Put First Nations people with disability at the centre of your listening and thinking, and let your listening and thinking be centred by First Nations people with disability."

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Thank you, Chair.

OPENING REMARKS BY CHAIR

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CHAIR: Thank you, Commissioner Mason, for your statement. Allow me, please, to express the deep appreciation of the Royal Commission for your tireless work in ensuring that the voices of First Nations people with disability are listened to and
25 heeded.

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I wish to pay my respects to the traditional owners of the land on which I am located, the Gadigal people of the Eora nation. I also acknowledge the First Nations people who will give evidence during this week and all First Nations people following these
30 proceedings on our webcast.

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We hope that this hearing will encourage more First Nations people with disability, and their family members, to come forward with their stories. As
35 Commissioner Mason has just said, and as Uncle Paul's beautiful artwork illustrates, we are committed to respectful listening, to all people with disability, who are prepared to engage with us.

35

As has been the case with the last 3 public hearings conducted by the Royal
40 Commission, because of the restrictions resulting from COVID-19 pandemic, this will be a virtual hearing. On this occasion, I am joined by Commissioners Roslyn Atkinson AO and Commissioner Mason and Commissioner Alistair McEwin AM. Commissioners Atkinson and Mason are present in the Royal Commission's hearing room in Brisbane, while Commissioner McEwin and I are in the Royal Commission's
45 premises in Sydney.

45

Senior Counsel Assisting the Royal Commission of this hearing are Mr Lincoln Crowley QC and Dr Kerri Mellifont QC. They appear with Ms Elizabeth Bennett

and Mr Ben Power of Counsel. They are ably assisted by Brisbane barrister Ms Avelina Tarrago, a proud Wangkamadla woman.

5 Counsel will participate in the proceedings from the Brisbane hearing room, except for Ms Bennett, who will appear by video link from Melbourne. Legal representatives of the parties given leave to appear will participate in the hearing either remotely or in person in the Brisbane hearing room. Their appearances will be announced shortly.

10 These proceedings can be followed on the webcast available on the Royal Commission's website, as with all our hearings an Auslan-English interpretation will be visible on the webcast. Our Auslan interpreters will be translating in both the Brisbane and Sydney hearing rooms.

15 During the course of this hearing, we expect to hear from about 25 witnesses over 5 days. They include First Nations people with disability who have had direct experience with the child protection systems in various parts of Australia. We shall hear from the Aboriginal and Torres Strait Islander Social Justice Commissioner of the Australian Human Rights Commission and from First Nations Children's
20 Commissioners from several Australian jurisdictions. We shall also hear from First Nations child protection organisations, community legal centres and disability rights organisations, academic experts, advocates and government witnesses.

25 Most witnesses will give their evidence remotely, but some will give their evidence in the Brisbane hearing room.

30 As is inevitable, in the age of pandemic, the best laid plans are always at risk of being disrupted. Some witnesses have kindly agreed to travel from Adelaide to Brisbane to give evidence in person. But that plan has had to be abandoned because of the resurgence of coronavirus in Adelaide. Nevertheless, using the wonders of technology, we shall still hear from them.

35 Of the 18 non-government witnesses who will give oral evidence at this hearing, 12 identify as a First Nations person. Mr Crowley will shortly provide further details in his opening statement about the nature of evidence that witnesses are likely to give during the week.

40 We had originally intended to hold the first hearing addressing issues of particular importance to First Nations people with disability in May 2020. That hearing was to be conducted in the Northern Territory and the subject matter was to be the experiences of First Nations people with disability in remote areas. The decision to hold an early hearing on these issues reflected the direction contained in the Royal Commission's terms of reference requiring us to have regard to the fact that specific
45 experiences of violence against and abuse, neglect, and exploitation are multi-layered and are influenced by experiences associated with race, including a particular situation of First Nations people.

Unfortunately, the travel restrictions imposed as a result of COVID-19 forced the postponement of the hearing planned for May. We hope to hold that hearing once travel restrictions are entirely lifted and the threat from coronavirus has receded.

5 The Royal Commission has always intended to investigate the interaction between
First Nations people with disability and the child protection systems of the Australian
States and Territories. It has been clear from an early stage of the Royal
Commission's work that this is a major concern for First Nations people with
10 disability. It's not at all difficult to understand why this is a topic of great concern,
especially to First Nations people. Several of the statements from witnesses that will
be tendered during the hearing refer to a recent report of the Australian Institute of
Health and Welfare, entitled Child Protection in Australia 2018-2019. The Institute,
the AIHW, reports that in 2018-2019, 51,500 First Nations children received child
15 protection services. This is a rate of 156 per 100,000 First Nations children – 8 times
the rate for non-Indigenous children.

Of these First Nation children, nearly one-third were under the age of 5. The rate of
First Nations children receiving child protection services actual increased from 134
20 per 1,000 in 2014-15 to 156 per 1,000 in 2018-2019.

In the same year, that is 2018-2019, 1 in 26 First Nations children were the subject of
substantiations. That is a finding made after investigation that there is reasonable
cause to believe that a child has been, is being or is deemed to be abused, neglected
or otherwise harmed. First Nations children were 6 times more likely to be the
25 subject of a substantiation than non-Indigenous children.

On 30 June 2019, approximately 30,300 children in Australia were in long-term
out-of-home care, that is, for a period of more than 2 years. Of these, over 40% were
First Nations children.

30 The data also suggests, as the statement from Professor Claire Tilbury indicates, that
not only do First Nations children enter care at much higher rates than
non-Indigenous children, they are subject to more intrusive interventions and they
stay longer in care.

35 It does seem that despite all the reports and all the programs that have sought to
address First Nations disadvantage, things have actually gone backwards in recent
years.

40 AIHW states that the reasons for over-representation of First Nations children in
child protection systems and substantiations are complex. That they include the
legacy of past policies of forced removal, the intergenerational effects of previous
separations from family and culture. The effects of poverty on First Nations
families, perceptions resulting from cultural differences in child-rearing practices.

45 These things are by no means unfamiliar in the discourse about the place of First
Nations people in this country, and they will be reiterated in much of the evidence

that we will hear this week.

5 The evidence will tell us that there is very limited data available on the numbers and proportions of children in State and Territory child protection systems whose parents are First Nations people with disability. But there is general agreement that First Nations parents with disability are particularly at risk of having their children removed and placed in care. This is hardly surprising because, as Commissioner Mason has pointed out, they face intersecting and compounding disadvantages, even beyond those experienced by other First Nations parents.

10 Part of our task this week is to examine how these disadvantages can be addressed. We shall do so, as Mr Crowley will explain, having regard to Article 23 of the *Convention on the Rights of Persons with Disabilities* which provides that no child is to be separated from parents on the basis of a disability of either the child or one or
15 both of the parents.

We need to consider, among many other things, discriminatory practices by reporters of suspected neglect and by some child welfare workers, a lack of cultural sensitivity by seeing, for example, child rearing practices as deficits rather than as promoting
20 cultural strength, assessment criteria that may be appropriate for non-Indigenous people but not to First Nations people.

The assumption frequently made that disability equates to poor parenting and the failures to provide accessible and culturally safe support services to First Nations
25 people seeking to overcome the intergenerational loss of parenting skills.

We must also consider how information about parents with disability in contact with child protection services is gathered and how that information is used, both at a systemic and case management level.
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None of this is to deny that genuine efforts are being made to improve Australia's deeply troubling record. We shall hear, for example, of the Aboriginal and Torres Strait Islander child placement principles. They are: prevention, partnership, connection, participation and placement. These principles have been incorporated to
35 varying extents in State legislation.

I would like to add something to this that's based on work that I did 45 years ago. In 1975, I presented a report to the Commonwealth Government as the Commissioner for Law and Poverty on the Australian Government Commission for Poverty.
40 Chapter 10 of that report was entitled *Aboriginals and the Law*. The terminology used 45 years ago is somewhat different to the terminology used today.

In chapter 10 of that report, I addressed, as best I could, and I'm quoting, "the variety of disadvantages that are deeply rooted in history and the attitudes of the white
45 community. To overcome these disadvantages in the long term, it will be necessary to go beyond legal reforms into the realm of economic and political power."

The chapter in the Law and Poverty report considered such pressing issues as the gross over-representation of Indigenous people in custody, the survival of discriminatory laws, official practices, and racist social attitudes that created multiple forms of disadvantage and denied Indigenous fundamental human rights, and the unfairness Indigenous people routinely encounter with their dealings in the justice system particularly in relation to sentencing for criminal offences.

Among other things, that chapter argued for a transfer of power to Indigenous power to ensure that they could determine their own future and have genuine freedom of choice. How little it seems has changed in 45 years.

This week is an opportunity to move along a path that has been marked out for decades but has not been sufficiently travelled. The hearing marks a new and significant phase in the work of the Royal Commission and in the contributions of First Nations people with disability to that work. The issues we shall confront this week, and some of the evidence will be confronting, and not simple to resolve. On the contrary, like many matters within our terms of reference, they are very complex and very challenging, that is why this Royal Commission is not a sprint, but a marathon, and why we cannot rush to judgment.

Mr Crowley, perhaps we could take appearances and then I invite you to make an opening statement.

MR CROWLEY: My name is Lincoln Crowley QC and in this hearing I appear with Dr Mellifont QC, and Ms Bennett by AVL from Victoria, and Mr Power of Counsel. We're instructed by the Office of the Solicitor Assisting the Royal Commission.

CHAIR: Thank you. Perhaps if you make your opening statement and then we will take the other appearances after you're finished.

OPENING REMARKS BY COUNSEL ASSISTING

MR CROWLEY: Yes, thank you, Chair.

Commissioners, we acknowledge and pay our respects to the traditional custodians of various lands in which we participate in this public hearing. We pay our respects to First Nation Elders, past, present and emerging, as well to all First Nations people involved in and following this public hearing.

This is the eighth public hearing of the Royal Commission. It is, however, the first of a series of public hearings that will specifically focus on the experiences of First Nations people with disability. This hearing will be conducted over 5 days, commencing today and concluding on Friday, 27 November.

This hearing will examine the experiences of First Nations people with disability in

contact with child protection systems. It does so within the terms of Article 23 of the *Convention on the Rights of Persons with Disabilities* in mind and in particular, item 4 of Article 23 which provides:

5 *States Parties shall ensure that a child shall not be separated from his or her*
 parents against their will, except when competent authorities subject to judicial
 review determine, in accordance with applicable law and procedures, that such
 separation is necessary for the best interests of the child. In no case shall a
10 *child be separated from parents on the basis of a disability of either the child*
 or one or both of the parents.

As we've heard, this hearing is being held in Brisbane and Sydney and while the hearing rooms are not open to the general public due to COVID restrictions, the hearing can be followed on web stream on the Disability Royal Commission website.
15 Some witnesses will give evidence in person from Brisbane in the hearing room and others will give evidence via AVL link, and some others by pre-recorded evidence.

The manner in which each First Nations witness varies in the way they give their evidence, depending on the particular circumstances and the individual wishes of
20 those witnesses.

Our terms of reference expressly require the Royal Commission to have particular regard to the experiences of First Nations people with disability. It's not surprising they do so given the observations made by Commissioner Mason in the first public
25 hearing, which were, First Nations people are already marginalised in the Australian community. Having a disability makes them part of a marginalised group within a marginalised group. They experience racism and ethnocentrism, like other First Nations brothers and sisters experience. However they feel, see and experience a greater level of discrimination because they have a disability.

30 Thus inquiring into the issues facing First Nations with disability is a specific priority of the Disability Royal Commission. The issues have come and continue to come from our community as we listen to First Nation voices.

35 To identify the key issues of concern for community, we have reviewed all material received by the Royal Commission through private sessions, submissions, responses to issues papers, First Nation specific workshops and all forms of community engagement and through the advice, guidance and wisdom of the First Nations People Strategic Advisory Group.

40 We have also engaged in close consultation with the First Nations community. Initially, this involved in-person engagements in urban, rural, remote and very remote areas of Australia. I've had the privilege of being personally involved in direct engagement with First Nations people with disability, their communities, their
45 Elders, leaders and representative bodies.

Through these consultations, I was repeatedly told that First Nations people with

disability are not getting the supports they need, and that neglect of these needs is occurring on a systemic basis.

5 The pandemic has had a significant impact on our ability to engage in person with the community. However, we have remained committed to the important task of bringing forward the experiences and stories of First Nations people with disability into this inquiry, to make loud the silenced voices. And we've altered the means and methods of our engagement to permit this to continue.

10 The Royal Commission needs to hear the stories of First Nations people told by First Nations people. The Commission acknowledges that understanding those stories coming through listening respectfully and honestly, and treating the First Nations people with dignity, and that is what this week is about. It's a hearing, not just speaking.

15 But we can only hope to bring about a better future for First Nations people with disability if First Nations people come forward to be heard through giving evidence at public hearings. The Commission therefore encourages all First Nations people, particularly those with lived experience as First Nations people with disability, who have something to say about the issues the Commission will examine in later public hearings, to speak up and they will be heard.

20 Public hearings are only one aspect of the work the Disability Royal Commission does, but they're an important aspect. They provide the chance for the public to hear First Nation voices, speak of their experiences with cultural authority and knowledge and enable those voices to be amplified.

25 This hearing continues a journey, being the eighth Public Hearing of the Commission, in which issues facing First Nations people with disability have already been raised. But, as I observed before, this is the first of the First Nation-specific public hearings, and it's the beginning of what we hope will be a journey with a purpose.

30 The ultimate purpose is to bring positive change to the lives of our mob. First Nations people with disability who experience, or are at risk of, violence, abuse, neglect, and exploitation because they are First Nations people with disability.

35 All the Commission hearing staff and Counsel Assisting are dedicated to the task of assisting the Commissioners to examine the issues and identify the challenges and concerns of First Nations people with disability. To understand what needs to change, and why it must change, and to have the courage to make the necessary recommendations that will bring that change.

40 This hearing, public hearing number 8, will hear First Nations people tell their stories and share their knowledge of their experiences and interactions as First Nations parents with disability, in contact with child protection systems. The hearing will speak to the importance of culture and First Nations family, and we hope to shine a

light on the stark reality of over-representation of First Nations family and children in child protection services today.

5 The Australian Bureau of Statistics reported that 22% of First Nations children have disability compared to 8% in the general population. In adulthood, that increases to 48% of First Nations adults aged 18 and over, compared to 13% in the general population.

10 According to the most recent report of the Australian Institute of Health and Welfare on child protection in Australia, as of 30 June 2019, First Nations children were almost 8 times as likely as non-Indigenous children to have received child protection services, that is 156 per 1,000 children compared to 21 per 1,000 respectively. First Nations children were nearly 11 times as likely as non-Indigenous children to be living in out-of-home care.

15 In the course of preparing this hearing, I had the privilege of speaking to Aunty Jenny Swan and Aunty Suellyn Tighe from Grandmothers Against Removals in New South Wales. Our conversation was recorded, and I would like to share now with you one of the powerful messages that they shared with me. If we could have, please, the excerpt from Aunty Jenny speaking, please, played.

[VIDEO RECORDING PLAYED]

25 AUNTY JENNY SWAN: What we advocate for is our children to be left with their families in culture because culture is a lived experience and, whether they've got a disability or not, culture is a lived experience and that's what we advocate because too many of our kids are being taken. You know, we've got higher rates than in the Stolen Generation now, I think it's 11 times higher than the Stolen Generation, that's never stopped. Names have changed, policies have changed, but that's never stopped.

35 **[VIDEO RECORDING ENDED]**

40 MR CROWLEY: Despite the over-representation of First Nations people in the child protection system, and the prevalence of disability for First Nation adults, the specific experience of First Nations parents with disability who are in contact with child protection systems has, until now, been under-explored.

45 Our focus this hearing will be on the question of whether First Nations parents with disability and their families are exposed to a higher likelihood of statutory intervention by child protection systems because they are First Nations persons with disability.

This is a difficult and sensitive topic for our community and at this stage, we wish to advise First Nations people who are watching or listening to this hearing that the evidence will describe removal and respectfully acknowledge that hearing such evidence may be difficult. I will later provide details of the support services available. I also note that in the course of this week, we may hear the names of deceased First Nations people.

Related to the question I spoke of a moment ago are the reasons, causes and effects of statutory intervention and child removal for First Nations people with disability. This hearing will examine those issues individually and systemically. In doing so, the Commission acknowledges that immediate factors that are immediately relied upon to justify the removal of First Nations children from their parents cannot be considered in isolation from other socioeconomic factors such as poverty, lack of housing, and family violence, and they cannot be examined without acknowledging the pervasive and damaging effects of historical policies, actions and events commencing with colonisation that have caused personal and cultural trauma for past generations and which still continue to be experienced today of First Nations people.

At this point, I would like to confront the real and important issue of inquiry fatigue for First Nations people. During my involvement in direct engagement with the community, I've been repeatedly told by First Nations people that they are tired, they're fatigued by inquiry. The community is tired of report after report being provided to Government that does not translate to action. We know that we are asking First Nations people with disability and their families and their communities to come forward and share their experience with us and that this is significant.

In evidence, we will hear from Commissioner Natalie Lewis who is a First Nations Commissioner of the Queensland Family and Children's Commission. We will hear her re-tell her experience of inquiry fatigue. Commissioner Lewis will say, as an Aboriginal woman committed to social justice, the number of recommendations from Commissions of Inquiry, Royal Commissions, and reviews about us that have remained unimplemented or implemented in ways that are far removed from the original intent is both profoundly personal and professional exhausting.

The Royal Commission's interim report published on 30 October 2020, describes the harm across many meetings of First Nations people with disability and the barriers to their safety, well-being and inclusion. First Nations people with disability have told us their experience is compounded by multi-layer disadvantage associated with colonisation, poverty, chronic health conditions, racism, intergenerational trauma, and a lack of culturally appropriate services.

The interim report tells us that many First Nations people do not identify themselves or their children as a person with disability and they reflect their own experiences of stigma and shame, or gaps in their knowledge and the inaccessibility of current systems. For First Nations people, disability may be seen as another issue to manage on the spectrum of disadvantage, and so may not receive the attention it needs.

5 The interim report also presents stories First Nations people had shared with the Royal Commission, highlighting how caring and cultural obligations are strong in their communities. They have told us these obligations are a key consideration in providing support and responses to experiences of violence and abuse, including to address the limited availability of culturally safe and trauma-informed services to help First Nations people with disability experiencing domestic and family violence.

10 First Nations people have also said they do not feel comfortable raising these matters with police and child protection services.

15 In developing this hearing, our intention is to consider whether disability status may be a silent causal factor, increasing the likelihood of child removal from First Nations parents and contributing to the over-representation of First Nations children in out-of-home care in Australia.

20 Some of the issues we will be considering in this hearing are whether there is recording and data for First Nations people with disability, whether early intervention exists and if so, if it's practised, and if that is the case, how, when and why that happens.

25 This is one of the issues that the Grandmothers Against Removals NSW group shared their thoughts with me about. Their concern was that there are services --- if there are services available, they seem only to be available once you're in the system, in the Department's system. Aunty Suellyn Tighe expressed in these words, and I will read what she said.

30 *.... we talk about the gate the gate only swings one way in the sense that it prevents you from being proactive. You cannot walk off the street, walk through a door to a service, one that is acknowledged or identified by the Department. You can't walk into a service unless you're on the books. You can't be proactive.*

35 Other issues we will consider include the assessment and identification of disability in First Nations parents. The supports and services available for First Nations people with disability, are they provided, when, and how and by whom are they provided? How disability and First Nations peoples' status may affect the risk assessments and the decision-making by child safety workers. The cultural competency in decision-making and the Aboriginal child placement principle in practice.

40 Relevant to these topics in particular, to the decision-making issue is the concept of unconscious bias. Analysis from the Australian National University published in the Journal of Australian Indigenous Issues in December 2019 shows most Australians tested for unconscious bias held a negative view of First Nations people, which can lead to widespread racism.

45 Bias was regardless of gender, age, ethnicity, occupation, religion, education level,

geography or political leanings. 75% of Australians tested using the implicit association test, a joint initiative of universities including Harvard, Yale and the University of Sydney, hold a negative implicit or unconscious bias against First Nations people.

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The researchers analysed the implicit bias of over 11,000 Australian participants over a 10-year period and how this may lead to racist attitudes or behaviour. The results show there may be an implicit negative bias against Indigenous Australians across the board which is likely the cause of the racism that many First Nations people experience.

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The results show it's likely that many people who hold these views have no awareness of their prejudice as it is often unconscious, implicit bias that can seep seamlessly and sometimes perniciously into the everyday decisions at all levels of society.

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First Nations people have long claimed sovereignty over their culture and their lands, and now this extends to claim of sovereignty to data about First Nations people. The concept of Indigenous data sovereignty refers to the right of First Nations people to exercise authority over the collection, access, analysis and use of data that relates to them. This is exercised through Indigenous data governance which is an important mechanism for ensuring First Nation's people's perspectives, priorities and knowledge are centred. High-quality data empowers First Nations people to make decisions about their own development. Good data is critical for setting goals, measuring success against these goals and holding governments, organisations and others accountable for delivering on those goals. Without good data, it's not possible to know the double discrimination that First Nations people with disability experience in other aspects of their lives is also reflected in the child protection system.

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Without good data, it's difficult for systems and services to care for and to better support vulnerable parents.

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And yet, our work to date tends to indicate a lack of high-quality data in this area. We've observed this, too, in other hearings, Public Hearing 6 which looked at the experiences of people with disability during COVID-19 and Public Hearing 7 which considered education for children with disability.

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Preparation for this hearing included undertaking investigations as to whether child protection departments or State or Territory governments capture and report on the status of disability parents they are provided services to and to gather information whether children of First Nation parents with disability are over-represented in the child protection system and are more likely to be placed in out-of-home care in comparison with children of other parents.

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Under request or compulsory notice we saw statements from all State and Territory child protection departments about whether data is collected, recorded and reported

about the First Nations and disability status of parents whose children are in contact with the child protection system. We will tender those statements into evidence at this hearing.

5 From the information provided to the Commission from all jurisdictions we observed that the First Nation status of parents is generally captured by State and Territory child protection systems with the apparent exception of Tasmania. However, there does not appear to be consistent capture of collection, recording or reporting of the disability status of those parents.

10 As a starting point, our analysis, statements provided to the Royal Commission indicates that across Australian jurisdictions, there is no common definition for disability for the purpose of capturing data on disability status in child protection systems. We understand that no jurisdiction currently mandates in law or policy that
15 child protection systems collect and record data on parental disability status.

In response to a question about whether child protection departments collect and record information on disability status or disability indicators of parents in contact with child protection systems, the statements provided to the Commission indicate
20 that jurisdictions may capture information about the disability status of parents within their client records, but no jurisdiction positively confirmed that they publicly report on the disability status of parents.

All jurisdictions have explained that where information on parental disability status is
25 collected and recorded, it may be for the primary purpose of conducting further harm and risk assessments on child safety and to assess parents' capacity to care for and protect their children. Only some jurisdictions refer to that information being used to provide support to parents and family.

30 Of all the jurisdictions, only the ACT Community Services Directorate indicated that information about a parent's disability status is used to inform reasonable adjustments for parents with disability to access available services and supports.

The Directorate also referred to work underway in that jurisdiction to ensure there's
35 effective two-way communication, understanding or participation in respect to parents with disability.

Some jurisdictions explained the data available on parental disability is of poor
40 quality or incomplete. Most jurisdictions identified they are operating with information recording systems that require updating. They reported the limitations of these systems' impact on their capacity to record and report on data on parental disability status. It would seem, therefore, that information currently known to the Commission, the States and Territories are not presently able to say, on a statistical
45 basis, whether children of parents with disability, including First Nation parents, are more likely to be subject to intervention by the child protection system, and whether they are over-represented in particular stages of that system, such as in out-of-home care.

5 If we are correct on that analysis, then this begs the question of how States and Territories are able to direct resources towards parenting and family support services on the basis of evidence and need, which are appropriate and accessible for parents with disability, and culturally appropriate and safe for First Nations parents with disability. This question will be addressed to the various government witnesses who will be giving evidence this week.

10 I want to now give an outline of some of the witnesses who will give their evidence this week. We'll hear from a Wakka Wakka woman and a mother with disability who has direct experience of interactions with the child protection system in Queensland. She will give evidence under the pseudonym Ann. Ann has been diagnosed with schizophrenia, a form of psycho-social disability. She was first diagnosed when admitted to hospital after experiencing a psychotic episode. At that
15 time, she was a young single mother. The Department removed her son from her care under a short-term order.

Over the next several years, her son was the subject of further short-term orders. After a further psychotic episode, the Department sought an order for long-term
20 guardianship until her son would be 18. This, despite the fact that since a further episode, Ann had become a mother to a second child, a daughter, who was not removed from her care.

Ann fought to have her son returned to her. She proactively sought supports to help
25 her with her parents and her mental health condition. Ann will speak of her efforts and will describe how, with the assistance of culturally appropriate mental health supports, and through the advocacy of her lawyer, she was able to successfully challenge the order of the Department.

30 Earlier this year, more than 5 years after he was first removed, Ann was finally able to be reunited with her son, and she and her partner now live together as a family again.

We'll hear from Christine May who is an Aboriginal and Torres Strait Island mental
35 health worker, within the Cultural Healing Program provided by Queensland Health on the Sunshine Coast. Christine is the caseworker who works alongside Ann. Christine will give evidence about unique support provided to First Nations people through the Cultural Healing Program and of the assistance she was able to provide to Ann to help her be reunited with her son. She will speak of her observations of the
40 way the Department interacted with Ann and her concerns about the insufficiency of timely provision of culturally appropriate and safe supports of First Nations parents with disability.

We'll also hear from a First Nations woman and mother with disability who will
45 speak of her interactions with the child protection system in NSW. She will give her evidence under the pseudonym Kate. At the age of two, Kate was removed from her own mother and placed in foster care with an Aboriginal foster mother, a respected

aunty who Kate calls Mum. She grew up with many foster siblings in a large Aboriginal foster family. Although Kate identifies as a First Nations person and her culture is important to her, because of her own early removal at a young age, she is unsure of which side of her family her First Nations heritage comes from.

5

Kate has variously been diagnosed with ADHD, low borderline autism, Aspergers and intellectual disability. She was subjected to sexual abuse while in primary and high school and when aged 16, her foster mother became unwell and Kate left home for a time lived on the streets. She eventually secured accommodation where she lived with her ex-partner who had also been in foster care.

10

That relationship lasted for several years but was marred by episodes of family violence inflicted upon Kate by her partner.

Not long after securing stable accommodation, Kate became pregnant with her first child. Late in her pregnancy, a serious incident occurred. A fire destroyed the home and all their possessions. Her partner was left seriously injured and hospitalised and Kate was left homeless. Two weeks after her baby was born, the Department took the child, citing homelessness. Kate's second child was removed a few months after birth. By this time, Kate had separated from her ex-partner because of repeated acts of domestic violence. However, the Department determined that Kate was not capable of parenting a baby alone without her ex-partner's help.

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Her third child was removed straight after birth, Kate had no opportunity to show that she could be a capable parent. Kate will tell us the experience with her fourth child was very different. With the help of her disability caseworker, she proactively contacted the Department as soon as she found out she was pregnant, and pleaded with them to provide support so she could keep the baby. In effect, the Department was coaxed and compelled to help Kate keep her child through early intervention rather than again following a pathway to removal. Kate's fourth child has not been removed and they currently live together with Kate's new partner as a family.

We'll hear from Julia Wren, who is a disability caseworker for the Intellectual Disability Rights Service, the IDRS, which provides legal help, justice support and other services to people with cognitive impairment in NSW. Julia was the caseworker for Kate. Julia will give evidence about her advocacy role and her experience in engaging in prenatal work and her views of the importance of early engagement, coordination and navigational support services such as the NDIS and community supports.

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We'll hear from a mother with direct experience with interactions with the child protection system in South Australia. She will give evidence under the pseudonym Shontaya. Shontaya is the mother of 3 children. After her youngest child was born in 2018, she was assessed and diagnosed with a chromosomal abnormality, a genetic abnormality that results in developmental and language delays. Much later, after the Department became involved, she was formally diagnosed with a mild intellectual disability. Although she was never aware of it, over the years various notifications

45

had been made to the Department about child safety concerns in respect to her children. This is happening in the context of recurring family violence.

5 Shontaya was the victim of significant and prolonged violence by her ex-partner, the father of her 2 youngest children. He would verbally abuse her and beat her. She would flee with the children but would eventually return, and the cycle of violence would continue. Shontaya will describe how her world fell apart in 2019. She and her family, with whom she was close, were mourning after several close family members passed away. The family support that Shontaya usually had was reduced as
10 the family attended sorry business. Shontaya had physical health issues of her own which included serious injuries inflicted upon her by her ex-partner around the end of that year. It was at this point the Department became involved, initially seeking a short-term three-month order. During that process, Shontaya was assessed as having low intellectual functioning following a parenting capacity assessment.

15 As a result of the Department's assessment, the Department changed their approach from working towards reunification and instead sought a long-term guardianship order in respect of the three children on the basis that Shontaya lacked the capacity to parent or the capacity to learn to parent.

20 This matter is currently before the court and is the subject of a reserved decision, and, therefore, there are limitations on the evidence which will be given here to the Commission. However, her evidence will speak of what it was like for her as a proud First Nations woman with disability through this journey.

25 This week we will also hear evidence from a number of statutory officers, Commissioner June Oscar, the Aboriginal and Torres Strait Islander Social Justice Commissioner, Commissioner Natalie Lewis from the Queensland Family and Child Commission. Commissioner April Lawrie, the Commissioner for Aboriginal
30 Children and Young People, South Australia, Assistant Commissioner Hucks, the Assistant Children's Commissioner, the Office of the Children's Commission, Northern Territory.

35 Each of Commissioners Oscar, Lewis and Lawrie are First Nations women.

40 Commissioner Oscar will speak of the key challenges facing First Nations parents with disability from a national perspective. Her evidence will include insights into a number of matters including the concept of disability, impact of factors such as intergenerational trauma, colonisation, mistrust of government agencies, poverty and housing on the experiences of First Nations people with disability and their families in contact with child protection systems.

45 She will also talk about the need for accessible and culturally appropriate supports and services, and staff working with the child protection systems.

The evidence of Commissioners Lewis and Lawrie and Assistant Commissioner Hucks will address some of the key challenges facing First Nations parents with

disability in contact with child protection systems in their respective jurisdictions.

5 We'll also hear from a number of witnesses who will provide evidence of their experiences as advocates or support service providers and their interactions within the child protection system context.

10 We'll hear from Ms Thelma Schwartz, Torres Strait Islander First Nations woman and a Principal Legal Officer of the Queensland Indigenous Family Violence Legal Service. Ms Schwartz has 30 years experience in criminal and care and protection matters and she will give evidence of the relevant need in the Department, for the Department of Child Safety, Youth and Women to make investment in front-end engagement and to ensure there are active efforts to assist families of parents with disability.

15 We'll hear from Kenn Clift who is a solicitor with the Intellectual Disability Rights Service, the IDRS, which is the co-convenor of the New South Wales Care and Protection Network. The IDRS are an independent advocacy service that provides support services to people with intellectual disability or cognitive impairment. They have a particular focus on assisting parents with intellectual disability in their
20 engagement with the child protection systems in New South Wales. Mr Clift will speak to the issues that arise when his First Nations clients are not provided with support to enable them to comprehend and meaningfully participate in court proceedings or to comply with court orders or participate in mainstream parenting programs.

25 Cathy Pereira, who is the principal solicitor and coordinator of the Aboriginal and Torres Strait Islander Legal Service North Queensland, will give evidence. She has represented First Nations women with disability for many years. She will provide her perspectives on the need to re-orientate the system around prevention and support
30 and the importance of cultural competency of and understanding of human right obligations by departmental staff.

35 Ms Leigh-Anne Pokino will give evidence. She is a First Nations social worker who works for the Inala Indigenous Health Service. She will give evidence about her work as a caseworker where she provides support to First Nations mothers with disability who are in contact with the child protection system. She will speak of the importance of wraparound services in providing First Nations mothers with disability with supports and her concerns about the influence of stereotypes on decision
40 making with respect to First Nations mothers with disability.

45 We'll hear from representatives of First Nations child protection peak bodies, those who provide support and services to First Nations parents, children and young people and advocate for the community. Information that's been received by the Commission indicates that some First Nations parents with disability are confronted with the difficulty that sometimes those working within and for government and government services have pre-existing views about them.

In particular, we'll hear from Richard Weston who is the CEO of the Secretariat of National Aboriginal and Islander Child Care; Candice Butler, a First Nations woman, who is the Director of Innovation and Practice at the Queensland Aboriginal and Torres Strait Islander Child Protection peak; Dana Clarke, a First Nations woman,
5 who is the CEO of Burran Dalai Aboriginal corporation and the chairperson of AbSec, the NSW child family and community services peak Aboriginal corporation; and Olivia King, the manager of NDIS and residential care with the Aboriginal family support service based in South Australia.

10 These witnesses will speak to issues which are commonly brought to their attention from their clients and from their membership which relate to this hearing.

There will also be evidence from academic witnesses. We will hear from Professor Darryl Higgins, a registered psychologist and the director of the Institute of Child
15 Protection Studies at the Australian Catholic University. His evidence will address a number of factors including the child protection system is focused on tertiary child protection, that is reaction and reactive intervention by child protection authorities, including actions of removal based on reported risk in comparison to other international models which have a greater emphasis on early intervention. He will
20 speak to how that reactive orientation is reflected in the much lower funding for universal and targeted prevention compared with the funding for tertiary child protection.

Dr Tracy Westerman will speak to the Commission. She's a First Nations woman
25 from the Nyamal people, and a practising psychologist who has created culturally and psychometrically validated tools which allow the reliable assessment and diagnosis of psychosocial disability for First Nations people. She's also conducted significant research on assessing the cultural competency of child protection staff and has developed tools for evaluating the cultural competency of Aboriginal mental
30 health workers and child protection workers. Her evidence has been pre-recorded and will be played to the Commission.

We'll also tender a statement from Professor Claire Tilbury, Professor in the School of Human Services and Social Work at Griffith University. Professor Tilbury has a
35 long career in research, informed policy and practices in the family support and child protection fields in Queensland, and her work focuses on child protection systems and racial disparities and child welfare. Amongst other things, her evidence will address the over-representation of First Nations children in out-of-home care and the structural drivers for this in the child protection system, including limited availability
40 of support services.

There will also be a number of government witnesses who will give evidence that we will hear from this week. Topics that those witnesses may be examined about will include division of responsibilities between departments for the provision of supports
45 and consideration of removal; decision-making tools, training and issues related to unconscious bias; responses to past reports and inquiries; the capacity of departments to measure change in practice or to measure the efficacy of their practice; and

whether and how the needs of First Nations parents with disability are identified and then supported.

5 Chair, as you're aware, the Commission has made a number of non-publication orders and pseudonym orders in respect of this hearing. In this respect, we'll particularly note that an order has been made prohibiting the names, identifying information, contact details and images of the witness who will be giving evidence under the pseudonyms "Ann", "Kate" and "Shontaya", their partners, former partners, and children.

10 If I can repeat and reiterate the content warning from earlier. This hearing will include evidence that may bring about different responses for people. The hearing will include accounts of violence, abuse, neglect and exploitation of First Nations people with disability and their experiences with child safety across Australia. First
15 Nation viewers, please note that the evidence will describe removal. Support services are available if the evidence raises concerns for you. Please contact the National Counselling and Referral Service on 1800 421 468, Lifeline on 13 11 14, Beyond Blue on 1300 224 636 or your local Aboriginal medical service for social and emotional wellbeing support.

20 CHAIR: Thank you, Mr Crowley. Could we now please take appearances from other parties. Could we start, please with the Commonwealth. Is there an appearance for the Commonwealth?

25 MS MUNRO: May it please the Commission. My name is Ms Munro and I appear for the Commonwealth.

CHAIR: Thank you, Ms Munro. Is there an appearance for the State of New South
30 Wales?

No? For the State of Queensland?

35 MS McMILLAN: Yes, good morning, Chair. My name is McMillan, initials KA, Queen's Counsel, and I appear with Ms Clohessy, instructed by Crown Law for the State of Queensland.

CHAIR: Thank you. And is there an appearance for the State of Victoria?

40 MR CHESTERMAN: Yes, Chair. My name is Scott Chesterman. I appear with Rebecca Bedford on behalf of the State of Victoria.

45 CHAIR: I'm not sure we heard that but thank you. And I think there may be one other appearance, perhaps, for Ms McKeown. No? Perhaps that concludes the appearances. If somebody has missed out either because of technical problems or other reasons we can deal with that after the adjournment.

Mr Crowley, is it appropriate now to take a short adjournment?

MR CROWLEY: Yes, Chair, if we could please.

5 CHAIR: We'll take an adjournment for 20 minutes and resume Sydney 11.55,
Brisbane time 10.55. Thank you.

ADJOURNED [10.36 AM]

10 **RESUMED** [10.55 AM]

15 CHAIR: I think we've managed to overlook you or not connect with you for
announcing your appearance.

MS FURNESS: Commissioner, my name is Gail Furness. I appear for the
State of New South Wales, instructed by Kathleen Hainsworth.

20 CHAIR: Thank you very much. Mr Crowley.

MR CROWLEY: Thank you, Chair. Before we commence with the first witness's
evidence this morning, there's something that I wanted to make plain about the
evidence of the witnesses Ann, Shontaya and Kate. Each of those witnesses are
25 bearing witness and they will give their own perspective as First Nations parents with
disability and how they feel and felt in the interactions with the child protection
system. Although the Commission has sought and been provided with relevant
information and documentation from the relevant departments involved, it's not
proposed to seek any specific factual findings in respect of their individual cases or
30 to ask for findings about whether any particular action or decision taken was right or
wrong.

The evidence of Ann, Shontaya and Kate will help the Royal Commission to better
understand the issues encountered by First Nations parents with disability involved in
35 the complex child protection system and through listening to the voices of First
Nations parents as they speak to understand about their own experiences.

Now, having said that, the first witness we have this morning to give evidence is
Ann. Commissioners, you will find a copy of the statement of Ann in the Tender
40 Bundle part A volume 1 at tab 1. I tender that statement and ask it be received into
evidence and ask that it be admitted as Exhibit 8.1. There are also some additional --
-

45 CHAIR: Just a minute.

MR CROWLEY: Sorry, Chair.

EXHIBIT #8.1 - STATEMENT OF MS "ANN"

5 CHAIR: That can be done, thank you.

MR CROWLEY: There's also some additional material which I know is subject to the non-publication direction CTH-DNP-00058 made on 18 November 2020. Commissioners, that material is included at part A of the Tender Bundle at tabs 2 to 10 22. I ask that be received and tendered and ask that it be marked as exhibit 8.11 through to 8.21.

CHAIR: Yes, that also can be done. Thank you.

15

EXHIBITS #8.11 TO #8.21 - ANNEXURES TO STATEMENT OF "ANN"

MR CROWLEY: Commissioners, we have Ann present in the hearing room and she 20 is ready to commence giving her evidence.

CHAIR: Thank you. I will wait for - yes, thank you. I wonder if, Ann, if you wouldn't mind following the instructions of Commissioner Atkinson's Associate for the purposes of administering the oath or the affirmation, as the case may be. 25

MS ANN, AFFIRMED

30 CHAIR: Thank you, Ann. If you wouldn't mind, Mr Crowley will now ask you some questions.

EXAMINATION-IN-CHIEF BY MR CROWLEY

35

MR CROWLEY: Ann, I want to ask you to start a bit about yourself. Ann, you're a First Nations woman?

40 MS ANN: Yes.

MR CROWLEY: Who are your people?

MS ANN: Wakka Wakka.

45

MR CROWLEY: You live up at the Sunshine Coast with your family?

MS ANN: Yes.

MR CROWLEY: In your family, which side is the Aboriginal side of your family?

5 MS ANN: My mother.

MR CROWLEY: What about on your Dad's side?

MS ANN: He's Vietnamese.

10

MR CROWLEY: Now, you live up the coast with your family, you have two children?

MS ANN: Yes.

15

MR CROWLEY: And they live with you?

MS ANN: Yes.

20 MR CROWLEY: Ann, it's the case that you have been diagnosed in the past with paranoid schizophrenia?

MS ANN: Yes.

25 MR CROWLEY: And sometimes that's a condition that you have to monitor.

MS ANN: Yes.

30 MR CROWLEY: And to look for treatment or sometimes support when you have episodes?

MS ANN: Yes.

35 MR CROWLEY: I'm going to ask you about your own growing up. It's the case that you grew up around the Brisbane area?

MS ANN: Yes.

40 MR CROWLEY: And you come from a big family?

MS ANN: Yes.

MR CROWLEY: How many brothers and sisters?

45 MS ANN: Eight on my mum's side and three on my dad's side.

MR CROWLEY: Tell us about your growing up, if you could. Who did you grow

up with?

MS ANN: I grew up with my nan and my uncle mainly.

5 MR CROWLEY: It was the case, Ann, that when you were young, around 2, that you went from your mum's care into your nan's care?

MS ANN: Yes.

10 MR CROWLEY: Was that as a result of child protection?

MS ANN: I think it was, like, a word with my mum to my nan, to look after me.

MR CROWLEY: And you grew up from then with your nan?

15

MS ANN: Yes.

MR CROWLEY: Just tell us about your growing up with Nan. What was it like?

20 MS ANN: It was hard. It wasn't easy.

MR CROWLEY: What was hard about it?

25 MS ANN: I had to grow up really quick. She's an alcoholic and I had to look after her.

MR CROWLEY: What sorts of things did you have to do to look after her?

30 MS ANN: I, like, cleaned the house after she would have, like, an all-nighter drinking with her friends.

MR CROWLEY: From what sort of age were you doing that?

35 MS ANN: I think around about, from about 7 or 8, 8 years old, probably.

MR CROWLEY: Now, in your statement, you've spoken about your nan sometimes dropping you off at Macca's and you would stay there for hours. Just tell us about that. How often would that happen?

40 MS ANN: Quite regularly, actually. Probably every payday and a bit more, more days throughout the week. Yeah, I'd be there quite a lot.

MR CROWLEY: What about at school? How did you go at school?

45 MS ANN: I didn't really - it's kind of a blur. Like, yeah.

MR CROWLEY: Did you get along with the other kids at school?

MS ANN: Not really, no.

MR CROWLEY: Why do you think that was?

5

MS ANN: Probably because I grew up too quick, looking after my nan. She had arthritis and she had - and diabetes. I watched her struggle through winter with her arthritis and I would be massaging her feet and asking if she's OK and I would make her, like, breakfast in the morning and pick her flowers from the garden and it wasn't good enough.

10

MR CROWLEY: When you were that age at school, you said about growing up quick, did you feel that other kids at the school really didn't understand the sort of things that you had to do at your home?

15

MS ANN: Absolutely. I would literally, like, stay up at night because I was too scared to go to bed, just because there was so many people coming through the house and she'd just be blind and I would be, like, hiding under my bed to try to protect myself and even though nothing happened, but I just was, like, so scared. Yeah.

20

MR CROWLEY: How did you go at school with your studies?

MS ANN: I fell behind really badly. Like, I still can't do my, like, multiply and stuff like that. Like it still takes me a long time to do maths and stuff. Yeah. I'm not really good at, like, academically smart but --- yeah.

25

MR CROWLEY: Now, you stayed with your nan, then, until you were about a teenager or so, a young teenager?

30

MS ANN: Yep.

MR CROWLEY: Where did you go from there?

MS ANN: I stayed with me nan until I was 16, and then as soon as I could leave the house I went down to my stepdad's, and I - then I met my son's - my firstborn's father. So, yeah.

35

MR CROWLEY: And how old were you when you met him?

40

MS ANN: I was 16. I think I'd just turned 16.

MR CROWLEY: And where were you living at the time?

MS ANN: I think I was living at my stepdad's but then I kind of, like, ran away to live with my son's dad. So I was living in different parts of Brisbane.

45

MR CROWLEY: Did you then have a relationship with your son's father then for

the next five or so years?

MS ANN: Yes.

5 MR CROWLEY: And when you were with him, were you living with his family?

MS ANN: Yes.

10 MR CROWLEY: And during that time, you told us you were 16. What year did you end finishing at school?

MS ANN: I think I left school when I was 15, maybe, and then I turned 16 and then I got a job. So I didn't finish - I finished school when I was 15.

15 MR CROWLEY: What job did you get, Ann?

MS ANN: Just, I think, Red Rooster. Just cooking, cleaning.

20 MR CROWLEY: And then during the time that you were living with your son's father's family, did you end up doing a job working for his father's company?

MS ANN: Yes, I did, yes.

25 MR CROWLEY: What sort of work was that?

MS ANN: Rendering.

MR CROWLEY: What did you have to do?

30 MS ANN: Labouring. So a lot of mixing the mud, just helping out.

MR CROWLEY: How long did you do that for?

35 MS ANN: I did that for a little while, maybe - I'm not sure, two years or so.

MR CROWLEY: I want to ask you now about your son. You became pregnant with your son when you were 19?

40 MS ANN: Yes. I think it was 18 because I had him when I was 19.

MR CROWLEY: I see. Just tell us, at that time when you were pregnant, how was the relationship with your then partner?

45 MS ANN: I think it was good when I was pregnant, yeah.

MR CROWLEY: And what about then after your son was born?

MS ANN: It was still good, yeah. It was still good after he was born. But we had, like, troubles and stuff, yeah.

5 MR CROWLEY: What were the sort of troubles that were happening after that time?

MS ANN: Just family issues.

10 MR CROWLEY: As a result of the family issues, did you end up splitting with your son's father?

MS ANN: Yes.

15 MR CROWLEY: You told us earlier you were living in the house, his parent's house.

MS ANN: Yes.

20 MR CROWLEY: When your son was born were you still living there?

MS ANN: Yes. Yes.

25 MR CROWLEY: After you'd then broken up with your then --- ex-partner, where did you go?

30 MS ANN: I went house hopping, and from, like, family, to family, no one really wanted us. No one really, like, cared or wanted to help. So I went couch surfing with my son. Yeah, it was quite a hard time for me. We kind of went up to North Queensland and then back down and I stayed with, like, my uncle, my cousin, I stayed everywhere, my nan, even. Yeah.

MR CROWLEY: How old was your son at the time?

35 MS ANN: I'm not quite sure. I think he was going on 2 years, maybe. Yeah.

MR CROWLEY: After you did that, travelling around and the couch surfing, did you end up at a women's refuge?

40 MS ANN: Yes, I did, yes.

MR CROWLEY: Where was the refuge?

45 MS ANN: It was in the Sunshine Coast, and --- yeah, I was hiding pretty much. So, yeah.

MR CROWLEY: When you say hiding, why were you hiding?

MS ANN: From my ex-partner.

MR CROWLEY: This is because of the issues you talked about earlier?

5 MS ANN: Yes.

MR CROWLEY: How long did you stay at the refuge?

MS ANN: I stayed there for about a year.

10 MR CROWLEY: How did you find it there?

MS ANN: It was okay. It's just too far out and I was a bit isolated.

15 MR CROWLEY: After staying at the refuge, where did you next go?

MS ANN: We found a property. It was a two-bedroom property for me and my son. And shortly after, I found out - or I got quite unwell there.

20 MR CROWLEY: Just tell us about that part of your life. You've moved out of the refuge into an apartment with your son.

MS ANN: Yes.

25 MR CROWLEY: So you had your own place. Did you have anyone around you at the time?

MS ANN: Absolutely no one. I --- it was just me and my son, to be honest, and --- yeah, there was no one.

30 MR CROWLEY: What about the rest of your family?

MS ANN: No one. Not even my family. No friends. I had one friend, but she wasn't really a good influence on me. I didn't eat for probably three days. I knew my son had to be removed from me because into like a safer --- because I was in a psychosis at that point. So that was a really kind of dark time of my life.

MR CROWLEY: How long were you living there just with you and your son in that apartment?

40 MS ANN: About a year going on two.

MR CROWLEY: And how long do you think it was that you had this dark period where you felt unwell?

45 MS ANN: I think about - it kind of, like, got worse towards the end and where it was unbearable and obvious that I needed help. But prior to that I was so anxious and I

had anxiety, like, crippling anxiety, where I had to get food delivered to my house, and I would not go out to the park and take him to the park unless it was, like, night-time. So --- and that's such a different life to what I have now, but it's still, like, a time of my life I don't want to go back to.

5

MR CROWLEY: Now, during that time, you said you didn't have anyone around you. What about any support for your mental health at that time?

10 MS ANN: Well, I didn't know it was mental health. I was kind of like, you know, like very, like I would never have mental health in my life, like, I only have, like, anxiety and that's it. But I don't have, like, anything severe. So, yeah, I wouldn't reach out for help at that point, I was too --- my ego was too high.

15 MR CROWLEY: And up until this time, you'd never been diagnosed with any mental health issue?

MS ANN: No, not at all.

20 MR CROWLEY: Or seen anyone for help with mental health conditions?

MS ANN: No.

25 MR CROWLEY: After this went on for a time, it come to the point where you said it was getting too much and eventually the ambulance came and took you to Nambour Hospital.

MS ANN: Yeah.

30 MR CROWLEY: Tell us about that.

35 MS ANN: I was in the ambulance and the paramedics, I'm like "Don't you have" - I was in a psychosis on the way to the hospital. And I had my son with me and I was feeling really bad that I was acting like, in a psychosis, but I was so deep in a psychosis, I was still talking and I was - I was scaring him, and the paramedics were, like, they were, like, I'm like, "Don't you have, like, you know, kids of your own, a daughter of your own at my age, probably, and, you know --- wouldn't you want to protect them as well? That's what I'm trying to do. Why would you kill me and stuff?" Like I had it in my head that they were taking me somewhere to kill me, and probably my son and I was worried. So, yeah. I was highly paranoid.

40

MR CROWLEY: You eventually were admitted into the Nambour Hospital.

MS ANN: Yes.

45 MR CROWLEY: And you spent a period of time there in the psychiatric ward. During that time, when you first got there, your son was still with you?

MS ANN: Yes.

MR CROWLEY: Can you just tell us about when you --- what happened with your son during the stay there at the hospital?

5

MS ANN: I think we stayed there overnight and I was hearing voices, and I thought they were coming from the ceiling, and I was so deep in the psychosis it wasn't funny. Like, I was so out of it and my son was really scared and I said --- I agreed to him being removed but I didn't know for how long. I just said, "Can you just look after him until I get better?" And, yeah, the Department of Child Safety came in the morning and got me to sign papers, but because I was in a psychosis it felt like they just threw them at me, and just said, "Sign it", like, for my son to be looked after. But they didn't give me any more information. It was kind of like really quick and, "Let's go, we've got a job to do" kind of thing. It wasn't, like, you know, "Are you okay? You know, we'll look after him for you until you get better, and we'll get you some help." Like, it wasn't like that. It was, like, really quick and fast.

10
15

MR CROWLEY: Did you know at that time how long he was going to be ---

MS ANN: Absolutely not. I wouldn't have agreed to it. Like, in my mind, at that time, I wouldn't have agreed to it if they said, "You can have your son five years later", I wouldn't have agreed to it at all.

20

MR CROWLEY: It was during that hospital admission that you were diagnosed with paranoid schizophrenia, and that was the first time you'd been actually told that you had that disability and that condition?

25

MS ANN: Yes.

MR CROWLEY: Just with what happened with your son, he was then taken into some emergency care with a carer, foster parent.

30

MS ANN: Yes, for maybe three months or so, or a bit longer, maybe six months.

MR CROWLEY: And then after that, was he then placed with your close family member?

35

MS ANN: Yeah, and she became the carer, yeah.

MR CROWLEY: Now, how long with you in the hospital for?

40

MS ANN: I thought I was in there for a lifetime but, like, not --- when I entered the hospital, it felt like I was in there for a day but I had actually been there for like a month and a half. And then as soon as I was taking my pills and getting better, it felt like a lifetime but they said that I was only in there for about two and a half months, maybe three.

45

MR CROWLEY: And when you came out, where did you go then?

MS ANN: I went to my house and I stayed at the carers as well. So, yeah, back and forward between my close family member and my house.

5

MR CROWLEY: This was the close family member who had the care of your son?

MS ANN: Yes.

10 MR CROWLEY: So how often were you seeing him, then?

MS ANN: I don't know. Not that often. Well, I seen him a little bit but I was missing him so much, from seeing him, like, every morning to, like, not seeing him at all for a whole week, and then it was kind of a blur to me as well, so I'm not quite sure, I'm not quite sure how many times a week did I get to see him or hours, because I was quite unwell even when I left the hospital. I was still, like, I was over the deep psychosis but I felt like I was still a bit unwell. Like, mentally.

15

MR CROWLEY: When you were in the hospital, is that when you first met Christine May?

20

MS ANN: Yeah. I --- I think I met Sue, she's from Cultural Healing as well, or she did work with them. But I think I met a whole team, like, 2--- all I can remember is 2 people coming to me in the hospital and saying, you know, "Do you want to join up in this Aboriginal and Torres Strait Islander, like, mental health team?"

25

And I was like "Is this, like, where you join up to a club and they give you freebies or something?" I didn't know what it was because I've never been, like, diagnosed and I thought they had my diagnosis wrong. Like I didn't think that I had schizophrenia at all. So, yeah.

30

MR CROWLEY: Do you know who arranged or brought Cultural Healing to see you?

35 MS ANN: No, no, not at that time and, yeah, I'm still unsure.

MR CROWLEY: That's the first time that you became involved with Cultural Healing?

40 MS ANN: Yeah.

MR CROWLEY: When you left the hospital did you keep in contact with them?

MS ANN: I think I was just like, you know, just shoved them to the side. I didn't really, I didn't really want anything to do with them at all. And they would call me and stuff and I would be, like, hanging up my phone. They will hear my phone ringing inside my unit and then they would be like "We know you're in there", yeah.

45

MR CROWLEY: After you've left the hospital, your son was still with your close family member her partner?

5 MS ANN: Yes.

MR CROWLEY: Under the original arrangement that had been made while you were in the hospital?

10 MS ANN: Oh, because I had been in a couple of stays in the hospital after I got diagnosed, but when I was in the hospital I was in there for about 3 months. I forgot the names --- the lady's name, the foster carer, but she took care of my son the whole period while I was in hospital. Then once I got out, my son was placed with the carers, my family member and her girlfriend. So, yeah, is that what you mean?

15 MR CROWLEY: Yes, so I was just asking about your son, what the arrangement was with him after you came out, your close family member had him with their partner. Did that continue on, then, with a number of different orders being made for the continued care of him?

20 MS ANN: Absolutely, yeah, yep.

MR CROWLEY: What was the contact that you had with your son during that time?

25 MS ANN: Minimal to none at all. The carer's girlfriend is a lawyer. She knows what she can and can't do legally. So she lined up - well, she knew she could work with Department of Child Safety to remove him permanently, but they were unsuccessful. But she'd done everything in her power to kind of remove him.

30 MR CROWLEY: During this time, were you in contact with the Department yourself?

35 MS ANN: No, no. I thought they didn't want anything to do with me when I first was diagnosed. I thought maybe I was too scary for them or something. But that's because I had no dealings with them at the beginning. It only - they only started poking their heads out when they wanted my son full-time and they thought that they could get him full-time, and they worked with the carers to try to get him off me. So I dealt with them, yeah, later on, not at the beginning.

40 MR CROWLEY: I'll take you forward then to about a year or so after you had left the hospital. You speak in your statement about them being in accommodation where it was accommodation provided for people with mental health conditions that all live together.

45 MS ANN: Yes.

MR CROWLEY: And that's where you met your current partner. He also has

schizophrenia.

5 MS ANN: Yeah, he does. That was a big, like, grey tick against our name because we, like, they said what if, like, we both get unwell at the same time, which we have, and they didn't like that. They thought it was, like, you know, they had a case against us automatically and it would work in their favour if they took us to court, if we, yeah.

10 MR CROWLEY: You describe in your statement about your partner now being very supportive of you, very gentle with you and the family.

MS ANN: Yeah, absolutely. He's great. He's great with my son as well. My son is not blood, like his, but he treats my son equally just as equal to his daughter that we share. So it's really good.

15 MR CROWLEY: And you've also described about how you support one another with your conditions, your mental health conditions.

20 MS ANN: Our diagnosis, yeah. He's been in the system longer than I have, about 15 years or so. So he kind of knows when my thoughts are a bit paranoid and then he voices his concern with Cultural Healing and Cultural Healing are on top of it by just coming around, checking on me, making sure that I'm not too unwell, and make sure that any concerns I have around, you know, when I was going through battling the Department, he would, like --- they would, like, just check in with me and make sure
25 that I'm okay, and reassure me that everything's going to be okay, and then the next day I would wake up and I would feel much better that I had that chat with them. It's just not bottling it up for me, which makes all the difference.

30 MR CROWLEY: Nowadays, you have a relapse plan in place?

MS ANN: Yep.

35 MR CROWLEY: And Cultural Healing keeping in contact with them is part of that plan?

MS ANN: Yeah.

40 MR CROWLEY: Now, during that time when you first met your current partner, you were living in that supported accommodation, not long after that, was it the case that you and your partner moved out and were living together?

MS ANN: Yes.

45 MR CROWLEY: And did you end up living down, again, around the Brisbane area?

MS ANN: Yeah. That was - I got so nervous coming down here today because I was thinking all the what-if cases like, if I --- my respiratory flares up and I need to

5 go to the hospital, would I rather just not go to the hospital or would I rather, like, suffer because, yeah, I think we'll get to that, won't we? But I struggled with coming down here because it was so hard for me to trust that the health system, like the hospitals, the 3 hospitals I went to, would actually help us. Because they haven't in the past.

10 MR CROWLEY: I want to ask you about the time that you were living down here again with your partner. During that time you lost contact with Cultural Healing and Christine May?

15 MS ANN: Yeah. I lost contact with them, not because, you know, they weren't helping me, just because we had so many services, like - and we felt like everything around us was very clinical, very - like we had - we had a lot of services around us. We had to go through, like, Triple P program, you know, heaps of parenting
20 programs that the Department would put us through and even when we came down here we couldn't escape it. They were still sending people down to kind of, like, just put us through the wringer it felt. Like they weren't trying to help us, like, yeah, it just felt like there was so much pressure mainly up there compared to down here. But down here we didn't get any of the support we were supposed to when we reached out for help.

25 MR CROWLEY: You just talked about services, it didn't feel like you were getting help. What's your view is the difference then between help and services that were being provided?

MS ANN: Sorry, what was that?

30 MR CROWLEY: What's the difference between help you wanted and the services that you were -

MS ANN: Being provided?

MR CROWLEY: Yeah.

35 MS ANN: I felt like DOCS were trying to check in on us. They weren't doing it because "Oh, we want you to better your parents skills because you might need it for future, or it might really help your family", it didn't feel like that and they worded it differently, like everything was just really clinical, Like they wouldn't say, you know, Mummy and son time, it would be like - or "family time", It would be like,
40 you know, "You can have contact for one hour on Friday", you know. It was very - I felt like - I don't know. I just -

45 MR CROWLEY: Now, when you were down back here in the Brisbane area, you were still on an involuntary treatment order for your mental health?

MS ANN: Yes.

MR CROWLEY: And still taking medication?

MS ANN: Yes.

5 MR CROWLEY: Did you have other support available to you down here?

MS ANN: It was so crap, I would never live here again. I don't know why we got treated so differently compared to up the Sunshine Coast. Like, we --- I went to gym every day, twice a day, went to work, and you know, I was always nice to my
10 neighbours and stuff, but I don't know, like, the mental health team down here was appalling. They didn't reach out to help me when I tried to commit suicide. They, like, they didn't, you know, I think - there was just not much help. I can't even put it into words how much anger I have with me right now because it was just shocking. It was disgusting.

15 Me and my partner went to three different hospitals because I was in a psychosis and I needed someone to look after my son and there was no one to help. I didn't know who to turn to. Like, family were busy and the only people I thought to go to was, like - I think I even rang [redacted] from - can I say the place? I think I even rang
20 this lady at Pine Rivers Mental Health. I think I rang her a couple of times to tell her that I was actually unwell, I needed help, and there was nothing. And then I went to - I went to Caboolture, Redcliffe, and --- what was the other one? --- Prince Charles and there was no help there. So I'm still frustrated to this day. Nothing, you know, nothing kind of helps it, like, helps me forget about what I went through, my
25 family went through.

I almost lost my life because, like, I could have got help sooner. I should have got help sooner. But there was nothing. There was nothing for me and my family and my son - they couldn't even care about him.

30 MR CROWLEY: I'll ask you about that a bit more in a moment, but just going back to the time before that, you told us about how you came down to Brisbane area again. During that time, your son stayed with the carers, your family member and her partner still?

35 MS ANN: Yes.

MR CROWLEY: But you still had some contact?

40 MS ANN: I think it was - oh, is that when I would drive to the Sunshine Coast and grab him and then bring him back down?

MR CROWLEY: Yes, just tell us about that.

45 MS ANN: We struggled a little bit with financial side, like getting petrol up there and back, and I had to fit it in. The carers weren't obliged to bring him halfway, "it's not our job." If you want to move down there you have to do it all. In the end I

think we came up with --- DOCS would bring him sometimes, or something like that. I'm not quite sure. It is a while ago.

MR CROWLEY: How often were you seeing your son?

5

MS ANN: I'm not quite sure. I think it was like - I couldn't really say, because I'm not quite sure. I think every second weekend or every weekend.

MR CROWLEY: After a time -

10

MS ANN: Because it changed. It was like every, you know, I'd get him for an hour and then nothing and they would increase it for two hours, and then they'd be like "You'd get him every second weekend and every weekend."

15 MR CROWLEY: Did it eventually work up to a plan where you were going to be reunified?

MS ANN: Reunified, yes.

20 MR CROWLEY: What you told us about a moment about the incident when you were having a psychotic episode and went to a number of hospitals, that happened during the time when working through reunification with your son?

MS ANN: Yeah, well, yeah. Yes.

25

MR CROWLEY: Let's come back to that part then when you felt this - you were becoming unwell again. You talked about that you sought some help from a number of places, including going to the hospital. Did you have your son with you at the time?

30

MS ANN: At the first hospital that we ever went to? I think I got my friend at the time to look after him while we go and seek help, because every hospital that I went to, they didn't want to help me. And I didn't want to bring him in there while I was like, you know, in a psychosis. So I was still thinking, like, clear, like around him, like I was thinking I don't want him to see anything, and I don't want him to be

35 worried. I just want to get help and there was no help. And I kept on trying so, yes.

MR CROWLEY: And after you went to different hospitals, did you get help you were looking for?

40

MS ANN: Not until I stabbed myself in the chest and punctured my lung. So that was eventful.

MR CROWLEY: I will ask you about that. What happened with your son, though, for that episode?

45

MS ANN: I'd done the right thing and this is the only thing that I was trying to do, I

didn't care about myself, I just wanted him to not be - like, just to be helped, like I was trying to do everything for him and I was very emotionally - it was the most emotional time in my life. I couldn't really - I can't really - yeah, I dropped him off at Caboolture Hospital and I said "You will be all right here" and they were feeding
5 him sandwiches and stuff and I was so shit scared of them, of the nurses and the paramedics and stuff. Some of the shit they were saying, I was like, it was feeding my psychosis more. So, they would just say, like, yeah, one paramedic, he --- fucking scared the shit out of me but, yeah, I just left him there and I said "You will be okay, you're with nurses", and I walked out of there crying. I was emotional. I
10 was so emotional and I think for anyone that couldn't see how emotional I was, like, that was crazy but they were saying that I abandoned him there, I just left him and abandoned him and --- that wasn't true. Like, I was really trying to do the best, right thing for him. I wasn't, like - I had gone home after I dropped him off and I put a knife, a kitchen knife, a big blade through my chest and I punctured my lung with the
15 knife and then I took the knife out and I started filling up with blood and I felt like - I was on an adrenaline high. I felt like I could jump out a building and not feel it. I was so unwell and I wouldn't wish that upon my worst enemy. Like, I felt - I felt like cheated almost, like I felt like - like, because the people that are supposed to protect you weren't there that night, or the days leading up to that.
20 So it was really hard. It was hard for - I still have - I get funny with knives now. Like, I can't pick up knives and my partner, he was there that night. So when I dropped off my son it was just me and my partner and we would be yelling out --- he was yelling out to the neighbours saying "She's got a knife, knife", no one came to help. I was in a psychosis so bad, I felt like I lost everything, I lost my son, you
25 know, to DOCS again because I left him in the hospital. I felt like I had nothing left to live for. So I done it and -

MR CROWLEY: I want to ask you about that feeling, Ann, after you left your son at the hospital, but before the incident you just described, what were you feeling then
30 about the plan of reuniting with your son? What did you think was going to happen?

MS ANN: I thought that they had it. I thought that they had a case to build against me and have him until he was 18. I didn't want to live for that. I couldn't - I'd be stressing and worrying over him every day, hoping that he's okay, and stuff, that was
35 the only thing that I was feeling is, like, and I felt like a failure, like I felt like what kind of mother leaves her son at a hospital but that's the only choice I had.

He wasn't even well. So, like, I couldn't, yeah, I couldn't look after him.

40 MR CROWLEY: You told us about your close family member and her partner as the carers before. At the time this happened, they weren't here, they were on a holiday somewhere?

MS ANN: Yeah.

45 MR CROWLEY: Did you have anybody to turn to for help?

MS ANN: No, no one. No one, no.

MR CROWLEY: I want to ask you then what happened after the incident where you've stabbed yourself. You were in hospital for a time.

5

MS ANN: Yes.

MR CROWLEY: And then after you were back out of hospital, your son was back then with the carers when they returned?

10

MS ANN: Yeah, oh, he was - apparently - I didn't know this until I actually got out of hospital, I think, but he was with a foster carer and she was really lovely and then once - once they came back, the carers, then they took over and looked after my son.

15 MR CROWLEY: That's okay, your son. Now after this, then, there was a change with --- the Department's plan was no longer looking to reunify, the Department then sought a long-term order over your son for long-term care until he was 18. Now, I want to ask you about that.

20 When did you first find out the Department was looking for that 18-year order?

MS ANN: They were very secretive. They didn't tell me, even though I was pushing them, pushing them, because the carers had told me that something in the works is going to happen, like they said something big and good or something they were saying. I was like what is this something big and good, like, the carers wanted my son full time. They're a lesbian couple and they don't want to have, you know, like - they want to have one of their own but not necessarily, like - what's that thing called? Sperm donor or whatever. But, yeah.

30 MR CROWLEY: And when the Department were seeking the long-term guardianship order for your son, was it around that time that you had come back into contact with Christine May and Cultural Healing?

MS ANN: Yes.

35

MR CROWLEY: I take it you've moved back up to the Sunshine Coast area again?

MS ANN: Yeah, we had to because we weren't getting any help down here. So we thought our best bet is to go back up north, yeah.

40

MR CROWLEY: Did you end up getting accommodation back up there, a place to live?

MS ANN: We stayed at my partner's parent's house.

45

MR CROWLEY: When you were back in contact with Cultural Healing, how were they able to support you?

MS ANN: They were just amazing. They really helped me emotionally. They were, like, just telling me that I can do it, just keep going, and, you know, they linked me in with services that would actually help, not just weigh me down. Like -

5

MR CROWLEY: What sort of services?

MS ANN: Can I say a name?

10 MR CROWLEY: Yes.

MS ANN: ATSILS on the Sunshine Coast.

MR CROWLEY: That's Aboriginal and Torres Strait Islander Legal Service.

15

MS ANN: I worked with my solicitor from there and she helped me, yeah.

MR CROWLEY: She help you with the court case, the Department was seeking the long-term orders in respect of your son?

20

MS ANN: Yes.

MR CROWLEY: Had the Department at this stage --- the Department assisted you to go to any of these supports or services?

25

MS ANN: Not really. They didn't want to - I think - well, I didn't even know about ATSILS until Chris May brought it up. I was, like, "Don't you have to pay, for, like, a lawyer?" I was unsure about, like, what support's out there. So I started calling law firms myself and being like "How much do you charge", you know. And I was like "Oh, I can't afford that." And, you know, I was - I didn't know what I was doing. I just, yeah.

30

MR CROWLEY: In the time when the Department was seeking the order, did they speak to you or did you have any understanding about why they were looking for the long-term order now instead of trying to reunify you with your son?

35

MS ANN: Well, they didn't really say anything. They didn't really speak to me. They just said, "You will have to refer back to your lawyer." And, yeah. It wasn't like, you know, we're worried about your son's safety and we don't want you to have him for this reason and this reason. It wasn't like that. They were just, like, very yeah, very clinical.

40

MR CROWLEY: Chair, I wonder if we might have a short break for five minutes, please?

45

CHAIR: Yes, we can do that. Can you just indicate, please, what's likely to happen as far as timing is concerned? How long are we likely to be with Ann, do you think?

MR CROWLEY: Probably another 15 minutes.

CHAIR: And then the next witness and then a break for lunch?

5

MR CROWLEY: Yes.

CHAIR: That's the plan. We'll take a break now for 5 minutes.

10 Thank you, Ann, and we'll come back in 5 minutes.

ADJOURNED

[11.50 AM]

15

RESUMED

[11.56 AM]

20 MR CROWLEY: I want to ask you about what happened when the application was made for the 18-year order for your son. You told us about going to see ATSILS, and with your lawyers you opposed the application. You were challenging that order.

25 MS ANN: Yes.

MR CROWLEY: And looking to have, instead, your son come back to you after a period of time?

30 MS ANN: Yes.

MR CROWLEY: Now, during that time, can you tell us what were you doing to try to put things in place so that you could have your son back with you?

35 MS ANN: I was trying to get a bigger house so we could --- because at the time we were just living in a 2 bedroom, a little unit box thing, so I was trying to get a three bedroom. I was just trying to tick all my boxes with Department of Child Safety, make sure that we're on track for reunification, that it's not going backwards because in the past that's what's happened, is it's --- like we'll make two steps forward and then one step back with them. So, yeah.

40

MR CROWLEY: Did you end up getting another place to live?

MS ANN: Yes, we did, yes. Eventually. But not straight away.

45 MR CROWLEY: And what about any of the other programs and things, were you doing those?

MS ANN: I'm not sure if we were. I was -

MR CROWLEY: You told us being reconnected back with Cultural Healing.

5 MS ANN: Yes.

MR CROWLEY: Were they helping you with other supports?

10 MS ANN: I think DOCS put us onto Refocus on the Sunshine Coast, but we didn't feel like we really connected with them as well as we did with Cultural Healing. So we stopped working with them soon after we - only for, like, maybe a couple of months.

15 MR CROWLEY: What was the difference between the connection you had with them and the connection that you had with Cultural Healing?

20 MS ANN: Cultural Healing was also reliable, really supporting. They knew our family, they knew our story from the start. Yeah, there was a lot of, like, difference. I didn't really feel like we connected with them as much.

MR CROWLEY: After you had your lawyers in place and you were challenging the order, was around this time that you became pregnant again?

25 MS ANN: Yes, yes, with my daughter.

MR CROWLEY: And you eventually had a daughter.

MS ANN: Yes.

30 MR CROWLEY: What happened with the Department about your daughter? Did you tell them about her?

35 MS ANN: I told them as soon as I was, like - as soon as I knew, I told the Department because I didn't want there to be, like, any secrecy or - I didn't want them to think I was hiding anything. We were so on alert, like, with them. Like we had had to - I felt like we had to kind of, like, bow down to them type of way. Yeah.

40 MR CROWLEY: And was there anything done by the Department to make an order or look to remove your daughter at any stage?

MS ANN: They wanted to when I was 30 weeks or so. They wanted to - they wanted to look at removing her when she was born, that's what they told me. Yeah.

45 MR CROWLEY: But nothing did happen?

MS ANN: No, no.

MR CROWLEY: And your daughter stayed with you from birth until now?

MS ANN: Yes.

5 MR CROWLEY: Now, after you had your daughter, did Cultural Healing have a role to play in supporting you with your new baby?

10 MS ANN: Absolutely. Cuddles, and they would come over and make sure that I'm well, not just, like, you know, a phone call. They would actually come over, just check that I'm well and everything's normal and they'd give me advice, like, about parenting and if I needed help, like, they were always there for me, so it was really good.

15 MR CROWLEY: How were things at that time, though, you had your daughter with you but your son -

MS ANN: With the carers.

20 MR CROWLEY: - was with the carers.

MS ANN: Well, when I had my son they - when I had my daughter, my - like, they came up to the hospital, the carers, and they shown my son, you know, here's your sister. Yeah, like it was really hard for us just to kind of welcome her as well as, like, leaving - it was not like we were leaving him behind but making sure that he, like, feels I don't know, part of the family, too. Like --- wasn't like we left him or anything.

25 MR CROWLEY: Now, with your son at that time, how much were you getting to see him? How often?

30 MS ANN: Not very often. I think, what would it be? I don't know. I'm not sure. Like, I think it was every weekend at that point, maybe. Or, no, it was actually - not really, we were working towards it. So it was, like - I think I was seeing him, like, on a Friday or something and then we'd have to give him back on that day, maybe, because I can remember in Caloundra, we were - we had had him for, like, half a day and then he would go back with the carers that day. So, yeah.

MR CROWLEY: Over time, did that start to be more time?

40 MS ANN: Yes, but very, like, they slowly increased it. Like, it wasn't, you know, like - it's not like they gave him back, like, you know, every weekend or - it was like, "You get 2 hours with him this time", and then, like, 3. So, you know.

45 MR CROWLEY: And then some time last year the order that the Department was seeking, there was a change from seeking a long-term order to 18 years to a shorter term order. Do you recall why it was that that happened?

MS ANN: They had no case. They - I don't really know, like, why it changed from, like, you know, 18 years until he's 18 years, to, like, 6 months or whatever it was. I don't really know. They just said that they were worried about my mental health. That's all they said.

5

MR CROWLEY: With your mental health, around the time when the order was - that was being sought was changed, were you still seeing Cultural Healing to help with your mental health?

10 MS ANN: Yes.

MR CROWLEY: And do you have other medication and treatments still being provided?

15 MS ANN: Yes.

MR CROWLEY: And were you able to stabilise your mental health?

MS ANN: Yes.

20

MR CROWLEY: Then, after the order that was being sought changed, the matter went back to court and you've told us in your statement that an order was made, a short-term order was made. That order's finished now?

25 MS ANN: Yes, yes.

MR CROWLEY: And your son's been back with you?

MS ANN: Yes.

30

MR CROWLEY: When did he come back?

MS ANN: I think it was 2018, like, November I'm pretty sure. Yeah. 2019, sorry.

35 MR CROWLEY: And now he's living back home with you, back in your full-time care?

MS ANN: Yes.

40 MR CROWLEY: With your partner and your daughter?

MS ANN: Mm-hm.

45 MR CROWLEY: I want to ask you about your current situation. You're still under a community treatment order?

MS ANN: Yes.

MR CROWLEY: And you've explained in your statement about how Cultural Healing's helped you with applying for NDIS.

5 MS ANN: Yes, yes. They did the whole thing. Like I didn't even have to lift a finger, really. I needed NDIS but I couldn't - it was unsuccessful, my application, the first time. So Cultural Healing helped get it back on its feet and, yeah, I'm with NDIS now.

10 MR CROWLEY: With the NDIS, are you able to access, now, some services and things that you couldn't before?

MS ANN: Yes, like, OT, occupational therapists, just support, like everyday support, yeah.

15

MR CROWLEY: I asked you earlier, you told us about having a relapse plan. Can you tell us about how that was put in place, how it came to be?

20 MS ANN: I think Cultural Healing made me do, like, a relapse plan just in case anything was to happen. I think - I've had a couple of relapse plans, so this is, yeah.

MR CROWLEY: Things at home now are a lot more stable?

25 MS ANN: Yes. Oh, we have support around us, so we've got heaps of - heaps of, like, support, and help around us if we need it.

MR CROWLEY: What sort of other supports have you got now?

30 MS ANN: We have a lot more family behind us, more understanding about our mental health. Just --- we have a lot of cultural support as well.

35 MR CROWLEY: I want to ask you then about things that you talk about in your statement about things that you recommend should be done differently. Things that the Commissioners might look at about things that could be done better. One of the things you talk about was parents having an independent advocate. Just tell us about that. What do you think would be important about that?

40 MS ANN: That would be so important, like, if you had someone to speak to, is that, like, is that like having someone on your behalf, like, speak to the Department as well?

MR CROWLEY: Yes.

45 MS ANN: Yes. It just - it would make everything a lot more easier just communicating with the Department and making sure everything's on track again and anything you don't understand, like, the court side of things, they may be able to help. Yeah.

MR CROWLEY: And what about things you talk about, about how the way the Department speaking or communicates with the parents?

5 MS ANN: Yeah.

MR CROWLEY: Is that something you think could be done better?

MS ANN: Yes.

10

MR CROWLEY: How do you think it could be done better?

MS ANN: I don't know, like less judgmental, maybe.

15

MR CROWLEY: What about the words and the language that are used?

MS ANN: Yeah, I don't know. Sorry.

20

MR CROWLEY: You told us before as an example that the Department would say "contact" ---

MS ANN: Yeah.

25

MR CROWLEY: --- whereas you might describe it as having "family time" or "mummy time" with your son.

MS ANN: Yes.

30

MR CROWLEY: Is that an example of the sort of thing that you think might be a better way to speak from the Department's point of view?

MS ANN: Yes.

35

MR CROWLEY: And last thing you talked about, one of the last things you talked about your statement was about Cultural Healing, the program, that it should be expanded, be available to all Indigenous people wherever, not just in the Sunshine Coast.

40

MS ANN: Yeah, I hope so. It would help everyone, like, it would benefit a lot of people, I think. Yeah.

MR CROWLEY: Yes, thank you, Ann. That's all the questions that I have.

45

CHAIR: Thank you. Do any Commissioners have any questions they would like to put to Ann?

COMMISSIONER ATKINSON: No, thank you.

COMMISSIONER MASON: No, thank you.

COMMISSIONER McEWIN: No, thank you.

5

CHAIR: Thank you very much. I will assume that none of the parties who have been given leave to appear wish to ask any questions unless they let us know, so I will allow for a short silence to see if anybody speaks up.

10 In the absence of that, Ann, thank you very much for coming and giving evidence. We appreciate it's been difficult for you to come down to Brisbane, as you've explained, to give your evidence. We're very grateful for you doing that and for sharing with us your experiences. We thank you very much and we wish you well. Thank you.

15

MS ANN: Thank you.

THE WITNESS WITHDREW

20

CHAIR: Mr Crowley, what do we do now?

25 MR CROWLEY: The next witness we have scheduled is Christine May. Ms May is present here in the hearing room to give her evidence and the plan is she would commence her evidence now, we would break for lunch in between, around 12.30, and then she would resume and complete her evidence after lunch.

30 CHAIR: Thank you. We'll wait for Ms May to appear on the screen.

30

Ms May, thank you for coming to the Commission today to give evidence. If you wouldn't mind following the instructions of Commissioner Atkinson's Associate who will administer the affirmation to you today.

35

MS CHRISTINE MAY, AFFIRMED

40 CHAIR: Thank you, Ms May. Mr Crowley will ask you some questions now.

40

MR CROWLEY: Commissioners, before we commence with Ms May's evidence, the statement of Ms May is in the Tender Bundle B, volume 2, at tab 16. I tender that statement and ask that it be marked as Exhibit 8.2.

45 CHAIR: Yes.

EXHIBIT #8.2 - STATEMENT OF MS CHRISTINE MAY

5 MR CROWLEY: And the material that's next to the statement is in Tender Bundle B
in volume 2, tab 17 to 19. And I tender that material. If it might be marked as
Exhibits 8.21 to 8.23, please.

10 **EXHIBITS #8.21 TO #8.23 - ANNEXURES TO STATEMENT OF
CHRISTINE MAY**

CHAIR: Yes, that can be done, thank you.

15

EXAMINATION-IN-CHIEF BY MR CROWLEY

20 MR CROWLEY: Ms May, you've provided that statement to the Commission, an
18-page statement, which is dated 19 November 2020. The contents of that
statement are true and correct to the best of your knowledge and belief?

MS MAY: Yes.

25 MR CROWLEY: I want to ask you some questions about it. First of all, Ms May, if
you could just tell us about your own background. Tell us, first of all, where you're
from.

30 MS MAY: I'm a Wiradjuri woman from Wellington, New South Wales. I was born
in Coonabarabran and raised there and my family moved to Brisbane in the '60s. So
I grew up in Logan, in Woodridge. I'm the oldest of nine children, and I have a
passion for my people and to do the best I can. I'm a mother of 5, grandmother of 17
and great-grandmother of 11.

35 MR CROWLEY: And you're employed by Queensland Health?

MS MAY: Queensland Health, yes.

40 MR CROWLEY: What's the position you have?

MS MAY: I have a position that's called the Advanced Aboriginal Mental Health
Worker with the Cultural Healing Program. I've been there 15 years.

45 MR CROWLEY: And in terms of your qualifications and experience, could you just
tell us what you have achieved there?

MS MAY: I have various, from aged care to social welfare, and I have a degree in

Aboriginal Health with a speciality of mental health, gained at Curtin University in Western Australia.

5 MR CROWLEY: I want to ask you about Cultural Healing, the Cultural Healing Program. First of all, that's a program run through Queensland Health?

MS MAY: That's correct.

10 MR CROWLEY: Where is it available?

MS MAY: Sunshine Coast. So until a couple of years ago, it was the only program and they've just piloted a program at Gympie where there's one clinician and one health worker there. That was born out of the need that we couldn't service Gympie but we have a large community there that do have serious mental illness, So when 15 they were hospitalised they had to be brought to Nambour Hospital. We'd go up and give them cultural support but we couldn't give them case management, community case management because of the distance between Sunshine Coast and Gympie.

20 Our program is only 4 staff, and we cover the whole of the Sunshine Coast from Beerburrum to just this side of Gympie out to Conondale, all along the coast, Caloundra, Kawana.

MR CROWLEY: With the 4 staff?

25 MS MAY: With the 4 staff. Two Aboriginal advanced health workers and two non-Indigenous clinicians at present. About 12 months ago we were blessed with an Aboriginal psychologist that joined the team, but unfortunately she fell pregnant and has been on maternity leave. She's due back in January, which we're looking forward to.

30 MR CROWLEY: Just tell us about Cultural Healing, the program, what does it actually do and provide?

35 MS MAY: Cultural Healing can do the lot that the whole service does. We like to try and do our own intake, our own assessments, and case management. We have a part-time psychiatrist attached to the team now and she just works with all our clients now, whereas before we had to work with 4 or 5 psychiatrists across the Service. Now we just have the one. So it's that continuity of care which is culturally correct and the way that we should be working.

40 MR CROWLEY: You talked about wanting to do your own intake. How do clients get referred or access Cultural Healing?

45 MS MAY: So people can self-refer, a family member can refer, the community can refer, the Service refers, just about any - we'll take a referral from anywhere, other Services, as long as the person knows and agrees to the referral. If it's someone that people think is really, really unwell, we try to encourage them to get them to the

hospital as the first form of intake so that, you know, we can then gain through that way. Gain support.

MR CROWLEY: Through the hospital?

5

MS MAY: Through the hospital, through the ACT team, through the mental health team, through the MHAT team at the hospital and they will do the initial intake and assessment. Usually it involves an inpatient term, and we will engage with them while they're in hospital and then we will follow them up.

10

So, culturally, it's so important to engage, so we'll go in with our clinicians so they get to know our clinicians, they get to know us, we get to know their story, we work with the hospital team and knowing what the diagnosis is, what the treatment is, so that we can follow that up and we also speak about a lot of Aboriginal people can be really sensitive to medication, so sometimes it's not - it doesn't keep their mental illness at bay, so we have to look at other medications that's more appropriate.

15

So then we'll follow them through. Once they're discharged we'll follow them up at home and we'll do that by home visits and then they can come to the clinic if they want to. But mainly we like to try and follow them up at home and make it more culturally appropriate and sensitive and we'll do a cultural gathering so we know who their mob is, where they grew up, how they grew up, who they grew up connected with, which we think's a very important part to go along with the clinical assessment because it gives you a greater understanding of where that person's from, who their mob's from and what their practices were.

20

25

MR CROWLEY: Just about the referrals and the ways in which people can access the service, what about the Department of Child Safety, are they a referrer?

30

MS MAY: They have referred a couple of times in the past if they're concerned about somebody's mental wellbeing. They have referred and we'll intervene and we'll follow that person up. Child Safety can sort of direct that person that they need to have contact with us, usually because their children are on an order or at risk of being removed. So it's not always a successful engagement at first, because child safety is involved. So straight up there's a little bit of a negativity where that person's concerned. So it's about alleviating the fears that we will walk beside them, we'll support them the best we can and get them in touch with the most important people that can help them navigate that child safety system.

35

40

MR CROWLEY: How important is establishing that trust with the client in the work that you do?

MS MAY: If we don't establish a trust and a cultural connection and create, you know, that cultural safety, then they - you can't work with our mob because they need that - to feel safe you need to know you're looking after them culturally, and that's an ongoing thing. Like that's an everyday thing because, you know, the clients that we work with have a serious mental illness, some are social, emotional, cultural and

45

spiritual. The ones that do have a serious mental illness, there's always that paranoia there and that mistrust there, so you've got to try to make them feel safe all the time, respected, heard, and you've got to sort of advocate strongly for them otherwise they cannot navigate the systems themselves, especially Child Safety.

5

MR CROWLEY: You've spoken about today and also in your statement about the importance of both the cultural intervention and support as well as the clinical assessment side of things and that the two have to be in combination.

10 MS MAY: They do.

MR CROWLEY: Just explain about that, why that's so important for First Nations people.

15 MS MAY: Because we work beside a lot of non-Indigenous clinicians at different times and we have to build, or I know myself, I have to build a relationship and I have to trust that person before I'm going to let them, you know, into the lives of one of my community members because, you know, that's my credibility with our mob. And I need to be able to trust a clinician to work with our mob to do the best job
20 possible for that client. I'm very protective over my community regardless of where they're from or who they are and I try to track down where they're from so I can get a better understanding of their cultural ways because mine are different, and so that I can work more effectively with them and that I can train our clinicians up and create that cultural awareness about their upbringing, Stolen Generation trauma, the
25 intergenerational stuff, and all the negativities where Child Safety is concerned as well, so that they gain a better understanding of not just the mental health disposition of the person but also the cultural growing up of that person, I guess, and everything that's impacted on their lives, their family's life, their community life.

30 MR CROWLEY: You talked about doing the cultural gathering, that information that's being obtained through that process, is that - just tell us who it's made available to.

35 MS MAY: So the cultural gathering tool forms - it's in where the clinical assessment is, so anybody that works in mental health in Queensland can Google, you know, like put into the CIMHA program they want to read the assessment, but they will notice that there's also a cultural gathering there. So anybody that works in Queensland Health, in the mental health system, can read that cultural information. That's why I think it's a valuable document and that we do the best job we can to put as much
40 cultural information in, especially down where the recommendation is. If there's not an Aboriginal mental health worker available, then the recommendations, hopefully they will read them and follow those recommendations to a better way of working with that client.

45 MR CROWLEY: In the situation where the referral comes from, the Department of Child Safety, do they have access to any of that information?

MS MAY: No, they don't. They ask us, and we can tell them, and we try and provide as much information as possible. I don't think it's always heard or listened to or taken into consideration, and I'm very passionate about walking beside our mob that Child Safety's involved with to make sure they are heard.

5

MR CROWLEY: You explained in your statement about that you do have a strong passion as someone to advocate for First Nations people, particularly in areas like child safety but also housing and other areas where there are disadvantage. In looking at the child safety area, you've talked in your statement about having seen many times the injustices in relation to removal of children and a lack of commitment to reunification.

10

MS MAY: That's correct.

MR CROWLEY: Can you just explain about those two aspects, the removal and reunification of what you mean by having seen the injustices?

15

MS MAY: There's been a lot of families that I've worked with, like in the Logan area and the Beenleigh area, where children were removed that didn't need removing, the families just needed a little bit of support. Those children went into the system and then, you know, it could take two to five years for that family to fight to get the children back. The health workers were involved with those families like twice a week or once a week and knew that what Child Safety were being told was not correct, and so that's when I started being a strong voice and advocating. So then --- sorry, can you repeat the question?

20

25

MR CROWLEY: I was asking about both the removal initially and then also the reunification.

MS MAY: So I've seen different families have children removed, and I've seen the different struggles of reunification. Say for Ann's case, the struggles that she had to try and fight to get her child back as opposed to other people have seemed to have - don't have that struggle, and to me it comes down to the relationship they form with the Child Safety officer. When I see the interactions of that person and the negativity and interactions with another person like Ann, and it could be that a misunderstanding and everyone assumes that because someone has a mental illness that they're not capable of caring for the children, I don't know, but I've seen the different relationships formed with different people I've worked with, and it's not always been a straightforward case from the Child Safety's view.

30

35

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MR CROWLEY: You've also spoken in your statement about the impacts of removal, the emotional and mental health impacts for the family. Can you just explain about that from the child's point of view type of things you're talking about there?

45

MS MAY: So in Cultural Healing we do have a lot of people that are referred to us, whether it's depression or trauma or borderline personality, but in most of those cases

it's been a disconnection that's been caused by them being removed at a younger age by Child Safety and then some were reunified with their families and some weren't, but it wasn't a successful reunification, especially if it was a very young child or a newborn baby. They develop a lot of behavioural stuff, attachment issues --- what's
5 the other one? There's been quite a few things. Anyway, a lot of our clients have had contact with Child Safety at a very early age. Sorry, I'm just a little bit ---

10 MR CROWLEY: What you're describing there, are you talking about your clients themselves have been children in the child protection system?

MS MAY: That's correct.

15 MR CROWLEY: The parents that you do see, your clients who are parents, where they are now involved with child protection for their own children, how do you see the effects of removal upon them?

20 MS MAY: It does cause a lot of trauma, it causes some suicidal ideation. It really increases the mistrust of Government services, especially Child Safety. We have worked with quite a few families where the parent was from Stolen Generation and there was that intergenerational trauma, the way their children were - come into the mental health system was directly related to that Stolen Generation, that mistrust, that - not being able to parent children. When they come out of the system, they don't have any parenting - ideas on how to parent, then they have children, those children are removed and then their children have had children and those children
25 have been removed. So we have a lot of clients that have that trauma and have developed borderline personalities that are involved with the mental health system due to that removal.

30 MR CROWLEY: And what about the effects on - from a cultural point of view, where there is removal like that?

35 MS MAY: We've got a lot of clients that don't know who their mob are, don't know who their family are, don't know where they're from, have that lack of identity and connection, but they know they're Aboriginal and they just want to - I have helped quite a few find where their families are and where they're from. It impacts on their mental wellbeing because the cultural identity of someone is their spirituality, and if your spirituality isn't intact, from a cultural aspect, then it's really hard to go on every day and manoeuvre what you have to manoeuvre.

40 That connection is so important to us as Aboriginal people it's almost like - it's our breathing, it's part of our being, it's who we are, and if we don't have that identity and that connection, then we have a lot of other issues that we have that impact on our lives, like depression or mental illness in other forms, anxiety.

45 MR CROWLEY: Just in terms of your role within Cultural Healing, can you just tell us a bit more about where Cultural Healing has a role in referring a client onto other services, how that happens and what sort of things Cultural Healing can facilitate?

MS MAY: So when we have a client open to us, then we assess their mental illness. We provide case management, and then we look at the other areas in their life that they might need support and then we'll talk about it as a team on what we think will be the best way forward, who would we think or what service we think would be best connected to that person while they're still open to us so that we ensure that there's an engagement, so that we're sure that they're building a relationship with that service. It doesn't always work because of the mistrust that the client might have, or the service may not have the person that the person - that our client's connected to.

So in Ann's case when I first met her, and she was in hospital, we did a referral to TRP, which is a transitional recovery program for people with a mental illness where they live in a small home, and then went on from there, you know, gradually to independent living. It's about trying to work with people to develop insight into the mental illness and why they need these services in place.

MR CROWLEY: I will ask you some more about Ann's case -

CHAIR: Mr Crowley.

MR CROWLEY: Yes, Chair.

CHAIR: Sorry.

MR CROWLEY: Chair, I was going to just say I will ask the witness more about Ann's case a bit later but we might have, if it's convenient now, a break for lunch.

CHAIR: The system can be checked to make sure that we're hearing clearly at this end what Ms May is saying. So thank you very much, Ms May. Thank you. We'll take an hour for lunch. We'll resume at 1.35 Brisbane time, 2.35 Sydney time. Thank you.

ADJOURNED **[12.35 PM]**

RESUMED **[1.34 PM]**

CHAIR: Yes, Mr Crowley.

MR CROWLEY: Thank you, Chair.

Ms May, I want to ask you now about Ann's case and the work that you did with her. You first came into contact with Ann when she was admitted to the Nambour Hospital.

MS MAY: That's correct.

MR CROWLEY: Can you just tell us how that came about?

5 MS MAY: She was admitted to Nambour General Hospital, and then Cultural
Healing Program were informed that she was there, so we went up and met with her
and started slowly building a relationship. She wasn't overly interested in seeing,
you know, clinicians at that time because she was quite distraught about her son and
needed some reassurances about her son, so we just kept going every day and visiting
10 with her and building a relationship with her, and then just started talking her through
what was happening and trying to develop a rapport but also some insight into what
was going on.

MR CROWLEY: That initial contact, Cultural Healing were informed that Ann was
15 there at the hospital. Who makes the referral, or contacts Cultural Healing?

MS MAY: At that time, I think Ward LGE, or GE --- she might have been in Ward
GE --- they contacted us to let us know that she'd been brought in, and she wasn't
engaging very well with their clinical staff and that there, so they informed us so that
20 we could go up and meet with her.

MR CROWLEY: You spoke about building that rapport and trust. How important is
that at that stage when your service is speaking to a client?

25 MS MAY: Culturally it's the most important thing. Because if there's not that
cultural engagement and warmth from the health workers with a new client, then the
clinical teams can't really make much of an edgeway with our clients because of
communication styles, because of misunderstanding of the cultural issues that may
be impacting on their lives, mistrust, so it's super important that the health workers
30 start that engagement.

MR CROWLEY: While in the hospital, what was the role or the support being
provided by Cultural Healing?

35 MS MAY: We would go up every day and meet with her and just spend some time
with her, listening to her concerns, trying to develop a plan with her. Her biggest
concerns at that time was she didn't understand what was happening with her and she
was worried about her son.

40 MR CROWLEY: And did you have any involvement at that stage with the
Department of Child Safety?

MS MAY: With other clients at that stage but until we got to know what was
happening, we didn't and then we would, after that, then we just made contact to
45 ensure there was some form of contact or what their plan was in relation to her and
her son having contact, which was very minimal, because the carer at that immediate
time would bring her son up to the hospital for a short visit, but given that she was

still quite psychotically unwell, sometimes those visits lasted an hour, sometimes half an hour, depending on her level of distress and then he would be taken back to the carers and it was that way for quite some time.

5 MR CROWLEY: Now, after Ann was discharged from the hospital, for a time Cultural Healing was still involved with Ann while she was in the Sunshine Coast area?

10 MS MAY: Always involved with her until she moved out of area. Stayed in contact with her, that's our job, to case manage her, to feel culturally safe, sensitive and heard, to - she'd spoken to us about what was happening and we were trying to communicate with Child Safety so a decision was made that I need to attend those meetings with her, so that's when I started attending the meetings with her.

15 MR CROWLEY: These are meetings with the -

MS MAY: Department of Child Safety.

20 MR CROWLEY: Meeting with the Child Safety Officer handling Ann's case?

MS MAY: Yeah, and meetings at their office at Maroochydore.

MR CROWLEY: What was your role in going to those meetings?

25 MS MAY: Culturally support her, ensure that they were getting the correct information, ensure she was getting the correct information from them, because there is a communication barriers there with Ann, and misinterpretation sometimes. And some of the information Child Safety were trying to pass onto her wasn't done in a way that she could understand what they were saying either, so I would go to make
30 sure that - and she was relaying quite some distressing stuff to us from phone calls and that, with Child Safety. So a decision was made that we would just keep asking them for meetings and keep trying to find out what's going on.

35 It was probably about the fourth meeting into it I realised that she needed legal support, and then it took quite some time to convince her for me to contact the Aboriginal Legal Service family law solicitor to get her the support that she was going to need so the two of us could walk beside her to help with what was happening.

40 MR CROWLEY: And that came about through you contacting the Aboriginal Legal Service?

MS MAY: Yes.

45 MR CROWLEY: With Ann's consent?

MS MAY: Definitely, yes.

MR CROWLEY: Before you made that contact, do you know if she was aware of the need to get legal representatives or that she could?

5 MS MAY: No, she certainly didn't know that she could and didn't know what she was entitled to it and didn't know who to contact.

MR CROWLEY: Just in terms of the timing, when you made contact with the Aboriginal Legal Service about the representation, was this when Ann was still at the
10 Sunshine Coast before she'd left the catchment area, or was it when she returned?

MS MAY: No, this was not long after she'd been discharged from hospital from her first episode. So this is very early in the beginning.

15 COMMISSIONER ATKINSON: Mr Crowley, sorry, can I interrupt. We've got some noise outside and the interpreters are finding it hard to hear, so if you wouldn't mind speaking up, I apologise for the outside noise but I can see the interpreters are having difficulty hearing, because you are facing away from the --- so if you can speak up a little, thank you.

20

MR CROWLEY: Yes.

You were just explaining that, that was not long after Ann had come out of the hospital from her first admission when she had the diagnosis of schizophrenia?

25

MS MAY: That's correct.

MR CROWLEY: But after some time, Ann had then left the catchment area which was serviced by Cultural Healing?

30

MS MAY: That's correct.

MR CROWLEY: Did you have any contact with her during that time she was out of your area?

35

MS MAY: We did make a few calls to her to see how she was going in her new area, how the mental health team was going down there. At that stage she said she'd very rarely seen them, but the engagement was still to happen with her because she had just moved to a new area where there was no cultural support.

40

MR CROWLEY: In your statement you talk about knowing that she would eventually be lost to follow-up. Just explain why you have that view and what you mean by that?

45 MS MAY: Cultural Healing's concern in the first instance of her moving out of the area was that she herself would disengage with the Mental Health Service, and if she gave them the perception that she was okay, that she would probably be taken off the

treatment authority and then closed to the service, that's what was concerning us but it was outside our control.

5 MR CROWLEY: Was there any service in the Brisbane area that Cultural Healing could put Ann in contact with that might provide a similar service to your own?

MS MAY: No. Especially not to the area where she moved to.

10 MR CROWLEY: Then, some time later, you're aware that Ann had been involved in another serious episode and she was again then back in the Sunshine Coast area after that. Did you then resume contact with her?

15 MS MAY: After the incident and she did make contact with us when she was recovering just before she was discharged from hospital, and she --- her words were "I should never have moved away. I moved away to get away from you because I thought" - like if she moved away from Cultural Healing then mental health wouldn't follow her up, that's what she was trying to achieve. But she said, "I realise now that the support you give me, I need, and I'm coming back to the Sunshine Coast and I'm not going to move away again."

20

MR CROWLEY: And she did that?

MS MAY: She has done that.

25 MR CROWLEY: Has she maintained contact with Cultural Healing since?

MS MAY: Constant contact.

30 MR CROWLEY: And you're still her caseworker?

35 MS MAY: The team's her caseworkers, but there's been a recent change in medication. She wanted to trial something else, so the agreement was that we would visit twice weekly and phone call weekly, and that she had to have blood tests and she's - she is complying with that. So slowly developing some insight and a better understanding of her mental health.

40 MR CROWLEY: And in terms of assisting her, if she does have another psychotic episode, or feels unwell, has Cultural Healing been involved in developing a relapse plan?

45

MS MAY: We have. We've worked with both her and her partner. He contacts us. It's taken a while to build that rapport. He contacts us if he thinks there's a little bit of a risk there or that she's become a little bit more paranoid, and she has given him permission to do that whereas before she wouldn't. So he does make contact with us. But recently, probably the last 2 months, she makes contacts with us and tells us that she's feeling a little bit more paranoid than before. "I might need to see you", or she will talk things through with us. We'll put her on to one of our clinicians if we're

really concerned, and they will talk her through, and then will go, "We need to visit her today" or "We'll come down and visit you tomorrow." So we've developed that kind of relationship now that she feels quite safe with.

5 MR CROWLEY: In terms, then, of where Ann has progressed from to this point, you speak in your statement about her coming a long way from where she initially was. Can you just tell us about that as to what you see that she's achieved from when she was first contacted by your service in the hospital till now?

10 MS MAY: She's developed insight into the fact that she does have a mental illness, that she is in need of mental health support. A big part of that mental health support is the cultural support that wraps around that, that she has done parenting and she's a very good mum. If she's not sure about anything, she will call us and we will offer her some solutions or some suggestions on a way forward, that she now agrees with
15 her partner that he's able to contact us and speak to us about things if they're not too good, and recently when he wanted a change of medication, and he went off medication, he felt things weren't too good so they've both come to us and we put some short-term management, case management in place for him, and he's seen our treating psychiatrist and he was restarted on a different medication. So they've both
20 come a long way.

MR CROWLEY: In Ann's case, you're aware that with respect to her son, that the Department applied for a long-term order until he was 18?

25 MS MAY: That's correct.

MR CROWLEY: Were you involved then with Ann in supporting her throughout that process?

30 MS MAY: My involvement with her was she was distressed about their intention. So I kept trying to talk to her through the fact that if an order went in place until he was 18 does not mean that he cannot live with her and it doesn't mean that a lot of other things can't happen. So after reassuring her of that, then I suggested it was time to get Aboriginal Legal Service involved again, which she said, "Oh, yes, please."
35 So we made that phone call and they re-engaged with her.

MR CROWLEY: And then they were involved in acting for her in that matter after?

40 MS MAY: That's correct.

MR CROWLEY: Now, in the case of other clients that you have, you've been involved in similar types of way with Child Safety for those clients that they have issues raised with Child Safety and the same type of applications being made?

45 MS MAY: That's correct.

MR CROWLEY: Are you able to tell us how many clients you have at the moment

where parents are in that situation?

MS MAY: Seven.

5 MR CROWLEY: In those cases, are you involved in that similar type of support and advocacy?

MS MAY: We're involved and there's another service now called Refocus, so they're involved as well. So we communicate a lot with Refocus and with Child Safety, and
10 we go along to the meetings and look at what their expectations are of that person, what the identified issues were, and how best we can support, and that's how we've led a couple of our young mums with children in care into Lily House. Because then they get that extra wrap-around support from Lily House.

15 MR CROWLEY: Just in relation to those cases, including Ann's case, does the Department invite Cultural Healing to come to those meetings and those sessions where discussions are had about the way forward or the plan for the child?

MS MAY: After we've initiated contact, or after they've been made aware that they
20 are a client of ours, or if we've called to find out what's happening, what does this client need to do? What else needs to be involved in assisting them to move towards reunification, so what we can assist them with.

So, yes, one young woman who is an open client lives on the Sunshine Coast but
25 unfortunately her children are in care in the Redcliffe area, which is out of our area, and a totally different Child Safety office. So we've been in contact with her father who is the primary carer of those children at the minute. So we're just helping her get to the point where we can start supporting her towards some form of reunification or at the moment increased contact with her children.

30 Another client that's in Lily House - is that - we go to the meetings with Child Safety and we try to develop a plan with them and the client on the best way forward from here, increasing contact between the mother and the child, and that is happening now.

35 MR CROWLEY: You spoke earlier about the importance of culturally appropriate services and supports. From your experience, and your view, does the --- do the Department Child Safety officers you've worked with in these cases, are they providing that type of support?

40 MS MAY: I don't feel they always do. There's, like, each office has usually one Indigenous worker there to cover a massive caseload, but then they're employed by Child Safety with the same --- working under Child Safety policy, so I guess they're not as free to work, from a cultural aspect, as we are, or to engage the way that
45 Cultural Healing can engage when Child Safety is involved. So I think they're more limited in what they can and can't do, and it doesn't give the client opportunity to, if they don't engage with that person, of having somebody else that they can engage

with, and I think that's why Refocus is another organisation where people can engage with, not everyone wants to engage with a service that you refer them to. So then we will step back in and we will try and support them through that process until something else can be put in place.

5

If they remain open to us, then we will stay involved.

MR CROWLEY: Refocus, can you just tell us about that, who they are and what they provide?

10

MS MAY: Refocus is an Aboriginal organisation, Aboriginal and Torres Strait Islander organisation. They are a family and wellbeing service. I think they were born out of the old recognised entity, with Indigenous children and child safety. But they've now got quite a few programs happening for young people and for families to try and prevent children from going into care, to work with families, so they're trying to do that earlier intervention and prevention with Child Safety.

15

MR CROWLEY: I want to ask you about this. In your statement you've given an example about how you consider a parent with a disability having a time when they feel unwell, you equate that to something being similar to a parent who has a physical injury like a broken leg, and for a time period they need a support until they get better. Just tell us about, from your point of view, and your experience, how that is different to how you see the Child Safety interactions with those parents.

20

MS MAY: I'll just explain what I meant. We're trying to break down the stigma of mental health especially with Aboriginal and Torres Strait Islander people. So a lot of the work that we do is we say, you know, like you have an illness, it's impacting on your brain the same as diabetes impacts on a different part of your body or if you break your leg or you have heart disease, it's impacting on a different type of your body. So a lot of our clients understand it when we explain it that way. So I feel that if a parent with a mental illness as their disability, has a psychotic episode and goes to hospital, it was the same as when a parent, you know, becomes unwell, whether it's a broken leg or not, and they're in hospital for a period of time, you know, there needs to be a service there that can support that without long orders on their children. If I broke my leg I wouldn't have an order taken out on my child so I can't see why someone with a mental illness, unless they're deemed as being quite dangerous to their children, should have an order taken out on their child for two years and have to fight to get that child back when they can go into hospital, have treatment, become well, be reassessed, and then a smooth transition with their children with a wrap-around support, to me, should happen.

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MR CROWLEY: In terms of things that you would like to see done better, you would recommend, would be positive outcomes, that type of investment in wrap-around services, is something that you particularly see as important?

45

MS MAY: Definitely. More cultural engagement to train our professionals up to make them more culturally aware and culturally sensitive. To have services that can

provide a wrap-around where the children can stay until a period of time when the parent's able to resume their parenting role. And then support them for a period of time until they are able to take that role on completely.

5 MR CROWLEY: And the Cultural Healing Program, which you're involved with, you've said in your statement that you would like to see that expanded and extended throughout the whole State.

10 MS MAY: Definitely. It would make life much easier, I think, for our clients. It would make - create more of a cohesive service, given that our service is online Queensland-wide so we're able to follow people through, and if everybody knows the story and Cultural Healing was in other areas, they might be able to support each other with a transition of care if a client moves to another area, henceforth could possibly prevent what happened with Ann.

15 MR CROWLEY: The final thing I want to ask you about, you've also said in your statement that you think there should be mandatory cultural support and legal representation for First Nations parents with disability who are involved in the child protection system.

20 MS MAY: Definitely.

MR CROWLEY: Why do you say that?

25 MS MAY: Because of what we went through with Ann and how her psychosis prevented us engaging, like, Aboriginal Legal Service in the beginning. If she'd had had an advocate there from the beginning and a legal representative there from the beginning, then she may not have had to go through that lengthy process with Child Safety and she wouldn't have had all that different messages she was getting from
30 different workers was really confusing her.

So you'd have that continuity of care and you would be able to progress so the client would see then that things were progressing, so they wouldn't feel so much like they were fighting against them to keep their children.

35 MR CROWLEY: Yes, thank you, Ms May. That's all the questions I have.

MS MAY: Thank you.

40 CHAIR: Thank you. I will ask if any of the Commissioners have any questions.

Commissioner Mason?

45 **QUESTIONS BY THE COMMISSION**

COMMISSIONER MASON: Yes, thank you, Chair. Thank you very much for coming today to give your evidence. I think you've said this in your statement as well as today in giving evidence at the hearing, talking about cultural safety, Cultural Healing service and the Aboriginal and Torres Strait Islander Legal Service. In your
5 view, are they critical services that should be under an arrangement of being almost mandated to be present for Aboriginal and Torres Strait Islander people who come into interaction with mental health services but particularly where there may be factors to do with child protection? I would use the term that they are "opt-out services", so they are always there and the client can opt out at any time if they want,
10 but their first - the first priority is that they have knowledge that those services are available and it gets explained to them and it's their choice to opt out. Do you think that would have been helpful for this witness?

MS MAY: Definitely.

15

COMMISSIONER MASON: Thank you.

CHAIR: Commissioner Atkinson.

20 COMMISSIONER ATKINSON: Yes. May I ask you a question. So you've got your service on the Sunshine Coast and you said it started at Gympie but that seems - they're the only places. So how did you begin - what's the genesis of your service so that, as you say, if it could be replicated elsewhere, it could be done?

25 MS MAY: Cultural Healing began with one Indigenous worker, was the mental health worker on the Sunshine Coast, but there was that stigma. He wasn't connected to the Mental Health Service but there was a stigma with our mob around mental illness and mental health. So he was identifying there was a massive gap, so he went to the Mental Health Service and asked for a clinician, one specific clinician that he
30 could start taking out into the community to get recognised in the community, to create that cultural safety.

So a nurse put her hand up, so she came part-time across to go out with him, to get known, and it wasn't long after that a caseload started developing because that trust
35 was developing. So it wasn't long after that they realised that she needed to go full-time with him, and then he resigned, but there was still that stigma around mental health --- and another health worker was employed, sorry. So there was still that stigma so that's when they did community consultation, and they looked at the then 1996 - I think it was the 1996 Aboriginal and Torres Strait Islander Mental
40 Health Strategy --- Queensland Health Mental Health Strategy. That's what Cultural Healing was aligned with and that's the way it operated and the community identified it had to have "mental health" taken out of it, and that's how Cultural - the name "Cultural Healing Program" was born from the community.

45 COMMISSIONER ATKINSON: Thank you.

CHAIR: Commissioner McEwin?

COMMISSIONER McEWIN: No, thank you.

CHAIR: Ms May, thank you very much for coming to give evidence. We do appreciate the detailed statement and the evidence you provided today. Thank you
5 for your assistance to the Royal Commission. Thank you.

MS MAY: You're welcome.

10 **THE WITNESS WITHDREW**

CHAIR: Mr Crowley, do we go immediately to the next witness or are we going to have a break?
15

MR CROWLEY: Chair, it might be prudent to have just a short break. The next witness is Commissioner June Oscar. She will be giving her evidence by videolink, and perhaps while we just ensure that's in place, it might be a good idea just to have a couple of minutes, if we could, please.
20

CHAIR: Perhaps what we might do is have a 10-minute break, just to make sure everything is in order, and then - although I see Commissioner Oscar is right there, ready to go.

25 MR CROWLEY: If we're ready to go.

CHAIR: Commissioner Oscar, are you hearing us and ready to proceed with your evidence? I don't think we can hear you which may mean you need to unmute whatever needs to be unmuted.
30

UNKNOWN SPEAKER: Can I say, Chair, and Commissioners, we might withdraw at this stage as the last witness doesn't concern us and we have instructions for today.

CHAIR: Yes, thank you. That's fine. You certainly have permission to withdraw.
35

What I suggest is we do have the five or six minutes and then we can sort out whatever the technical issue might be. So we'll adjourn for a few minutes.

40 **ADJOURNED** [2.04 PM]

RESUMED [2.12 PM]

45 CHAIR: Yes, Mr Crowley.

MR CROWLEY: The next witness we have is Commissioner June Oscar, the Aboriginal and Torres Strait Islander Social Justice Commissioner.

CHAIR: Commissioner Oscar, thank you very much for coming to give evidence today. I will ask you, please, to follow the instructions of Commissioner Atkinson's associate for the purpose of taking the affirmation. Thank you.

5

COMMISSIONER JUNE OSCAR, AFFIRMED

CHAIR: Commissioner Oscar, Mr Crowley will now ask you some questions.
10 Thank you.

MR CROWLEY: Thank you, Chair. Before we commence with Commissioner Oscar's evidence, I just wanted to make a short statement.

15 As might be expected, given the pre-Commission work of our Commissioners in the disability sector and in First Nations areas, from time to time some of the Commissioners will know of a witness, or have had involvement in an organisation or an association referred to in the evidence, and that is the case with Commissioner Oscar.

20

Commissioner McEwin came to know Commissioner Oscar through their work together as Commissioners at the Australian Human Rights Commission from a period from April 2017 until April 2019, and Commissioner Mason knows of Commissioner Oscar through her work in First Nations, including her work with the
25 Wiyi Yani U Thangani, the Women's Voices Project, a project which is referred to in a number of places in Commissioner Oscar's statement.

Given Commissioner Mason is a member of a reference group for the Women's Voices Project, she has voluntarily and, of course, with respect, prudently, taken the
30 decision to not participate in any discussions or inquiries or the formulation of any recommendations which focus on that group, or to enter into any of the discussions regarding matters concerning the Women's Voices Project in order to avoid any conflict of interest or apprehension of bias.

35 CHAIR: Thank you for that.

MR CROWLEY: Commissioners, the statement of Commissioner Oscar is in Tender Bundle part C at tab 1. I tender that statement and ask that it be marked as
40 Exhibit 8.3.

40

CHAIR: Yes.

EXHIBIT #8.3 - STATEMENT OF COMMISSIONER JUNE OSCAR

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MR CROWLEY: And the materials that are annexed to the statement are in Tender

Bundle C at tabs 2 to 7 and I ask that they be tendered and received into evidence and marked exhibits 8.3.1 to 8.3.7.

CHAIR: Yes, thank you. That can be done.

5

EXHIBITS #8.3.1 TO #8.3.7 - ANNEXURES TO STATEMENT OF JUNE OSCAR

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EXAMINATION-IN-CHIEF BY MR CROWLEY

MR CROWLEY: Commissioner Oscar, you've just heard that I've referred to you as being the Aboriginal and Torres Strait Islander Social Justice Commissioner at the Australian Human Rights Commission. That's a role you've had since April 2017?

15

COMMISSIONER OSCAR: Yes.

MR CROWLEY: I will ask you some more about that but first, Commissioner, could you tell us a bit about yourself, about where you come from?

20

COMMISSIONER OSCAR: Thank you, Mr Crowley. Hello, everyone. [Bunuba language spoken], good day in Bunuba. Thank you for this opportunity to appear on this very important topic and inquiry.

25

I'm Nyanyjili that's my skin, my guru which identifies me as a woman born to a Nagarra mother in my kinship system, my lore, that identifies who we are and who we belong to.

30

I come from the Bunuba people here in Fitzroy Valley, which is the southernmost point of Bunuba country in the Central Kimberley. Bunuba is my first language, English is my third language. So I come to you from 58 years of living in two worlds: the world of my people, the historical, traditional life ways of Bunuba people; the contemporary and modern society we live in and navigate our existence as Bunuba people, as Indigenous people of this country.

35

I currently am Australia's Aboriginal and Torres Strait Islander Social Justice Commissioner. Previous to the position, I was CEO of a local women's resource centre based in Fitzroy Crossing called Marninwarntikura, which is meaning in the Walmajarri language, "belonging to all women". And I held the position as CEO for 12 years in responding to the needs and aspirations and the rights of women of the five language groups of the Fitzroy Valley region on the issue that impact them which one of the issues was the impact of early life trauma and the population living with unique and complex needs, affected by alcohol use by pregnant mothers in utero of children now living with additional needs.

40

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So I come from a community that is strong culturally, linguistically, and has a strong network of kinship and family, and historically Fitzroy Valley has produced some of the State's or the Nation's great Aboriginal leaders. So I come from this community that has all its strengths but all its challenges of colonisation and its impact, policies, structures, the institutions that have been imposed on the lives of over 4,500
5 Aboriginal people who call this area home and today all of those families and those language groups are living with additional needs that impact and challenges us daily across all generations.

10 So it is from that reality, that place of belonging, that I come to you, and I bring the voices of my community and those communities from across Australia on these issues. Thank you.

MR CROWLEY: Thank you, Commissioner. Commissioner, you've talked about in
15 your statement a project that you were involved in in 2017, the Wiyi Yani U Thangani project. I wonder if you can just tell us a bit about what that was and what it involved.

COMMISSIONER OSCAR: Thank you, Mr Crowley. Wiyi Yani U Thangani is
20 meaning "women's voices" in my Bunuba language. Being the first Aboriginal woman into the role of the Aboriginal and Torres Strait Islander Social Justice Commissioner position around 25 years since inception, I believed it was important to honour and respect and hear the voices of Australia's first nations women and girls and to elevate their voices into this role and into focus over my five-year term on the
25 issues that are of priority, that are of significance to every Aboriginal and Torres Strait Islander woman and girl in our country.

It had been 34 years since Aboriginal and Torres Strait Islander women and girls were engaged in an engaged process, and that was commissioned by the Department
30 of Aboriginal Affairs in 1986. So 34 years of not having access to a process as a collective to give voice on the issues of importance and significance to women and girls, I thought it was timely that since coming into this role, that I acknowledge that, and that I elevate and create a process to elevate the voices of Aboriginal and Torres Strait Islander women and girls.

35 MR CROWLEY: Commissioner, in that process you and your project team travelled all around the country to visit communities in every State and Territory to speak with women and girls about issues that mattered to them as First Nations people.

40 COMMISSIONER OSCAR: Yes, that's correct, Mr Crowley. We visited 50 communities across the country from the Torres Straits to Tasmania, to Central Australia, and the communities in the APY Lands and the tri-state. We visited every State and Territory. We visited women who were incarcerated in some of the prisons across the country as well as juvenile detention centres to give access to young
45 women, young girls, who were in these facilities. We covered women in small and remote communities, very remote communities, regional centres, urban centres, and city communities.

So we had access to a diverse range of community settings that women were living in at the time and we heard from many generations of women, senior women, and young women.

5

MR CROWLEY: Commissioner, the project work that was done, those consultations have formed part of what you've referred to and drawn upon in your statement to further add to your own experience and extensive background in relation to the issues that you talk about?

10

COMMISSIONER OSCAR: Yes.

MR CROWLEY: I want to ask you about some of those issues that you've referred to. First of all, can I start with the idea or the concept of disability for First Nations communities. You've mentioned in your statement that there's a different concept within First Nations communities compared to a non-First Nations community about what disability is and what it means. Could you just explain about that to us, please?

15

COMMISSIONER OSCAR: Thank you, Mr Crowley. Yes, I have provided statements to that point. My understanding of the difference between how Aboriginal people approach a person born to our family with what is commonly referred to as disability, we view that person as being a special gift. This is people born into our families with disabilities. So disabilities from birth. And I'm using the word "disabilities" because it is the common understood word and is used in this Royal Commission.

20

25

We view people with special gifts, special abilities as unique, as unique gifts, and therefore, our thinking and our respect for the individual is not seen with a lens of limitation or ableism or disableism; it is, rather, seeing the person with the gift that we have been presented with, and so begins this whole way of embracing and acknowledging individuals in our families and in our communities as having gifts. So we learn from these individuals. We do not pity them or see them as not being able, but rather enabling us to see ourselves, to see our lives and to learn from them, and this is a huge difference between Western society's thinking of people with unique and complex needs born into our families.

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I'm not wanting to generalise, but there may be families within Western society that share the thinking and the approach that Indigenous peoples have and hold towards people with unique gifts and abilities that are born into our families.

40

MR CROWLEY: Commissioner, you mentioned earlier about being involved in advocating in relation to your community about alcohol use and how that might impact in different ways. You've mentioned in your statement about being involved in the Lililwan Project with foetal alcohol syndrome. Can you tell us what that involved?

45

COMMISSIONER OSCAR: Thank you, Mr Crowley. In 1997 the women of the

Fitzroy Valley made a very historic decision, and it was to apply to the liquor licensing authority in Western Australia to impose alcohol restrictions on the drive-thru, the take-away outlet owned by Leedal Pty Ltd which is an Aboriginal-owned company based here in Fitzroy Crossing, which owned the outlet.
5 It was after we had witnessed 50 deaths in our community in one year, the previous year.

10 We were a community that were caught in a rut of grief and loss and sadness. This is what we were all living with at the time. These lives lost, these 50 lives lost during that year were preventable deaths. Many of them were alcohol-related.

15 In 2007, once we applied, the Women's Resource Centre, Marninwarntikura, on the alcohol restriction, we were successful in October of that year to have Barry Sergeant, Director of Liquor Licensing in Western Australia, to undertake his process and make a decision. So we have had alcohol restrictions here at Fitzroy Crossing preventing the sale of mid-strength and full-strength alcohol, wine and spirits, out of the take-away license held by Leedal.

20 We then embarked on what we called stage 2 of this community-driven process of addressing the impact of alcohol on our children. During previous years, there was about 250,000 litres of pure ethanol sold into a community of 4,500 people, and that equated to every person consuming 34 cans of full-strength alcohol. It amounted to around \$6 million profit. Many of the community members who were consuming and purchasing out of the outlet are people who are dependent on Centrelink and social services payment. So social security payments were owning a business that
25 was killing our community and devastating our children and future as a community.

30 The children that we witnessed who were attending school were children who were regularly being sent home for their behaviour. They were deemed badly behaved and naughty kids. These children were children that were exposed to alcohol in utero and so these children were being penalised for having cognitive and behavioural disability.

35 We had a community and an education system that did not respond to the needs of these children. I and the women at the women's centre decided to approach the George Institute for Global Health, the Westmead Children's Hospital in Sydney, and the Telethon Kids Institute to assist us as a community to undertake the prevalence research of our community on the impact of alcohol in utero of our children, the children with a Foetal Alcohol Spectrum Disorder.
40

45 It was not the fault of these children that they were being judged on their behaviours without any clinical and educational supports provided to them. So we created a partnership between the institutions that I named, and we undertook Australia's first community-driven prevalence research of Foetal Alcohol Spectrum Disorder. The research itself found, and it confirmed what it was that we always knew as a community, that these children who were born to our families, were children who are living with a cognitive and brain-based disability, if you like. And therefore we

needed to understand how we could assist our family members who had these complex needs, and we created a unit within the Women's Resource Centre called Marulu in my Bunuba language, "marulu" meaning "precious and worth nurturing", and we have a unit in there that works with the families of these children. Now these children are much older and some of them have children of their own, and we still have children coming through our community that have not received the diagnosis. But these children who are part of the Marulu and the Lililwan project, were children that were able to receive a diagnosis, an educational plan, a health plan, so that everyone knew what their needs were.

These children who I just mentioned are young adults now and have their own children, have never fully received the comprehensive wraparound supports that they need. Some of these children have experienced ongoing mental health issues. There has been the issue of suicidal ideation amongst its cohort and Marninwarntikura Women's Resource Centre, with its partners establishing the Bigiswun, the Bigiswun project, where they're assessing what the needs are of this cohort who are now young adults, and to date, sadly I'm informed by the Women's Resource Centre, by the Marninwarntikura, the investments in the response in terms of the needs of these children have not been met by any provider.

We do not seek [audio distorted] we still continue on. We still continue on in informing and educating the community at large of the needs of our children who live in our communities, our young adults who live in our communities, so that we can create meaningful employment opportunities, careers, supports, and other needs as they journey through their life because Foetal Alcohol Spectrum Disorder is a disorder that is from birth to grave, and there are different needs for all of these individuals throughout their lives. But they are our children, and we will continue to care for them, but all of us, the children, the families, and this community, has suffered absolute neglect and abuse and harm by the system itself that is there supposedly to provide supports to all. Thank you.

MR CROWLEY: Thank you, Commissioner. During the Lililwan Project, as part of that prevalence study, you've said in your statement that it was identified that the use of alcohol was being exploited as a way of attempting to numb the pain from generational marginalisation, discrimination, continuing poverty and high rates of unemployment.

I want to ask you, Commissioner, do you see parallels with those factors with what you've seen in your experience with the child protection systems?

COMMISSIONER OSCAR: Thank you, Mr Crowley. There's a couple of things in your invitation for me to comment. Can you just break that down so that I can be clear with what it is you're asking me?

MR CROWLEY: Yes. First of all, Commissioner, what I'm asking you to comment on is how these factors, in your view, may be relevant as drivers in respect of child protection systems and interactions with First Nations families and parents. The first

one you've mentioned is generational marginalisation.

5 COMMISSIONER OSCAR: Thank you for that. In the experiences of many Aboriginal and Torres Strait Islander people since contact with the settler society, we have not been treated as human beings. We have not been acknowledged as people with feelings, emotions, structures, systems of living, as people occupying this continent before the arrival of Europeans.

10 We have been treated in the most abhorrent ways by settler society, denying us our humanity, dispossessing us of our land. The cruelty administered in our treatment, the dispossession, the dislocation, the punitive treatments that our people had experienced and witnessed and live with over generations has traumatised our societies where we have never had that acknowledgment in this nation.

15 We occupied this land. We were treated as if we did not matter and so discrimination, the marginalisation, the disadvantage, and the dispossession has compounded for many generations of families in this country.

20 We have not acknowledged this as a nation.

The pain and the trauma of this truth and this reality for many, many Aboriginal and Torres Strait Islander people has caused us to see so many people looking to seek relief from this pain. Often we see people self-medicating to numb the pain. The judgments, the negative and hurtful judgments that are made of Aboriginal and Torres Strait Islander people who are living with such pain and trauma is so unjust and unfair, and the truth of that and the root causes of that must be spoken about, must be acknowledged in Australia.

30 We are not bad people. We are not people who set out to harm intentionally. We are people who are dealing with generation and decades upon decades of pain and trauma inflicted on our families and our societies. It is time that we come to terms with the truth of this nation, the history of this nation, and have the maturity to embrace in a national discussion around the painful past and the history of this nation.

35 If we are to deliver justice and equality and respect for each other and ourselves, we must address the institutions and the systems that continues to perpetrate and support these approaches and thinkings in our country that contribute to the detriment and the pain of our Indigenous people.

40 MR CROWLEY: Commissioner, just in relation to those issues you've spoken about there, the continuing trauma and intergenerational trauma, discrimination, and marginalisation, are they matters that, in your view, must inform the delivery of child protection services in today's society for First Nations people?

45 COMMISSIONER OSCAR: Thank you, Mr Crowley.

For anyone engaging in the space of service provision to Aboriginal and Torres Strait Islander peoples, families, individuals, community and community organisations, it is compulsory they have a sound understanding of the history and the treatment of Aboriginal and Torres Strait Islander people and our family, and our community, and who we are as Indigenous people.

I think it is the responsibility, in fact I believe and I insist that anyone engaging in the space where they're interacting with Aboriginal and Torres Strait Islander people, be held responsible to ensure that they have undertaken stringent, cultural, intelligent leadership training delivered by Indigenous people who demonstrate their suitability for engaging with Aboriginal and Torres Strait Islander people because currently we have, as Aboriginal and Torres Strait Islander people, no input or very little input into those that are making decisions that impact our lives and the lives of our loved ones for the rest of their lives.

There is no accountability placed on individuals who are making decisions that are harmful and traumatising that's affecting many, many families across Australia. We have to change the way policy and systems are designed to engage those peoples who are making life-impacting decisions on our family.

MR CROWLEY: Commissioner, you've spoken in your statement about the over-representation of First Nations in child protection systems across Australia, and made the observation that's not a result of isolated incidents, but instead it's the product of a chain of causality with the genesis in commencing with colonisation of this country. I wonder if you can just explain about that, Commissioner, how you see that chain of causality.

COMMISSIONER OSCAR: Thank you, Mr Crowley. This is a very sad picture, and it does begin from colonisation and the attitudes towards Aboriginal and Torres Strait Islander peoples and what I have previously invited comment on in regards to the attitudes [audio distorted] and the consequences that impact many of our family over generations.

So here we, are as a peoples, living with unresolved trauma that's shared intergenerationally. We have access to world research around the effects of [audio distorted] and the harmful impacts of trauma unresolved and their lasting, their lasting impacts on individuals born generations later.

We are confronted with policy, we are confronted with systems and structures who do not pay attention and mindfulness to the impacts of all of that on the lives of human beings and the impacts that have caused human suffering of Aboriginal and Torres Strait Islander people.

Rather, we have people who are delivering the policies, implementing the policies, that are punitive measures that punishes us for the disadvantage we suffer because of our history. Until we change the systems and the policies and the influencing factors that supports these punitive measures, we will continue to see the Aboriginal and

Torres Strait Islander suffer at the hands of people who are neglectful in their duty to bring about justice and equality and respect for Aboriginal and Torres Strait Islander people. Therefore, we will continue to see the discrimination, the injustices and the compounding of trauma for generations to come because of our ability to not
5 acknowledge and create and drive the change which is so overdue in our country.

MR CROWLEY: Commissioner, in your statement when you've spoken about the Wiyi Yani U Thangani engagements, you've described how, when speaking to women and girls across the country, that in each of those First Nations communities,
10 people have said that they're scared or fearful of removal of children through child protection interventions, and that it's considered and seen as another Stolen Generation. Can you just explain for us about what's been related to you and how that's been perceived?

15 COMMISSIONER OSCAR: Thank you, Mr Crowley. Yes, it was extremely saddening to hear so many voices across this country speak of the fear of being able to seek out the supports that women and girls have a right to seek out, to have a right to access as citizens in their country, the fear instilled in them by those at the
20 frontline that deliver the statutory obligations of the child protection system, and their single-mindedness around how they deliver that responsibility which causes fear in the lives of caregivers, of mothers, of grandmothers, of great-grandmothers, that they cannot trust a system that has historically disrespected their ancestors, and that continues to violate and disrespect them in the delivery of a citizenship entitled
25 "service", to Aboriginal and Torres Strait Islander people in our country.

Why is it that our people are fearful of a system that is supposedly there for our benefit?

MR CROWLEY: Commissioner, you've also stated in your statement that the real
30 issue here is looking at a systemic failure to support families, mothers and children, through holistic community supports that would allow a family to stay together and without those supports you consider that First Nations women and families in contact with child protection systems are extremely vulnerable to systemic neglect, violence, through those interactions.

35 Can you just explain about that, about what you've referred to there as those systemic issues, the systemic failures?

COMMISSIONER OSCAR: Thank you, Mr Crowley. I have witnessed a number of
40 families work extremely hard to reconnect family members who have been removed at childhood back into their language groups, back into their community, back into the lives of their family. I have seen on too many occasions the struggle, the pain, on the returning individual family member and on the family members that live and continue to live on country.

45 I've sadly attended funerals where those returning have taken their lives because they had been raised in a totally different environment where their connection to family,

to country, to kin, is something that they have struggled with.

5 There has to be another way of ensuring that individuals who are unsafe at any time of their childhood, and those that provide care, are provided with the care and support that they require to remain to get with family, with kin and on country.

10 It is a lifelong impact that not just the person who is removed at childhood, and that person alone, but it is the whole family that has to live with how we create a supportive and caring environment for our loved ones to remain with us, within our extended networks because we see for those who are removed, they are institutionalised. They live with people who they do not know. They live in places where they are not familiar with. They struggle to live with understanding what it is and why it is that they have been removed from everything familiar to them.

15 So we collectively have to ensure that we work extremely hard to get to ensure that we design structures, that we create processes and develop systems with the people, with the skills that can work far more effectively with Aboriginal and Torres Strait Islander communities and families and organisations, to keep our families and our individuals needing additional care, safe, protected, loved and close to those that love
20 them and their right to be on their country.

We cannot continue to support the current systems and regimes that continues to traumatise Aboriginal and Torres Strait Islander people.

25 MR CROWLEY: Commissioner, you've spoken in your statement about being concerned that statutory interventions by child protection systems may disproportionately discriminate against First Nations people with disabilities and their families. Can you just tell us why you hold those concerns?

30 COMMISSIONER OSCAR: Well, it is because of the fear people have of approaching services where they exist, and many regional and remote communities such as the Fitzroy Valley. The only active service that is here constantly is the child protection organisation agency, and I understand that there is the mandatory reporting between the police, the education organisation and the child protection
35 organisation.

40 So judgments made on the care giving and the quality of care being provided by families who have access to no support will always be victims of somebody's judgment, and will report people to those triage of organisations which triggers the removal of children.

45 The fear held by families is real today, even in this community. We have got to change that being the reality that people are living with. We have to ensure that people have access to supportive services and alternative supports that recognises that we need to invest in the lives of Aboriginal and Torres Strait Islander women and men, their families, to provide the supports that's necessary.

We have a right to expect these supports in our country, but sadly, today, that support does not sit on the horizon for many communities.

5 MR CROWLEY: Commissioner, one of the points that I raised with you earlier was the issue of poverty. I want to ask you this, if you could comment, how do you see that poverty and poor living conditions, how they might intersect with disability and child protection systems for First Nations parents and whether that might create further vulnerabilities for those people?

10 COMMISSIONER OSCAR: Thank you, Mr Crowley.

Aboriginal and Torres Strait Islander people have experienced extreme treatment that has attempted to break our spirits. That has attempted to reduce our spirit so that we are helpless and we see ourselves as helpless and hopeless people.

15 I'm proud to say that our people have stood up against this absolute horrific violation and humiliation, that we have kept our spirit strong in the face of having our right to our country, to our traditional land overtaken by a foreign system of land ownership which has driven our dispossession as the owners and the First Peoples who have
20 turned the soil of this continent since millennia.

We are still here. We are not extinct. We have survived as many of our people continue to voice in the public. Our spirit has not been erased.

25 Whilst we have become people who have not been able to enjoy the fruits of our country, the resources of our country, we have been subjected to being landless and our ownership of our land has not been recognised, had not been recognised until the courageous fight of Eddie Koiki Mabo and the plaintiff. We have the native title system that recognises our connection to this land from time immemorial.

30 We have had to demonstrate that to the foreign courts erected on our country. To demonstrate how we are the First Peoples of this country and the history of colonisation that has removed our right to possess anything in our country has caused our disadvantage, has caused our situations of poverty. We have got to
35 change that. We have got to reconcile this country in a process of truth telling, in a process of compensation for the theft of our right to not live in poverty in our country.

40 MR CROWLEY: Commissioner, in your statement you've observed that there's somewhat of a hypocrisy or a contradiction about a system, child protection system that removes children from neglect when the environment causing the neglect is the product of the system itself. The issues that you've just spoken about, are they the type of things that you're referring to as being the product of the system?

45 COMMISSIONER OSCAR: Thank you, Mr Crowley. I do believe that as an Aboriginal woman, as a grandmother, as a carer, and as Australia's Social Justice Commissioner, that that is to be true.

The dispossession, the treatment of Aboriginal and Torres Strait Islander people since colonisation is the key driver of our marginalisation, our disadvantage and trauma that we are subjected to by a system that upholds and perpetrates the trauma that we live with daily, that we continue to experience the abuse and negligence and the harm of a system that has harmed us since colonisation.

MR CROWLEY: Commissioner, I want to ask you about some of the things that might be done, in your view, to address the removal of First Nations children from families and the over-representation in out-of-home care.

You talked about the need for there to be accessible and culturally safe supports in particular for First Nations parents with disability. Can you just tell us about that and how you would see that would be something that might assist in reducing that over-representation?

COMMISSIONER OSCAR: Thank you, Mr Crowley. I believe that the system's designed to respond to people living with unique and complex needs with a cognitive behavioural, physical, and in particular to Aboriginal and Torres Strait Islander people, it is the gift of these people born into their families that first respond to their needs, to the needs of these individuals.

The external systems designed by others to respond to individuals and families and caregivers, must understand that Aboriginal and Torres Strait Islander people love their family members, that they are people who have a right to access and expect supports for those external to their families. So if there's policies and entities and investments and institutions designed outside of our families for our benefit, we, as a collective, should be ensuring that all of our family have knowledge, have access to these supports, so that we're able to provide the highest quality care to those that need it and to those that are providing the care.

And so creating spaces for people who are delivering on the Government's commitment for responding to people with unique and complex needs, must be reminded and must be held accountable to invest in the existing strength that is present in our communities, in our families, and wrap the external supports around the existing strengths that exist in our families and our communities.

We are not seeing this, sadly. We are seeing, rather, people being punished for their inability, it seems, with the judgment made by others external to the family, to not be able to provide the 100% wraparound care. We cannot have people in positions deciding the fate of our loved ones based on judgments that are being made without any engagements with the families, with those individuals, and with the community organisation's guidance and support. That cannot continue to be the case because that is the only way we are seeing any response being provided to people with unique or complex needs in communities such as ours.

We have to change that.

MR CROWLEY: Commissioner, you've said in your statement that there should be a significant refocus and reinvestment from child removal into out-of-home care to preventative and empowering structures and services which support families. I want
5 to ask you how you see that community decision making and self-determination should be factored into that suggested proposal of how there should be a refocus and reinvestment?

10 COMMISSIONER OSCAR: Thank you, Mr Crowley. Communities are yet to see a willing representative of the system and an agency have the courage to champion an alternative pathway to ensure children are protected and kept safe with family and community, and to respect the right, the rights of the child, to remain on their country with their kin, surrounded by their culture.

15 We have not witnessed that capability from the child protection agency in this country. We have heard many, many families calling for an alternative pathway that ensures that families are engaged in a process of dialogue with the child protection authorities and their representative and I hope I am alive to see a time when we can do that.

20 That is the only way we can truly respond to the holistic life-long needs of children. To be supported on country, to have access to their families, to their kinfolk, to their culture, to their country, that strengthens them as individuals, that ensures them a healthy, long life immersed in everything that enables them to be strong human
25 beings and adults into the future.

The issue of removing children is something that is always seen as a first resort, from my experience. I have witnessed too many families grieving the removal of their children. I've witnessed so many families appealing to family law courts to have
30 their children returned. I have seen too many people design legislation, policy, influence investment, which is not the reality and the lived experiences that I see on the ground.

35 I have seen these decisions made in total disregard for the strength of family, the strengths of community and the rights of these individuals. That has to change.

MR CROWLEY: Commissioner, I want to ask you about further on your recommendations and solutions for change in this area that you've spoken of. You've
40 said in your statement that you encourage the Commission to recommend investment in culturally grounded, trauma-informed, strength-based services, and ones that support the families, First Nations families with those wraparound supports and services. Could I ask you, Commissioner, if you could just expand upon that and tell us what you see would be the critical features here for First Nations parents with disability, how they might be supported by those appropriate services.

45 COMMISSIONER OSCAR: Thank you, Mr Crowley. Part of the present challenge and problem that we experience is that these situations occur and these decisions are

made without any accountability placed on those that are making the decisions. There is no accountability. There is no one who is charged with the responsibility as a watchdog, if I could use that term. That all of these acts, all of these decisions are made under the radar of perhaps those who might have some influence around holding people to account.

I think if this Royal Commission could deliver justice and equality and fairness and respect for Aboriginal and Torres Strait Islander people living with unique and complex needs, it would be to ensure that resources and capacities are directed towards First Nations organisations such as the First Peoples Disability Network who have expertise and focus and who have people who are living in this reality and are supporting people in this reality across the country, that we are able to access a community-controlled organisation that is not afraid to speak the truth of the experiences of our people, but that they have capacity, they have the resources to be able to engage in our right to a quality of life, to have access to the services and supports that we have a right to, and we are heeding their advice in elevating the voices of our loved ones and community members and family members on what change looks like for people living with unique and complex needs.

If we can have an outcome that is recognising our right to be supported through a strong, community organisation that acts as a watchdog, that acts as an advocate, that acts as an evaluating, monitoring stakeholder, that is accessible and has people situated right across the country in many of our communities and has a presence in our community, then I think we would have come a long way in serving a just outcome from this Royal Commission.

MR CROWLEY: Thank you, Commissioner. Those are all the questions I have for you. I just wanted to stop now, in case, I expect the Commissioners may have some questions for you themselves.

QUESTIONS BY THE COMMISSION

CHAIR: Thank you, Mr Crowley, and thank you, Commissioner Oscar.

Again, I shall ask Commissioner Mason, do you have any questions?

COMMISSIONER MASON: Commissioner Oscar, thank you very much for coming to speak to us this afternoon. You've covered quite a breadth of issues in your statement and in responding to questions today. I was interested in getting your feedback on the consultation you did through the Women's Voices Project, indeed, your work as Commissioner there in the Australian Human Rights Commission about the place we are at in Australia today in terms of the legacy of the past, that is still with us, but what you see as the capability within First Nations communities to lead this change. Is that critical mass of organisations and peoples leaders ready for this change, particularly for First Nations with disability, and parents with disability,

particularly in the child protection system? Because my view is that that cultural acumen is so important in making decisions in leading change, but do we have the critical mass of Aboriginal and Torres Strait Islander people to lead that change within the child protection systems today, or is more work needed to be done to build that mass of critical leaders? Thank you.

COMMISSIONER OSCAR: Thank you, Commissioner. I think we have always stood ready and waiting and the critical mass are there. Whilst we may have communities and organisations and leaders among the diversity of our settings across the country at different points of readiness, we must take an approach where we are making the step and demonstrating that we are listening and that we are prepared to invest. Whilst others may come along at a later time, we have got to show that we have listened and that we are making the change that's necessary and required.

To wait until everyone's ready will send a very confusing message across our community. I think we must believe in the strength of those who are ready and are willing to take and make the decisions around best practice, culturally respectful delivery of supports which is designed by the families and the communities [audio distorted] means that we are showing the community that we're making a stand. That we are listening and we are responding, and that we must learn from the diversity of our strengths and our settings and our experiences because we cannot take a one-size-fits-all response.

I think the Royal Commission needs to ensure the diversities of our histories, while common and shared as a collective, there are groups that are finding themselves in a different and new situation to those communities that may have experienced earlier some of these challenges and have responded and created the supports that they have in place.

So we need to learn from all the diversities and all of the experience of all of our peoples, and that we move away from responses to the needs across the board of Aboriginal and Torres Strait Islander people's needs with a one-size-fits-all response.

CHAIR: Commissioner Atkinson.

COMMISSIONER ATKINSON: Thank you, Commissioner Oscar. Can I ask you a question, a very specific question. You talked about the children who had Foetal Alcohol Syndrome now growing up and themselves having children. Are you aware of whether or not they are getting the kind of culturally appropriate wraparound supports that you were talking about, and if so, how is that provided, and if not, what has to be provided?

COMMISSIONER OSCAR: Thank you, Commissioner. Thank you for that question. What started as the Lirilwan Prevalence Research, the little ones, has now transpired into a project called the Bigiswun Kids project, it's a longitudinal study of adolescents with high rates of trauma, pre-natal alcohol exposure and Foetal Alcohol Spectrum Disorder in our community.

5 The project itself, the Bigiswun Kids Project, if I may, is a partnership between
leaders of Marninwarntikura Women's Resource Centre in Fitzroy Crossing, with
doctors and researchers at the University of Sydney, and key members from local
government organisations, Western Australia Department of Education and Western
Australia Country Health Service.

10 The objective of the project is Marninwarntikura have partnered with researchers
from the University of Sydney to follow up the Lililwan cohort in 2020-2021 who
are now around the age of 17, 18 years, to identify adolescent needs and protective
and risk factors for adversity in adolescents. The Lililwan cohort was a
population-based cohort that included all children born in 2002-2003 and living in
the Fitzroy Valley.

15 Sadly, I'm advised that those children who are now part of the Bigiswun project have
received little to no support in their response to their identified diagnosed needs. As
young adults, these children are said to be experiencing extreme mental health issues
leading to suicidal ideation, and that's a huge and enormous pressure for this
community.

20 This project is continuing to, at the Bigiswun project level, elevate the needs of what
is required for these young people here.

25 CHAIR: Commissioner McEwin?

COMMISSIONER McEWIN: No, thank you.

30 CHAIR: Commissioner Oscar, if I may say so, as I've read your statement and
listened to your evidence, I sense, perhaps, something of a paradox. The paradox, as
I see it is this: you've given a very powerful presentation of the terrible impact of
colonisation on First Nations people in the 242 years since European settlement. The
more severe the impact of colonisation through dispossession, discrimination,
racism, deprivation of various kinds, one might think the more difficult it is to
correct the offences of colonisation as you have described them in such stark terms,
35 and yet there are parts of your statement that appear to be optimistic and there, it
seems to me, may be the paradox.

40 How is it that you are optimistic, if you are, in the light of the severity of the
consequences of colonisation that you have laid out in such detail and with such
force?

45 COMMISSIONER OSCAR: Thank you for making that point. My response to that
is I live with hope. I carry hope and I must be optimistic that things will change. I
believe in the goodness of humanity, I believe in the goodness of people in my
community, in my organisation, in my family, that we can do better and that we will
not have what others have done to us define us.

I live with hope, I must carry hope, sir, for us to survive.

CHAIR: Yes, thank you. I think we share the hope. I think the problem that the Commission has is to determine what can be done in order to realise that hope.

5

COMMISSIONER OSCAR: We must work collectively. We must truly, genuinely, guarantee a space for each other at the table that makes those decisions. We cannot continue to see others pretend that they know our reality and our suffering better than we know it ourselves. So our duty is to create the space for us as Australia's First Peoples with the good people of this country, to share in the dialogue, the challenge of deciding what will work and to be able to trust each other in that process.

CHAIR: Thank you, Commissioner Oscar, and thank you for your detailed statement of the work you have done and the evidence you have provided today. It's been a very stimulating session for us. So thank you very much, indeed, for your contributions to the work of the Royal Commission.

COMMISSIONER OSCAR: Thank you. Thank you, Commissioners.

CHAIR: Mr Crowley, what happens now?

MR CROWLEY: We have no witnesses today, and if we could adjourn now and resume tomorrow morning with the next witnesses we shall hear from.

CHAIR: We shall adjourn until 9.30 Brisbane time or 10.30 Sydney time.

MR CROWLEY: Yes, thank you.

CHAIR: Thank you very much. We'll do that. Thank you.

30

Thank you again, Commissioner Oscar.

COMMISSIONER OSCAR: Thank you.

35

THE WITNESS WITHDREW

**ADJOURNED AT 3.35 PM AEST UNTIL TUESDAY, 24 NOVEMBER 2020
AT 9.30 AM AEST**

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