



Speech by

**Hon. ANNA BLIGH**

**MEMBER FOR SOUTH BRISBANE**

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Hansard 19 August 1999

**MINISTERIAL STATEMENT**

**Cootharinga Society of North Queensland**

**Hon. A. M. BLIGH** (South Brisbane—ALP) (Minister for Families, Youth and Community Care and Minister for Disability Services) (10 a.m.), by leave: I am delighted this morning to table the report of the investigations into the Cootharinga Society of North Queensland, Townsville, conducted by the Health Rights Commission in 1995. In Opposition I promised I would find a way to release this report, and today I am delivering on that commitment.

Under its previous commissioner, the Health Rights Commission conducted an inquiry into the Cootharinga Society of North Queensland in 1995. The allegations were shocking. In October 1997, stories began to appear in the media, including the alleged existence of dying rooms, of disappearing babies, children being locked in cages, a lack of appropriate medical treatment, residents with multiple disabilities being subjected to verbal and physical abuse, of children being tied to their beds and clients found with maggots in their ears. These complaints were made by former residents and their families, staff, former staff and members of the community.

In 1997, the police launched an investigation into these complaints, called Operation Funnel. At the same time, the Department of Families, Youth and Community Care employed an independent consultant, Ron Joachim, to evaluate the current service practices of Cootharinga. The Joachim report gave the Cootharinga current service delivery a clean bill of health, though it did identify areas which needed improvement. As a result of Operation Funnel, police found no evidence of financial mismanagement and charges were laid against two people in relation to allegations of sexual abuse and stealing. Other matters were sent to the coroner and Health Rights Commission for further examination.

When I tabled the police report last year, I informed the House that the Health Rights Commission report could not be released until all outstanding matters were finalised, lest these investigations be jeopardised. I am pleased to report that these matters have now been resolved. No further action will be taken. As a result, I finally have the opportunity today to table the Health Rights Commission report at the centre of this painful saga. The Health Rights Commission report was never written for public consumption. Therefore, the document I am tabling here today has had all names deleted to ensure the confidentiality of people mentioned in the report, including clients, families and complainants.

I would like to pay tribute to the courage and determination of those people who brought complaints forward and sought investigations over a period of many years. The shocking nature of the historical allegations contained in this report have been thoroughly dealt with by the relevant investigative bodies. By tabling the report, I do not intend to reopen old wounds. On the contrary, I am tabling this report to help close this painful chapter and let the process of healing and reconciliation begin.

I would like to draw honourable members' attention to Cootharinga's response, which I have tabled with the Health Rights Commission report today. In their response, and I quote—

"The society acknowledges that there is a great deal of hurt and concern surrounding these issues. The society wishes to apologise for any suffering clients or families faced as a result of the treatment they received."

I would like to acknowledge the Cootharinga Society for its courage in recognising the past and embracing the reconciliation process.

While waiting to release this report, we have not stood still. This Government has provided funding to move the four remaining children in Cootharinga's care from the old nursing home site into new accommodation in Townsville. A counselling service has been established to help past and present clients and their families affected by these events; \$30,000 has been provided for a reconciliation process between the Cootharinga Society, past clients and their families.

I table this report today to honour those people who dared raise concerns about the welfare of their loved ones and, in doing so, shine a light on the past so that we may all learn the lessons for the future. Now that this report has been tabled, I hope that another obstacle to the reconciliation process has been removed and I encourage everyone involved to embrace this opportunity to improve our understanding of quality care for people with a disability.

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