



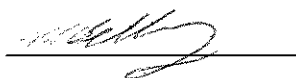
**QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY**

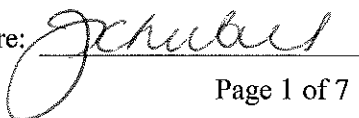
Statement of Witness

<i>Name of Witness</i>	Michelle BELLAMY
<i>Date of Birth</i>	
<i>Address and contact details</i>	
<i>Occupation</i>	Manager, Residential Service, Youth Lifestyle Options
<i>Officer taking statement</i>	Geoff Gunn and Jason Schubert
<i>Date taken</i>	25 / 2 /2013

I, Michelle Bellamy state;

1. Together with Vanessa Howse I am the manager and proprietor of Youth Lifestyle Options and we have our head office at 2994 Logan Road, Underwood
2. Youth Lifestyle Options manages for profit residential care houses.
3. **Quality assurance:** I am concerned that there is not enough auditing or quality assurance within a temporary placement. The CSO visits the house at least once a fortnight, however, because of the workload of the CSO this does not usually happen. Therefore the communication is usually through email or phone, to address any issues or concerns that have arisen.
4. The coordinator will ring the CSO or email them to attempt to get the CSOs out to visit the placement on a regular occurrence. Some CSOs will come to the placement once a month on average for maybe under half of our placements, the other CSOs every couple of months, unless an issue that needs to be addressed arises. If a placement is settled it is down on the list of priorities for the CSOs to come out and visit the residential's. I think that CSOs are really only capable of responding from a budgetary point of view to cases where a child has made some sort of comment, allegation, there's a change in the order or there's an issue with the placement.

Witness signature: 

Officer signature: 

5. When the CSO is visiting the placement they will usually do the auditing at the same time. Auditing is more about speaking to the child. The majority of times the resi care worker won't be spoken to, it is a general discussion of how things are going with the child.
6. We have a couple of residential where CSOs will request a phone-in to check on the child. But I think that physical presence is really important, because it is important that they see the house and the child in their environment. It is also important for the visits to the child in case they have questions that only the Department can answer.
7. Youth Lifestyle Options are in favour of audits, we don't believe that children should be in residential care for a long period of time. Intense work should be done while the child is in residential care. For us there's got to be a "please explain" when there's a child still in temporary placement after a year. I think this "please explain" needs to come back to the service providers. I am not sure whether the Department has the capacity or understanding of doing audits in residential care, I think it needs to be conducted by an independent person contracted to come in and work wit the Department and residential service providers. Temporary placements should be licensed. Temporary placements are uncheckable and not monitored.
8. **Financial:** Every quarter we submit our acquittals to the Department and what we haven't spent will be taken off our next payment. So the aim is to spend all your money. We feel that we get punished for saving and doing a good job. There needs to be some flexibility in the grant to reallocate savings in one area to augmentations in another.
9. **Self monitoring:** We have the coordinators and psychologists go into the house once a week. The team leaders visit the residential's randomly each month to check what the resi care workers are doing, what the child is doing and have a conversation with the worker and the child.
10. We have monthly planners that indicate what the child is doing over the month. This aids the child and the worker in keeping up to date with appointments. It is an A3 sheet for each child, essentially like a desk planner.

Witness signature:

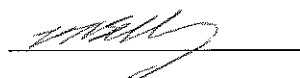


Officer signature:



11. The residential coordinators go into the house each week and they have a checklist that they complete. They check every room. They see if the menu planner is up, if there is food in the kitchen, if the child's room is clean, if the child has enough clothing. The coordinator sends the completed checklist to the team leader within 24 hours of the visit to make sure that everything is on board.
12. **Structure of the facility:** We have 'residential care workers' which are at the placement. Then there is the 'residential coordinator' and the 'psychologist'. There is then the team leader of residential, the coordinators, and a team leader of the psyches. They examine the checklist as well.
13. **Children's rights:** It is important that the children understand what their rights are and that they know if something is not happening that should. The children that have been in the system for many years know their rights very well and can abuse them. It doesn't help that they tend to go to the Department and get what they want. I think CSOs need to be trained by service providers around residential care. There needs to be a balance between ensuring children know their rights but making sure they don't abuse them.
14. **Therapeutic model:** It is our belief that you can't get progress in an hour of counselling, or an hour of therapy, so really therapeutic care within a residential - needs to encase the whole 24 hours, seven days a week learning experience. We train our resi care workers and our coordinators and team leaders into think that 'every opportunity is a learning opportunity'.
15. When a child is placed with us in the first six weeks an assessment is completed by the psychologist to ensure all care planning documents are based on the psychological, emotional and social needs of the child and young person. This ensures that all support and intervention will assist the young person in overcoming maladaptive patterns of functioning and progress towards appropriate developmental functioning. The psychologist assessment is completed in-house.
16. There is a Therapeutic Placement Support Plan for each resident based on the initial assessment. Initially there is an Interim Risk and Crisis Management Plan that gets placed in the house when a child is placed with us. That plan is written up by the team leaders of the psychologist.

Witness signature:



Officer signature:



17. The Residential Coordinator in the first six weeks a 'Placement Support & Goal Plan' is completed to ensure all domains of the child is addressed. An example is if a child is not in school a priority may be to get the child into school. So with the aid of an education resource officer a curriculum will be formed for the child and during the day between nine and three the carer will take the child through schoolwork. So during those hours we will not engage the child in any activity other than schoolwork. This gives the child an incentive to actually go to school.

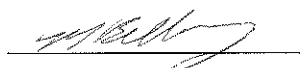
18. **Difficulty in recruiting foster carers:** I think that foster carers need to be paid as professionals, they need a salary rather than an allowance. There is a need to financially subsidise the foster carers if you are expecting one of them to stay at home and help the child reach their milestones. Foster carers also need to be provided with more psychological support and up skilling. Foster carers should possibly be rewarded with bonuses, example if the child stays in school all year the foster carer could receive a bonus at the end of the year like a holiday.

19. **Secure care:** At the moment under legislation we cannot contain or confine a child in the placement. If a child is escalated and smashing up the residential and the neighbourhood children out the front, if the child requests to go outside and the door is locked, we have to unlock the door and let that child out, regardless of the risk that might be present.

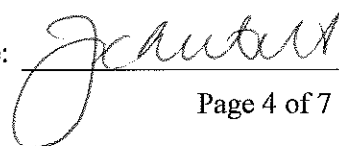
20. I have experienced children that would benefit from a secure care model. The ability to secure some children in an environment has some benefits because you are able to create some safety around risks and in some cases protect the child from themselves.

21. **Inaccuracy in referral information:** Probably 80% of referrals we are given have information has not been updated with current information and presentation. In order to update the information a conversation needs to occur between the CSSC and PSU prior to forwarding a referral. To overcome this we will sometimes have the coordinators send out CSO weekly updates to the PSU. If a carer is identified for one of the children in our care, rather than wait a couple weeks for information to be updated, the PSU already has this information. The PSU can then automatically send that referral straight through to the carer agencies as it has already been updated.

Witness signature:




Officer signature:



22. **Placements:** The younger children, 12 years and younger, usually have a higher chance of being placed back into a family based placement. Children over the age of 12 have a significantly lower chance of this occurring. Rather than keep the cycle of these younger children have multiple family placements and continually breaking down, we will do intense work that addresses as to why placements have broken down from a therapy point of view and teach the child strategies to overcome their behaviours. Once a carer is identified we provide additional support to the carers, where the psychologist who has been working within that placement with the child, can be transferred over to the carers to provide support and up skilling. We find that this provides a reduction in the break down of placements.
23. **Details of the house:** At the moment, the house at Victoria Point houses two young boys aged 13 and 14. The house is owned by the Housing Commission and we rent. The neighbours are aware that it is a residential care facility, and we have not had any issues with the children and neighbours.
24. Both the two boys have come from home straight into care. One boy is Indigenous and the other is an Anglo Australian.
25. Each child has their own bedroom and shares a bathroom. The carer has their own bathroom and bedroom.
26. The carers' qualifications range from Cert III in Youth Work to tertiary qualifications. Each carer has a blue card, care insurance and have undergone a police check.
27. The residential care workers have their own bedroom, which has a lock on it. Inside the residential care worker's room is another room, which is the walk-in wardrobe, this have been converted into an office which also has a lock with the same key, and within that room, there is a filing cabinet that's locked with the same key. This is for the purpose of confidentiality, safety and personal space.
28. The residential care workers are rostered on for the times the child is in the residential, for an example if the child attends school, there won't be a residential care worker between the periods of time at school. Other than that there is always a carer in the house.

Witness signature:

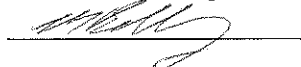


Officer signature:

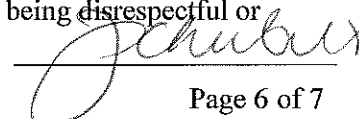


29. On a Friday afternoon, the young people with the residential care worker on shift, and will work out a menu planner for the week. We promote healthy eating and don't have processed food or high sugary foods. The young people get to choose the meal for a couple of nights during the week. On the nights they have chosen the meal the resi care worker will help them to cook the meal. The young people can help the resi care worker cook the meal at any time.
30. The young people get take out every Saturday night. It is a decision made by the household, we try to get them to go and eat out at a restaurant when possible.
31. The children receive pocket money. The pocket money is dependant on what chores they do. The chores are age appropriate. That is broken up in the week, and what happens is that the res care worker will tick off their chores as they are completed. At the end of the week, if they're completed all their chores, and then they will get equivalent of what their age. So if they're 15, they'll get \$15.
32. The transport is dependent on age. The younger children will be driven to school but the older ones learn to catch public transport. There is emergency transport available but it depends on the situation. If it is the older young people who are frequent absconders and think that we're their taxi service and at two o'clock in the morning want to be picked up, we will not pick them up. They need to get their own way home. If you leave the placement without authorisation, you need to get yourself back to the placement. We do have some problems with the Department around that decision sometimes, around the safety risk, but that's usually taken into account, we look at that on a case by case service that one.
33. We do not have anyone sleepover or visit because of the situation with co-tenancy and privacy. We are very strong on this point, because we want to have a house that is a safe and is seen as a safe environment.
34. The police rarely get called to the house at Victoria Point. The reasons the police would be called is for serious assault. The police aren't used for behaviour management strategies.
35. **Discipline:** If a child isn't being compliant or aggressive we will give them some 'thinking time'. If there is a planned activity and the child is being disrespectful or

Witness signature:



Officer signature:



refusing to follow directions, we tell the child they need to go to their bedroom and think about what they're doing and whether they want to go to on the activity. We're about choices and responsibilities. If the child is being aggressive and have left the house in an agitated or heightened state the screen door will be locked for safety.

Declaration

This written statement by me dated 7-2-13 and contained in the pages numbered 1 to 7 Is true and correct to the best of my knowledge and belief.

[Signature] Signature
Signed at ORIGINATOR this 7TH day of FEBRUARY 20 13

Witnessed:

[Signature] Signature
Name JASON SUBJECT Rank _____ Reg. No. _____

Witness signature: _____

Officer signature: [Signature]