

INQUIRY INTO CHILD PROTECTION

Organisation: Guardian Youth Care

Date received: 3 July 2016



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Inquiry into child protection

Guardian Youth Care (GYC) Submission

Terms of reference:

- A) The capacity and effectiveness of systems, procedures and practices to notify, investigate and access reports of children and young people at risk of harm.
- B) Specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people
- C) Any other related matter.

Guardian Youth Care (GYC) is a non-Government Organization (NGO) and Accredited Aboriginal Therapeutic Residential and Foster Care provider for Children and Young People (CYP). GYC has provided specialised residential Out Of Home Care (OOHC) for Aboriginal and non-Aboriginal CYPs in NSW since its inception in March 2002.

During this time GYC cared for the most traumatised CYPs in the State, who present the most challenging behaviours possible. These behavioural patterns range from violence, drugs, alcohol, self-harm, suicidal ideation, paedophilia and sexualised behaviour to name a few.

GYC provides safety, stability, security and empowerment for all our Children and Young People via therapeutic intervention. In a therapeutic setting highly trained staff are the facilitators of clinical programs to achieve client outcomes.

GYC is the only service in NSW that exclusively cares/d for CYPs with these extreme behaviours and has consistently achieved outcomes we say make GYC the most experienced Agency in the sector when it comes to knowing how to care for complex, high need Children and Young People.



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GYC is a recognised accredited Aboriginal Agency that has developed programs which provide varying residential support options for both non-Aboriginal and Aboriginal CYPs aged 12 to 17 years. GYC's infrastructure includes in-house Psychologists, 80 to 95 qualified and experienced youth workers, long tested residential programs; therapeutic programs tailored to the individual, we developed advanced software programs and have highly experienced management and HR teams.



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The capacity and effectiveness of systems, procedures and practices to notify, investigate and access reports of children and young people at risk of harm.

KEY ISSUES:

One of the key issues in GYC’s ongoing disputes with FaCS is the administrative processes that significantly contribute towards widespread behavioural transference occurring between Children and Young Persons [CYP classified as Intensive Residential Care, Residential Care and high risk Foster Care] under the care of the Minister and placed in Out of Home Care [OOHC] with Non-Government Organizations [NGO].

The current systems for a CYP at Risk of Significant Harm [ROSH] coming into the OOHC system requires a Child Assessment Tool (CAT) and Client Information Form (CIF) be produced as a basis for the level of care that CYP will require. The levels of care in the OOHC sector are graded through a numerical system, and each CYP is delegated a level of care associated with the CAT score that has been produced for them. GYC say this system is exceptionally flawed.

Frequently the CIF will have **no** placement history, incident reports, or breakdowns from previous OOHCs. Confidentiality prevents an NGO from being able to actively inquire/ acquire information from placements within other services. Based on the extremely limited information provided during the CAT assessment and to NGO’s - a CYP may be placed into an environment where that CYP is not only at risk, but also puts at risk any other co-placed CYP’s, and the carers provided within that environment – often foster carers of whom have received little **basic training** to **no** training at all.

In addition to this, as highlighted in FaCS CAT Manual 2014, the CAT assessment is not to be delayed on the premise of waiting for more current information to be produced. Immediately, this may endanger the placement where that CYP may be placed. If a CYP’s behaviours have significantly escalated in the previous week /month prior to a CAT assessment and that information has not been supplied, the likelihood of an incorrect assessment and/or placement breakdown occurring is significantly increased. Furthermore this incurs a significant increase in financial pressure for NGO’s to provide care for a high needs CYP in a low care environment with increases in property damage, staffing to facilitate, and extra resources.



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The extraordinary inability to investigate reports of CYP's at ROSH is highlighted in the quarterly FaCS Casework Dashboard report.

In the March 2016 quarter a reported 72,423 Risk of Significant Harm (ROSH) reports were generated - of which 19,570 (27%) received a face-to-face assessment to follow up on such reports.

This identifies what happened to the huge hole in FaCS to accurately and consistently provide the level of care required for the remaining 73% of the State.

In addition to this GYC has been approached by Districts such as the Hunter New England [HNE] region by FaCS caseworkers to expand into those areas to help facilitate the lack of placements available to them. Despite requesting an expansion of GYC's therapeutic services to the HNE region FaCS Service Systems Commissioner, Ms Eleri Morgan-Thomas, denied us any expansion into this or other regions noting that "FaCS is not looking to grow residential care capacity outside the work being progressed as part of the OOHC recontracting project". She also contended that there was no growth in RC and IRC CYPs in NSW and for GYC to open in a rural area with say 20 CTPs then they would be taken from other CYPs, strangely, there is only one other Aboriginal CYP in NSW and that is Wundarra in Coffs Harbour who have a contracted capacity of 9 but a continual overcapacity of 6, ie 15 CYPs.

Despite the Wood Recommendations the OOHC sector is littered with underlying administrative processes that are contributing to a vast range of issues. GYC has broached these ideas with countless members of FaCS head office, Metro ISS managers, contract managers, district directors and recently Ms Eleri Morgan-Thomas in a bid to improve the sector for both NGO's and the thousands of delicate CYP's we are trusted to care for.

EVIDENCE:

Attachments 1.1, 1.2, 1.3 located in the appendix

CASE STUDIES:

Have been removed for privacy reasons – Available on request.

RECOMMENDATIONS:

GYC believes that the CAT system needs a complete overhaul to more accurately assess CYP's that come into the OOHC sector. Inclusive in the overhaul would involve:

- Having the most up-to-date information



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- Timeline of CYP’s history/breakdowns/incident reports
- In-house organization based re-assessment if CYP displays differing behaviours during initial/current placement.

In addition to this, GYC would welcome the introduction of a transfer protocol that would be enforced when a CYP is transferred from NGO to NGO. The protocol would include a face-to-face meeting with managing caseworkers from current placement to future placement. This would allow for thorough, up to date information on the CYP prior to placement. Such a protocol would significantly improve the teething issues many NGO’s experience when initially placing a CYP.

Furthermore GYC would like the opportunity for an external committee to be review CYP’s were the CAT grading for that CYP does not, in the organization’s opinion, accurately represent their behaviours, tendencies, or appropriate level of care.



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Specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people

KEY ISSUES:

When the Transition Program Office [TPO] designed their policies for Aboriginal and Torres Strait Islander CYP's its goal was simple – to provide a culturally tailored therapeutic care environment for these CYP's.

The policy highlights that Aboriginal Accredited NGO's such as GYC are to be given the right of first refusal for placement of these CYP's.

GYC is still astonished by the number of Aboriginal Children in non Aboriginal agencies and the number of Aboriginal CYP's who will continue to be referred to non-Aboriginal agencies. The initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children will not, and is not, being delivered when Aboriginal CYP's are not provided with a culturally experienced NGO.

GYC has been operating as an accredited Aboriginal OOHC provider since 2012 and during this time has consistently been faced with an increasing Aboriginal population within the sector. Despite this, GYC's contracted placements have **never** increased nor has GYC been given the opportunity to cater for more aboriginal CYP's, and when enquiring about potential expansion has consistently been denied time and time again. The potential to be cared for by an aboriginal NGO allows for these CYP's to culturally develop, be cared for by appropriately trained personnel, and gain a better sense of identity.

In addition to this, although Accredited Aboriginal Services are badly needed in the State FACS allows large non-Aboriginal Organizations to partner with Accredited Aboriginal Foster Care NGOs purportedly to facilitate the Foster Care NGO to becoming accredited to accept IRC and RC placements. The reality seems to be that the large non-Aboriginal NGOs now have an Aboriginal Unit that accepts Aboriginal CYPs. This is not the intent of the Legislation nor Ministerial Advisory Group (MAG) and Transition Program Office (TPO) Policies,



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In part,

- All Aboriginal children and young persons in OOHC will be cared for by Aboriginal carers supported
- by Aboriginal supported by Aboriginal caseworkers employed by local Aboriginal managed agencies.

GYC has not been included in this process.

EVIDENCE: In 2012 GYC had around 47% Aboriginals in their care. We currently have around 26% Aboriginals in our care.

Additionally see Attachment 2.1.

RECOMMENDATIONS:

GYC and other accredited aboriginal NGO's working in the OOHC sector would like the opportunity to be able to expand just as the aboriginal population in OOHC continues to do so annually. It is of GYC's opinion that FaCS would prefer to place these aboriginal children into non-aboriginal placements to avoid providing the opportunity for GYC and other aboriginal NGO's to expand exponentially. GYC has the infrastructure, experience, and systems in place to cater for these aboriginal children. GYC implores the opportunity to be at the forefront of this partnership period. GYC as an Aboriginal Service is prepared to form partnerships with Aboriginal Foster Care Services and work together to eventually transition these services to a level where they become accredited for Intensive Residential Care (IRC) and Residential Care (RC) CYPs. This will afford all Aboriginal CYPs in the State a cultural environment structured by accredited Aboriginal Service providers. To date this has not occurred.



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Other related matters

KEY ISSUES:

For the last four years GYC has told FACS that their [FACS] preferred models for RC CYP's and IRC CYP's of placing 4 to 5 IRC CYP's in a house is flawed and can only lead to placing both staff and CYP's at risk. Mixing the models (placing both RC and IRC CYP's in the same house) also leads to placing CYP's at risk.

GYC models only place two IRC CYP's in a house which increases the care ratio for the two CYP's by over 20%. GYC does not place IRC CYP's in the same house as RC CYP's avoiding the very real and probable risk of the transference of behaviours.

FACS does not agree and on the occasions the FACS model was forced on GYC the result were disastrous resulting in sexualised behaviour and non-insurable damage to property.

GYC seems to be in a constant ongoing battle with the FaCS. This battle begun in 2012 when FaCS distributed a graph that effectively swapped the current populations of Residential Care to Foster care children – immediately putting those foster care environments at risk. In addition to this, the population of formerly classified residential children who are now forced into the foster care environment display much higher/complex behaviours and the transference of behaviours is all but guaranteed with all other co-placed CYP's. GYC has fought avidly to bring this to the attention of a multitude of FaCS senior management, contract managers, Metro ISS managers, and most recently Eleri Morgan-Thomas to no avail. The most current statistics in the state show that NSW is exactly **half** the national average of children in residential care (National Average – 5.5% / NSW – 2.8%). This coincides with the initial swap that forced RC/IRC CYP's into these foster care environments. GYC believes that the reason for such a swap in



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classification is the result of saving expenditure throughout the sector. Most recently in a contract meeting with Ms Morgan-Thomas she made reference that “4 General foster care placements = 1 Residential Care placement) and as a result GYC strongly believes that this mindset has decimated the foster care system, those CYP’s forced into these environments, and the foster care workers who are not adequately trained to deal with such CYP’s.

EVIDENCE:

For confidentiality reasons – CYP names have been altered. Further information is available on request.

1. Jane Doe and John Smith were moved in together and cohabitated for 1 year. GYC after constant pressure was forced to accept another resident into that house, Janie Doe. This lead to disastrous results, and within 12 months both residents had been moved to new programs after they had developed new behaviours as a result of this match.
2. Ted Smith remained on his own until he turned 12 in 2013 and was then moved to another service due to no compatible match for him able to be sourced. Despite requiring a higher ratio of care.
3. Jane Doe was receiving a 2:1 care ratio (workers : CYP) with a stay awake shift. A second resident was forced into this house which led to Jane learning and developing behaviours, specifically sexualised which led her to engaging in a sexual relationship with a 30 year old man (whom she had a child with).

See Attachments 3.1, 3.2.

CASE STUDIES:

Available on request.

RECOMMENDATIONS:

GYC strongly recommends that the current FaCS model that can mix 4-5 high needs children in one house be overhauled and a higher care ratio be enforced throughout the entire OOHC sector. GYC would also welcome the opportunity to consult with FaCS around using a hybrid of



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both parties models – if in the best interest of the child. In addition a system of properly assessing those RS and IRC CYP’s who are not recognised as higher needs/complex behaviours compared to other with a similar rating need to be structured and enforced. With this in mind, GYC’s model enforces up to a 20% higher care ratio than the preferred FaCS model and should be considered when looking at reforms in OOHC.

Furthermore FaCS need to heavily improve their analytic measuring throughout the OOHC sector. FaCS need to accurately assess how many CYP’s under 18 that are homeless. It is these children as young as 10 that once more are completely neglected and should be under direct care of the minister, in a placement, and receiving the appropriate level of care.