



## YFS Submission to The Queensland Child Protection Commission of Inquiry October 2012

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### ABOUT YFS

Youth and Family Service (Logan City) Inc. (YFS) is a not-for-profit organisation run by, for and with people of all ages in Logan city and the surrounding areas. Over the past 28 years we have developed a wide range of services and programs, giving us a unique ability to link people with all the supports they need to achieve their goals and overcome problems.

As well as providing services, YFS plays a lead role in the Logan area, actively urging governments, business and community organisations to respond effectively to people's needs and ensure everyone has access to the opportunities they need for a full life.

YFS believes that clients have the right to expect good service and to be treated with respect. We also believe that it is our job to uphold the rights of our clients and to assist them to exercise their rights and responsibilities. These principles of rights-based service delivery and advocacy underpin the work we do.

### YFS EXPERIENCE IN CHILD PROTECTION ISSUES

YFS is funded by both State and Federal government to provide a wide range of programs and services. Many of these services support clients who are within the child protection system. Types of services include youth services, domestic violence, mental illness, housing and homelessness and family support and counselling.

YFS operates a number of youth programs that provide case management support to at-risk young people through Youth at Risk initiative (*Youth Link*), Logan Beenleigh Young Person's Project (*The Next Step*), Logan Youth Legal Service and Volatile Substance Misuse program (*ReSolv*).

YFS is additionally a partner in the pilot Helping out Families (HOF) Initiative in Logan. The HOF initiative provides support to children, young people and families who have been referred to the Department of Communities (Child Safety Services) but do not require ongoing statutory involvement. YFS provides Domestic Violence services to identified families.

YFS is funded by the Department of Child Safety (CS) to provide Family Group Conferencing (FGC) services to children, young people and their families. FGC is a form of placement decision making for CS clients.

### THE PARAMETERS OF THE YFS RESPONSE

YFS is responding to the following terms of reference;

- C) Review the effectiveness of Queensland's current child protection system in the following areas:
  - I. Whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;
  - II. The current Queensland government response to children and families in the child protection system including appropriateness of the level of, and support for, front line staffing;



- III. Tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes;
- IV. The transition of children through and exiting the child protection system.

D ) Reviewing the effectiveness of the monitoring, investigation, oversight and complaint mechanisms for the child protection system and identification of ways to improve oversight and public confidence in the child protection system

### C) Review the effectiveness of Queensland's current child protection system

*i) whether the current use of available resources across the child protection system is adequate and whether resources could be used more effectively.*

Resources are most efficiently utilised when there is a strong framework and structure in the way they are applied. In working within the child protection system, this involves a commitment to collaborative practice and information sharing between all parties.

#### **Recommendation**

**CS fosters a culture where keeping children safe from abuse and neglect is seen as a shared value and a fundamental principle of all collaborative work.**

Often, there is an incongruence regarding sharing information between parties with a perception that CS expects community organisations to provide information in regards to mutual clients however CS does not routinely return this professional courtesy and retreats behind legislation if this suits their position. This reluctance to communicate with community partners working creates tension, disrespect and unnecessary work for both parties and can have a negative effect on the outcomes for clients.

In working with clients, YFS workers experience many levels of meetings with ineffectual or no agendas, poor meeting procedures and no real actions or accountabilities. CS can send up to 5 staff to attend a meeting that could be adequately managed by 1 or 2 people. This tends to create an environment of the numbers winning the day rather than focussing on the facts of the case.

There is also a perception that CS do the planning and coordinate the meetings and leave what is seen as lower level work, or leg work, to community organisations ( for example transport, housing applications ) while at the same time not giving any weight to our opinions .

There is also a large variance in attitudes, skills communication and service provision between CS offices and Officers.

#### **Recommendation**

**Protocols to be developed in order to share information regarding mutual clients and the combined body of (and latest) information to inform decisions.**

#### **Recommendation**

**The rationalisation of meeting procedures to ensure strict adherence to meeting protocols and currency of subjects, with the overall aim of realistic and efficient outcomes.**





*ii) The current Queensland government response to children and families in the child protection system including appropriateness of the level of, and support for, front line staffing;*

As previously stated YFS has a range of services which brings us into contact with at-risk children and young people. This means that while we provide services to support and strengthen families, we also have a responsibility to identify and respond to situations where we believe a child's safety is compromised.

YFS has developed policy, procedure and practice to ensure staff are aware of their role in reporting children at risk of harm and abuse. We advise clients when we make reports to CS and discuss what will be (or has been) reported and at the same time offer ongoing support.

We often see a slow or no response to information provided to CS (particularly in regards to neglect). On many occasions YFS has not been informed of CS receipt or planned response (if any).

This slow or no response can and does impede the work with our clients at a critical time.

*CASE STUDY February 2012*

*Luca is a 13 year old boy. YFS has been providing services to Luca and his family for 2 years. Luca lives with his mother, many brothers and sisters, and his 4 year old nephew. Luca and his family are well known to CS.*

*Luca only occasionally attends school and is facing 50 charges, including burglary. Luca and a friend had arrived at school (an alternative high school) under the influence of alcohol.*

*The teachers rang YFS requesting we attend and take Luca and his friend home. (Luca's friend also lived with the family on an informal basis) YFS staff took the two children home and spoke to the mother. When the situation was explained the mother showed no interest; her response to threatened suicide, 'I am going down the park to hang myself'. This was in front of the children including the 4 year old (her grandson)*

*YFS made a formal report to CS. We have had no response to date.*

When working with mutual clients often the reason for CS decisions is obfuscated. There is a perception that CS come to a conclusion first and look for evidence to support the conclusion, rather than weighing up evidence to inform decisions.

We respect CS have the a difficult and specific role however it is hard, at times impossible, to understand CS reasoning .YFS having a different point of view is often interpreted as oppositional rather than a professional and well informed opinion.

CS use of legislation can be inconsistent with decisions influenced by the emotional response of CS staff to particular clients and/or circumstances.

On occasion we have been excluded from stakeholder meetings, relevant correspondence (emails, phone calls) and the implementation of care plans.



#### CASE STUDY July 2012

*Roger is a 15yo male referred by CS to the YFS ReSolv (Volatile Substance Misuse) program in March 2011.*

*Information from CS included that Roger has been in care with the same carer, Julie since he was 4 months. Roger refers to Julie as 'Mum'. Roger has been chroming and using marijuana for some time however his use escalated in the past 2 months with Roger being admitted to hospital as a result of the drug use/chroming.*

*Roger meets with Resolv Case Manager and is willing engage with the service. Roger says he seeing a psychologist but does not talk with the psychologist about the self-harm. Julie tells staff that Roger can also become aggressive and has difficulty managing his emotions.*

*During the first 3 months of working with Roger it emerges that he has a history of misusing his prescribed medication for ADHD and Anti-depressants, and has- on two occasions- attempted suicide. A safety plan is created with Roger, this is regularly monitored in consultation with Julie, CSO and the psychologist.*

*Roger is able to identify some goals around substance use, however he has no desire to reduce his use of cannabis; Resolv provide him information on the impact of substances on his body and mind and strategies for the reduction of use.*

*ReSolv see Roger at least weekly and notice that he is becoming more anxious and is refusing to leave the house.*

*Over time Roger's substance use increases to the point where he is now stealing and selling his property to fund his habit. Roger stays away from home for days at a time. During these periods Roger does not take his medication and when not medicated he becomes increasingly erratic. It is clear if Roger does not take medication he may be more likely to use substances and offend.*

*Throughout this period regular stakeholder meetings are held at the home. Roger attends but his participation is minimal. The risk of placement breakdown is regularly discussed and while the Resolv staff acknowledge Roger's impulsive and erratic behaviour and its impact on the family, they raise their concerns that a placement breakdown may put Roger at risk of increase substance use, offending behaviours, and suicide.*

*After around 14 months of support from ReSolv Roger assaults Julie and CS end his 14 year placement based on the risk he poses to the other children in Julie's care. Roger is placed in crisis accommodation.*

*Roger assaults a young person in crisis accommodation while trying to protect a worker from another young person. Despite this Roger is relocated to another accommodation service provider XXX. During his time with XXX Roger runs away becomes intoxicated and overdoses. He is treated in hospital and verbalizes that he wants to throw himself under a train. XXX puts a detailed risk plan in place and agree to continue provide to services.*





*Roger becomes motivated to attend the ADAWS 11 day detox program and stays for 4 days. Despite being an 11 day detox this is viewed by the program as a positive step. Shortly after this CS cancel Roger's placement again. CS states that Roger is again placing other young people and workers at risk. Safe Places are willing to continue ongoing support. ReSolv advocate for this placement to continue as any change will have a negative impact on Roger's health and safety.*

*CS do not allow the placement to continue and Roger is offered night by night crisis accommodation where he is required to leave during the day and a bed is not guaranteed that night. One of these options is approximately 60km from Woodridge. CS hold Roger's medication. Roger suffers ongoing anxiety about dealing with CS and refuses to collect his medication from the office as he has been told to do.*

*Not having the prescribed medication leads to a further deterioration in Roger's mental health and on one occasion he seeks support from ReSolv to find accommodation for the evening.. ReSolv inform CS they are willing and able to step in at this critical time and find accommodation. CS tells Resolv Roger can choose 1 of 2 options on offer. ReSolv continue advocating for Roger and eventually found a place and agreed to go to for the night.*

*This temporary accommodation offered ongoing support to Roger and calls CS to let them know that for Roger to be able to stay they need his medication. CS informs them this is not possible and as a result Roger is again left without accommodation and his medication.*

*ReSolv advocates Roger is unable to make any positive change or progress until he has stable housing and medication. CS response is this will not be possible unless Roger complies with CS.*

*After conferring with other stakeholders, ReSolv write a letter of concern to CS.*

*ReSolv receive a response indicating our involvement with Roger has been unsuccessful and CS will source alternative support services.*

*ReSolv feels that the content of the response did not adequately address our concerns or provide a rationale their decision.*

*Resolv writes a letter of complaint with the support of the psychiatrist and Julie. The case is currently being investigated by the CS Client Relations Officer.*

*ReSolv continue to work with CS who is now looking in to semi-supported accommodation for Roger. In the meantime Roger is without suitable housing and medication.*



There is frequent communication breakdown regarding plans and decisions directly affecting families due to the decision-making protocols not being adhered to or little to no input from families, children or other stakeholders.

YFS staff have reported being ignored when making recommendations for changes to care plans even though they may have had significant experience and knowledge about clients and their circumstances. .

YFS staff have been told by a number of clients and have witnessed in meetings case plans written by the CSO, in family's absence and/or written without parents' knowledge.

We have also experienced with the same CSO involved in the initial assessments the investigation and ongoing work with the family. This can cause confusion for the family.

There are instances of limited CS communication with parents at the time of removal of child (especially newborn babies) court hearings, scheduled appointments, family group conferences and stakeholder meetings. Clients feel have been tricked by CS on being advised there is no need for them to attend court as the matter is procedural when in fact decisions are being made.

### **Recommendation**

**Establish protocols to acknowledge the contribution and significance of everyone involved, with work practices developed to accommodate changes in staff availability and staff turn-over and these protocols are reviewed regularly .**

The effectiveness of early intervention programs can be compromised due to a families' lack of trust with the system. Families are reluctant to admitting and owning the serious and/or dysfunctional issues in their lives for fear that it will be used against them, even when they are initiating intervention.

There are intergenerational negative experiences for some Indigenous clients in their interactions with Child Safety.

*"Child Safety haven't changed in 60 years"*. A tearful comment from an Aboriginal grandparent when advised YFS would be making a report to CS.

### **Recommendation**

**CS engages a PR firm to develop marketing strategy to sell the benefits of parenting assistance and early intervention programs while not underplaying the possibility of CS involvement. This strategy would embed positive attitudes towards parenting and family education which normalises asking for external assistance from time to time.**

#### *iv) The transition of children through and exiting the child protection system*

The young person is not responsible for the fact that they are in care. The intention of placing the young person in the care of the state is meant to have been an intervention to break whatever cycle of abuse or neglect that was happening. With that in mind, when planning the transition out of care the young person needs affirmation and all work with the young person should be approached from a positive re-enforcement standpoint to consolidate messages of confidence and belief in the young person' capacity to thrive.





To inform the exit planning it is recommended that a procedure be devised to ensure particular aspects of the young person's immediate future have been planned for. These would include education, employment, recreation, community supports, and family connections with progress monitored by senior staff.

Many transitions for young people have not been well planned or prepared for starting too late and aiming too low. Some young people have experienced minimal and/or inconsistent support and are unaware they are even entitled to transitional care.

In many instances the young people have been linked to welfare services only (there was a recent graduation or *welfare expo* for clients leaving the care of the Department!). It is important to link young people to more universal supports (for example, private health insurance, dental care paid by the State ) to promote self-esteem and provide real opportunities for a successful transition to adulthood outside the welfare system

Young people must additionally be given full information about their rights (in an age-appropriate manner) and their participation in decision-making.

Denying a young person's involvement in their planning and decision-making creates an initial imbalance of power which often becomes entrenched. Ironically an imbalance of power is considered a future risk factor for potential child and/or domestic violence abuse.

#### **Recommendation**

**Exit planning should be approached from a positive re-enforcement standpoint to consolidate messages of confidence and belief in the young person's capacity to thrive and start at age 14 for an exit at 18 years.**

#### **D) Reviewing the effectiveness of the monitoring, investigation, oversight and complaint mechanisms for the child protection system and identification of ways to improve oversight and public confidence in the child protection system**

A complaints and review process is essential to any organisation or process. Without the review and input of the users of the system there is no mechanism to bring about change.

The current complaints and review process of the child protection system is not viewed as open and transparent by community members.

When a complaint has been made about a specific case the response can be obfuscated behind privacy law. In the past, and as demonstrated in the case studies above, YFS has made a complaint about how a client has been treated or about how CS staff have behaved and a common response received is "*we cannot respond, this is private*".

It is additionally our experience that CS staff can feel under attack when a complaint is made, rather than view the complaint as a genuine attempt to advocate for a client or for systemic change. **Additionally the appointment of an independent of the Complaints and Review agency with impartiality and the capacity to act (quickly) on behalf of children could provide a mechanism to achieve outcomes where timeframes are critical.**

#### **Recommendation**

**The introduction of upper level departmental and organisational mediation when impasses are reached in the field would in the first instance provide a point of engagement for these types of complaints.**

**A complaints and review system is capable of responding to complaints without breaching privacy.**



An external panel of experts be appointed (fixed term only) to regularly review and monitor Departmental processes and practices and complaints.

## CONCLUSION

YFS has extensive experience of the child protection system from numerous perspectives.

It is our belief that a comprehensive approach to case management, one that considers all perspectives within a clearly defined framework, will provide the basis of achieving the best possible outcomes for children and young people at risk of harm or neglect. This approach must include appropriate representation of the young person and the family and aim for the best, not least worst outcomes.

It has been our experience that a fundamental lack of trust, collaboration and information sharing on behalf of Child Safety Services and its representatives has resulted in poor or potentially dangerous outcomes for clients. YFS has also experienced inconsistency in administrative process, decision making, and application of privacy laws and the Act between Child Safety Offices/Officers.

This inconsistency and lack of transparency not only inhibits the ability for all parties to work together effectively, but does not work in the best interest of the CS client.

## RECOMMENDATION

*To formally acknowledge the complementary role played by community organisations in the child protection system, by defining and communicating clear parameters, frameworks and protocols to all parties with the overarching ethos of safeguarding children.*