



**QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY**

Statement of Witness

<i>Name of Witness</i>	Dr Michelle Fryer
<i>Date of Birth</i>	01/03/1968
<i>Address and contact details</i>	c/o The Royal Australian and New Zealand College of Psychiatrists PO Box 261 RBH Post Office Q 4029 Phone: (07) 3852 2977 Fax: (07) 3852 2199
<i>Occupation</i>	Child and Adolescent Psychiatrist
<i>Officer taking statement</i>	
<i>Date taken</i>	<u>12 / 2 / 2013</u>

I, Dr Michelle Ann FRYER state;

- 1) My name is Michelle Ann Fryer and I am a Doctor of Medicine and practising Child and Adolescent Psychiatrist. I am the current Chair of the Queensland branch of the Faculty of Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists (RANZCP). It is in this role that I appear before the Commission.
- 2) My qualifications are: Bachelor of Medicine, Bachelor of Surgery, Leeds University, 1992; Fellowship of the Royal Australian and New Zealand College of Psychiatrists, April 2002; RANZCP Certificate of Advanced Training in Child and Adolescent Psychiatry, May 2003. I am a Fellow of the Royal Australian and New Zealand College of Psychiatrists.
- 3) I authored a submission to the Child Protection Commission of Inquiry in September 2012 titled: Royal Australian & New Zealand College of Psychiatrists Faculty of Child and Adolescent Psychiatry, Queensland Branch Submission to the Queensland Child Protection Commission of Inquiry.
- 4) I confirm the submission reflects my professional opinion.

Witness signature: _____


Officer signature: _____

5) I have been asked to appear before the Commission in relation to the recommendation that some form of secure welfare detention be considered for the Queensland context (page 23 of Submission). In reference to this, I attach further supporting information to my submission marked Appendix:

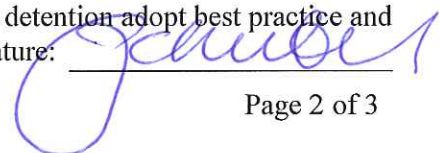
- A Out of Home Care Service Model, Therapeutic Secure Care Programs. Out of Home Care Policy and Planning Division, Community Services, NSW Department of Human Services. May 2010.
- B Admission and discharge from secure accommodation. Office for Standards in Education, Children's Services and Skills (Ofsted), UK, August 2010.
- C 'Out of Control': Making sense of the behaviour of young people referred to secure accommodation. Roesch-Marsh A. British Journal of Social Work. 2012: 1-17
- D Secure in the Knowledge: Perspectives on practice in secure accommodation. Scottish Institute for Residential Child Care. Smith, Forrest, Garland and Hunter. May 2005
- E Secure Accommodation in Scotland: its role and relationship with 'alternative' services. Walker et al. Nov 2005; published by the Information and Analytical Services Division, Scottish Executive Education Department. Sept 2006

6) As documented in the submission, and as representative of the Queensland branch of the Faculty of Child and Adolescent Psychiatry, RANZCP, I would like to emphasise the importance of prevention and early intervention in child welfare and child protection. The needs of children and families can be considered across a spectrum. Effective identification of families in need and intervention is required across the spectrum of need. The earlier difficulties are identified and addressed, the more likely it is that a child will be restored to a normal developmental trajectory and a positive long-term prognosis. At the far end of the spectrum are young people with severe and complex difficulties who have disengaged from services and are at high risk to themselves and society. This is the group for which secure welfare detention could be considered. It is important to note that there is no evidence that this kind of intervention improves the long-term outcome for these young people although it can maintain their safety in the short term. This lack of evidence should be understood in the context of the ethical constraints of conducting randomised controlled trials with this group. Research is limited to naturalistic studies comparing the outcomes of similar groups of young people who did or did not receive secure treatment. These groups did not have different long term outcomes but it seems likely that the secure care group were a more severe and complex group. Secure detention is effective in keeping the young person safe in the short-term and in providing the opportunity for therapeutic, vocational and other interventions to occur. It is vital that any model for secure detention adopt best practice and

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stay abreast of international service development and research as well as having ongoing service evaluation. It should also be supported by appropriate legislation and oversight, have access to specialist services and strong links to tertiary health services, child protection, youth justice, etc. and have ongoing staff development and supervision. Also necessary is that the services be well linked with other government and non-government agencies especially around transition back to community and independent living.

Declaration

This written statement by me dated 12.2.13 and contained in the pages numbered 1 to 3 is true and correct to the best of my knowledge and belief.

Signed at BRISBANE ^{Que} Signature this 12TH day of FEBRUARY 20 13

Witnessed:

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

Witness signature: _____

Officer signature: _____