

# PeakCare Queensland Inc.

## WHAT OUR MEMBER AGENCIES AND SUPPORTERS THINK!

Member agency and supporter feedback about:

*PeakCare's responses to recommendations of the  
Queensland Child Protection Commission of Inquiry*

September 2013



## Background

On 5<sup>th</sup> September 2013, PeakCare Queensland (PeakCare) released a survey to our member agencies and supporters inviting them to provide their feedback about PeakCare's preliminary responses to each of the 121 recommendations of the Queensland Child Protection Commission of Inquiry (the Commission). PeakCare's preliminary responses, as documented within the survey, were informed by research and the contributions of PeakCare's member agencies and supporters collected during a series of *Let the Journey Begin* roundtable meetings held in seven locations across the State following release of the Commission's report on 1<sup>st</sup> July 2013. Roundtable meetings were held in Brisbane, Gold Coast, Logan, Sunshine Coast, Toowoomba, Rockhampton and Cairns. Over 250 people representing around 100 non-government organisations (or regional branches of organisations) participated in these meetings. The outcomes of these roundtable discussions were added to information and advice already provided by our member agencies and supporters during four *Child Protection Expos* and other consultation exercises conducted during the course of the Commission's inquiry.

## Aims of the survey

PeakCare's aim in conducting this survey was to ensure that every possible opportunity was provided to our Member Agencies and supporters to comment on and inform PeakCare's responses to the Commission's recommendations – especially those who may not have been able to participate in one of the *Let the Journey Begin* roundtable meetings. For those who were able to attend a roundtable meeting, the survey was intended to provide an opportunity to add to what they may have already said.

PeakCare did NOT conduct this survey for purposes of 'polling' our member agencies and supporters to find out how many supported or did not support individual recommendations of the Commission or to identify those who agreed or disagreed with PeakCare's responses. Rather, the survey was conducted to provide opportunity to reflect on, further explore and add depth to the commentary and range of opinions already collected about the Commission's report and recommendations. PeakCare fully appreciates that in respect of some matters addressed by the Commission, there may not be agreement held within our membership and amongst our supporters. It is this diversity of views and perspectives that should be valued as this is precisely what is needed to add richness, quality and focus to the discussions and debates that will challenge traditional thinking and stretch our collective imagination about what might be possible in improving Queensland's child protection system.

When completing the survey, many member agencies noted that it was not an easy job to work out their response to some of the recommendations. In part, this was because of the interdependencies that exist between several recommendations with their support for some being contingent upon the acceptance or otherwise of other recommendations. Also, many noted that the recommendations feature a mix of both an 'outcome' that is being sought and a recommended 'process' for its achievement. In these instances, sometimes the recommended outcome was supported, but not the process (or vice versa). Many of the recommendations are also multi-faceted and whilst some aspects were supported, others weren't and this was often dependent upon the interpretation of individual readers or the emphasis they placed on some aspects of a recommendation in comparison with others. To understand the intentions underlying many of the recommendations, considerable effort often had to be expended in delving far into one or more sections of the Commission's report. Despite a tight turnaround for completing the survey, PeakCare is very grateful to the twenty-two member agencies and supporters for the careful consideration they gave to the formulation of the feedback they submitted.

### Formatting of the survey report

As you will see when reading this document, a simple format was selected for reporting on the outcomes of the survey. From left to right, the columns contain the Commission's 121 recommendations, PeakCare's preliminary response to each recommendation (a rating of 'A' or 'B' to respectively reflect in-principle or conditional support or a 'C' to indicate our withholding of support, and comments) and the collated feedback received from the survey respondents in respect of each recommendation. Definitions of the ratings are as follows:

<b>A - Support</b>	<i>Indicates support for the approach, direction or action recommended by the Commission, as understood by PeakCare, subject to the application of the principles stated below in respect of the planning, implementation, resourcing and/ or review of responses to the recommendations. Where there may be issues or concerns which must be addressed in deliberations about roles and responsibilities, timeframes or other design or implementation work, these are noted in the commentary provided in respect of each of the supported recommendations.</i>
<b>B - Conditional support</b>	<i>Indicates that support for the approach, direction or action recommended by the Commission, as understood by PeakCare, is conditional due to significant inter-dependencies in respect of the development and implementation of responses to other recommendations and/ or reservations about the adequacy or scope of the recommendation in response to the issues raised or considered during the Commission's inquiry.</i>
<b>C - Support withheld</b>	<i>Indicates that the approach, direction or action recommended by the Commission, as understood by PeakCare, cannot be supported at this stage as it demonstrates inadequate analysis of the issues and/ or an insufficient gathering of evidence relating to the matters under examination and, therefore, flawed or inadequate conclusions having been reached about the recommended approaches, directions or actions to be adopted to properly address those issues.</i>

This collated feedback from the survey respondents includes:

- an indication of the proportion of survey respondents who agreed, disagreed or had no comment (or were undecided) about the 'A', 'B' or 'C' rating assigned by PeakCare to each recommendation <sup>1</sup>, and
- an indication of the proportion of respondents who preferred that an alternative rating be assigned to each recommendation along with relevant comments recorded by the respondents.

Where it has been thought necessary to add to or clarify the commentary provided by PeakCare in our preliminary response to some of the recommendations, this additional commentary has been documented within the report. In most instances however, PeakCare has elected to allow the comments recorded by the survey respondents to 'speak for themselves' in either adding to or contrasting with PeakCare's original commentary.

When reading the report, the varied perspectives and areas of specialised knowledge and expertise held by many of our member agencies and supporters become apparent in the different ways in which some recommendations have been interpreted and judged. It may be anticipated that when reading the comments included within the feedback that has been received, a common reaction will be, "I hadn't thought about it in that way..."

## Core principles

As stated in the survey that was sent to our member agencies and supporters, PeakCare holds the view that reforming Queensland's child protection system, including the planning, development, implementation and review of responses to the Commission's recommendations, must be underscored by a number of core principles. These are:

- A close, respectful and effective working partnership between government, non-government service providers and other stakeholders is necessary at all levels of planning, developing, managing and implementing reforms
- The selection and ongoing planning of responses to each recommendation and the strategic directions of reforms must be driven by an identified evidence base

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<sup>1</sup> It is noted that where the term 'all respondents' is used that this refers to 22 of the 22 survey respondents, the term 'nearly all' refers to more than 18 but less than 22 respondents, the term 'most respondents' refers to more than 14 but less than 19 respondents and the term 'a small majority' refers to more than 10 but less than 15 respondents.

- The reform directions and agenda must be underpinned by a recognition that a consistent whole-of-Queensland Government approach is necessary to meet the range of needs held by children, young people and their families and the portfolio responsibilities of respective Ministers must be exercised in a complementary manner consistent with Government priorities in promoting the safety and well-being of children and young people and the support of their families
- Resource allocation (and re-allocation) must be based on needs-based criteria that ensure equitable access by children, young people and families to the range of services across the State
- Some 'hump funding' is needed to 're-shape' the child protection system in order to prevent a premature transfer of resources away from the tertiary end of the system before additional investment in primary and secondary services take effect in reducing demand for a tertiary response
- Place-based, local planning should inform the planning, development, implementation and review of responses, programs and services
- Joint training of government and non-government workers needed to bring about the reform process should be seen as the preferred approach where appropriate to the training content and/or shared or common work responsibilities, and
- The introduction of all new and revised service 'types' should be informed by clearly articulated 'logic frameworks' that define the targeted groups of service recipients, purposes of the service, the outcomes sought and components of the service model.

The comments received in response to the survey have confirmed in PeakCare's view, the relevance and importance of these principles.

### PeakCare's appreciation

Once again, PeakCare's appreciation is extended to the survey respondents as well as those member agencies and supporters who participated in the *Let the Journey Begin* roundtable meetings. Your contribution will greatly assist PeakCare in providing full and constructive advice to Government representatives as we seek to influence the Government's response and the eventual implementation of responses to those recommendations that are accepted by the Government, either totally or in part, and to needed reforms of the child protection system.

**Lindsay Wegener**

Executive Director

PeakCare Queensland

No.	Recommendations	Cat. <sup>1</sup>	PeakCare Comments	PeakCare Member Agency and Supporter Feedback
<b>THE CASE FOR REFORM</b>				
1	<b>Recommendation 1.1</b> the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children	A	The success or otherwise of the response to this recommendation will rely on resources being available to support families and communities, supported by place-based planning and service delivery.	<p>All survey respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>More investment required at the preventative end of the child protection system</i></li> <li>• <i>Initiatives initially resourced to provide early intervention (pre tertiary) have historically been subsumed by the tertiary system when demand has increased</i></li> <li>• <i>This emphasises the need for a whole of community response that must be underpinned by a dedicated strategy and resources located at a universal level in relation to education and support</i></li> <li>• <i>Families are often aware of their responsibilities but struggle without support. The role that must be played by government in developing and resourcing community responses to support this outcome is clear.</i></li> </ul> <p>The support indicated by some respondents was qualified:</p> <ul style="list-style-type: none"> <li>• <i>Must include some responses designed to be inclusive of CALD background communities</i></li> <li>• <i>The resources for a range of early intervention and tertiary family support services are critical as well as effective practice in engaging and working with families. Otherwise, this could lead to a culture of blaming families for not being responsible if the mechanisms for providing family support and assisting them to exercise their legal rights are not funded appropriately</i></li> <li>• <i>Peakcare's comment is vital to allow for flexible, 'tailor made' service delivery rather than a 'one size fits all' approach</i></li> <li>• <i>Agree only if families are not made to feel responsible for matters they cannot address on their own – that is, enactment of this recommendation must promote a 'families supported by community and government' responsibility.</i></li> </ul>
<b>DIVERTING FAMILIES FROM THE STATUTORY SYSTEM</b>				
2	<b>Recommendation 4.1</b> the Minister for Communities, Child Safety and Disability Services propose that section 10 of the <i>Child Protection Act 1999</i> be	A	PeakCare supports the clarification of the threshold for State intervention in family life.	<p>All survey respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Clarifying this would provide a benchmark for service providers across primary, secondary and tertiary systems, as well as supporting reunification services and decisions.</i></li> </ul> <p>Again, the support of some respondents was qualified:</p> <ul style="list-style-type: none"> <li>• <i>If we clarify threshold issues then we need to have safe options for diversion within the</i></li> </ul>

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	amended to state that 'a child in need of protection is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm'.			<p><i>family support system</i></p> <ul style="list-style-type: none"> <li>• Will there be the necessary changes made to support this recommendation in relation to domestic and family violence and people who have previously been in care as children?</li> <li>• Agreed, and note that there should be no attempt to statutorily define 'significant' which should retain its common meaning and be tested by the Courts as necessary.</li> </ul>
3.	<p><b>Recommendation 4.2</b></p> <p>the Department of the Premier and Cabinet and the Department of Communities, Child Safety and Disability Services lead a whole-of-government process to:</p> <ul style="list-style-type: none"> <li>• review and consolidate all existing legislative reporting obligations into the <i>Child Protection Act 1999</i></li> <li>• develop a single 'standard' to govern reporting policies across core Queensland Government agencies</li> <li>• provide support through joint training in the understanding of key threshold definitions to help professionals decide when they should report significant harm to Child Safety Services and encourage a shared understanding across government.</li> </ul>	A	<p>Undertaking the review of legislative reporting obligations in conjunction with peak bodies and non-government service providers will be important, especially when consideration is given to related recommendations about dual intake mechanisms. The response to this recommendation also needs to take account of how the value of current mandatory reporting obligations on employees of licensed care services (under s.148) will be addressed if, as recommended, the licensing of care services is ceased. It is noted that mandatory reporting by residential care workers was a recommendation arising from the Forde Inquiry.</p>	<p>Nearly all respondents agreed that this recommendation should be supported, but many noted reservations about some of its aspects:</p> <ul style="list-style-type: none"> <li>• <i>Third dot point bothers me – agree with joint training/ conversations about what significant harm is, but not convinced that this will be sufficient to ensure that professionals working across government agencies will operate in accordance with a shared child protection framework, without which understandings about thresholds and risk and assessment criteria will continue to vary</i></li> <li>• <i>Concur with PeakCare's comments and stress that there needs to be significant consultation with all key stakeholders in relation to the community and human services implications and any unintended consequences</i></li> <li>• <i>Note also that it is vital that non-government organisations are a part of these discussions and review given their potential impact</i></li> <li>• <i>This is essential to change the reporting behaviour of Police, Health and Education but must be combined with other system changes such as introducing community based intake and expanding the 'Helping Out Families' initiative</i></li> <li>• <i>Don't agree that there should be a dual intake system - one should be a gateway and referral system (completely separate from intake for child safety) and the other a child safety intake system</i></li> <li>• <i>Agree with PeakCare's comments about the implications of this recommendation in relation to the employees of licensed care services</i></li> <li>• <i>Mandatory reporting for residential workers is critical given the evidence of past abuses and neglect which were not reported. It also protects residential workers in relation to their employees if it is mandatory.</i></li> <li>• <i>A review of legislated reporting requirements probably requires that government policy-based requirements are also reviewed. It is important that this not become a net-widening exercise that extends mandatory reporting, which has built-in inefficiencies.</i></li> </ul>



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				<ul style="list-style-type: none"> <li>Suggest this include the implementation of 'mandatory reporter training' to help individuals understand their roles and responsibilities.</li> </ul> <p>One respondent provided no opinion.</p>
4	<b>Recommendation 4.3</b> the Queensland Police Service revoke its administrative policy that mandates reporting to Child Safety Services all domestic violence incidents where at least one of the parties has a child residing with them to Child Safety Services, replacing it with a policy reflecting the standard recommended in rec. 4.2.	A	Given the inadequate and / or intrusive responses which families have received as a result of being routinely reported, achieving the desired outcome of the right service at the right time requires those services to be available. The design and implementation of responses to the recommendations about dual intake, differential responses, and information sharing between service providers are critical to realising this recommendation.	<p>Most respondents agreed that this recommendation should be supported, but some noted their caution in doing so:</p> <ul style="list-style-type: none"> <li>Agree with caution - slightly concerned that police will stop reporting all domestic violence incidents when there is a very real risk a child or young person is at risk or is being harmed</li> <li>Concerned that if this isn't implemented well that it might result in a less than adequate response to the serious risks of witnessing violence or direct experiences of violence</li> <li>Strongly recommend that concurrent work be undertaken in relation to firstly, ensuring there are referral opportunities and resources for victims of violence that can be made by Police at the point of initial contact and secondly, comprehensive education of police officers about domestic and family violence and the complexities involved.</li> </ul> <p>Some respondents thought that this recommendation should receive conditional support only (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>This will require new models of police and non-government organisations working together to target the children and parents (usually women) most needing access to services to ensure their safety. Additional resources are required to enable better coordination and support services for victims</li> <li>Domestic violence can be directly linked to child abuse and therefore, this will require adequate training for police around domestic and family violence and its links to child abuse and neglect ... would support the development of national guidelines that are aligned across each state and territory.</li> </ul> <p>Some thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>Concern is that this could result in children 'falling through the cracks'</li> <li>Concerned that there will be a reversal back to when this issue was not responded to (or responded to in a limited manner only) by police – there needs to be a balance.</li> </ul> <p>One respondent provided no opinion.</p>



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5	<b>Recommendation 4.4</b> as part of the review proposed in rec. 4.2, the Queensland Police Service and the Department of Communities, Child Safety and Disability Services develop an approach to the exchange of information about domestic and family violence incidents that ensures it is productive and not a risk-shifting strategy.	B	Given the recommended re-shaping of the front end of the child protection system, any information about harm or suspected harm to a child will need to be shared more broadly than simply exchanges of information between the Police Service and Department. That is, the full range of parties between whom information is to be exchanged, the circumstances permitting this exchange of information and the protocols and means for this exchange will need to be incorporated within the 'intake' process. As such, Recommendation 4.4 is viewed as insufficiently cognisant of these broader requirements in relation to the exchange of personal information.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Consideration also needs to be given to the exchange of this information to ensure informed decisions in respect to ongoing intervention and casework activities</i></li> <li>• <i>Need to conceive a process of information sharing that is effective and has the ability to be corrected should information be found to be inaccurate and as new information comes to light - also need to be mindful of the needs of families to have some input into the information sharing where required</i></li> <li>• <i>Information should be shared with all relevant parties (e.g. non-government organisations)</i></li> <li>• <i>Agree information sharing will not necessarily be with the Department but with non-government organisations undertaking community based intake and with non-government organisations providing domestic and family violence services</i></li> <li>• <i>The coordination of police, courts and non-government services is critical to achieving positive outcomes</i></li> <li>• <i>Agree with PeakCare's comments. Information exchange between both government and relevant non-government services must enable referrals for assistance without children and families impacted by domestic and family violence having to be funnelled through the statutory child protection system.</i></li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>Recommendation 1.1 gives responsibility to families and communities for the care of their children, this recommendation takes away that ownership and detracts from further involvement that is needed between families, communities, the police service and Department.</i></li> </ul> <p>Another respondent thought the recommendation should be supported (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>Agree with the recommendation if inclusive of PeakCare's comments. A shared electronic client file system could support information sharing but probably not at intake stage.</i></li> </ul> <p>One respondent gave no opinion.</p>

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6	<b>Recommendation 4.5</b> the Department of Communities, Child Safety and Disability Services establish a dual pathway with a community-based intake gateway that includes an out-posted Child Safety officer as an alternative to the existing Child Safety intake process.	A	Regardless of whether intake is undertaken through government or non-government service providers, there needs to be local family support and other services available. Non-government service providers will need to be assured that community based intake is not a risk-shifting exercise. There also needs to be further investigation about 'family support alliances' and records management and information sharing between the Department's client information system and community-based intake.	<p>Nearly all respondents agreed that this recommendation should be supported and agreed with PeakCare's commentary:</p> <ul style="list-style-type: none"> <li>• <i>Suggests that the non-government sector needs to be adequately resourced</i></li> <li>• <i>Agree - this is a significant shift and it is crucial that mechanisms are put in place which include meaningful and appropriate resources to enable community based services to undertake this role effectively. It is also important that community agencies do not become 'defacto Child Safety departments' particularly in terms of the requirements placed on them by the Department, which will just result in stifling progressive work. There needs to be comprehensive planning here or otherwise it will become a risk shifting exercise with community agencies taking on all the risk without the support and resources to manage the role effectively, with poor outcomes for children and young people being the result</i></li> <li>• <i>Needs to be consideration given also to the potential risk for non-government organisations in managing intake services. Also agree that there needs to be a parallel development of appropriate community resources for families.</i></li> <li>• <i>Such a system needs adequate resourcing and safeguards re: quality and consistency across all of the system and the state</i></li> <li>• <i>This is essential to divert families from the tertiary child protection system but must be combined with expanded intensive family support services across the state similar to 'Helping Out Families' in south east Queensland. Recommendations 4.4 and 4.5 are the highest priority recommendations if the Queensland Government ever wants to reduce the number of children and young people entering the tertiary child protection system</i></li> <li>• <i>Agree with Peakcare's comments. Depending on the contract arrangement of intake responsibilities between government and non-government organisations, there is likely to be some risk/responsibility shift and non-government organisations need to be resourced to manage the risk and establish themselves to minimise the risk for an organisation, its staff and client</i></li> <li>• <i>Agree, but the main point is that there is availability of persons skilled and knowledgeable to 'draft' families into the pathway best suited to their needs, whether or not this is an out-posted Child Safety Officer</i></li> <li>• <i>Agree to a point - would like more detail about the investigation of Family Support Alliances. We would recommend the out-posting of a statutory worker placed within a</i></li> </ul>

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				<p><i>Family Support Alliance. Agree that the service needs to be well resourced, including the defined responses to over-demand.</i></p> <p>Some respondents preferred that the recommendation be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>Disagree with dual intake unless proposed changes are transparent for families contacting the services. Strongly against a system which registers families as being 'at risk' just because they self-refer. The co-location of Child Safety offices within high risk secondary services could be beneficial and enable shared assessments and skills especially around domestic and family violence, sexual abuse, homelessness and mental health</i></li> <li><i>Prefer B - The risk with dual pathways is already evident with many young people with disabilities being forced to wait until they turn 18 before the disability service provider will even meet with them. Child Safety will then 'drop them' as soon as they turn 18. There needs to be a crossover of at least 6 months funded from both pools to ensure best outcomes</i></li> <li><i>Prefer B due to the reservations stated in PeakCare's commentary.</i></li> </ul>
7	<p><b>Recommendation 4.6</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to:</p> <ul style="list-style-type: none"> <li>allow mandatory reporters to discharge their legal reporting obligations by referring a family to the community-based intake gateway, and afford them the same legal and confidentiality protections currently afforded to reporters</li> <li>provide that reporters only have protection from civil and criminal</li> </ul>	A	<p>While the recommendation is supported, attention will need to be given to defining 'acting reasonably' so as to avoid mandatory notifiers failing to refer families for fear of incurring liability. This is seen as an important training and implementation issue.</p>	<p>Nearly all respondents agreed that this recommendation should be supported and agreed with PeakCare's commentary:</p> <ul style="list-style-type: none"> <li><i>Adequate training will be needed to help individuals' understanding of this</i></li> <li><i>The lack of clarity around this and different levels of awareness of the requirement as outlined in the Act, leads to varied responses and some lack of willingness to comply</i></li> <li><i>Support the intent of this recommendation, but this is a complex issue and requires careful thought. One concern is in relation to the unintended consequence if the focus shifts onto consideration of malicious reports, and creates additional requirements on our over-burdened legal system</i></li> <li><i>The other point here is that referrals to community based services should be made with a family's knowledge in every possible circumstance, which would increase the rate of engagement. Currently we know that some families first find out about any referral when the family support agency contacts them, this is not conducive to engaging that family. We need to re-think our strategy for how we respond to situations where there is concern about a family's parenting beyond simply referring or reporting them</i></li> </ul>

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	<p>liability if in making their report they are acting not only honestly but also reasonably</p> <ul style="list-style-type: none"> <li>provide appropriate information sharing and confidentiality provisions to support community-based intake.</li> </ul>			<ul style="list-style-type: none"> <li>Any referral process should recognise that the preferred method of working with families experiencing difficulties is through a relationship which fosters trust and co-operation. Accordingly any referral process should be based on consent. Referrers should only be able to rely on protections from liability where reasonable efforts have first been made to secure the consent of the family/parent to the referral and referral is necessary for the protection of the child.</li> </ul> <p>Some respondents preferred that the recommendation be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>Yes this is really important in preventing unnecessary notifications. However to ensure that the system remains able to identify and provide support to vulnerable children and families, there will need to be strategic investment into services in the non-government sector which are aligned with mainstream reporters (e.g. antenatal clinics). Currently the capacity of the sector to receive the volume of referrals is low</li> <li>Concerned that 'reasonably' will open the gates to legal practitioners seeking to act on behalf of disgruntled families. It needs to be remembered that it is the veracity of the belief that a child is being significantly harmed which is the benchmark – even if the person was acting from motives which were not 'pure' (for example, a vindictive motive may be held to be unreasonable, but the matters stated are nevertheless still true). I think it is inevitable that use of the word 'reasonable' would deter reports by ordinary notifiers. We support the other parts of the recommendation.</li> </ul>
8	<p><b>Recommendation 4.7</b></p> <p>the Department of Communities, Child Safety and Disability Services establish differential responses that include alternatives to a Child Safety investigation to respond to concerns that are currently categorised as notifications. This would provide three separate response pathways:</p> <ul style="list-style-type: none"> <li>an investigation response by</li> </ul>	A	<p>PeakCare supports the concept of alternate pathways for making and responding to a report about harm or significant harm to a child. However for a child and family to receive the right response when they need it, family support, intensive family support and specialist services such as those responding to domestic and family violence, mental health and drug and alcohol issues, must be accessible and available.</p>	<p>Nearly all respondents agreed that this recommendation should be supported and agreed with PeakCare's commentary:</p> <ul style="list-style-type: none"> <li>Regardless of the service provision, the pathway to this should be accessible, responsive, well resourced. Our opinion is that a one-stop-shop approach is a far more effective route to services rather than the creation of separate pathways.</li> <li>Whilst we need specialist and more generalist responses across all the risk factors, we need also to encourage culturally responsive practice models because the Queensland population is now very diverse</li> <li>Essential to change the front end of tertiary child protection away from an 'Investigation and Assessment' approach to an 'Assessment and Support' approach</li> <li>Agree with the proviso that a very high quality of training is afforded to all practitioners –</li> </ul>

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	<p>government of the most serious cases of child maltreatment</p> <ul style="list-style-type: none"> <li>a family service assessment response by a non-government organisation where there is a low to moderate risk</li> <li>a family violence response by a non-government organisation where a child has been exposed to violence.</li> </ul> <p>For the latter two responses to be employed, there is no need for a formal finding that a child is in need of protection.</p>		<p>Without further discussion, PeakCare is also not convinced about the feasibility of a separate pathway for children and families impacted by domestic and family violence. Often this issue is intertwined with other needs and, in any case, all family support services should demonstrate competence in responding to domestic and family violence through in-house expertise, which may be backed up by partnerships with specialist providers.</p>	<p><i>significant investment in this is needed</i></p> <ul style="list-style-type: none"> <li><i>Agree with the provision that all pathways are linked in some way, creating silos for reporting is dangerous</i></li> <li><i>Agree with Peakcare's comment and agree that domestic and family violence needs to be integrated in the response system. Differential response has commenced to some extent and it appears that processes and approaches to this differ slightly across regions. Training needs have not been incorporated in the process and responsibilities and expectations of non-government organisations are unclear</i></li> <li><i>Think there is merit in a 'family violence response' if appropriately funded. While domestic and family violence is often intertwined with other needs, many generalist agencies are poorly equipped (in terms of staff knowledge) to respond to domestic violence</i></li> <li><i>The concept of differential responses to reports of harm or risk of harm is supported. The available options proposed however appear limited and more comprehensive channels of support /intervention for families should be available (e.g. joint government/non-government investigation; provision of resources to families (without direct intervention); and support of families to self-refer).</i></li> </ul> <p>Some respondents preferred that the recommendation be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>Prefer B - there is a lack of capacity in the early intervention and prevention sector that could see a child experience a greater level of harm for longer as a result of falling between the gaps</i></li> <li><i>Whilst understanding the perspective that domestic and family violence is entwined with other issues, I think it is important to focus on the range of responses which are required for family and domestic violence dependent upon the level of risk and involvement of police, legal services and courts. A more coordinated approach between Police, non-government organisations and courts is needed to ensure that those most in need of protection and support receive a more coordinated service in line with the Family Violence Advocacy Centres in USA. A whole of sector process for consistency in practice is critical along with the use of common assessment tools.</i></li> </ul>

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9	<b>Recommendation 4.8</b> the Department of Communities, Child Safety and Disability Services in its review of the <i>Child Protection Act 1999</i> consider amending section 14(1) to remove the reference to investigation and to replace it with 'risk assessment and harm substantiation'.	B	PeakCare supports amending the legislation such that 'investigation' does not necessarily imply the adoption of a forensic approach. However, PeakCare has reservations that the wording of the recommendation may confuse the 'process' of conducting a risk assessment with the 'outcome' of that assessment substantiating that a child has been harmed as a result of the maltreatment.	<p>Nearly all respondents agreed that this recommendation should be supported and agreed with PeakCare's commentary:</p> <ul style="list-style-type: none"> <li>• <i>This is a play on words recommendation</i></li> <li>• <i>Agree with the intent of the recommendation... concern is that replacing the existing wording in the Child Protection Act to harm substantiation, creates the possibility for a whole range of unintended consequences, in particular, shifting of responsibility. If the role of the Child Safety Service Centre is only to focus on harm substantiation, this must sit alongside well planned and robust secondary and universal intervention services. Child protection issues will not just go away by a restructure of government departments. This must sit alongside greater investment in the family support services across the continuum of service delivery</i></li> <li>• <i>Is this more about training and quality (i.e staff training, support and resources) than legislation?</i></li> <li>• <i>The important factor is that assessments are carried out with transparency, legal rights are explained to all parties, and appropriate evidence is produced to back up assessments</i></li> <li>• <i>Agree with PeakCare's comments - the proposed wording does not make much sense. Do away with 'investigation' and just leave it as 'risk assessment'</i></li> </ul> <p>One respondent preferred that support for this recommendation be withheld (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>• <i>May be perceived that this is merely a play on words and would have no impact on practice. Risk assessment and harm substantiation are only parts of an investigation.</i></li> </ul> <p>Two respondents did not record an opinion</p>
10.	<b>Recommendation 4.9</b> the Department of Communities, Child Safety and Disability Services establish specialist investigation roles for some Child Safety officers to improve assessment and investigation work. These officers would work closely with the new	C	PeakCare does not agree that 'investigation' can be separated from ongoing 'assessment' of a child and family's needs and strengths throughout, and at all stages of, their involvement with the Department. The Commission's report makes no reference to the experience and/ or	<p>Nearly all respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li>• <i>Whatever the composition of an 'assessment and investigation' service, those conducting this work must be suitably experienced and qualified (e.g. social work/human services)</i></li> <li>• <i>One of the roles of a case worker is being able to have the difficult conversations – and sometimes it is possible to have these conversations because you were the one who named the issue in the first place; secondly, when change and growth occurs, it is easier for this case worker to observe and name how well the client's parenting capacity has developed or how well other issues impacting on their capacity to parent have been</i></li> </ul>



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	departmental legal advisors (see Recommendation 13.16) and police.		<p>qualifications that would need to be attained to establish the 'specialist' status of some Child Safety Officers as 'investigators'. PeakCare's view is that <u>all</u> Child Safety Officers should have human services qualifications and be equipped through initial and ongoing training and professional supervision to undertake investigations and assessments (taking into account the aforementioned point that assessment should be seen as an ongoing process during the Department's involvement with a child or family). The separation of 'investigations and assessments' from other functions and duties of the Child Safety Officer role and establishment of a specialist role is seen as placing an excessive limitation on ways in which Child Safety Service Centres (smaller Centres especially) structure their 'teams' and organise the delivery of the Department's services by the available workforce. Whilst attainment of the knowledge and competence needed to undertake investigations and assessments is regarded as an essential element of the 'generic' skills set that should be held by all Child Safety Officers, this should not be seen as preventing the Department from encouraging opportunities for all Officers to develop 'advanced'</p>	<p><i>addressed</i></p> <ul style="list-style-type: none"> <li>• Agree strongly about the need for appropriate qualifications; would also like to see a review of the SDM tool, as it's been widely identified as not particularly robust or consistent and the name of the tool itself leads to a false sense of robustness around the assessment</li> <li>• totally agree with PeakCare's comments - crucial that we do not move to incident based investigation; crucial that all Child Safety Officers are appropriately trained, experienced and qualified. Assessing child protection issues is not as black and white as a legal investigation, there is a reason why the Police undertake a separate criminal investigation where there are clear outcomes of whether a crime has been committed.</li> <li>• Agree with PeakCare's comments, but would like to also emphasise the need for the statutory service delivery to be modelled in a way that best meets the geographical/regional needs of the clients to use the available resources both effectively and efficiently. What may work in a Brisbane area, may not work in providing services in Burketown or Cunnamulla</li> <li>• This also has implications for assessors in non-government organisations under the dual pathway proposal?</li> <li>• The front end of child safety needs to change away from a purely investigative approach to an 'Assessment and Support' approach</li> <li>• Evidence has demonstrated better outcomes are achieved when there are consistent workers; US and UK research demonstrates that the consistency of the relationship between the case worker and family as they go through the various processes is an essential success factor in achieving the appropriate outcomes with families.</li> <li>• Statutory child protection work should be undertaken by specialised staff. Qualified (and supervised) staff are required through the whole process and assessment is an ongoing process and part of the case management during the life of a child protection order</li> <li>• While there is a place for legal advisors, assessment is not primarily a legal or forensic process; do not support the institutionalisation of legal officers as part of a child protection response, prior to decisions to seek statutory orders.</li> </ul> <p>Some preferred that this recommendation be supported (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• Agree with the recommendation - at that level of risk assessment, it would seem that people being highly skilled would have a more informed idea of the next steps in a much</li> </ul>



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			knowledge and skills in conducting investigations and assessments. Nor should it be seen as removing obligations held by the Department to ensure that less experienced Officers are being properly supervised and investigations and assessments are made subject to the scrutiny of senior Officers through their exercise of appropriately delegated authorities. PeakCare is also of the view that this recommendation cannot be considered separately to recommendation 7.1 (introduction of Signs of Safety (or similar) to be used in conjunction with Structured Decision Making tools) or other workforce development strategies.	<p><i>more powerful way. Those who are adequately and appropriately trained in a specific priority work area and hold a particular skill set, have the potential to achieve better outcomes for children and families</i></p> <ul style="list-style-type: none"> <li>• <i>'Independent' investigation is still needed.</i></li> </ul> <p>One respondent was undecided:</p> <ul style="list-style-type: none"> <li>• <i>Many Child Safety Service Centres already have 'Investigation and Assessment Teams'.</i></li> </ul>
11	<b>Recommendation 4.10</b> the Department of Communities, Child Safety and Disability Services review the cases of all children on long-term guardianship orders to the chief executive and those who have been in out-of-home care for less than six months (over a two-year period), with a view to determining whether the order is still in the best interests of the child or whether the order should be varied or revoked.	C	PeakCare has a number of reservations about this recommendation as it inadequately responds to the issues it seeks to address - children under serial short term orders, children drifting in long term care, young people self-placing, and inadequate efforts to reunify children and families. A range of actions should routinely be undertaken to ensure that the arrangements for every child under a short or long term guardianship order are adequately preparing them for their future. This would include an audit of each child's	<p>Nearly all respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li>• <i>This could only be done if there were significant supports in place to support a young person being reunified with their family. This support would need to continue for 6 to 12 months</i></li> <li>• <i>This recommendation is somewhat doubting their initial process to grant the long term care arrangement in the first place</i></li> <li>• <i>Agree strongly with PeakCare's comments; many of these young people seek assistance through homelessness services and that is not an acceptable transition option</i></li> <li>• <i>A very poorly thought-out recommendation in terms of the impacts upon children and young people on long-term orders and their families and carers</i></li> <li>• <i>Wonder about the absence of any reference within the recommendation to the role of effective case management (not just reviews).</i></li> </ul> <p>Some preferred that this recommendation be supported (i.e. categorised as 'A'):</p>

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			connections with family and community to take corrective action wherever needed; looking to shared parenting arrangements where the child cannot return home full time; taking account of the child's views about the order and their care arrangements; and examining options for long term guardianship to a third party. PeakCare is also aware that this recommendation has already caused anxiety for children in stable placements with carers and the assertion that each child's views should be taken into account about their legal status, placement arrangements and / or reunification with family. PeakCare is particularly concerned about the view expressed in the report that orders for 16 year olds be revoked (see page 107) and about the subsequent denial of these young people's access to needed financial assistance and other supports which they may have otherwise been entitled and/ or able to receive leading up to and post transition from care.	<ul style="list-style-type: none"> <li>Reviewing orders regularly is useful to determine whether the needs of the child are still being met. It doesn't automatically lead to revoking orders where this is not necessary</li> <li>PeakCare's concerns are fully acknowledged, but the recommendation should be supported if it is managed effectively.</li> </ul> <p>Some respondents were undecided:</p> <ul style="list-style-type: none"> <li>If the appropriate resources were allocated for a full case review it could provide valuable insight into the nature of family support and secondary services which are required, and the direction for investment into services. Agree that the views of children and young people need to be heard and listened to in developing any response. If the review could give the data needed for appropriate planning, this may help to ensure that people are not further neglected and left in stressful and adverse situations. Service matching needs to occur at the same time for children, young people and families and carers.</li> </ul>
12	<b>Recommendation 4.11</b> the Department of Communities, Child Safety and Disability Services review its data-recording methods so that the categories of harm and the categories of abuse or neglect accord with the legislative	B	There may be other solutions to the concern that the terms 'abuse' and 'harm' are used inter-changeably or in confused ways. The cost of making any changes to the Department's information system should be prioritised against the cost of implementing	<p>Most respondents agreed that support for this recommendation should be conditional:</p> <ul style="list-style-type: none"> <li>Implementing data recording can lead to costly mistakes if entered into without sufficient research</li> <li>Agree and note that we should also be looking to having consistent definitions of harm across Australia to enable greater research and analysis.</li> </ul> <p>Some respondents disagreed:</p> <ul style="list-style-type: none"> <li>This shouldn't just be viewed from a Queensland perspective. There should be a national</li> </ul>

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	provisions of the <i>Child Protection Act 1999</i> .		<p>responses to other recommendations. Also, given the recommendations about a dual intake model, any review of data-recording methods should be undertaken in partnership with peak bodies.</p> <p><b><u>Additional PeakCare commentary</u></b> PeakCare agrees that a national approach needs to be adopted to realise the full intent of this recommendation.</p>	<p><i>approach to defining abuse and harm and investigations, assessments and so on. We need a national system. It is a waste of time and money for Queensland to do this on its own.</i></p> <ul style="list-style-type: none"> <li><i>These categories need to align with national reporting requirements. I think the issue is what people are recording as the substantiated abuse (i.e. there is a large proportion recorded as neglect, however the problem is much more complex than neglect as the neglect is usually as a result of significant domestic violence or alcohol or drug abuse. Maybe some sub-categories would assist which would still align with national reporting requirements, but give a better indication of the issues being faced by families</i></li> <li><i>Support for this recommendation should be withheld as it represents a simplistic response to this issue. In particular, it fails to take account of the Australia-wide categories used to collect and report on data through the AIHW. The understanding and the changes would need to be adopted by all jurisdictions (which wouldn't be a bad thing, but is unlikely).</i></li> </ul> <p>Some respondents did not state an opinion or were undecided:</p> <ul style="list-style-type: none"> <li><i>The data recording methods need to be overhauled to support the data required for a system which now has a significant change in focus. It needs to clearly identify the needs of children, young people and families.</i></li> </ul>
13	<b>Recommendation 4.12</b> Child Safety, within the Department of Communities, Child Safety and Disability Services, cease the practice of progressing notifications relating to the relinquishment of children with a disability, and that Disability Services allocate sufficient resources to families who have children with a disability to ensure they are adequately supported to continue to care for their children.	A	PeakCare is very pleased that this issue is the subject of a recommendation, however sufficient financial resources must be made available to meet the practical, social, and care costs of children with disabilities and their families.	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li><i>Entirely appropriate that children with disabilities are supported outside of the child protection system. It is reasonable to replicate services e.g. out of home care provision through a disability pathway rather than child safety. The current approach stigmatises families whose challenges arise from caring for a child with a disability</i></li> <li><i>Strongly agree</i></li> <li><i>Agree where the relinquishment relates only to the child's disability and not to other assessed child protection concerns</i></li> <li><i>Essential, but disability services need to be provided with adequate budgets to provide support services to families</i></li> <li><i>Family support with families who have a child with a disability is a disability matter not a child protection matter</i></li> <li><i>This is imperative!</i></li> <li><i>Urgent!</i></li> </ul>

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				<ul style="list-style-type: none"> <li>Children whose families are willing but, solely due to lack of supports addressing defined disability, unable to properly care for their children should not be subject to the statutory interventions under the Child Protection Act 1999. Any legislated process for ensuring the wellbeing of those children and families should be included in the Disability Services Act 2006.</li> </ul> <p>One respondent held a different view and thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>In reality there are many families where no matter how much money was allocated to support them will be unable to care for their children due to the extent of their disabilities. In some cases teams of 6 people struggle to provide care. This has to be considered in conjunction with the needs of the child.</li> </ul>
14	<b>Recommendation 4.13</b> the Premier establish a Child Protection Reform Leaders Group, chaired by the Deputy Director-General of the Department of the Premier and Cabinet, to have responsibility for leading the reform of the child protection system outlined in this report and for reporting to the Premier on implementation. The group would comprise senior executives of: <ul style="list-style-type: none"> <li>Department of Communities, Child Safety and Disability Services</li> <li>Queensland Health</li> <li>Department of Education, Training and Employment</li> <li>Department of Justice and the Attorney-General</li> </ul>	B	Whilst supportive of the intentions of this recommendation, PeakCare is puzzled by the proposed composition of the Child Protection Reform Leaders Group and the Family and Child Council (recommendation 12.3) given the message underscoring the report about partnership across sectors and tiers of government and more specifically, the recommendation (6.2) which refers to strong partnerships and non-government representation at all levels of the governance structure. Cross-sector and genuine partnerships require more proportionate membership than 'a' non-government representative (or 'two' non-government representatives as noted elsewhere in the report).	All respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>Agree with the need for cross-sector and community representation</li> <li>We too are confused by this recommendation alongside 12.3; also agree that the non-government membership needs to be broader or the non-government sector represented by peak bodies e.g. PeakCare, QCOSS, FCQ, QATSICPP, otherwise representation from the different non-government service streams is appropriate</li> <li>Agree, but note that representation of parents, children and young people is also crucial; would also be of value to include academic researchers with specialist knowledge in this area</li> <li>The recommendation is not adequate in terms of non-government representation</li> <li>Need to think carefully about structures both vertical and horizontal and balance the need to have some authority and credibility and the need to have reach and be responsive. Perhaps we need to look for tested models of change leadership?</li> <li>Representation from the non-government sector should include the peaks but also representatives of non-government organisations in their own right</li> <li>The sector requires much more representation than one or two people</li> <li>Recommendation does not acknowledge the wealth of experience available in non-government organisations</li> <li>Agree with the concern that PeakCare is raising about representation of non-government representatives. 'A representative' from a non-government organisation will not be able</li> </ul>

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	<ul style="list-style-type: none"> <li>Queensland Police Service</li> <li>Department of Aboriginal and Torres Strait Islander and Multicultural Affairs</li> <li>Department of Housing</li> <li>Queensland Treasury and Trade</li> <li>a non-government organisation.</li> </ul>			<p>to represent the sector. Peak body representation (eg. PeakCare, CREATE) should be included as well. Maybe regionally elected representatives of non-government organisations should be included to provide better information about regional issues</p> <ul style="list-style-type: none"> <li>QATSICPP should be a delegated representative at all levels of the proposed governance of reforms, to enable development of a system (and services) that is reflective of its users and accommodates projected demand</li> <li>Particularly important that non-government agencies take an upfront role in the implementation of reforms given the emphasis in the recommendations on the need to redefine the role of government and recognise the importance of community based service delivery.</li> </ul>
<b>DESIGNING A NEW FAMILY SUPPORT SYSTEM FOR CHILDREN AND FAMILIES</b>				
15	<p><b>Recommendation 5.1</b></p> <p>the Department of Communities, Child Safety and Disability Services, in conjunction with relevant departments and the non-government service sector, conduct a stocktake of current family support services to identify gaps, overlaps or duplications in order to inform the department's development of an integrated suite of services within an overarching Child and Family support program. (This suite of services should take account of rec. 4.7.)</p>	A	<p>PeakCare is supportive of the recommended stocktake of current family support services following agreement about the types of 'family support services' subject to the stocktake (eg. generic family support; intensive, secondary or targeted family support; services that support children and families). PeakCare is also of the view however that the stocktake be undertaken as part of a more comprehensive service mapping exercise (i.e. not simply a stocktake) to consider local demand, needs and supply which can be used to inform enhancements to existing services and the design and development of new services, partnerships and collaborative arrangements. Such an approach would allow focus to be placed on local responses, services and programs and</p>	<p>Nearly all respondents agreed that this recommendation should be supported taking into account PeakCare's comments:</p> <ul style="list-style-type: none"> <li>Agree that there needs to be input from the non-government sector and in collaboration with Reform Leaders Group</li> <li>Need to also ensuring that this map include services not funded by Communities, Child Safety and Disability Services (eg. Federally funded family support services)</li> <li>Totally agree with PeakCare's comments about more comprehensively mapping services according to needs and supply</li> <li>Also concerned at how long this process would take</li> <li>Need also to get a handle on the local interaction between the various service types (eg. which locations have better integration and fewer service gaps?) Can we also devise a plan to have data about the service system from the clients' point of view rather than always repeating a service map from the viewpoint of the service funders and providers?</li> <li>Given the role that the Family and Child Council will have in building evidence based practice, there needs to be strong coordination between the Department and the Council. The need for a variety of models of family support which meet the needs of different population groups is critical for both systemic coordination between primary, secondary and tertiary services as well as individual targeting of the families who most need the support and not simply families who accept support. Research in several sectors has shown this issue of identification and responding to those most at risk is a critical factor</li> </ul>



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			ensuring an accessible network of family supports. PeakCare is unsure what is envisaged in respect of the Department's development of 'an integrated suite of services' within the one funding program. The predominant issue of concern in relation to children and families becoming able to access the services they need when they need them is about the actual existence and location of these services 'on the ground' rather than the ways in which funding programs are being administered. Whilst there may be some benefits to be gained from the establishment of an overarching single funding program, the very different target groups, processes, outputs and outcomes sought from individualised service and program models will still require separate specification.	<ul style="list-style-type: none"> <li>• <i>Small services were not paid sufficient attention by the Inquiry. These services should not be over-looked in a service mapping exercise as their models of collaborative partnerships and service integration in local communities are often extremely successful</i></li> <li>• <i>Agree with PeakCare's comments; also important for services to be able to be flexible and responsive to changes of needs quickly without being 'locked in' by tight guide lines. One suite of services will not necessarily fit all.</i></li> <li>• <i>QATSICPP should co-lead the 'stock-take' of Aboriginal and Torres Strait Islander family support services. QATSICPP should also participate in the broader process of stocktaking with a view to providing independent assessment of existing services to ensure cultural competency and balanced service delivery.</i></li> </ul> <p>One respondent had a different view and thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>The Department already has all of the information about the family support services it funds. However, it does not hold information about the Commonwealth family support services. It should be the role of the non-government organisation undertaking community based intake to know the organisations within its area and establish local alliances for the delivery of services. The main problem is not about an overlap or duplication of services, there is a complete dearth of services to meet the needs of families right across Queensland.</i></li> </ul>
16	<b>Recommendation 5.2</b> the Department of Communities, Child Safety and Disability Services and Queensland Government agencies work collaboratively with the Australian Government to ensure that services to adults who are parents are cognisant of the impacts on a child and give priority access to high-risk adults.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>There are no systemic conversations occurring between tertiary and secondary services in Queensland, they have traditionally had poor collaboration.</i></li> </ul> <p>One respondent did not provide an opinion.</p>

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17	<b>Recommendation 5.3</b> in developing the integrated suite of services, proposed in Recommendation 5.1, the Department of Communities, Child Safety and Disability Services ensure all selected services demonstrate good outcomes for children and deliver value for money.	B	PeakCare's support for this recommendation is conditional on peak bodies and their member agencies being actively involved in defining what constitutes a 'good outcome' for a child and value for money. These concepts should be jointly defined and agreement reached about measurements, the evidence base and costing methodologies.	<p>Nearly all respondents agreed that this recommendation should be supported and some commented on other parties that should be involved:</p> <ul style="list-style-type: none"> <li><i>This is a serious issue which needs a national approach, not just a Queensland approach. Academics, economic bodies and other organisations need to be involved, not only peak bodies and members</i></li> <li><i>Agree with PeakCare's comments and see this as crucial to ensuring that meaningful outcomes are achieved. Would also advocate that actual 'consumers' of services should be involved along with key academics with research expertise in this area</i></li> <li><i>Agree with PeakCare's comments that definitions are required. The measurements need to be inclusive of responsiveness to families and young people's participation and experience of their outcomes.</i></li> </ul> <p>One respondent was undecided:</p> <ul style="list-style-type: none"> <li><i>Queensland requires a mechanism for identifying and adapting evidence based practice which can focus on resourcing the sector in ensuring best practice. A centre for excellence type approach which appears to be the role of the Family and Child Council will need to work collaboratively with a range of sectors.</i></li> </ul>
18	<b>Recommendation 5.4</b> the Department of Communities, Child Safety and Disability Services roll out the Helping Out Families initiative across the state progressively, and evaluate the program regularly to ensure it is achieving its aims cost-effectively.	C	PeakCare does not support a roll-out of the Helping out Families (HOF) initiative across Queensland. Our view is that HOF is simply the name the Department gave to an intensive family support service model. Any decisions about establishing intensive family support services to support family preservation or reunification should be borne out of local area needs and planning and take account of access to existing family support, intensive family support services and other targeted services across Queensland. Notwithstanding the view that 'one size does not fit all', this	<p>Nearly all respondents agreed that support for this recommendation be withheld for the reasons stated in PeakCare's commentary:</p> <ul style="list-style-type: none"> <li><i>Services need to be localised to suit need, planned and coordinated utilising targeted services and supports</i></li> <li><i>Support the idea of 'tailored responses' to family support models. Also we suggest that families can be at different stages and therefore level of intensity is influenced by need rather than a 'one size fits all' approach</i></li> <li><i>Agree with PeakCare's concern about rolling out a 'one size fits all' program and the potential for seeing this as the panacea or magic bullet; need to also see the research around other models of family preservation and intensive family support that have worked and ensure that services that are funded have been able to demonstrate their effectiveness, this means looking at services locally, nationally and internationally</i></li> <li><i>Need local planning for local conditions but all focussed on similar outcomes and all adequately resourced</i></li> <li><i>Make money available for flexible models of family support</i></li> </ul>



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			<p>recommendation is inconsistent with recommendation 5.1.</p> <p><b>Additional PeakCare commentary</b>  <b>PeakCare strongly supports the need for many more intensive family support services to both facilitate family preservation and reunification and, as a principle underscoring the needed reform of the child protection system, advocates for 'hump funding' to provide the necessary investment in these services to reduce, over time, the unsustainable demands being placed on tertiary services and, most importantly, achieve improve outcomes for children, young people and families. PeakCare also strongly supports lessons learned from HOF being used to inform the development, planning and implementation of models that may be adapted and applied in other parts of the State. PeakCare is concerned however that to simply 'roll out HOF across the State' in the way in which this is expressed within this recommendation, does not recognise the different 'starting point' for communities across the State where there is often major shortfalls in access to a basic infrastructure of universal and secondary services. PeakCare's</b></p>	<ul style="list-style-type: none"> <li>• <i>HOF was designed to support the system which was in place prior to the Carmody Inquiry and different approaches are required to incorporate place based and specific population based responses such as young parents, domestic and family violence, homelessness, mental health, drug and alcohol use. There also needs to be clarity about establishing family support services to work with families in the tertiary system.</i></li> <li>• <i>Recommendation does not allow for the identification of what is already working in specific areas. Adapt or create family support services once the need is known in each area and it is known what services already exist</i></li> <li>• <i>Agree with PeakCare's comments about need for local flexibility and planning that belongs on a local level</i></li> <li>• <i>The stated objective of HOF was to ensure the delivery of 'the right service at the right time' to divert families and children who otherwise would have been likely to enter the statutory child protection system. The recommendations seek to unburden the statutory system by diverting at risk families and children. All services aligned with the HOF model (including Family Support Alliances) should be included in the stocktake recommended by the Inquiry. The remodelling of the child protection system should be undertaken holistically with reference to the success or otherwise of trialled initiatives.</i></li> <li>• <i>Agree in regards to 'one size won't fit all' – suggest co-designed models are needed that provide the range of supports families require based on international best practice as well as placed based planning</i></li> <li>• <i>Partially agree - would like to see intensive family support provided across the state and resources to go with it. Agree with local area planning to see how HOF aligns or not with existing locally provided intensive family support services (eg. RAI).</i></li> </ul> <p>Some respondents disagreed and thought that the recommendation should be supported (i.e. categorised as 'A')</p> <ul style="list-style-type: none"> <li>• <i>The HOF initiative is more than a generic intensive family support model. It encompasses the set up of multi-level family support alliances, as well as a level of collaboration between domestic and family violence services, Health and other agencies that has not been previously implemented elsewhere in Queensland. The model was designed to provide early intervention to prevent families entering/re-entering the statutory child protection system. The success of this unique model has been evidenced and demonstrates that the HOF model is indeed different from other models of intensive</i></li> </ul>

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			view is that the wording of this recommendation trivialises elements of the existing HOF that have contributed to the promising outcomes that have been achieved so far that can be built upon, particularly in relation to family reunification. Additionally, it contradicts the importance of placed-based planning noted in other recommendations that would allow lessons from HOF (as well as elsewhere) to be properly contextualised, considered and adapted by government and non-government service providers that are most familiar with and best understand the needs and existing service capacity of their local communities.	<p>family support and should be the model adopted across the State</p> <ul style="list-style-type: none"> <li>Whilst one part of 'HOF', the Intensive Family Service is a 'generic' model, the second element, the Family Support Alliance and the way it functions and interacts with IFS and the RAI service is unique in the Queensland context (particularly in the fully-resourced model, with an out-posted Department intake worker). To characterise it as simply an intensive family support service isn't accurate. ...would agree however that this needs to be captured in the scope of recommendation 5.1. Also, HOF does not typically engage in family reunification work, however the Department has recently initiated a closer collaboration with the funded Family Intervention Services and RAI and HOF.</li> <li>This recommendation should be supported – essential to get the funding for intensive family support and domestic and family violence services across the State. The data shows that there is a lack of intensive family support services across the State in all locations to meet the demand of families being reported to child protection.</li> </ul> <p>Another respondent thought that recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>The underlying presumed intent that a program that channels more funding on a wider scale to early intervention family support, should be supported, as long as this is adaptable to local need. This should be in addition to funding for family reunification (which has not been the target of 'HOF').</li> </ul>
19	<b>Recommendation 5.5</b> the Child Protection Reform Leaders, through their departmental Reform Roadmap strategies and Australian Government service agreements, support regional Child Protection Service Committees in building the range and mix of services that address the parental risk factors associated with child abuse and neglect.	B	See comments in response to 4.13 in respect of a more proportionate representation of stakeholders on the various groups overseeing the reforms. PeakCare is also of the view that establishing committees at a 'regional' level may be misplaced in terms of incorporating flexibility and local knowledge.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>Developing regional and thus local knowledge and networks are essential, the concern is that these become another government initiative that becomes bogged down with government priorities rather than being driven by the local community needs</li> <li>There is also the risk that regional approaches without broader influence may run the risk of innovation and flexibility of the sector being overridden by the view of one or two senior regional departmental officers to meet their immediate needs. These needs may be in contradiction to needs of the whole sector in meeting needs of all clients.</li> <li>This recommendation is grappling with change leadership and system drivers. Which models have been most successful in other areas? It will take time and some resources</li> <li>These committees will not have the power to request additional funding to fill gaps. Most essential issue is to expand the volume of intensive family support services. These</li> </ul>

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				<p>committees could provide advice on the nature of services in the location if new funding is available but the problem will simply not be solved if they are just co-ordinating services and re-looking at what is there when what is there is not enough.</p> <ul style="list-style-type: none"> <li>• Would support regional committees as long as there is a diversity of representation from across sectors.</li> <li>• Regional committees would be helpful but need to consider flexibility and local knowledge.</li> </ul> <p>One respondent did not provide an opinion.</p>
20	<p><b>Recommendation 5.6</b></p> <p>planning for future service delivery and investment occur within a three-tiered governance system:</p> <ul style="list-style-type: none"> <li>• Department of Communities, Child Safety and Disability Services working with other departments, the non-government service providers, local councils and Australian Government service providers, to develop local 'family-support needs plans' and 'family support services plans' to identify which services are required and to monitor the demand for services</li> <li>• Regional Child Protection Service Committees to ensure services are available to implement the local plans</li> <li>• Child Protection Reform Leaders Group to oversee development and operation of the place based</li> </ul>	B	<p>Notwithstanding the emphasis given in the recommendations to building the family support system, PeakCare is puzzled as to why family support is the only service system to be mentioned as subject to local planning. Surely the recommendation (8.1) about regional planning around matching placement options with the level of children's need will also be considered through regional planning processes. Similarly, sexual abuse counselling, domestic and family violence and other service types will need to be involved and subject to collaborative regional needs assessments and planning. Planning activities will also require the participation of peak bodies.</p>	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• The investment should also occur within a national framework</li> <li>• Again if they have no ability to come back to government to request additional funding to fill the gaps, all they will be doing is monitoring existing services</li> <li>• Leadership development in the non-government and government sectors is critical to the success of local planning groups... would not support departmental led regional committees based on previous experience. The funding to resource facilitation and planning is critical and the decision makers in government need to be involved. An emphasis on skill development to plan for outcomes and results needs to be part of the implementation process, otherwise it results in simply being information sharing rather than partnerships and planning. Agree that it should incorporate the whole system from family support to placements, but for practical reasons two committees may be necessary which have combined meetings bi-annually</li> <li>• Agree with Peakcare's comments about need for local flexibility and planning belonging on a local level.</li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• Missing here is non-government and consumer input... concur with the identified lack of more broadly based services that are also key stakeholders.</li> </ul>

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	planning and service-delivery process, and report on outcomes.			
21	<b>Recommendation 5.7</b> Family Support Alliances, along with relevant government departments, develop a collaborative case-management approach for high-end families that includes a single case plan and a lead professional.	B	Inter-agency collaboration is a necessary and effective means for planning and coordinating the delivery of services to all families who have to deal with multiple service providers. A collaborative case management approach would be equally helpful for families who have not yet reached the 'high end'. Agreed processes would need to be established to determine the lead professional / agency with the flexibility to change the allocation of this role over time in line with the changing needs of each family. PeakCare is unsure of what may be intended in respect of the relationship between the proposed dual intake system and the Family Support Alliances.	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Would agree on the basis of a robust collaborative model</i></li> <li>• <i>Collaboration is necessary at all levels</i></li> <li>• <i>To a reasonable extent, this does happen at the 'high end.' It is required for others as well, so long as it is a focus on actually working collaboratively with families and not a bureaucratic structure that uses resources to little effect.</i></li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>This proposal is unworkable. Currently, local level Family Support Alliances are strategic in nature. They bring together government and non-government representatives to identify gaps in the local service system and to find ways of addressing these or of escalating issues to higher levels of the Alliance. Individual cases are not reviewed by the Alliances, nor is there provision for the disclosure of confidential client information across agencies without the specific permission of the client. If this proposal is aimed at the Engagement and Referral component of the Family Support Alliance, the volume of referrals and the limited funding associated with this part of the HOF initiative would make it impossible to use this approach for all high end families.</i></li> </ul> <p>Some respondents were undecided:</p> <ul style="list-style-type: none"> <li>• <i>A common assessment tool, with agreed upon structures and processes in local communities requires discussion in local areas. If Family Support Alliances are going to be a mechanism then the standardised processes for sharing information, joint case work and service coordination need to be documented and followed up with training similar to the Every Child Matters documentation on lead agency, lead worker, case management process and Child First in Victoria.</i></li> </ul>

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<b>CHILD PROTECTION AND THE NON-GOVERNMENT SERVICE SECTOR IN QUEENSLAND</b>				
22	<b>Recommendation 6.1</b> the Family and Child Council (proposed in rec. 12.3) ensure the establishment and maintenance of an online statewide information source of community services available to families and children to enable easy access to services and to provide an overview of services for referral and planning purposes.	B	PeakCare acknowledges possible benefits that may arise out of the establishment of a statewide electronic service directory. However, it is also recognised that a number of relevant directories already exist across Queensland, compiled by a range of organisations (eg. Family Law Pathways Networks, local government authorities). The 'owners' complain about the need for constant attention to maintain their currency. The costs and benefits of designing, introducing and maintaining an on-line directory should be weighed against the benefits of investing in more direct services, particularly in the current climate of fiscal restraint. Making services accessible to children and families entails more than having a service directory made available to them, particularly where referral or eligibility criteria prohibit self-referral or pathways other than through the statutory or other govt. agencies. Similarly, the actions to be taken by service providers in maintaining an overview of local services for referral and planning purposes go beyond accessing a service directory and should include, as a higher priority, their active participation in local	<p>Most respondents agreed this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Research suggests that families most at risk are less likely to seek help and may not access online referral services. However, higher functioning families will benefit</i></li> <li>• <i>Families that really need support often do not have access to the internet or computers</i></li> <li>• <i>Perhaps this online directory could be used a service portal for all the other relevant directories across Queensland</i></li> <li>• <i>Would be preferable to have a comprehensive map/matrix of the service system, rather than replicate the current databases that take maintenance as PeakCare suggests</i></li> <li>• <i>Agree with PeakCare's concerns, would also add the importance of any information being accessible to those who do not speak English, and take into account issues around literacy</i></li> <li>• <i>Perhaps better option might be for contracts to have a measurement established about referral pathways and local coordination and cooperation?</i></li> <li>• <i>This is better done at a local level. There have been a number of attempts to develop a state-wide services directory and huge effort and expense would go into it without making a bit of difference at the service delivery end. It would be better to develop local alliances around the community based intake services so that all services in that location know the other services and put in processes for lead case management</i></li> <li>• <i>An online resource can be useful if they are connected across systems. At the moment there are several and they are rarely accurate. Providing each region with resources to back up the regional planning with IT capability, a web site and local information would be a better option</i></li> <li>• <i>Emphasis should be placed on active participation in local networks and local area planning.</i></li> </ul> <p>Some respondents thought that the recommendation should be supported unconditionally (i.e. categorised as 'A') :</p> <ul style="list-style-type: none"> <li>• <i>Families don't know where to access services now, despite multiple directories existing. This indicates a need for marketing of service directories to potential users as well as one comprehensive directory</i></li> <li>• <i>Agree with this recommendation, we are in the age of information and social media. This</i></li> </ul>



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			networks and local area planning.	<p><i>should be easy to set up and too often I am contacted by families and other organisations unable to find information or resources.</i></p> <p>Two respondents were undecided:</p> <ul style="list-style-type: none"> <li>• <i>Who is the target? Families? Other agencies? Department? Other?</i></li> <li>• <i>Need more information to comment.</i></li> </ul>
23	<p><b>Recommendation 6.2</b></p> <p>the Queensland Government forge a strong partnership between the government and nongovernment sectors by:</p> <ul style="list-style-type: none"> <li>• including a non-government representative at all levels of the governance structure outlined in the Child Protection Reform Roadmap</li> <li>• establishing a stakeholder advisory group (comprising government and non-government organisations) within the Department of Communities, Child Safety and Disability Services to implement policy and programs required by the Child Protection Reform Roadmap.</li> </ul>	B	PeakCare supports more proportionate membership on governance structures than is contemplated in the recommendations. The participation of peak bodies across all governance arrangements will be essential to developing and maintaining strong partnerships.	<p>Nearly all respondents agreed that this recommendation be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>As long as peak bodies ensure they represent the views of their members</i></li> <li>• <i>More proportionate membership needed</i></li> <li>• <i>Missing here are the voices of consumers (e.g. the Family Inclusion Network)</i></li> <li>• <i>Needs a more comprehensive and therefore complex approach to direct changes across the board</i></li> <li>• <i>Experienced practitioners should also be included in the governance arrangements.</i></li> </ul> <p>One respondent gave no opinion.</p>
24	<p><b>Recommendation 6.3</b></p> <p>the Family and Child Council (proposed in rec. 12.3) support the development of collaborative partnerships across government and non-government service</p>	A	PeakCare is of the view that a high level of resourcing will be required to enable the monitoring to occur. Agreed indicators of effectiveness and partnership will need to be established as will mechanisms for keeping the	<p>Nearly all respondents agreed that this recommendation be supported:</p> <ul style="list-style-type: none"> <li>• <i>Necessary for the government to clearly identify the role of peaks in the implementation and their relationship to the Family and Child Council so that organisations have clarity about what and how their participation contributes to the reform process</i></li> <li>• <i>Will need to emphasise the level of commitment from the sector representatives that will</i></li> </ul>

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	sectors, and regularly monitor the effectiveness and practical value of these partnerships.		Council appraised about the state of partnerships.	<i>be required on an ongoing basis for the partnership to be successful.</i> Two respondents did not state an opinion.
25	<b>Recommendation 6.4</b> the Department of Communities, Child Safety and Disability Services work collaboratively with non-government organisations in a spirit of flexible service delivery, mutual understanding and respect, and efficient business processes, including to develop realistic and affordable service delivery costings.	A	Supported	All respondents agreed that this recommendation be supported: <ul style="list-style-type: none"> <li>• <i>Essential that the Department listen to the non-government sector in relation to the true cost of service delivery</i></li> <li>• <i>Would include academics/universities as well</i></li> <li>• <i>Supported, but not confident this is practical or possible. Departmental representation should not be from someone who has a narrow focus on needs (e.g. placements only). Funding and contract management may need to become more of a decision-making process than a rubber stamping exercise</i></li> <li>• <i>Supported subject to this being done in an open and transparent way with all organisations regardless of size being involved in identifying cost and that the lowest cost is not always the driver. Lowest cost may not be what is needed to produce the desired outcomes.</i></li> </ul>
26	<b>Recommendation 6.5</b> the Department of Communities, Child Safety and Disability Services review the progress made in building the capacity of non-government organisations after five years with a view to determining whether they can play a greater role by undertaking case management and casework for children in the statutory child protection system.	B	PeakCare is of the view that the definition and understandings of 'case management', the nature of the decision making particularly in respect of guardianship matters, and the respective roles of the statutory agency and non-government organisation require careful attention. That is, the issue is not solely about capacity building. We are also curious as to the fit with recommendation 14.6 which proposes the concept of parental responsibility in child protection orders.	Most respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>• <i>The concept of non-government organisations acting in a statutory capacity has not been outlined clearly enough</i></li> <li>• <i>Establishing a definition of 'case management' is critical and should be done in full consultation with the non-government sector</i></li> <li>• <i>Concerned about some shifting of risk. Wonder how information sharing will occur?</i></li> <li>• <i>Would also like to see greater non-government participation in these discussions to determine definition and understanding of case management. The concept of parental responsibility is not necessarily in conflict if it relates to a more inclusive approach to working with families</i></li> <li>• <i>Non-government organisations already do this work 'unofficially'</i></li> <li>• <i>Get the family support/ early intervention and prevention area right first</i></li> <li>• <i>Conditionally supported only in respect of the need to sufficiently resource and train appropriate non-government organisations to undertake this role. The waiting period of 5 years seems unwarranted – a trial could be conducted with some non-government organisations before then (though legislative change may be required, this would be</i></li> </ul>



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				<p><i>potentially minor to enable a trial).</i></p> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C') for the following reasons:</p> <ul style="list-style-type: none"> <li><i>Many non-government organisations now are ready to be able to take on case management responsibility. This should happen sooner rather than later and be one mechanism to reduce duplication and save costs which would enable funds to be diverted to family support or diverted to the non-government sector for managing all carers.</i></li> </ul> <p>Another respondent thought that the recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li><i>Agree with the recommendation due to the road blocks being placed on organisations by the Department in the day to day running of the case management. This can only have better outcomes for the young people. Agree that organisations would need a qualifying period and suggest that it be 5 years as a licensed service provider.</i></li> </ul> <p>Two respondents were undecided:</p> <ul style="list-style-type: none"> <li><i>The recommendation does not make it clear what non-government organisations are being asked to case manage and where responsibility and management of risk would lie between organisations and the statutory role of the Department.</i></li> </ul>
27	<p><b>Recommendation 6.6</b></p> <p>the Family and Child Council (proposed in 12.3) lead the development of a capacity-building and governance strategy for non-government agencies, especially those with limited resources, that will:</p> <ul style="list-style-type: none"> <li>improve relationships between government and non-government agencies</li> <li>facilitate the establishment of a community services industry body, which will champion the</li> </ul>	B	<p>PeakCare supports the intent of the recommendation, but wonders whether a community services industry body is the right (or only) entity needed to achieve this purpose. PeakCare is concerned that this recommendation may be perceived as pre-emptive of discussions currently underway within the community sector about the distinct role for, and value of, such a body. Matters that are currently subject to debate include the potential overlap with the mandated roles and expertise of peak bodies and chambers of</p>	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>The industry body should be viewed as a completely separate issue and the Council should not be involved in how it is formed or developed</i></li> <li><i>There needs to be a clear articulation by government and the non-government sector about the role of peak bodies in relation to (a) participation in the development of appropriate service delivery; (b) the facilitation and dissemination of best practice principles and implementation within the sector; (c) the facilitation of structures and processes in communities to enable planning, collaboration and coordination across sectors working with families; (d) the relationship with the Family and Child Council; (e) the relationship with an industry body; and (f) supporting the voices of parents, children and young people. Specifically In relation to the role of the Community Services Industry Body as it currently stands, this Body will not be able to provide representation of the sector as barriers will exist in relation to cost. It is my understanding that the Industry body is about the business of running community organisations, not about the service</i></li> </ul>

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	non-government service sector in its delivery of high-quality community services.		commerce. Also of interest to many member agencies of PeakCare is the question of whether an 'industry body' should be a national entity rather than state-based given the proposed focus of its activities. Member organisations of PeakCare have also expressed concerns about the affordability of the body in the current fiscal climate.	<p><i>delivery and practice</i></p> <ul style="list-style-type: none"> <li>• <i>Industry body needs to be national due to many organisations operating across states. Some respondents thought that this recommendation should be supported unconditionally (i.e. categorised as 'A'):</i></li> <li>• <i>Whilst we would suggest it's a role for PeakCare primarily, would suggest that the establishment of the CSIB is independent of the view about it being better suited to national scope. As an independent entity, it's a business question, which can only be answered by the willingness of members to support and fund its establishment. Our view is that there is room and need for both peaks and an industry body, however do not believe that the CSIB is the place for development of service quality. That is a role for peaks and child safety organisations</i></li> <li>• <i>There have been many attempts and considerable resources put into strengthening non-government organisations. If there are to be funds made available for strengthening non-government organisations, this work should be led by the non-government organisations themselves not by another government agency. Support the concept of a cross-sectoral industry body.</i></li> </ul> <p>Two respondents thought that support for the recommendation should be withheld (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>Should be 'C' due to the significant concerns held (about) the establishment of an industry body, particularly as referenced in this recommendation to undertake the role of capacity building. Many of the areas of focus appear to be a duplication of national bodies.</i></li> <li>• <i>The process of development of the current Industry Body has been devoid of appropriate consultation with or consideration of the needs of Aboriginal and Torres Strait Islander organisations ... the interests and aspirations of community controlled organisations are not represented under the current proposal (and) we have significant concerns that the CSIB does not have the demonstrated capacity to offer any real benefits to the community controlled sector or genuine commitment to understand or articulate the needs of Aboriginal and Torres Strait Islander workers and organisations in delivering services to our communities.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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<b>A NEW PRACTICE FRAMEWORK FOR QUEENSLAND</b>				
28	<b>Recommendation 7.1</b> the Department of Communities, Child Safety and Disability Services implement the Signs of Safety practice framework (or similar) throughout Queensland.	A	PeakCare is keen that the response to this recommendation (and all others) has an identifiable evidence base and / or is accompanied by an embedded evaluation framework. In any case, a research informed decision making framework should be subject to ongoing refinement.	Nearly all respondents agreed that this recommendation should be supported. One respondent preferred that the recommendation be supported conditionally: <ul style="list-style-type: none"> <li><i>Prefer the support for this recommendation to be conditional, in that we would emphasise the 'or similar' clause contained within the recommendation and not support Signs of Safety as a mandated (and expensive, in terms of paying for the rights) way to go. It is essential that such a practice framework is supported by training across the government AND non-government sectors.</i></li> </ul> One respondent did not state an opinion.
29	<b>Recommendation 7.2</b> the Department of Communities, Child Safety and Disability Services improve the family group meeting process by ensuring that: <ul style="list-style-type: none"> <li>meetings are conducted by qualified and experienced independent convenors within the department who report to a senior officer outside the Child Safety service centre</li> <li>the department retain the capacity to appoint external convenors, where appropriate, to address power imbalances and better cater to the needs of particular parties</li> <li>meetings are held at a location suitable to the family, such as the family's home or at a proposed child and youth advocacy hub</li> </ul>	A	Supported	Nearly all respondents agreed that this recommendation should be supported. <ul style="list-style-type: none"> <li><i>Wholeheartedly support the use of experienced and qualified independent convenors of family group meetings</i></li> <li><i>Addressing issues around ensuring that family group meetings are accessible to those from CALD backgrounds and where English is not the first language is essential</i></li> <li><i>Need to keep cultural issues alive here as well and be flexible about who is present at the meetings.</i></li> </ul> Two respondents preferred that this recommendation be supported conditionally (i.e. categorised as 'B'): <ul style="list-style-type: none"> <li><i>Would prefer to see more 'external' convenors as the preferred option rather than 'retain the capacity to appoint external convenors'</i></li> <li><i>Prefer support of the recommendation to be conditional, in that we do not support the bureaucratisation of family group meetings (and this indeed conflicts with the use of Signs of Safety as a practice framework). This recommendation does not appear to be much different from current intended practice within the Department which does not however occur as intended in many cases.</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• convenors ensure that appropriate private family time is provided during the meeting, consistent with the intent of the family group meeting model.</li> </ul>			
30	<b>Recommendation 7.3</b> the Department of Communities, Child Safety and Disability Services develop and implement a pilot project to trial the Aboriginal Family Decision Making model for family group meetings in Aboriginal and Torres Strait Islander families.	A	PeakCare supports the intent of the recommendation but does not agree with the Department having (sole) responsibility for establishing the model. This must be done in partnership with the QATSI CPP and their members, particularly the recognised entity workers who will be responsible for co-convening conferences.	<p>Nearly all respondents agreed that this recommendation should be supported.</p> <ul style="list-style-type: none"> <li>• <i>Absolutely agree!</i></li> <li>• <i>Strongly agree with PeakCare's comments</i></li> <li>• <i>QATSI CPP should co-lead the pilot project and ensure full and appropriate consultation and participation with community stakeholders in each trial site.</i></li> </ul> <p>One respondent did not state an opinion.</p>
31	<b>Recommendation 7.4</b> the Department of Communities, Child Safety and Disability Services <b>routinely</b> consider and pursue adoption (particularly for children aged under 3 years) in cases where reunification is no longer a feasible case-plan goal.	C	PeakCare acknowledges concerns about children and young people 'drifting in care' but is puzzled as to the evidence base for this recommendation. We are also puzzled as to why routine pursuance of adoption is proposed given the range of issues raised in respect of poor practice around family reunification. Adoption is not an appropriate response to either insufficient work with a family to support full or part time reunification and very problematic as a higher order option.	<p>Most respondents agreed that support of this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li>• <i>Assurance needed that these processes are in the best interest of the child</i></li> <li>• <i>PeakCare's comments are well said!</i></li> <li>• <i>Agree with PeakCare's comments, but would like the use of adoption to be further investigated. We would like a high level discourse and investigation into this prior to any policy being set. We recognise the opportunity this option would offer to a limited number of children, in exceptional circumstances, however in the light of the experiences of those who have been the subjects of forced (and other) adoption, we would support the call for caution</i></li> <li>• <i>Wholeheartedly agree with PeakCare's comments and also highlight the unintended consequences of implementing such a policy. While permanency planning is absolutely essential for children, any decision for adoption should only occur as the last resort where families have been afforded appropriate opportunities and support to address the child protection concerns. Particularly concerned that such a policy would detrimentally target Indigenous families and those who are experiencing poverty</i></li> <li>• <i>There are strong cultural factors potentially at play here and we need to be very mindful of these and history</i></li> </ul>

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				<ul style="list-style-type: none"> <li>• Agree strongly with PeakCare's comments</li> <li>• Nor does adoption necessarily address trauma</li> <li>• Shared guardianship and open adoption would be options. Do not support a policy of adoption based on age without services being in place to support the birth mother.</li> </ul> <p>Some respondents thought that the recommendation should be supported (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• The recommendation is not about reunification, it specifically says where reunification is no longer an option. Where there is no likelihood of re-unification, children should be given every opportunity to enjoy a happy and stable life with a sense of permanency. Adoption by parents who are prepared and willing to meet their physical and emotional needs is a better option than foster care. Adoptive parents are subject to far greater screening and scrutiny than foster carers and do not represent a financial burden for the State. If appropriate, open adoption could be an option where it was possible for biological parents to continue to have limited contact with their children.</li> <li>• We consider that for some children adoption is a suitable permanency option and that it is a reasonable question to ask in relation to children for whom returning home is not feasible. We acknowledge the sensitivity of this issue and agree that it should not be determined by a system which has failed to exhaust all possible means of reunification. Adoption as a response needs to be rooted in evidence based practice and in the best interests of the children and young people to whom this could apply</li> <li>• Where reunification is no longer a feasible option, adoption should be one of the possible permanency options to be considered. However agree with PeakCare's comments that it is not an appropriate response to insufficient work with a family but that does not appear to be what the recommendation is about.</li> <li>• Adoption is an emotive issue, but should be considered for children under 3 years of age as a means of reducing compounded traumas</li> <li>• Agree with the recommendation if all other options have been exhausted.</li> </ul> <p>Some respondents were undecided:</p> <ul style="list-style-type: none"> <li>• Would support consideration of adoption dependant on clearer guidelines of 'reunification is no longer a feasible case-plan goal'</li> <li>• Not informed enough to make comment but share PeakCare's concerns.</li> </ul>

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32	<b>Recommendation 7.5</b> the Department of Communities, Child Safety and Disability Services include in the cultural support plans for Aboriginal and Torres Strait Islander children a requirement that arrangements be made for regular contact with at least one person who shares the child's cultural background.	C	PeakCare understands and supports the intent of this recommendation however issues around identity and connection through childhood and into adulthood with family members and community are not satisfied simply by ensuring contact with someone who shares the child's cultural background. Solutions to these issues require a multi-pronged strategy led by the child's family and community, and community-controlled organisations.	<p>Nearly all respondents agreed that support of this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li>• <i>Absolutely agree with PeakCare's comments</i></li> <li>• <i>The recommendation is simplistic, connection to culture and community needs to be more than just about connection to a person, this is part of an overall response to promoting cultural identity and connection to community</i></li> <li>• <i>The recommendation represents a superficial treatment of the intent of the Aboriginal and Torres Strait Islander Child Placement Principle</i></li> <li>• <i>This is too minimalist</i></li> <li>• <i>Effective cultural practices need to be monitored across a whole range of practices within the government and non-government system</i></li> <li>• <i>Needs to be more effort made into obtaining confirmation of identity. What determines a child's identity? What research is undertaken to identify this person and how do they determine from which culture they belong. Resources need to be directed into this before a planned cultural response is gathered as it may not be necessary or accurate</i></li> <li>• <i>Regular contact with at least one person who shares the child's cultural background is also not always achievable</i></li> <li>• <i>Critical to any of the strategies, creating change and success will be dependent on the ability to support community to find their own solutions within their cultural context and then assist its implementation.</i></li> </ul> <p>Some respondents thought that the recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>It is a measurable start in the right direction</i></li> <li>• <i>Agreement with this recommendation is based on the understanding that this wording reflects one of the measures of achievement of the National Standards for Out-of-Home Care. While of course it is minimal, it nevertheless is a higher standard than is being met now for all Aboriginal and Torres Strait Islander children and should be reflected in Departmental statements of intent (as a <u>minimum</u> standard).</i></li> </ul>
33	<b>Recommendation 7.6</b> the Department of Communities, Child Safety and Disability Services include in the local family support	B	As noted in response to recommendation 7.5, it is too simplistic to refer to someone who shares the child's cultural background. PeakCare is	<p>Nearly all respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li>• <i>Again too simplistic – we need a radical overhaul of practices to ensure cultural safety for all children and families</i></li> <li>• <i>Absolutely agree that the recommendation is too simplistic. It may also prove beneficial</i></li> </ul>



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	needs plans information on the different cultural and linguistic groups in their local communities, engage in consultation with those communities to determine what cultural support they can provide to children in care and ensure that their frontline workers, foster and kinship carers and non-government service providers are given appropriate cultural training, and that the cultural support plans specify arrangements for regular contact with at least one person who shares the child's cultural background.		also mindful that submissions to the Inquiry, particularly by culturally specific organisations, advocated a range of proposals across all elements of the child protection system, such as mandatory collection of data about children's cultural backgrounds and clear direction about placing children in out of home care settings with carers who share their cultural, language and religious backgrounds.	<p><i>for responsibility to be given to the Recognised Entity to develop cultural identity and support plans for Indigenous children and young people</i></p> <ul style="list-style-type: none"> <li>• <i>Agree with PeakCare's comments, though the underlying intention of the recommendation is supported</i></li> <li>• <i>Support cross cultural training as well as a commitment to investing in Indigenous managed services.</i></li> </ul> <p>Some respondents did not state an opinion.</p>
34	<b>Recommendation 7.7</b> in accordance with the elements of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, the Department of Communities, Child Safety and Disability Services, in conjunction with Queensland Health, ensure that every child in out-of home care is given a Comprehensive Health and Developmental Assessment, completed within three months of placement.	A	Supported	<p>All respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Should also include a paediatric assessment</i></li> <li>• <i>The assessments need to be updated on a regular basis to ensure that young people in long term placements are receiving required support</i></li> <li>• <i>The child's assessment should then inform all on-going case work and include clear recommendations about appropriate services to be delivered to the child and their family.</i></li> </ul>



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35	<b>Recommendation 7.8</b> the Department of Communities, Child Safety and Disability Services negotiate with Queensland Health and other partner agencies to develop a service model for earlier intervention specialist services for children in the statutory child protection system, including those still at home. This may require the expansion of the Evolve program or the development of other services to meet their needs, or a combination of both approaches.	A	PeakCare supports this recommendation noting that it requires the identification of 'partner agencies', some of which are necessarily peak bodies and non-government service providers. PeakCare re-iterates our position submitted during the course of the Commission's inquiry that consideration be given to devolving the functions currently performed by Evolve and resources attached to the performance of these functions to Child Safety Service Centres and non-government service providers. PeakCare is of the view that this would allow for a more efficient and effective arrangement in locating the skills and expertise currently held by Evolve within direct service delivery outlets.	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• <i>A more effective response is to integrate these service delivery models within provider service systems</i></li> <li>• <i>Need to ensure that specialist expertise is accessible and adequately supported (i.e. not diluted). Need a variety of response levels</i></li> <li>• <i>Evolve Services should be outsourced to the non-government sector</i></li> <li>• <i>Strongly support specialist services such as those provided by Evolve being made available to families when children are still at home as part of a family preservation response.</i></li> </ul> One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'A'): <ul style="list-style-type: none"> <li>• <i>Would like to see a range of models not just Evolve. Multidisciplinary teams involved in providing family support are also an appropriate strategy within non-government organisations.</i></li> </ul> Two respondents did not state an opinion.
<b>OPTIONS FOR CHILDREN IN OUT-OF-HOME CARE</b>				
36	<b>Recommendation 8.1</b> the Department of Communities, Child Safety and Disability Services identify the number of children in its care at each level of need — moderate, high, complex, extreme — to determine whether the capacity of current placement types matches the assessed needs of children in care. This should be done on a regional basis.	B	PeakCare agrees about the need for better definition of levels of needs and the matching of service responses to assessed types and level of need. However, the existing system for defining level of need is regarded as inadequate and should not be used to undertake the recommended exercise. An ascribed level of need has previously only been used in respect of matching a child to a certain placement setting.	All respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>• <i>This process should be undertaken by independent assessors so that regional officers are not assessing their own work. Organisations, have for a long period of time been raising concerns with the Department about the assessment of the level of needs being inaccurate or altered to suit the service to which the child is being referred</i></li> <li>• <i>This type of categorisation for individuals can be harmful. If it is to be done, it needs to be regularly reviewed to be kept up to date and supportive for the children and their carers</i></li> <li>• <i>Needs to be done alongside family assessment to identify where reunification is appropriate or not and the process must take into account what children and young people are saying</i></li> <li>• <i>Must incorporate identification not only of need but also the resources a family may need</i></li> </ul>

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			Proper use and development of needs assessment can inform a range of service responses and resource allocation. The exercise should also be undertaken in partnership with peak bodies and non-government organisations.	<p><i>to be able to care for children at home</i></p> <ul style="list-style-type: none"> <li>• <i>Agree with a partnership approach that includes parents, children or young people and non-government service providers.</i></li> </ul>
37	<b>Recommendation 8.2</b> the Department of Communities, Child Safety and Disability Services ensure transitionally funded residential placements are subject to the same level of oversight as grant-funded residential placements.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Understood that the new arrangements for HSQF and the licensing of out-of-home care services should facilitate this</i></li> <li>• <i>Agree with the inclusion that grant funded residential placements meet the same licensing and cost standards as transitionally funded services.</i></li> </ul> <p>One respondent did not state an opinion.</p>
38	<b>Recommendation 8.3</b> the Department of Communities, Child Safety and Disability Services build on efforts already begun to articulate the uniqueness of kinship care and its importance as a family-based out-of home care placement option so that kinship carers feel they are part of the care team.	A	PeakCare does not support conceptualising or regulating kinship care in the same way as foster care or other types of out-of-home care. In order to fully recognise the uniqueness of kinship care, it should be viewed as a form of 'in-family care' (rather than as a form of 'out-of-home care') and kinship carers and the children in their care should be supported in ways that are specifically designed to cater for this form of care.	<p>All respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Agree that we need to approach kinship care in a different way to non-kinship care placements. Also believe that kinship carers should have access to good levels of support, supervision and financial allowances to enable them to carry out the functions of a carer</i></li> <li>• <i>Would add that resources are specifically allocated to enable this alternate form of support to occur</i></li> <li>• <i>Agree as long as there is still the same requirement made of kinship carers in relation to meeting the Statement of Standards</i></li> <li>• <i>This is very important and should take account of cultural differences in relation to the definition of kin and community</i></li> <li>• <i>While supporting the notion of not regulating kinship care in the same way as foster care, kin carers nevertheless need the same level of support made available to them as foster carers ... just being kin does not mean caring for the child was their first choice, it is often more about obligation and in these situations, respite and support become very important in serving the best interest of all parties</i></li> <li>• <i>Agree and disagree - Whilst agreeing that some of the issues for kinship carers are about</i></li> </ul>

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				<i>being caught up in the red tape of regular out of home care, they are often neglected and taken for granted and not recognised for the demands placed on them. Not all kinship care is provided by close family; it's more of a spectrum and the type and level of support provided should be needs-based.</i>
39	<b>Recommendation 8.4</b> the Department of Communities, Child Safety and Disability Services engage non-government agencies to identify and assess kinship carers.	B	It is the responsibility of all service providers in contact with a family to identify potential kin carers or family members who are able to support a child's identity development and their connections to family and community. This should be happening from first contact with a child and their family, particularly if the child may require part or full time care away from the family home. The types of services which could be engaged to identify and assess kinship carers are not specified in the recommendation. Conducting assessments of potential kinship carers requires the exercise different sets of knowledge and skills to those used in assessing the suitability of prospective foster carers. It should be recognised that not all agencies or workers are competent to undertake this specialist work. PeakCare assumes this recommendation will be responded to in conjunction with recommendations 8.3, 8.5, 11.3 and 11.6.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>The issue of identification needs to be a shared responsibility held by both Child Safety and the non-government organisation. The scope of work needs to extend beyond 'identify and assess' to incorporate support</i></li> <li>• <i>Agree with PeakCare's comments and the issues raised – need to be cognisant of the unique differences and needs of kinship carers and most importantly of the need for ongoing support of kinship carers who are often left with minimal support compared to foster carers or residential care. Without adequate ongoing support, the potential for placement breakdown becomes higher</i></li> <li>• <i>Need to include 'in-family' and 'in-community care' (i.e. emphasise the importance of attempting to maintain children's links with all contacts)</i></li> <li>• <i>Agree with the recommendation subject to clear scoping of the responsibilities and the skills that non-government organisations will need to hold in relation to conducting assessment, case management and family reunification work.</i></li> </ul> <p>Two respondents preferred that the recommendation be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>It is believed that qualified workers with the skills to make assessments of potential foster carers would also have a set of transferrable skills to assess possible family based care. If any specific gaps were identified, these could easily be addressed through training and supervision.</i></li> <li>• <i>Prefer A - this responsibility has primarily sat with the Department and should now be outsourced to the non-government sector and not remain in the Department.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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40	<p><b>Recommendation 8.5</b></p> <p>the Department of Communities, Child Safety and Disability Services transfer the provision of all foster and kinship carer services to non-government agencies, including:</p> <ul style="list-style-type: none"> <li>responsibility for identifying, assessing and supporting foster and kinship carers</li> <li>developing recruitment and retention strategies</li> <li>managing matters of concern.</li> </ul> <p>The department will retain responsibility for foster care certification and for overseeing the response to matters of concern.</p>	B	<p>PeakCare supports the transfer, with the appropriate level of resourcing, of foster and kinship carers to non-government foster and kinship carer agencies. Any carers caring for Aboriginal and Torres Strait islander children should be attached to an Aboriginal and Torres Strait Islander foster and kinship care service. Widespread transfer of the responsibility to identify kinship carers to foster and kinship carer services in their current configuration may require further investigation given that these agencies, in most instances, carry no responsibilities for care planning for the children placed with the carers they support. PeakCare supports clarification and discussion about the functions of 'managing' and 'overseeing responses' to 'matters of concern'. We note however that the recommendation does not adequately address identified problems with carer retention. These are not simply located with the support agency and relate more broadly to a number of inter-related processes around the nature and timeliness of assessment and approval processes, matching and placement decisions, and lack of pre-placement planning.</p>	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>This will need adequate resources and funding</i></li> <li><i>Agree with PeakCare's response. ... particularly support the recommendation in relation to agencies managing concerns arising from carer conduct but within a clear framework that outlines reporting responsibilities. Do not support the recommendation that the Department retain the approval of foster carers as this seems contrary to the spirit of the recommendations which is about a greater role for the non-government sector. Non-government organisations are fully accredited and their processes identified as fit for purpose, it is therefore unclear why the delegation of carer approval is not given to these organisations... this is one way to cut red tape in the system</i></li> <li><i>If transfer to non-government organisations occurs in smaller rural and remote settings, appropriate levels of funding will also be required (for travel, vehicles, etc). This is about developing funding models that respond to geographic needs. Current funding models are based on placement numbers – in a smaller community, a service with lower numbers but large areas to cover, the funding may not allow the service to be viable</i></li> <li><i>PeakCare's comments also pertinent to CALD background families and communities. In some communities, different approaches may be needed because 'stranger care' is not a suitably culturally sensitive response.</i></li> </ul> <p>Some respondents thought that the recommendation should be supported unconditionally:</p> <ul style="list-style-type: none"> <li><i>Disagree with the references made in PeakCare's comments to transferring all carers caring for Aboriginal and Torres Strait Islander children. At times Aboriginal and Torres Strait Islander children are placed with non-Indigenous Foster Carers. These carers may also have other children in placement. Non-Indigenous carers should be up-skilled to meet the needs of Indigenous children while a more appropriate placement is sourced, however should not be transferred to Aboriginal and Torres Strait Islander services. This is also very simplistic in that not all communities have capacity for an Aboriginal and Islander service to care for all Aboriginal and Islander children. There is obviously a need to develop this area, however there also needs to be some transitional arrangements</i></li> <li><i>Should be 'A' – support the recommendation</i></li> <li><i>Prefer 'A' - this could be well managed by non-government organisations.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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41	<b>Recommendation 8.6</b> the Department of Communities, Child Safety and Disability Services provide foster and kinship carers in receipt of a high-support needs allowance or complex-support needs allowance with training related to the specific needs of the child.	B	PeakCare is puzzled about this recommendation as we understood that, at least in theory, this is a practice which is already in place for all carers. The recommendation also does not refer to non-government agencies providing or facilitating carer training, a current function of the many foster and kinship care services across the State.	Most respondents agreed that this recommendation should be supported conditionally: Two respondents preferred that the recommendation be supported unconditionally (i.e. categorised as 'A'): <ul style="list-style-type: none"> <li>• <i>Prefer A – read the recommendation to mean more training should be provided over and above the training they already receive that is funded by the Department</i></li> <li>• <i>This recommendation should be supported unconditionally as it seeks to address an identified gap in the support provided to approved carers.</i></li> </ul> Two respondents did not state an opinion.
42	<b>Recommendation 8.7</b> the Department of Communities, Child Safety and Disability Services partner with nongovernment service providers to develop and adopt a trauma-based therapeutic framework for residential care facilities, supported by joint training programs and professional development initiatives.	A	PeakCare supports this recommendation. It is also argued however that before developing and implementing a trauma-based therapeutic framework, 'residential care' must first be defined in respect of a program logic and service models. This work as well as the development, implementation and review of a therapeutic framework should also be undertaken in partnership with peak bodies.	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• <i>A trauma informed approach requires much more skilling of workers in addressing de-escalating skills, motivational interviewing and linkages between individual therapeutic process and residential care. Some residentials for young people could be also focused on independent living frameworks with clear linkages to transition from care and employment and training</i></li> <li>• <i>Should be evidenced-based.</i></li> </ul> One respondent disagreed: <ul style="list-style-type: none"> <li>• <i>There has already been some very successful work undertaken developing and implementing a trauma based therapeutic framework. Further discussions in relation to program logic and service models are welcome but not a necessary precursor to the implementation of trauma informed responses... note that the use of trauma informed frameworks should be a part of the service model of any child protection or family service response... concerned at the attempt to 'define' a residential service model as this is also a case of one model does not fit all</i></li> </ul> One respondent did not state an opinion.
43	<b>Recommendation 8.8</b> the Department of Communities, Child Safety and Disability Services complete, and report to government about, the evaluation of the pilot therapeutic residential	C	PeakCare does not support continuation of the existing evaluation. A new independent evaluation should be contracted, following the development of program logic and purpose statement for residential care (see	A small majority of respondents agreed that support for this recommendation should be withheld.  One respondent agreed with PeakCare's comments about the contracting of a new independent evaluation, (but) not with the statement about the need to develop a program logic.



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	care program that was begun in 2011.		recommendation 8.7).	<p>One respondent thought the recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>Surely it's cheaper/more valuable to finish one evaluation than start another?</i></li> </ul> <p>Several respondents were undecided or did not state an opinion:</p> <ul style="list-style-type: none"> <li>• <i>No comment or knowledge of the project</i></li> <li>• <i>Can't comment due to lack of information but in general, support the development of program logic and independent evaluation.</i></li> </ul>
44	<p><b>Recommendation 8.9</b></p> <p>if and when the Queensland Government's finances permit, the Department of Communities, Child Safety and Disability Services develop a model for providing therapeutic secure care as a last resort for children who present a significant risk of serious harm to themselves or others. The model should include, as a minimum, the requirement that the department apply for an order from the Supreme Court to compel a child to be admitted to the service.</p>	C	<p>PeakCare does not agree that that secure care be viewed as an 'out-of-home care' option. Rather, secure care should be viewed as a short term 'treatment option'. PeakCare reiterates our position submitted during the course of the Commission's inquiry that a case study approach be used to further inform discussion about service responses to children for whom this option has been proposed. This should allow for a better identification of those children and the development of a greater understanding about their profile, characteristics and needs, noting that, from evidence submitted to the Commission, it is apparent that these children are not an 'homogenous' group. It is not regarded that the adoption of an interstate model of secure care will satisfactorily meet the needs of Queensland children. A case study approach would further inform decision-making about the need for, location, purpose and nature of secure care</p>	<p>Most respondents agreed that support of this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li>• <i>Agree with the case study approach recommended by PeakCare.</i></li> <li>• <i>Would support secure care as part of detox and rehabilitation from addiction as long as skilled health professionals ran the facility with very clear processes for entry and exit. Any young person in secure care for mental health reasons would need to be managed under the Mental Health Act. History clearly shows that more harm is done to young people when in secure care and this harm has a lifelong impact</i></li> <li>• <i>What happened to multi-systemic therapeutic responses?</i></li> <li>• <i>Children requiring this level of care should not be placed in group homes, rather they should be cared for one-on-one with extensive wrap around support for whatever timeframe it takes to reduce the level of care required. Locking these young people up in group homes is not the solution; secure care can be achieved for many young people without locking them down and this reduces the impact on them.</i></li> </ul> <p>Some respondents thought that this recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>Agree with the recommendation - a well-designed, coordinated (with experts), facilitated and therapeutic unit would have huge benefits. If we can reach them, we can help them – secure care based on the above criteria will help this process to occur. The risk however, is that the secure care model will be seen as punitive action rather than a therapeutic one</i></li> <li>• <i>In a small number of cases this is a genuine last resort and can have benefits if managed well, reviewed and time limited.</i></li> </ul> <p>One respondent observed:</p> <ul style="list-style-type: none"> <li>• <i>Appears that the response by Peak Care is not saying that secure care should not exist but</i></li> </ul>



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			<p>within the suite of services that should be made available to children. Further consideration and decision-making in relation to this recommendation should also incorporate an examination of the adequacy of specialised child and adolescent mental health services, both those delivered on an 'out-patient' basis and within designated mental health facilities, which may provide a more appropriate, alternative response to secure care for some children and/ or be delivered in conjunction with a secure care option. Other associated matters needing to be attended to include clarification and application of the Department's 'positive behaviour support' policy, improved youth outreach, intensive foster care and residential care models and practice and, in the event that secure care is introduced, the arrangements and services established to support the transitions of children leaving secure care and reduce the likelihood of their re-entry.</p> <p>PeakCare is also of the view that the state of the Queensland Government's finances should not be viewed as a deciding factor in determining whether or not services needed by children are provided to them.</p>	<p><i>that if it does that its purpose and framework is clear. Agree that this requires further evaluation and should not be financially dependent but based on need within the community.</i></p> <p>One respondent did not state an opinion.</p>

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45	<b>Recommendation 8.10</b> the Department of Communities, Child Safety and Disability Services investigate the feasibility of engaging professional carers to care for children with complex or extreme needs, in terms of, for example, remuneration arrangements and other carer entitlements, contracting/employment arrangements, and workplace health and safety considerations.	A	PeakCare supports investigation of professional carers as an option in tandem with describing the children for whom this option might be useful. PeakCare is of the view that three inter-related factors must be in place to distinguish 'professional carers' from other carers and justify the remuneration they would receive – firstly, the complexity of needs held by the children placed in their care; secondly, the higher level and additional duties to be performed by these carers over and above those undertaken by other carers; and thirdly, the higher level of skills, experience and knowledge held by these carers and participation in advanced training and professional supervision.	All respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• Agree that further investigation of this model of care should be explored... support the overall professionalising of the foster care system for all foster carers and we must recognise that there are significant cohorts of carers who are providing placements to children with complex and extreme needs</li> <li>• Assume there is research to support the use of professional carers as a workable model? Such a model would need to be carefully evaluated</li> <li>• The payment of specialist foster care has been effective with specific populations overseas. Consultation and discussion about developing an appropriate model for the Queensland context is required</li> <li>• Since it would be a contractual/employment situation, reporting, performance and accountability as well as employers' responsibilities to carers would need to be part of the package.</li> </ul>
46	<b>Recommendation 8.11</b> the Department of Communities, Child Safety and Disability Services increase the use of boarding schools as an educational option for children in care and consult with boarding school associations about some schools becoming carers (under s. 82 of the Child Protection Act).	B	PeakCare does not consider boarding school as an out-of-home care placement as it is not comparable to being placed in a particular person's or an entity's daily care. Boarding school might be a suitable option for some children and where this is the case, mechanisms must be in place to enable this arrangement to be continuously resourced. Arrangements must also be place to maintain the child's connections to family and community especially on weekends and school holidays. In	Most respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>• Agree that it needs to be very carefully employed and does not replace the need for a stable placement. However it does also offer a very good option for some children and reduces stigma which might not otherwise be possible</li> <li>• Agree that it should not be seen as a 'placement option', but there are some young people in care where it is an option. They are unlikely to be the children or young people with high and complex behaviours but sometimes if young people are placed with kin and other family members are attending boarding school, then this might be an option</li> <li>• Agree that boarding school enrolment may be part of a plan developed with a child's family. The plan must include how connections and support is provided in maintaining relationships, being involved in education, and support during school holidays. Boarding school could be appropriate on an individual basis. However it is critical that administrative mechanisms exist in relation to participation and belonging in the school</li> </ul>

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			addition, each child's multiple (non-educational) needs must also be addressed.	<p>environment and do not stigmatise children as it has done in the past where children in these situations were referred to 'welfare cases' at a prominent boys boarding school</p> <ul style="list-style-type: none"> <li>Have seen this work well in the past where young people have a person at the school supporting their schooling and supportive relatives providing care on weekends and school holidays. This option would probably only work for a small number of young people but does provide another option.</li> </ul> <p>Some respondents thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>Should be rated a 'C' because it does not grasp the complexity of the dynamics between home and school life</li> <li>PeakCare's comments stand, but the intent of the recommendation is flawed</li> <li>Agree that boarding schools are a resource to some families and carers, but not an option for the ongoing out of home care of a child or young person</li> <li>Schools are not necessarily equipped to deal with the long term effects of abuse and neglect, nor are they any substitute for a family that could provide stability. Whilst good education is a great opportunity, boarding school environments can also be tough environments for vulnerable children and young people.</li> </ul>
<b>TRANSITION FROM CARE</b>				
47	<b>Recommendation 9.1</b> the Child Protection Reform Leaders Group develop a coordinated program of post-care support for young people until at least the age of 21, including priority access to government services in the areas of education, health, disability services, housing and employment services, and work with non-government organisations to ensure the program's delivery.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>To be in line with most other states and territories this should be to age 25.</li> </ul> <p>One respondent did not provide an opinion.</p>

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48	<b>Recommendation 9.2</b> the Department of Communities, Child Safety and Disability Services fund non-government agencies (including with necessary brokerage funds) to provide each young person leaving care with a continuum of transition-from-care services, including transition planning and post-care case management and support.	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>It would be good if there could be more planning and integration with the youth sector in the provision of housing and support models that include young people transitioning from care.</i></li> </ul> One respondent did not provide an opinion.
49	<b>Recommendation 9.3</b> the Child Protection Reform Leaders Group include in the coordinated program of post-care support, access and referrals to relevant Australian Government programs, negotiating for priority access to those programs.	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>Would like to see proper services not just brokerage for young people transiting from care</i></li> <li><i>The Queensland government should prioritise state housing to ensure that young people exiting care do not become homeless.</i></li> </ul> Two respondents did not provide an opinion.
<b>CHILD PROTECTION WORKFORCE</b>				
50	<b>Recommendation 10.1</b> the Department of Communities, Child Safety and Disability Services require Child Safety officers and team leaders to have tertiary qualifications demonstrating the core competencies required for the work — with a preference for a practical component of working with children and families, demonstrating a capacity to	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>The acquisition of a university degree may be somewhat limiting... suggest that tertiary qualifications and/or other relevant criteria or willingness to undertake study will avoid risk of losing potential staff from a talent pool</i></li> <li><i>These qualifications should fall within the Human Services/Social Work field</i></li> <li><i>Would go further to argue that the qualifications of choice should be Social Work, Psychology and Human Services</i></li> <li><i>Need to consider the diversity of the workforce as well – to allow for matching with client groups and for different levels of involvement with client families, from volunteer support through to specialist interventions</i></li> <li><i>Agree in principle, but not really quite sure what is meant here or how this</i></li> </ul>

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	exercise professional judgement in complex environments.			<p><i>recommendation should be interpreted. Would have been better to say 'core qualification of social work or behavioural sciences' or something similar</i></p> <ul style="list-style-type: none"> <li>• <i>Need to return to recruiting Psychologists and Social Workers to fill these positions.</i></li> </ul> <p>Two respondents did not provide an opinion.</p>
51	<b>Recommendation 10.2</b> the Department refocus professional development and training towards embedding across the organisation the Signs of Safety model (or similar) including a practice of 'appreciative inquiry'.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Need to improve training levels in all areas of the system, both government and non-government</i></li> </ul> <p>One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>• <i>Supported conditionally, in that we would emphasis 'or similar' and not support Signs of Safety as a mandated (and expensive, in terms of paying for the rights) way to go. It is essential that such a practice framework is supported by training across the government AND non-government sectors.</i></li> </ul> <p>Two respondents did not provide an opinion.</p>
52	<b>Recommendation 10.3</b> the Department of Communities, Child Safety and Disability Services: <ul style="list-style-type: none"> <li>• review the role description for Child Safety Service Centre Manager to include professional casework supervision as an important component, and</li> <li>• make this role subject to the same prerequisite qualifications as those for the Child Safety officer and team leader roles as recommended above.</li> </ul>	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Management skills are also necessary – would add that Child Safety Service Centre Managers receive leadership and management training if they haven't got previous experience or relevant qualifications</i></li> <li>• <i>Agree which would require managers to have appropriate qualifications and experience in the areas of Social Work, Human Services or Psychology</i></li> <li>• <i>Also a need for regular, external supervision, rather than internal supervision being the only option.</i></li> </ul> <p>One respondent did not provide an opinion.</p>

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53	<b>Recommendation 10.4</b> the Department of Communities, Child Safety and Disability Services reduce the caseloads of frontline Child Safety officers down to an average of 15 cases each.	A	PeakCare's concern with this recommendation relates to realities about how it will be achieved. Achieving reasonable departmental caseloads cannot be at the expense of transferring roles and responsibilities to non-government service providers. Achieving reduced caseloads should be undertaken within the context of revisions to the role and functions performed by departmental statutory officers and non-government service providers.	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• A risk is that children and young people will go onto an unofficial 'unallocated list' if additional staff aren't recruited</li> <li>• A caseload for a Child Safety Officer will be difficult to measure until the full parameters of their role are made clear, if non-government service providers are taking a level of task responsibilities for children through either intervention services or foster and kinship care services</li> <li>• A case mix model of low medium and high support cases should be considered</li> <li>• Agree with PeakCare's comments, but support for statutory workers would be a start.</li> </ul> One respondent thought that support for this recommendation should be withheld: <ul style="list-style-type: none"> <li>• The issue is about where any potential funds should be spent first. If there is any new funding for child safety, the priority should be to direct these resources towards family support services. Only when there is adequate family support services across the State should funds be directed to further reducing caseloads of Child Safety Officers.</li> </ul> One respondent did not provide an opinion.
54	<b>Recommendation 10.5</b> the Department of Communities, Child Safety and Disability Services implement a program to support Aboriginal and Torres Strait Islander workers to attain the requisite qualifications to become Child Safety officers.	B	PeakCare is of the view that this recommendation should also apply to Aboriginal and Torres Strait Islander workers in the non-government sector (i.e. not just be about 'Child Safety Officers'). In addition, the recommendation should be implemented by the Department in conjunction with peak bodies, the non-government sector and post-secondary institutions.	Nearly all respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>• This should also apply to CALD background workforce</li> <li>• Agree, but think that the emphasis should be placed on being a 'similar' framework.</li> </ul> One respondent did not provide an opinion.
55	<b>Recommendation 10.6</b> the Department of Communities, Child Safety and Disability Services ensure training in the Signs of Safety (or similar) model for	A	PeakCare supports joint training in practice frameworks and approaches.	Nearly all respondents agreed that this recommendation should be supported. One respondent did not provide an opinion.



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	relevant officers in partner agencies, with an option for joint training if appropriate.			
56	<p><b>Recommendation 10.7</b></p> <p>the Family and Child Council (proposed in rec. 12.3) lead the development of a workforce planning and development strategy as a collaboration between government, the nongovernment sectors and the vocational education and training sector and universities. The strategy should consider:</p> <ul style="list-style-type: none"> <li>• shared practice frameworks across family support, child protection and out-of-home care services</li> <li>• the delivery of joint training</li> <li>• opportunities for workplace learning including practicum placements, mentoring, and internship models of learning</li> <li>• enhanced career pathways, for example, through considering senior practitioner roles for the non-government sector and creating opportunities for secondments across agencies including between government and non-government agencies</li> </ul>	B	<p>PeakCare also supports the phased introduction of mandatory qualifications for the family support sector. We do not support the development of a bachelor degree in 'child protection studies'. Rather there should be under and post graduate course content in human services qualifications about child and family welfare. 'Child protection' is not 'one thing' - it exists in the context of the knowledge and skills applied across a number of fields such as mental health, substance use and social exclusion.</p>	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Agree strongly with PeakCare's comments – recommendation is too narrowly focussed and would produce workforce issues</i></li> <li>• <i>Agree with the issues raised by PeakCare, in particular that a generic Bachelor Degree in Social Work, Human Services or Psychology is essential as this provides new graduates with a range of knowledge and skills to understand the complexity that is involved with child protection and supporting families and children. All Social Work degrees must have a child protection component in them under the AASW Accreditation and Education Standards. Post graduate studies in child protection and family support is the preferred way to further develop expertise and knowledge</i></li> <li>• <i>The Masters level qualification has already been trialled by a consortium of universities with the Department. It failed to attract Child Safety workers unless they were subsidised or received full scholarships and was discontinued</i></li> <li>• <i>Work should also focus on the culture of organisations to support the workforce that is needed.</i></li> </ul> <p>One respondent preferred that support for this recommendation be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>Prefer 'C' – child protection workers should be experienced tertiary qualified workers in the human services field who then complete post-graduate study as required. This is not a position for someone aged 21 years with no life experience.</i></li> </ul> <p>One respondent was undecided:</p> <ul style="list-style-type: none"> <li>• <i>A Bachelor in Child Protection Studies might be a good addition in a multidisciplinary workplace within the sector.</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• staged approach to the introduction of mandatory minimum qualifications for the nongovernment sector, with particular focus on the residential care workforce</li> <li>• a coordinated framework for training where training opportunities align with the Australian Qualification Training Framework</li> <li>• the development of clearly articulated, accessible and flexible pathways between vocational training and tertiary qualifications, particularly for the Child Safety support officer role</li> <li>• working with universities to investigate the feasibility of developing a Bachelor degree in child protection studies and/or a Masters level or Graduate Diploma level qualification in child protection.</li> </ul>			
57	<b>Recommendation 10.8</b> the Department of Communities, Child Safety and Disability Services introduce 10 Aboriginal and Torres Strait Islander Practice Leader positions (at a senior level) to drive culturally responsive practice	B	High level positions within the Department should not be used to negate or undermine community participation (i.e. through independent external 'recognised entity' workers) in decision making about Aboriginal and Torres Strait Islander children. High level practice-focused positions are also	Most respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>• <i>We have seen this type of thing many times – mainly they fail to produce sustainable and meaningful changes. We need leadership from everyone in the government and non-government sectors to drive real change, not just a few identified positions</i></li> <li>• <i>This has been tried before and not worked. Lot more thought needs to be put into what will work</i></li> <li>• <i>Bottom-up approach would be better</i></li> </ul>

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	through all levels of the organisation.		needed in non-government sector services.	<ul style="list-style-type: none"> <li>Concern is that jobs will be filled to meet numbers, some regions would clearly need more and others less</li> <li>Agree with PeakCare's comments. It would be imperative that persons in these positions within the Department be adequately supported</li> <li>To ensure that the intent of the recommendation is met, further clarity of the proposed roles is required.</li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>Believe that the role of the Recognised Entity should be elevated and it is likely to be far more effective to integrate these practice leaders into the non-government service system in preference to locating them within the Department.</li> </ul> <p>Three respondents did not state an opinion.</p>
<b>ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES</b>				
58	<b>Recommendation 11.1</b> the Department of Communities, Child Safety and Disability Services extend eligibility for Aboriginal and Torres Strait Islander Family Support Services to include families whose children are at risk of harm, without requiring prior contact with the department. Services should be able to take referrals through as many different referral pathways as possible, including through the proposed dual intake pathways. Building the capability of these services should be a major priority over the next 10 years.	A	PeakCare supports entry to family support, intensive family support and specialist services through multiple pathways. This recommendation is important for Aboriginal and Torres Strait Islander Family Support Services, but should be applied more broadly.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>Agree provided there was a reporting/monitoring requirement</li> <li>The over-representation of Aboriginal and Torres Strait Islander children (including from remote and rural areas) in the child protection system and the concentration of services in the South East region requires flexibility across the continuum of service delivery</li> <li>There should still be some level of monitoring and measuring</li> <li>Agree partially - however, programs must provide services as a priority to those referred from Child Safety Services. The issue is the lack of services doing the 'hard work' with those families who require very intensive family support</li> <li>Agree with this recommendation as long as pathways are transparent and families understand the consequences of which pathways are chosen.</li> </ul> <p>Two respondents did not state an opinion.</p>

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59	<p><b>Recommendation 11.2</b> the Child Protection Reform Leaders Group establish an Aboriginal and Torres Strait Islander Child Protection Service Reform Project to:</p> <ul style="list-style-type: none"> <li>• assess the adequacy of all existing universal, early intervention and family support services of particular relevance to child protection identifying gaps, overlaps and inefficiencies</li> <li>• develop and implement strategies and service delivery models that would enhance the accessibility of services for Aboriginal and Torres Strait Islander families and improve collaboration between service providers, and</li> <li>• incorporate a collaborative case-management approach for high-needs Aboriginal and Torres Strait Islander families.</li> </ul> <p>The project should include a particular focus on the delivery of services in the discrete communities. The project should be time-limited and be carried out by a committee comprising Child Protection Senior Officers. The committee should be jointly</p>	A	<p>A review should be undertaken after 12 months to ascertain whether the project needs to be extended, as 12 months is not a substantial period of time to bring about the extent of reform needed. In addition, there should be clearly articulated links between the Aboriginal and Torres Strait Islander Child Protection Service Reform Project, regional planning groups and the Child Protection Reform Leaders Group.</p>	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Very important to establish a framework from the outset that enables ongoing review and evaluation.</i></li> </ul> <p>Two respondents did not state an opinion.</p>

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	chaired by the deputy directors-general of the Department of the Premier and Cabinet and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) and report to the Child Protection Reform Leaders Group.			
60	<b>Recommendation 11.3</b> the Department of Communities, Child Safety and Disability Services develop a 'shared practice' model to allow recognised entities to work more closely with departmental officers to: <ul style="list-style-type: none"> <li>• coordinate and facilitate family group meetings</li> <li>• identify and assess potential carers</li> <li>• develop and implement cultural support plans</li> <li>• prepare transition-from-care plans.</li> </ul>	B	A 'shared practice model' can not be developed by the Department alone. A model about working in partnership should be developed in partnership with the peak body and community-controlled services, particularly those providing 'recognised entity' functions. PeakCare is puzzled by the proposal that recognised entities take on the specialist work of assessing kinship carers, noting the recommendation about foster and kinship carer services also taking on this responsibility, and only the preparation of transition from care plans (as opposed to also implementing them). The recommendation unfortunately does not get to the heart of a 'shared practice' model as it does not name the integral function of case work with children and families nor articulate the role of recognised entities as partnering community representatives in decision making about Aboriginal and Torres Strait Islander children.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Acknowledge and agree with PeakCare's comments, but a more respectful and legitimate use of the roles of Recognised Entity workers is so important that we are flagging strong agreement with the (presumed) underlying intent of this recommendation.</i></li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>I wonder if we would be better off questioning the role of Recognised Entities and stating that the funds would be better off being re-directed towards Aboriginal Controlled Family Support Services and to work with more families to keep them out of the child protection system in the first place.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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61	<b>Recommendation 11.4</b> the Department of Communities, Child Safety and Disability Services review training needs of recognised entities and develop a program that includes training in child protection processes, court procedures, and preparing and giving evidence.	B	Responding to this recommendation will require the Department to work in partnership with the peak body, recognised entities and the Department of Justice and Attorney-General. A training needs analysis is of course relative to the yet to be fully determined functions of recognised entities.	Most respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>Agree with the intent of the recommendation, but it is not the Department which should have sole carriage of this.</li> </ul> Five respondents were undecided or did not state an opinion: <ul style="list-style-type: none"> <li>Why couldn't this be done by the Indigenous peak rather than the Department?</li> </ul>
62	<b>Recommendation 11.5</b> the Department of Communities, Child Safety and Disability Services review: <ul style="list-style-type: none"> <li>review the level of financial and practical support available to potential Aboriginal and Torres Strait Islander kinship and foster carers to see whether additional support could be provided to enable carers to provide more placements for Aboriginal and Torres Strait Islander children</li> <li>consider introducing simplified kin-care assessment tools such as the Winangay Kinship Care Assessment Tools as an alternative to, or component of, the carer-assessment process.</li> </ul>	B	PeakCare does not agree with the conclusion that reviewing supports is about 'more placements' per se. The objective should be to place children in accord with the higher order preferences in the Aboriginal and Torres Strait Islander Child Placement Principle. Therefore the supports should be located in sustaining and maintaining children's stability and connections. Supports to kinship carers should be individualised and flexible to respond to changing circumstances. In respect of the comment about 'simplified' assessments, PeakCare supports the use of culturally appropriate tools for use by Aboriginal and Torres Strait Islander agencies to assess Aboriginal and Torres Strait Islander carers for Aboriginal and Torres Strait Islander children.	Most respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li>The resources could be used to find and support more kinship carers to maximise placements with kin, not more placements with the current carers.</li> </ul> One respondent thought that support for this recommendation should be withheld (ie. Categorised as 'C'): <ul style="list-style-type: none"> <li>Agree that it is not about level of supports. However, don't think it is just about Aboriginal and Torres Strait Islander organisations. Some mainstream services can provide these services well and would be more than prepared to work in partnership (without taking over) Aboriginal and Torres Strait organisations to provide appropriate placements for Aboriginal and Torres Strait Islander children and young people and provide appropriate connections to family, community and culture.</li> </ul> Three respondents did not state an opinion.



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63.	<p><b>Recommendation 11.6</b></p> <p>the Department of Communities, Child Safety and Disability Services develop and fund a regional Aboriginal and Torres Strait Islander Child and Family Services program in Queensland to integrate the programs of:</p> <ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander Family Support</li> <li>Family Intervention Services</li> <li>Foster and Kinship Care Services</li> <li>recognised entities.</li> </ul> <p>These services should be affiliated with Aboriginal Community Controlled Health Services or with an alternative, well-functioning Aboriginal and Torres Strait Islander or mainstream provider.</p>	C	<p>Responsibility for defining and developing an integrated program should be shared by the peak body, affected services and the Department. It should be noted that although the four service types attempt to produce a holistic model, together they do not offer a full complement of child and family services.</p> <p>The preferred model might be all 4 together or 1 or other, or partnering arrangements (i.e. 7 regional, albeit hub and spoke, services across the state may not be appropriate right across the State). Arrangements for the 'auspicing' of the program - by an Aboriginal and Torres Strait Islander organisation or in partnership with a mainstream provider - would fall out of the local situation and program design work.</p>	<p>Most respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li><i>Agree that this recommendation is ill-founded prior to further consideration of a range of models</i></li> <li><i>The services may affiliate with Aboriginal and Torres Strait Islander organisations but this affiliation must not be to a mainstream provider!</i></li> </ul> <p>Two respondents thought that the recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>PeakCare's comments are more consistent with the definition of category 'B'. The main issue relates to who is involved in the development and implementation - that responsibility should be shared</i></li> <li><i>Support the consolidation of the existing service types and a reorientation towards prevention and early intervention (but) responsibility for defining and developing an integrated program should be shared by the Aboriginal and Torres Strait Islander peak body, community controlled service providers and the Department. The Department should also abandon thinking that dictates that the best way to build requisite capacity of Aboriginal services is through partnership with mainstream service providers. Significant improvements are needed in the development of capacity for mainstream non-government providers, with particular reference to cultural competency and the development of culturally inclusive practice, appropriate strategies to promote access and the development of organisational culture that demonstrates a genuine respect for and commitment to the history and aspirations of Aboriginal and Torres Strait Islander people that extends beyond the development of Reconciliation Plans</i></li> </ul> <p>Five respondents did not state an opinion:</p> <ul style="list-style-type: none"> <li><i>There are many mainstream services that would be prepared to partner with Aboriginal and Torres Strait Islander Services.</i></li> </ul>
64.	<p><b>Recommendation 11.7</b></p> <p>the Department of Communities, Child Safety and Disability Services fund a peak body to plan and develop the capacity of Aboriginal and Torres Strait Islander—</p>	B	<p>PeakCare supports funding for the Queensland Aboriginal and Torres Strait Islander Child Protection Peak to plan and develop community-controlled child and family services, however we are concerned that local configurations</p>	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>Is this where the actual clients and community might be consulted? This needs to be a process of genuine participation and engagement, not just paid lip-service</i></li> </ul> <p>One respondent thought that the recommendation should be supported unconditionally (i.e. categorised as 'A'):</p>

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	controlled agencies to provide regional Aboriginal and Torres Strait Islander Child and Family Services. The capacity development plan should promote partnerships, mentoring and secondments with other agencies and address: <ul style="list-style-type: none"> <li>• service delivery standards</li> <li>• workforce development</li> <li>• appropriate governance and management arrangements.</li> </ul>		about what will best meet geographic, cultural and other local contextual factors should come out of planning, rather than responding to a prescribe outcome. It should also be noted that capacity building, mentoring or partnerships may or may not be necessary.	<ul style="list-style-type: none"> <li>• <i>Should be supported on the basis that the prescribed functions are consistent with QATSICPP's submission to the Inquiry, however it should not be assumed that the methods identified as preferred are the only way to achieve the desired outcome - no more than it should be assumed that there is a lack of capacity by virtue of being a community controlled organisation... should be flexibility and opportunities for innovation in tailoring supports to organisations to achieve the desired outcomes.</i></li> </ul> <p>Four respondents did not state an opinion:</p> <ul style="list-style-type: none"> <li>• <i>Require more information to have any input here.</i></li> </ul>
65	<b>Recommendation 11.8</b> the Queensland Police Service in consultation with local community organisations review current arrangements for the enforcement of domestic violence orders in discrete communities with respect to the adequacy of assistance being given to parties to seek orders, the adequacy of enforcement of orders and support for parties to keep orders in place.	B	Addressing domestic and family violence issues in remote or discrete communities requires a multi-pronged response and therefore this recommendation should be undertaken in conjunction with other approaches taken by community-controlled organisations in particular, in addressing wellbeing and safety needs within, and specifically relevant to, each community.	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>This should be done in consultation with Indigenous elders, agencies and communities</i></li> <li>• <i>The intent of the recommendation is supported, but such a review should not be undertaken by the Queensland Police Service.</i></li> </ul> <p>One respondent thought that the recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>Support this recommendation if it is underpinned by the idea of removing the perpetrator not the victims of family violence, providing specialised support services to enable home placements for children and the opportunity to develop protective behaviours as opposed to removal as a result of a victim's 'failure to protect'.</i></li> </ul> <p>Three respondents did not state an opinion.</p>
66	<b>Recommendation 11.9</b> the Queensland Government, in taking into account the safety of women and children in determining whether an Alcohol Management Plan should be withdrawn or have alcohol carriage limits reduced should:	B	PeakCare supports recently implemented changes to allow for voluntary participation in AMPs with a view to reviewing the progress of this approach in two years.	<p>A small majority of respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Agree but would also add that there needs to be significant capacity building and community development to support communities, as alcohol misuse is not an isolated issue, but intertwined with a range of complex issues that need to be addressed.</i></li> </ul> <p>One respondent thought that the recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>The recommendation should be supported unconditionally given the identified links</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• give particular consideration to the potential implications for the safety, health and wellbeing of children on that community, including the potential harm to unborn children of consumption of alcohol during pregnancy</li> <li>• require 'transition plans' to have specific harm-reduction targets in relation to child protection to be achieved before the transition from an AMP can occur</li> <li>• following any transition from an AMP, a mechanism be established to trigger a review of alcohol availability on a community if harm levels exceed agreed levels as stated in the transition plan.</li> </ul>			<p><i>between alcohol and child abuse and neglect and family violence.</i></p> <p>Seven respondents did not state an opinion.</p>
67	<p><b>Recommendation 11.10</b></p> <p>the providers of family, health, policing and other services on discrete Aboriginal or Torres Strait Islander communities be made aware of the option for residents to initiate dry place declarations under the <i>Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984</i> and to advise and, if appropriate recommend, the option to clients if they become</p>	B	<p>PeakCare supports this recommendation subject to agreement being reached with recognised community representatives of individual communities.</p>	<p>Most respondents agreed that this recommendation should be supported conditionally.</p> <p>Seven respondents did not state an opinion.</p>

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	aware that alcohol consumption in the household is adversely affecting their client or other members of the household.			
68	<p><b>Recommendation 11.11</b> the Aboriginal and Torres Strait Islander Child Protection Service Reform Project:</p> <ul style="list-style-type: none"> <li>work with individual communities and assist them to develop appropriate community based referral processes on the discrete communities — this could involve conducting one or more trials of different models best suited to particular communities. Importantly, the models should build on existing child protection groups within the communities and, in those communities where there are no such groups, the project should assist communities to develop them</li> <li>explicitly address the delivery of services to support differential responses in discrete communities, including services necessary to provide family assessment or family violence responses as alternatives to investigation of notifications.</li> </ul>	A	<p>A wider range of differential responses (i.e. responding to presenting or other issues experienced by parents, families and children and offering an alternative to investigation by the State to assess harm) are broader than 'family support' and 'domestic violence'. A broader range of social issues (eg. unemployment, inadequate housing) affect families in those communities and interventions that address these underlying issues must be integrated into the alternatives to an investigation by the statutory agency, or even delegated statutory responsibilities.</p>	<p>Most respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li><i>Agree, the complexity of the issues involved need to be addressed holistically.</i></li> </ul> <p>Four respondents did not state an opinion.</p>

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69	<b>Recommendation 11.12</b> the Aboriginal and Torres Strait Islander Child Protection Service Reform Project assess and provide advice to the government on the following matters: <ul style="list-style-type: none"> <li>the extent to which safe houses are operating in accordance with the intended model of co-locating intensive family support services and whether links to these services could be improved</li> <li>whether there is a case for extending existing safe houses and establishing new safe houses, based on an assessment of community desire or on the benefits, demand and relative cost of alternative placements</li> <li>whether there is a case for establishing safe houses as a long-term placement option to keep children connected to their community.</li> </ul>	A	PeakCare is of the view that the reform project should extend the matters under consideration to also look at co-located models in community and other services that could be provided.	Most respondents agreed that this recommendation should be supported. Four respondents did not state an opinion: <ul style="list-style-type: none"> <li><i>Needs to occur in consultation with key Indigenous stakeholders.</i></li> </ul>
<b>OVERSIGHT AND COMPLAINTS</b>				
70	<b>Recommendation 12.1</b> the Premier specify the child protection responsibilities of each department through Administrative Arrangements and Ministerial Charter Letters, and	A	While PeakCare supports specifying Ministers' and Directors'-General responsibilities, we are puzzled about the framework for and content of these child protection responsibilities. Clarity about expectations will be essential, as	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>The expectations need to be balanced. Caution should be given to not weighting financial responsibilities over the quality of the services provided.</i></li> </ul> Three respondents did not state an opinion.

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	include outcomes for each department in senior executive performance agreements.		will the criteria on which performance will be assessed. Inter-relationships and dependencies across portfolios significantly affect outcomes for children in care. For example, educational outcomes should not be assessed on the basis of whether a child has a current education support plan, but rather that the child's plan is adequately resourced such that they achieve, participate and complete school at the same rate as other children in the community.	
71	<b>Recommendation 12.2</b> the Child Protection Senior Officers (formerly the Child Protection Directors Network) support the Child Protection Reform Leaders Group, facilitate and influence change across their departments, and implement strategies to achieve departmental outcomes.	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>There needs to be clear objectives for this group to achieve and a rigorous reporting process which is made public.</i></li> </ul> Two respondents did not state an opinion.
72	<b>Recommendation 12.3</b> the Premier establish the Family and Child Council to: <ul style="list-style-type: none"> <li>monitor, review and report on the performance of the child protection system in line with the National Framework for Protecting Australia's Children 2009–2020</li> <li>provide cross-sectoral leadership</li> </ul>	B	PeakCare is of the view that Queensland's road map for reform needs its own performance framework, which should be consistent with the <i>National Framework for Protecting Australia's Children</i> for its duration.	All respondents agreed that this recommendation should be supported conditionally: <ul style="list-style-type: none"> <li><i>Do not agree with the abolishment of the Commission for Children and Young People and Child Guardian, agree with the issues raised by PeakCare</i></li> <li><i>Needs to be clarity about the relationship between the Council, PeakCare, QCOSS and Workforce Council. The peaks should undertake the role of building the capacity of the sector in collaboration with the research and dissemination of evidence base practice in line with the National Framework for Protecting Children and across sectors of prevention, early intervention, secondary intervention and tertiary services.</i></li> </ul>



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	<p>and advice for the protection and care of children and young people to drive achievement of the child protection system</p> <ul style="list-style-type: none"> <li>• provide an authoritative view and advice on current research and child protection practice to support the delivery of services and the performance of Queensland's child protection system</li> <li>• build the capacity of the non-government sector and the child protection workforce.</li> </ul> <p>The council should have two chairpersons, one of whom is an Aboriginal person or Torres Strait Islander.</p>			
73	<p><b>Recommendation 12.4</b></p> <p>Regional Child Protection Service Committees, incorporating regional directors from each department responsible for child protection outcomes implement the Child Protection Reform Roadmap and achieve outcomes in their region.</p>	A	<p>Proper and effective conduits will be required between these regional groups and the other governance mechanisms. Their role should not be limited to implementing the road map, but also about planning and designing, and facilitating collaboration across sectors. The groups will need to be properly resourced and the active participation of non-government service providers will need to be acknowledged and supported in program guidelines, resourcing and service agreements.</p>	<p>All respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>And ensure that non-government organisations have strong involvement, engagement and ownership</i></li> <li>• <i>Needs to be wider that the service system and needs to harness community development to refocus responses from post action to prevention.</i></li> </ul>

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74	<b>Recommendation 12.5</b> each department with responsibility for child protection outcomes establish: <ul style="list-style-type: none"> <li>quality assurance and performance monitoring mechanisms to provide sufficient internal oversight</li> <li>a schedule of internal audit and review linked to strategic risk plans and informed by findings of investigations and complaints management.</li> </ul>	B	PeakCare also supports the continued existence of external mechanisms to oversee internally devised and operated processes. Quality assurance mechanisms should be the same for the same functions, regardless of provider.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>Suggest that this be extended to non-government organisations. Furthermore, must ensure that quality assurance and performance monitoring are underpinned by meaningful measurements so that the information being gathered provides a strong evidence base to support future decision making. Also suggested that caution is needed to ensure that monitoring does not become a burden on service delivery</i></li> <li><i>Transparency and public accountability is paramount</i></li> <li><i>External accountability essential</i></li> <li><i>Important for both internal and external mechanisms to be used.</i></li> </ul> <p>One respondent did not state an opinion.</p>
75	<b>Recommendation 12.6</b> the Department of Communities, Child Safety and Disability Services ensure that all managers of Child Safety service centres implement a quality-assurance approach to monitoring Signs of Safety–based casework practice — one that uses a range of techniques to involve staff in reflecting on practice, mentoring and using multidisciplinary professional expertise.	A	PeakCare notes that this recommendation also has applicability to non-government service providers, which should be recognised in program guidelines, resourcing and service agreements.	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li><i>Recommend that this go beyond 'quality assurance' to a robust research /evaluation framework that includes ethical approval to add to the evidence base</i></li> <li><i>Would also require that Managers have a level of practice knowledge (which would require the acceptance and implementation of Recommendation 10.3)</i></li> <li><i>The QA approach used should be consistent across service centres.</i></li> </ul> <p>One respondent did not state an opinion.</p>
76	<b>Recommendation 12.7</b> the role of the Child Guardian be refocused on providing individual advocacy for children and young people in the child protection	B	This recommendation is supported subject to the establishment of an organisational structure and personnel arrangements within the Office of the Public Guardian that allow for the	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>Child Guardian should be a distinct role and not combined with the Adult Guardian.</i></li> </ul> <p>Two respondents did not state an opinion.</p> <ul style="list-style-type: none"> <li><i>Statutory bodies should be independent, have their own budget and report to Parliament.</i></li> </ul>

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	system. The role could be combined with the existing Adult Guardian to form the Public Guardian of Queensland, an independent statutory body reporting to the Attorney-General and Minister for Justice.		exercise of high-level specialised knowledge and skills in relation to matters concerning children and families.	
77	<b>Recommendation 12.8</b> the role of Child Guardian — operating primarily from statewide 'advocacy hubs' that are readily accessible to children and young people — assume the responsibilities of the child protection community visitors and re-focus on young people who are considered most vulnerable.	A	Processes would need to be agreed about determining which children are 'the most vulnerable' and ensure that visits are undertaken to children who are unable to easily access an 'advocacy hub'.	<p>Most respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>The hubs must have an outreach capacity</i></li> <li>• <i>An advocacy hub needs to be actively connecting to young people</i></li> <li>• <i>The advocacy hub should not be a virtual presence or a 'linkage' service but rather should be staffed by individuals with appropriate knowledge and skills who have capacity and resources to provide confidential advocacy services for children who have experienced trauma.</i></li> </ul> <p>Three respondents thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>• <i>All children in care should be visited at least twice a year. Situations change, so a child who may not be considered vulnerable at one point in time might be at another. There is also a question about the accessibility of advocacy hubs for children in remote and rural care settings</i></li> <li>• <i>Would prefer 'B' - concerned about the definition of 'refocus on most vulnerable'. All children and young people require regular contact with a Community Visitor, this may vary according to assessed placement stability. Creating a hub also runs the risk of forming another office based environment and Community Visitors may not see what children are living in and with, also concerned that an office type environment will reduce access for highly mobile families (which includes some carers) hence slipping through the cracks. In addition, hubs will need to be resourced and staffed. Advantages are that advocacy hubs could grow into providing other advocacy and support services for children and young people – this is a great possibility and opportunity</i></li> <li>• <i>Very unclear what the term 'most vulnerable' means in relation to children in care. It is also considered that the role of Community Visitors needs review in relation to their</i></li> </ul>

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				<p>current roles.</p> <p>One respondent was undecided:</p> <ul style="list-style-type: none"> <li>Unclear about how all of this will work and be accessible.</li> </ul>
78	<p><b>Recommendation 12.9</b></p> <p>complaints about departmental actions or inactions, which are currently directed to the Children's Commission, be investigated by the relevant department through its accredited complaints-management process, with oversight by the Ombudsman.</p>	A	<p>PeakCare supports this recommendation but is concerned that the development of an accredited complaints management process may create unnecessarily burdensome 'red tape'.</p>	<p>Most respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>Strongly agree</li> <li>There will be a need to promote knowledge of independent complaint mechanisms where people are not happy with the outcome of their complaint to the Department</li> <li>Process needs to be 'user friendly' for young people.</li> </ul> <p>One respondent disagreed:</p> <ul style="list-style-type: none"> <li>Great care will have to be taken to ensure checks for bias in decision making are built into the process. Internal investigations must always be biased to a certain extent, especially in a Department with a culture of blame.</li> </ul> <p>Four respondents did not state an opinion or were undecided:</p> <ul style="list-style-type: none"> <li>Needs transparency and to be accessible</li> <li>Support the role of the Ombudsman undertaking complaints - they should already have an accredited complaints management process!</li> <li>Neither agree nor disagree – in reality the Commission for Children and Young People and Child Guardian appeared powerless in relation to their management of complaints.</li> </ul>
79	<p><b>Recommendation 12.10</b></p> <p>each department with responsibility for child protection improve public confidence in their responsiveness to complaints by:</p> <ul style="list-style-type: none"> <li>regularly surveying complainants</li> <li>publishing a complaints report annually</li> <li>working with the Child Guardian to provide child-friendly complaints processes.</li> </ul>	A	<p>Supported</p>	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>However, the development of child-friendly complaints processes will need to consider the needs and situations of very young children and children in remote and rural care situations.</li> </ul> <p>One respondent did not state an opinion.</p>

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80	<b>Recommendation 12.11</b> the Department of Communities, Child Safety and Disability Services: <ul style="list-style-type: none"> <li>establish a specialist investigation team to investigate cases where children in care have died or sustained serious injuries (and other cases requested by the Minister for Communities, Child Safety and Disability Services)</li> <li>set the timeframe for such a child 'being known' to the department at one year</li> <li>provide for reports of investigations to be reviewed by a multidisciplinary independent panel appointed for two years.</li> </ul>	A	PeakCare supports this recommendation with the rider that provisions around referring complaints to the Crime and Misconduct Commission, Health Rights Commission, Queensland Police Service and Ombudsman remain.	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li><i>Care should be taken however in defining what contact constitutes 'being known' particularly with the proposed devolution of investigative and oversight functions to the non-government sector.</i></li> </ul> <p>Two respondents thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>Great care will have to be taken to ensure checks for bias in decision making are built into the process</i></li> <li><i>Agree on the need for a specialist investigation team and an independent multi-disciplinary panel with appropriate authority in being able to action recommendations. Without authority to ensure that issues raised are able to be addressed, this process will be ineffective, a waste of money and unfair on those individuals who are involved in the review process. Clear terms of reference are required for any death or critical incident or serious case review investigation. A key issue with past review processes has been the inability to effectively deal with systemic issues that have arisen time and again. The CCYPCG was not able to effectively action these and the Department not able to deal with broader issues around resourcing. Therefore for any new body to be effective, there needs to be full commitment to accept and action recommendations to improve service delivery. While a multi-disciplinary independent panel is important, so too is a multi-disciplinary approach to reviews. Currently the Department is only able to comment on their own service, not others, this has resulted in limitations to the effectiveness of the process where there are clear issues or gaps. Finally, any such process needs to ensure that it is not built on a premise of blame but rather on identifying and promoting best practice.</i></li> </ul> <p>One respondent did not state an opinion.</p>
81	<b>Recommendation 12.12</b> Regional Child Protection Service Committees develop and support inter-agency, cross-sectoral working groups, including local government, to facilitate strong collaboration and coordination of	A	This recommendation requires that mechanisms for linking into and out of the central office oversight group and the Family and Child Council be determined. It is also noted that regional goals and outcomes are broader than for children and young people - they should	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li><i>These Committees will only truly be effective if there is a sufficient level of resources provided for community based intake and intensive family support services to work with enough families and divert them from being reported to child safety services</i></li> <li><i>Existing models and well-developed local responses and initiatives should be acknowledged and respected.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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	services to achieve regional goals and outcomes for children .		also be about families and communities.	
82	<b>Recommendation 12.13</b> the Family and Child Council develop a rolling three-year research schedule with research institutions and practitioners to build the evidence base for child protection practice.	A	This recommendation is strongly supported and its implementation will require adequate resourcing.	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>The Council should consider the development or auspicing of a Centre for Excellence for Child Protection Practice as its brief is too broad to fill this role itself.</i></li> </ul> One respondent did not state an opinion.
83	<b>Recommendation 12.14</b> each department with child protection responsibilities: <ul style="list-style-type: none"> <li>develop an evaluation framework in the initial stages of program design to ensure the inputs needed for success are in place, theory of change is well understood and supported by an implementation plan, and to provide milestones for monitoring the quality of outputs, the achievement of outcomes and the assessment of impacts</li> <li>undertake and source research to inform policy and service delivery, identify service gaps and better understand the interface between children, young people and the service system.</li> </ul>	A	PeakCare notes the need for a link to be clearly established and maintained between evaluations and regional plans and planning.	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li><i>Would also recommend the focus be placed on outcomes for children and young people and families</i></li> </ul> One respondent did not state an opinion.



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84	<b>Recommendation 12.15</b> the Child Protection Reform Leaders Group and the Family and Child Council lead a change process to develop a positive culture in the practice of child protection in government and the community, including setting benchmarks and targets for improvement of organisational culture, staff satisfaction and stakeholder engagement, and report this in the Child Protection Partnership report.	A	Supported	All respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• <i>Input from experienced practitioners also needed.</i></li> </ul>
85	<b>Recommendation 12.16</b> each department that funds community services to deliver child protection and related services work with the Office of Best Practice Regulation within the Queensland Competition Authority to identify and reduce costs of duplicate reporting and regulation. These departments should aim to adopt standardised and streamlined reporting requirements and, where possible, access information from one source rather than requiring it more than once.	A	While this recommendation is supported, PeakCare seeks assurances that efforts to cut red tape are separated from deliberations about how best to regulate child protection services.	All respondents agreed that this recommendation should be supported.

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86	<p><b>Recommendation 12.17</b></p> <p>the Department of Communities, Child Safety and Disability Services progress and evaluate redtape reduction reforms, including:</p> <ul style="list-style-type: none"> <li>transferring employment screening to the Queensland Police Service and streamlining it further</li> <li>considering ceasing the licensing of care services</li> <li>streamlining the carer certification process including a review of the legislative basis for determining that carers and care service personnel do not pose a risk to children.</li> </ul>	C	<p>PeakCare is of the view that the consideration of these reforms should be undertaken with the participation of peak bodies. We are also not convinced that ceasing the licensing of out-of-home care services is synonymous with reducing red tape. Another issue of concern about this recommendation relates to the proposal to transfer employment screening decisions to police. For some communities, particularly those that are disproportionately represented in the youth and adult criminal justice systems, this may create a perception problem and discourage persons who are suitable to work with or care for children from applying to perform these roles.</p>	<p>Nearly all respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li><i>Non-government organisations should be part of the reform consideration process, not just peak bodies</i></li> <li><i>These recommendations do not reduce redtape - in fact, these three processes are probably some of the most streamlined. The Department should consult with the non-government sector on suggestions for redtape reduction</i></li> <li><i>Need to explore the balance between safeguarding children and red tape. Need an effective and efficient system – too often compliance regimes lead to tick box approaches which have little effect on standards</i></li> <li><i>The transfer of employment screening to the police should be re-considered and possibly transferred to the Department of Communities, Child Safety and Disability Services and amalgamated with the Yellow Card process</i></li> <li><i>While the complexity of the current licensing system could be further reduced, there does need to be a means of quality assurance that focuses on the standard of care (case planning and day-to-day care) provided</i></li> <li><i>Disagree with not licensing out of home care services; employment screening should be undertaken in an appropriate government department, not the Police Service.</i></li> </ul> <p>Two respondents thought the recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>Agree with some of the recommendation. Streamlining of criminal history through Police Service only makes sense. Changes do need to be made to the licensing of care services. If services continue to be licensed, a continuous improvement process should be implemented, with regular monitoring from regional staff. This is different to the major comprehensive, extraordinary process that has previously been undertaken every three years. It has also been contradictory to have care services, where the majority of their workers do not provide direct care being subject to LCS checks, while departmental officers, who often work directly with children and young people do not require this.</i></li> <li><i>Interagency collaboration is a theme in this document. HSQF will replace licensing and still provide quality assurance. Screening and checks can be conducted by police but agency should have last say on who is employed.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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<b>COURTS AND TRIBUNALS</b>				
87	<p><b>Recommendation 13.1</b> the Department of Justice and Attorney-General establish the Court Case Management Committee to develop a case management framework for child protection matters in the Childrens Court.</p> <p>The committee should be chaired by the Childrens Court President and include the Chief Magistrate and representatives of the Department of Justice and Attorney-General, Legal Aid Queensland and the Queensland Law Society, the proposed Official Solicitor (or other senior officer) of the Department of Communities, Child Safety and Disability Services (see Rec. 13.16) and the proposed Director of Child Protection (see Rec. 13.17)</p>	A	PeakCare supports the recommendation and asserts that the Committee should also include representation from community legal services.	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Important to ensure the timely progression of all Childrens Court matters</i></li> <li>• <i>Committee should also include experienced practitioners from social work or community services in the development and implementation of the case management framework</i></li> <li>• <i>Agree with PeakCare's comments – community legal services play an important role in 'filling the gap' for representation of young people in care who are not able to secure direct representation e.g .from Legal Aid Queensland</i></li> </ul> <p>One respondent did not agree with PeakCare's comments:</p> <ul style="list-style-type: none"> <li>• <i>Unsure what a community legal service would really offer in the development of the case management framework. Community representation should come through other collaborative processes which may feed into this.</i></li> </ul> <p>Two respondents did not state an opinion:</p> <ul style="list-style-type: none"> <li>• <i>Not a high priority.</i></li> </ul>
88	<p><b>Recommendation 13.2</b> the proposed case management framework include:</p> <ul style="list-style-type: none"> <li>• the stages, timeframes and required actions for the progress of matters, including any necessary special provisions to apply to complex matters (for</li> </ul>	A	While supportive of the recommendation, PeakCare is of the view that the Court must be satisfied that a parent is able to and is supported to undertake directives, which have been negotiated and agreed with the parent.	<p>Most respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Agree and would suggest that this also involve appropriate training of legal personnel.</i></li> </ul> <p>One respondent thought that the recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>• <i>Agree conditional on having services to refer to and work with the court and parents in achieving the goals of the case management process.</i></li> </ul> <p>Two respondents thought that support for this recommendation should be withheld (i.e.</p>

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	<p>example, those in which there may be multiple children the subject of orders)</p> <ul style="list-style-type: none"> <li>the ability for the Court to give directions to a parent to undertake testing, treatments or programs or to refrain from living at a particular address. The extent to which the parent complies should be considered by the Court in deciding whether to make a child protection order.</li> </ul> <p>The Chief Magistrate and the President of the Childrens Court should support the case management framework and develop necessary Practice Directions.</p>			<p>categorised as 'C'):</p> <ul style="list-style-type: none"> <li>Parents experiencing financial disadvantage will not have the resources to carry the cost, for example, of drug testing. Capacity to comply with an order of the court should not be determined by the parents' financial status</li> <li>While case management of the progress of a matter through court is supported (managing the time frames etc), it is considered that the Court entering into giving more specific case-related directives than is allowed for at the moment is fraught. It is too simplistic to suggest that a child protection order could be based on parental non-compliance with directives such as to attend a treatment program. This confuses the process or activity with the intended outcome. What the court should be seeking is whether or not the parent has improved their capacity to care safely for their child, not the specific means by which they do so. This has the potential to duplicate the currently often ineffectual case plans which the Department draws up, requiring the parents to do certain things ('jump through hoops') without sufficient links to the intended outcome.</li> </ul> <p>Three respondents did not state an opinion:</p> <ul style="list-style-type: none"> <li>Not a high priority.</li> </ul>
89	<p><b>Recommendation 13.3</b></p> <p>the Attorney-General and Minister for Justice propose amendments to the <i>Childrens Court Act 1992</i> and the <i>Magistrates Act 1991</i> to clarify the respective roles of the President of the Childrens Court and the Chief Magistrate to:</p> <ul style="list-style-type: none"> <li>give the Chief Magistrate responsibility for the orderly and expeditious exercise of the jurisdiction of the Childrens Court when constituted by Childrens Court magistrates and</li> </ul>	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <p>One respondent did not state an opinion.</p>

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	<p>magistrates and for issuing practice directions with respect to the procedures of the Childrens Court when constituted by magistrates, to the extent that any matter is not provided for by the Childrens Court Rules - this should be done in consultation with the President of the Childrens Court</p> <ul style="list-style-type: none"> <li>ensure that the powers and functions of the Chief Magistrate extend to the work of Childrens Court magistrates and magistrates.</li> </ul>			
90	<p><b>Recommendation 13.4</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to:</p> <ul style="list-style-type: none"> <li>forbid the making of one or more short-term orders that together extend beyond two years from the making of the first application unless it is in the best interests of the child to make the order (subject to any proposed legislative amendment to the best interests principle arising from rec. 14.4)</li> <li>allow the Court to transfer and join proceedings relating to</li> </ul>	C	<p>PeakCare believes that it is too rigid to legislate in respect of the duration of short term orders. If the system worked properly and family preservation and reunification services existed to support children and families, unnecessary or damaging use of short term orders would not be an issue.</p>	<p>Most respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li><i>Short term orders unless appropriately considered can have serious consequences that impact on reunification of children with families. Permanency planning considerations should be clearly outlined in any legislative amendments. Joining of proceedings is necessary to ensure that siblings are dealt with as consistently as possible and contact appropriately considered</i></li> <li><i>Agree with PeakCare's concerns, however would like to see something in place to restrict the over use of short term and interim orders</i></li> <li><i>The Act provides that orders of the court should be the least intrusive and that the best interests of the child are always the paramount consideration.</i></li> <li><i>This recommendation is strongly not supported. There are many legitimate situations in which this rigid approach would disadvantage a child.</i></li> </ul> <p>One respondent thought that the recommendation should be supported (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li><i>Believe that it is appropriate to establish a time limit for the use of short term orders.</i></li> </ul> <p>Four respondents did not state an opinion or were undecided:</p>

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	siblings if the court considers that having the matters dealt with together will be in the interests of justice.			<ul style="list-style-type: none"> <li>The rationale for this recommendation is unclear, therefore PeakCare's response is unclear. Is the intent of the recommendation primarily about timeliness of court processes or the stability of the child? If it is primarily about timeliness of court processes, then two years from the making of the first application is probably unrealistic.</li> </ul>
91	<b>Recommendation 13.5</b> the Court Case Management Committee review the disclosure obligations on the department and propose to the Minister for Communities, Child Safety and Disability Services amendments to the <i>Child Protection Act 1999</i> to introduce a continuing duty of disclosure on the department with appropriate safeguards.	A	Supported	Nearly all respondents agreed that this recommendation should be supported. Three respondents did not state an opinion.
92	<b>Recommendation 13.6</b> the Court Case Management Committee propose to the Minister for Communities, Child Safety and Disability Services amendments to the <i>Child Protection Act 1999</i> to provide a legislative framework for court-ordered conferencing at critical and optimal stages during child protection proceedings.	A	Supported	Nearly all respondents agreed that this recommendation should be supported: One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'): <ul style="list-style-type: none"> <li>At times the legislation becomes too prescriptive. Given that the Magistrate must consider the information before him and make decisions, it could be left to the Magistrate's discretion if this was required.</li> </ul> Two respondents did not state an opinion.
93	<b>Recommendation 13.7</b> the Department of Communities, Child Safety and Disability Services and the proposed Director of Child Protection develop appropriate policies and procedures to ensure	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>This has the potential to finalise matters more quickly and prevent unnecessary delays.</li> </ul> One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'): <ul style="list-style-type: none"> <li>This would require some changes to delegations and authorisations, or it will require a</li> </ul>



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	that court-ordered conferences are attended by officers with the requisite authority to make binding concessions in the matter.			<i>Child Safety Service Centre Manager to be at every conference.</i> Two respondents did not state an opinion.
94	<b>Recommendation 13.8</b> the Attorney-General and Minister for Justice, in consultation with the Chief Magistrate appoint existing magistrates as Childrens Court magistrates in key locations in Queensland (subject to rec. 13.3)	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• <i>Adds to consistent approach across regions</i></li> <li>• <i>Magistrates so appointed should be provided with specialist training in relation to child protection and youth justice matters and in particular training that includes latest research on brain development and responding to trauma.</i></li> </ul> One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'): <ul style="list-style-type: none"> <li>• <i>Partly agree, prefer B - this should only be contemplated if appropriate training to ensure adequate understanding of child protection work is undertaken. Ill-informed decisions could place children at risk.</i></li> </ul> Two respondents did not state an opinion.
95	<b>Recommendation 13.9</b> the Department of Justice and Attorney-General fund the Magistrates Court to finalise the review of the child protection benchbook and make it publicly available.	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• <i>Agree, but would prefer resources to be initially directed towards family support services.</i></li> </ul> Two respondents did not state an opinion.
96	<b>Recommendation 13.10</b> the Department of Justice and Attorney-General and the Chief Magistrate collaborate to develop and fund a pilot project in at least two sites, in which the Childrens Court can access expert assistance under s 107 of the <i>Child Protection</i>	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>• <i>Support this recommendation as a means of increasing knowledge (e.g. of child development, impact of trauma, etc) and expertise of magistrates and children's court practitioners</i></li> <li>• <i>Supported but would not like to see a lot of resources go to this whilst the need for investment in more family support services is higher.</i></li> </ul> Two respondents did not state an opinion.

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	Act 1999. The pilot project is to be evaluated to determine the extent to which it improves the decision-making of the court and to assess its cost-effectiveness.			
97	<b>Recommendation 13.11</b> the State Government review the priority funding it provides to Legal Aid Queensland with a view to ensuring that increased funding is applied for the representation of vulnerable children, parents and other parties in child protection court and tribunal proceedings.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>Imperative that these matters are dealt with as efficiently as possible – lack of funding for parents/children can delay proceedings unnecessarily and result in children and young people being in placements for extended periods of time when reunification is the ultimate goal</i></li> <li>• <i>Ensuring greater representation for parents is critical</i></li> <li>• <i>Partly agree - there should be clear boundaries around the level of representation and who should be represented</i></li> <li>• <i>Agree, but family support services are a higher priority</i></li> <li>• <i>State Government should also consider increased funding for community legal services that currently fill this need.</i></li> </ul> <p>Two respondents did not state an opinion.</p>
98	<b>Recommendation 13.12</b> Legal Aid Queensland review the use of Australian Government funding received for legal aid grants to identify where funding can be used for child protection matters.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <p>Two respondents did not state an opinion.</p>
99	<b>Recommendation 13.13</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to require the views of children and young people to be provided to the court either	B	This recommendation is not clear as to the child or young person speaking directly to the decision maker, which the child should have the opportunity to do and which is referred to in the Inquiry report content supporting this recommendation.	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Support legislative changes to ensure clear voice of children and young people in proceedings and to ensure that legal representatives and departmental staff have actually spoken with child where appropriate or spoken with relevant service providers</i></li> <li>• <i>Believe that all children and young people subject to child protection proceedings should have an independent representative to represent their voice and best interests in the system</i></li> </ul>

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	directly, that is personally (through an independent child advocate or direct representative) or through a separate legal representative where children and young people are of an age and are willing and able to express their views.			<ul style="list-style-type: none"> <li>• Agree with the issues raised by PeakCare, this clarification is needed – as part of this there needs to be appropriately qualified child advocates who are able to represent the needs of the child and respond to questions of a child's ability to present their views</li> <li>• The Act currently purports to enshrine the child's right to be heard however individual experiences vary. Clear legislative direction which takes into account the test for Gillick competence is preferred.</li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• This will deploy legal practitioners in the Childrens Court even when there is no benefit to be gained. It should occur on a case by case basis, ordered by the Court.</li> </ul> <p>Three respondents did not state an opinion or were undecided:</p> <ul style="list-style-type: none"> <li>• Doesn't it say the views of children and young people provided to the court directly, that is personally – I take that this to mean the child is speaking to the decision maker.</li> </ul>
100	<b>Recommendation 13.14</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to provide clarity about when the Childrens Court should exercise its discretion to appoint a separate legal representative and also about what the separate legal representative is required to do. These amendments might require separate legal representatives to: <ul style="list-style-type: none"> <li>• interview the child or young person after becoming their separate legal representative and explain their role and the court process</li> </ul>	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported.</p> <p>Two respondents did not state an opinion.</p>

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	<ul style="list-style-type: none"> <li>• present direct evidence to the Childrens Court about the child or young person and matters relevant to their safety, wellbeing and best interests</li> <li>• cross-examine the parties and their witnesses</li> <li>• make application to the Childrens Court for orders (whether interim or final) considered to be in the best interests of the child or young person.</li> </ul>			
101	<p><b>Recommendation 13.15</b></p> <p>parents be supported through child protection proceedings by:</p> <ul style="list-style-type: none"> <li>• the Department of Communities, Child Safety and Disability Services ensuring they are provided with information about how to access and apply for legal advice or representation, and that parents are provided with reasonable time within which to seek such advice</li> <li>• the Childrens Court considering, at the earliest possible point in proceedings, the position of parents to determine whether they are adequately represented before the matter progresses</li> </ul>	A	<p>The <i>Child Protection Act 1999</i> does not include the concept of a 'consent order' however the court should be satisfied that parents are aware of and can access legal advice and representation, as well as understand the implications of a child protection order.</p>	<p>Most respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>• <i>This will remain very problematic for parents with an intellectual disability.</i></li> </ul> <p>Two respondents thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>• <i>This is relevant to the use of IPA orders, as they are often used to gather evidence for further action rather than really giving the family the opportunity to access resources. The Act could make it stronger that explanations need to be made and understood, including how parents access legal representation</i></li> <li>• <i>Disagree in part - Department role is to refer to Legal Aid but It is not the role of the Department to provide legal advice - this should only come from a legal practitioner – inexperienced officers risk providing incorrect information. This should be clearly articulated in policy, procedures and practice directions to avoid confusion.</i></li> </ul> <p>Two respondents did not state an opinion.</p>

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	<ul style="list-style-type: none"> <li>Legal Aid Queensland amending its policies with a view to providing legal representation to those families where the court has directed the family be legally represented, but where the family are unable to secure representation without legal aid assistance</li> <li>where a consent order is being sought in the absence of parental legal representation, the Childrens Court reasonably satisfying itself that parents understand the implications and effect of the order before it can be ratified by the court.</li> </ul>			
102	<p><b>Recommendation 13.16</b> the Department of Communities, Child Safety and Disability Services enhance its in-house legal service provision by establishing an internal Office of the Official Solicitor within the department which shall have responsibility for:</p> <ul style="list-style-type: none"> <li>providing early, more independent legal advice to departmental officers in the conduct of alternative dispute-resolution processes and the preparation of applications for child protection orders</li> </ul>	A	Supported	<p>Most respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li><i>Such legal services would ensure greater consistency and management of court matters, also enable appropriate advice to be provided regarding the merit of matters being placed before the courts.</i></li> </ul> <p>Two respondents thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li><i>There already is a Court Services Branch that provides advice to Child Safety Service Centres. This recommendation will add unnecessary bureaucracy to the process.</i></li> <li><i>Considered unworkable and unnecessary that a legal officer should prepare a brief of evidence to be provided to the proposed Director of Child Protection in all matters where the department considers a child protection order should be sought.</i></li> </ul> <p>Two respondents did not state an opinion.</p>

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	<ul style="list-style-type: none"> <li>• working closely with the proposed specialist investigation teams so that legal advice is provided at the earliest opportunity</li> <li>• preparing briefs of evidence to be provided to the proposed Director of Child Protection in matters where the department considers a child protection order should be sought.</li> </ul>			
103	<p><b>Recommendation 13.17</b></p> <p>the Queensland Government establish an independent statutory agency — the Director of Child Protection — within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought as well as litigate the applications.</p> <p>Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the latter case, some officers within the Department of Communities, Child Safety and Disability Services</p>	A	Supported	<p>Most respondents agreed that this recommendation should be supported. One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>• <i>Adequate resourcing of this office will be critical as will be appropriate and manageable Practice Directions and Case Management processes of the court to ensure children and young people are not left 'in limbo' (e.g. due to insufficient legal staff).</i></li> </ul> <p>Four respondents, for different reasons, thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>Prefer C - It is of concern that decisions may be made by lawyers which has implications for an holistic understanding of issues and complexities, lawyers do not possess the knowledge to consider a case holistically and there could be tensions here</i></li> <li>• <i>Strongly disagree with the recommendation - It is concerning that decisions about whether to apply for a child protection order may be made from a purely legal framework. This goes against the whole philosophy of trauma informed practice and decision making. It may however be appropriate to have an Independent statutory agency to provide support and advice in relation to child protection applications and related legal matters</i></li> <li>• <i>Recommendation represents added cost to the system where funding would be better directed to family support services</i></li> <li>• <i>Recommendation is considered unworkable and unnecessary that a legal officer in</i></li> </ul>



No.	Recommendations	Cat. <sup>1</sup>	PeakCare Comments	PeakCare Member Agency and Supporter Feedback
	will retain authority to make applications.			<i>Department of Justice and Attorney-General should make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought.</i> One respondent did not state an opinion.
104	<b>Recommendation 13.18</b> the Department of Communities, Child Safety and Disability Services move progressively towards requiring all court coordinators to be legally qualified and for their role to be recast to provide legal advice (within the Office of the Official Solicitor) or to transfer the role to the independent Director of Child Protection office	A	Supported	PeakCare regrets that feedback was not collected in relation to this recommendation due to a typing error in the survey form.
105	<b>Recommendation 13.19</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to permit the Childrens Court discretion	A	Supported	PeakCare regrets that feedback was not collected in relation to this recommendation due to a typing error in the survey form.
106	<b>Recommendation 13.20</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to provide that: <ul style="list-style-type: none"> <li>before granting a child protection order, the Childrens Court must be satisfied that the department has taken all</li> </ul>	A	Supported	Most respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>Agree, but can see difficulties in how this can be legislated to include emergency situations where a family is unknown and children are at immediate risk and in need of protection.</li> </ul> One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'): <ul style="list-style-type: none"> <li>There needs to be a process to access the systemic issues which are barriers for parents in meeting the needs of their children such as housing, child care, employment.</li> </ul> One respondents thought that support for this recommendation should be withheld (i.e.

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	<p>reasonable efforts to provide support services to the child and family</p> <ul style="list-style-type: none"> <li>• participation by a parent in a family group meeting and their agreement to a case plan cannot be used as evidence of an admission by them of any of the matters alleged against them.</li> </ul>			<p>categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>Although there should be a mechanism to ensure that all reasonable efforts are made to provide support services to the child and family, the making of an order should not be dependent upon this. What would occur in a situation where the Department had not met their obligations, however it was determined by all parties to be in the best interests of the child.</i></li> </ul> <p>Two respondents did not state an opinion.</p>
107	<p><b>Recommendation 13.21</b></p> <p>the Department of Communities, Child Safety and Disability Services ensure, when filing an application for a child protection order, its supporting affidavit material attests to the reasonable steps taken to offer support and other services to a child's family and to work with them to keep their child safely at home.</p>	B	<p>While supporting this recommendation, PeakCare is of the view that the issue is not just about offering support. It is about enabling families and providing support and interventions in ways that meet parental and family expectations and needs. It is important to also acknowledge that enabling children to live with their parents is not simply about addressing concerns in relation to 'safety'.</p>	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Needs to be culturally safe as well</i></li> <li>• <i>It is about intensive, very flexible and holistic support from our family support programs. It is not about the program telling the family what they can provide, it is about tailoring the support around the family needs. It is about follow up and following through again and again with families.</i></li> </ul> <p>One respondent thought that this recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li>• <i>Critical to change behaviour in the front end of the child protection system.</i></li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li>• <i>This recommendation does not take account of the circumstances where emergent action has been taken and the work with the family will best occur after the child is in a safer place. It would be likely to lead to protracted adjournments while the Department 'offered supports etc'; protracted adjournments are not in children's best interests.</i></li> </ul> <p>One respondent did not state an opinion.</p>
108	<p><b>Recommendation 13.22</b></p> <p>the Department of Communities, Child Safety and Disability Services increase its capacity to work with families under an intervention with parental agreement or a directive</p>	B	<p>PeakCare does not support the notion of 'sanctions' against parents. Where a family works voluntarily with service providers or in the absence of a custodial order, the Department is able, if assessed as warranted, to pursue a</p>	<p>Most respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li>• <i>Need to have a legislative provision for supervision orders but the service's agreement to supervision orders also needs to be confirmed firstly</i></li> <li>• <i>It is critical to support increasing capacity to work with families under IPAs but the sanction is already there in that parents may be required to do things. Unfortunately if</i></li> </ul>

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	or supervisory order with appropriate support services and develop a proposal for legislative amendment to provide for effective sanctions for non-compliance with supervisory or directive orders.		more intrusive option through a custodial child protection order.	<p><i>they don't comply, children enter the child protection system.</i></p> <ul style="list-style-type: none"> <li><i>The second part of this recommendation opens the way for criminal sanctions to be visited upon parents. This would be entirely inappropriate as it would compromise the parents' capacity to work with the Department. In addition if one parent is compliant but another is not the issue of who is impacted by the sanction comes to the fore.</i></li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li><i>Prefer 'C' for the reasons outlined by PeakCare.</i></li> </ul> <p>Four respondents did not state an opinion.</p>
109	<b>Recommendation 13.23</b> the Minister for Communities, Child Safety and Disability Services propose amendments to section 116 of the <i>Child Protection Act 1999</i> to allow the Childrens Court discretion to make an order for costs in exceptional circumstances.	B	PeakCare is unaware of the extent to which the issues that have prompted this recommendation have been problematic. Some investigation of the nature and extent of these concerns in respect of the Department and of other parties referred to in the report (see page 491) should be undertaken prior to finalising a response to this recommendation.	<p>A small majority of respondents agreed that this recommendation should be supported conditionally:</p> <p>Three respondents thought that support for this recommendation should be withheld (i.e. categorised as 'C'):</p> <ul style="list-style-type: none"> <li><i>This recommendation should not be supported. Whilst the tertiary child protection sector operates in an adversarial environment the reality is that burdening families with orders for costs will only impede their capacity in relation to keeping their family together. Individuals should not be placed at risk simply by exercising a fundamental right to involvement (including the right to be heard in court and oppose orders) in all decisions affecting their family where the resources of the state are pitted against them. Allowing even the spectre of costs orders will negatively impact on the exercise of this legislated right as people will be automatically discouraged from representation (including self-representation). Many families rely on Legal Aid or Community Legal Centres for representation and 'prospects of success' are among the criteria considered prior to representation being available.</i></li> </ul> <p>Five respondents did not state an opinion.</p>
110	<b>Recommendation 13.24</b> the Court Case Management Committee examine whether the Childrens Court in making a long term guardianship order can feasibly make an order for the	C	PeakCare is of the view that these proposed changes warrant further consideration of how best to balance changing circumstances over time with a child's right to stability and family contact, particularly in respect of	<p>Nearly all respondents agreed that support for this recommendation should be withheld:</p> <ul style="list-style-type: none"> <li><i>It is unlikely that an order can be made for a young child that can last until 18 years, so there needs to be some mechanism to review changes or potentially look towards Family Law type of orders to account for a child's age etc</i></li> <li><i>All children in the child protection system have the right to ongoing connection to their family, including parents. Orders of the court should not undermine or remove that right</i></li> </ul>

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	placement and contact arrangements for the child. In this examination, the Committee should take account of the impact of such a proposal on the court case management system and the departmental case management processes.		children subject to long term custody or guardianship orders to the chief executive.	<p><i>save in situations of grave risk to the child. Questions of case management (court and child protection) should not intrude on the right to contact and connection</i></p> <ul style="list-style-type: none"> <li><i>This recommendation should not be supported. These types of decisions need to be made by a body (the Department) with the flexibility to consider the latest changes in the child's and family's circumstances.</i></li> </ul> <p>One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>A person granted guardianship under the Child Protection Act should not have the ability to place the child long term in anyone else's care.</i></li> </ul> <p>Six respondents did not state an opinion or were undecided:</p> <ul style="list-style-type: none"> <li><i>The recommendation does not propose specific changes, it proposes further examination of whether the court should or should not play a role in placement and contact arrangements. PeakCare's comments do not appear to address the proposal.</i></li> </ul>
111	<b>Recommendation 13.25</b> the Minister for Communities, Child Safety and Disability Services propose an amendment to Schedule 2 of the <i>Child Protection Act 1999</i> to include a reviewable decision where the department refuses a request to review a long-term guardianship order by a child's parent or the child.	A	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <p>One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li><i>Supported, however a parent can apply to the Court for amendment of this type of order – the Department cannot change the order.</i></li> </ul> <p>Two respondents did not state an opinion.</p>
112	<b>Recommendation 13.26</b> the Family and Child Council develop key resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal	B	PeakCare is of the view that the Family and Child Council should undertake this function in conjunction with peak bodies, non-government organisations and parent advocacy groups.	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>Any such information needs to cater for varying degrees of literacy and understanding of English</i></li> <li><i>Needs to cater for parents with an intellectual disability</i></li> <li><i>Youth Advocacy Centre currently offers a suite of resources targeting youth workers and young parents (including training and education) designed to meet this need.</i></li> </ul> <p>Two respondents did not state an opinion.</p>

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	processes and complaints and review options in response to child protection interventions.			
113	<b>Recommendation 13.27</b> the Queensland Civil and Administrative Tribunal consider, as part of its current review, improved practices and processes in the following areas: <ul style="list-style-type: none"> <li>• child inclusive and age-appropriate processes, for example increased use of child and youth advocates</li> <li>• more timely consideration to reduce unnecessary delays and the dismissal of matters</li> <li>• enable publication of outcomes of matters being resolved as part of the compulsory conference process.</li> </ul>	A	Supported	Nearly all respondents agreed that this recommendation should be supported: Two respondents did not state an opinion.
114	<b>Recommendation 13.28</b> the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to allow the Childrens Court to deal with an application for a review of a contact or placement decision made to the Queensland Civil and Administrative Tribunal if it relates to a proceeding before the	C	PeakCare reiterates the position put in response to the Inquiry's February 2013 discussion paper that, unlike other Australian jurisdictions, the Childrens Court does not currently have the expertise needed to consider such reviews. These issues are more appropriately heard by child protection specialists from the Queensland Civil and Administrative Tribunal.	Most respondents agreed that support for this recommendation should be withheld: Three respondents disagreed and thought that this recommendation should be either supported or supported conditionally: <ul style="list-style-type: none"> <li>• <i>There should be a process in which the decision by a Tribunal can be reviewed. Perhaps this may lead on to ensuring that child protection specialists chosen for the Tribunal have the expertise to make effective decision on these matters</i></li> <li>• <i>This recommendation should be supported. Persons aggrieved by decisions of QCAT generally only have recourse to the Court of Appeal. The nature of this process is expensive and not easily navigated by a lay-person. A more accessible appeal avenue such as the Childrens Court is desirable particularly with regard to contact and placement decisions</i></li> </ul>

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	Childrens Court.			<ul style="list-style-type: none"> <li>Prefer 'B' - while agreeing with the PeakCare statement, on the other hand these matters, when concurrent, do usually relate to the issues the Court is already considering and could usefully be considered at the same time. The alternative is to have very similar matters being simultaneously reviewed by two different bodies.</li> </ul> <p>Three respondents did not state an opinion.</p>
<b>LEGISLATIVE REVIEW</b>				
<b>115</b>	<b>Recommendation 14.1</b> <ul style="list-style-type: none"> <li>the Department of Communities, Child Safety and Disability Services review the <i>Child Protection Act 1999</i>.</li> </ul>	<b>A</b>	PeakCare is of the view that the review of the legislation should be undertaken in conjunction with peak bodies, non-government organisations and other child protection system stakeholders.	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>Consideration should be given to other state and territory legislation to look at consistency.</li> </ul> <p>One respondent did not state an opinion.</p>
<b>116</b>	<b>Recommendation 14.2</b> <ul style="list-style-type: none"> <li>the Department of Communities, Child Safety and Disability Services review the existing information exchange and confidentiality provisions in the <i>Child Protection Act 1999</i> and propose to the Minister for Communities, Child Safety and Disability Services the amendments necessary to implement the Commission's recommendations.</li> </ul>	<b>A</b>	PeakCare is of the view that the review of information sharing provisions should be undertaken in conjunction with peak bodies, non-government organisations and other child protection system stakeholders.	All respondents agreed that this recommendation should be supported.
<b>117</b>	<b>Recommendation 14.3</b> <ul style="list-style-type: none"> <li>the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> so that the chief executive administering the Act and the Director of Child</li> </ul>	<b>A</b>	Supported	<p>Nearly all respondents agreed that this recommendation should be supported:</p> <ul style="list-style-type: none"> <li>Except don't support the need for a Director of Child Protection.</li> </ul> <p>One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'):</p> <ul style="list-style-type: none"> <li>This recommendation should be supported only in relation to being able to publicly release information when the child is deceased.</li> </ul> <p>One respondent thought that support for this recommendation should be withheld (i.e.</p>



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	Protection have limited legal authority to make public or disclose information that would otherwise be confidential (including, in rare cases, identifying particulars) to correct misinformation, protect legitimate reputational interests or for any other public interest purpose. In particular, it should be considered whether some of the confidentiality obligations should not apply when the child in question is deceased.			<p>categorised as 'C'):</p> <ul style="list-style-type: none"> <li><i>This recommendation should not be supported. It fails to recognise the rights of individuals, in particular young people, to have control over their information. Research suggests that there are significant impacts for the naming of children (including deceased children) involved in the child protection system and that those impacts extend to family, in particular siblings (especially those who survive the subject child). Any relaxation of confidentiality provisions must include the right of young people to self-identify as being in the child protection system – currently such children and young people are at risk of prosecution for self-identifying as being in or having been in care. This stymies their capacity to have their stories heard through their own voices.</i></li> </ul> <p>One respondent did not state an opinion.</p>
118	<p><b>Recommendation 14.4</b></p> <p>the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to:</p> <ul style="list-style-type: none"> <li>clarify that the best interests of the child is to guide all administrative and judicial decision-making under the <i>Act</i></li> <li>include a provision based on section 349 of the <i>Children and Young People Act 2008</i> (ACT) setting out the relevant matters to be considered in determining the best interests of a child.</li> </ul>	B	<p>A child's best interests in respect of decisions made about their contact with and entry and exit from the child protection system, should be the subject of individualised consideration. Notwithstanding that matters to be considered in determining a child's best interests are legislated in some jurisdictions, PeakCare is of the view that this decision warrants further examination and certainly to be clear about assisting administrative and judicial decision makers about how to consider best interests as opposed to what to take into account in considering a child's best interests.</p>	<p>Nearly all respondents agreed that this recommendation should be supported conditionally:</p> <ul style="list-style-type: none"> <li><i>There is a need for holistic assessment within the family and community context- this is difficult to codify in legislation</i></li> <li><i>Formulating an inflexible list of matters to be included risks excluding relevant information in a particular case. Tethering a decision maker to such a list risks the adoption of a 'tick a box' approach to decision making.</i></li> </ul> <p>One respondent thought that this recommendation should be supported unconditionally (i.e. categorised as 'A'):</p> <ul style="list-style-type: none"> <li><i>Support the recommendation - It works reasonably well in the Family Court jurisdiction. Does not preclude individualised consideration, and should provide a framework for this.</i></li> </ul> <p>One respondent did not state an opinion.</p>

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119	<b>Recommendation 14.5</b> the Department of Communities, Child Safety and Disability Services rationalise the principles for the administration of the Child Protection Act 1999 and propose to the Minister for Communities, Child Safety and Disability Services amendments that rationalise and consolidate all the principles in one place, for example section 5B or section 159B.	A	Supported	All respondents agreed that this recommendation should be supported.
120	<b>Recommendation 14.6</b> the Department of Communities, Child Safety and Disability Services in its review of the <i>Child Protection Act 1999</i> , incorporate the concept of 'parental responsibility' in child protection orders.	A	Supported	Nearly all respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>As long as rights of parents are also included along with their responsibilities.</li> </ul> One respondent thought that this recommendation should be supported conditionally (i.e. categorised as 'B'): <ul style="list-style-type: none"> <li>Adopting the recommendation would align the child protection system with the Family Law system. The terms custody and guardianship have for some time been embedded in child protection legislation and practice and should not be abandoned without careful consideration of the implications.</li> </ul>
<b>IMPLEMENTING THE CHILD PROTECTION REFORM ROADMAP</b>				
121	<b>Recommendation 15.1</b> That the Queensland Government commit to the Child Protection Reform Roadmap with the intention of significantly reducing the number of children in the child protection system, and improving outcomes for children in out-of-home care.	A	Supported	All respondents agreed that this recommendation should be supported: <ul style="list-style-type: none"> <li>Priority should be given to changing the front end of the child protection system with community based intake, enhanced family support, differential responses and Signs of Safety or similar framework to reduce the entry of children and young people into child protection. If this is not done, the other recommendations whilst making some improvements will not impact on stemming the increase or reducing the number of children or young people entering the tertiary child protection system.</li> </ul>

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## OTHER COMMENTS

Other comments made by respondents about matters they think have not been attended to or adequately addressed by recommendations of the Commission include:

- *The Inquiry did not go far enough in profiling the significant activity of Foster Carers and the contribution they make. It did not make recommendations regarding the enhancement of this service system, in particular the profile of Foster Carers as part of the professional team.*
- *There has not been enough consideration given to Foster Carers and the treatment of them by the system; also no mention of the need to better resource Foster Care Queensland in being able to advocate for Foster Carers; basically Foster Carers have been forgotten in this Inquiry*
- *There is still no-where for the voices of families to be heard in contributing to future planning*
- *There is still a great lack of support and advocacy for families where parents have an intellectual disability and are involved in the child protection system that has not been sufficiently addressed within the Inquiry's recommendations*
- *This may be yet another top-down, mainstreaming exercise that excludes participation and empowerment of communities and non-government organisations.*