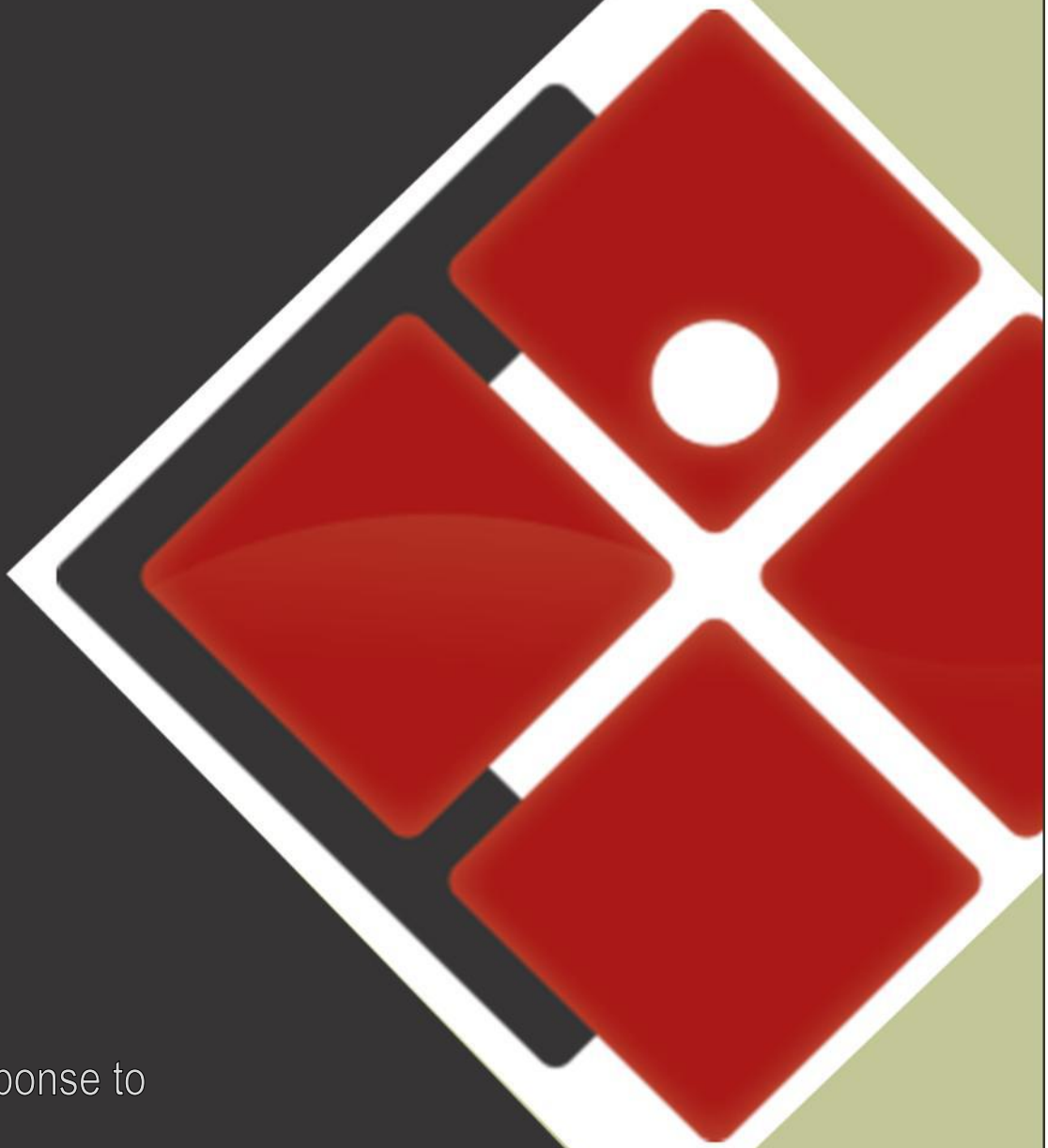
PeakCare Queensland Inc.



Response to

Queensland Child Protection Commission of Inquiry

February 2013 Discussion Paper

March 2013

CONTENTS

INTRODUCTION

PeakCare Queensland Inc. (PeakCare) is pleased to have been extended the opportunity to respond to questions raised in the Commission's *February 2013 Discussion Paper* and congratulates the Commission on its open process of canvassing opinions in respect of such a broad range of matters as those that appear within the paper.

Background to PeakCare's response

PeakCare's views about some of the issues subject to the discussion paper are, at least in part, contained in our preliminary submission to the Inquiry. Where this is the case, relevant extracts from our preliminary submission have been inserted into this submission for purposes of reiterating PeakCare's views. In some instances, these views are elaborated upon to clarify, or add to, the information already provided.

PeakCare's consideration and responses to the questions raised in the discussion paper have also been informed by:

- outcomes of panel-led discussions held during four *Meet the Preventers Child Protection Expos* hosted by PeakCare and held in Logan City (30th October 2012), Toowoomba (7th November 2012), Caboolture (15th November 2012) and Townsville (27th November 2012)
- PeakCare's preparation of a discussion paper, *Permanency planning and the question of adoption*, a copy of which has already been provided to the Commission, and consultation with member agencies and supporters about the content of this paper (In particular, the preparation of this discussion paper and the feedback collected has informed our responses to matters raised within the Commission's discussion paper concerning permanency planning, adoption and alternatives to long term guardianship to the chief executive [1])
- PeakCare's preparation of a second discussion paper, *Secure Care- Needed or Not?*, a copy of which has also already been provided to the Commission (It is noted that PeakCare intends to separately furnish the Commission with a report of feedback and comments received in response to this discussion paper), and
- Rountable meetings convened with members and supporters to consider the Commission's discussion paper, the directions it indicates or proposes, and responses to the questions.

Overarching feedback

Many of the members and supporters who participated in the discussions and contributed to PeakCare's responses to the questions posed in the Commission's discussion paper have been

[1] The term 'chief executive' has been used in the same manner in which it is used in the *Child Protection Act 1999* (i.e. it refers to the Director-General of the Department of Communities, Child Safety and Disability Services).

involved in child and family welfare for many years, across a range of disciplines. They have experienced numerous public inquiries, seemingly endless re-structures and changes of personnel in government agencies (particularly the statutory child protection agency), and worked with countless children [2] and families in a range of service types, different communities across Queensland and in other jurisdictions.

Although the same should apply to Child Safety Services, workers in non-government agencies are painfully aware of the imperatives of individualised, purposive, goal focused interventions with children and their families to ensure children's social, emotional, educational, developmental and safety needs are met. As such, they strongly appreciate that the sum of individual interventions undertaken with children and families must conform with, and be driven by a clearly articulated vision in respect of children's safety and wellbeing that is shared and understood within and across all levels of the government and non-government sectors and appreciated also by the general public.

A number of options, proposed positions and interstate and overseas examples are referred to in the Commission's discussion paper geared to changing children's or parents' pathways through or away from the child protection system. Members and supporters are of the view that whilst it may be useful to canvas opinion about these various options, proposal and examples, they largely represent a mix of random and ad hoc ideas and not necessarily 'solutions' to the 'problems' that have been identified by a range of stakeholders. Moreover, they are often reflective of specific arrangements implemented within other jurisdictions, but do not, as yet, sufficiently address Queensland's circumstances, and are silent on a number of issues regarded as integral to the development of a road map for this State. In addition, no priorities or sequencing of priorities are yet identified.

For these reasons, there has been considerable comment made by PeakCare's members and supporters about the Commission having not, as yet, through the content contained within its discussion paper, proposed:

- an overall vision about Queensland's child and family welfare system, of which child protection is a component, and
- where the system should be in two years, five years, 10 years and 50 years.

These are regarded as essential aspects of the Commission's charter in recommending a road map for the future of child protection within Queensland over the next decade. A road map should, for example, be clear about the starting point, destination/s, alternate routes, costs and travel time. Queensland's road map for the child protection system must clearly articulate an agreed vision, strategies to achieve the vision and the rationale for particular options or approaches. It must propose new pathways through the system and spell out the roles and responsibilities of the various stakeholders. Timeframes must be included. The road map should be underscored by a commitment to research and drawing on evidence based interventions, programs and services, balanced with a healthy dose of innovation and creativity. Service delivery should be supported by

[2] The terms 'child' and 'children' have been used to refer to persons aged 0 to 17 years. Where specifically referring to older children in their teenage years, the terms 'adolescent child/ren' or 'young person/people' have been used.

realistic and transparent costings. The road map should surely recognise that Queensland's fiscal situation will improve and there will be new funds available over the next 10 years. Changing the system will not happen just through efficiency measures, such as reduced red tape or administration.

Reiterating what PeakCare said in our original submission

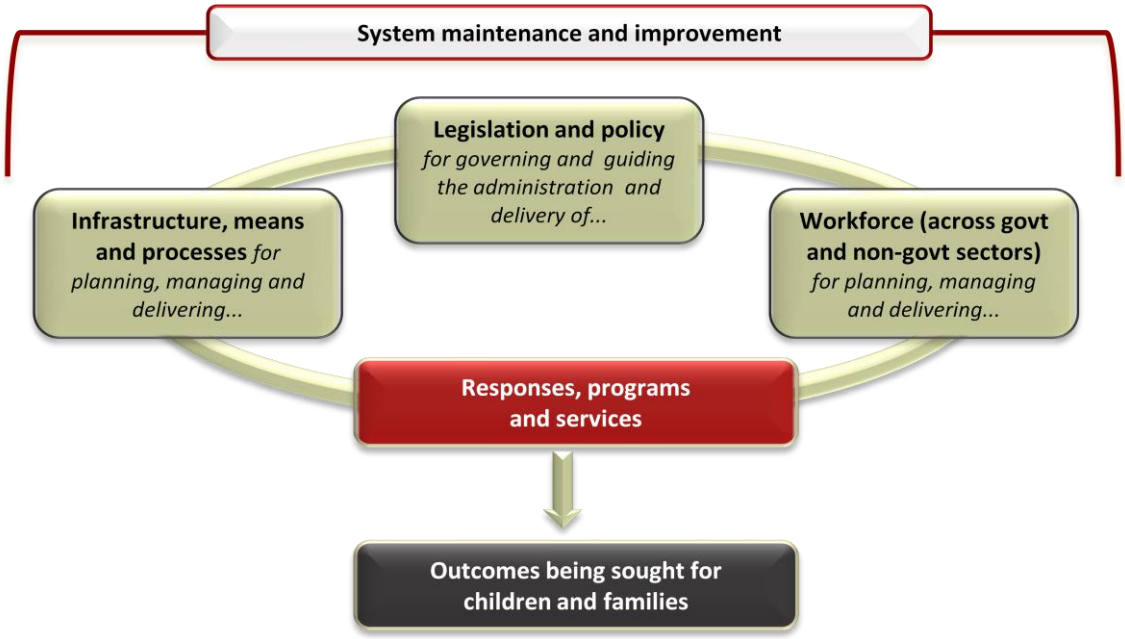
Re: a framework for developing the road map

As stated by PeakCare in our preliminary submission (p25) to the Commission:

In developing a 'road map' for the future, a methodical and comprehensive approach is needed to:

- *identify the elements that are essential to an effective child protection system*
- *evaluate the effectiveness of each of these elements in relation to the ways in which they are currently constructed and performing in producing the outcomes being sought for children and families, and*
- *wherever necessary, re-constructing these elements in ways that will better achieve the desired outcomes.*

Key elements of a framework for guiding an exercise of this type are depicted in the following diagram that also appears within PeakCare's preliminary submission (p. 28):



Re: key matters to be attended to in the road map

PeakCare's preliminary submission lists the following matters as ones requiring attention in developing the 'road map' for the future (pp34-35):

- ***Re-shape the child protection system.***

  For as long as the child protection system continues its over-reliance on tertiary responses, it is likely that the system will continue to achieve poor overall outcomes in relation to the safety, well-being and life opportunities of children. Critical to the process of re-shaping the system will be the creation of a broader range of gateways through which families can access the support and services they need, as and when they need them.

Without this, the predominant gateway to services that is currently in place (i.e. the 'hit or miss' reporting of child protection concerns to the statutory system) will increasingly overburden the Department of Communities, Child Safety and Disability Services in the costly exercise of simply processing these reports with little known benefit flowing on to the children and families who are the subjects of the concerns. These arrangements are not economically sustainable and are likely to lead to greater efforts being made by the Department to 'divert' children and families away from involvement with the statutory system, leaving many increasingly exposed to high levels of risk unless, as is likely, they are reported again and the increased severity of the concerns demand intervention. An effective child protection system is not one that 'excludes' children and families from receiving the responses, programs and services they need. An effective child protection system is 'inclusive' in the ways in which it engages children and families and tailors its responses to the changing types and level of needs they experience.

To effect positive change, significant re-shaping of the system must occur to ensure an improved configuration of primary, secondary and tertiary responses, programs and services...

- ***Re-define and clarify the outcomes being sought for children and families through the development of an over-arching 'child and family well-being framework'.***

  This framework should clearly explain and describe the approaches to be taken in:
  - *defining what families need to parent their children safely and well, taking fully into account the cultural and community context and its influence on child-rearing practices and the roles played by family and community members*
  - *comprehensively identifying the range of multi-layered factors that can impede families in the performance of their parenting role and those that make their children vulnerable to child abuse or neglect*
  - *developing whole-of-Queensland Government social policy and responses that address the factors standing in the way of families caring for their children safely and well*
  - *planning, implementing, monitoring and continually improving the range of prevention, early intervention and intensive family support services at State, regional and local levels needed to provide targeted responses to the factors that are contributing to the vulnerability of children to abuse or neglect*
  - *in keeping with the above, developing programs and services that proactively respond to need in preference to being reactively driven by the fear of risks*
  - *better contextualising tertiary child protection responses within this framework, and*
  - *seeking outcomes in relation to the well-being and life opportunities of children subject to statutory intervention that are commensurate with those in the general population.*

- ***... make use of the overarching 'child and family well-being framework'*** *to:*
  - *inform the development of whole-of-Queensland Government policy impacting the safety, well-being and life opportunities of children and the support of their families*
  - *guide the exercise of responsibilities held by all key government agencies in promoting the safety, well-being and life opportunities of children before, during and after statutory child protection intervention*
  - *design, plan, implement, monitor and continuously improve funding and service models and resource allocations in ways that allow for an incremental shift in emphasis from the tertiary end of the child protection system to less intrusive interventions as the demand for tertiary responses decreases*
  - *identify additional 'hump funding' that may need to be invested to enable these shifts to occur, and*
  - *inform the nature and terms of the partnership between the government and non-government sectors needed to foster the innovation necessary to being about a new and more effective child protection system whilst retaining accountability for the quality of responses, programs and services being provided to children and families".*

Re: key elements of a well-functioning child protection system

As stated in PeakCare's preliminary submission (p36):

"A well-functioning child protection system that has been comprehensively designed and developed therefore encompasses:

- *public community education about child abuse, neglect, child sexual assault, and domestic and family violence so that children, parents, extended family and the general community understand the issues, are aware of acceptable standards of behaviour, know when and where to seek advice or assistance if needed, and recognise that protecting children is everyone's business*
- *widely accessible and non-stigmatising universal services such as schools, maternal and child health services, child care and community centres which:*
  - *promote social inclusion and community connectedness, and*
  - *are alert to identifying concerns about the well-being of a child and / or family and, if needed, can trigger referrals to other services or programs*
- *responses, services and programs aimed at assisting parents to care safely for their children by addressing or preventing the escalation of concerns through the provision of practical, financial, social, educational and therapeutic supports, that are designed for, and targeted to, particular:*
  - *populations (e.g. young children; parents with an intellectual disability; parents of children with disabilities; Aboriginal and Torres Strait Islander families; young parents; young people under both child protection and youth justice orders; gay, lesbian, bisexual, transgender or intersex young people), and / or*
  - *needs (e.g. mental health issues, substance use, domestic and family violence)*
  - *tertiary services provided by the statutory agency, other government agencies and non-government organisations, that respond to the impacts of child abuse and neglect with specialised interventions, in-home support, outreach services and out-of-home care.*

Maintaining the focus on improving performance and outcomes

PeakCare has provided comments in response to the questions which the Commission has posed to elicit views about directions being considered to date. Our concern however is that many of the questions are about preferred process or are framed in such a way that they will lead to responses that focus on a description of processes, rather than the outcomes being sought across the child protection system and in particular, improved outcomes for children and families.

The Crime and Misconduct Commission inquiry highlighted the whole-of-Queensland Government responsibilities for child protection and recommended the establishment of the Directors-General Coordinating Committee and the Child Safety Directors Network. Whole-of-government reporting about 'progress' was also legislatively entrenched in annual reporting by those agencies with responsibilities. The spirit and intent of these recommendations has been lost in that fewer data are available and the vast majority of publically available data and information are descriptive rather than focused on reporting and analysing system quality and performance. The extremely late release of the *2010-11 Child Protection Partnerships report* and the yet to be released 2011-12 report, plus the indicators contained in the Department's *2012-2013 Budget Papers* are clear examples of the lack of focus on improving performance.

To be sure that the reforms set out in the road map are achieved and that strategies are adjusted as required, PeakCare is of the view that the road map should be tied to a performance framework. Queensland is already committed to annual reporting through the *Report on Government Services* and the *National Framework for Protecting Australia's Children*. While not as far reaching in some respects as the road map, the indicators and measures in those frameworks form a good foundation that can be built upon. PeakCare is firmly of the view, for example, that for each area of activity – 'family support', 'child protection services' and 'out-of-home care' - full use should be made of the existing nationally agreed performance frameworks. Chapter 15 of the annual *Report on Government Services* sets out a performance indicator framework for child protection and out-of-home care services and other indicators have been agreed to for purposes of monitoring compliance with the agreed *National Out of Home Care Standards*.

However, reporting per se on each of the indicators is not sufficient. A more concerted approach is needed such that for each area of activity, strategies are in place to address performance and these strategies are also reported on and monitored in relation to their effectiveness. This approach is in place in other countries, such as the United States. Interpretation of performance and analysis must be backed up by research, including evaluation. For example, when examining the substantiation rate, which is currently at around 30%, it is critical to review performance before and after the implementation of regional intake teams and for each Child Safety Service Centre to understand variations and to delve deeper (eg. through case analyses) in order to close the gap between the decision to investigate and the decision to substantiate.

The following table draws on the performance indicators included within the *Report on Government Services* and the relevant *National Out of Home Care Standard* to propose a performance framework focused on outcomes and system quality. In particular, the table 'groups' the indicators into categories that demonstrate their relevance to the topics of the various chapters of the Commission's discussion paper.

Chapter 3: Reducing the demand on the tertiary system **Chapter 4: Investigating and assessing child protection reports**
Report on Government Services Indicators • Substantiation rate • Improved safety - substantiation rate after a decision not to substantiate • Improved safety - substantiation rate after a prior substantiation • Response times to commence an investigation • Response times to complete an investigation ***Proposed Indicator*** • Relative spending on family support (primary and secondary services) as a proportion of spending on all child protection services

Chapter 5: Working with children in care

Relevant National Out of Home Care Standards

- Children and young people will be provided with stability and security during their time in care
- Children and young people participate in decisions that have an impact on their lives
- Children and young people have their physical, developmental, psychological and mental health needs assessed and attended to in a timely way
- Each child and young person has an individualised plan that details their health, education and other needs
- Children and young people are supported to safely and appropriately identify and stay in touch with at least one other person who cares about their future, who they can turn to for support and advice
- Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members
- Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children
- Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes
- Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity
- Children and young people are supported to develop their identity, safely and appropriately, through contact with their families, friends, spiritual sources and communities, and have their life history recorded as they grow up

Report on Government Services Indicators

- Continuity of caseworker
- Placement in compliance with the Aboriginal Child Placement Principle
- Placement with extended family
- Placement of children aged under 12 years in home based care
- Local placement
- Placement with sibling
- Safe return home
- Permanent care (yet to be developed)

Chapter 6: Young people leaving care

Relevant National Out of Home Care Standards

- Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care
- Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment
- Children and young people participate in decisions that have an impact on their lives

Chapter 7: Addressing the over-representation of Aboriginal and Torres Strait Islander children

Relevant National Out of Home Care Standards

- Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children
- Children and young people participate in decisions that have an impact on their lives
- Children and young people are supported to develop their identity, safely and appropriately, through contact with their families, friends, spiritual sources and communities, and have their life history recorded as they grow up

Report on Government Services Indicators

- Placement in compliance with the Aboriginal Child Placement Principle

Chapter 9: Oversight and complaints mechanisms
Relevant National Out of Home Care Standard • Carers are assessed and receive ongoing relevant training, development and support, in order to provide quality care
Chapter 10: Courts and tribunals
Proposed indicators • Child and family participation in child protection decision making (including Family Group Meetings and court) • Timeliness of child protection decision making by the Childrens Court • Timeliness of reviews of decisions made under the *Child Protection Act 1999* by the Queensland Civil and Administrative Tribunal (QCAT) • Effectiveness and outcomes of QCAT's compulsory conference process • Access to legal advice and representation • Children's and parents' satisfaction with Family Group Meetings • Outcomes of court ordered conferences

The relationship between government and funded non-government agencies

The following reforms underscore all responses to the Commission's questions and proposals yet to be considered:

- the service delivery of non-government organisations should be fully funded and incorporate a reasonable allocation of funds to cover the financial costs of their participation in service system planning, cross-agency initiatives, reviews and evaluations of their programs and services
- the terms and conditions of service agreements negotiated between the Queensland Government and funded organisations should provide reasonable flexibility for service users to 'come and go' from a service without jeopardising attempts made to re-engage them and to resume or adapt the nature of the services being provided to them to meet their changed needs or circumstances
- funding arrangements should incorporate access to brokerage funds to meet the expenses of post closure supports and transitions to other service providers
- a movement towards 'funding for outcomes' should be accompanied by a movement away from 'funding for outputs' and, in particular, address the failure of the latter to recognise purposive networking across local areas and service systems, cross-agency case planning and staff supervision as processes that are integral to good practice
- an agreement is needed between the Queensland Government and non-government organisations about reasonable funding of 'back room administrative costs' and what these costs entail, given that they that have been recently referred to as an 'efficiency source'

- a commitment is needed in relation to the Department making better use of the administrative and other data that funded agencies are required to collect and report on and ensuring that this process is made less onerous and inefficient
- a commitment is needed to ensure that the independence and autonomy of non-government agencies is consistently and uniformly respected by government departments throughout all dealings they have with these agencies, and
- agreed understandings are to be achieved about the role of Departmental workers in 'contract management' positions that clarify an apparent shift in the emphasis placed on the purpose of these roles from *supporting* community organisations to managing contracts.

Reforms to the discharge of obligations held by other government agencies

The responsibility for children and young people in State care is theoretically shared across the Queensland Government. Without the assistance, action and prioritisation of these responsibilities by agencies, for example, with responsibilities for education, health, housing, justice, policing and disability services, Child Safety Services is fighting a losing battle.

While the Commission may be yet to consider some of these matters in detail, it is clear that review and reform of policies and procedures in other Queensland Government agencies is warranted through this Inquiry. If those agencies shy away from their obligations or persist in siloed approaches, the range of needs of children and young people in the system and transitioning from the system will not be consistently or well met. And children and parents who need help to prevent entry to the statutory system will not receive that help when they need it most. Notwithstanding the interface with the roles and responsibilities of the Commonwealth and local governments, the whole of the Queensland Government is responsible for ensuring that the gamut of services to ensure the safety and wellbeing of Queensland's children are being provided and provided well.

Reiterating what PeakCare said in our original submission

As stated in PeakCare's preliminary submission some observers of the newly instituted portfolio arrangements following the CMC Inquiry were critical of "a lack of engagement with the non-government sector by the Child Safety Directors Network and a perceived inability of the network to adequately coordinate a whole-of-government approach" (p68), An action recommended by PeakCare within this submission (p74) is to:

> *Re-invigorate the Child Safety Directors Network which was intended as a result of the CMC Inquiry recommendations to facilitate better coordinated and managed service responses across government agencies that interface with the Department of Communities, Child Safety and Disability Services in meeting the needs of children and young people in or at risk of entering the child protection system. Priority matters for the attention of the Network relate to children and families who fall through the cracks because, for example, across-agency responses are un-coordinated or have restrictive eligibility criteria or inequitable access. Groups affected include young people under dual orders (i.e. child protection and youth justice), older young people who are mistakenly perceived as less vulnerable than babies and toddlers, children who are suspended from school and parents who feel compelled to relinquish the care of their children with disabilities.*

Support for Combined Voices positions

PeakCare is of the view that the continued and alarming disproportionate representation of Aboriginal and Torres Strait Islander children at all points within Queensland's child protection system must be seen to be one of the most pressing concerns to be addressed in the road map.

PeakCare is a supporter of the *Combined Voices* initiative that has attempted to draw widespread attention to this issue since 2009. As such, Peakcare supports introduction of the following strategies to underpin policy, legislation and practice reform regarded as necessary in delivering significant improvement for Aboriginal and Torres Strait Islander children, young people and families:

- Increase community control and responsibility for the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and families
- Establish regionally based child and family wellbeing programs to provide holistic, culturally affirming services for children, young people and families
- Amend the legislation to strengthen the roles and responsibilities of Recognised Entities and Aboriginal and Torres Strait Islander foster and kinship care services and enhance connections between children, young people and families, communities and cultures
- Build upon existing capacity of the Aboriginal and Torres Strait Islander community controlled child protection sector to provide a broad scope and increased quality of services for children, young people and families
- Acknowledge and address the links between the impact of colonisation and forced separation of children from their families, social and economic disadvantage, and the safety and wellbeing of children.

Monitoring the implementation of responses to recommendations

Reiterating what PeakCare said in our original submission
As stated by PeakCare in our preliminary submission, "The Commissioner is encouraged to focus recommendations on 'outcomes', rather than 'outputs' or 'processes', as well as the ways in which the development and implementation of responses to his recommendations will be independently monitored to ascertain that outcomes being achieved for children and families actually improve (p23).

PeakCare continues to assert the importance of the Commission recommending not only the road map that will guide the future of child protection in Queensland over the next decade, but also the means by which the progress made in reaching key milestones during this period and the improvements in outcomes being achieved for children and families at each stage should be measured, monitored, changed if necessary and reported on publicly.

Chapter Three:
REDUCING THE DEMAND ON THE TERTIARY SYSTEM

This chapter of the discussion paper proposes that firstly, improving access to secondary prevention services and secondly, reviewing intake and referral processes to more effectively link families and children to those services are ways to reduce the increasing demand on the tertiary sector.

PeakCare is of the view that reducing demand on the tertiary system per se should not be expressed as a goal of a 'reformed' child protection system. The vision for the road map to the future should more appropriately refer to children and families getting the help they need, when they need it from the right types and range of services. A tertiary response may be the right response for a child and their family at a particular point in time.

From information submitted to the Commission as reflected within this chapter of the discussion paper, it may nevertheless be concluded that tertiary responses are being used too frequently and at times when they are not the right response. Most obviously this is due to the lack of a well developed range of accessible secondary responses which is made apparent by the information and data contained with this chapter.

The solutions to the 'problem' of an overburdened tertiary system should not however be sought from simply developing alternative structures for receiving, managing and processing reported concerns of child maltreatment with the sole or predominant intention of diverting children and families away from receiving a tertiary response. First and foremost, the appropriate mix and range of secondary services that families can access must be in place. Beyond this however, a significant 'mind-shift' is required to alter the behaviours of those who are most commonly involved in reporting concerns to the statutory agency currently (ie. police, education and health) as well as the ways in which families view and are prepared to engage with, and preferably voluntarily seek out the assistance of, de-stigmatised services.

Overarching comments about questions 1 and 2

Before turning to responding to the questions posed in the discussion paper about working together to plan and deliver secondary services and ideas to reduce demand on the tertiary system, PeakCare asserts the criticality of an agreed evidence based legislative, policy and practice framework to underscore service mapping, system and service re-configuration, allocation of any new funds, across-agency collaboration and service delivery.

Another concern relates to the 'secondary services' noted in the discussion paper as currently providing intensive family support - *Referral for Active Intervention*, *Aboriginal and Torres Strait Islander Family Support Services*, *Family Intervention Services* and *Helping Out Families* initiative. PeakCare is of the view that this is an unnecessarily narrow definition of the secondary services with which children and families engage or need assistance from to address the issues leading to or perpetuating their contact with the child protection system. Other services include those targeted

to people affected by domestic and family violence, homelessness, housing instability, mental health issues, alcohol and substance use, and social exclusion. Understanding secondary services as targeted or specialist services or programs that work with parents and/ or their children acknowledges the diversity of entry and service delivery points interfacing with the statutory child protection system.

This view does not mean to imply that these other intensive services are 'child protection services' or that they should be coopted into the 'child protection system'. Their primary focus is unlikely to be child abuse and neglect, but there are shared interests and these services are likely to be working with the same children and families who are in contact with the child protection system.

Reiterating what PeakCare said in our original submission

PeakCare's preliminary submission (pp39-42) identified the following matters as ones requiring attention:

- *Develop a cross-sectorial prevention, early intervention and intensive family support policy framework to clarify the purposes of these interventions in promoting child and family well-being, preventing child abuse and neglect and achieving family preservation and reunification goals. This should include supports for pregnant women whose unborn children have been assessed as being at risk following birth.*
- *Investigate and report on:*
  - *the profile and needs of children and families who are accessing departmentally funded 'family support workers' and services, and*
  - *the types of activities undertaken by these workers and services across the State.*

  This could include making (better) use of the administrative data which the services collect and report on to the Department. Programs have largely developed in an ad hoc and inconsistent manner and many receive a small level of funding. Others are in their infancy and charged with a mammoth task with minimal capacity.

  Required data includes whether and what interventions families receive if they are reported to the Department, are subject to an investigation and the outcome is that the child is 'not in need of protection'.

  Prevention and early intervention services funded to, or focused on, working with children and families across Queensland must be mapped and described for purposes of, if necessary, re-focussing their activities and ensuring a better spread of, and equitable access to, a range of prevention and targeted early intervention initiatives for vulnerable children and families that offer the 'right' services when they need them....
- *Map and report on the range of services being provided across Queensland as the absence of this information, in conjunction with the lack of a clearly stated policy framework, significantly inhibits capacity to undertake the service planning and resource allocation necessary to provide equitable access to programs and services across the State.*
- *Use the service mapping to create an adequate spread of prevention, early intervention and intensive family support services across Queensland to ensure equitable access by families to generic, targeted or specialist responses that could prevent their contact with, or further entry into, the child protection system.*
- *Use the service mapping to re-assert the purpose and obligations of universal services to be truly universally available and accessible to all children, young people and families, irrespective or otherwise of their contact with the child protection system.*
- *Use the service mapping to ensure access for children and families to 'step-down', less intensive programs and services on exit from intensive support services. These options are required to meet ongoing needs and / or maintain families' connections with community supports.*

- *Map and report on the extent and nature of planning and case work with parents and children in contact with family support services, the qualifications of practitioners, and the range and mix of therapeutic, educational and practical supports offered to families.*
- *Investigate and report on reunification efforts with children and families by Departmental Officers and non-government intensive family support agencies. This investigation should specifically report on efforts where children are removed from their mother at or soon after their birth.*
- *Where permanency planning has determined that a child will remain in out-of-home care rather than return to their family, actively promote work by intervention and out-of-home care services with children and their families to promote strong connections with family, community and culture. This includes attending to these concerns prior to, and certainly in preparation for, young people transitioning from care.*
- *Review departmental policy and practice around the interface between child protection and domestic and family violence given the 'punitive' tertiary child protection response that is reportedly often directed towards mothers on the basis of them 'failing to protect their child' in preference to the provision of family support interventions that could more positively be taken to support mothers in safely caring for their children.*
- *Develop capacity, interventions and programs that respond adequately to families where parent/s have an intellectual disability. Program design and content would accordingly recognise and build on the capacity of these parents to care for their children with support, and pay sufficient attention to the need for more intensive programs, processes and materials that are specifically adapted and adjusted to meet the learning and communication requirements of these families.*
- *Address the inadequate range and number of supports and services including in-home supports available to families who are struggling to care for children with disabilities. Parents in these circumstances are often feeling unsupported and unable to cope and there are numerous anecdotal reports that many parents feel compelled to relinquish the care of their children to the child protection system in the hope of their children then being able to access the support they need. Issues relating to this matter are discussed in a recent Victorian report: http://www.humanrightscommission.vic.gov.au/index.php?option=com_k2&view=item&id=1651:desperate-measures-the-relinquishment-of-children-with-disability-into-state-care-in-victoria-may-2012&Itemid=690*
- *Develop an assessment framework for use by a range of non-government generic, targeted and specialist service providers (e.g. neighbourhood centres, services working with parents of dependent children, homelessness and domestic and family violence services) to guide identification of child and family needs and strengths, and actions and responses to known or suspected child abuse and neglect. The framework may be able to leverage off the Queensland Child Protection Guide, currently being trialled by health and education professionals to assist decision-making about (mandatory) reporting to the Department and/or referral pathways.*
- *Review policy, practice and program development around the balance between non-stigmatising, supportive referral pathways for families wishing to access early intervention services and more assertive outreach strategies that effectively engage parents who are less willing to present on their own volition.*
- *Promote a child focus in services that work with parents who have dependent children. Challenge the siloed approach by specialist services working with adults who are parents so that any issues or concerns related to their capacity to parent are adequately attended to. This includes training and other awareness-raising strategies for police, hospital staff, general practitioners, mental health workers, drug and alcohol services and other frontline professionals to assist their recognition of issues that may impact on the capacity of their clients to parent well and increase knowledge and awareness about intervening or facilitating referrals for those not coping with parenting or whose lives are being impacted by risk factors such those associated with family violence, housing instability, mental illness and substance use.*

- *Co-locate or collaboratively provide 'one stop shops' to parents and children who exceed the current age limit of 8 years for 'Early Years Centres' so that more families can be assisted in a setting that offers a range of multi-disciplinary government and non-government services and programs.*
- *Through partnerships between researchers, service providers and service users, address the under-developed evidence base about 'parenting programs' that are offered to families. Particular attention is required in relation to the content and format of programs intended to meet the range of different needs, for example, different cultural backgrounds and other factors, such as parental intellectual disability.*

Question 1.

What is the best way to get agencies working together to plan for secondary child protection services?

In order for agencies to work together to plan for secondary services, the first step must be the development of legislative, policy and practice frameworks and supporting program logics for the different service types and relationships across the service system. This step should be accompanied by service mapping exercises as the absence of information about the current spread of various prevention, early intervention and family support services is a major inhibitor to service planning and resource (re)allocation.

The arrangements for a formal cross-agency structure to plan local and regional service delivery must also be agreed. For these to work effectively and efficiently, the arrangements must have the imprimatur of the highest level of the government or non-government agency to enable people from whatever level of the member agency to actively participate in planning and decision making.

Individuals and organisations work together because they have to do so to get their work done or because they see value and benefits for clients and/ or their organisation arising from their participation. The success of planning mechanisms therefore requires:

- pitching planning at the right level which will mean regional plans as well as local area planning to ensure coverage and relevance across different geographic and cultural divides
- embedding flexibility in service agreements between government and funded non-government agencies to recognise networking and planning as legitimate activities
- adequately resourcing the coordination of planning mechanisms
- clearly defining the structures and forums that are to serve as 'conduits' between 'central' policy-makers and regional and local service deliverers and between government and non-government agencies, peak bodies and other stakeholders to ensure effective and purposive exchange and use of data and information
- clearly defining roles within the government and non-government sectors at central and regional levels with responsibilities for facilitating, resourcing, reporting and coordinating the planning process and interface between the structures and forums noted above
- uniformly applying a planning cycle that incorporates clearly defined stages of data information collection and analysis, priority-setting in respect of the outcomes being sought

both statewide and regionally, implementation of time-framed steps to be undertaken by various parties, regular reporting and monitoring of progress and the review of outcomes achieved for purposes of informing the next planning cycle

- embracing and embedding a non-competitive ethos across government and non-government agencies, and
- making available funds that may be flexibly used at state-wide and regional levels to re-configure and reform the service system as per the agreed plan.

Question 2.

What is the best way to get agencies working together to deliver secondary services in the most cost effective way?

Similar to the best ways of enabling agencies to work together to plan for secondary child protection services, a clearly defined governance structure at state, regional and local levels is needed for agencies to work together to deliver these services in a cost effective manner.

This governance structure must provide for both 'vertical' and 'horizontal' coordination of services with appropriately delegated persons assigned to the business of coordinating services who are authorised to make the decisions necessary to bring the coordination into effect.

The governance structure must be both enabled by, and provide for:

- flexibility in the sharing of resources reflected in the terms and conditions of the service agreements between government and funded non-government agencies
- adequate resourcing of the coordination function and tasks
- clearly defined forums and processes to logically determine 'lead' case manager roles, coordinate interventions and support in ways that prevent inefficient and confusing duplication of effort, match and tailor individualised service delivery responses to the needs of children and families, and avoid the over-burdening of children and families that comes with 'too many' professionals intruding upon their lives and/or potentially working at 'cross-purposes'
- a shared 'over-arching' practice framework that within the parameters that are established by this framework, caters for and promotes professional respect for the specialised approaches and expertise of the participating agencies
- shared understandings of all participants about the role of secondary and tertiary responses and the contributions to be played by their respective organisations towards the achievement of 'child and family wellbeing'
- clearly defined information exchange, decision-making and conflict resolution processes
- access to 'brokerage' funds that may be accessed, when necessary, to supplement funded service delivery and ensure that a 'tailor-made' response is made available to individual children and families

- flexibility in developing and organising a governance structure that is appropriate and responsive to the history and needs of particular communities and their existing infrastructure of services, and
- regular monitoring and review of the functioning and effectiveness of the governance structure.

Question 3.

Which intake and referral model is best suited to Queensland?

The discussion paper outlines that the vast majority of intakes (i.e. reports about harm or suspected harm to a child) to the Department currently are not assessed as reaching the threshold for a notification and that by building the secondary service system, those families who do not need contact with the tertiary system could be diverted. The paper also notes that over 60% of reports currently come from police, education and health, who may be confused about what and when to make a report.

Two options for reforming intake are proposed - community based intake through a dual referral pathway (to Child Safety Services or community intake services, each with an out-posted Child Safety Officer) or through a single, branded non-government organisation-run referral pathway which would be able to refer to relevant service providers. Reports received through a non-government organisation assessed as reaching the threshold of a child being at risk of significant harm would be referred to the Department for investigation. Proposals about changing intake interface with adopting a 'differential response model'.

In order to consider which agency/ies is best placed to initially assess a report about harm or suspected harm to a child, the purpose of intake and referral must be clear, noting that only around 20% of intakes are received from a child or their parents, siblings or other family member. 'Intake and referral' is an initial assessment of a report provided verbally predominantly by a service provider or mandated reporter to determine whether the reported information (plus reference to information available in records or from pre-notification checks with relevant service providers) meets the legislated threshold for statutory intervention. That is, the child has been or is at risk of harm and it is suspected that the child is in need of protection. Regardless of whether the information reaches the threshold, then the *reporter* can be provided with information, advice or referral. If the information reaches the threshold, the matter warrants a 'statutory' response which could be as now, an investigation or, if a differential responses framework is adopted, streamed for another response.

Intake should be helpful to children and families. Its purpose should be for children and families to receive the 'right services at the right time' (i.e. services that are both timely and appropriately matched in their intensity to the types and level of need held by individual children and families) instead of what happens now where:

- many children and families are excluded from receiving the help they need at the times it is needed (or at the least defers help being accessed until their needs become 'bad enough'), or
- children and families are drawn further into the system than is necessary in order for them to access the services they need which then makes it difficult for them to 'leave'.

Given that the drivers for reforming intake are diverting families from tertiary intervention where it is not needed and that the vast majority of reports do not reach the threshold for statutory intervention, it would appear that the core issues are not centred on 'who' does intake, but rather helping reporters to better understand what and when to report, positioning reporters to better help the families about whom they are making reports and ultimately, children and parents getting something helpful via 'reporting'. On the surface, it would seem that this is not happening now given the very low substantiation rate, re-reporting and re-substantiation levels. Just as a differential response framework is being considered in respect of alternative (statutory) responses to investigations, the responses at intake need to be better tailored to the reporter and for intake to be the gateway to receiving advice and information as well as children and families being connected with universal, secondary and tertiary service systems.

Whichever option about 'who' receives and assesses reports about harm or suspected harm to a child, the bottom line is that family members need to be able to get the help they need easily and when they need it. Those who know or suspect that a child is or has been harmed need to be able to talk with someone about what to do or how to help. Those who are bound to report must be able to properly discharge their obligation. Those working in adult services that work with parents with dependent children need to assume a more family-focused approach and be alert to parental issues impacting on their 'client's' children.

Concern has been raised that by spreading the service delivery points at which decisions are made, the threshold will change and 'intake' will become different at different locations. While in and of itself not a major problem if, for example, protective factors are evident for a particular child, it is a concern if an inadequate secondary service system influences decision-making to screen a report in or out. In any case, a common assessment framework and supporting tool would be fundamental. Whatever the decision at intake, consideration needs to be given to consistent and transparent review and complaint mechanisms.

If non-government agencies were to have or share responsibility for the initial assessment of harm or suspected harm to a child (i.e. intake and referral), some are apprehensive about the risk associated with children who need (immediate) protection not receiving that protection if the response at intake turns out not to have been the right one.

Further consideration needs to be given to the level at which intake occurs. PeakCare is of the view that locally based intake and referral (i.e. not regional or statewide) better allows those assessing the reports to leverage off local relationships and on-the-ground information about a child and family, especially in rural, regional or remote centres. Mandatory reporters and other professionals

should be supported to use a common assessment tool and where applicable, through their agency's Child Safety Director.

Question 4.

What mechanisms or tools should be used to assist professionals in deciding when to report concerns about children? Should there be uniform criteria and key concepts?

PeakCare supports, where applicable, Child Safety Directors assisting professionals within their agency to understand what and when to make a report as well as to be cognisant of internal and external responses available to assist the child and their family. Reflecting on the learnings (i.e. the actual tool and its implementation) from the trial of the *Child Protection Guide* by some professionals on the Gold Coast would likely inform the development or refinement of appropriate mechanisms and tools for broader use. Any tool or mechanism will benefit from limited adaption to the organisation or local setting such that professionals are provided with guidance not just about when and what to report, but steps they can take before, during or after making a report. There should be uniform criteria and key concepts across professional backgrounds.

Reiterating what PeakCare said in our original submission

As noted within PeakCare's preliminary submission (p19):

> *Whilst legislated and policy-driven mandatory reporting requirements have been imposed upon some groups (such as doctors, nurses and others employed in specified roles) in an attempt to ensure that those children who are in most need of statutory intervention are reported, the inadvertent consequences of these requirements can include:*
>
> - *a reluctance by some to 'look for' indicators of abuse or neglect that may need to be reported or conversely to 'over-report' their concerns for fear of not meeting their mandated obligations*
> - *a withdrawal of these persons from initiating or continuing assistance to a child or their family on the basis of them having referred their concerns to the statutory agency, often leaving the child and their family 'in limbo' with no assistance forthcoming, and/or*
> - *a reluctance by families to seek help or disclose struggles that they are experiencing for fear of being reported and having their children removed as a consequence of simply seeking assistance.*

Key reservations about the usefulness of the Child Protection Guide identified in PeakCare's preliminary submission (pp20-21) include the following:

- *If the purpose of the tool is predominantly focussed on 'diverting' families from contact with the statutory system rather than assisting the process of actively referring families to the most appropriate service to meet their needs, its intentions are flawed.*
- *As noted within the rationale underpinning the National Framework for Protecting Australia's Children, effective child protection responses are about ensuring that families receive the 'right services at the right time'.*
- *The concept of 'diversion' in the context of child protection is inappropriate as it represents the antithesis of children and families receiving the 'right services at the right time'.*
- *Where families may be 'diverted' from contact with the statutory system, this should occur only when statutory intervention is not the 'right service' at that time for that child and family, which makes the tool useful only if it assists in determining what the 'right service' is and if, in fact, the 'right service' exists locally.*

- *If the tool is successful only in diverting families from contact with the statutory system and not facilitating their access to the services they need to address the concerns (if valid) that drew the professionals' attention to them, it is likely that the needs of many families will remain unmet, their children's exposure to risks of harm will continue or increase and further reports of concerns will follow.*
- *It is understood the processes developed for use of the tool included having an 'outposted' Departmental Officer available to assist in determining which reports warranted investigation when this may not be apparent or clear. It is further understood that this position has since been withdrawn by the Department. This is concerning given that the role and functions to be performed by this Officer had been previously viewed as important to the successful administration of the tool.*
- *Related issues which have repeatedly been already raised during the Inquiry concern the threshold for the statutory agency to take action and the nature of that action. While on one level these, of course, relate to the legislative framework and provisions of the Child Protection Act 1999, the interpretation and consistent implementation of the legislation and associated policy and practice guidelines is wanting".*

An action recommended by PeakCare in our preliminary submission (p41) is to:

Develop an assessment framework for use by a range of non-government generic, targeted and specialist service providers (e.g. neighbourhood centres, services working with parents of dependent children, homelessness and domestic and family violence services) to guide identification of child and family needs and strengths, and actions and responses to known or suspected child abuse and neglect. The framework may be able to leverage off the Queensland Child Protection Guide, currently being trialled by health and education professionals to assist decision-making about (mandatory) reporting to the Department and/or referral pathways.

Chapter Four:
INVESTIGATING AND ASSESSING CHILD PROTECTION REPORTS

Question 5.

What role should SCAN play in a reformed child protection system?

The future role and purpose of SCAN teams is dependent upon any re-configuration of the system, the possibilities of which have been mooted within other sections of the discussion paper. At a local level, having decision-makers within Child Safety Services meet regularly with officers from Queensland Health, Education and Police to discuss complex cases and the specific service responses across multiple government agencies to individual children and families can be helpful to the collaborative work of a team of professionals and therefore to the family. The involvement of the Recognised Entity for an Aboriginal and Torres Strait Islander child is viewed as an important element of this collaboration.

The process of Child Safety Officers and others 'presenting' to the SCAN team may also be perceived as having benefits in these persons receiving feedback and 'mentoring' from experienced 'core' SCAN team members. The extent to which these benefits can be obtained is dependent upon the extent to which SCAN team members operate in a collaborative manner that is respectful of the expertise and specialised knowledge of the various disciplines that are represented.

Question 6.

How could we improve the system's response to frequently encountered families?

Knowing more about the interventions offered, if any, or their engagement with 'frequently encountered families' would certainly inform how the system better matches needs and services. Is it known that those families are getting any services, or just an investigation? If a family was offered services, did the services match their needs or were they simply the services that the service provider was able to make available to them? If applicable, did the services address underlying issues, for example, related to housing instability or tenancy issues, unemployment, family violence, a child disengaged/ing from education, outstanding legal issues or inadequate social supports? Did the parents and children receive the right service at the right level of intensity at the time that it was needed and for the right amount of time, from the right provider? In the event that the 'right response' might be a tertiary response, the family should nevertheless find it helpful.

Improvements in responses to frequently encountered families should be measured by changes in the re-substantiation rate.

PeakCare is of the view that embedding the following factors in working with children and their families will improve the outcomes that they experience:

- Whatever the pathway to accessing services, it has to be non-stigmatising and the family must be able to self-refer or go back for a 'top-up'.
- Outreach processes are needed that assertively engage children and families - the onus should be on the service provider to keep parents engaged through relationship building and matching services to needs.
- Interventions, services and programs that are accessed by families must be developed and implemented based on research.
- Services or interventions must be provided to families at the 'intake stage' even where the report does not meet the threshold for an investigation (or other differential response), by assessing the child and family's underlying needs as to why they are being 'frequently encountered'.
- The nature and mix of interventions (educational, practical and/ or therapeutic supports) and the intensity and duration of support must be matched to child and family needs, rather than driven by what type or amount of service happens to be available or inflexibly by some standard or prescribed formula
- Universally provided services (eg. education and health) must be 'tightened-up' so that families can access those services and feel a connection to, and engagement with, their community.
- Local area awareness raising must be undertaken so that professionals (eg. doctors, child care centre directors and the home visiting nurse) know the local 'welfare' services and how to make a referral.
- A focus must be placed on helping particular cohorts (eg. single parent families, families isolated from extended family and parents with intellectual disabilities) to build social supports and connections.
- A focus must be placed on ensuring that services which work with adults with dependent children are more 'child aware' (eg. emergency departments of hospitals, mental health services, substance use services, homelessness services).
- Recognition must be given to the value of a statewide network of community and neighbourhood centres and their role in providing entry level, community based, local supports and connections.
- Concerted efforts must be made in organising informal or formal respite and shared care for families who may be struggling, at particular times, to meet parental responsibilities.
- Co-location of services or the development of one-stop shops must be pursued that enable access by children and families to a range of services and professionals particularly in locations that cannot sustain an infrastructure of 'stand-alone' specialist services .

- Recognition must be actively given to the importance of the right service provider being made available and accessible to Aboriginal and Torres Strait Islander and culturally and linguistically diverse background children and families.
- The development and negotiation of service agreements between the Department and funded agencies must be approached in less restrictive and prescriptive ways in respect of, for example, the source of referrals, duration of services, offering of 'step-down' and 'top-up' services, availability of brokerage funds and reporting on outcomes for families (ie. not simply outputs).
- Active recognition must be given to the need to financially resource the facilitation of cross-agency case planning and partnerships across service providers that are working with the same family (eg. cross-agency assessments, planning, implementation and reviews of case plans led by a designated lead agency).
- Active recognition must be given to the need to financially resource the development and facilitation of local area partnerships between key government (eg. Child Safety, Disability, Health, Education) and non-government agencies, including culturally specific agencies.
- Acknowledgement must be given to the significance of access to legal advice and assistance including, in particular, when outstanding or unresolved legal issues may be acting as a barrier to the enabling of parental capacity.

Question 7.

Is there any scope for uncooperative or repeat users of tertiary services to be compelled to attend a support program as a precondition to keeping their child at home?

PeakCare does not support compelling parents to attend services or programs and queries the evidence base for such an approach. Improved family functioning should be the outcome of interventions, not enforced participation which may not address family circumstances, enhance parental capacity or change behaviours. A mandated 'support program' may not be what the child or family require for the child to be cared for safely in the family home. There is no substitute for good assessment. The determinants of participation and improved family functioning are service quality and perceived match of the services with need.

Question 8.

What changes, if any, should be made to the Structured Decision Making tools to ensure they work effectively?

Reiterating what PeakCare said in our original submission

As stated in PeakCare's preliminary submission (pp86-87), the following actions are recommended:

- *Either discontinue use of the SDM tools or develop strategies to ensure that:*
  - *the tools are properly used to 'inform' and not 'dictate' the outcomes of decision-making*
  - *the capacity to 'over-rule' the tools through the use of professional judgement and expertise is emphasised*
  - *the current focus placed on use of the tools in practice to determine whether or not a child is removed is replaced by a more appropriate emphasis given to use of the tools in assisting to determine what a child and their family need to live together in a well-functioning way*
  - *any cultural bias or over- or under-importance ascribed to various risk factors are redressed, and*
  - *the potential for collating the information recorded by the tools be investigated for purposes of identifying trends concerning the prevalence of various factors that may be impacting on the capacity of families to care safely for their children so that this information can be used to inform service planning at local, regional and state levels*
- *Shift policy direction and practice to place increased emphasis on:*
  - *the assessment of need as the predominant process in determining the outcomes of child protection investigations and the selection of appropriate interventions (i.e. focus less on 'who is to blame' and more on 'what is needed')*
  - *improved assessment and decision-making practices to ensure that children and families are receiving the services they need, when they need them*
  - *co-ordinated and collaborative inter-agency work, especially to address the needs of vulnerable and at risk families who have multiple and complex issues to overcome*
  - *resourcing mandated professional supervision of child protection workers within both the government and non-government sectors as an essential strategy in ensuring service quality and improving workforce competence*
  - *ensuring that that the child protection system is not mis-used by focussing its attention solely on families who are already marginalised by poverty, their socio-economic status and/ or cultural background and delivering interventions that further alienate, rather than engage, these families, and*
  - *ensuring that a clear message is conveyed that child abuse and neglect occurs across all socio-economic and cultural groups.*

Much more information is needed about the accuracy or reliability of Structured Decision Making (SDM) tools, as implemented in Queensland, before making decisions about changes to the tools. In any case, it s understood that the tools are used by the Department under terms and conditions of a licence issued by the Children's Research Centre and any changes to the tool would therefore be made subject to negotiation with the Children's Research Centre and may not be achievable.

It is particularly important that any variations in the application of SDM tools across Child Safety Service Centres are understood and strategies devised and implemented to address inconsistencies in the ways in which the tools are being used across Child Safety Service Centres.

As to the proposition of integrating *Signs of Safety* and SDM, PeakCare is of the view that purchasing another 'off-the-shelf' product is unnecessary and there are other and very likely more cost effective ways to ensure that a focus on family strengths and relationships is incorporated within Departmental (and others') assessment frameworks.

Question 9.

Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

From information contained within the discussion paper, PeakCare understands that a 'differential response model' is being considered that offers a range of responses to notifications of child abuse and neglect with the selection of an appropriate response being made subject to factors such as the seriousness and urgency of the concerns that have been notified, the family's child protection history, the age of the child/ren and the parents' willingness to work with services. In addition to extending the Helping Out Families (HOF) initiative across Queensland, the discussion paper refers to responses that may be made to families who meet the threshold for intervention through the following 'streams':

- a response specifically intended and designed to address family violence
- services aimed at meeting the immediate needs of a family to ensure the safety of the child/ren, followed by work undertaken with the family to reduce the likelihood of tertiary intervention in the future
- strengths-based intervention by community-based case management services with families where the concerns specifically relate to emotional harm or neglect, and
- 'forensic investigations' confined to the most serious cases of maltreatment, primarily physical and sexual abuse, where criminal investigation and/ or court action is likely to be required.

PeakCare is supportive of differential response models that facilitate the 'streaming' of families at the earliest opportunity to the 'right' type and level of service matched to their needs. In particular, PeakCare is supportive of the assumption underpinning differential response models that not every family who is notified needs or should be made subject to an intrusive (and costly) forensic investigation. However, this must be qualified by accompanying assumptions that:

- the act of simply diverting a family from being investigated does not constitute an adequate response
- every family must be able to access the type/s and level of service matched to their needs, and
- diversion alone and/ or an ineffective matching of the family's needs to an appropriate and adequate service response is likely to expose some child/ren to increasing levels of risk that

may eventually warrant a more intrusive tertiary response than otherwise may have been necessary.

In other words, the value and effectiveness of a differential response model will depend on having the right services in place to which a family can be appropriately 'streamed'.

Specifically in relation to issues raised within the discussion paper, greater elaboration of the finer details of what is being proposed is viewed as critical to fully understanding the proposition. For example, it is not clear from the information contained with the paper:

- what assessment would be undertaken to inform the decisions made about streaming a family to a certain 'path' and by whom this assessment would be performed
- whether the diversion of a family to a differential response would, despite an investigation not occurring, nevertheless be viewed and recorded as a 'statutory intervention' (similar to the way in which 'Intervention with Parental Agreement' is viewed as constituting a 'statutory intervention')
- what, if any, response might occur in respect of a family that does not agree to be streamed to a certain path and/ or whether this may vary in certain circumstances in which case, who would make this determination, and
- what recognition would be given to a family's pre-existing involvement with a service in relation to that service informing the assessment (which may differ based on whether the service has or has not been the 'reporter') and/ or leading or participating in the subsequent response to be provided to the family.

Information contained within the discussion paper also appears to make certain assumptions about, and draws distinctions between:

- the 'harmfulness' of 'neglect', 'emotional abuse', 'physical abuse' and 'sexual abuse', and
- subsequently, the appropriate type and level of response that should be provided in response to each.

In particular, it appears that an assumption has been made that 'neglect' and 'emotional abuse' are less harmful to a child than 'physical' and 'sexual abuse' and therefore less warranting of investigation and a statutory response. PeakCare's concern is that this represents too generalised an approach and an over-simplification of the dynamics of child abuse and neglect and its impact on children. For example, in extreme cases, the emotional abuse of a child may incorporate behaviours of a parent directed towards their child that are severely psychologically debilitating and therefore warranting of statutory intervention. Conversely, excessive corporal punishment of a child by a parent that is 'out of character' and administered at a time when the parent was being placed under unprecedented levels of stress may not warrant a high level response.

Further, if this assumption were to be accepted, it is likely that the assessment and subsequent determination of a service response would be largely event-driven rather than needs-driven and pay insufficient attention to the context in which the event has occurred. For example, where concerns

are raised about a child's exposure to domestic and family violence, there are wide variations in relation to the extent to which children are impacted by, and/or protected from, the violence.

A factor that would seem to be critical in ensuring that a differential response model achieves its desired outcomes is the means by which a 'match' can be made between:

- the type/s and level of need held by a family, and
- the type/s and level of service required to meet that need.

Simply equating the 'type' of maltreatment (ie. neglect, emotional, physical or sexual abuse) experienced by a child with the type and level of response that is to be provided to their family is seen to be insufficient. To be effective, the matching process must also be informed by:

- proper assessment and consideration of the context in which the maltreatment has occurred or is at risk of occurring
- a holistic appreciation of the child's and family's strengths and needs within their context, and
- the seriousness and urgency with which their needs should be responded to, based on the nature and level of harm that has already occurred or which is likely to be experienced by the child if appropriate intervention or support is not provided.

There is a related concern held by PeakCare that the high rates of 'emotional abuse' that are being recorded may indicate a broadening of understandings held about what constitutes emotional abuse, to the extent to the which it has become a 'catch-all' category for matters that cannot be clearly defined as 'physical abuse', 'sexual abuse' or 'neglect' and this may be skewing conclusions being reached about the nature and level of response needed to this form of abuse. PeakCare is of the view that further examination is required concerning the practices of Departmental officers in categorising various forms of child abuse and neglect to ensure that a consistent approach is established and maintained.

Chapter Five:
WORKING WITH CHILDREN IN CARE

Question 10.

At what point should the focus shift from parental rehabilitation and family preservation as the preferred goal to the placement of a child in a stable alternative arrangement?

PeakCare understands that this question is trying to get to the issues of:

- whether set timeframes should be applied to permanency decisions, and/ or
- whether certain factors (eg. the child's age, parental circumstances such as ongoing substance misuse or perceived disengagement with services, or a child's length of time in out-of-home care) are 'weighted' in ways that define when the case plan goal should be changed from reunification to long term placement in out-of-home care.

PeakCare is of the view that permanency decision making is best administered through the development and dissemination of comprehensive policy and practice guidance. Further, it is PeakCare's view that each child's best interests, particularly where they have been removed from the day-to-day care of their parents, encompass the concept of 'optimal connection' with their siblings, parents and extended family to support ongoing relationships and identity development. In the case of Aboriginal and Torres Strait Islander children and children from linguistically and culturally diverse backgrounds, ongoing connection to community and culture must be regarded as integral to their safety and well being and therefore, necessarily in their best interests.

Meeting a child's needs for long term stability, security and continuity relies on purposive, individualised, culturally appropriate case planning, rather than an adherence to too-rigidly prescribed time frames for permanency decisions that limit, rather than invite, thorough and comprehensive consideration of each child's needs and circumstances. Without some latitude incorporated within the policy and practice guidance provided to decision-makers about the point of time at which a 'shift' in the case plan goal should occur (albeit with clearly stated expectations about ways in which children's needs for stability, security and continuity are to be properly attended to), there are risks that some permanency planning decisions may be made too soon, others may be unduly delayed and, of greatest concern, some decisions may be made that should not be made.

Question 11.

Should the Child Protection Act be amended to include new provisions prescribing the services to be provided to a family by the chief executive before moving to longer-term alternative placements?

No, the *Child Protection Act 1999* should not be amended to prescribe the services to be provided to a family. The Inquiry has been presented with much evidence about:

- the inadequate spread, the under-resourcing and inequitable access and eligibility criteria around primary, early intervention and secondary services across Queensland
- the lack of culturally sensitive and competent services
- poor case work, and
- a lack of adherence to current legislated provisions and policy.

It does not follow therefore that prescribing that services are to be provided to parents to enable them to care for their children, or indeed specifying what those services should be, is the most appropriate solution to issues around enabling parental capacity. Rather it seems to 'put the cart before the horse'. When the spread, equity, access and service quality issues currently undermining support to children and parents across Queensland are resolved, legislating to prescribe services will be redundant as the instrument to best regulate parents' access to family supports.

Question 12.

What are the barriers to the granting of long-term guardianship to people other than the chief executive?

Reiterating what PeakCare said in our *Permanency planning and the question of adoption* discussion paper

The PeakCare 2013 discussion paper 'Permanency planning and the question of adoption' contains the following observation:

> *In Queensland, where long term guardianship of a child is granted to a foster or kinship carer, the level of Departmental intervention into the child's life becomes less intrusive and contact between the child and Department can be an annual case review. The carer allowance continues to be paid until the child turns 18 years and the child remains eligible for related services funded through child-related costs, subject to Departmental approval. That financial support continues for third party guardians indicates this is not the barrier that it was previously thought to be. Consistent with the guardian's assumption of parental responsibilities and lessened intrusion by the State, the child, although still subject to statutory child protection intervention, no longer receives education or cultural support planning or a health passport, which depending on the level of the child's needs and the advocacy skills of the guardian, can be viewed as a positive or negative for the child. The guardian is obligated to provide information to the child's parents about the child and to provide opportunities for the child to have contact with their parents and extended family members. The criticality of ongoing family contact and connection with family, culture and community makes monitoring of this requirement imperative.*

Departmental officers' capacity and skills to undertake good casework with children and families and to spend the time with children, parents and extended family to identify prospective kinship carers are matters receiving attention by this Inquiry. The contribution of non-government service delivery partners and other government agencies to the support and work undertaken with families, children and carers is also under consideration. Inflexible and inappropriate assessment requirements, for example as applied to prospective Aboriginal and Torres Strait Islander kin carers, may contribute to children not being placed with family and significant others in the first place or in a timely manner. Where a child protection order is warranted, the objective must be to get the balance right between

a less intrusive child protection order and maintaining the child's stability, security and continuity and their ongoing connection to family, community and culture.

There seems to be a high level of confusion about access to ongoing financial support to carers, perhaps due to the legacy of previous policy and procedures whereby the carer allowance ceased when guardianship was granted to a third party. The arrangements for both 'paid' and 'unpaid' third party guardians should be investigated as it is iniquitous that some have not continued to receive financial support, recognising that a child's needs change as do household circumstances and in any case, ad hoc or ongoing entitlement to support should, at the least, be negotiable.

Question 13.

Should adoption, or some other more permanent placement option, be more readily available to enhance placement stability for children in long-term care?

PeakCare understands that adoption is currently a permanency planning option for children in care, albeit rarely used for whatever reasons. Adoption severs the legal connection between a child and their family and by its nature, does not focus on a child's ongoing connection with family, identity or the criticality of access to information and knowledge about one's family if only for pragmatic medical history reasons. Changing a child's birth certificate essentially changes a child's identity.

PeakCare's view is that at the heart of a child's best interests, is the child's connection with key factors that create and sustain their identity - their family, community and culture. Truly open adoption may be the best option for some children in care but for most children in the statutory child protection system, and indeed for Aboriginal and Torres Strait Islander children in particular, 'adoption', as we know it, needs re-conceptualising to properly address the circumstances and needs of children who have living family members, including siblings and extended family, with whom they should be supported to have optimal connection.

In respect of less intrusive alternatives than adoption or a long term guardianship order to the chief executive, the practice-related reasons for the relatively low use of the existing option of long term guardianship to another suitable person requires investigation. Use of this type of order, contingent upon ongoing access to financial and other child and carer family supports, is theoretically about ensuring stability, security and continuity for children whilst not undermining ongoing relationships and optimal connectedness with family.

The concept of a child's guardianship being held by a suitably regulated organisation as an alternative to 'state' care is utilised in other jurisdictions. It is being trialled in Victoria for Aboriginal children using provisions in the child welfare legislation that allow the equivalent of the Department's Director General to transfer guardianship to the chief executive officer of an organisation, in this case the Victorian Aboriginal Child Care Agency (VACCA). In considering this option for Aboriginal and Torres Strait Islander children in Queensland, noting that many non-Indigenous organisations provide out-of-home care for Aboriginal and Torres Strait Islander children, responsibility should not be transferred to an agency which is not community-controlled and led.

For any child, an issue to consider in respect of transferring parental or guardianship responsibilities to an organisation is that the 'chief executive officer' may be far removed from direct service delivery generally or the geographic point at which the child receives services and the organisation's person or team with whom the child has a day-to-day relationship. The option on the surface at least presents as a more personal, less institutionalised arrangement than being in 'state' care and day-to-day decision making is closer to and theoretically more timely for the child, an issue consistently raised as grounds for transferring 'case management' to non-government organisations. While the guardian's removal from direct care is also the case for the Director General, Department of Communities, Child Safety and Disability Services, there is at least in theory a specific, delegated officer charged with 'case management' responsibilities and the responsibility, again at least in theory, is shared across the whole of the Queensland Government in relation to children in 'state' care being given access to health care and treatment, education and other supports and services. For all children, embedding processes for the organisation to consult on an ongoing basis with the child's parents about their child's care and future is required.

Another option utilised in other jurisdictions is shared guardianship between carers and parents, a concept the New Zealand government is considering in their 'Home for Life' care arrangement - the court could direct which guardianship powers reside exclusively or are shared between the carers and the child's parents or guardians. Shared parental responsibilities are also possible under an order allocating parental responsibility in the New South Wales legislation (s.79, *Children and Young Persons (Care and Protection) Act 1998*), albeit subject to simplification in their current review. Responsibilities can be held solely or shared by the Minister, parent or parents, or another suitable person or persons. Specifiable parental responsibilities include the child's education or training, religious upbringing and health care.

If transferral or sharing of parental or guardianship responsibilities are to be considered as options in Queensland, mechanisms would be needed, such as in New South Wales, to ensure congruence between the child and their family's cultural and religious wishes and views and those holding or sharing the delegated responsibilities.

Question 14.

What are the potential benefits or disadvantages of the proposed multidisciplinary casework team approach?

It is difficult to comment about the advantages and disadvantages of multidisciplinary casework teams given that the overall configuration of the system and therefore the respective roles and responsibilities of caseworkers in Child Safety Services and in the non-government sector are not 'resolved'. Whichever agency provides intensive family support for the purposes of family preservation or reunification, and taking account of the child's needs and those of their family, there is likely to be value in drawing on workers from different disciplinary backgrounds.

In response to the assertion in the discussion paper that a driver for multidisciplinary casework teams is that the responsibility for decision making is shared across a team and not held solely by an individual worker, in theory at least, a Child Safety Officer should not currently be working in

isolation and, due to this isolation, feeling compelled to make risk averse decisions. A Child Safety Officer is part of a team and should be supported in their practice by the team leader, senior practitioner and office manager. Further, they should be working with a range of professionals and para-professionals inside and outside of the Department who are also involved in caring for and providing services to the child and their family. The load, in theory, is already spread across a team.

Notwithstanding the above comments, the continuity of a relationship with a known and trusted caseworker for a child is an important performance indicator about the effectiveness of child protection services. The proposal for multidisciplinary casework teams would need to be considered in this context.

PeakCare does not support the separation of investigative teams from casework teams, as set out in the response to Question 15.

Question 15.

Would a separation of investigative teams from casework teams facilitate improvement in case work? If so, how can this separation be implemented in a cost-effective way?

PeakCare queries the proposed rationale for separating investigative teams from casework teams as it perpetuates the view that it is not possible for workers to have helpful, transparent relationships with clients during the course of, and following, an investigation. Assessment and casework skills are integral to investigation. Assessment and investigation do not need to start off in an adversarial way and are not inherently adversarial. A good caseworker is constantly assessing need, risk and progress to make adjustments to interventions (ie. the process of continually assessing risk and need does not cease once an investigation has been concluded).

Utilising workers in different teams also means that even more people intrude in family life. Parents should not have to repeat their story to those who are or might help them, as well as an investigator whose purpose should also be to work out what help the child and parents need. Parents should not have to be careful about 'disclosing' things which they think indicate a need for assistance but which may be interpreted or used as evidence that they cannot or will not care for their children. Establishing a good working relationship with each child and parent is core to effective child protection practice as is initial and ongoing assessment of need, risk and protective factors.

This does not preclude other 'investigators' from being brought into at times to provide an added perspective or 'expert opinion' either through direct contact with a child or family or via consultation with the caseworker. Indeed, team leaders, senior practitioners and managers should be routinely performing this function. Similarly, this consultation should be routinely occurring with Recognised Entities in relation to Aboriginal and Torres Strait Islander children and, where relevant to their particular areas of expertise and responsibilities, assistance should also be being sought from other agencies such as the Police Service.

Question 16.

How could case workers be supported to implement the child placement principle in a more systematic way?

Reiterating what PeakCare said in our preliminary submission

As stated in PeakCare's preliminary submission (pp106-108), matters requiring attention include the following:

- *Review policy, practice and program development to better enable Departmental Officers, Recognised Entity, targeted family support services (e.g. Aboriginal and Torres Strait Islander Family Support Program) and Aboriginal and Torres Strait Islander Foster and Kinship Care Service representatives to:*
  - *work with families and children to prevent child/ren being removed from their parent's care*
  - *work with families and children early in the process of statutory intervention to identify an initial out-of-home care arrangement that complies with the higher priorities of the Child Placement Principle, and*
  - *if placement with kin is not possible immediately or initially, continue work with the family and child/ren to identify a full or shared care option that complies with the higher priorities of the Child Placement Principle.*

Notwithstanding that in Queensland, Departmental case workers decide where and with whom a child is placed, Departmental caseworkers alone cannot 'implement' the Child Placement Principle. It requires the services in contact with the child and family to work collaboratively and to seek out potential kinship carers from first contact with a family where placement in out-of-home care is warranted.

For Aboriginal and Torres Strait Islander children, the placement principle has a particular meaning. The role and responsibilities of Recognised Entities and Aboriginal and Torres Strait Islander foster and kinship care services require immediate review to enable those services to work holistically with children, their families and carer households to explore and identify prospective family members who may be able to care for a child full-time or on a shared basis.

For other children, the Child Placement Principle also applies for purposes of recognising the value that should be attached to the maintenance of all children's identification with, and connections to, their family, community and culture. The Ethnic Communities Council of Queensland submission (September 2012) asserts the principle should be legislatively prescribed for children from culturally and linguistically diverse backgrounds.

Again, implementation of strategies to promote greater adherence to the Child Placement Principle requires a re-thinking of the role and responsibilities of all foster and kinship care services and out-of-home care services generally.

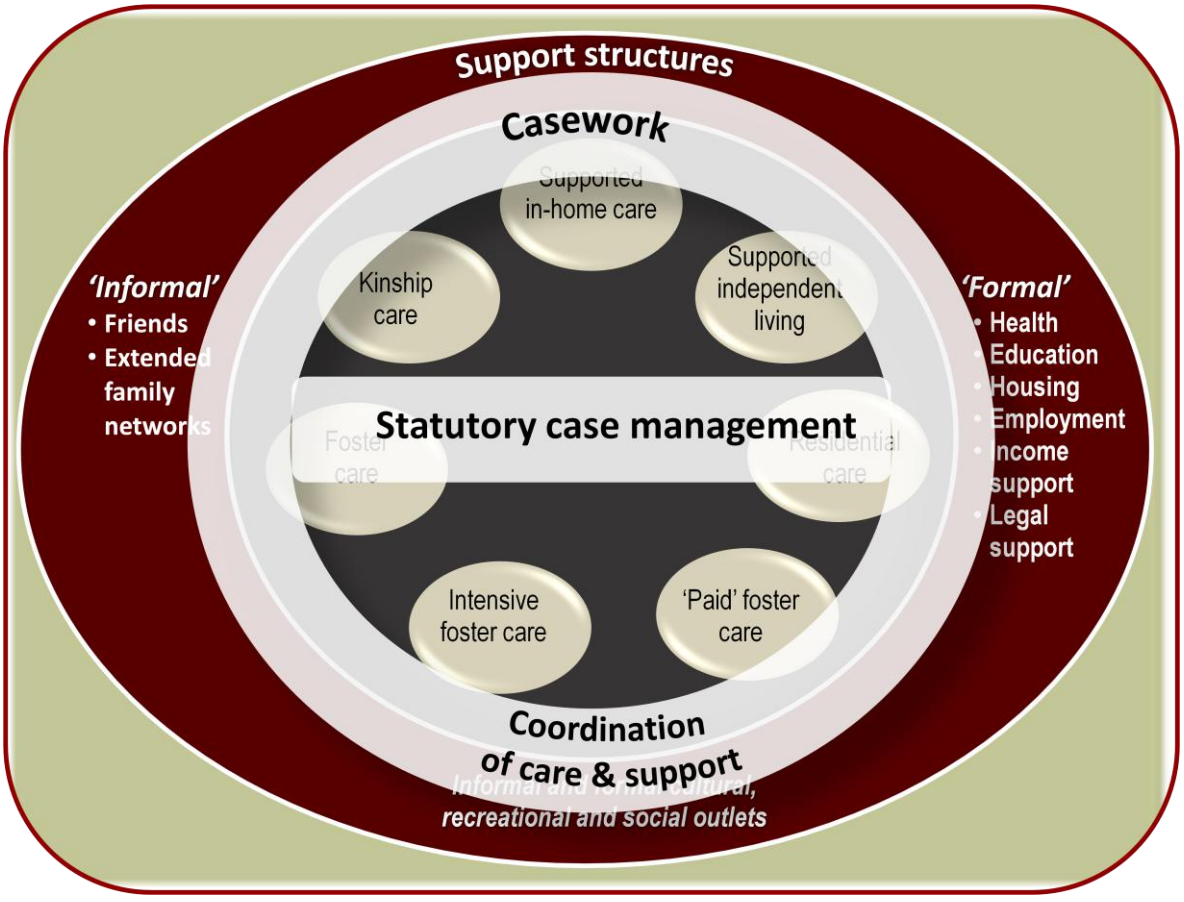
Question 17.

What alternative out-of-home care models could be considered for older children with complex and high needs?

Reiterating what PeakCare said in our preliminary submission

PeakCare's preliminary submission (p77) features a diagram depicting key elements of an effective care system. The key elements that are identified and described include:

- a flexible, creative and diverse range of 'care settings' including 'own-family options (eg. supported in-home care and kinship care), 'other family-based options (eg. foster, intensive foster and 'paid' foster care) and 'non family-based options (eg. residential care and supported independent living)
- linkages with both 'formal' and 'informal' structures that exist within the community in which a child is living, and
- a clearly defined articulation of the respective roles and responsibilities of the statutory agency, other government agencies and non-government service providers in relation to the functions of 'statutory case management', 'casework' and 'coordination of care and support'.



As elaborated upon in PeakCare's preliminary submission (pp52-54), the following actions are recommended as matters to be attended to in developing a 'road map' for the future that would enable an effective care system to be established for children of all ages including older children with complex and high needs:

- *Review the policy framework around the range and mix of 'care settings', in reference to the above diagrams and information, to re-design the system to ensure local availability of a suite of models including those that incorporate 'shared care arrangements' and the increased availability of 'wrap-around' supports for the explicit purpose of facilitating and supporting family preservation and the reunification of children with their families.*
- *Undertake regional or local area planning exercises to review service capacity and orientation within an overarching policy and program framework and its application to locally assessed child and family needs.*
- *Re-balance the focus on the removal of children in preference to expending a similar or lesser amount to provide in-home or other supports to the families of children who may, where required, be supported though 'one-off' short-term or regular respite care or other 'shared care' arrangements.*
- *Revisit policy and practice around the criticality of appropriate matching of children's needs to the placement setting and carer, as anecdotally this does not occur consistently due to shortages of placement options. It must not be considered as acceptable that the availability of a 'spare bed' constitutes an adequate 'matching' criterion. There is also insufficient focus on pre-placement planning which would support a smooth transition between care environments, for example, between in-home and out-of-home care and from more intensive to less intensive settings.*
- *Revisit policy, practice and program development around the efforts made in relation to Aboriginal and Torres Strait Islander children and young people such that representatives of the Department, Aboriginal and Torres Strait Islander Foster and Kinship Care Services and Recognised Entities would work with children and family members to identify potential kinship carers able to provide full-time or shared care.*
- *Support the development and funding of 'family-residentials' whereby, as part of a family preservation or reunification program, a family would live-in together in accommodation arranged by a support service to facilitate assessments and / or enable family members to receive the practical, educative or therapeutic supports they require to enable effective parenting.*
- *Support transitions from more to less intensive out-of-home care arrangements with a suite of options that can be made available to children and their families.*
- *Support transitions from out-of-home care with investment in pre- as well as post- family reunification interventions and supports.*
- *Revisit policy and practice around securing guardian consent or permission, including ways in which consent or permission can be obtained in a more timely manner, as children, parents, carers and workers report this as an ongoing issue which adversely affects children living in out-of-home care, both when their guardianship is held by the chief executive and when parent/s have retained guardianship. Children miss out, for example, on medical care or are not able to participate in recreational or social activities as a result of the existing policy and practices.*
- *Revisit policy, practice and program development to ensure additional ('wrap-around') supports can be made available to children in placements including those which can be continued during or following family reunification and during or following transitions to other alternative care arrangements or independent living.*
- *Revisit policy, practice and program development around the placements of children and young people in 'individual arrangements' with rostered residential care workers. Subject to wide variations in the bona fides of organisations that are contracted to perform this function and the models of care that they employ, these arrangements can often be expensive, not purport to be therapeutic and not conducive to 'normalising' those children's 'childhood'.*

- *Revisit policy and practice around young people in contact with the youth justice system including, in particular, those who are unnecessarily remanded in custody for lengthy periods because of out-of-home care placements not being available to them.*
- *Reinstate annual public reporting about grant funding approved to each organisation and service along with the disbursement of transitional program funding allocations, and the amount and purpose for which these funds were provided.*
- *Undertake policy, practice and program development around out-of-home and shared care models that would meet the needs of children and families with culturally and linguistically diverse backgrounds. 'Specialised' or adapted models are needed and must be developed in close association with the appropriate representatives of various cultural and ethnic groups.*
- *Review funding arrangements for children placed away from their families to allow non-government organisations to develop and implement programs that flexibly respond to children in their complex transitions between 'in-home', 'out-of-home' and 'shared care' arrangements and support the continuity and stabilisation of their relationships with significant family members, carers and workers.*

Specifically in relation to residential care...

Reiterating what PeakCare said in our preliminary submission

Specifically in relation to residential care, PeakCare's preliminary submission (p54) recommends that the following actions are taken:

- *Develop a 'program logic' at a system level as well as at a local service system level to define the preferred 'fit and mix' of residential, 'paid' foster care, 'intensive' foster care, foster care, independent living programs and other out-of-home care settings.*
- *Revisit practice around the 'gap' between stated departmental policy and the practice of placing children aged less than 12 years in residential settings including, in particular, the practice of placing children under the age of 12 years in congregate care with unrelated children aged to 17 years.*
- *Undertake a costing exercise to ascertain the level of funding required to properly operate a residential care service taking account of legislated standards, workforce skill and capability requirements, location, and safe working conditions, and use this information to transition service providers to those realistic and consistent funding levels.*
- *Consider the development and imposition of, and accompanying transition strategy for, minimum entry-level qualifications for residential care workers given the extent of their responsibilities for the direct care of highly vulnerable children whose behaviours and needs can be extremely complex.*
- *Support the development of Aboriginal and Torres Strait Islander community-controlled and led residential care services.*

Specifically in relation to foster and kinship care...

Reiterating what PeakCare said in our preliminary submission

Specifically in relation to foster and kinship care, PeakCare's preliminary submission (pp54-55) recommends that the following actions are taken:

- *Review the current arrangements whereby some carers are 'departmental carers' and others are supported by non-government Foster and Kinship Care Services as the arrangements are confusing and inconsistent with non-government services being subject to a licensing regime designed to ensure that the children placed with carers attached to those agencies receive the care to which they are legislatively entitled.*

- *Develop a practice framework and procedures for government and non-government Foster and Kinship Care Services (and the Recognised Entity for an Aboriginal and Torres Strait Islander child) to identify family members with whom a child/ren could be placed if not initially, then as a subsequent placement or in a shared care arrangement.*
- *Clarify the role of Foster and Kinship Care Services, particularly Aboriginal and Torres Strait Islander Foster and Kinship Care Services, in working with the Department, family members and, in relation to Aboriginal and Torres Strait Islander children, the Recognised Entity, to identify potential family members who could be assessed as potential kinship carers and promote a consistent approach and prioritisation of kinship care across Child Safety Service Centres and regions.*
- *Review the requirement for prospective kinship carers to undergo 'working with children' and personal history checks as it adversely impacts on recruiting extended family and discourages Aboriginal and Torres Strait Islander family members from applying to become approved carers.*
- *Identify and investigate the factors contributing to the reportedly low morale amongst foster carers and the hostility directed towards the Department as it is impacting on their retention and subsequently, the capacity of the foster care system.*
- *Review current arrangements for administering payments to 'general' and 'intensive' foster carers including, in particular, the processes used to determined the allocation of higher needs and complex needs support allowances and access to the client-related costs contingency fund, with a view to establishing arrangements that are more objective, accountable and transparent with a moderating process incorporated to promote consistent decision-making across regions.*
- *Research and develop models of out-of-home care that incorporate use of 'paid' carers that may be adapted and applied to meet the needs of particular cohorts of children and value-add to local care systems.*

Specifically in relation to the introduction of a 'secure care' placement option ...

In addition to the above views about out-of-home and shared care arrangements, the Inquiry has been provided with a copy of the *Secure care - Needed or not?* discussion paper which PeakCare developed to promote debate about the possible introduction of secure care in Queensland.

PeakCare intends to provide the inquiry with a further report of the comments and feedback provided by our member agencies, supporters and other interest groups in response to the issues raised within this paper.

Chapter Six:
YOUNG PEOPLE LEAVING CARE

Reiterating what PeakCare said in our preliminary submission

As stated in PeakCare's preliminary submission (pp58-59), the following actions are recommended as matters to be attended to in developing a 'road map' for the future:

- *Properly focus on the criticality of the match between a child and their needs and the proposed carer and care environment. The longer children are in care, the more placements they tend to experience. Placement stability is important. While children move between care environments for a range of reasons, key factors affecting placement stability are matching the child and carer, and planned and gradual transitions into and between care environments.*
- *Adequately equip young people and family members to deal with young peoples' inclination to re-connect with and return to the family from whom they were removed as they get older, either while they are still in care or when they leave care. Where family contact and connections have not been established or supported during the time they were in care, neither family members nor the young person are usually adequately equipped emotionally for the relationship.*
- *Amend the Child Protection Act 1999 to provide a legislative framework that states the timeframe and nature of entitlements, including the obligation across Queensland government agencies, to provide after-care supports to young people. While supports are not currently precluded under the Act, post-care support cases are reportedly rarely opened by young people's Child Safety Officers, and if they are, it is for a strictly time-limited period to address a particular issue such as resolving 'adult guardianship' matters. Young people should be entitled to access financial, emotional and practical supports post-care until age 25 years (consistent with community standards) and offered support across Queensland Government agencies, for example, financial support for further education.*
- *Be more flexible in funding guidelines for intervention and out-of-home care services to allow non-government agencies that have been working with a young person to continue to provide outreach or in-home services following the young person's transition from the service*
- *Work with young people and the Commission for Children and Young People and Child Guardian (CCYPCG) on a public education campaign aimed at de-stigmatising 'being in care'.*
- *Develop and implement a policy and practice framework which promotes work across the Department of Communities, Child Safety and Disability Services (e.g. Child Safety and Disability Services) and with other government agencies (e.g. Education, Training and Employment; Health; Housing) including, in particular, those delivering or funding universal services, to better equip young people preparing to transition to independence and after-care. Greater attention must be given to:*
  - *enabling and supporting access by young people to the services and programs to which they are entitled, and*
  - *adjusting existing services and programs so that they better match the needs of young people exiting care, thereby properly discharging the State's obligation as a 'corporate parent'.*

Currently transition planning is limited and ad hoc in terms of the nature and extent of supports each young person receives and their access to targeted services across the State. The primary objective is for young people who have been in the care of the State to experience the same short and long term outcomes as for young people the general community. As stated at the beginning of this submission, existing national performance frameworks include a number of performance indicators relevant to this cohort.

PeakCare supports the response by G-Force to the discussion paper prepared in respect of transition to independence. As that submission asserts, some of the discussion about meeting the needs of young people currently in care or post 18 years is hampered and would be better informed if actual demand for supports was known. Helpful data would be about the number of Support Service Cases opened by the Department (the current mechanism recognising a young person's right to support post 18 years) and why, including disaggregation by Child Safety Service Centre. A need also exists to develop the evidence base about what is working or not in Queensland.

Question 18.

To what extent should young people continue to be provided with support on leaving the care system?

PeakCare is of the view that young people who have been in State care should have access to supports provided or facilitated through government or non-government operated post care services to age 25 years. This level of support would be commensurate with young people in the general community. To be clear, access to practical, financial and other supports should not be conditional on flagging need prior to or soon after leaving care. The door should be 'open' as and when the young person feels the need arise. It is important for the Queensland Government to negotiate reciprocal arrangements with other Australian jurisdictions as, for a variety of reasons, care leavers are a mobile population. PeakCare does not have a view as to whether the provider of post-care support should be a government or non-government agency. Both arrangements appear to work satisfactorily in other jurisdictions.

Question 19.

In an environment of competing fiscal demands on all government agencies, how can support to young people leaving care be improved?

Better and earlier preparation will improve outcomes for young people leaving care which will mean less cost and haste at the time of transition (i.e. when the young person is about to turn 18 years of age) and as the young person gets older. Adhering to current Departmental procedures, the *Child Safety Services Standards* and the nationally consistent approach to transition planning, a priority under the *National Framework for Protecting Australia's Children*, would in themselves greatly improve young peoples' transition experiences.

A key improvement would be every young person in the chief executive's custody or guardianship and aged 15 years and over being involved in developing their individualised transition to independence plan with that plan being actively implemented. Implementation should be coordinated by a designated person, either a Departmental or non-government service provider depending on local arrangements.

Transition planning should be integral to the legislated case plan that the young person has which addresses all care domains - transition from care is but one, albeit interfacing with areas such as health and dental care, education, career planning, family connections, community connections and social supports. A young person will also need ongoing stable accommodation, relevant

independent living skills, and already established connections with, if needed, ongoing service providers. A 'legal health check' prior to transition would also assist with preparation and post care outcomes.

For young people with disabilities (noting that Disability Services is administered within the same portfolio as Child Safety), adult guardianship, if applicable, and ongoing supports should be put in place in advance of transition. In addition, particular attention must be paid to 'high needs' young people, for example, those who have experienced multiple placements, are disengaged or disengaging from the care system; have complex needs; are of Aboriginal or Torres Strait Islander descent; are from Culturally and Linguistically Diverse backgrounds; under dual orders (i.e. child protection and youth justice) and pregnant or parenting young people.

For a young person subject to statutory child protection intervention, the responsibility is implicitly a whole-of-Queensland Government responsibility which should already be being shared across Child Safety Services and other Queensland government agencies such as Education, Health, Disability Services and Housing. Non-government service providers, the Commonwealth Government, day-to-day carers, the young person, their parents and other family members also share the responsibility. For non-government out-of-home care services in particular, flexibility in service agreements with the Department would mean that post exit, ad hoc or ongoing supports could be provided to a former service user.

Question 20.

Does Queensland have the capacity for the non-government sector to provide transition from care planning?

Transition planning is currently coordinated by the Department, although the approach is different across Child Safety Service Centres in respect of the Child Safety Officer being a dedicated to 'transition from care' or the child's designated Child Safety Officer. Very limited numbers of young people have access to specialist or other non-government agencies that provide practical, skills development or other supports to prepare them to transition to independence (such as the transition to independence program conducted by Life Without Barriers). Evaluation of which approach or combination of approaches works for which young people, and the associated costs, should inform deliberations about the provision of pre and post transition supports. Access to brokerage funds will be important given the nature of transition to independence planning in terms of an individualised approach to independent living skills development.

Out-of-home care services with direct care responsibilities (i.e. intensive foster care, supported independent living, residential care services, therapeutic residential care services) should already be attending to 'transition from care' under their care planning obligations to young people. For non-government organisations to more broadly provide pre or post transition planning, additional resources would be required.

PeakCare does not support a different Queensland Government agency providing transition planning. Services should be coordinated by the statutory child protection agency and/ or a non-government organisation running a specialist program or one with which the child has already received services and with which the child has an established relationship.

Chapter Seven:
ADDRESSING THE OVER-REPRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

Reiterating what PeakCare said in our preliminary submission

As stated in PeakCare's preliminary submission (pp106-108), matters requiring attention in developing 'road map' for the future include the following:

- *Make an unequivocal whole-of-government commitment to the achievement of cultural equity for all Queensland children. In a child protection context, cultural equity may be viewed as having been attained when all children – Indigenous and non-Indigenous - are receiving the same entitlements and benefits to their safety, well-being and life opportunities from their involvement with the child protection system. Cultural equity requires that this be achieved without compromise being caused to the rights and opportunities that should be respectfully afforded to all children to identify with, belong to and express the beliefs, customs and practices of their cultures.*
- *Develop and promote a comprehensive strategy to raise awareness and educate all key parties from both the government and non-government sectors who hold decision-making responsibilities and roles in delivering child protection and related services about the contributions they must make within their roles to the effective delivery of services to Aboriginal and Torres Strait Islander children and families. This would incorporate the following:*
  - *The recipients of the above awareness-raising and education strategies should range from government policy-makers, Child Safety Officers, Police, the judiciary, legal counsels and advocates through to education and health care providers and non-government child protection practitioners, managers, family support workers, residential care workers and foster and kinship carers.*
  - *Importantly, the processes used to deliver this information to the above-listed parties must go beyond simply raising their awareness about Indigenous cultures – it must also enable and encourage these parties to reflect on both the historical and current impact of a dominant white culture on the lives of Indigenous Australians and, where applicable, make use of this information to consider and challenge the influences of their own membership of the dominant white culture upon the personal values, beliefs and attitudes they have formed in relation to Aboriginal and Torres Strait Islander peoples and its impact on the performance of their roles.*
- *Actively support Aboriginal and Torres Strait Islander led research and evaluation to investigate the effectiveness and relevance of mainstream models and approaches currently taken to the organisation of the child protection system and the delivery of child protection responses, programs and services. For example, researching and trialling, in partnership with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), Aboriginal and Torres Strait Islander service providers and communities, the application of Canadian 'self government' models of intervention.*
- *Realign intervention frameworks in light of specific Aboriginal and Torres Strait Islander cultural considerations including, for example, limitations of standard attachment theory in acknowledging Aboriginal and Torres Strait Islander peoples' child-rearing practices and core values of interdependence, spiritual connectedness, links to land and sea, group cohesion and community loyalty.*
- *Review monitoring and compliance approaches to Aboriginal and Torres Strait Islander agencies to better recognise the different approaches to working with families, carers and children.*
- *Review policy, practice and program development to better enable Departmental Officers, Recognised Entity, targeted family support services (e.g. Aboriginal and Torres Strait Islander Family Support Program) and Aboriginal and Torres Strait Islander Foster and Kinship Care Service representatives to:*
  - *work with families and children to prevent child/ren being removed from their parent's care*

- *work with families and children early in the process of statutory intervention to identify an initial out-of-home care arrangement that complies with the higher priorities of the Child Placement Principle, and*
- *if placement with kin is not possible immediately or initially, continue work with the family and child/ren to identify a full or shared care option that complies with the higher priorities of the Child Placement Principle.*

- *Evaluate the implementation and operation of the legislated and administratively ascribed functions and role of Recognised Entities to:*
  - *clarify the program logic and model*
  - *ascertain its effectiveness, strengths and areas where improvements can be made to the role, operations and funding, and*
  - *consider the responses, programs and services that best fit with the overarching objectives of Recognised Entities in improving the experience of Aboriginal and Torres Strait Islander children and families with the child protection system and the outcomes achieved from their contact with this system.*
- *Evaluate the implementation, operation, service model and funding of family preservation and reunification programs targeted to Aboriginal and Torres Strait Islander children and families (e.g. Aboriginal and Torres Strait Islander Family Support Program, targeted family intervention services) to ascertain their effectiveness, strengths and areas where improvements may be made.*
- *Schedule regular, joint face-to-face training for Departmental caseworkers and Recognised Entity workers with the core objective of achieving a shared understanding, across the State, about the Recognised Entity role, functions and working relationships.*
- *Quarantine funds for responses, programs and services to Aboriginal and Torres Strait Islander children and families for disbursement to Aboriginal and Torres Strait Islander community-controlled and led organisations. The proportion of funds should be commensurate with the level of over-representation of children in contact with the tertiary system and reflect the high priority that should be assigned to the development of innovative prevention and early intervention services that are culturally relevant to Aboriginal and Torres Strait Islander peoples.*

Question 21.

What would be the most efficient and cost-effective way to develop Aboriginal and Torres Strait Islander child and family wellbeing services across Queensland?

PeakCare supports Aboriginal and Torres Strait Islander self-determination and a community controlled and led sector. Therefore, in this matter, PeakCare defers to our counterpart, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), and supports the positions advanced by Combined Voices and submissions made by Aboriginal and Torres Strait Islander legal, child protection, health and family support services across Queensland.

Question 22.

Could Aboriginal and Torres Strait Islander child and family wellbeing services be built into existing service infrastructure, such as Aboriginal and Torres Strait Islander Medical Services?

PeakCare supports Aboriginal and Torres Strait Islander self-determination and a community controlled and led sector. Therefore, in this matter, PeakCare defers to our counterpart, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), and supports the

positions advanced by Combined Voices and submissions made by Aboriginal and Torres Strait Islander legal, child protection, health and family support services across Queensland.

Question 23.

How would an expanded peak body be structured and what functions should it have?

PeakCare supports Aboriginal and Torres Strait Islander self-determination and a community controlled and led sector. Therefore, in this matter about the structure and functions of an expanded peak body, PeakCare defers to our counterpart, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), and supports the positions advanced by Combined Voices and submissions made by Aboriginal and Torres Strait Islander legal, child protection, health and family support services across Queensland.

This question however raises the issue of the role and functions of other child protection peak bodies. That is, those providing systems advocacy, sector development and policy analysis and development on matters relating to the key stakeholders - parents, children and young people, foster and kinship carers and community based service providers across the service spectrum. PeakCare sees distinct advantages in having similar broadened responsibilities in respect of non-Indigenous agencies as are being discussed for QATSICPP to support members and develop organisational capacity and service delivery to Indigenous children and families.

PeakCare is of the view that the non-Indigenous child protection service sector – primary, secondary and tertiary services - would benefit from the same level of concerted support over the next decade to plan and implement a re-configured and reformed service system. In particular, PeakCare would welcome having an enhanced (and adequately funded) capacity to:

- work with the Department and sector to develop agreed practice frameworks and manuals
- in conjunction with other peak bodies (QATSICPP, the CREATE Foundation and Foster Care Queensland) exercise an enhanced and 'formalised' role in:
    - leading the development and application of a 'professional capabilities framework' to inform the 'match' between qualification and work requirements of various roles in government and non-government agencies
    - establishing, in liaison with universities , course curriculum associated with various qualifications and 'pathways' to higher education
    - exercising oversight of the delivery of the curriculum by 'preferred' training providers
    - developing and delivering some mandated training modules to employees of government and non-government agencies and across service systems, and
    - liaising with 'employer' and 'employee' representative groups in relation to the above
- provide expert support to organisations to form partnerships
- work with government and others to develop career pathways in and across sectors
- provide support with governance arrangements and appropriate financial management and reporting systems

- work with government, non-government agencies, researchers and universities to develop and trial new practice models for particular cohorts of children, young people and families
- work with others to build the expertise and capacity of 'mainstream services' to respond effectively to Aboriginal and Torres Strait Islander children and families and those from culturally and linguistically diverse backgrounds, and
- work with organisations funded by the Department including 'care services' subject to licensing under the *Child Protection Act 1999*, to ensure children receive the legislated standard of care to which they are entitled.

Question 24.

What statutory child protection functions should be included in a trial of a delegation of functions to Aboriginal and Torres Strait Islander agencies?

PeakCare supports Aboriginal and Torres Strait Islander self-determination and a community controlled and led sector. Therefore, in this matter about trialling delegated functions to Aboriginal and Torres Strait Islander agencies, PeakCare defers to our counterpart, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), and supports the positions advanced by Combined Voices and submissions made by Aboriginal and Torres Strait Islander legal, child protection, health and family support services across Queensland.

It is noted that devolving statutory responsibilities to Aboriginal and Torres Strait Islander agencies intersects with proposals, options and ideas in other chapters of the discussion paper, for example, changing intake and referral systems, improving compliance with the Child Placement Principle, the future role of the SCAN system, implementing a differential responses approach, transition from care planning, changing the Structured Decision Making tools, separating investigation from casework, as well as a number of the workforce development and oversight and complaints proposals.

In the list of delegated functions which the Commission is considering trialling, it is unclear what 'investigation and assessment of risk' refers to. Does this refer to what is currently known as an 'investigation'? Interestingly, 'intake and referral' is not mentioned and nor is the assessment and approval of kinship carers which PeakCare would contend are functions that should also be considered.

This question raises the issue of delegating responsibility for statutory decision making to non-Indigenous agencies, an issue which a number of large non-government organisations have raised in their submissions in respect of transferring 'case management' to non-government organisations and one which warrants further detailed consideration.

Also see our responses about intake and referral models (Question 3); delegating, transferring or sharing parental or guardianship decision making to / with non-government organisations (Question 13) and improving compliance with the Child Placement Principle (Question 16).

Question 25.

What processes should be used for accrediting Aboriginal and Torres Strait Islander agencies to take on statutory child protection functions and how would the quality of those services be monitored?

The same processes as apply to regulating Departmental decision making and service quality should apply to organisations – Indigenous or non-Indigenous – undertaking the same responsibilities. Departmentally funded organisations are already subject to company law, associations law, workplace health and safety laws and a raft of other administrative and financial regulatory regimes. 'Quality' is about process, the ways in which services, programs and interventions are delivered. Some processes are necessarily different for Aboriginal and Torres Strait Islander agencies, but nevertheless deliver the same standard and desired outcome. PeakCare understands that the Human Services Quality Framework (HSQF) is to be progressively implemented for 'Child Safety Services'. Suitable independent assessment of compliance with this framework could apply once the value and effectiveness of the HSQF as a regulatory mechanism have been established.

Chapter Eight:
WORKFORCE DEVELOPMENT

Reiterating what PeakCare said in our preliminary submission

As stated within PeakCare's preliminary submission (p.88):

> *The success of a child protection system in meeting its aims is highly dependent upon the quality of its workforce.*
>
> *In particular, successful delivery of the range of responses, programs and services that make up the child protection system requires a workforce (i.e. those in paid employment) within both the government and non-government sectors that has a mix of qualifications, personal attributes, training, skills and experience matched to the demands and responsibilities of the various roles that are to be performed.*
>
> *Moreover, the general public as well as the children and families who are the recipients of these responses, programs and services have a right to expect that they are being provided by people who are suitably qualified, trained and experienced. The general public would not, for example, tolerate the notion that children when attending school were not being taught by qualified teachers. Nor would they tolerate the notion that children who required surgery were being operated on by a non-qualified or unsuitably qualified medical practitioner.*
>
> *It may be expected that the general public will become increasingly dissatisfied with the prospect that children who may be regarded as some of the most vulnerable citizens are receiving services and having decisions made about their care, by people who are not the most suitably qualified to do so and/ or who are not being appropriately remunerated in line with their level of responsibility, knowledge and skill set.*

Question 26.

Should child safety officers be required to hold tertiary qualifications in social work, psychology or human services?

Mandatory qualifications should be based in and reflect the requirements of the position. If Child Safety Officers require a solid practice framework, theoretical knowledge about working with a range of people acquired through a three or four year degree program, and the skills to work inclusively, respectfully, transparently and ethically with children and their families in a child-centred family focused manner, then social work, psychology and human services degrees are relevant mandatory qualifications.

It must be remembered though that these are not the only attributes required of Child Safety Officers or other workers in government or non-government child protection services. Children, young people and families also benefit from their caseworkers having certain personal attributes and 'life experiences' conducive to effective performance of their roles and workers receiving professional supervision and having access to further education, learning and skills development. Just as children and young people are diverse, so too should be profile and personal characteristics of their workers.

PeakCare is of the view that it is also pre-emptive to decide required qualifications for 'Child Safety Officers' without first having resolved issues around the role of a government (or non-government) officer with statutory child protection delegations. The discussion paper and submissions and

testimony throughout the inquiry have raised a raft of proposals to change the structure of Child Safety Service Centres and the role and responsibilities of Child Safety Officers. The multidisciplinary case work team proposal alone involves the introduction of various professionals such as occupational therapists, educational psychologists and criminologists, in respect of whom certain qualifications would be mandated.

Consideration must also be given to the future of already appointed Child Safety Officers who hold what may become redundant qualifications.

In respect of the 'generic' statutory case work role currently performed by Child Safety Officers, PeakCare continues to hold the view that persons with tertiary qualifications in social work (in particular), psychology or human services are generally the best equipped to perform this role based on the course content of their education and training.

Reiterating what PeakCare said in our preliminary submission

As stated within PeakCare's preliminary submission (pp91-92):

A major issue of concern in relation to the government sector is the extent to which social workers as a professional group have retreated from seeking employment as statutory child protection workers.

The Department's declining capacity to recruit and retain social workers in these roles was addressed by expanding the recruitment of Child Safety Officers to include those with professional backgrounds in nursing, teaching or criminal justice and extending the range of tertiary qualifications incorporated within the selection criteria for these positions.

While not intending to be dismissive in any way of the contributions that other professional groups (such as psychologists, occupational therapists, teachers, health practitioners, criminologists and others) may make to the delivery of child protection and related services, it is concerning that persons with social work degrees, long considered the qualification of choice for child protection practice, are electing to work in other fields. It is also concerning due to the extensive history and involvement of social work in shaping child protection research, theory and practice.

In relation to the role performed by Child Safety Officers (and their Team Leaders, Senior Practitioners and Managers), it is regarded by PeakCare that the education and training received by social workers make them the best placed and most suitably qualified professional group to undertake the 'generic' case management functions incorporated within this role. In particular, social workers are regarded as the best qualified persons to:

- *properly and holistically assess and consider the needs of children within the context of their family, community and culture*
- *understand and deal with the complex array of 'systems' that impact on a child's safety, well-being and life opportunities (ranging from a child's own family system and the system of 'formal' and 'informal' community, cultural and service structures and networks with which a child or family may be involved through to the legal systems they may encounter during their contact with the child protection system), and*
- *due to their broad ranging knowledge base, identify when the more 'specialised' knowledge and/ or skill sets of other professional groups (such as psychologists, medical practitioners, speech and occupational therapists, lawyers, teachers and others) as well as para-professionals (including foster and kinship carers) are required to inform their assessments and contribute to the implementation of the diverse range of strategies that may need to be incorporated within each child's and family's individualised plans.*

In some respects, social workers as a professional group may be seen as 'jacks of all trades and masters of none'. However, in the context of child protection practice especially, being a 'jack' (or 'Jill') makes social workers ideally placed as 'generic' case managers to fully appreciate the complexities of child protection practice and know when to call on the 'masters'.

It is understood that some Child Safety Service Managers 'informally' attempt to employ Child Safety Officers with a mix of qualifications in order to establish a multi-disciplinary team wherein a range of professional perspectives and skill sets can be drawn upon. It would seem preferable to 'formalise' these kinds of arrangements by explicitly specifying the roles to be performed by each professional group within the multi-disciplinary team, thereby enabling the best match to be made between a child's needs and their worker/s.

It is noteworthy that the Child Safety program area of the Department of Communities, Child Safety and Disability Services is one of only a few State government employers that recruit professional groups such as social workers and psychologists that does not include the name of their profession within their position titles (e.g. by way of contrast, the disability services program area of the Department and the Health Department employ persons to perform roles that are given the title of Social Worker or Psychologist). It is also noted that senior officers of the Department (under former names) have, in the past, explicitly conveyed messages to newly recruited Child Safety Officers that they are to forget that they are social workers or psychologists as they are now Child Safety Officers with a job to remove children from their families. While this is not a message that has been given out by the Department in recent years, the damage done to subsequent efforts made to recruit groups such as social workers and psychologists has not been sufficiently redressed.

In response to recruitment challenges, the Department has made laudable efforts in recent years to ensure that newly employed Child Safety Officers receive high levels of accredited training delivered by the Department's own Client Management Learning Unit. There are concerns however that in the Department itself being the deliverer of this training:

- *the training curriculum and content can become 'insular', restricted to current policies and practices of the Department and limited in the focus given to the development of professional skills in critical analysis*
- *aims of the training inevitably focus on imparting knowledge about the procedural requirements of the Child Safety Officer role in place of developing advanced knowledge, understandings and skills relevant to sound child protection practice, and*
- *the training becomes an expeditious and 'poor substitute' for the attainment of a relevant Social Work or Human Services degree where one isn't already held by the training participant.*

Question 27.

Should there be an alternative Vocational Education and Training pathway for Aboriginal and Torres Strait Islander workers to progress towards a child safety officer role to increase the number of Aboriginal and Torres Strait Islander child safety officers in the workforce? Or should this pathway be available to all workers?

PeakCare does not support an alternative Vocational Education and Training pathway for Aboriginal and Torres Strait Islander peoples. The qualification either is or isn't the relevant or required qualification. All workers should be practically and financially supported to attain post secondary and higher degree qualifications while working in Child Safety Services or in non-government agencies. Particular attention should nevertheless be paid to recruiting and retaining Aboriginal and Torres Strait Islander workers across the Department. Similarly, recruiting and retaining workers from culturally and linguistically diverse backgrounds is also essential to a culturally sensitive, competent and relevant workforce.

Question 28.

Are there specific areas of practice where training could be improved?

There are numerous areas of practice where training of Child Safety Officers and other Departmental 'frontline' staff such as Child Safety Support Officers, Team Leaders, Senior Practitioners, Service Centre Managers, and officers in Placement Supports Units, Regional Intake teams and Contract Management teams could be improved.

Specific areas in which training would be beneficial include:

- Effective record keeping (in response to concerns about the administrative burden)
- Professional supervision (how to conduct it and how to get the best out of it)
- Working effectively and engagingly with parents, children and extended family
- Mediation and facilitation of family group meetings
- Working with young people
- Working with parents with intellectual disabilities or dual diagnoses
- Working with culturally and linguistically diverse background children and families
- Working with Aboriginal and Torres Strait Islander children and families
- Working with young people under dual orders (i.e. child protection and youth justice)
- Working with newborns, babies and toddlers and their parents
- Peri-natal and infant mental health
- Risk assessment
- Advocating with educational service providers and helping young people with career planning
- Talking with young people about sexual and reproductive health
- Understanding how and why children turn to offending and interventions and links with criminal justice and broader systems
- Understanding the legal framework within which Departmental officers operate, and
- Service standards and licensing of care services under the *Child Protection Act 1999*

It is also noted that PeakCare is a keen supporter of training that is jointly provided across disciplines and across sectors to personnel of both government and non-government agencies. This is seen to be a highly effective means of engendering shared understanding of roles, responsibilities and functions. Work experience with counterparts across sectors is another way of fostering a knowledgeable and competent workforce.

Question 29.

Would the introduction of regional backfilling teams be effective in reducing workload demands on child safety officers? If not, what other alternatives should be considered?

PeakCare does not have any particular comments about regional backfilling teams for Child Safety Officers, other than to query how practicable the proposal is and at what financial cost could it be implemented (eg. finding a person with the right qualifications prepared to re-locate to a rural, regional or remote area for a minimum of four weeks in rental accommodation). There is already a shortage of 'Child Safety Officers' or alternatively of 'establishment positions' as indicated by reports of unallocated cases and high workloads.

An alternative idea might be to implement co-worker arrangements so that children and families are familiar with more than one member of the team working with them. With all options, consideration would have to be given to the performance indicator around continuity of a child's relationship with a known and trusted caseworker. Of course, if backfilling is related to 'sick leave' or 'workers compensation', the underlying issues should be addressed first.

Question 30.

How can Child Safety improve the support for staff working directly with clients and communities with complex needs?

Providing 'frontline' Child Safety Services workers with support because they work with clients and communities with complex needs is most appropriately considered within the context of the training received during the course of obtaining their professional qualification, actively promoting self care and other strategies that create and maintain a healthy workplace, and adherence to internal organisational structures and practices that cater for regular supervision. Available supports - internally and externally - should reflect the evidence base and current research about responding to exposure to trauma and critical incidents. PeakCare notes that workers in non-government agencies work with the same children, young people and families and may also require access to targeted supports at particular times.

Question 31.

In line with other jurisdictions in Australia and Closing the gap initiatives, should there be an increase in Aboriginal and Torres Strait Islander employment targets within Queensland's child protection sector?

Performance targets only work if there are strategies in place to achieve the target, supported by ascribed responsibilities and timeframes within which the target is to be achieved, plus periodic review of the strategies to ascertain that actions are on track. A sustainable, qualified Aboriginal and Torres Strait Islander workforce across government and non-government services is nevertheless a commendable goal.

Other related matters of concern

As highlighted within our preliminary submission, PeakCare remains concerned about a range of other systemic issues in addition to those addressed within the discussion paper, that detract from the capacity of the non-government sector to maintain a suitably qualified, educated and trained workforce.

Reiterating what PeakCare said in our preliminary submission

As stated within PeakCare's preliminary submission (pp90-91):

Issues that are of particular significance to the non-government sector include:

- *inadequate resourcing of non-government service providers to meet staff education, professional supervision, development and training needs*
- *a lack of recognition in service agreements and counting rules for 'funded outputs' about the contribution of professional development, supervision and training, which devalues and acts as a disincentive to undertake these activities*
- *limited recognition in the process of allocating grants of the expenses incurred by non-government organisations in releasing staff from their routine duties to attend training and the costs of back-filling these staff members*
- *inequitable access to high quality, accredited child protection specific training*
- *lack of a coordinated approach across the sector to education, professional development and training*
- *the extremely complex and confusing pathways through the Vocational Education and Training (VET) system*
- *the absence of minimum entry-level qualifications for various position 'types' including, in particular:*
  - *those that carry high-level responsibilities for service management and coordination and the delivery of complex casework and therapeutic interventions, and*
  - *residential care workers, which is especially alarming due to the extent to which these workers are charged with responsibilities for the direct care of highly vulnerable children whose behaviours and needs can be extremely complex, and*
- *inadequate structures and mechanisms to ensure that both 'non-accredited' and 'accredited' training offered by a plethora of training providers is being properly scrutinised in relation to the accuracy and efficacy of the course content and design by persons who have the appropriate knowledge of contemporary child protection practice and Queensland legislation, policy and service standards where this is relevant to the course content.*

In relation to the last point, risks may emerge similar to those noted within the child care industry following the introduction of mandatory qualifications, that a workforce will be created that is 'well-qualified, but poorly educated'.

Key actions recommended by PeakCare to address workforce development issues across the government and non-government sectors, as featured within our preliminary submission, are recorded below:

Reiterating what PeakCare said in our preliminary submission

As stated within PeakCare's preliminary submission (pp93-94):

- *Implement shifts in policy direction to emphasise the importance of professional practice education and expertise and enhance the capacity of non-government and government practitioners to access education, professional development, training, supervision and mentoring.*
- *Develop a 'Professional Capabilities Framework' which incorporates the necessary capabilities to work in the Queensland child protection field and which can be used to inform a match between qualifications and work requirements, professional development, training and performance appraisal.*
- *Set minimum entry-level qualifications for positions within the non-government sector that carry responsibilities for the residential care of children, the support of families and the support of foster and kinship carers, and establish a staged transition process with clear timeframes for implementing this requirement that is supported by adequate resources.*
- *Support the development of clearly articulated, accessible and flexible pathways between vocational training and tertiary qualifications.*
- *Facilitate processes whereby government, non-government organisations and higher education institutions can constructively work together to ensure that students are 'job-ready' and prepared for the challenges of child protection work by exploring increased opportunities for practicum placements, mentoring and an internship model of learning.*
- *Re-visit arrangements previously undertaken by the Department in administering grants to University Social Work and Human Services Schools to develop and add child-protection related subjects to their curriculum, provide post-graduate courses in child protection, sponsor social work students and fund scholarships that prioritised Aboriginal and Torres Strait Islander social work students and those living in rural and remote areas, with a view to building on and extending these initiatives.*
- *Adequately resource more determined and robust management and professional supervision practices across both the government and non-government sectors to better ensure the development of professional practice and practitioner confidence.*
- *If movements are to be made towards the establishment of 'multi-disciplinary teams' that are able to perform the full range of role and functions necessary to make the child protection system work efficiently and well, give consideration to models that allow for improved interaction and coordination of roles held within the government and non-government sectors.*
- *As part of the consideration given to the development of the above models, review the current arrangements concerning Evolve teams. It may be seen that the initiation of arrangements concerning Evolve was tantamount to an admission that neither the Department within its infrastructure of Child Safety Service Centres nor non-government service providers generally possessed personnel with the right qualifications and levels of knowledge, experience and skills needed to deliver the services that Evolve provides. Consideration should now be given to re-directing the financial investment made in purchasing services from Evolve in two ways:*
  - *firstly, re-directing part of this investment towards strengthening the role, capacity and number of Senior Practitioners located within or across Child Safety Service Centres to ensure that 'specialist' knowledge and skills are further developed and held within the Child Safety program area of the Department, and*
  - *secondly, transferring the remaining (and more substantive) part of this investment to the non-government sector so that personnel with the specialised knowledge and skills of Evolve workers are more able to directly contribute to the services being provided by non-government service providers.*

As noted in our response to Question 23, it is strongly contended that PeakCare would be well-positioned (if adequately financially resourced) to exercise an enhanced and 'formalised' role in conjunction with other peak bodies (Queensland Aboriginal and Torres Strait Islander Child Protection Peak, the CREATE Foundation and Foster Care Queensland) in:

- leading the development and application of a 'professional capabilities framework' to inform the 'match' between qualification and work requirements of various roles performed within both the government and non-government sectors
- establishing, in liaison with universities, course curriculum associated with various qualifications and 'pathways' to higher education
- exercising oversight of the delivery of the curriculum by 'preferred' training providers
- developing and delivering some mandated training modules to employees of government and non-government agencies and across service systems, and
- liaising with 'employer' and 'employee' representative groups in relation to the above.

Another matter of critical and ongoing concern to the non-government sector is the continuing disparity in the salary levels and employment conditions of government and non-government employees. Where the duties and level of responsibilities held by government and non-government employees are similar, they should be receiving similar pay and conditions.

Chapter Nine:
OVERSIGHT AND COMPLAINTS MECHANISMS

Question 32.

Are the department's oversight mechanisms – performance reporting, monitoring and complaints handling – sufficient and robust to provide accountability and public confidence? If not, why not?

In respect of performance reporting by funded non-government agencies, PeakCare has a number of concerns. There is no apparent use made by the Department of the onerous quarterly and annual reporting which organisations are required to undertake to meet service agreement obligations. Services are required to report on rigidly prescribed 'outputs' which, as many submissions from funded organisations have asserted, mis-represents the nature of the work which organisations can or should be doing. Outputs such as 'bed-nights' can lead to a de-valuing of the criticality of the matching process when children require placement in out-of-home care. The data are not aggregated at a program level (eg. family intervention services, family support) which means there is no statewide picture or public reporting of the effectiveness, efficiency or outcomes achieved, or not achieved, by these programs. The current approach to reporting is certainly not delivering data or information about the services which children and families are receiving, their achievement of goals, their satisfaction with services and the outcomes achieved as a result of the interventions.

Following on from the above concerns about performance reporting at the level of individually funded services, PeakCare is of the view that the Department has lost its way in terms of a performance framework for Queensland's child protection system. There is no clearly articulated framework that links what individual Departmental or other government and non-government services, programs and interventions do and overall system performance in delivering (improved) outcomes for children and families. Data which the Department and other Queensland Government agencies publically report (except perhaps some reporting by the Child Guardian) in the annual Child Protection Partnerships report or on the Department's website are largely descriptive and focused on throughputs and numbers, for example, notifications, investigations, children under orders, court ordered conferences, children accessing disability services, applications to QCAT and education support plans.

Queensland reports against the child protection and out-of-home care services performance framework in the *Report on Government Services* and within a few years, against all of the nationally agreed measures in the *National Standards for Out of Home Care* - two overlapping frameworks for child protection and out-of-home care services which seek to drive quality care and improved outcomes for children and young people. There is no reason why these indicators should not be utilised as the foundation for monitoring, evaluating, reviewing, planning and resource allocation on an ongoing basis.

Another issue which PeakCare has raised previously relates to the role of 'Community Resource Officers', some of whom, it seems, are now known as 'Contract Managers'. Our primary concern

relates to confusion about the role - is it about monitoring the performance of funded agencies and/ or is it about supporting the individual and collective capacity of funded services across an area? The position description encompasses both of these roles. While PeakCare acknowledges that it is possible to simultaneously monitor and support, the delivery of the role is experienced by many organisations as almost exclusively focused on monitoring and in a punitive and adversarial way. Organisations report they are fearful of raising issues about Departmental performance (eg. receiving the paperwork they require to undertake their work) and, organisations operating across or in multiple regions, find they are subject to different requirements and procedures in respect of the same matters. The role of these officers in the licensing of care services, periodic auditing of licensed services' compliance with the Service Standards, interpretations of legislated requirements (eg. about incident reporting) and interpretations about what constitutes compliance with the Service Standards highlights how poorly equipped and trained many of these officers are to undertake these essentially specialised tasks, particularly since much of this work necessarily requires 'child protection' expertise. Any difficulties between the agency and departmental officer are compounded as Community Resource Officers / Contract Managers are the first tier of assessing applications for future funding.

In respect of complaints handling, anecdotal evidence suggests a range of concerns about the accessibility of the Department's complaints mechanism, the complaints resolution process and outcomes.

Question 33.

Do the quality standards and legislated licensing requirements, with independent external assessment, provide the right level of external checks on the standard of care provided by non-government organisations?

Reiterating what PeakCare said in our preliminary submission

As stated in PeakCare's preliminary submission (pp106-108), actions that are recommended include:

- *Apply the same regulatory framework to the delivery of the same 'service' regardless of whether the provider is a government or non-government agency. Only those out-of-home care services that are delivered by non-government organisations are currently made subject to the licensing regime.*
- *Externally review the Child Safety Service Standards and the implementation of the licensing regime for out-of-home care services. Neither the Standards, nor their implementation, have been subject to review since their introduction in 2006. The stated assumption underpinning the licensing framework that children who are being cared for by services assessed as compliant with the Child Safety Service Standards receive a quality of care commensurate with the requirements stipulated by s.122 of the Child Protection Act 1999 has not been tested or evaluated. An issue for consideration in the review includes the impact of contracting different companies to undertake the external assessment of an out-of-home care service applicant's compliance with the standards. Having different departmentally contracted external assessors and the evolution of the framework and assessment of what constitutes compliance over the past six years has undermined transparency and consistency in the interpretation of compliance with the standards. This is compounded by inconsistent advice and interpretations by regional Departmental Officers (in their supporting and monitoring roles).*

- *In reviewing the Child Safety Service Standards, consider the issues arising for non-government out-of-home care providers arising from the high levels of inter-dependence between these services and the Department in undertaking certain mandatory procedures (such as those associated with the approval and re-approval of foster and kinship carers, matching children to care environments and the planning and coordination of children's care). The ability of out-of-home care services to demonstrate compliance with the Standards is often hindered by the non-completion of tasks that are the responsibility of Departmental Officers.*
- *Externally review the proposed framework and implementation arrangements for the Human Services Quality Framework and Licensing Companion Guide. Licensed (and not yet licensed) out-of-home care services, other types of child protection services and their peak bodies have not been sufficiently consulted or advised about the content or ways in which the framework and mandatory licensing requirements will apply, including how independent assessments will be conducted or how services will be monitored over the period of the licence and/ or funding or service agreement.*
- *Make the names, numbers and types of licensed and yet-to-be-licensed (e.g. transitional funding arrangements) out-of-home care services publicly available.*
- *Promote a learning culture and continuous improvement environment around ensuring children receive the quality of care to which they are entitled. Non-government out-of-home care services often report the approaches taken by Departmental Officers to facilitate their compliance with the Child Safety Service Standards as 'punitive' and 'intimidating'. Other regulatory regimes for services working with vulnerable clients (e.g. people with disabilities) focus however on continuous improvement. In part, for Child Safety-funded services, the approach is compounded by not having resolved the inherent conflict wherein the same Departmental Officer in a regionally-based community support team offers 'support' at the same time as 'monitoring' whether affected service providers meet the standards and therefore will continue to receive funding. There is much anecdotal evidence of inconsistencies across the State and questioning of the expertise of these Departmental Officers to discharge the monitoring role.*
- *Shorten the turnaround time for suitability / personal history checks and 'Working with Children' checks as time delays adversely affect service providers' capacity to provide compliant services in a timely manner.*
- *Undertake a review of the cost-efficiency and effectiveness of suitability / personal history checks and 'Working with Children' checks in preventing harm to children. In addition, re-consider the requirement for young people who turn 18 years to obtain a 'blue card' when they stay on with their foster or kinship carer and that carer has children placed in their care.*

The Commission's question relates to whether the service standards, licensing framework and independent external assessment of the capacity to provide care that meets the standards of care (s.122, Child Protection Act 1999) provides the right level of external checking on the standard of care provided by non-government organisations. Our concerns are not limited to whether the level of checking is right, but also whether the right mechanisms are being used to ensure children and young people receive the standard of care to which they are entitled.

The following build on the concerns raised in our preliminary submission:

- In respect of the overarching licensing framework set out in the *Child Protection Act 1999* and *Child Protection Regulation 2011*, the provisions around suitability and personal history checking of kinship carers should be reviewed.
- The concept of an independent external assessment to inform the determination of a licence application should still apply. Testimony and submissions have raised a range of issues impacting on the use and operation of out-of-home care services, for example, poor

Departmental practice in respect of matching children to out-of-home care placements. The Forde Inquiry's rationale for independent assessment of the capacity to provide care that meets the standards of care is as true now as it was then to mitigate coercion and/ or collusion between the statutory agency and service providers. The processes around the independent external assessment however require review as licence applicants are subject to different interpretations and levels of importance being assigned to aspects of the standards due to different contractors with wide-ranging professional backgrounds undertaking the assessments.

- Moreover, with the introduction of the Human Services Quality Framework, licence applicants will be required to 'purchase' their assessments (albeit assisted by a grant provided by the Department) and, in doing so, be able to select their assessors and negotiate the 'price' of their assessments. Without wishing to disparage in any way the integrity of those who make up the pool of assessors or licence applicants, the integrity of the process itself may be seen as able to be compromised due to 'market forces' placing pressure on assessors to apply reduced levels of impartiality and rigour to the conduct of their assessments.
- Notwithstanding the imminent implementation of the Human Services Quality Framework, there has never been an evaluation of the Child Safety Services Standards or their implementation to ascertain whether, or the extent to which, the standards impact on or have improved the quality of care that children receive in out-of-home care. In addition, it was only after the standards had been in place for more than five years that the Department publically articulated what compliance with each standard entailed. Previously, the interpretation of the standards and what constituted compliance was defined by the independent assessors and where the Department disagreed about some aspects, approved a licence application anyway. Ongoing monitoring of compliance with the standards by regional Departmental officers has also been inconsistent.
- Another concern raised with PeakCare by member agencies relates to the way in which care services are expected to record their multiple efforts to obtain copies of documents from various departmental officers or units that they should be provided with as a matter of course (eg. a child's case plan, placement agreement, authority to care, placement referral information). If the service does not keep records about contacting the Department or escalate the matter at a quarterly service meeting, the service is 'assessed' as not meeting the standard.
- Difficulties arise and much time and effort are wasted by organisations particularly those operating across more than one region or providing services to more than one Child Safety Service Centre as Departmental forms and/ or procedures relating to the same processes subject to the Service Standards differ from location to location. Examples include:
  - the respective roles played by Departmental officers and non-government agency personnel in the assessment of carers, and
  - the forms and processes used for receiving and responding to a referral for placement.

Organisations are subsequently forced to develop and implement multiple sets of procedures to accommodate Departmental idiosyncrasies.

Question 34.

Are the external oversight mechanisms – community visitors, the Commission for Children and Young People and Child Guardian, the child death review process and the Ombudsman – operating effectively? If not, what changes would be appropriate?

Re: Community Visitors

In the context of inquiring into children in institutional facilities, the Forde Inquiry asserted that children in residential care require access to independent advocates. The Forde Inquiry was concerned that, at that time, children in residential care had limited access to the then "official visitors" - the small number of visitors and large number of facilities meant visits were infrequent or ad hoc, and had been non-existent north of Mackay. The Inquiry report states that without sufficient frequency, visitors could not:

> "…develop a rapport with or gain acceptance from children and young people in care. Young people are unlikely to discuss issues of a sensitive nature with Official Visitors before confidence and trust are developed. The Inquiry considers that a fundamental role of the Official Visitors is the development of trusting relationships so they are better able to identify problem areas for children and young people and advocate on their behalf. The current role of the Official Visitors appears to be focused on the inspection of residential care facilities and the determination of whether or not these facilities are providing an adequate standard of care. Although there is merit in Official Visitors performing a monitoring role, this should complement the advocacy and problem resolution roles" (p.265).

Following the Crime and Misconduct Commission inquiry, the Community Visitor program was extended to children in all out-of-home care settings, including children placed with family members. As stated in the Inquiry's discussion paper, the number of Community Visitors, managers and administrative support has exponentially increased over time as have reporting requirements about individual children and sites. Other than reporting the number of written reports and the ratings about whether or not Community Visitors are perceived as 'helpful', there are no data about the effectiveness of the program or the outcomes arising from Community Visitors' individual or systems advocacy. The intent expressed by the Forde Inquiry about the focus on advocacy and problem solving seems to have been lost in the bureaucracy surrounding the program.

A risk management approach was implemented in respect of the frequency of visits based on the child's needs and the type of placement. Getting the balance right between the following must inform the future of the Community Visitor program:

- frequency of visits and capacity for relationship development between the child and Community Visitor

- relationship development with a child taking account of their age and maturity and the contact being predominantly with or through the child's carer
- volume of reports generated and the uses to which the information is put
- whether a child is placed with family or is placed with parental consent and their need for an independent advocate or monitoring of their care in these circumstances
- the matching of a Community Visitor (eg. qualifications, cultural background, interests) with a subject child
- the presence of yet another person in the life of a child when the child is expected to return to parental care after a short period in out-of-home care, and
- the presence of yet another person in the life of a child in care and the extent to which this may conflict with normalising their childhood experiences.

As the Inquiry's discussion paper points out, 'community visitor' schemes operate differently across jurisdictions. Reflecting on the evidence base for independent advocates - individual and/ or systems - undertaking home visits and reviewing the effectiveness and outcomes of Queensland's program would be useful in determining the future of a Queensland program. PeakCare supports the intent of a Community Visitor program being located in individual and systems advocacy.

Various suggestions have been made about changes to the program, mostly in respect of further reducing the frequency of visits or targeting visits to the most vulnerable children. In terms of which children and the frequency with which they should be visited, PeakCare is of the view that visits to children placed with relatives should be abandoned. Visits to babies, toddlers and young children are questionable, as is the intrusiveness of visiting children placed in out of-home care but where guardianship remains with a parent or where a child is placed in out-of-home care on a short term basis only.

One of the standards in the national standards for out-of-home care focuses on children and young people being supported to safely and appropriately identify and stay in touch with at least one other person who cares about their future and who they can turn to for support and advice. It is not intended that this person be a paid worker. Focusing on ensuring children and young people in care have the skills and opportunity to develop relationships with significant adults, in addition to family members, is likely to deliver better outcomes for them than a universal community visitor scheme.

Re: Blue Cards

The Commission for Children and Young People and Child Guardian assert that Queensland's blue card system is effective because some applicants have been refused clearance and others have had their clearance cancelled due to ongoing monitoring of each card holder's criminal history. The percentage is however very small compared with the number of people who are made subject to screening and the financial cost of administering the regime is very high. Checking a person's criminal history self-evidently relies on the person having been charged or convicted. It is ironic that

public inquiries such as the current Queensland Commission of Inquiry into Child Protection hear and investigate numerous allegations of physical and sexual abuse against children yet those people were never and are unlikely to be charged. While acknowledging the false sense of security attached to screening *everyone* would make it very difficult to wind back the scheme, understanding the evidence base about best practice in protecting children from abuse in organisational settings would indeed inform the future of Queensland's regime. In other jurisdictions, such as the United Kingdom, perceptions about the invasion of peoples' privacy saw their 'vetting and barring scheme' wound back to 'common sense' levels in recent years.

The inquiry has heard that the Queensland scheme is discriminatory and has unintended consequences, particularly for Aboriginal and Torres Strait Islander peoples and those wanting to volunteer. PeakCare is of the view that the most effective way to protect children is for organisations to be child-safe and child-friendly. Educating children so they are aware and know what to do if they are approached or feel uncomfortable is fundamental. Organisations attending to recruitment and selection and ongoing supervision of workers and volunteers is also critical. Those are the ways that children, young people, parents, co-workers and employers will recognise and better respond to alarming behaviours.

Question 35.

Does the collection of oversight mechanisms of the child protection system provide accountability and transparency to generate public confidence?

PeakCare understands this question relates to what is termed as 'tier 3' and refers to judicial oversight by the QCAT and the courts. PeakCare supports the response of the Queensland Law Society (March 2013) that notes the Commission should consider recommendations to strengthen public accountability through the provision of recording and publishing statistical information relating to both the QCAT and childrens courts.

Question 36.

Do the current oversight mechanisms provide the right balance of scrutiny without unduly affecting the expertise and resources of those government and non-government service providers which offer child protection services?

PeakCare has no comment.

Chapter Ten:
COURTS AND TRIBUNALS

The discussion paper poses a range of questions about changes that could be made to court and tribunal processes, some of which are likely to have considerable cost implications, require legislative change or take some time to implement. Irrespective of those deliberations, a number of other issues have been raised in testimony and submissions to the inquiry and, in PeakCare's view, these can and should be addressed as part of the road map.

The timelines and quality of the evidence provided by the Department to the court and to the parties of court proceedings warrants a requirement for 'full and frank' disclosure, to make pre-court and court proceedings fairer and to assist parties in seeking and obtaining legal aid. Similarly, practice directions can be made regardless of changing court processes and concerted training and education for all magistrates (eg. obligations in respect of reviewing case plans) should occur in respect of the child protection jurisdiction. Consistent Departmental personnel at court hearings would also enhance the decision making process. Issues associated with the definition of a 'party' to a hearing or 'parent' have also been raised. Parents and children still need access to (affordable) legal advice and representation for each hearing, court ordered conference and, if applicable, review of a Childrens Court decision. Those who choose self-representation or who have no other options also require support and assistance. Harnessing coordinated pro bono efforts by private legal practitioners, as advocated by the Queensland Public Interest Law Clearinghouse Inc. (September 2012, March 2013), should also be considered.

And as pointed out throughout the inquiry, the lack of access to secondary or other specialist services in many locations across Queensland could be a barrier, at least in the first few years, to effective implementation of changes to courts and tribunal practices and proceedings.

This inquiry presents opportunities to improve both the process and the outcomes for children and parents. Regardless, for example, of whether or until a case management approach is implemented or more specialist magistrates are appointed, the Childrens Court can embrace a more therapeutic approach such that parents and children are and feel listened to, experience procedural fairness and natural justice, and magistrates courts are child and family friendly places. As advocated by the Youth Advocacy Centre (October 2012), young people who have the capacity should have the opportunity to tell the court their views and for their views to be taken into account. Increasing knowledge and understanding about court and tribunal processes must also be encompassed in reforms.

In addition, consideration of strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system and more generally to drive improved outcomes for those families and communities of course interfaces with the role and contribution of 'Recognised Entities' in court and tribunal processes.

Question 37.

Should a judge-led case management process be established for child protection proceedings? If so, what should be the key features of such a regime?

A range of issues has been raised during the inquiry about the timeliness of decision making, multiple adjournments, serial interim orders, high number of interim orders, and that the Department does not act as a model litigant. As is oft pointed out, a delay of even six months in a child's life represents a significant proportion of their childhood and, from a child's perspective based on their perception of time, would 'seem like several years'.

PeakCare supports the establishment of a judge-led case management system for child protection proceedings. PeakCare understands that a judge-led case management process would mean that the same judicial officer sees a matter from first hearing through to final determination which seeks to ensure a more structured process is in place that drives clear outcomes for each child and their family, within set timeframes. Each court hearing should be a purposive, constructive event with the magistrate having the power to question parties about actions and progress and the authority, as now, to seek expert help or direct parties to a court ordered conference. It is understood that a judge-led case management system would facilitate the magistrate developing a familiarity with the child's (and family's) case. Supported by rules of court and/ or practice directions, as the Legal Aid Queensland submission asserts, a court case management system would improve the efficiency and effectiveness of conduct in child protection litigation and deliver better outcomes for children (26 October 2012, p.11).

Question 38.

Should the number of dedicated specialist Childrens Court magistrates be increased? If so, where should they be located?

Yes, the number of dedicated specialist Childrens Court magistrates should be increased to engender the specialist knowledge and expertise warranted in the child protection jurisdiction. Specialist magistrates should be appointed to the busiest courts across the state (i.e. those courts with the highest number of applications for child protection orders and those making the most child protection and interim orders). An option suggested in submissions to the inquiry from legal services is that where there is more than one magistrate, one could be appointed as a specialist childrens court magistrate.

In respect of the busiest courts, almost half of the applications for child protection orders in 2011-12, as detailed in the Magistrates Court of Queensland Annual Report, were lodged in five locations (Beenleigh, Brisbane, Cairns, Ipswich and Southport). Taking into account the relative percentages of child protection orders and interim orders, Rockhampton, Toowoomba and Townsville courts also warrant specialist magistrates.

Question 39.

What sort of expert advice should the Childrens Court have access to, and in what kinds of decisions should the court be seeking advice?

Under the *Child Protection Act 1999* (s.107), magistrates can currently seek 'expert help' from a person with special knowledge or skill, of their own initiative or at the request of a party to the proceeding. PeakCare is unaware of any data collected about the frequency or nature of the expert help that the court orders. The collection of such data would be useful in informing magistrates and legal representatives about the nature of the expert help that they are entitled to seek and the encouragement to do so. It would also assist in identifying possible shortfalls in the availability and accessibility of expert help in particular geographical locations and planning ways in which this can be addressed. This includes developing the strategies needed to ensure that the expert help is readily available and accessible irrespective of the court's location, can be accessed in a timely manner so as to prevent undue delays to the court proceedings and can be financially resourced to meet reasonable costs incurred in obtaining this help.

Areas in which expert advice should be sought to assist decision making about particular children include cultural considerations in respect of Aboriginal and Torres Strait Islander children and families and those from culturally and linguistically diverse backgrounds, complex case matters, and the impacts of sexual abuse or emotional abuse. In some matters, the ability to seek independent family or social assessments from that provided by the Department is also viewed as critical.

Question 40.

Should certain applications for child protection orders (such as those seeking guardianship or, at the very least, long-term guardianship until a child is 18) be elevated for consideration by a Childrens Court judge or a Justice of the Supreme Court of Queensland?

No, elevating decision making about applications for certain child protection orders to a higher court is not warranted. The many decisions that the Department, Childrens Court and others make about whether to initiate statutory child protection interventions and the nature, duration and extent of interventions that do occur are all serious and significant decisions with short and long term impacts on a child's life. The reasons why children and parents experience departmental and court decision making processes as unsatisfying, protracted, disempowering, traumatising or inconsistent are not because of a mis-match between the significance of the decision and the level of the Departmental officer or court. The Commission has heard wide ranging testimony and received numerous submissions discussing the standard of court practice and concerns in respect of departmental and court decision making processes. The Commission's discussion paper, particularly the chapter focusing on courts and tribunals, queries different approaches in response to these and other issues, a number of which would, in PeakCare's view, contribute to delivering more timely and informed court decisions.

Question 41.

What, if any, changes should be made to the family group meeting process to ensure that it is an effective mechanism for encouraging children, young people and families to participate in decision-making?

A range of policy and practice-based changes should be made to family group decision making processes. Under the *Child Protection Act 1999* and as generally understood, 'family group meetings' are an inclusive forum comprising of the child, immediate and extended family and professionals, convened for the purpose of developing (or reviewing) the plan to meet the child's safety, wellbeing and other needs. Family group meetings are the antithesis of an adversarial process - they cannot therefore deliver good outcomes for a child or family if they are planned and convened in an adversarial manner.

Participation of family members is integral to the concept as it is represents an acknowledgement that each family member has an understanding of the child and family situation. This includes the 'problems' as understood by them and their ideas about the solutions. They are 'experts' who have a right to participate in decision making. For change to occur, family views have to be listened to and included. Goals have to be achievable and meaningful. The process is intended as a 'problem solving' exercise, not one that is adversarial or confrontational. Thus, professionals acting, and being perceived to act, in ways that are helpful and supportive is fundamental to the process (i.e. rather than appearing to, or actually, collecting evidence or revealing information intended to surprise or 'catch the family off-guard').

A range of problems has been raised by various stakeholders about ways in which family group meetings are currently convened, or not convened. Central to making the meetings meaningful and inclusive processes is the need for the convenor or facilitator (government or non-government) to be skilled, impartial and independent of the case management and decision making processes. For Aboriginal and Torres Strait Islander children, the convenor should be of Aboriginal or Torres Strait Islander descent. Where feasible, all convenors should be purpose-trained in family group decision making processes. The convenor should seek to be well briefed by *all* parties and for *all* parties to be well briefed about the process and what will be discussed. Professionals should share all relevant information before the meetings (i.e. no surprises). The number of professionals, particularly Departmental officers, and the level of their participation should not be disproportionate to the number of family members and their supports and the level of their participation. Supportive and culturally sensitive approaches to family participation can be achieved by encouraging family members' attendance through the provision of practical supports (such as transport assistance or child care) and setting a date and time that fits with family and work responsibilities. Participants should be introduced at the beginning of the meeting. The choice of venue and catering should be appropriate. Enough time should be available and allowed to prepare for the meeting as well as for the actual meeting. 'Family time' should be built into the process. The agreed case plan should not centre on parents 'jumping through a series of hoops'. Participants should be reminded of their right to make a complaint or seek a review about services.

Regardless of capacity or willingness to attend a meeting, the views of the child or parents can nevertheless be conveyed to the meeting. A child's views can be gathered irrespective of their age or development. For those children for whom it is unsuitable for them to attend all or part of the meeting or they choose not to attend the meeting, their wishes and views about the problems, solutions and their hopes can nevertheless be conveyed to other participants.

It must be remembered that child and family participation in decision making is not limited to 'family group meetings'. All decision making should be inclusive from the moment of first contact.

While legal representatives can and do attend meetings now, if the process operated as intended, the role or need for legal representatives may very likely be redundant.

Question 42.

What, if any, changes should be made to court-ordered conferences to ensure that this is an effective mechanism for discussing possible settlement in child protection litigation?

Various submissions have raised concerns about the current number of court ordered conference convenors and their limited travel budget, problems that arise from the Department not filing all of the relevant information which impacts on discussion and access to legal representation, and the actual process (eg. purpose of the forum, use of language interpreters, participation of subject children).

PeakCare supports equitable access across the State to court ordered conferences as an alternate dispute resolution process. The purpose and timing of a court ordered conference reportedly requires clarification perhaps through a stronger legislative framework (see, for example, the submissions from the Queensland Law Society and the Legal Aid Office) as does reform to support the right of a child to participate in a court ordered conference.

Question 43.

What, if any, changes should be made to the compulsory conference process to ensure that it is an effective dispute resolution process in the Queensland Civil and Administrative Tribunal proceedings?

PeakCare supports the assertion in submissions by the Queensland Public Interest Law Clearinghouse Inc. to the inquiry about the imperative to make the whole administrative review process more robust which in turn will make the compulsory conference process more effective. The small number of reviews about child protection matters, the reported disproportionate representation of Departmental officers, the reported lack of information about the right to seek administrative review, the need to improve the Department's internal complaints processes and the lack of published information about conference outcomes work together to undermine access to and the value of the right to seek review and to develop a relevant body of decisions and precedents.

PeakCare also supports the comments made by the Australian Association of Social Workers Queensland Branch (August 2012, p16) particularly in respect of the need for multi disciplinary panels, tribunal members having child protection experience and ensuring processes are meaningful and accessible (eg. properly explaining decisions) to non-professionals.

Question 44.

Should the Childrens Court be empowered to deal with review applications about placement and contact instead of the Queensland Civil and Administrative Tribunal, and without reference to the tribunal where there are ongoing proceedings in the Childrens Court to which the review decision relates?

The Childrens Court in its current form should not be empowered to deal with review decisions about placement and contact even where the court is considering ongoing proceedings. Unlike other jurisdictions (eg. Victoria), when considering 'child protection' matters the Queensland Civil and Administrative Tribunal (QCAT) is constituted by experts across disciplines and as such is able to make a more informed decision. Should the Childrens Court consider the matter, 'expert help' would be required which would effectively delay decision making.

If the concerns are about timeliness of QCAT decision making or the quality or effectiveness of the compulsory conference process, then those problems must be addressed rather than moving to change the decision-maker. In respect of 'placement' decisions, under the *Child Protection Act 1999*, a carer can seek a review of a decision to remove a child from their care, which is in effect a 'placement' decision. Tidying up sections about the parties to court matters would therefore be needed to address this scenario.

Question 45.

What other changes do you think are needed to improve the effectiveness of the court and tribunal processes in child protection matters?

Some general issues are raised at the beginning of our response to the questions about courts and tribunals. In respect of yet to be considered issues noted in the discussion paper, PeakCare has the following comments:

- *Provision for 'consent' orders*

  PeakCare queries the value or purpose of a 'consent' order given that the Department and the Childrens Court would still need to undertake the same assessment and decision-making processes, meaning that stability would not be achieved any sooner for children, parents and carers. Our other concern relates to whether the prompt for considering a 'consent' order stems from attempting to make it easier for parents to 'relinquish' their child to State care or the converse, parents feeling compelled or coerced into 'consenting' to an order. In either case, children and parents have a right to access family support (discussed in Chapters 3, 4 and 5) from the 'right' service system (eg. for children with disabilities, from 'disability

services' not the child protection system); quality alternate decision making processes (eg. family group meetings and court ordered conferences); and legal advice, information and representation; and supports.

- *Adequacy and appropriateness of the range of child protection orders*

  Please see our response to question 13, Chapter 5.

- *Improving the involvement of Recognised Entities in providing cultural advice to the Department, the Childrens Court of Queensland and QCAT*

  PeakCare supports the involvement of Recognised Entities across all decision-making and review processes. Although 'cultural advice' may be the term currently used, we are alarmed that the role, purpose and contribution of Recognised Entities continue to be portrayed in such a dismissive manner. In particular, the term 'advice' is not regarded as sufficiently robust and can lead to wide interpretations in practice where in some instances, the 'advice' provided is assigned a high level of status and importance and in others, it is given far less weight and influence on the formulation of decisions.

- *Specialist training and accreditation for lawyers and judicial officers in child protection matters*

  PeakCare supports the idea of specialist training and perhaps accreditation, but acknowledges the difficulties and cost associated with achieving the good intent across Queensland.

Chapter Eleven:
FUNDING FOR THE CHILD PROTECTION SYSTEM

Question 46.

Where in the child protection system can savings or efficiencies be identified?

A number of actions noted by PeakCare throughout this submission may produce some efficiencies and savings (eg. a reduction in the scope of the Community Visitors program, some rationalisation of the 'blue card' system and an increased focus on reunification of children currently residing in out-of-home care where this can be supported and safely achieved). It is not anticipated however that the savings to be achieved from these actions will be significant in comparison with the investment that is needed to profoundly re-shape the child protection system.

PeakCare is also of the view that unless some 'hump funding' is invested in the secondary service system in particular, it is likely that the increases in demand for tertiary responses will continue unabated along with the burgeoning costs of out-of-home care. Further, it may be anticipated that similar rates of expenditure on out-of-home care will need to continue for several years until many of the children currently placed 'age out of care' and the entry rate can be reduced in line with the effects of an enhanced secondary system.

Reiterating what PeakCare said in our preliminary submission

As stated within PeakCare's preliminary submission (pp23-24):

> *"A concern that must be considered by both the Commissioner and Government is whether the reduction in numbers of personnel across both these sectors will deplete capacity to properly and adequately implement responses to Inquiry recommendations. Reductions in 'policy' and 'program development' personnel and system administrators within both the government and non-governments sectors may not be an effective cost saving measure in the longer term if there is insufficient capacity left to undertake the detailed policy analysis, program development, change management and monitoring functions that will be needed to implement major reforms.*
>
> *Another concern relates to the Commissioner not 'ruling out' consideration of options, strategies or innovations that would or could deliver improved outcomes for children and families, simply on the basis of cost.*
>
> *Forewarning of what may be required to re-shape the child protection system comes from the review of the United Kingdom's child protection system led by Professor Munro. With more than a year having transpired since the conclusion of the Munro review, those charged with the responsibility of shifting the system away from being overly bureaucratised and procedurally driven have warned that the past 'scaffolding' of the system must be removed incrementally and with care.*
>
> *In anticipation that this Inquiry will make recommendations intended to reduce the over-reliance on tertiary interventions, it may also be expected that there will be challenges posed in not prematurely shifting resources away from the tertiary end (e.g. out-of-home care) towards prevention and early intervention without giving sufficient time for the demand for tertiary services to be effectively and genuinely reduced, which may expose some families and their children to even higher levels of risk than those that currently exist.*
>
> *The Commissioner has been assigned the responsibility of charting a 'road map' for the next decade. This is viewed as a realistic time frame for re-shaping the child protection system and it may be expected that every year of those ten years will be required to implement the extent and nature of changes that are needed".*

Chapter Twelve:
CONCLUSION

Question 47.

What other changes might improve the effectiveness of Queensland's child protection system?

Beyond changes already described within this submission, PeakCare is of the view that the *Child Protection Act 1999* is sorely over-due for review and no further amendments should be made to the *Act* in preference to a comprehensive review.

Reiterating what PeakCare said in our preliminary submission

As stated within PeakCare's preliminary submission (pp23-24), recommended actions to be taken in relation to matters concerning the *Child Protection Act 1999* include:

- *Review the Child Protection Act 1999 to assess its effectiveness, relevance and practicability in delivering its stated aims and objectives, after an initial process to establish that these are still 'right'. Incorporate seeking data and information across Child Safety Service Centres, different populations (e.g. young people transitioning from care, children placed with kinship carers, children with disabilities) and across the range of services delivered by government and non-government agencies.*
- *Pay particular attention to reviewing the use, effectiveness and outcomes for children and families of the following provisions of the Child Protection Act 1999:*
  - *'best interests of the child' as this has, as explained in Part A of this submission, been pitted against a child's safety and ascribed a position of being something other than a holistic assessment that encompasses connection with family, cultural background and community*
  - *notifications on unborn children and provision of help and supports to pregnant women where it is suspected that the unborn child may be at risk of harm following birth – the intention of the CMC's recommendation was that pregnant women receive supportive help before the birth rather than interference with their rights. The apparent high number of children removed at birth from hospitals highlights not only the lack of supports to pregnant women, but also the insensitivity with which statutory powers are exercised*
  - *case planning, particularly the provisions relating to case planning at a family group meeting, case reviews and use of intervention with parental agreement*
  - *'alternative dispute resolution' processes such as family group meetings and court ordered conferences*
  - *assessment orders and orders granting guardianship to another suitable person other than a member of the child's family*
  - *parents' and children's right to participate in decision-making under the Act*
  - *parents' and children's right to access legal representation in case planning and court processes*
  - *assistance to young people to transition from care to adulthood*
  - *roles and responsibilities of Recognised Entities in being consulted about decision-making about Aboriginal and Torres Strait Islander children*
  - *annual reporting about child protection matters across Queensland government agencies, and*
  - *maintenance of contact by Aboriginal and Torres Strait Islander children with the child's community or language group*
- *Review the use, value and implementation of mandatory reporting provisions in other pieces of legislation, e.g. nurses under the Public Health Act 2005 and the need for ongoing training for all mandatory reporters.*
- *Get the balance right between prescriptive and administrative approaches to the regulation of Queensland's child protection system. Over its 12 years of operation, the Act has been made*

increasingly prescriptive about who, what, how and when actions are undertaken, yet with insufficient consideration given as to whether or not legislation was the best approach to regulating the concerns.

- *In reviewing the Child Protection Act 1999 and considering strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, seriously consider devolving the control of functions to community-controlled and led agencies and ensuring that this occurs in accordance with a supportive and resource-sufficient implementation plan.*
- *Unless there are confidentiality or other associated issues, make departmental and other relevant government agencies' practice resources and decision-making tools publicly available on the website/s. For example, the Department of Education, Training and Employment's education support planning and resource allocation materials.*
- *Investigate the differences and reasons for gaps between stated policy intent and practice across Child Safety Service Centres, for example, in respect to the use of less intrusive interventions such as 'intervention with parental agreement', and notifications on unborn children and compliance with the higher order options in the Child Placement Principle.*
- *Develop legislation, policy, practice manuals, program descriptions, funding information papers and similar documentation in a partnership between the Department of Communities, Child Safety and Disability Services, other government agencies and non-government peak bodies to ensure that all parties are 'on the same page' in respect of their understandings and interpretation of the legislation and administrative processes".*