Mater
Kids In Mind

Mater Child and Youth Mental Health Service

Queensland Child Protection Commission of Inquiry

2012

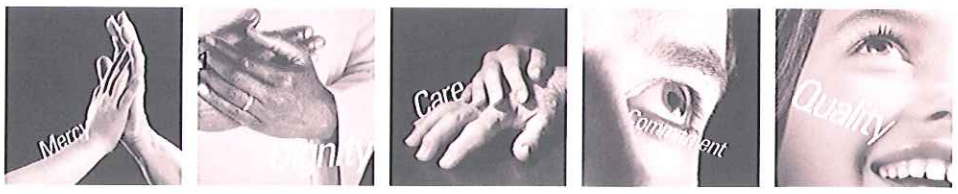
Mater Health Services is a world-class group of three public (Mater Adult Hospital, Mater Mothers' Hospital and Mater Children's Hospital) and four private (Mater Private Hospital Brisbane, Mater Mothers' Private Hospital, Mater Children's Private Hospital and Mater Private Hospital Redland) hospitals that provides health care services to over 500 000 people each year. Operating under a not-for-profit framework, Mater offers a broad range of medical, surgical, outpatient, emergency and community health services across a spectrum of clinical specialties.

Mater Child & Youth Mental Health Services (Mater CYMHS) is a public service that provides a continuum of care for patients through community and hospital based assessment and treatment programs. A range of mental health services are delivered through community clinics at Inala, Greenslopes and Yeronga, a Day Program facility and a 12 bed Inpatient Unit, Consultation Liaison Service to MCH and an Extended Hours Service on the Mater campus. Other specialised aspects of the service include Evolve Therapeutic Services for clients of the Department of Communities (Child Safety), Early Intervention and Outreach, an Infant Mental Health Program, e-CYMHS. Mater CYMHS also has an established Research Centre.

Mater CYMHS is well placed to comment on issues relating to the Queensland Child Protection Commission of inquiry. Of the many thousands of new presentations seen by Mater CYMHS services every year there is an over representation of children who are under the care of the department. Areas of the service that see these individuals are over and above our specialist Evolve team that is specifically for children in the care of the department. Children in care also attend our outpatient services as Inala, Greenslopes and Yeronga. Those with severe needs attend our Day Program or Inpatient Unit. Our Extended Hours service, which provides an urgent service to the Accident and Emergency Department sees numerous children in care either with acute emotional behavioural problems, suicidal thinking and behaviour or self cutting. Some of these children require acute inpatient admission which may be brief and time limited or on occasions very lengthy due to the severity of their symptoms and impairments. Note that in many instances we have seen these children over a long period of time often lasting years and at some of the most problematic behaviour in Queensland is demonstrated those children. There have been some who have had more than one hundred separate occasions of care.

The present submission from Mater CYMHS addresses concerns regarding Queensland's current child protection system's effectiveness in responding to children, young people, and families. The 4 key areas of focus are, (i) professional standards of child protection workforce and training of individual and organisation carers, (ii) trauma and stigmatisation associated with multiple placements, (iii) lack of transition interventions for young people in care, and (iv) a lack of effective early intervention, assessment and treatment for children in care or at risk of entering into care. Failures within each of the 4 key areas can be directly related to failure to meet a number of key recommendations from the Forde Inquiry into the child protection system in 1999. Key findings and recommendations within this submission are based upon direct clinical and service wide clinical experience within Mater CYMHS as well as key findings and recommendations from research and reviews of child protection systems both nationally and internationally.

Mater Child & Youth Mental Health Service -
Management and Service Development Unit
Level 2, Potter Building, Annerley Road,
South Brisbane, Queensland 4101 Australia
Phone 07 3163 1640 Fax 07 3163 1644
www.mater.org.au



1. ***Child protection officers work with many of the most traumatised and disadvantaged children, youth, and families within our society. It is therefore imperative that all front line workers are of the highest calibre and demonstrate expertise and knowledge in key competency areas relevant to work with severely traumatised, marginalised, and vulnerable children, young people, and families.***

Recommendation 35 of the Forde Inquiry focussed on the development and implementation of recording systems and standardised procedures within the Queensland child protection system. Whilst the spirit of this recommendation is laudable there is clear evidence emerging that the resulting outcome has been the over-bureaucratisation of the system, to the detriment of direct work with the target client base. Furthermore, an over reliance and focus on compliance and use of narrowly focussed instruments such as the Structured Decision Making (SDM) tool has created a defensive, rather than a proactive system. Munro (2011) in her review of the United Kingdom child protection system found that one of the consequences of such organisational and cultural positions is that insufficient attention and time is dedicated to developing and supporting the expertise required to work effectively with children, young people, and families.

Indeed, observations of the child protection workforce have noted that an increased focus on compliance with the SDM has led to a decline in front line worker skill, knowledge and ability to work with vulnerable children and families. Child protection workers often have little knowledge of the children and families, have limited understanding of the impact of trauma on children, and have limited knowledge related to psychological and developmental aspects of working with children and families.

Recommendations

1.1 That a child protection worker competency and capability framework be developed in conjunction with national and international expertise in the fields of child psychology and psychiatry, child development, and child welfare.

1.2 Training and professional development structures be developed and implemented that are based on the above competency and capability framework and that training and professional development is operated and accredited by nationally and internationally recognised entities.

1.3 Career structures and professional pathways are explicitly linked to progression of demonstrable competencies and skills. Career pathways and progression is directly related to competency and capability frameworks for differing level of staff within the organisation.

1.4 Creation of staff related key performance indicators including staff training goals, staff retention goals and the ability to demonstrate increasing staff expertise in this area.

2. ***Children in out of home care, whether in foster, kinship, or residential care, are entitled to a placement that is physically and psychologically safe, secure, and predictable. Any and all transitions between placements whether between out of home care settings or back to biological family should be designed to minimise harm to the child.***

The Commission for Children and Young People and Child Guardian 2011 Views of Young People in Residential Care Survey reported that more than 50% of young people in care do not feel safe 'all the time' in their residential placement. Children, and young people require a 'secure base' from which to continue to develop and attain key cognitive, social and emotional skills that allow the attainment and development of skills required to meet core developmental tasks and milestones (Zeahan, Shauffer, & Dozier, 2011). Findings such as that highlighted by the Children's commission demonstrate the failure of many residential placements to be able to provide this key building block necessary for future physical, intellectual, and emotional development.

Further analysis based on the Queensland Child Guardian review of the child protection system 2008-2011 highlight that approximately 24% of children in care experience three or more placements whilst in care and that 6% of children and young people experience seven or more placements. Within the Mater Child and Youth Mental Health Service it is not uncommon to be referred children and young people who have experienced multiple out of home placements and for whom the lack of stability of placement represents a significant contributor to the reason for referral

to a tertiary mental health service. In support of this observation Zeahan and colleagues (2011) report that there is a considerable body of research evidence documenting the harmful effects of disrupted placements on children.

In addition to the direct impact of multiple placements on children's emotional well-being it has been observed that children experiencing multiple placements are subject of additional stigmatisation and negative labelling by carers and the child protection system. Key to advancing the quality of care provided to children in care and reducing the number of placements children experience is improving the understanding of underlying social and emotional factors that give rise to emotional and behavioural disturbance associated with the impact of trauma on children and young people.

A further key element in providing stable and secure placements for children relates to 'permanency planning', or the practice of implementing key strategies aimed at identification and support of a long term placement. Child protection services in Queensland operate Therapeutic Care Services (TRS) across the state. TRS sites provide up to an 18 month residential placement for children aged 12-15 years and is proposed to be a transition service that prepares children and carers for long term placements. Despite this, there appears to be little consideration of 'permanency planning' within either the operation of the services or within the Therapeutic Residential Care Services State Wide Protocol 2009. Indeed observations of Queensland child protection services system indicates that there is poor planning for permanent placement of children across the entire system. Instead the system operates in a reactive manner where management of situational crises override longer term planning and interests of children.

Recommendations

2.1 Queensland child protection services develop and implement clear practice guidelines and procedures that prioritise permanency planning with the long term placement of children representing the key performance indicator.

2.2 There is significant increase in resources into the recruitment and retention of carers. This is matched with an increase in resources to foster care support agencies who provide ongoing support to carers.

2.3 Carer training be based on competency framework that requires specific education and training around the impact of trauma on children, as well as fundamental skills in promoting developmentally sensitive and emotionally available care.

3. Child protection care plans for young people are actively focussed on facilitating young people's development toward positive transition into independence and adaptive young adult functioning within the community.

Following on from the above recommendations regarding placement security for children and young people in care, a second aspect of placement stability relates to transitioning from care to independent living. Queensland Guardian 2008-11 review of the child protection system found that only 25% of young people aged 15 and over had any transition from care plan developed as part of the treatment planning within Child Safety. This is despite 64% of children aged 15 and over being categorised as a 'subject to transition from care'. McDowell (2011) conducted research examining factors influencing the transition from care in Australia also found that only 30% if young people had any form of care plan to assist with the transition from care to independence.

Recommendations

3.1 All young people in care of the child protection system over the age of 15, or in the process of moving toward living independently, receive a goal focussed practice transition care plan.

3.2 Plans are developed in collaboration with young person and stakeholders involved in the care of the child.

3.3 Responsibility for the coordination, integration, and achievement of actions within a transition care plan resides with child protective services.

4. ***The emotional and developmental well-being of children and young people entering, or at risk of entering, the child protection system is a priority.***

Evidence from clinical observations of front line clinicians within Mater CYMHS would support the conclusion that current child protection service practices have become increasingly focussed on compliance with data driven processes. Munro (2011) in her review of child protection systems in the United Kingdom noted similarities in the UK. She concluded that child protection workers therefore had a tendency to get 'means and ends confused'. As a consequence, the completion of bureaucratic processes and paperwork became a more prioritised outcome rather than direct case work with children, young people, and families. It is often only through direct case work with families that child protection workers can detect and observe potential social, emotional and mental health concerns that result from either the impact of abuse, the impact of the current placement, or external stressors.

Compounding the lack of direct case work is that what case work is performed is driven by strong forensic and investigatory focus of distinct abuse claims and concerns. Assessment of child and family functioning is often cursory and not performed within a holistic framework that would inform the need for health, and psychosocial supports and treatments. It is not uncommon that by the time referrals are made to Mater CYMHS by child protection services that mental health concerns have been evident for a considerable period of time, often years, whilst the child is 'in care' and/or that referral has only occurred subsequent to a lengthy deterioration in social and emotional functioning. Furthermore, when referred, child protection services often provide little to no information on child development, previous assessments and treatments, thus complicating mental health diagnosis and treatment. As a result considerable delays in assessment and treatment occur, increasing the amount of distress that children and young people experience that would be otherwise avoidable.

Recommendations

4.1 Children, young people, and family assessment frameworks be reviewed in collaboration with health, mental health, and welfare expert consultative work groups.

4.2 Child protection worker training specifically include health and mental health assessment training and that this training be developed and conducted by health and mental health services in collaboration with child protection.

4.3 Greater emphasis be placed on direct case work and holistic assessment of children, young people, and families by front line child protection workers.

SIGNED:

28/9/2012
Professor Brett McDermott
Executive Director

28/9/2012
Erica Lee
Executive Manager

28/9/2012
Madonna Gassman
Team leader Evolve Therapeutic Services

28/9/2012
Jeff Wallis, M.C.P., MAPS
Clinical Psychologist

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