

QCPCI

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QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

Statement of Witness

<i>Name of Witness</i>	Kristina FARRELL
<i>Date of Birth</i>	19/05/1959
<i>Address and contact details</i>	[REDACTED]
<i>Occupation</i>	Social Worker
<i>Officer taking statement</i>	Geoff Gunn
<i>Date taken</i>	4 / 2/20 / 3

I, Kristina Farrell, OCCUPATION, ADDRESS state;

1. My name is Kristina Farrell. I am the manager of Homelessness Services, a Supported Independent Living Program and two residential care facilities, the houses (residential care facilities) we are calling PA and NM. I work for [REDACTED] which is a not for profit community organisation on the Sunshine Coast.
2. [REDACTED] is run by a board of directors that meet monthly. The board of directors comprises of a variety of people including with professional skills and experience in areas such as law, community services, police services and corporate business.
3. [REDACTED] receives around \$800 thousand per (residential care service) house from the Department of Communities, Child Safety and Disabilities.

The layout of the houses

4. The house we're calling PA is not a purpose built house and is located on a very small block.
5. The house we're calling NM has been modified to suit the purpose and is on a five acre block.
6. The NM house was modified and is one storey and has an open plan. This means the staff are on the same level as the young people, while having a good view of everything. For example, a staff member can be in the kitchen and have a good overview of the common

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living areas. So they can communicate with and see the young people watching TV and the other sitting in another area. It also means that young people are not crowded together.

7. Allowing young people to have space is important to avoid unnecessary friction that lead to anxiety and stress. It is important for them to be able to spread out a bit and find their own space.
8. The modifications are not extreme and can be sold successfully on the private market as family homes.
9. There are some special modifications like putting a protective film over the glass so it does not shatter when it breaks, locks on bedroom doors to allow for privacy and constructing the walls with material so they are extra strong. This reduces the cost of maintenance if a child hits the walls.
10. Neighbouring houses are aware of the residential care program being run. Over the last two years there have been around fifteen complaints from neighbours. There have been complaints directed to the organisation. There have been complaints to police at times due to disturbances and the behaviour of some of the young people.
11. Some complaints have been around noise, particularly at night. Other complaints have been that food items have been thrown over the fence. We have also had complaints about a particular young person, over the last couple of years, who befriends neighbours and becomes quite a problem for them, demanding things and money from them and so on.
12. The neighbours are not equipped to manage these kinds of behaviours and we step in. The neighbours are well meaning, but they can't cope with the young person's very strong demands and behaviours relating to that. It is important to recognise that our job is to educate and mentor the young people to achieve behavioural changes so they can participate in the community.
13. I have given my phone number to the neighbours so they can have access to me 24-7 if they wish to. They have contacted at me, but sometimes, particularly during the night, they have chosen to call the police.

The young people

14. There is a maximum of four young people in a house. This is dependent on the needs of the young people. At the moment there are only two young people, for the reason that one of the young people has quite extreme support needs that translates into behaviour effecting staffing resources and wellbeing of other young people.


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15. The young people in these houses enter the service from a variety of places, foster care, detention centres, other residential care facilities, or their own homes with their family. The young person has to have been engaged with child safety first before they come to [REDACTED] residential care facilities.
16. The length of time the young people in [REDACTED] residential care program have been engaged in some other non-home type residence varies. Some young people have had multiple placements and for some the [REDACTED] program is their first.
17. Boys live in the PA house. We are funded for young people from 12 to 17 but the two boys that are there at the moment, one is 15 and the other will be 17 next month.
18. Because there have been a low number of referrals for young women, the house in Nambour, originally the girl's house, has had three different young men live in it for different reasons.
19. Currently, we do not any young people with Indigenous or culturally diverse backgrounds. There is no reason for this, it is just who needs a placement and matches the program when there is a vacancy.
20. The young people have come from a variety of homes. Most of them have had very unstable family situations.
21. An example of an unstable family situation is a young woman we'll call Juliet. She was put into care at the age of eight, she was found with her two parents who were using drugs they were squatting in an abandoned house with no electricity, minimum food, plenty of drugs, not many clothes and behind with her education. Juliet went into foster care where she spent eight years in the same structured and quite loving foster home. When she was 15 going on 16 she started to abscond and her foster mother felt this had an implication on the other children in the home. The foster mother decided Juliet could no longer stay. Juliet came to us quite hastily. Juliet had experienced a chaotic way of living for eight years, then a very structured way of living for eight years. Juliet experienced rejection from a person she perceives as her mother and lost a linkage with her biological sister who was living in the same foster home. At the moment we are working with the foster mother to rebuild their relationship and continue the relationship because that's her family and future connection with both her sister and foster family is important for her future.
22. Out of the eight places, four in each house, around 15 or 16 young people were placed last year. The longest a young person has been here at the moment is two years.

Living arrangements

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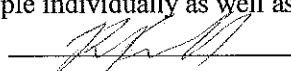


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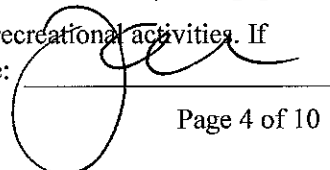


23. Staff have the responsibility to cook, and its part of the learning life skills to engage the children in the cooking. If you're 12 you might peel a couple potatoes or mainly watch, but when you're a bit older you participate more. We have barbecues, picnics, go out, do things at the park and cook at home. Cooking is a feature of learning living skills, developing and growth for the young people.
24. We don't use lollies as rewards all the time. We are very careful with high sugar and caffeine drinks. We try to keep the sugar content low, particularly if a child has a disability and is affected by high sugar levels. We have takeaway once a week. The organisation pays through our funding. We have a fruit bowl sitting in the kitchen to motivate young people to have fruit. Snacks need to be health and yet inviting.
25. The staff have the responsibility to do laundry, however like cooking it is a feature of leaning living skills. Young people get more responsibility as they grow and develop.
26. The young people receive pocket money and can increase their pocket money if they do extra chores.
27. There are two vehicles at each house; they are little Corollas and Hyundais. The children have bus passes. The person who pays for public transport varies. When they turn 16 they receive Centrelink payments, so we expect for them to take some responsibility for some of those costs and learn to budget. Before 15 years of age we make sure they have their bus passes and phone credits well as pocket money. Some young people receive full youth allowance and others living at home rate. It is unclear how Centrelink determines who get what level of allowance.
28. All children have their own bedroom with a lockable door and the carer sleeps in their own room. Each house has a staff bathroom, an en suite attached to the staff bedroom and the children have one bathroom they share.
29. The young people have boyfriends and girlfriends and they can visit depending on their behaviour. We teach young people that they have responsibility for their visitors behaviour.
30. Friends can't usually sleepover due to the dynamics of the house. However, there are times they might be, for example, during the holidays or when other young people are away and the young person is the only one at the house at the time.
31. Sometimes the young people spend night away from the house. Some young people have regular visits with family members or go and stay with friends. If a young person stays with a friend we have contact with the parents of the friend.
32. There is a budget for entertainment and recreation. The workers have a meeting once a week where the young people bring up what they would like to do. We try to engage young people individually as well as a group in social and recreational activities. If

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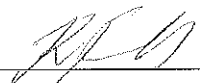


- somebody has a special interest in something, for example, they want to play soccer, we make sure that it's a priority that they get to train and play their games.
33. We pay for organised sport and other activities. It is part of the planning around the child to encourage and try to engage the young people in social and recreational activities, particularly in the community.
 34. Every child has a television in their bedroom and there is one in the lounge room area. There is also a PlayStation in the house.
 35. The houses have internet access. The internet access in the house in Nambour is really poor because of the material the previous owner constructed the house of. There is no Wi-Fi, instead it's a standalone computer and prepaid internet credit. The children often get laptops from the Department. We try to monitor their use but it is difficult and you have to educate kids around internet use and access.
 36. Some of the children attend school. Neither of the young people currently at PA attends school. One is in a traineeship and we have not been able to find a school that will accept the other young person due to his needs and behavioural issues.
 37. All children should have an educational support plan in place by Child Safety Services and we receive a copy. In cases when young people are not engaged in school staff plan with the child to find work or training opportunities.
 38. The fact that the child is in residential care is kept confidential by the schools but often the children tell their friends.
 39. The children like to come home after school, have afternoon tea, do home work and then plan what they are going to do. If they don't come home after school and has not previously made any different plans, we react immediately by try to contact them, friends, the school and report to Child Safety. Police will be contacted if we are concerned or if the child has been missing any significant period of time.

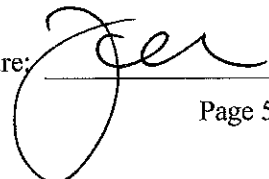
The access to care

40. The children have access to therapeutic and medical services. We work with services like Child and Youth Mental Health, Evolve and schools very closely. Some of the young people have already been connected with these services when entering the residential care program. If that is the case we make sure that relationship continues. The mental health arm of Child Safety is called Evolve. They provide some support for some of the kids we get via the Department but Evolve focuses more on supporting our positive support behaviour planning.

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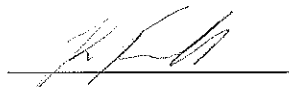


41. I make sure the children have regular dental checkups, at least once every year and sometimes more often if they need. Staff working in the house take the child to the doctor. We lock up and administer the children's medication. Medication registers are kept for all types of medication.
42. If a child needs to see a psychiatrist or psychologist it is usually arranged in discussion with a child safety officer. We encourage that the children work with psychologists and counsellors away from us, because they need to talk about their lives in the context of us as well.
43. We have developed a key worker model that involves a staff member who is responsible for monitoring the plan and working on the plan with the child on a regular basis. The process is overseen by the Team Leader. They have a case worker function within this residential care context. They work with the child to ensure sure that plans are on track and reviewed as needed. The young person also have somebody who is involved with the plan that they can discuss it with.

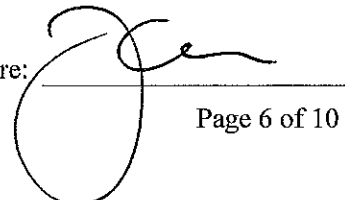
Interactions with police

44. At the PA house, police are mainly called when young people are getting out of control and start becoming significantly violent. It can vary how often the police are called, depending on the young people in the house and dynamics in the household. At the moment it has been quite often due to one young man, who can be very threatening and violent. He will sometimes ring the police himself. He tells staff that if the police don't turn up he won't be able to calm down.
45. At the NM house the police aren't called often. They are usually called for missing person reports, a process when young people abscond. It can vary how often the police are called. It can be daily for a short period of time and then it can be months apart. There has been a change to the missing person report protocol between Child Safety, Police and licensed services. Now we don't have to call and report young people missing every time a young person absconds. It depends on whether we assess there is a risk to the young person or if it is an unusual behaviour.
46. We are not restraining young people, it is not apart of our training. We need a different staffing level as well as training if we are going to start doing that, particularly when trying to restrain someone larger than you. I think the police in this area have been a great support and very helpful and actually encourage that we do call them if situations become violent. Staff in the program are trained to intervene with young people experiencing a crisis that may involve losing control and "lashing out". Calling the police is the last resort.

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47. Records of each child's interaction with the police are kept with their set of case notes. They are stored in the carer's bedroom/staff room electronically. There is another set of notes called incident reports. That is a report of any incident where there is harm or risk of harm to a child or property. They are written up quite regularly and then sent to the Department.
48. The workers discipline the children, they are not allowed to use physical punishment. Instead the worker talks about consequences with the child and look for an outcome where the child is learning from the experience.

Disciplining the young people

49. We have on occasion asked child safety to move a child who is putting other children, at a high risk of harm have harmed other children. That happened once in both houses last year.
50. I don't believe there is any benefit in a carer restricting a child from leaving the premises. I would not be strong enough myself to force a child to return to the premises. If the child has bail conditions they police will act. It's not about force it's what the young people are learning. It is more important to educate the young people on how they can deal with the problems like anger, anxiety and fear.
51. We sit down and we talk about things like safety. What the reason is for why we don't allow a certain thing. If they understand the reason behind the rule, then they can respect it and they will mostly follow through. We don't use punishments but consequences relating to their behaviour. For example, you've got a child in the car in the front seat and they grab the steering wheel while you're driving. The consequence of that is that the child is sitting in the back seat from now on because it's a safety issue. If the child still grabs the steering wheel from the back seat, then they'll be catching the bus. It's a logical consequence.

Family contact

52. Every child has some sort of family contact. The level of contact is according to their case plan. We offer things like picnics in the park, so we bring the food to make it an experience, if possible involving siblings as well, and we try to do everything to make it positive. We avoid the parents visiting the child in the home. I'm happy if the parents come in and see the home if they wish, but if they come and visit it brings too many dynamics that can affect other children. It is usually Child Safety's responsibility to keep

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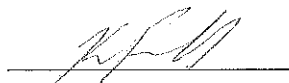
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the natural parents or kinship advised to what the child's progress, not the carer's. At times we have a good and positive relationship with kin and we communicate more directly with them about the child's needs and progress. This is with Child Safety's and child's approval.

The carers

53. There are one or two carers in the home at any one time. The number of people who work throughout the week is around ten.
54. We have a sleep over shift, so there's one person available if the children need them for some reason or if there's disturbances. But otherwise we are not funded to have two staff on all the time. It isn't always two staff during the day, it depends on what the needs are. We look at the young people's behaviours and activities.
55. We have team leader who works Monday through Friday. She works 8 am to 4 pm. The team leader has the responsibility of managing the young people's care planning and staffing and property.
56. The qualifications of the carers vary. All have at least two years of experience or a Certificate IV in youth work or a related area and some carers are in the process of completing a university degree in either social work or a social science.
57. The carers go through an interview process and we do at least two professional reference checks. We then have an induction for the new staff, this is inductions shifts and an organisational induction with the HR officer.
58. Each staff member receives a minimum of one supervision session with a supervisor per month, and if needed they or their supervisor can request that additional extra supervision takes place. We have performance review process, involving an annual performance review and a 6-month monitoring review. All staff also develop their annual plan in relation to their work and the program.
59. There is no formal residential care worker training. Licensing requires that the staff are trained in certain areas. The organisation is responsible for training people in areas such as therapeutic crisis intervention, Trauma and Attachment, cultural awareness.
60. We have a therapeutic approach and train our staff to be able to respond therapeutically to young people. The young people may have a range of quite complex needs, cognitive disabilities, mental health problems or drug problems. Therefore it is necessary for the staff to have broad skills.

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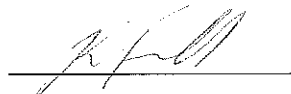
61. There is a mixture of staff that have been here for several years, around 80% are very stable. Because it's shift work a lot of people study, and staff's availabilities may change semester to semester.
62. Carers do not have to undergo random drug tests.
63. Carers are shared across the sites.
64. Evidence of a staff member not performing adequately (for example not responding to the child as we had planned, not supporting other team members when there was a crisis) is recognised in the documentation the staff complete during their shifts and discussion with other staff members in the team, supervision or issues brought up by young people. A staff meeting is held fortnightly.

Transitional planning

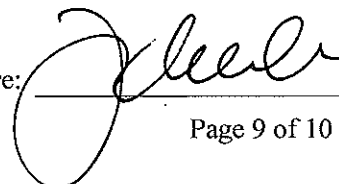
65. I am strong believer that transition planning for young people in care in Queensland is not providing long term outcomes for young people.
66. The children are supposed to participate in transitional planning processes. A lot of the transition planning is focused around living skills. The care plan, that the service provider is responsible for reflect the departmental case and transition plan. For disability support young people are not assessed until their 17 and a half. So we don't know if they are going to receive disability support after they leave care. Some young people have disabilities , and assumptions are made that will receive some support. In many cases the outcome of the assessments are that they are not eligible.
67. When young people turn 18 we assist them to access social housing or they may chose to share with friends. A lot of young people chose to live with family members. We try to keep in contact and build strategies for them and how to deal with their families dynamics. Other young people are couch surfing or even homeless. It's really sad when a young person leaving care and we have to transition them into homelessness services.
68. I think there need to be follow up support; there need to be that connection for the young people even until they are 25 and start forming families and relationships.

Declaration

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This written statement by me dated 4.2.13 and contained in the pages numbered 1 to 10 is true and correct to the best of my knowledge and belief.

Signed at BRISBANE Signature [Signature]
this 4TH day of FEBRUARY 20 13

Witnessed:

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

Witness signature: [Signature]

Officer signature: [Signature]