

Statement of Witness

<i>Name of Witness</i>	Professor Lesley Chenoweth
<i>Date of Birth</i>	14 th March 1950
<i>Address and contact details</i>	C/- Griffith University, School of Human Services and Social Work
<i>Occupation</i>	Professor of Social Work, School of Human Services and Social Work
<i>Officer taking statement</i>	Leanne Trotter, Principal Legal Officer
<i>Date taken</i>	16 / 8 /2012

I, Professor Lesley Chenoweth , c/- of the School of Human Services and Social Work, Logan Campus, Griffith University, University Drive, Meadowbrook in the state of Queensland, do solemnly and sincerely affirm and declare;

1. I am a Professor of Social Work at the School of Human Services and Social Work at Griffith University and I have held this role since 2006. I spend about fifty percent of my time in this role and the other fifty percent as head of the Logan Campus which is about promoting social inclusion and community engagement.
2. My areas of expertise includes research in social work practice, disability policy and practice, disability, child protection, rural and remote human services, deinstitutionalisation and community living and abuse and neglect of people with disability.
3. My qualifications include a Bachelor of Social Work, a Masters of Social Work and a PhD. I am currently a foundation fellow with the Australian College of Social Work.
4. In my role as Professor of Social work, I have been teaching and developing curriculum, I supervise PhD students in the area of social work, largely around child protection workforce, disability and undertake research.
5. I have released numerous publications primarily in the areas of social work and human services practice and disabilities, including its connection to child protection.

Research relevant to the Child protection context

6. In the child protection context, there have been two major bodies of research, both were jointly funded through an Australian Research Council (ARC) linkage grant with the



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Queensland Department of Communities (Child Safety Services) and the Western Australian Department of Child Protection.

7. The first research project was in the mid 2000s and was around recruitment and retention and involved interviewing frontline child protection and social workers in regional and remote areas.
8. The second research project was a follow on from the earlier ARC Linkage grant project. Site visits, interviews with frontline service delivery staff and data collection has now been completed and we are currently in the analysis and writing phase of that research work.
9. Between the period mid 2000s to recent, we have had contact with social workers and frontline child protection staff including teams leaders in child safety service centres.
10. Work is also now proceeding on another ARC Discovery grant which is beyond child protection but is also about rural communities. This project is about people working in statutory roles in small rural communities. Interviewing as part of this project is still progressing and includes social workers and other human services practitioners such as health workers, police, teachers and ambulance officers. The data are in relation to Queensland only and include 900 survey responses.

First ARC Research project: Recruitment and Retention of workers in rural and remote communities

11. In relation to the earlier research project which was about recruitment and retention of workers in remote and rural communities, this project was hugely driven by the inability to attract workers to these roles and a need for some evidence around the reasons for this. Some of the key themes that emerged included:
 - It was difficult to attract people to these types of positions and often it was new graduates;
 - For new graduates, the research highlighted some deficiencies in their practice and this included the very nature of child protection and its complexity and how to do this in a rural context;
 - There was a much greater need for professional supervision and professional development for front line staff;

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- There was also a need to change recruitment practices when recruiting workers to rural and remote communities. Some changes did occur, mostly around the provision of incentives such as personal development and job promotion opportunities. However, there were discrepancies across the varying human services fields which often resulted in workers swapping across the different fields.
- When looking at the typology of those who work in these areas, there were a number of different classes of workers: new graduates (some had never worked in remote or rural communities); workers who had lived in rural areas for a long time but were often entrenched in their own ways and ‘seachangers/ treechangers’ i.e. those workers who were experienced but wanted to move away and experience a different lifestyle. Lastly there were the ‘local people with potential’ who worked mostly in the private sector but were not qualified and required education. So there was an issue around educational qualifications and professional development for this group.
- The period itself (around 2004-2005) was one of big staff shortages and heavy workloads so staff would be arriving to take up these rural and remote roles and on day 1 being handed huge caseloads.
- At the same time the Department split away from the Department of Communities and this was generally seen as a ‘disaster’ as it created a workforce that was mostly focused on forensic investigating and this ‘sucked up’ most of the funding which left limited funding for the human services side. Working developmentally with families was a very different paradigm.
- This was a problem particularly for the indigenous workers who did not want to be working with families and also removing children from their families and communities.

Second ARC research project

12. The second piece of this research was around trying to better understand the dynamics of living and working in rural communities alongside practice with indigenous children and families in the child protection field. This involved looking at some different models to see how we can do better in this area.
13. There were two different aspects to this project. In Western Australia, Professor Daniela Stehlik from Charles Darwin University and PhD student Maree Collins looked at the workforce on a much broader scale and covered areas Carnarvon down to Geraldton and out to Meekatharra.

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14. In Queensland, my research team looked at how indigenous and non-indigenous workers do their work in the area of child protection in the Rockhampton South and South Burnett offices (this included offices at Kingaroy, Murgon and Cherbourg).

15. The research was qualitative and included focus groups and interviews with non-indigenous and indigenous practitioners in both the government and non-government sectors and included Recognised Entities.

16. There is a PhD student Ros Aitchison who is also studying how practitioners develop their practice to be culturally sensitive and is finding that there are many cultural differences and diversities in this work. As well as working with local Indigenous communities, practitioners also work within their own cultural parameters and across their organisational culture.

17. Some of the key themes arising from my team's research were:
 - Around culturally aware and sensitive practice and included such matters as how practitioners are culturally prepared, how they are educated at university and how practitioners are recruited into these roles and how this is done in a continuing way. Some practitioners reported receiving just a few hours training when they first arrived. So generally we found this was inadequate.
 - How practitioners make sense of this practice and how difficult it is to be an indigenous worker and to remove indigenous children.
 - A reliance on 'manual' driven practice which showed a decline in the capacity and opportunity for professional judgement. This meant that those workers who did not have a social work background or practical skills would rely on the manual as a lifeline.
 - Team dynamics played a part and changed across offices. With some teams there were opportunities to assist those less experienced workers and a willingness to not just rely on a 'checklist' but to also incorporate judgement as part of risk assessments and decision making. In offices where there was a Senior Practitioner we found this to be a very positive influence on developing practice and in making good assessments.

18. A finding arising from the research is that university programs need to do far more work around culturally sensitive and aware practice and to better prepare graduates in this area and the child protection practice aspect given its diversity and complexity.

19. Also important for practitioners working in this areas is the understanding of how 'place' impacts on practice and how really important an understanding of place really is and the need to adapt practice relevant to that place. There is some interesting work out of Canada on this. We found that our graduates need to be prepared for this complex practice, which brings together issues of place and culture in the child protection context.
20. Another interesting issue that comes out of this research is the question around what are the best qualifications to recruit people into this work. In my opinion the best qualifications to recruit into this workforce include a combination of :
- Practice skills
 - Ability to undertake good assessments and have an understanding around those issues that may be impacting on the family functioning
 - Professional judgement capacity around when to intervene to offset having to remove a child further down the track (and having nowhere to place them).
21. Griffith University places a very strong emphasis on skills in both the social work and human services courses it offers. All students do interpersonal skills, direct practice, group work and community work. So there is a very broad method of training.
22. For those workers already in the child protection workforce who don't have formal qualifications in social work or human services, many are already undertaking their Masters in Social Work on campus or by distance (on-line). Griffith University was one of the first Universities to offer this. These students are recognising the importance of having this qualification and the 'piece of paper'.
23. For those workers who are not undertaking social work or human services studies and need to build on their skills, other options need to come from within the Department. Previously the Department was offering a Graduate Certificate in Child Protection through James Cook University and the University of Queensland, but I am unsure whether this was ever evaluated. I think this was a good approach in that it enabled workers to undertake core subjects over a period of time and they could later build on this qualification.
24. I believe it is insufficient for the Department to offer workers one-off training (e.g. 2 or 3 days) to address practice skills. There needs to be engagement with workers over time,

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ability for them to reflect and build of their practice and an opportunity for integration of theory and practice.

Disability and Child Protection



- 25. I have undertaken a lot of research in the area of disabilities over a very long period of time. This includes research around shifting to community models, family support, policy, self-directed funding, abuse of people with disabilities and also the interface between disabilities and child protection. This has been funded or contract research and a lot of this research has been done for the Queensland government in conjunction with the Social Policy Research Centre.

- 26. In terms of the issues around the interface of disabilities with child protection, I have some opinions to offer. There are three broad and distinct groups which I refer to; one is children with disabilities who are at higher risk of maltreatment, neglect or harm and the second group is the parents who have disabilities, in particular an intellectual disability who have children removed from them. A third group consists of parents who are completely exhausted, who may even experience abuse from their children but cover this up. These parents then relinquish care to the department.

- 27. Part of the problem in relation to children with disabilities is that we have two distinct systems, the disabilities system and the child protection system. There are issues that appear to fall between the gaps and just don't get addressed

- 28. In Queensland, some of these issues have been addressed. The child protection system responds by taking children with disabilities into care where there are substantiated cases of neglect, maltreatment or harm. However, there is a growing issue around parents with a child with a disability running out of options and having to relinquish the care of their child to the Department.

- 29. There is this notion that the only way children can be taken into care is where you are seen to be a 'bad parent', when in a lot of cases the parents have simply not been able to cope with the demands of looking after a child with a disability and possible associated behavioural issues. This is a big problem. We need a system whereby parents are fully informed about their rights to guardianship and this is supported.

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30. In relation to possible alternatives, where the issue is around challenging behaviours (which is often the case), there is still a lot that needs to be done in terms of what works. There also needs to be much earlier intervention.
31. This is not such a large problem now, but there used to be a practice where medical practitioners would place these young people on medication in an attempt to settle their behaviours and then there would be a later dual diagnosis and the young person would be given further medication. This is referred to as “chemical restraint”. Medicating is not always the only solution and the problem of not reviewing regimes has severe outcomes for the person. A holistic approach is really needed.
32. Historically, we have seen inadequate disability funding and support for families and now these families have reached crisis point where they have a young adolescent displaying extreme challenging behaviours and of course the options are now limited. The opportunity for early intervention has passed.
33. So we need to look at some of the shared care models, positive behaviours’ support and other active support models. Xavier Children’s Support Network has been providing this support option for many years. In this model, the family is assisted by a key worker to develop a ‘package of support’ which meets the identified needs of the child and family at the present time and ensures that supports remain flexible as needs change. These options allow for the preservation of the family connection and allows for the family to stay involved in the care of their child.
34. The key is better early intervention and planning and not to wait until there is a crisis.
35. The other issue I would like to discuss is transitioning from care. There has been some significant research work done in this area which we finished around 2006. The study is called ‘Journeys of Exclusion’ and looked at what happened to young people with an intellectual disability (mostly mild) who transitioned from care.
36. What this study confirmed was that young people with an intellectual disability leaving care were within a short time of leaving care, at risk of a number of negative social outcomes including homelessness, exploitation and abuse (particularly sexual abuse), unemployment, early pregnancy and contact with child protection, poor mental health, addictions and financial debt. As a result of this work, there has been improved planning



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and support and with this comes some better outcomes for these young people. This needs to happen at 15 not 17 or 18.

37. The Community Living Association (CLA) at Nundah has been doing work for a long time assisting young people with an intellectual disability and those at risk of homelessness. I have been very impressed with the work undertaken by CLA in that they have set up Co-Ops, they undertake work around case management and employ a mostly social work trained workforce so the emphasis is on professionally trained practitioners. They have also developed a transition program for young people with intellectual and /or learning disability between 15 to 21 years.
38. The other issue around disabilities I would like to discuss relates to a parent with an intellectual disability who has a child/ren removed from their care.
39. It has become a practice at women's maternity hospitals for authorities to remove a baby after birth from a mother with an intellectual disability. This involves an assumption that people with a disability are very poor parents. However, child abuse by such parents is actually quite rare.
40. This is a highly emotive area. I haven't done research in this area but I am aware that Professor Gwynnyth Llewellyn from the University of Sydney has done research in this area. There has been a lot of research in Australia to show that if a parent with an intellectual disability is provided with support, they can actually do quite well in the area of parenting. So we need to be looking more at what is the best outcome for the child, what can these parents do with the right support and providing them with that support rather than making assumptions and focusing on what 'might happen'.
41. I have past personal experience of my family years ago providing support to an Aunt with a very mild intellectual disability who had a child. I often think that had she been having a child today that child would have been removed and taken into care and we would not have known that child.

Cost effective care solutions for those Young People with high support needs



42. I don't have any particular answers around possible alternative care models particularly for those young people with high support needs. This cohort is incredibly high cost. However, I can provide some possible practice insights in this area:

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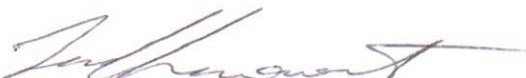

- The key is often good communication. Once effective communication is established with the young person, better outcomes can be achieved.
- As well as communication the context needs to be thoroughly assessed and understood.
- The models that have been effective are those that are ‘person centred’ and having workers with this level of expertise. This is about understanding what works for that particular young person and what are the triggers or precursors to their behaviours. I recall an example where a young person who lived in a fringe location where they had an old tractor they could take to with a hammer whenever they needed.

43. The other important issue is having better trained residential care officers. The Department use to provide this training.
44. Students graduating from social work and human services still have a strong desire to work in the area of child protection. However, one of the things we need to really manage well is their experiences whilst on prac. Students can have a negative experience if all they experience is being “used” in the office to manage a caseload.
45. There are a lot of our three year graduates who go and work for the Department and other community based organisations like the Salvation Army and Boystown.
46. Griffith also offers a Degree in Child and Family studies which is more about workers wanting to work in preventive family support.
47. Queensland has also completed two pilots on self directed payments to families with a person with an acquired brain injury and the other with families with a very young child with disabilities. The pilots provided very heartening results and the amount of investment to each family was modest, I think it was for only \$5000.00 a year. But what that meant to the families was very important. For example, a parent could use the direct payment for their young child to see a private speech therapist rather than having to potentially go on a waitlist for an appointment. The direct payment could be used for a wide range of things including purchasing a particular toy to assist with cognitive learning for a child, for occupational therapists or after school care. This has proven to be a very cost effective model and necessary for support workers to be able to properly assist the families. The results of these pilots are currently with the Department.


Other observations or suggestions

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48. I believe it is very important that the role of the Senior Practitioner includes vital peer support, nurturing and development of practice in an ongoing way for Child Safety officers.
49. I believe there are some innovative ways around doing this, especially using technology like Skype, online discussions, login talk /chat rooms. It would be interesting for the Department to look at better using technology as a means of improving practice development for its officers. To give an example, Griffith has a free website resource called 'Podsocs'. This can be accessed at www.podsocs.com. This initiative has resulted in creating a valuable resource which anyone can access free of charge and provides online access to discussions with experts from all around the world on a range of topics.

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I make this solemn declaration conscientiously believing same to be true, and by virtue of the *Oaths Act 1867*.

Signed: 
Lesley Chenoweth

Taken and declared before me at Brisbane in the State of Queensland on this 24th day of August 2012.

Witness: 
Solicitor/Justice of the Peace/Commissioner for Declarations