

5 Individual needs of children and young people

“Case workers should actually listen to kids instead of doing what they want. It takes kids time to adjust and talk about your feelings ... the first two weeks in care was really hard.”⁴²

Chapter 5 key messages:

- The most frequent problems reported by Community Visitors for 2006 were about sufficient support from departmental officers of Child Safety and maintenance of family/other relationships.
- Most young people advised the Child Guardian Survey that they didn't know if they had a case plan; of the ones who did, only 18.2% knew what was in the case plan.
- Substantial proportions of children and young people advised the Child Guardian Survey that they would like to see and speak to their families more often.

The Child Guardian recognises and respects that each and every child in the child safety system is unique, with different needs that have to be fulfilled to ensure their wellbeing. Examples of different needs include:

- specialist services for disabled children and young people
- access to a musical instrument and tuition
- the ability to maintain a relationship with a sibling, relative or friend
- support to participate in sport or other recreational activities
- knowledge of the case plan and reasons for entering into out-of-home care, and
- support and services to help with behavioural problems.

The Child Guardian believes that the key ways in which the child safety system can respond appropriately to individual needs are:

- participation by children and young people in decisions about them (this both fulfils a need to participate and helps identify other needs)
- effective case planning and ongoing support from the Department of Child Safety
- service delivery which meets the special needs of children and young people with a disability, and
- positive action to preserve connections, where appropriate, to siblings, friends and family of children and young people in the child safety system.

The four sections that follow deal with each of these key points.

Other individual needs such as education, health and the special needs of Aboriginal and Torres Strait Islander children and young people are dealt with in Chapters 6, 7 and 8 respectively.

⁴² Young person's view as quoted at page 13 of the *Views of Children and Young People in Care: 2006 Health Report Card*, Create Foundation, Sydney 2006.

5.1 Participation in decisions

5.1.1 The Child Guardian Survey

The Child Guardian Survey Report details the responses by young people about the extent to which they have a say in what happens to them; 30% of young people stated that they have no say at all, and more than 22% reported that they do not have much say in decisions involving them. This means that 52% of young people surveyed feel they have an inadequate say in decisions affecting them. The remaining young people who responded (48%) stated that they have 'a fair bit' or 'a lot' of say in what happens to them.

In relation to people explaining decisions made about the young people, responses were again varied: 30.3% of young people stated that decisions were explained to them a fair bit, while a further 23.2% reported that they were explained a lot. The remaining young people (46.5%) advised that decisions were explained not much or not at all.

Children and young people were asked about the extent to which their Child Safety Officer listens to them: 69.4% of young people surveyed stated they believed their Child Safety Officer listens to them a fair bit or a lot; but 30% of young people reported that their Child Safety Officer did not listen to them much or at all. The majority of children (82.9%) reported that their Child Safety Officer listens to them.

5.1.2 Information from the Community Visitors

Each time a Community Visitor visits a child or young person, they must decide whether the child or young person has received appropriate information about matters concerning them and has been able to participate in decision-making processes. If the Community Visitor determines that there is no need for follow-up, the Community Visitor will place a Rating 3 (satisfactory service delivery) or Rating 4 (excellent service delivery) against this Standard of Care. An example of service delivery in relation to participation that did not require follow-up is:

"The Community Visitor observed that the carers inform young person of all decisions made by Department of Child Safety officers and young person is encouraged to read all relevant information sent via email. This practice was recently extended to include email contact from the Community Visitor to the Department of Child Safety, including

departmental feedback to the carers, who will ensure the young person has the opportunity to read this information and ask questions. The young person stated that he trusts his carers to inform him about communication processes."



This foster carer allowed the young person to be involved in decisions and to have access to information about him.

A Community Visitor will place a Rating 1 (serious issue) or Rating 2 (issue) against this Standard of Care when a child or young person's participation needs are not being met. The Community Visitor will then advocate on behalf of the child or young person to encourage appropriate service delivery in relation to the child or young person's right to participate in matters concerning him/her. An example of service delivery that required some action from a Community Visitor in 2006 is:

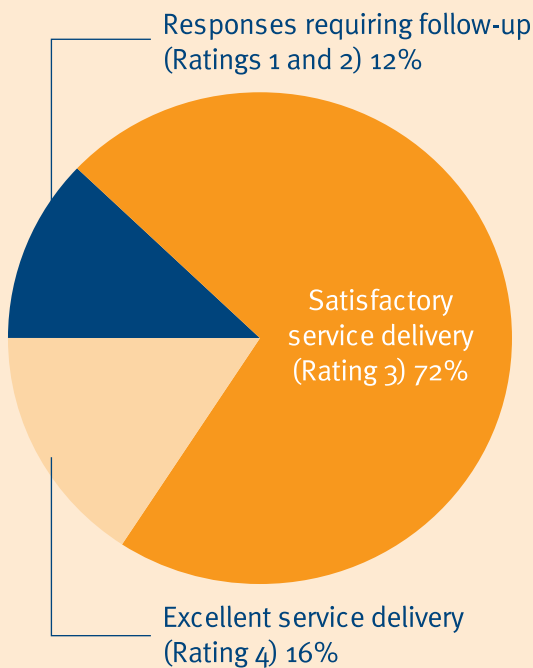
"The siblings at the placement have been notified by their Child Safety Officer that they would be relocated to live with their maternal grandmother ... before the school year. The children have given this due consideration, and have some questions and/or reservations about this and the process followed to date. Amongst some of the concerns relevant to the child's rights are that the process did not sufficiently allow the children to express their views regarding this decision, and that they were not informed within a timeframe that is acceptable, considering the gravity of such a change. In each case the Child Protection Act 1999 clearly states that these elements are mandatory ... I contacted the Department [of Child Safety] with an outline of my concerns as per the children's instructions. The Department of Child Safety replied in a comprehensive and timely manner, and with an assurance that the children will be informed and allowed to participate in a gradual process and assessment of contact with their maternal grandmother. Furthermore, the Department [of Child Safety] stated that the carer would participate in this process also ... I had advised the carer of this outcome as soon as I had received advice from the Department, and asked for the children to be informed. I will follow up with the children next visit."



The Department of Child Safety's response in this example was appropriate and meant that the concerns raised by the sibling group were taken into account by the Department.

As shown in Figure 5.1, approximately 12% of responses required a follow-up by a Community Visitor about a child or young person receiving information about themselves (Rating 1, 0.05%; Rating 2, 11.95%). Approximately 88% of responses did not require follow-up by a Community Visitor (Rating 3, 72%; Rating 4, 16%).

Figure 5.1: Community Visitor reports in 2006 about Standard of Care 2, 'Received information about matters concerning him/her'



5.1.3 Improving the ability of the Child Guardian to engage with children and young people

The Child Guardian engages with children and young people in a variety of ways, including through:

- the Community Visitors
- surveying children and young people in out-of-home care
- the Complaints Team, and
- risk-management focus groups on safe environments for children and young people.⁴³

The Child Guardian is expanding and improving its engagement with children and young people through the development of the *Policy for Engaging with Children and Young People*. This policy will focus particularly on children and young people:

- who are in, or may enter, out-of-home care or detention
- who have no appropriate person to act on their behalf
- who are not able to protect their rights, interests or wellbeing, or
- who are disadvantaged because of disability, geographic isolation, homelessness or poverty.⁴⁴

The Child Guardian participated in the development of the Department of Child Safety's *Children and Young People's Participation Strategy* and welcomed the development of this strategy to enhance children and young people's participation in decision-making affecting their lives. It is planned that the Child Guardian will continue to monitor and support the implementation of the Department of Child Safety's *Children and Young People's Participation Strategy* as it is rolled out over the next three years.

⁴³ One of these sessions consisted of 12 children and young people in out-of-home care. The children and young people took part in group work and were given the opportunity to express themselves through discussion and art. The report on the project is due to be published in 2007.

⁴⁴ As required by section 18 of the *Commission for Children and Young People and Child Guardian Act 2000*.

5.2 Case planning and ongoing support from the Department of Child Safety

5.2.1 The Child Guardian Survey

Case planning

A case plan is a written plan individually designed to meet each child and young person's protection and care needs. In 2004, case planning for each child became a legislated requirement under the *Child Protection Act 1999*. According to the Act, case planning must encourage and facilitate the participation of the child.

The Child Guardian Survey asked young people if they had a case plan and, if so, whether or not they knew what was in their plan. Of the 23.6% who reported having a case plan, 81.8% were unaware of what was in it. The majority (62.1%) did not know if they had such a plan.

Table 5.1: Child Guardian Survey results in relation to case planning for young people in out-of-home care⁴⁵

Have a case plan	23.6%
– Aware of what is in case plan: 18.2%	
– Not aware of what is in case plan: 81.8%	
Do not have a case plan	11.6%
Don't know	62.1%

No figures have been published by the Department of Child Safety about the proportion of children and young people who have case plans. However, the Department of Child Safety has advised the Child Guardian that case plans have been developed for “around 70% of children in out-of-home care, with work in this area ongoing”.⁴⁶

Ongoing support from the Department of Child Safety

Child Safety Officers play a vital role in helping ensure that the needs of children and young people in care are met. To determine how helpful the Child Safety Officers are perceived to be, the Child Guardian Survey asked young people to rate their helpfulness on a scale from 1 (really unhelpful) to 10 (really helpful). The ratings they gave ranged from 0 to 10, with an average rating of 6.3. Another encouraging finding was that most (84.5%) of the young people surveyed felt

that things had got better for them in the last 12 months.

When asked if there was anything they would like to have happen to them that, so far, had not been listened to, 28.8% of young people agreed. Analysis of the young people's comments revealed that there were eight main themes:

- reunification
- lifestyle issues (for example, being involved in after-school activities)
- obtaining permission
- things requested from the Department of Child Safety
- living standards and circumstances
- the Department of Child Safety's service delivery
- transfer of guardianship/permanency/stability, and
- increased family contact.

5.2.2 Information from the Community Visitors

As with participation matters, each time a Community Visitor visits a child or young person they must decide whether the child or young person has received appropriate support from the Department of Child Safety. If the Community Visitor determines that there is no need for follow-up, the Community Visitor will place a Rating 3 (satisfactory service delivery) or Rating 4 (excellent service delivery) against this Standard of Care. An example of service delivery for a child in relation to support that did not require follow-up is:

“Child's Child Safety Officer is away so the Team Leader has been keeping in contact with the carers, child and child's mother. Team Leader said that she has had frequent contact due to child's behaviour recently, and came out and spoke to him a week ago. Team Leader responded promptly to the concerns raised about [inappropriate] methods of discipline.”

A Community Visitor will place a Rating 1 (serious issue) or Rating 2 (issue) against this Standard of Care when a child or young person's support needs are not met. The Community Visitor will then advocate on behalf of the child

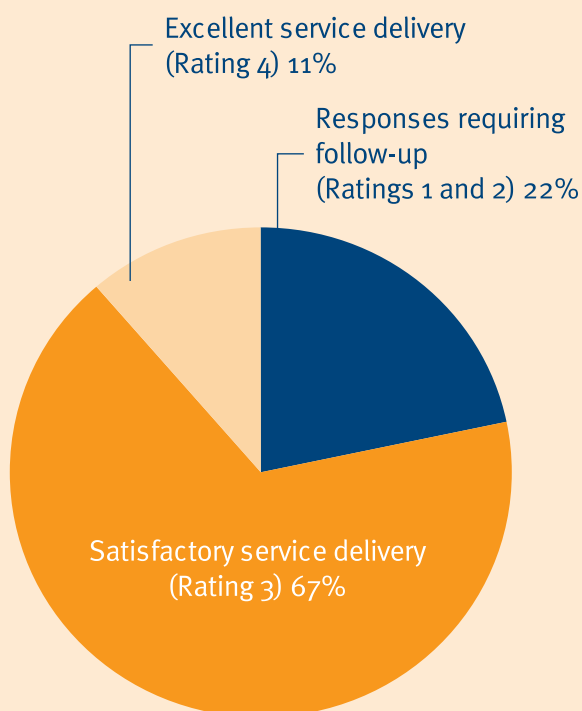
⁴⁵ Page 28 of the *Child Guardian Views of Children and Young People in Care Queensland 2006*.

⁴⁶ By way of letter dated 19 March 2007.

or young person to encourage appropriate support from the Department of Child Safety. An example of service delivery in relation to this Standard of Care that required some action from a Community Visitor in 2006 is:

“Department of Child Safety has had limited contact with the child. Relative carer stated she can not remember the last time she had contact with an officer from the Department of Child Safety. They do not know the name of their Child Safety Officer and the child and carer remember being involved in case planning a long time ago but do not have a copy of the current case plan.”

Figure 5.2: Community Visitor reports in 2006 about Standard of Care 3, ‘Sufficient support by departmental officers’



As shown in Figure 5.2, approximately 22% of responses about support from the Department of Child Safety required follow-up by a Community

Visitor in 2006 (Rating 1, 0.5%; Rating 2, 21.5%). This Standard of Care required the most action by Community Visitors compared with all the other Standards of Care. Approximately 78% of responses in relation to support from the Department of Child Safety did not require follow-up by a Community Visitor (Rating 3, 67%; Rating 4, 11%).

5.2.3 Complaints resolution for a young person, ‘William’

In 2006 the Complaints Team was contacted by a Community Visitor who had concerns for an Indigenous young person (‘William’) who was residing with a family member at great distance from the Child Safety Service Centre that managed his case. The family member caring for William was an approved carer and the Department of Child Safety had advised the Child Guardian that they were too busy to manage William’s case and were unaware of his whereabouts.

A Complaints Officer contacted William and asked for his views and wishes. William stated that he would like a Child Safety Officer to visit as he had not had a visit for three years. He also requested that:

- he be provided with some money for clothes, and
- he have family contact with a sibling and his mother; the whereabouts of both these individuals were unknown to William.

As a result of advocacy by the Child Guardian, William:

- receives regular visits from a Child Safety Support Officer and Child Safety Officer
- had his case transferred to a closer Child Safety Service Centre
- had family contact with his siblings and mother, and
- received support for his transition-from-care needs.

5.3 Maintenance of family and other connections

5.3.1 The Child Guardian Survey

Table 5.2 outlines the responses by children and young people in out-of-home care to a question concerning the amount of contact that they have with their families.

Table 5.2: Child Guardian Survey results in relation to family contact for children and young people in out-of-home care

	Young people	Children
See family		
See family often enough	51.3%	24.7%
Want to see family more	41.6%	64.5%
Want to see family less	7.0%	10.8%
Speak to family		
Speak to family often enough	65.6%	30.2%
Want to speak to family more	29.4%	56.6%
Want to speak to family less	5.0%	13.2%

It is clear from the Table 5.2 that a substantial number of young people reported that they did not see (41.6%) or speak to (29.4%) their family as much as they would like. This view was even more apparent among children. Almost two-thirds (64.5%) of the children expressed a desire to see their family more often, while more than half (56.6%) wanted to speak more often to their family.

5.3.2 Information from the Community Visitors

When service delivery in relation to the maintenance of a relationship for a child or young person is satisfactory or excellent, a rating of 3 or 4 is placed against the Standard of Care 'Maintenance of family/other relationships', meaning that no further action in relation to this issue is necessary. An example of service delivery in relation to this issue that did not require any follow-up by a Community Visitor in 2006 is:

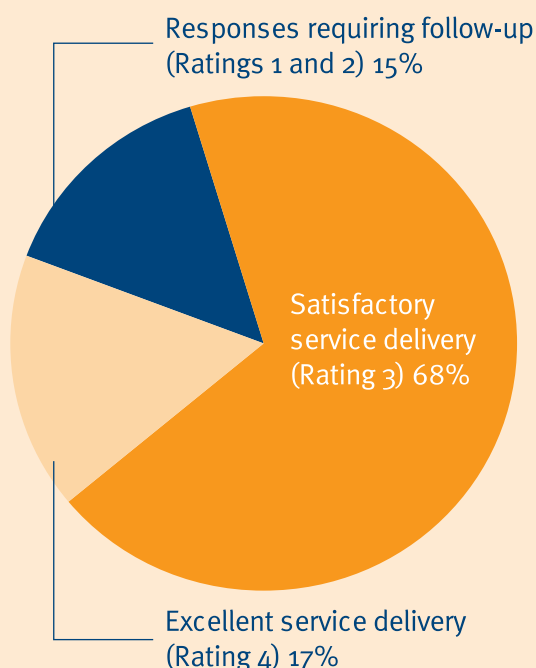
"An Indigenous young person will be returning to her community to reside with her grandmother as part of a new relative carer arrangement. The young person is extremely happy to be returning to reside with a relative and to her known community. Additionally,

the young person has regular phone contact with her mother."

When a child or young person has an issue regarding the maintenance of relationships (familial and non-familial) that requires some action by their Community Visitor, a Rating 1 (serious issue) or Rating 2 (issue) is placed against this Standard of Care. An example of service delivery in relation to the maintenance of a relationship for a child or young person that required follow-up in 2006 is:

"During several visits, the Community Visitor learnt that the young person's mother was terminally ill. The Community Visitor and carer advocated that the young person be supported to move to New South Wales to be closer to her mother. During this process the carer travelled to visit her mother when financially possible. After the death of the young person's mother, the young person requested to see her siblings more often, as she had had no contact with them since her mother's funeral 6 months ago. The Community Visitor advised the Child Safety Officer of this request."

Figure 5.3: Community Visitor reports in 2006 about Standard of Care 16, ‘Maintenance of family/other relationships’



As shown in Figure 5.3, approximately 15% of responses about maintenance of relationships required follow-up by a Community Visitor in 2006 (Rating 1, 0.20%; Rating 2, 14.80%). This Standard of Care required the second most action by Community Visitors compared with all the other Standards of Care. Approximately 85% of responses in relation to maintenance of relationships did not require follow-up by a Community Visitor (Rating 3, 68%; Rating 4, 17%).⁴⁷

5.4 Children and young people with disabilities

5.4.1 The Child Guardian Survey

In responding to the Child Guardian Survey, 20.8% of young people and 22.5% of children who responded to the Child Guardian Survey self-identified that they had a disability.

The most commonly reported disabilities through the Child Guardian Survey were:

- Attention Deficit Hyperactivity Disorder
- Autism

- Asperger’s Syndrome, and
- Dyslexia.

A wide range of other disabilities were also reported, including foetal alcohol syndrome, post-traumatic stress disorder, cerebral palsy and epilepsy.

5.4.2 Information from the Community Visitors

If a child or young person has a disability or special therapeutic needs, their Community Visitor must decide whether these needs are being met or whether they require some action or follow-up. If there is no need for follow-up, a Community Visitor will place a Rating 3 (satisfactory service delivery) or Rating 4 (excellent service delivery) against this Standard of Care. An example of service delivery in relation to disability or special therapeutic needs that did not require follow-up is:

“The child has foetal alcohol syndrome and is affected by epilepsy. The child has an intellectual impairment and a learning impairment which is supported by an Education Support Plan and Individual Education Plan from her school. She receives extra support at school and also speech therapy. Her carers provide very good care and support for her medical needs, including the administration of epilepsy-related medication.”

A Community Visitor will place a Rating 1 (serious issue) or Rating 2 (issue) against this Standard of Care when a child or young person’s disability or special therapeutic needs are not met. The Community Visitor will then advocate on behalf of the child or young person to encourage appropriate service delivery in relation to this need. An example of service delivery that required some action from a Community Visitor in 2006 is:

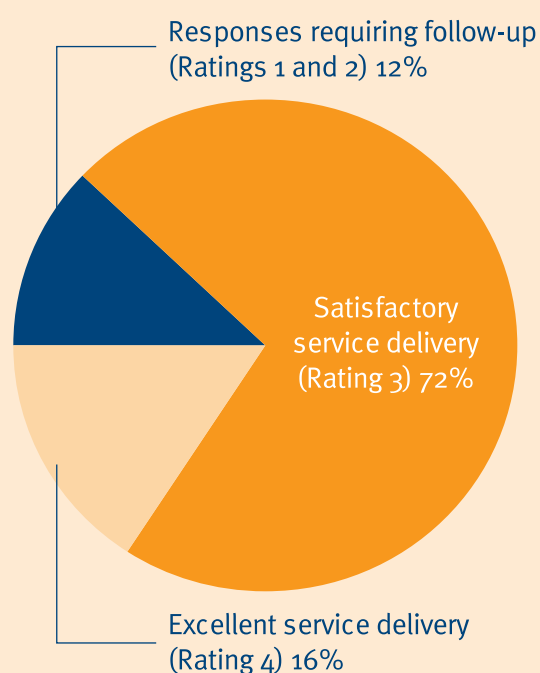
“Developmental assessments have identified an urgent need for the young person to participate in speech therapy to help deal with developmental delays. The young person requires speech therapy to assist with her transition to school and social development. The Community Visitor and the carer have communicated these concerns to

⁴⁷ As outlined in Appendix 3, Community Visitors’ decisions about how to rate a particular Standard of Care are limited to what information is provided by the child or young person, the foster carers or the Department of Child Safety. This means that the level of contact that a child or young person is having with a particular individual may be appropriate but the Community Visitor may not be aware of all the relevant information and may give it a Rating 1 or 2.

the Department of Child Safety on several occasions but have yet to receive a response.”

As shown in Figure 5.4, approximately 12% of responses about disability and special therapeutic needs required follow-up by a Community Visitor in 2006 (Rating 1, 0.05%; Rating 2, 11.95%). Approximately 88% of responses in relation to disability and special therapeutic needs did not require follow-up by a Community Visitor (Rating 3, 72%; Rating 4, 16%).

Figure 5.4: Community Visitor reports in 2006 about Standard of Care 17, ‘Disability – special needs met’



5.4.3 Complaints resolution for a child, ‘Piper’

In September 2006, a Community Visitor raised concerns about the level of support and intervention offered to a child who is in the care of the Department of Child Safety. The Community Visitor advised that the child was continuing to display extreme behaviours, including sexualised behaviour towards other children and aggressive behaviour. The child had been attending numerous government and non-government support services, but continued to display his extreme behaviours, and this was placing him and other children at risk.

After consultation with the Community Visitor, the Child Guardian referred the complaint to senior officers in the Department of Child Safety and advocated for a review of the effectiveness of

the current case plan and supports offered to the child to address the child’s ongoing challenging behaviours.

The Department of Child Safety undertook a review of the case plan and service delivery offered to the child. As a result, the child is now accessing a psychologist and a speech and language pathologist. The Community Visitor has reported an improvement in the child’s behaviour because of this access to therapeutic services.

5.5 Future Child Guardian work on individual needs being met

The Department of Child Safety has advised that for 2006 its key initiative in relation to individual needs was the development a *Children and Young People Participation Strategy*. This strategy draws and builds on the work, both current and past, that has been initiated at state and local level to improve children and young people’s participation in case decisions and to explore ways to involve them in advocacy for their peers and service improvement processes.

The aim of the *Children and Young People Participation Strategy* is to:

- develop a culture of valuing children and young people’s views and being proactive in facilitating their participation
- increase the number of children and young people in our services (direct and funded) who report that they have had opportunities to participate in decisions about their own lives and that they are satisfied with the process and the effect of their participation, and
- expand opportunities for children and young people to have a say about the nature and delivery of services to themselves and their peers.

The Department of Child Safety has advised that the *Children and Young People Participation Strategy* is a living document and activities to support its implementation will be revised annually. The strategy will be evaluated in 2009 to determine whether it has met its objectives and to identify any continuing action that may be required. The implementation plan will be revised annually in response to feedback from stakeholders and in particular, feedback and input from children and young people.

The Child Guardian will continue to advocate to service providers in the child safety system about allowing children to participate in decision-making, conducting good case planning and providing ongoing support, maintaining children and young people's connection with their families/other people (where appropriate) and targeted service delivery to children and young people with disabilities. The results of this work will be reported in the *Child Guardian Report 2007*.

Also, in 2007 the Child Guardian will begin collecting data in relation to the following Child Guardian Key Outcome Indicators:

- the number and proportion of children in the child safety system with a documented case plan within four weeks of being identified as being in need of protection
- the number and proportion of children in out-of-home care who are required to have a case plan reviewed who have had that case plan reviewed at least every six months
- the number and proportion of children and young people in out-of-home care who are exhibiting high-risk or challenging behaviour and who receive therapeutic/ other appropriate services
- the number and proportion of children and young people in out-of-home care who express satisfaction with:
 - contact with their siblings (if they have siblings and they are not in the same placement)
 - contact with their family and community
 - the support provided to them in the case planning process
 - their ability to have a say in decisions about them, and
- the number and proportion of issues/ complaints related to individual needs that are substantiated by the Child Guardian, which includes investigations, reviews, monitoring and visits to children and young people in out-of-home care.