Insights and opportunities

Queensland Residential Care Workforce

March 2025

DETAILED REPORT

PeakCare

Acknowledgement of Country

PeakCare acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians.

We recognise their cultures, histories and diversity and their deep connection to the lands, waters and seas of Queensland and the Torres Strait.

We acknowledge the Jagera and Turrbal people as the Traditional Custodians of Meanjin (Brisbane), the lands on which we meet, work and learn, and acknowledge the Traditional Custodians of all the lands across Queensland.

We pay our respects to Elders past and present and strive each day for true reconciliation for all First Nations children, young people, families, carers and communities.

Commissioned by the Department of Families, Seniors, Disability Services and Child Safety, this report contributes to the evidence base for a residential care workforce strategy and stands independent of government policy positions or implied commitments to future actions.

Contents

Upfront

About PeakCare

Across Queensland, PeakCare has almost 100 member organisations. This includes a mix of small, medium and large, local and statewide, mainstream and community-controlled Aboriginal and Torres Strait Islander non-government organisations that provide prevention and early intervention, generic, targeted and intensive family support to children, young people, adults and families. Member organisations also provide child protection services, foster and kinship care and residential care services for children and young people and their families who are at risk of entry to, or who are in the statutory child protection system.

An extensive network and supporters made up of individuals and other organisations with an interest in child protection and other related services and who support PeakCare's policy platform around the safety, wellbeing and connection of children and young people, also subscribe to PeakCare.

PeakCare is the peak body for child and family services in Queensland, providing an independent voice representing and promoting matters of interest to the non-government sector.

At PeakCare, our primary concern is child protection and related services, and as such we have a significant interest in reforms relating to the provision of care to children and young people in accordance with the *Child Protection Act 1999* (the Act).

Over the last five years, we have seen a sustained increase in the numbers of children and young people entering a residential care placement. The Queensland Government has committed to reforming the out-of-home (OOHC) care system, including reviewing the use of residential care. We acknowledge the work that has, and continues, to occur in OOHC care and support the development of system learning. Evolving over past years, the system has responded to changing funding models and service delivery requirements. We recognise the role that residential care has in the care for children and young people. We are strengthened in our view that we need a continuum of home-like care environments, which can adapt to the needs of children and young people and include therapeutic care as required.

In 2024, we established the Catalyst for Care program in response to the government's review into residential care, and in recognition that people are essential in making sure service delivery can meet the complex needs of children and young people. It is through this work that we have been commissioned to develop a Residential Care Workforce Strategy to meet the needs of the sector and children and young people in residential care.

Our commitment to improved outcomes through high-quality residential care is steadfast. We believe every child and young person in care deserves the best care, provided by the best workforce, no matter where they are in Queensland.

We also believe workers deserve the best possible opportunities and to be celebrated and valued for the important work they do every day. By addressing workforce challenges and improving job satisfaction, the sector aims to attract, train and retain dedicated care staff.

This Insights and Opportunities Report consolidates months of research and discussion. We hope it amplifies the voices of the sector and brings into view the strengths and challenges faced by children and young people in residential care, and those who care for them.

Acknowledgement of contributors

The Catalyst for Care program was established in response to the need for reform in the residential care system and to address the changing requirements of the workforce now and into the future. We are privileged for the opportunity to work alongside our members, the sector and government to deliver this important work that will support the future of the residential care workforce in Queensland.

I would like to thank and acknowledge several people who have made this work possible.

I want to thank Andrea Lauchs and Sammy Bruderer from Social Vantage Advisory for leading the consultation and development of this report, with the support of Lauren Sullivan and our Catalyst for Care program team. Thank you for all the work you did to make this report possible.

To our Catalyst for Care Program Board Members, I am grateful for your ongoing support and guidance on this important work and thank you to our Reference Group for bringing your lived experience as providers of residential care services across the state and providing a sounding board for testing and validating this work.

To the incredible people we met throughout this process, young people, residential care workers, parents, carers, sector representatives, industry groups and experts, interstate colleagues and residential care providers, I thank you. Your contributions have been crucial in delivering this work in partnership with the sector.

I would like to acknowledge the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) (previously Department of Child Safety, Seniors and Disability Services) for their continued support and commitment, and the work currently underway to reform OOHC in Queensland.

We believe every young person in care deserves the best care, provided by the best workforce, no matter where they are in Queensland. We also believe our workers deserve the best possible opportunities and to be celebrated and valued for the work they do every day. By addressing workforce challenges and improving job satisfaction, we aim to attract, train, and retain dedicated care staff. Our approach is committed to partnering with the experts in residential care – workers, providers and young people with a care experience.

TOM ALLSOP
Chief Executive Officer

1

Executive summary

1.0 Executive Summary

Queensland's residential care system provides a crucial safety net – when its needed most - for children and young people experiencing vulnerability. Our workforce is characterised by people driven to make a difference in the lives of these children and young people. As a sector, however, we continue to face challenges in the delivery of quality care as demand rises and the complexity of needs of children and young people increases.

Collaboration and a shared desire to see better outcomes for children and young people will serve as powerful and uniting forces as we collectively turn toward tackling these challenges.

Residential care has frequently been described as a placement of last resort, increasing negative connotations on this placement type, its outcomes and even the children and young people who are placed there. A strong spotlight has been shone on residential care so much so it's almost become a 'dirty word', with much focus placed on behaviour management rather than creating emotionally secure and stable environments built on genuine, consistent and compassionate relationships.

Negative language, often used about residential care, has inevitably created challenges when trying to attract, retain and develop a workforce that feels valued, respected and secure in their employment. Language, therefore, plays a critical role in influencing the culture, attitudes and beliefs of the workforce.

The opportunities identified in this report, and any subsequent initiatives under the Residential Care Workforce Strategy (the Workforce Strategy), should be considered and implemented with the intent of shifting the narrative and using intentional language to promote positive care cultures, enhance worker morale and drive growth, retention and innovation across the workforce.

By focusing on the workforce, children and young peoples' experience of residential care will improve. They will receive the high-quality care they deserve, which not only meets their safety and wellbeing needs, but also helps them thrive well into the future.

The purpose of this report and how it will inform the Workforce Strategy

This report intends to establish a comprehensive understanding of the residential care workforce. Carefully examining factors that influence the sector's ability to deliver consistent, high-quality care, serves as an important step in driving sustainable, strategic improvements, enhancing the experience of the workforce and importantly, the shaping of a more cohesive, consistent and contemporary approach to caring for children and young people in care.

It builds on work already undertaken to identify challenges within the residential care system and provides the insight and context necessary to develop a Workforce Strategy that supports the needs of the sector now and into the future.

Extensive analysis of the evidence base, literature, stakeholder views and data has enabled us to identify clear and consistent themes at play across the sector, as well as opportunities designed to strengthen the residential care workforce, while the broader strategy is developed.

Evidence gathered suggests there are immediate opportunities for improvement across training, capability building, supervision, governance and regulation, language and transparency. These include:

1. Develop a frontline residential care worker training and capability framework
2. Review supervision frameworks
3. Trial a targeted training approach or implementation framework for frontline residential care workers
4. Review regional alignment of contracting and licensing
5. Review the implementation of the Social, Community, Home Care and Disability Services Industry Award (SCHaDS Award) in other jurisdictions
6. Audit providers to understand the implications of National Disability Insurance Scheme (NDIS) changes
7. Develop a departmental communication strategy to improve transparency of current activities that are underway
8. Develop shared resources on restrictive practice
9. Review viability of a residential care worker register.

While not an exhaustive list of actions, nor do they constitute the Workforce Strategy itself, these opportunities reflect the voices of key stakeholders and have been identified for consideration by government, peak bodies and the sector.

Together, they would assist in providing a greater level of practice, process and system transparency between government, service providers, the workforce and children and young people.

Scope and limitations

It is important to clearly articulate both the scope of this report, and its limitations. This report does not attempt to endorse any service model or type of care. Nor does it include a cost analysis or economic modelling of the residential care workforce. While elements relating to these areas may be discussed, they are not an endorsement of any particular model of care, or costs associated with providing residential care.

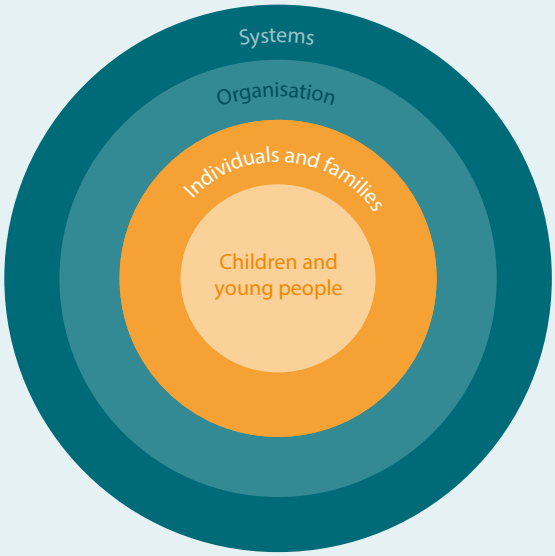
While the information shared is evidence-driven and sector-informed, during consultation and the development of this report, we identified a significant lack of centralised and publicly available data relating to the composition of the residential care workforce. Despite this, evidence gathered during consultation has enabled us to paint a reasonable picture of who makes up the workforce and the challenges they face.

It's also worth noting that while focused on workforce challenges, the report recognises these are often linked to overarching organisations and systems. The needs of children and young people have also remained at the centre of our thinking and approach. This has enabled us to identify insights and opportunities for the workforce that consider both the organisations and systems they operate within, as well as the needs and perspectives of children and young people.

Insights garnered also speak to the critical importance of developing the Workforce Strategy within the context of the current reform agenda. This will enable the sector to effectively adapt to change and achieve identified objectives, including the transition to Aboriginal and Torres Strait Islander Community-Controlled Organisations (ATSICCO's) and the implementation of the Integrated Child Safe Organisations System.

It is likely the work currently underway will bring shifts in priorities, policies and operational practices. This too necessitates a well-designed and aligned Workforce Strategy that can meet the demands and objectives of reform.

Moving forward with these factors top-of-mind will support the sector in responding to challenges and meeting demand, now and in the future, while enabling efficiency and sustainability in workforce planning.



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Background and approach

2.1 Background

The increasing number of children and young people entering residential care has been identified as a growing concern for both government and the child and family sector. In 2023, PeakCare, on behalf of the child and family sector, invited government to partner with the sector to address these concerns.

Feedback sought during an extensive period of research, consultation and review of the residential care system revealed a clear and critical need; to invest in and increase the capability of the workforce and provide those who care for children and young people with greater support.

When children are unable to be safely cared for by their family and do not have a parent willing and able to protect them from harm, the DFSDSCS is responsible for providing alternative care arrangements.[1] These are generally classified as family or non-family-based placements, with family-based (ideally with kin), the preferred option. In recent years, however, Queensland has seen a continued rise in the use of non-family-based placements, particularly residential care.

DEFINITION OF RESIDENTIAL CARE

Residential care is care provided to young people, primarily aged 12 to under 18 years, in residential premises (not a carers or young person's own home) by paid or contracted workers and/or volunteers. Residential care provides an alternative to family-based care options in environments that support young people in their adolescent development. Residential care services are funded to provide a discrete number of places for Service Users with specific levels of support needs (moderate, high, complex, and/or extreme) in a particular region with primary Child Safety Service Centre catchment areas nominated as appropriate.

Child Protection (Placement Services) Investment Specification; DFSDSCS; 2021

"These trends are realising globally across all jurisdictions at different paces.

Queensland has seen its foster care numbers remain relatively stable until recently, with residential care numbers doubling in the last five years – higher than any other jurisdiction in Australia."

The Future of Foster Care – Queensland Foster Care Demographic Report; PeakCare; 2024

"Queensland's residential care system is one of the most expensive I have seen across the world; it is not sustainable."

Academic

The use of this arrangement has been steadily increasing, with the number of children and young people entering into this arrangement doubling since 2019.[2] The most recent data indicates that Queensland currently has 1,998 children and young people in residential care, of which 45.2% identify as First Nations children and young people.[3] As of June 2024, 31.7% of children in residential care were aged under 12 years.[4]

Across Australian jurisdictions, changing family and social circumstances have resulted in increased pressure on the child protection and family support systems.[5]

As of 30 June 2022, the Australian Institute of Health and Welfare (AIHW) reported that across Australia the number of available foster care households has remained static or decreased in most Australian jurisdictions; the number of foster care households exiting the system has increased in most jurisdictions and the overall number of children in care increased by 1% between 2019 and 2022.[6] In Queensland, we have seen children in care rise by more than 24% over the last five years.[7],[8]

[1] Department of Child Safety, Seniors and Disability Services. (2024). *A Roadmap for Residential Care in Queensland.* Brisbane: Department of Child Safety, Seniors and Disability Services.

[2] Department of Child Safety, Disability and Seniors. (2024, November 19). *Our Performance*. Retrieved from Department of Child Safety, Disability and Seniors: https://performance.dcssds.qld.gov.au/

[3] Queensland Department of Families, Seniors, Disability Services and Child Safety. (2024, November 19). *Our Performance.* Retrieved from Department of Child Safety, Disability and Seniors: https://performance.dcssds.qld.gov.au/

[4] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

[5] Department of Families, Seniors, Disability Services and Child Safety. (2024). *Investment Specifications.* Retrieved from https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications

[6] Australian Institute of Health and Welfare. (2024). *PRESERVING A VITAL SYSTEM, The Future of Foster Care, Queensland Foster Carer Demographic Insights Report.* Brisbane: PeakCare.

[7] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

[8] ABC News. (2021). Queensland residential care under scrutiny: Foster and kinship challenges. ABC News. https://www.abc.net.au/news/2021-09-06/qld-residential-care-children-foster-kinship/100431406

"Complex needs can include any acute or chronic physical or psychological condition with a relatively long-lasting course or effects, such as disability, pervasive developmental disorders and learning difficulties."

Strawa & Sartore, 2023

This reduction in foster carers has led to increased pressure on residential care services to meet the demands of accommodating children and young people in the child protection system. Factors such as large sibling groups, and the complexity of needs of children and young people including substance misuse, disability, mental health and high-risk behaviour has also contributed to the rising demand for residential care.

The intended purpose of residential care has subsequently expanded to accommodate demand, therefore the attributes and skills of the workforce needs to be redefined to respond to the changes to the cohort of children being placed in care. In addition to this, the child protection and family support systems are also impacted by workforce availability issues affecting the entire human services sector across the country.

As highlighted, the number of children and young people in residential care in Queensland continues to increase with the numbers doubling since 2019. Despite continued efforts to reduce the number of children over the last 12 months, children and young people in residential care currently represent 17% of children in out-of-home care (OOHC) throughout Queensland.[9]

Residential care in Queensland is currently delivered by the largest number of service providers in Australia, with more than 166 providers funded by the DFSDSCS in the 2023-24 period.[10] Queensland also operates a system with licensed and unlicensed providers, with the total number of unlicensed providers far exceeding those who are licensed.

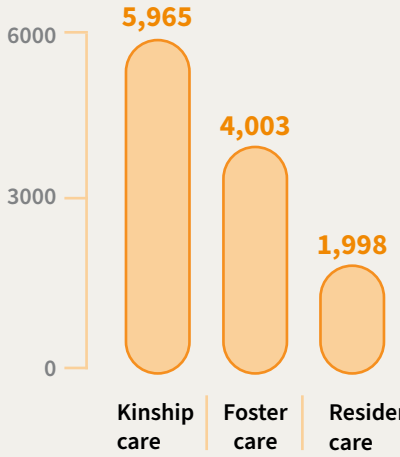
Queensland has two primary funding models, Outsourced Service Delivery (OSD) recurrent funding and Individualised Placement Support (IPS) packages, which are funded models based on the needs of a child or young person. Whilst historically OSD funded placements exceeded the number of IPS packages, increased demand for residential care has seen a shift in funding behaviour from the DFSDSCS, with more IPS packages currently being administered. This has resulted in higher costs in the delivery of residential care in Queensland.

[9] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

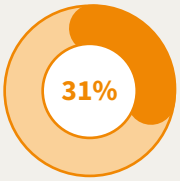
[10] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

Sources: Queensland Department of Child Safety, Seniors and Disability Services,2024; PeakCare, 2024 and Jobs Queensland, 2024.

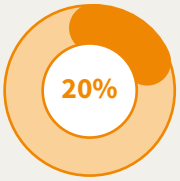
11,966 Queensland children in care (June 2024)



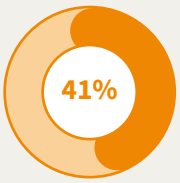
24%
increase in the number of children and young people in care over the past five years



have limited to severely limited functioning or developmental delay



have a diagnosed or suspected mental illness and/or behavioural disorder



have a diagnosed or suspected disability and/or neuro-developmental disability

Queensland children in residential care

110% Increase in the number of children and young people in residential care over the past five years

in residential care are on a child protection order

6.7 **median length of time in residential care in months**

of children and young people in residential care are First Nations

903 First Nations children are in residential care

0.9% of First Nations children and young people aged 0-17 are in residential care

Queensland residential care by numbers

$709,465,032
Government investment in residential care (2022)

$481,400,000
Funding for Individualised Placement and Support (IPS)

$241,500,000
Funding for Outsourced Service Delivery (OSD)

$80,415
Average management costs for Department owned residential care in Queensland per property

$53,847
IPS Funding per child or young person

$26,451
OSD Funding per child or young person

Queensland workforce

55,461
job advertisements in Queensland (September 2024)*

21,990
Hope and Healing completions since 2019

4.1%
Queensland unemployment rate

602
enrolments in Certificate IV in Child, Youth and Family Intervention under Queensland's Fee-Free TAFE initiative April 2023-May 2024

**Unable to ascertain the number of role vacancies in residential care through Queensland.*

2.2 Approach

A phased approach was designed to support the development of this report. This included the creation of artefacts to create a high-level picture of a day in the life of a child or young person in residential care, research and interviews considering a range of issues such as residential care service delivery models, industrial relations, qualifications, attraction, recruitment and retention of staff and the labour hire market. Engagement with a broad range of stakeholders (detailed in Appendix 1) was central to our approach.

2.2.1 Personas and user journeys

To inform our understanding of daily activities and experiences of the residential care workforce, several stakeholders were engaged to assist with the development and validation of personas and user journey maps. Whilst these are not reflective of every individual in the workforce, nor the journeys of all children and young people in care, they allowed the project team to have targeted discussions with sector representatives to understand the challenges in the workforce and the impacts of these on children and young people.

These personas highlight the diversity of backgrounds (e.g. age and culture etc), motivations and skillsets amongst the current workforce. They also reflect the roles and profiles of individuals within the residential care sector in Queensland who currently work directly with children and young people (see Appendix 2 for the full personas created).

These user journey maps depict a day in the life of a child or young person in care and capture situations currently faced by the workforce, and the flow-on impact to children and young people. Challenges identified included the consistency and stability of workers, effective handovers where last minute roster changes occur, the capability and experience of workers to support young children and manage the complexity of needs of young people (see Appendix 3 for the journey maps).


FRONTLINE YOUTH WORKER

Mia Johnson

Age: 31 years old

Youth worker experience: 2 years

Location: Bundaberg

Employment type: Casual

Qualifications:

(Enrolled) Certificate IV in Children, Youth and Family Intervention

OVERVIEW

Mia is a 31-year-old residential care worker and a proud Aboriginal woman from the Gurang people of the Bundaberg region. She has two years of experience working in residential care and is passionate about supporting First Nations youth in her local community. Prior to working in residential care Mia worked in a local youth community centre and volunteered at local schools to support First Nations initiatives in the community. She is enrolled in a Certificate IV.

GOALS

- Help First Nations young people connect to their culture and heritage
- Promote cultural awareness and understanding within the residential care setting
- Continue supporting First Nations initiatives both in her professional and personal life

NEEDS

- Time to develop relationship with the young people they care for
- Time to attend role specific training
- Support from her employer to implement culturally sensitive practices in her work
- Opportunities to engage with the local Aboriginal community and Elders
- Debriefing to support them in challenging situations

PAIN POINTS / CHALLENGES

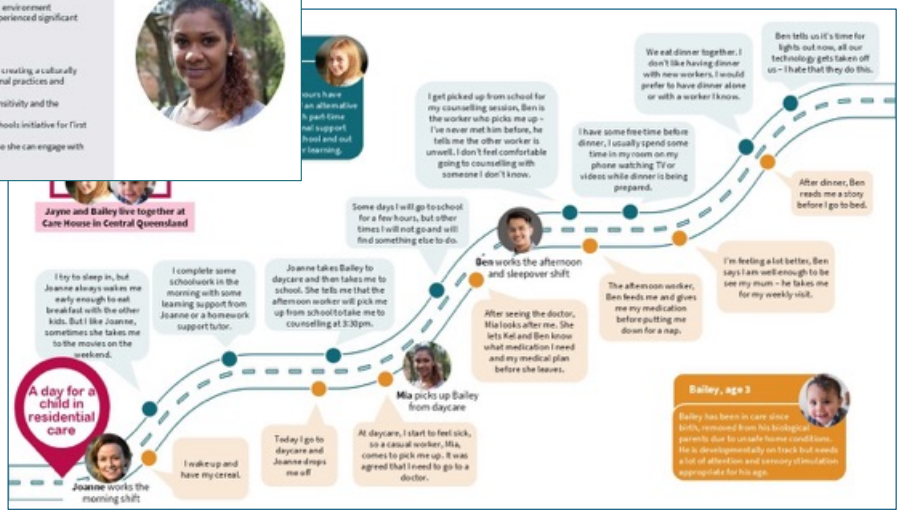
- Facing systemic challenges that may not fully address the needs of First Nations youth
- Managing cultural overload and access to sufficient support in embedding cultural awareness and practices
- Advocating for cultural practices in a predominantly non-Indigenous work environment
- Managing the emotional toll of working closely with children who have experienced significant trauma

DAY IN THE LIFE OF MIA

- Mia starts her day with a shift at the residential care facility and focuses on creating a culturally supportive environment for the children in her care, incorporating traditional practices and teachings where possible
- Mia tries to support the other care workers to educate them on cultural sensitivity and the importance of maintaining the children's connection to their heritage
- After her shift, Mia attends a volunteer working group to support a local schools initiative for First Nations kids
- Mia also often works sleepover shifts, but she tried to workday shifts also so she can engage with the kids more

RESIDENTIAL CARE PERSONAS

For me, this work is about giving back to my community and ensuring that our youth stay connected to their culture. It's challenging, but it's also deeply rewarding to see these kids thrive in a space where they feel understood and valued.



2.2.2 Literature review

A review of relevant literature was undertaken to support alignment with the existing evidence-base and to identify current research gaps. It highlighted that whilst research exists regarding the child protection workforce and residential care service delivery models, there is limited research and evidence-base specific to the residential care workforce both in Australia and internationally.

Where sufficient literature and evidence-base is lacking, efforts were made to find comparable research across the broader human services sector, where residential care services are provided (such as disability and aged care). Primary data collection activities, such as the PeakCare Residential Care Workforce Survey 2024 (the Survey), and stakeholder interviews were also undertaken. Please see Appendix 4 for the list of research articles and literature considered in the preparation of this report.

The literature revealed several themes and identified key contributing factors to the challenges faced by the sector, and subsequently the workforce. These included funding constraints, training and qualifications, legislation and policy, public perception, culture, supervision, leadership, valuing of the role and career pathways. The literature also revealed these to be longstanding issues that continue to impact the workforce.

CHILD PROTECTION COMMISSION OF INQUIRY

In 2013, the Child Protection Commission of Inquiry (the Carmody Inquiry) highlighted these challenges and acknowledged that most children and young people in residential care are considered to have complex or extreme needs, and that the success of this type of model of care would require a more educated and trained workforce.

Ainsworth and Hansen noted in 2015, that the workforce would require knowledge of the aetiology and treatment of mental health and behavioural issues, with empirically tested treatment interventions are pre-requisites for those who seek to be therapeutic case workers.

They also outlined that a knowledge of child and adolescent development with a particular focus on insecure or disorganised attachment and the impact of trauma was required. There is also a need for knowledge about group and family dynamics together with the skills to translate theoretical knowledge into positive interventions with young people.

This level of knowledge and practical skills are most likely to be acquired through tertiary level study, yet no tertiary institution in Australia provides a curriculum appropriate to the (therapeutic) residential care workforce.

Queensland Child Protection Commission of Inquiry. (2013). Discussion Paper.

2.2.3 Stakeholder engagement

Stakeholder engagement was critical in the development of this report and in making sure the identified insights and opportunities were informed by diverse perspectives and grounded in practical relevance. A broad range of stakeholders were engaged across the sector including residential care workers, sector representatives, industry groups and experts, interstate colleagues and residential care providers.

To support engagement, consultation occurred through a variety of forums including the Survey, focus groups, one-on-one discussions, the PeakCare Sector Voices workshops held across Queensland, and direct contact with providers of residential care services.

The development of this report has also been supported by the Catalyst for Care governance groups. These include the program Reference Group, which comprises a cross section of Queensland residential care service providers, and the Program Board, which includes representatives from peak bodies and government (see Appendix 5 for Reference Group and Program Board members).

350	170+	150	70+	11	250
Workforce survey respondents	Stakeholders engaged	Residential care providers contacted	Meetings conducted	Sector Voices forums	Sector Voices attendees

3

The residential care workforce

Summary

Queensland's residential care workforce is geographically diverse and encompasses a range of ages, cultural backgrounds and qualification levels. It is primarily female and casualised, noting however, that part- and full-time roles remain available.

While there is limited centralised and publicly available data to deeply understand workforce composition in Queensland, available data, alongside consultation and those insights gathered from the Survey paints a reasonable picture of who makes up the workforce and the challenges they face. These challenges include the physical and emotional demands of the work, the complex needs of children and young people, resourcing constraints and safety concerns at work.

Understanding the workforce provides important context when identifying current constraints and opportunities for improvement. Building a picture of what Queensland's workforce looks like today can help us envisage the desired future workforce.

3.1 Who is the workforce

The residential care workforce composition generally consists of case managers, social workers, psychologists, counsellors, frontline staff providing direct support and supervision of children and young people, and organisational administration and operational staff.

For the purposes of this report, the workforce refers to frontline workers, team leaders and area coordinators employed by providers delivering OOHC services. It also includes roles that more broadly impact the care children and young people receive, such as business support, administration and management.

Worker age spans from early 20s to late 50s, with the workforce predominantly female. Workers identified with a range of cultural backgrounds, however, First Nations workers are underrepresented compared to the children they support. While some employment arrangements include full- and part-time, a significant proportion of residential care workers are employed on a casual basis.

At a minimum, residential care workers are required to hold, or be working toward a Certificate IV in Child, Youth and Family Intervention (Residential Care) or a related qualification. However, it is common for the broader workforce to hold a range of degrees, including social work, youth work, psychology and community services. In addition to formal qualifications, residential care workers can undergo a range of professional development in trauma-informed care, behaviour management, cultural awareness and crisis response training.

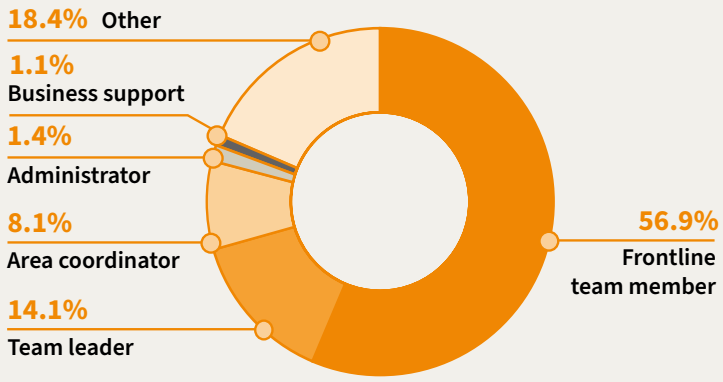
3.1.1 Queensland workforce

In Queensland, limited data around workforce composition exists. Whilst many providers collect information related to their workers, data is not formally collected across the state. Discussions with the sector suggests the number of staff working in residential care could be between 3000 and 5000, as a conservative estimate. This is based on multiple medium to large providers reporting that their organisations employ between 750–900 casual workers.

In recognising the need to understand more about the workforce, a survey was launched by PeakCare in September 2024 and remained open for six weeks.

A total of 350 responses to the Survey were received with a 68% completion rate. While the Survey targeted current and former residential care workers, most respondents (71%) were current employees. More than half of respondents were frontline workers (56.9%), with responses also received from team leaders, area coordinators and those working in broader roles such as administration and business support. Full survey questions and responses can be found in Appendix 6.

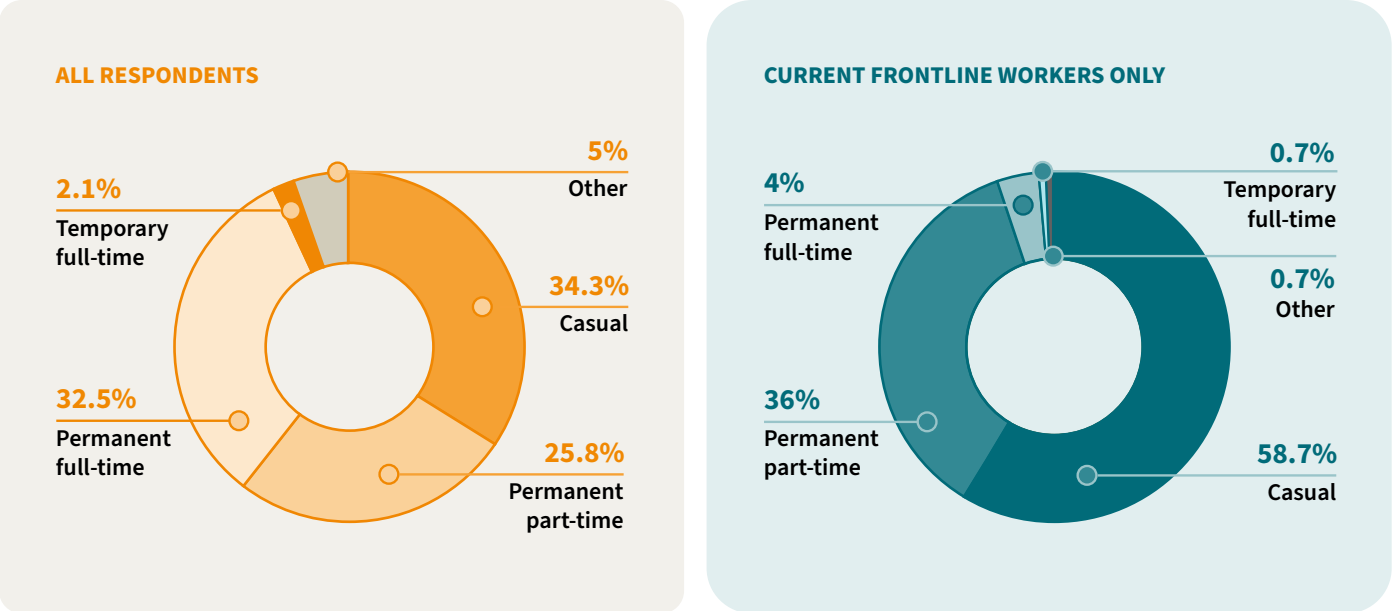
Figure 1. *Demographics of survey respondents*
(Source: PeakCare Residential Care Workforce Survey 2024)



71%	Current residential care workers
19%	Former residential care workers
8%	Aboriginal and/or Torres Strait Islander
25%	Culturally and linguistically diverse
73%	Female identifying
15%	Living with a physical or mental health condition

Respondents were predominantly casual (34.3%), however when reviewing the percentage of frontline workers who responded, this was expectedly higher at 58.7%. Just over a third (36%) of frontline worker respondents said that they were permanent part-time, with only 4% permanent full-time.

Figure 2: *Survey respondents' employment type*
(Source: PeakCare Residential Care Workforce Survey 2024)



Ages of respondents varied, with workers primarily spanning from early 20s to late 50s. This diversity of age within the sector aligns with initial expectations based on consultation with the sector in the development of workforce personas. Two-thirds (66%) of the workforce have had five years or less experience, with years of experience generally increasing as age increases. Across most age groups, there was a relatively even split between those who had completed a relevant Certificate IV, Diploma and Bachelor qualifications. Respondents who are enrolled in a relevant qualification span across all age groups, with the highest percentage of enrolments from respondents aged 20-24 years. This suggests that while the highest new entrants to the sector may be younger respondents, there are new entrants enrolling in a relevant qualification across age groups.

Figure 3. *Ages of survey respondents*
(Source: PeakCare Residential Care Workforce Survey 2024)

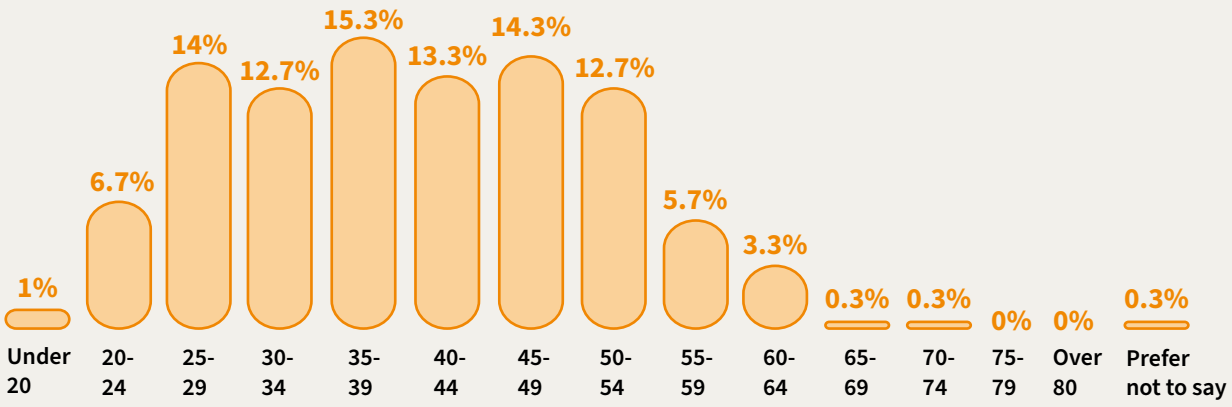
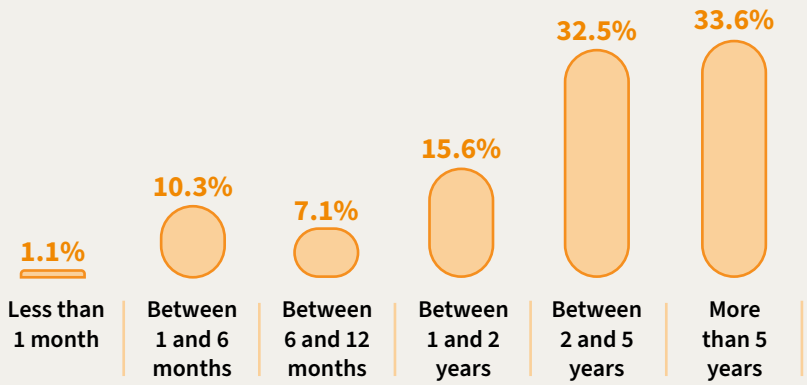


Figure 4. *Years of survey respondents experience (Source: PeakCare Residential Care Workforce Survey 2024)*



3.1.2 Limitations to the data

As highlighted, limited data is available in Queensland to help understand who makes up the residential care workforce. Data is currently held at an organisational level, and not collated by a single source, nor explicitly represented in any statewide or national dataset.

These limitations are not unique to residential care, with collection issues common across the broader social services sector at state and national levels. As a result, this report focuses on presenting relevant data where applicable and providing insights on the workforce as identified through consultation, evidence-base and literature.

The social services sector plays a critical role in improving access to resources for vulnerable communities, providing them opportunities to thrive. Thematic workforce challenges indicate the social services sector is currently experiencing significant pressure in attracting and retaining a sufficiently skilled workforce to meet the needs of these vulnerable communities, which is also being experienced in the residential care sector in Queensland.

Specific to the Queensland social services sector, the majority (21%) of organisations employed between 100 and 500 staff, closely followed (20%) by organisations who employ fewer than 10 staff.[11] The Queensland Council of Social Services highlighted through their workforce survey that:

- 23% of respondents have lived experience of disadvantage and/or service use
- 16% of respondents have carer responsibilities in addition to their employment arrangements
- 9% of respondents are Aboriginal and/or Torres Strait Islander
- 9% of respondents have a disability
- 8% of respondents speak a language other than English at home.

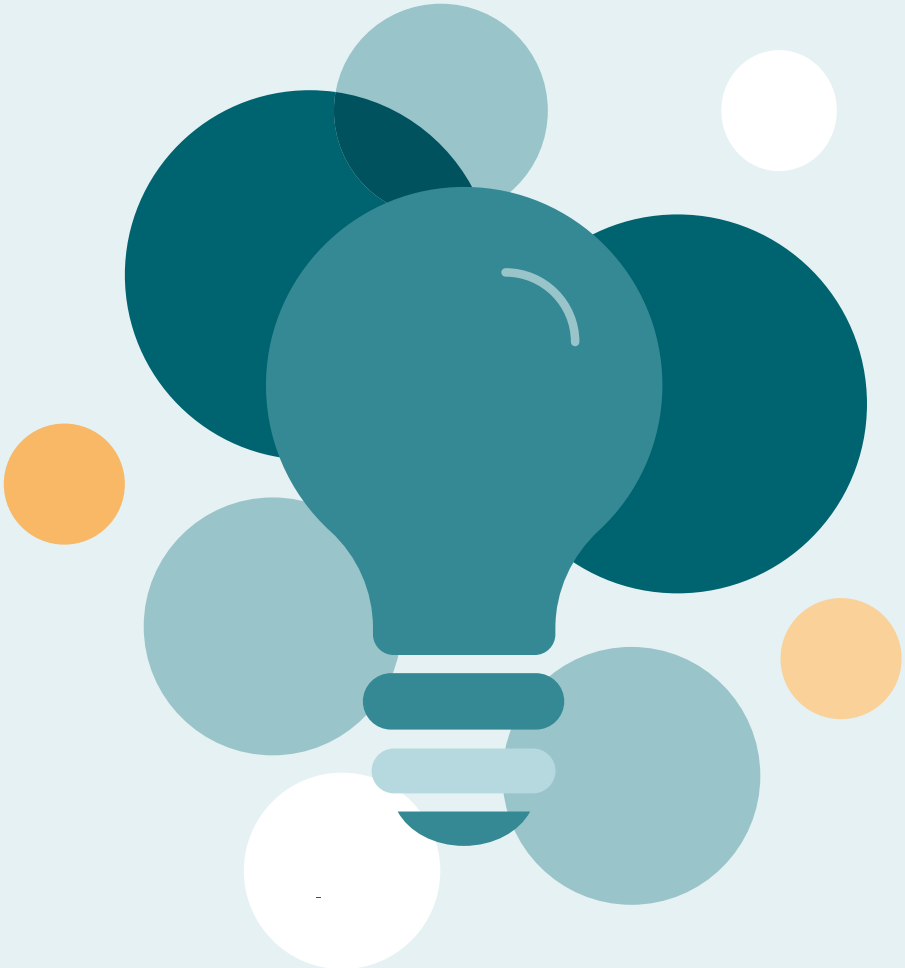
Across Australia, the social services workforce is predominantly female (78%), with 34% of the workforce employed on a part-time basis. Additionally, in 2023-2024, 4,842 individuals were enrolled in a Certificate IV in Child, Youth and Family Intervention, with a completion rate of 17%.[12] These insights are consistent with what we heard during consultation, however the casualisation of the residential care workforce, and impacts on the quality of care, is yet to be fully understood.

[11] Queensland Council of Social Service. (2024). State of the sector 2024.
Retrieved from https://www.qcoss.org.au/wp-content/uploads/2024/09/State-of-the-Sector-2024_web.pdf.

[12] HumanAbility. (2024). Workforce plan 2024.
Retrieved from https://humanability.com.au/site/DefaultSite/filesystem/documents/WFP/Workforce%20Plan%202024.pdf.

4

The challenges facing the workforce



Summary

Several challenges are consistent across the workforce including:

Retention
- high turnover often attributed to the emotional and physical demands of the work

Workload stress
– managing complex needs often contributes to burnout

Limited resources
– workers may face funding and resourcing constraints

Safety concerns
- workers often encounter complex and potentially volatile situations

Workforce challenges are occurring in the context of rising demand and increased complexity. And, while the complexity of the needs of children and young people is better understood, workforce capabilities and attributes, recruitment and retention, supervision, support and wellbeing and training and development remain a challenge. All are interconnected and reinforced by how we see and communicate the role of residential care in Queensland - in policy, community views and shared language.

It's clear that high quality care is dependent on an equipped and empowered workforce, and yet, effective and consistent attraction, recruitment and retention remain ongoing barriers with burnout, wages and job security identified as key issues. Views of residential care, as perpetuated by the media, government and the sector themselves, have created challenges in providing staff with stability in their roles and a career path with meaningful development opportunities.

Quality supervision, support and wellbeing measures are also closely linked to the recruitment and retention of workers. Limited data exists to determine the frequency and adequacy of supervision within the sector and across non-government child welfare services. Feedback received during consultation, however, highlighted that while supervision is a requirement under the Human Services Quality Framework (HSQF), it was often informal or workload management focused, with limited quality practice supervision available. This was often attributed to limited in-house skills or resources, as well as varied understanding around what constitutes 'quality practice supervision' (e.g. reflective practice supervision vs workload management).

Concerns regarding the quality and level of qualifications were commonly raised. The minimum qualification level required of residential care workers in Queensland is similar to other Australian States and Territories. In the international jurisdictions reviewed, minimum qualification standards were higher and linked to better outcomes for children and young people in care. The sector, however, expressed concerns that raising the minimum qualification would create significant challenges and disrupt the provision of residential care in Queensland. Nonetheless, there was consistent acknowledgement that improved development pathways for workers - including more ongoing training and development opportunities - would not only improve worker retention rates, but also outcomes for children and young people in care.

Understanding and addressing workforce challenges is central to the effective attraction, recruitment and retention of high-quality workers and will ultimately result in generating a workforce that provides consistent care that meets the safety and wellbeing needs of children and young people.

Opportunities to address these challenges include the development of a training and capability framework for the frontline workforce, undertaking a review of supervision frameworks across the sector and trialling a targeted training approach.

4.1 Desirable skills, capabilities and attributes

Jobs and Skills Australia recognise that residential care workers require a range of essential skills to provide high-quality care and support to children and young people. Interpersonal and communication skills are crucial for building and maintaining positive relationships with young people, their families, and colleagues, as well as for documenting care plans and progress accurately.

Workers must be emotionally resilient, able to handle stressful situations, demonstrate empathy and be patient when supporting children and young people. Conflict resolution, problem-solving abilities and maintaining a stable environment are all important in managing complex needs and challenging behaviours.[13]

Residential care workers need to be skilled in de-escalating conflicts and managing challenging behaviours in a calm and effective manner both independently as well as part of a team.[14] Working effectively with colleagues, including social workers and health professionals, is also essential to providing supportive and consistent care. Additionally, residential care workers need organisational and time management skills to prioritise tasks in a demanding environment, while adaptability and flexibility are essential for responding to changing circumstances and working various shifts.

The Survey responses found that dealing with challenging behaviours or complex needs of children and young people was stated as the biggest challenge for 28% of respondents when they first started working in the sector.

It is important that residential care workers are appropriately trained to provide culturally informed and sensitive care. Building cultural competence would enable workers to better understand challenges faced by those from diverse cultural backgrounds, such as First Nations children and young people.

Similarly, knowledge and understanding of child development, trauma-informed care, LGBTQIA+ inclusion and proficiency in first aid and safety procedures are also vital. Advocacy skills, behaviour management techniques and adherence to ethical and professional conduct standards further support the wellbeing and rights of young people in care. Workers must possess not only relevant training, but the skills, capabilities and attributes necessary to work with and care for children and young people of all ages who may have intellectual, developmental, mental health, behavioural and neurodevelopmental disorders and/or physical disabilities. A passion for working with young people and a commitment to continuous learning are also key attributes for success in this role.

When comparing the skills, attributes and formal qualifications required by various care-based roles in Australia, those commonly listed in role profiles for residential care workers were quite different to aged care, disability support, early childhood education and domestic violence support roles.[15]

[13] Jobs and Skills Australia. (2024). *Australian Skills Classification: Child or Youth Residential Care Assistant*. Australian Government.

[14] Bristow, G. & Macnamara, N. (2023). *Hard vs soft skills: which are more important in residential care work*. Centre for Excellence in Therapeutic Care. Retrieved from https://www.cetc.org.au/hard-vs-soft-skills-which-are-more-important-in-residential-care-work/

[15] National Skills Commission. (2021). Care Workforce Labour Market Study. Australian Government.

Role	Skills
Residential Care Worker [16]	• Emotional resilience, conflict resolution and teamwork • Cultural competence and knowledge of child development and trauma-informed care • Strong interpersonal and communication skills
Aged Care Worker[17]	• Compassion, patience and empathy • Strong communication and interpersonal skills • Physical stamina and the ability to perform personal care tasks • Knowledge of age-related conditions and appropriate care strategies
Disability Support Worker[18]	• Patience, empathy and strong interpersonal skills • Ability to assist with daily living activities and implement individual care plans • Knowledge of disability-related issues and support strategies • Problem-solving and adaptability
Early Childhood Educator[19]	• Strong communication and interpersonal skills • Ability to plan and implement educational activities • Understanding of child development and early learning frameworks • Patience, creativity and enthusiasm
Domestic Violence Support Workers[20]	• Strong communication and interpersonal skills • Crisis intervention and de-escalation techniques • Understanding of DFV dynamics and cultural competencies • Effective problem solving, decision-making and case management skills

While other care-based roles emphasised compassion, patience and empathy, residential care roles were advertised as suitable for individuals with strong emotional resilience and behaviour management skills. The contrast in how these were described and advertised was stark. It demonstrates the difference in perception of residential care work and how the workforce is valued accordingly. This likely contributes to the high-turnover rate of staff previously discussed and the lack of investment in the ongoing training and development of the workforce.

4.2 Recruitment and retention

The health care and social assistance industry is the largest employer in Queensland, with more than 185,000 staff.[21] The National Skills Commission (NSC) estimated that in February 2021 there were approximately 460,000 care and support workers in Australia - excluding mental health workers - and that 59% of this workforce (271,400 workers) are specifically employed in personal care and support worker roles.[22] Approximately 79% of the care and support workforce is female, 40% identify as culturally and linguistically diverse and it is estimated that 39% are employed in regional areas.

The NSC reports that roughly half of the care and support workforce are employed on a part-time basis. This proportion is even higher (61%) for personal care and support workers and well above

[16] Bristow, G. & Macnamara, N. (2023). *Hard vs soft skills: which are more important in residential care work.* Centre for Excellence in Therapeutic Care. Retrieved from https://www.cetc.org.au/hard-vs-soft-skills-which-are-more-important-in-residential-care-work/

[17] Gramenz, J. (2024). *What Makes a Great Aged Care Worker?*. St Vincent's Care. Retrieved from https://www.svcs.org.au/people/aged-care-worker-skills

[18] Insight Training. (2024). *What are the duties and responsibilities of a disability support worker?* Retrieved from https://insight.edu.au/blog/what-are-the-duties-and-responsibilities-of-a-disability-support-worker/

[19] Bluefield University. (2024). *10 Qualities of Great Early Childhood Educators*. Retrieved from https://www.bluefield.edu/blog/qualities-childhood-educators/

[20] Victoria State Government. (2023). *Considering a career in the family violence sector? Here's 5 ways to tell it's right for you.* Retrieved from https://jobs.familyviolence.vic.gov.au/activities/3534/considering-a-career-in-the-family-violence-sector-heres-5-ways-to-tell-its-ri

[21] QCOSS. (2024). *State of the Sector.* https://www.qcoss.org.au/wp-content/uploads/2024/09/State-of-the-Sector-2024_web.pdf

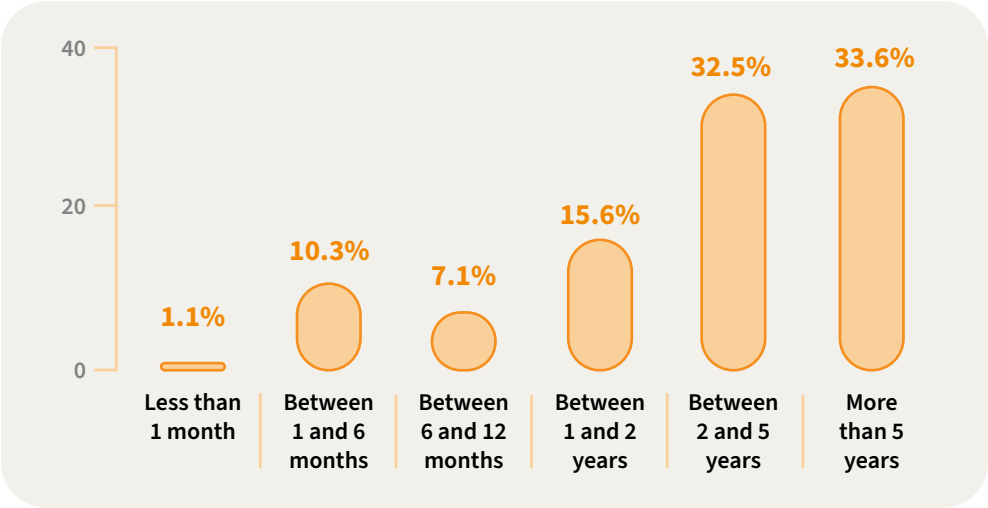
[22] National Skills Commission. (2021). *Care Workforce Labour Market Study.* Australian Government.

the economy wide average.[23] Additionally, 28% of the care and support workforce were employed casually, 11% higher than the total Australian workforce, and 11% are estimated to hold multiple jobs.[24]

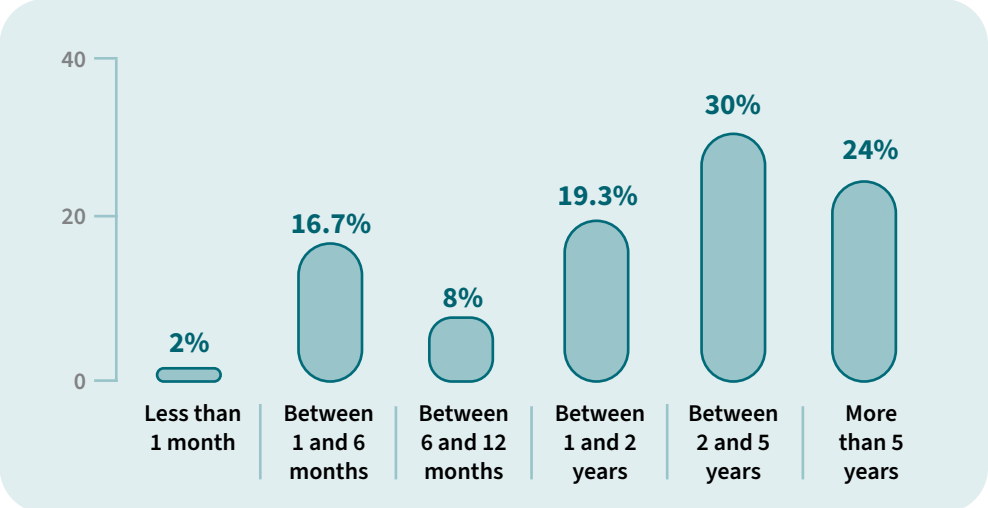
The care and social services workforce in Australia face high levels of stress and burnout, with 70% of workers citing these as reasons for leaving the sector. Low wages, exacerbated by insecure short-term contracts and high rates of casualisation, further hinder the ability to attract and retain staff in the sector. The growing demand for services and the increasing complexity of needs of children and young people, places additional pressure on workers and organisations. Data from the Survey shows that 76% of current frontline workers who responded have been a residential care worker for five years or fewer, while at least 58.7% are casual workers.[25]

Figure 5. *Years of experience as a residential care worker (Source: PeakCare Residential Care Workforce Survey 2024)*

ALL RESPONDENTS



CURRENT FRONTLINE WORKERS ONLY



Recruitment is particularly difficult in regional and remote areas, where housing shortages and lack of childcare options reduce workforce availability. A significant proportion of workers feel there are limited opportunities for career progression and professional development, contributing to poor workforce retention in the sector.

High turnover rates present several challenges for various stakeholders. Feedback received during consultation acknowledged that frequent staff changes can be disruptive to the continuity of care provided to children and young people. This negatively impacts the development of trust, connection and stability, all of which are critical to their emotional and psychological wellbeing. The lack of long-term, consistent relationships between staff and children and young people can hinder their progress with therapeutic interventions and may lead to poorer outcomes for children

[23] National Skills Commission. (2021). *Care Workforce Labour Market Study.* Australian Government.

[24] National Skills Commission. (2021). *Care Workforce Labour Market Study.* Australian Government.

[25] PeakCare. (2024). Queensland Residential Care Workforce Survey.

in care.[26] High turnover also places additional strain on remaining staff, which can lead to increased workloads and potential burnout, perpetuating staff turnover rates.

In some cases, high turnover rates can also be attributed to work-related violence and aggression (WVA). Data from Workplace Health and Safety Queensland (2021) found that 25% of claimants from the residential care services sector (including residential aged, disability and youth care) never returned to work following an injury.[27]

Workplace Health and Safety Queensland also found that from 2016 to June 2021, there was an 81% increase in WVA claims in Queensland and a 93% increase in WVA claims in the residential care sector, however it was noted that these figures may be under-reported.[28] Approximately two-thirds (62.5%) of all claims lodged were for anxiety or stress disorders and time lost claims were lodged at a rate of 29.6 per 1,000 employees for workers that fall under the 'Other Residential Care Services' category. This is higher than the rates of claims lodged across the state and within the health care and social assistance sector at 15.0 and 19.7 respectively.[29]

WORKCOVER CLAIMS

The residential care sector faces unique challenges in managing WorkCover claims, reflecting the demanding and high-risk nature of the work. Staff often deal with complex behaviours, including aggression, self-harm and trauma-related behaviours from children and young people, which can result in physical injuries, psychological stress or burnout. High turnover rates and a predominantly casual workforce exacerbate these issues, as newer or less-experienced staff may be less equipped to manage volatile situations, leading to an increased likelihood of workplace incidents.

WorkCover claims in this space can involve psychological injuries, which are more difficult to assess and manage compared to physical injuries. The stigma around mental health and fear of repercussions may discourage staff from reporting issues early, resulting in delayed interventions and prolonged recovery periods. Additionally, inconsistent incident reporting or inadequate training in workplace health and safety protocols can complicate claims processes, increasing administrative burdens and costs.

These challenges intersect with broader workforce issues. High rates of burnout and employee turnover can lead to difficulties in attracting and retaining qualified staff, creating a cycle where the remaining workforce becomes overburdened. This impacts service delivery, as understaffed teams struggle to provide consistent care to young people. Moreover, recruitment challenges mean that inexperienced workers are often thrust into complex roles without adequate preparation or support.

Addressing these issues requires a multi-faceted approach: robust onboarding programs, ongoing training in trauma-informed care, mental health support for staff and proactive risk management strategies. Strengthening workplace cultures that prioritise safety and wellbeing can reduce the incidence of claims while improving workforce stability and morale, ultimately benefiting both staff and the young people in their care.

It was acknowledged that residential care workers are at increased risk of WVA due to the nature of the work, including working alone or at night, working in unpredictable environments and providing care to individuals that may be suffering cognitive impairment, have behavioural or psychiatric conditions, may be distressed, unwell or under the influence of drugs and/or alcohol.[30]

[26] Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child Feelings of Safety in Residential Care: The Supporting Role of Adult-Child Relationships. *Residential Treatment For Children & Youth*, 37(2), 136–155.

[27] Workplace Health and Safety Queensland. (2021). *Work-related violence and aggression in residential aged, disability and youth care.* Queensland Government.

[28] Workplace Health and Safety Queensland. (2021). *Work-related violence and aggression in residential aged, disability and youth care.* Queensland Government.

[29] Workplace Health and Safety Queensland. (2021). *Work-related violence and aggression in residential aged, disability and youth care.* Queensland Government.

[30] Workplace Health and Safety Queensland. (2021). *Work-related violence and aggression in residential aged, disability and youth care.* Queensland Government.

NSW RESIDENTIAL CARE WORKER REGISTER

The Residential Care Worker Register provides a mechanism for providers to exchange information relating to the safety, welfare or wellbeing of children and young people in residential settings. It supports agencies to decide on the suitability of an individual to provide residential care. The Register is a secure, restricted access database which holds information about those individuals who are being considered for employment and those who have been engaged as residential care workers.

NSW Office of the Child Guardian, 2024

Unlike New South Wales and Victoria, there is no central register of workers or government-based providers in Queensland. Rather, the recruitment and retention of staff is managed at an organisational level. Consequently, the approach and strategies utilised to recruit and retain staff varies and is difficult to analyse.

Feedback from the sector indicates access to quality training, supervision and development pathways are central to worker retention. However, many organisations report that inadequate funding prevents investment in training, supervision and the ongoing development of leadership capability, all elements that support greater staff retention.

There is also a growing recognition of the need for systematic workforce planning to align training pathways with sector demands to improve the visibility of career opportunities. Without adequate training and support, workers often feel unequipped to navigate the complex behavioural and care needs of children and young people. Coupled with high workloads, low pay and uncertain hours, many view residential care work as a short- to medium-term option, rather than a long-term career. Residential care is often seen as a placement of last resort. The lack of workforce investment in ongoing training or support is indicative of the wider perception of residential care, and by extension, workers within the sector. These perceptions may have negative implications on the attraction and recruitment of staff, contributing to those workforce challenges indicated above.

Acknowledging that workforce information is held at an organisational level, a questionnaire was developed and distributed to 56 providers. Of these, 15 current residential care providers in Queensland chose to anonymously share information about their workforce with PeakCare. Collectively, the 15 organisations employed a total of 2,118 workers as of October 2024 and reported their current average length of service, current vacancy rate and staff retention rate in the figures below.

Figure 6. *Average length of service (Source: PeakCare Provider Questionnaire 2024)*

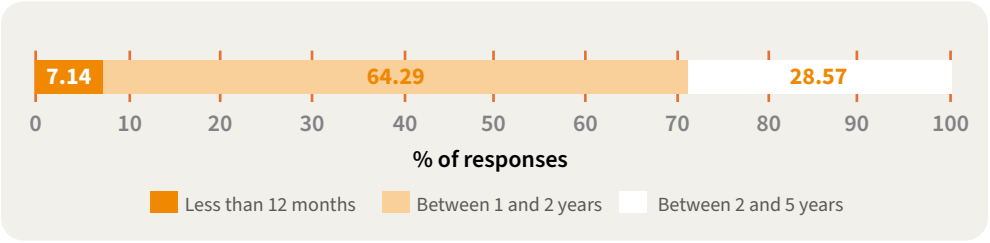


Figure 7. *Current vacancy rate (Source: PeakCare Provider Questionnaire 2024)*

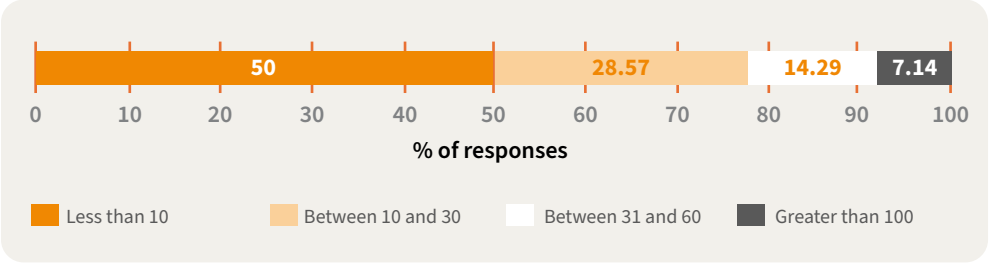
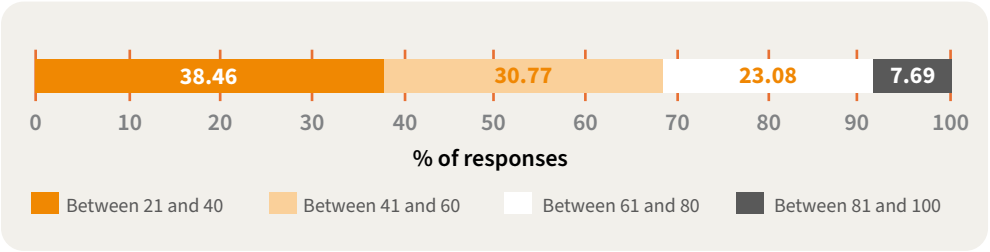


Figure 8. *Staff retention rate (Source: PeakCare Provider Questionnaire 2024)*



The provider questionnaire confirmed the high level of workforce casualisation in Queensland. Just over half (56%) of the workforce employed by the 15 providers who responded were employed on a casual basis, while 17% were employed part-time and 10% full-time (17% of workers did not have their employment type recorded).

The casualised nature of the workforce has been identified as a significant challenge to the recruitment and retention of staff. However, it is unlikely that a shift to permanent-part-time and full-time roles is viable for providers due to the uncertainty of placement demand, and contract length to support IPS packages. Many providers commented that it is less of a financial and organisational risk to employ a casual staff member, than to employ staff to a permanent-part-time or full-time role.

UK CASE STUDY

Reports in the UK state that they had more than 25% turnover in social services in 23/24 - more than one in four care workers changed jobs, and about 1 in 10 left the sector all together. The workforce development body estimates that the UK will need more than half a million additional care workers by 2025 and believe the only way to do this is raising the pay and status of the professions.

Workforce Development Trust, 2024

Casual roles often lack job security, career progression opportunities and consistent income, making these types of positions less attractive to potential candidates. This instability can contribute to high turnover rates, again disrupting the continuity of care for young people and negatively affecting their ability to build trust and connections with staff. Moreover, casual employment may deter workers from investing in pursuing further training and development opportunities or committing long-term to the sector, which can further exacerbate the challenge of creating a skilled and stable workforce.

In August 2024, a new employee choice pathway was introduced by the Fair Work Ombudsman. This allows eligible casual employees to provide written notice to their employer to change to permanent employment if they have been employed for at least six months (12 months if employed by a small business) where they believe they no longer meet the requirements of the casual employee definition.

This change announced by the Fairwork Ombudsman encourages a shift from casual to permanent employees and provides workers with greater power to request this change. The implications of this new pathway on attraction, recruitment and retention are not yet certain but will be interesting to observe over the next 12 to 18 months.

4.3 Supervision, support and wellbeing

Closely linked to recruitment and retention is worker supervision and wellbeing. Supervision and support are essential for residential care workers, given the complex and often challenging nature of their role. Working with children and young people who have experienced trauma, behavioural challenges, or mental health concerns requires ongoing guidance, reflection and skill development. Regular supervision ensures that care workers receive the emotional support and professional oversight needed to manage stress, maintain resilience and provide consistent, compassionate, high-quality care.

Consultation with service providers and data collected through the Survey identified several challenges impacting the ability for organisations to provide adequate supervision and support. These include insufficient staffing levels, funding and varied understanding around what constitutes quality practice supervision.

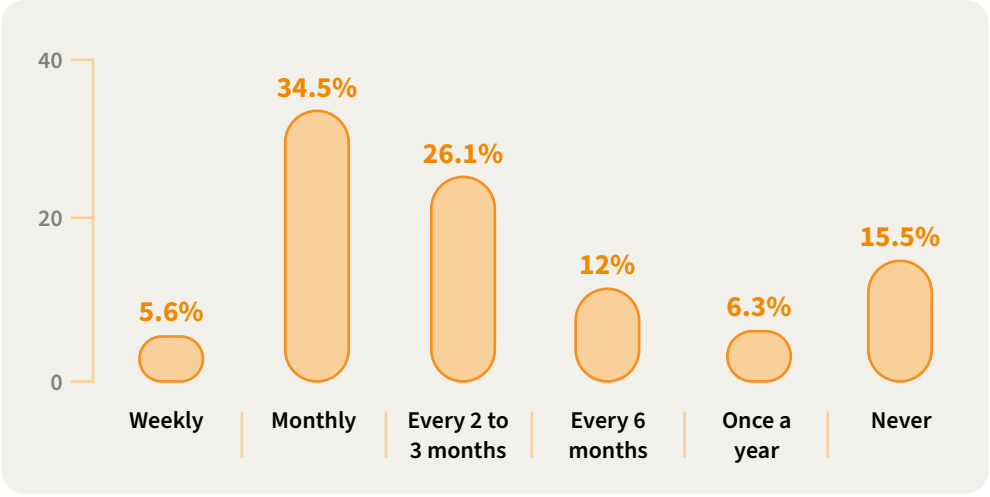
Competing workload priorities also appear to impact the provision of these activities with supervision often then focused on workload management, rather than professional development and reflective practice. This minimises opportunities for workers to engage in quality practice, development and support activities.

Licensed providers are required to provide regular supervision and support to staff to comply with their obligations under the HSQF.[31] While these providers are assessed during ongoing point-in-time HSQF audits and DFSDSCS reviews, no minimum standards around the frequency or quality of professional practice supervision are specified. Consultation with the sector also identified that organisations will sometimes update their policies to reduce documented supervision frequency to make sure they are compliant when assessed under the HSQF. Although some unlicensed providers do maintain standards aligned with the HSQF, this is not a requirement and is not assessed.

Feedback from consultations highlighted that the provision of quality practice supervision is limited. This was often attributed to providers not having the in-house skills or resources to provide quality practice supervision, and often a lack of knowledge about what good supervision looks like. The sector raised concerns around how limited support and supervision continues to fuel a cycle of high turnover and low retention. The Survey found that 15.5% of current frontline workers who responded never receive professional practice supervision.

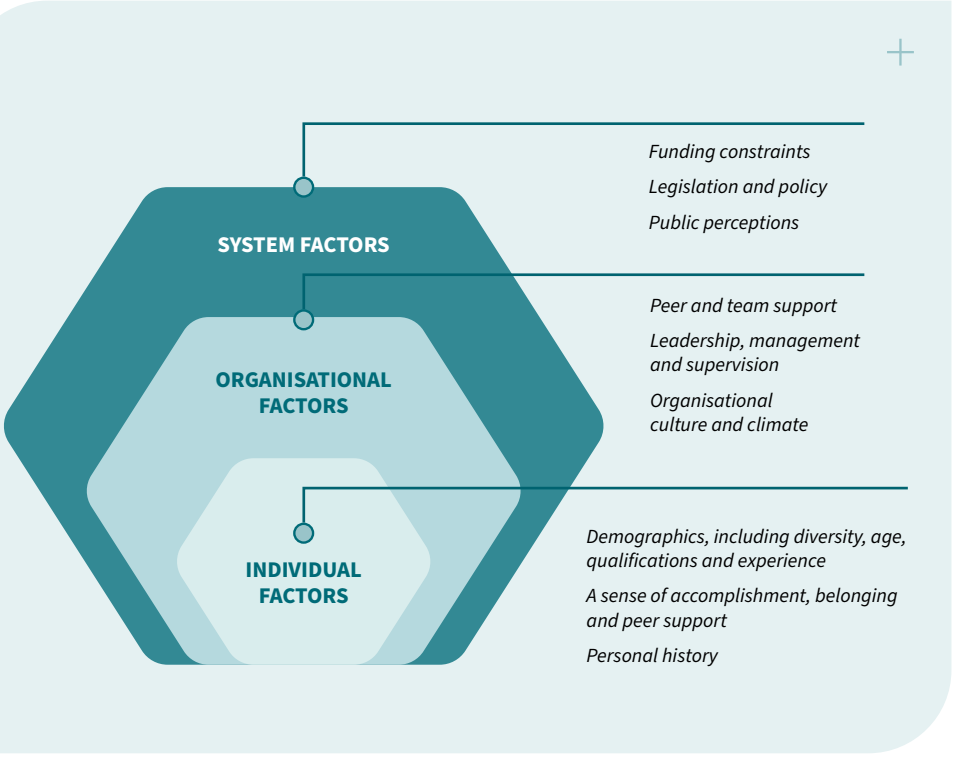
[31] Department of Families, Seniors, Disability Services and Child Safety. (2023). *Human Services Quality Standards.*

Figure 9. *Frequency of professional practice supervision provided to current frontline workers (Source: PeakCare Residential Care Workforce Survey 2024)*



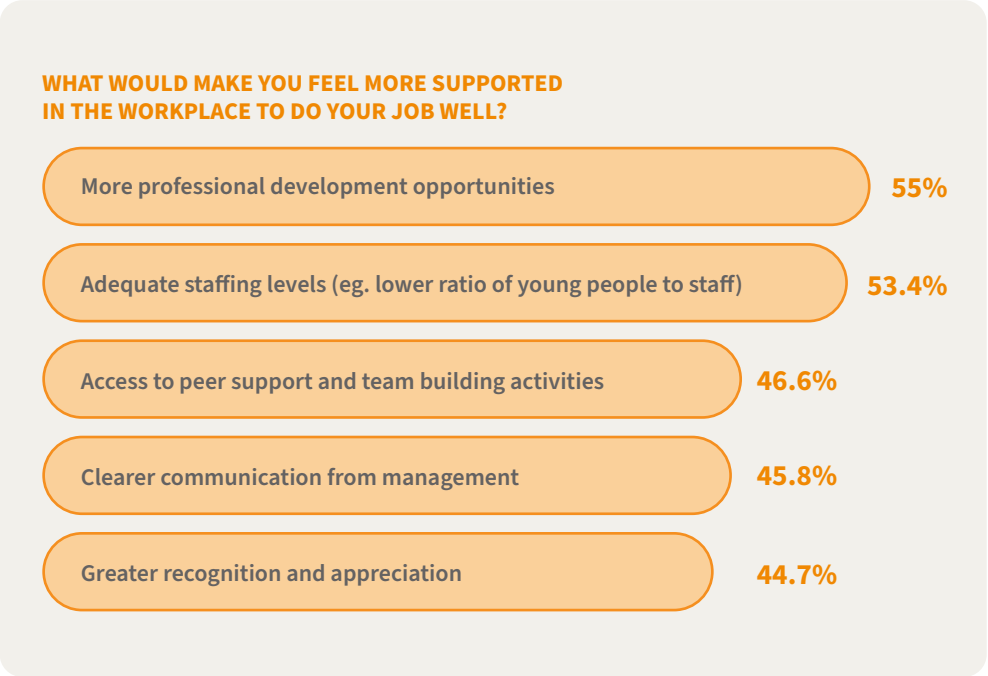
In June 2024, Southern Cross University released the research report, "Supporting Staff Wellbeing in Child Welfare Services".[32] The review identified 148 articles relevant to the topic. These examined worker wellbeing and the implications for the workforce. Few of these articles focused on strategies to promote worker wellbeing, with studies tending to focus on the issues rather than solutions. This further identifies a gap in literature to provide evidence on the effect of worker wellbeing on children and young people's outcomes. The research review identified various and multifaceted factors that contribute to staff wellbeing, including systemic, organisational and individual factors.

Workers feeling supported in the work they do is a crucial component to wellbeing and strongly correlates with worker attraction and retention. The Survey revealed that workers would feel better supported if there were more professional development opportunities and adequate staffing levels. Access to peer support and team building activities, clearer communication from management and greater recognition and appreciation were also important to respondents. These insights make clear that supporting the residential care workforce requires a multifaceted approach that addresses implications at the individual, organisational and systemic levels.



[32] Russ, E., Stonehouse, D., Reimer, E., Hitchcock, C., & McPherson, L. (2024). Supporting staff wellbeing in child welfare services. Lismore, Southern Cross University. https://doi.org/10.25918/report.353

Figure 10. *Factors impacting survey respondents feeling supported (Source: PeakCare Residential Care Workforce Survey 2024)*



4.4 Training and development

In Queensland, the minimum qualification standards for residential care workers are designed to make sure that individuals are well-prepared to provide high-quality care and support to children and young people experiencing vulnerability. The DFSDSCS guidelines state that workers are required to have completed or be currently enrolled in a Certificate IV in Child, Youth, and Family Intervention (Residential Care) or a related qualification if employed by a licensed provider. Prior to commencing direct and unsupervised care, workers must have also completed the online Hope and Healing Framework Foundational Training and obtained essential certifications, including current First Aid and CPR, a valid Working with Children Check (Blue Card) and national criminal history check.[33]

While small variations in requirements for employment or training exist across jurisdictions in Australia, generally the minimum qualification requirement for residential care workers is shared, that is to have completed or be enrolled in a Certificate IV in Child, Youth and Family Intervention, with the exception of New South Wales that determines, through provider contracts, the minimum qualifications of workers should be at a Diploma level. In most cases there are 'equivalent' qualifications that will be accepted, and both Victoria and Queensland offer the opportunity for employers to seek further assistance from their relevant departments to request alternative experience/training be recognised as meeting minimum requirements.[34]

Qualifications are delivered through various providers, including registered training organisations (RTO) and TAFE. Jurisdictions specify that it is at the training providers discretion to determine reasonable completion timeframes for students enrolled in their courses and that it is the responsibility of employers to manage the consistency and level of training they require of their staff beyond the minimum standard.

All states mandate probity checks, which generally include Working with Children Checks and a National Police Check[35], with some jurisdictions also specifying that employers or recruitment agencies complete other agency checks. In addition to the minimum qualifications, some jurisdictions such as Queensland, Victoria and South Australia require specific training to be completed prior to undertaking unsupervised direct work with children and young people.[36,37]

HumanAbility has recently been tasked to conduct a review of the current VET Community Services qualifications (including the Diploma of Child, Youth and Family Intervention, Diploma of Youth Work and the Diploma of Community Services). This review is considering the requirements for students to complete 100 hours of independent work placement.

[33] Department of Children, Youth Justice and Multicultural Affairs. (2021). *Strengthening the Queensland Residential Care Workforce – Minimum Qualification Standards Information Sheet.* Queensland Government.

[34] Department of Child Safety, Youth and Women. (2018). *Strengthening the Queensland Residential Care Workforce – Minimum Qualification Standards Information Sheet.* Queensland Government.

[35] Officer of the Children's Guardian. (2022). *NSW Residential Care Workers Register Guidance Notes.* New South Wales Government.

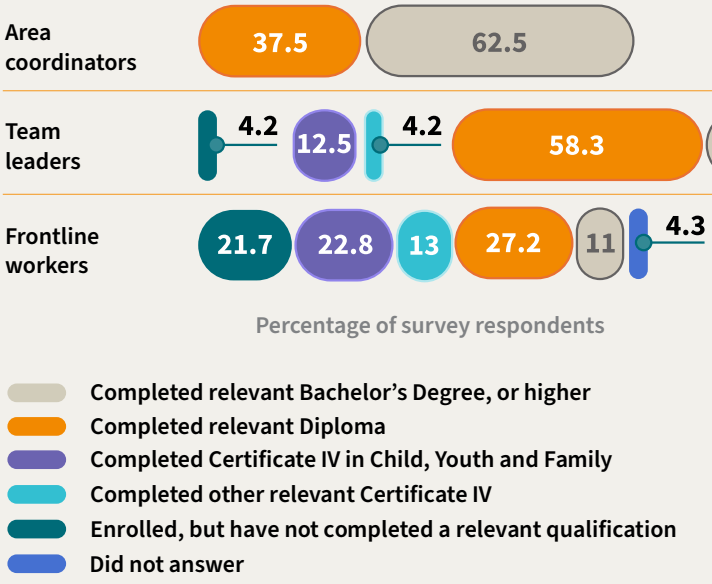
[36] Children, Families, Disability and Operations Division. (2018). *Minimum Qualification Requirements for Residential Care Workers in Victoria.* Victorian Government.

[37] Department for Child Protection. (2023). *Minimum qualification and training requirements for service provider personnel.* Government of South Australia.

A 2023 study, which included Australia in 16 nations reviewed, found there were no specific or consistent minimum qualification standards identified across the nations included in the review.[38] The lack of international agreement about what training should be completed by residential care workers was identified as a key issue by the study. It found several countries employed hybrid models of staffing qualifications that used a mixture of vocationally trained as well as university qualified staff. There was a general trend that countries who viewed residential care as a negative option and are actively trying to reduce its use, such as the United States of America, Australia and England, also had lower minimum qualification requirements. In contrast, other countries that had higher rates of residential care utilisation also required higher, more specialised qualifications from their staff. The study suggested there is likely a self-fulfilling prophesy in countries with low utilisation; that low qualification standards may contribute to staff being ill-equipped to provide high-quality care and support to children who are dealing with complex circumstances and trauma. This may negatively influence the outcomes and experiences of children and young people, which can contribute to the negative perception of residential care, reduce investment in this placement type as a viable option and in turn impact the attraction of highly skilled and experienced workers.

Currently, Queensland does not have a register of residential care workers, meaning there is no collated or publicly available data on the qualifications held by the residential care workforce. In recognition of this, the Survey included questions regarding minimum qualifications held by respondents. The Survey found that 57.5% of frontline workers were either enrolled in or had completed a relevant Certificate IV level qualification (Figure 11).

Figure 11. *Qualifications held by respondents the Survey, separated by role (Source: PeakCare Residential Care Workforce Survey 2024)*



This reflects similar sentiments reported by 15 residential care providers that shared de-identified information about their workforce with PeakCare. The workforce data from these organisations showed that 36% of the workforce were enrolled in a relevant Certificate IV, 36% had completed a relevant Certificate IV and 28% had completed a relevant Diploma. The minimum qualification required to be a manager varied across organisations, with 6.7% requiring enrolment in a relevant Certificate IV, 13.3% requiring a completed Certificate IV, 53.3% requiring a completed Diploma level qualification and 13.3% requiring a completed Bachelor qualification or higher.

The current minimum qualification standards allow workers enrolled in a Certificate IV in Child, Youth and Family Intervention (Residential Care) to commence direct and unsupervised care for children and young people commonly experiencing complex trauma and behavioural difficulties. This provision may mean these staff have not completed the preferred qualification and are not yet

[38] Whittaker, J. K., Holmes, L., Fernandez del Valle, J., & James, S. (Eds.). (2023). *Revitalizing residential care for children and youth: cross-national trends and challenges*. Oxford University Press.

equipped with the skills, knowledge and experience to appropriately manage the complex situations they are likely to face as a residential care worker.

Research in international jurisdictions has found that countries who view residential care as a more viable placement option also require higher minimum qualifications from staff and pay them accordingly.[39] A wider cultural shift around how residential care is perceived would likely need to occur before significant changes to minimum qualifications - and subsequent pay increases - could be seriously considered.

During consultation there was general consensus among stakeholders that the current minimum qualifications were appropriate and necessary to enable people to enter the workforce and fill positions when necessary. Many stakeholders noted that if the minimum qualifications were raised to any level above enrolment, the sector would be unable to supply enough workers to meet demand.

However, while the level of qualification was viewed as adequate, content and delivery methods were often reported to be insufficient in equipping workers with the capability and confidence to meet the care needs of children and young people. It was also noted that delivery methods do not always align with differing learning styles and needs, meaning some workers are not effectively accessing and engaging with the course. Enrolment and completion dates for those undertaking the course through TAFE Queensland appear to reflect these sentiments.

Whilst further analysis relating to enrolment and completion rates of TAFE courses was not conducted, anecdotally it was reported that the introduction of Fee-Free TAFE may contribute to both the current high enrolment and low completion rates. Discussion indicated that incorporating more practical and 'on the job' learning would add significant value to course delivery, with recognition that some programs and RTOs currently incorporate these learning styles. Feedback also suggested that embedding ongoing training and support, beyond the formal qualifications, was viewed as an effective way to improve the skills and capabilities of the workforce.

Minimum qualifications are not enough to attract, develop and retain the residential care workforce. It is essential workers feel valued and view their roles as viable and important careers. Appropriate and accessible development pathways should provide an opportunity for workers to envision and achieve career progression and access ongoing training and development that will support continuous learning and growth.

Providing development pathways and ongoing training for residential care workers is crucial for enhancing the quality of care and achieving better outcomes for young people in residential settings. Continuous training equips workers with the necessary skills to address complex needs, including trauma-informed care, cultural sensitivity and holistic support.

Development pathways promote professional growth, job satisfaction and retention by offering career progression opportunities and building a stable, skilled workforce.[40] Well-trained and supported staff are more likely to deliver consistent, high-quality care which can help foster safe and trusting relationships with young people.[41] Additionally, investment in training aligns workforce practices with evidence-based models, ensuring that residential care meets best-practice standards and improves long-term outcomes for children and young people.

TAFE ENROLMENT AND COMPLETION DATA FOR THE PERIOD APRIL 2023 TO MAY 2024:

- **Cert IV in Child Youth and Family Intervention – 602 enrolled, completed by 25 people.**
- Cert IV in Youth Work – 811 enrolled, completed by 68 people.

Response to QON 822; Queensland Parliament; 2024

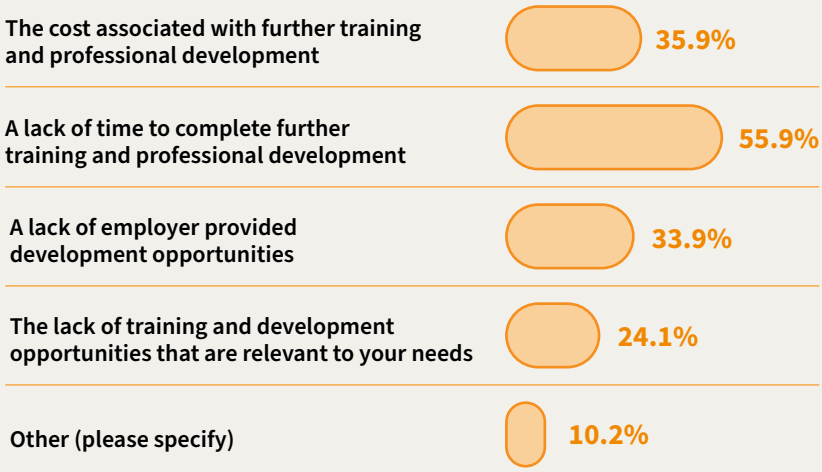
[39] Whittaker, J. K., Holmes, L., Fernandez del Valle, J., & James, S. (Eds.). (2023). *Revitalizing residential care for children and youth: cross-national trends and challenges.* Oxford University Press.

[40] Generation Australia. *Best Practices for Career Development and Advancement in the Care Sector.* Retrieved from https://australia.generation.org/news/best-practices-for-career-development-and-advancement-in-the-care-sector

[41] Moore. T, McArthur. M, Death. J, Tilbury. C, Roche. S. (2018). *Sticking with us through it all: The importance of trustworthy relationship for children and young people in residential care.* Children and Youth Services Review. https://doi.org/10.1016/j.childyouth.2017.10.043

In Queensland, it is apparent that the workforce experiences challenges in accessing appropriate professional development. The Survey data highlights these challenges with 60.9% of frontline team members who responded either strongly disagreed, disagreed or were neutral to the statement 'I have easy access to ongoing training and professional development', with 56% of respondents saying that their biggest barrier to accessing ongoing training and development was a lack of time (Figure 12). Additionally, 48.5% of respondents reported that more professional development opportunities would help make them feel more supported in the workplace to do their job well.

Figure 12. *Barriers to accessing training and development (Source: PeakCare Residential Care Workforce Survey 2024)*



Access to contemporary, practical and ongoing training and development are essential to equipping the workforce with the knowledge and skills to provide high-quality evidence-based care to children and young people [42]. This is particularly pertinent in the ever-changing residential care landscape, which has recently seen the need for workers to expand their knowledge and skill base to include the capability of providing care to children and young people across the developmental lifespan. However, training is not the only element that shapes an effective workforce. To provide children and young people with the caring environment and relational safety they need, a strong focus and value must be placed on attracting, developing and retaining workers with attitudes, attributes and characteristics founded in compassion, empathy, patience and genuine care.

CASE STUDY: VICTORIAN CENTRE FOR WORKFORCE EXCELLENCE: TRAINING AND DEVELOPMENT

The Centre for Workforce Excellence (CWE) in Victoria was established as a key response to the 2015 Royal Commission into Family Violence, which identified an urgent need for systemic reform within the sector.

Among the Commission's 227 recommendations was the development of a stronger, well-supported workforce to effectively address family violence and provide meaningful support to victim-survivors.

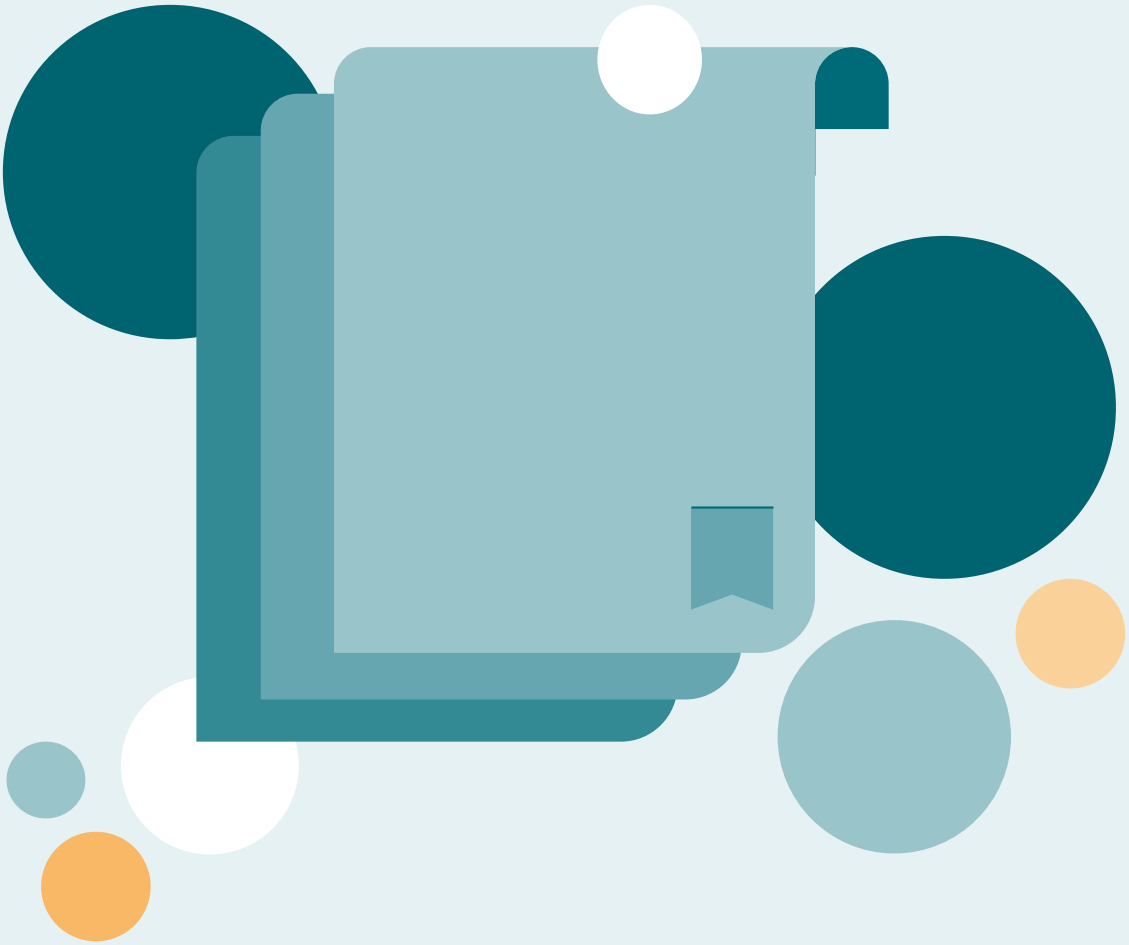
To meet these goals, a comprehensive workforce development strategy was launched, incorporating the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) across the service system, alongside additional recommendations aimed at strengthening workforce capacity.

Since its inception, the CWE has led a sector-wide effort to enhance workforce capability by identifying core skills, supporting health, safety and wellbeing, and improving professional standards. Key measures include new legislation, substantial government investment and ongoing commitment to uplift and sustain workforce capability in addressing family violence.

[42] Centre for Excellence in Child and Family Welfare. 2025. *Residential Care Learning and Development Strategy.*

5

The current care landscape



Summary

Queensland's residential care service system operates in the context of multiple legislative and policy instruments. The policy position on residential care influences the expectations of the residential care workforce and the type of care they provide.

Regulation of organisations including the HSQF and licensing policies shapes the provision of service delivery provided by organisations, and by extension, the workforce. As do the contracting frameworks and investment specifications under which service providers and their workers operate.

How organisations operate within these policy frameworks and choose to deliver services has flow-on effects to the workforce. The need for a well-trained, supported and accountable workforce was consistently raised during consultation. While the HSQF standards require organisations provide staff with adequate training and support, adherence to the HSQF was reportedly inconsistent, particularly between licensed and unlicensed providers.

Sector feedback revealed concerns regarding the licensing process and the perceived lack of benefits for organisations to become licensed. Some stakeholders raised the risk that unlicensed providers do not have to meet the same minimum qualification standards or complete regular compliance checks, expressing concerns that the level of support provided to staff and/or the quality of care delivered to children and young people would not become apparent until after an incident.

Providers also expressed that the decreasing incentive to become licensed was linked to a preference for IPS funded contracts rather than OSD funding because the rigid and restrictive nature of these contracts is not contemporary, nor does it allow for flexibility in staffing arrangements to best meet the unique needs of each young person in care. We also, however, consistently heard that IPS contract structures inadvertently encourage providers to offer most of their frontline roles as casual positions due to the unpredictability of placement requirements and demand. Some providers reported that this unpredictability is linked to an increasing use of labour hire organisations, changing the employment landscape for workers and further increasing the casualisation of the workforce. This uncertainty has been linked to high turnover rates of workers, which has flow-on effects to the stability of care and relationships for children and young people.

Service providers operating across the state highlighted that contract management varies between regions, creating inconsistencies and additional administrative burden for providers and the workforce that supports them. The DFSDSCS acknowledge the opportunity for better coordination and consistency of contracts and procurement between regions, whilst still balancing the need for place-based responses.

Challenges around the interpretation of the Social, Community, Home Care and Disability Services Award (SCHaDS Award) was a consistent concern. Sentiment indicates that current contract and investment specifications are not compatible with the award. We also heard the award continues to impact shift structures and rostering, and as a result, the continuity of care. While complexities around the SCHaDS Award are experienced in other jurisdictions, there are differing views regarding the drivers of challenges, and the extent of their impact on the delivery of residential care. An opportunity exists to review how the SCHaDS Award is interpreted, funded and applied in the Queensland context.

5.1 Queensland's current policy position

The Child Safety Practice Manual (CSPM) provides comprehensive guidance to child safety staff regarding the legislative and policy provisions for placing a child into care, the types of care arrangements, information to inform and support the placement, and how to assess the levels of support needs for children and young people to inform case planning and placement matching.

Whilst the CSPM provides descriptions of the various licensed care arrangements, including family-based care and non-family-based care, there continues to be multiple interpretations, both within the government and non-government sectors, of the definition of care provided. For example, at times residential care is referred to as a 'model' of care, and at other times as a 'type of placement'.

A licensed care service means a service, operated under a licence, to provide care for children in the chief executive's custody or guardianship.

Child Protection Act 1999, Schedule 3

In the CSPM, it is stated that residential care is provided by rostered staff with a target group of children and young people 12–17 years who have been assessed as having high, moderate, complex or extreme levels of support needs. However, it is noted that any young person aged 12–17 years is eligible for a placement in a residential care facility if it is assessed that this arrangement is most appropriate. Under the Residential Care Policy, sibling groups with children under 12 years can also be placed in residential care. While the policy outlines guidance for Therapeutic Residential Care, the DFSDSCS no longer funds this model of care on the basis that all non-family-based care models should be therapeutic (this is interpreted as meaning trauma-informed care, with access to therapeutic interventions as required).

Assessing a child's level of support needs is not a new practice for child safety staff. It is worth highlighting that support levels have been unchanged in over a decade, as have the placement options (see Appendix 7 for the current levels of support needs for children and young people in OOHC).

In 2015, the DFSDSCS released a practice guide for complex/extreme support needs and care arrangement matching. The guide provides practical examples of what to consider when placing a young person in residential care. It also highlights positive and negative reasons for placement, which may be confusing to new staff, for example, stating circumstances where placement in residential care can be helpful and then stating that they provide a more restrictive and less normalised care environment.

The CSPM provides significant detail regarding care options, placement matching and practice guidance. However, there are inconsistencies across the various DFSDSCS documents (for example, the definition of Residential Care in the CSPM is not consistent with the Investment Specification documents) and does not always align with current practice approaches.

Legislation, policy and practice also allow staff to consider the use of an unlicensed care arrangement when it is not possible to place the child in any existing care arrangements. An unlicensed care arrangement is for service providers who do not currently hold an organisational level licence under the *Child Protection Act 1999* or the proposed residence for the child is not included in their licence. At the time of introducing into legislation, this was considered for use in exceptional circumstances, however, there continues to be an increase in the use of unlicensed providers.

5.1.1 Restrictive practice

On many occasions during the consultation process, concerns were raised by the sector regarding restrictive practice and the relatively new (2020 and revised in 2024) Managing High Risk Behaviour Policy. This policy provides guidelines for staff on when the child or young person's behaviour is of such intensity, frequency and duration they present an immediate risk to themselves and/or others without intervention.[43]

Restrictive practices are any intervention that impacts on the rights or freedom of movement of a person with the primary purpose of protecting the person or other people from harm. To inform the use of restrictive practices in Queensland, there must be a strategy to reduce and minimise its ongoing use.

In Queensland, the use of restrictive practices is governed by laws and frameworks designed to safeguard the wellbeing and rights of children. These include the *Child Protection Act 1999*, and the Queensland *Human Rights Act 2019*, which aim to balance the need for safety with respect for the child's dignity and autonomy.

[43] Department of Children, Youth Justice and Multicultural Affairs. *Managing High-Risk Behaviour Policy (646-2), Child Safety Practice Manual.* Queensland Government.

TYPES OF RESTRICTIVE PRACTICES

1. **Physical Restraint –** Physically holding or restricting a child's movement.
2. **Mechanical Restraint –** The use of devices (e.g., handcuffs or straps) to limit a child's movement.
3. **Seclusion –** Isolating a child in a room or space to prevent harm or manage behaviour.
4. **Chemical Restraint –** The use of medication to control behaviour, though this is more common in specific therapeutic contexts.
5. **Environmental Restraint –** Limiting access to certain areas or resources (e.g., locking doors).

Dept of Health and Aged Care; 2022

"We are unable to instil boundaries at the homes like any parent would as there is always the threat of a SOC (Standard of Care) because our actions are considered restrictive practice."

Service Provider

"Young people have raised a lot of concerns around routinised and normalised use of restrictive practices, that don't appear to comply with protections and practice guidelines around their use."

CREATE Foundation

The CSPM provides clear definitions of prohibited practices and the emergency use of restrictive practices and outlines the reporting requirements for the use of both.

The principles that inform how to manage high risk behaviours include:

- The safety, wellbeing and best interests of the child, both throughout childhood and the rest of the child's life are paramount.
- Child Safety staff will act and make decisions in a way that is compatible with human rights and obligations under the *Human Rights Act 2019*.
- Children and young people, including those with disabilities have the same right to be supported in a way that is in their best interests.
- Children and young people will be supported in a way that considers their age, developmental level and cultural needs.
- Carers have a legal duty of care to take positive steps to protect children when there is foreseeable harm.
- Children and young people have the right to protection from strategies that may constitute abuse, torture or inhumane and degrading treatment or prohibited practices when supporting them to develop positive behaviours.
- The five elements of the child placement principle (prevention, partnership, placement, participation and connection) under section 5C of the *Child Protection Act 1999*, apply to processes, decisions and actions taken for an Aboriginal and/or Torres Strait Islander child.

The use of restrictive practices should only be considered under strict conditions. If the planned use of a restrictive practice is being considered to manage risk or at-risk behaviour, the matter should be referred to the relevant Child Safety Service Centre for consideration by the young person's Safety and Support Network and be managed in accordance with the policies and practice. This helps to make sure that the practice maintains the rights of everyone and that the practice is not misused and/or abused. It also seeks to review the practice to work towards the minimisation or elimination where possible.

In 2023, PeakCare and the DFSDSCS launched the Positive Behaviour Support and Managing High-Risk Behaviours: A Hope and Healing Masterclass (the Masterclass).

The masterclass covers topics such as:

- Introduction and importance of trauma-informed care
- Understanding positive behaviour support
- Restrictive and prohibited practices
- Managing high-risk behaviours.

Unlike the mandatory foundational Hope and Healing training, the Materclass is optional for residential care workers and their supervisors. In the nearly 12 months since the launch of the program, 1,159 individuals have completed the course. It should be noted that completion of Hope and Healing is only mandatory for licensed care providers, and whilst this number may capture staff of unlicensed providers completing the training, take up may be limited due to the requirement for completion of the foundational training.

Despite positive feedback from the sector regarding the Masterclass, feedback from service providers states that confusion remains among both sector and DFSDSCS staff regarding implementation of the policy. It was suggested that some DFSDSCS staff take a punitive interpretation of the policy, and threats of Standards of Care reports have created risk adverse practice. Examples include limits on the use of mobile phones due to usage rules within the home being considered restrictive practice by DFSDSCS staff, or residential care staff believing they cannot hug (without consent) a distressed child or young person, or to congratulate them as appropriate.

In conversation with DFSDSCS representatives, it was acknowledged that ongoing promotion of the Masterclass was required for staff to make sure they were clear on the procedural requirements. We were advised that the DFSSDSCS was in the process of promoting the Masterclass (which is also available in the DFSSDSCS internal learning platform, along with the 10 Hope and Healing modules) in each of the DFSDSCS regions to support staff in building their understanding of positive behaviour support and managing high-risk behaviours.

To further embed a shared understanding across the sector and DFSDSCS staff, the development of shared resources would allow for more consistent application of the policy and mitigate the current interpretations of the practice being experienced by children and young people in residential care.

5.2 Organisational regulation

Regulation in residential care is crucial for making sure the safety, wellbeing and rights of children and young people in care are met. It also serves as scaffolding to support the workforce in delivering appropriate care and provides a framework for ensuring quality care, accountability and ethical standards, while also addressing the unique challenges faced by children and young people in care. Effective regulation not only reduces the risk of abuse, mistreatment and neglect, it fosters an environment that allows for positive development and successful transitions for young people into adulthood. Furthermore, regulation sets the standards and expectations for the system to operate with consistency and fairness, providing every child and young person with access to the care and support they deserve.

As previously highlighted, in Queensland, residential care is governed by a range of regulations, laws and policies aimed at ensuring the safety, wellbeing and rights of children and young people in residential care (see Appendix 7 for details of the regulatory environment). In addition to specific regulations, laws and policies, for organisations there are two key regulatory frameworks for the provision of residential care - the HSQF and the licensing framework.

In discussion with some sector representatives, it was advised that adherence to these regulatory requirements impacts the frontline workforce, including stability of contracts (for unlicensed providers) and financial costs in undertaking the HSQF and licensing. It was stated that without recognition of the impacts of these on organisations by the DFSDSCS, providers would be required to continue to absorb these costs, which may impact on direct service delivery.

5.2.1 Human Services Quality Framework

The HSQF is a quality assurance system used in Queensland to make sure that human service providers meet established standards of care and service delivery.[44] The HSQF is applicable to all organisations funded to deliver human services under service agreements with the DFSDSCS, the Department of Justice and/or the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism. The HSQF also applies to organisations funded to deliver child protection placement services in-scope of licensing under an IPS Agreement with the DFSDSCS.

The HSQF sets out the minimum requirements service providers need to adhere to in providing safe and effective care that is responsive to the needs of children and young people. It focuses on key areas such as governance and management, client rights and responsibilities, service delivery, safety and continuous improvement.

The framework aims to promote accountability and transparency among service providers, requiring regular assessments and audits to ensure compliance with the standards. For residential care, this means that service providers must demonstrate their capacity to deliver trauma-informed, client-centered care, while maintaining a qualified and well-supported workforce. The HSQF also emphasises continuous improvement, encouraging organisations to regularly review and enhance their practices to meet the evolving needs of the young people in their care. By adhering to the HSQF, residential care services in Queensland strive to ensure high-quality, consistent and safe care for the young people they support.

The HSQF has considerable workforce implications for residential care providers in Queensland, rightly emphasising the need for a well-trained, supported and accountable workforce. To meet HSQF standards, organisations must make sure staff are adequately trained. The framework highlights the importance of recruitment and retention strategies, encouraging providers to offer clear career pathways, competitive remuneration and supportive environments to reduce turnover. It also mandates regular supervision and performance reviews to support staff wellbeing and prevent burnout in a high-stress sector.

For many providers, the HSQF promotes a culture of compliance - with staff required to adhere to regulatory standards - and fosters continuous improvement through ongoing professional development. All residential care services are required to deliver their services in compliance with the quality standards. While licensed providers regularly undergo HSQF point-in-time audits, unlicensed providers are only required to self-assess their compliance, however, may be required to demonstrate or provide evidence that their services are being delivered in compliance with the quality standards at any time. If a licensed provider is found to be non-compliant, the next steps taken are at the discretion of the regional contracting manager. Consultation with both the DFSDCS and providers acknowledged that these two factors may result in perceived inconsistencies around

THE HSQF SPECIFIES THE TYPES OF HUMAN SERVICES ARE THE FOLLOWING:

1. **That are In-Scope for Certification;**
2. **That are self-assessable; or**
3. **In relation to which the Department may accept other current accreditation or certification as evidence that the Services are being delivered in compliance with the Quality Standards.**

Department of Families, Seniors, Disability Services and Child Safety

[44] Queensland Government. (2024). *Human Services Quality Framework.* (V. 10.0).

"There is a lack of understanding by departmental staff on the impacts of their practices on our HSQF reviews. For example, we were provided with a non-compliance due to not having the correct paperwork for dispensing medication – this can only be provided by the Department, and we have records of requesting this multiple times."

Service Provider

the level of compliance between licensed and unlicensed providers, and that the approach to resolving non-compliance issues may vary across regions.

Whilst service providers did not disagree with the regulatory requirements of the HSQF, in discussions it was identified that many view it as a significant administrative burden and compliance exercise and have lost sight of the intent of embedding a culture of continuous improvement. There is concern that at the time of a review, providers will sometimes change their policies to address a gap and ensure compliance, rather than building capability and implementing best practice in their organisations. For example, decreasing the amount of formalised supervision for staff where there is a lack of documented evidence of sessions occurring.

There continues to be merit in HSQF requirements, however a shift in how the framework's purpose is perceived is necessary. We understand the DFSDSCS is working with the HSQF team to undertake a review to align with new legislation and policies. This presents an opportunity to assess the framing of the requirements and implementation of these in the sector.

All Outsourced Service Delivery (OSD) funded suppliers are required to become licensed. The **Child Safety Licensing (CSL) team** reviews IPS data quarterly to determine if any IPS suppliers are suitable for an in-scope of licensing assessment. To do this, they are required to have had continuity of placement service delivery (no breaks), placements have increased over 6-12 months and placements have been maintained for over 12 months. Once the CSL identifies that the organisation is in scope for licensing, they advise the regions who decide if a licensing assessment will be conducted (if the organisation operates across multiple regions, then the region with the most placements for that organisation will determine whether to proceed).

Department of Families, Seniors, Disability Services and Child Safety

5.2.2 Licensing

The DFSDSCS oversees the licensing process for residential care providers in Queensland to make sure they meet the required standards for delivering safe and high-quality care. Organisations can only become licensed after they deliver care services and are OSD funded (or if IPS funded have been deemed in scope of licensing) and have been HSQF certified for the provision of child protection placement services. The supplier must become certified within 18 months of OSD funding, or IPS funded suppliers deemed in scope. Once certified, CSL will invite the supplier to apply for a licence within 30 days. The application assessment can take 90 days from making an application. Where there are delays in the service set up (HSQF assessment and certification or application assessment), it can take longer to become licensed and involves the following:[45]

1. **Application:** An OSD funded organisation, or an IPS funded organisation deemed by DFSDSCS as in scope of licensing is invited to apply for a licence, following successful certification of relevant child protection placement services against the HSQF and if the application meets legislated requirements outlined in Section 125 of the *Child Protection Act 1999*.
2. **Assessment:** The DFSDSCS gathers, reviews and analyses information to assess the application including HSQF audit report, details of complaints, financial compliance concerns, standards of care concerns, regional feedback and suitability of people associated with the provision of care services. There is an opportunity for organisations to respond to regional feedback and HSQF audit report before the application is progressed to the DFSDSCS licensing delegate to make a decision.
3. **Decision:** The DFSDSCS licensing delegate grants the licence application if the applicant meets legislated requirements of Section 126 of the *Child Protection Act 1999* and the organisation is then issued a license.
4. **Monitoring:** The CSL Team develops annual licence monitoring schedules in consultation with I&P team members and monitors organisational governance and individual care services covered by the license. The CSL also conducts annual licensing reviews to determine the organisation's overall compliance with licensing requirements.

[45] Department of Families, Seniors, Disability Services and Child Safety. (2024). *Licensing Process.* Queensland Government. Retrieved from https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-process

5. **Renewal:** Licences are subject to renewal, requiring providers to demonstrate ongoing compliance through recertification against the HSQF and address any areas for improvement identified during previous assessments.

As at November 2024, around one quarter of children in residential care are in unlicensed placements, however, since the unlicensed providers are generally smaller, and many not in scope of licensing, there are more unlicensed than licensed suppliers. Staff of licensed providers must meet specific qualifications, undergo mandatory training and adhere to HSQF standards. Regular supervision and support are also required to manage workforce stress. These areas are assessed during ongoing point-in-time HSQF audits and DFSDSCS reviews. However, residential care providers that are not deemed in-scope of licensing are not required to undergo regular compliance checks or meet the same minimum qualification and training standards that are applied to licensed providers. There is little oversight into the qualifications, training and ongoing supervision provided to staff at unlicensed providers. A review of their quality of care and internal processes would only be carried out if a standards of care concern became apparent.

Throughout consultation with residential care providers, it became evident that while the policy and process to become licensed is clear, the implementation of this policy varies between regions. This was a point of confusion for providers who often stated contradicting understandings of the licensing process and eligibility status. For example, some providers shared they had been told licensing was not occurring anymore, while others reported they had been told they were classed as a 'preferred provider' while their application to become licensed was under assessment.

The variability between regions in the implementation of licensing policies and procedures makes operating a service across multiple regions difficult to navigate, adds additional and unnecessary administrative burden and can also discourage providers from wanting to become licensed. It was noted during discussion that there is an increase in resistance by providers to becoming licensed, with many linking this to contracting concerns. Consequently, a large majority of providers remain unlicensed, reducing the oversight capability the DFSDSCS has regarding compliance with the HSQF. This could present a risk to service delivery across the sector and ultimately impact on the care provided to children and young people.

Whist the numbers of licensed and unlicensed services is not comparable nationally, the addition of different placement types, such as Alternative Care Arrangements, in these jurisdictions makes it difficult to clearly compare the use of providers in Queensland with other States and Territories in Australia. However, strict criteria providers must meet to come into scope for a licensing assessment may contribute to the disproportionate number of unlicensed providers in Queensland. For unlicensed IPS suppliers to be deemed in scope of the licensing framework, they must have continuity of placement service delivery, have increased placement over 6–12 months and maintain placements for over 12 months.[46] The licensing assessment process, including becoming HSQF certified is also a lengthy process, meaning that transitioning providers towards becoming licensed cannot be done quickly, in accordance with the current policies. The current policy states that when providers are invited to become licensed, only then do they begin the assessment process. While there is acknowledgement of the importance of regulation and compliance with licensing and the HSQF to support the quality of service delivery, we have also heard from both the DFSDSCS and the sector that some providers are choosing to turn down the invitation to become licensed. Some providers reported that this decision was based on the high cost, time commitment and administrative burden of becoming licensed for little perceived benefit as they were confident in their ability to continue providing residential care as an unlicensed provider.

From an organisational/business perspective, the sector has repeatedly raised concerns regarding the licensing process and the perceived benefits for organisations to become licensed. For the workforce and the children and young people they care for, this can create risks, as unlicensed services do not require their staff to undertake foundational training nor hold minimum qualifications. This type of service delivery also contributes to the casualisation of the workforce.

[46] Queensland Department of Families, Seniors, Disability Services and Child Safety. (2024). *LCS Factsheet – The In-scope of Licensing Process for Individualised Placement and Support (IPS) Suppliers.*

5.3 Funding and contracting

5.3.1 Investment specifications

Investment specification documents released by the DFSDSCS support the understanding of potential and current service providers about the intent of funding, the nature of the service users and identified issues, the various service types, as well as any associated service delivery requirements.[47] Guiding the delivery of residential care services in Queensland is the Child Protection (Placement Services) Investment Specification, noting that the document allows for flexibility, responsiveness and innovation in service delivery.

The specifications cover all placement types (as they relate to children and young people who are requiring care when an assessment indicates they are no longer able to reside with their family due to safety or wellbeing concerns), including family and non-family-based services. All placement services should provide physical, psychological and emotional care for young people as part of an integrated response. Non-family-based care services include residential care, safe houses and supported independent living.

Service users for residential care (as defined in the Specification and Policy) are young people aged 12 to under 16 years requiring non-family-based care, who have been assessed as having moderate, high, complex or extreme levels of support needs. In Queensland, there is also a non-family-based care option, supported independent living, for young people aged 15–17 years who have been assessed as having a moderate, high or complex level of support needs and are in the process of transitioning to independent living. The specifications also provide considerations for the placement of young people who sit outside the guidelines.

The specification document states that residential care services are funded to provide specific levels of worker support, though are typically expected to provide care 24 hours a day, seven days a week, including providing care when a child or young person is not attending school, during school holiday periods and other times. These services may involve live-in or rostered workers with combinations of awake and sleepover shifts, on-call arrangements and recall to work capacity.[48]

The specification is explicit in stating that placements are for the purpose of:

- Preparing the child or young person for reunification, transition to a family-based placement or other appropriate care placement (to meet specific identified needs), or transition to independent living; and/or
- Meeting the child or young person's need for medium or long-term stable placement, where a comprehensive assessment indicates the child or young person has needs that are best met by non-family-based care, and regular case reviews indicate that the placement continues to meet the child or young person's needs.

The principles outlined specifically for residential care include that young people have a right to access support, and/or programs that will help them develop new knowledge, skills and behaviours to enhance their life outcomes and prepare them for reunification with family, transition to other forms of care or independent living. These services must implement a trauma-informed therapeutic approach (namely Hope and Healing) and ensure compliance with the minimum qualification standards for residential care staff working in Queensland.

Services must meet all direct care costs for the young person to a level consistent with that detailed in the Complex Support Needs Allowance Policy. Services are not expected to access additional contingency funding outside the funding arrangement. Where there is an emergent and acute level of need or essential activity required by the case plan for a young person that is not funded under the agreement, funds may be negotiated.

5.3.2 Contracting

Contracting is managed at a regional level within the DFSDSCS. To establish residential care placements, the DFSDSCS utilises both OSD and IPS funding sources to contract providers. For the 2023–2024 reporting period, 127 providers received funding under an IPS arrangement and six providers under OSD arrangements. In addition to this, 33 providers received both forms of funding under a dual arrangement.[49]

This means there is a significant cost to both the government and providers to assess organisations to become licensed and therefore eligible for OSD funding. The DFSDSCS noted that to sign an organisation up for a three-year OSD contract, it needs to make sure there will be a sufficient number of placements hosted by the organisation during the period. In contrast, IPS is a fee for service contract arrangement, funded based on the needs of a particular child or young person.

We heard from the sector that IPS funding structures inadvertently encourage providers to offer the majority of their frontline roles as casual positions. The unpredictability of placement requirements under IPS funding means that organisations would carry a lot of risk by taking on a high percentage of permanent and part-time positions. The uncertainty of hours can place additional strain on workers and contribute to the high turnover and low retention rates observed in the sector. The constant turnover of staff also reduces the consistency of the placement environment for young people in care. The Employee Choice Pathway introduced by the Fair Work Ombudsman may impact how employers contract workers, with employees provided the opportunity to switch to permanent employment if they have been employed under certain conditions.

Feedback from consultation with service providers operating across multiple regions highlighted that the management of contracts varies between regions, creating inconsistencies and additional administrative burden for providers. The DFSDSCS has acknowledged the need for

[47] Department of Children, Youth Justice and Multicultural Affairs. (2021). *Child Protection (Placement Services) Investment Specification.* Queensland Government.

[48] Department of Children, Youth Justice and Multicultural Affairs. (2021). *Child Protection (Placement Services) Investment Specification.* Queensland Government.

[49] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

better coordination of contracts and procurement between central office and regions. This will require better collaboration to enable greater consistency, while still balancing the need for flexibility to respond in a place-based approach to specific placement needs as they arise.

Providers also expressed they often believe it is in their best interest to be contracted for IPS funding rather than OSD funding because the rigid and restrictive nature of these contracts is not contemporary, nor does it allow for flexibility in staffing arrangements to best meet the unique needs of each young person in care. For example, with OSD contracts, providers advised that there are capped support hours (16 hours) with no sleep disturbance or overtime allowances considered in these contracts. In addition, it is more difficult to respond to the emerging needs of a young person under an OSD contract where changes to accommodate other activities or appointments for a young person in the home are not considered.

If providers are not interested in engaging in OSD contracts, there is little incentive to become a licensed provider under the current regulatory and contracting frameworks. If the majority of providers remain unlicensed as a result, this could restrict the department's understanding of how compliant all residential care providers are with the HSQF and potentially place children and young people at risk.

As mentioned previously, the increased use of IPS contracts and arrangements is also impacting on the ability of providers to provide stable employment to staff, resulting in the continued churn of workers in a child or young person's life.

5.4 Social, Community, Home Care and Disability Services Award (SCHaDS Award)

The SCHaDS Award is a modern award that covers workers in the social, community, home care, and disability services sectors. It sets out the minimum terms and conditions of employment for employees working in these sectors, including wages, allowances, hours of work and other employment conditions. It was introduced by the Fair Work Commission with the intent of providing a more consistent set of conditions for workers across a broad range of roles and industries including social workers, community workers, disability support workers, home care workers, youth workers and child protection workers.

In Queensland, residential care providers predominately operate under the award requirements through the Social and Community Services (SACS) stream, with some employers choosing to pay above the minimum award or through organisational enterprise bargaining agreements.

Throughout consultation with the sector, the award was continually raised as one of the biggest challenges for organisations that impact the workforce. As an award there should be a strict interpretation of how it is to be applied. However, consultation highlighted that language and elements of the SCHaDS Award are vague, resulting in various interpretations and applications, which can lead to expensive litigation and pay disputes. Stakeholders also raised complexities in rostering practices, lack of tailored conditions under the general SACS stream and impacts of the disability stream driving competition in the funding landscape.

Inconsistencies in how the SCHaDS Award is interpreted and applied across organisations has contributed to challenges in supporting a stable workforce. The complexities of interpreting the award, as well as the favourable award conditions for casual employees, has contributed to the instability of the workforce – with most workers being casual and often working across multiple organisations. While favourable conditions for workers are crucial to preserve, they should align with an aim to ensure stable and consistent care, which we know is in the best interests of children and young people.

THE AUSTRALIAN INDUSTRY GROUP (AIG) FAIR WORK COMMISSION APPLICATION TO VARY THE SCHaDS AWARD IN RELATION TO SLEEPOVERS

On 2 November 2023, Australian Industry Group (Ai Group) made an application to vary the Social, Community, Home Care and Disability Services Industry Award 2010 (the SCHaDS Award). This follows investigations by the Fair Work Ombudsman (FWO) into employers underpaying employees with work connected to sleepover shifts since early 2023. The matter is now with the Fair Work Commission (FWC) and will be heard in November 2024.

Ai Group's submission outlines their position that the SCHaDS Award should be varied to remove ambiguity by clarifying that a sleepover shift constitutes a break. While the Unions have jointly filed an application to vary the Award to clarify that a sleepover shift does not constitute a break.

"The nub of the Ai Group's application is that a sleepover should be treated as a break between shifts, such that ordinary hours of work are capable of being rostered as separate shifts on either side." - Ai Group, Application to vary the SCHaDS Award re. sleepovers – Reply Submission (2024)

"Ai Group's position is in stark contrast with our Union's and the Fair Work Ombudsman's interpretation of the SCHaDS Award: sleepovers are NOT a break between shifts." - The Services Union, Anglicare SQ Member Update (2024)

Australian Industry Group, 2024

Through consultation with providers, it is evident they recognise and appreciate the need to better align workforce conditions with the needs of children and young people, with providers often being the strongest advocates for addressing these challenges. In conversations with the Queensland residential care sector, the challenges with the award itself are usually the focus. Consultation with other states and territories did not identify the same challenges with the award, nor a level of desire to advocate for changes to the award. This differs from

feedback we have received from the National Therapeutic Care Alliance (NTRCA) whose members across all jurisdictions raise similar challenges to those experienced in Queensland.

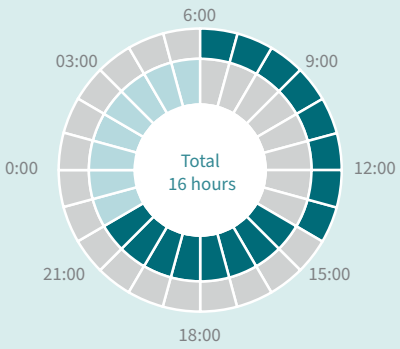
As the award is a Commonwealth initiative, it is unlikely that a review of the award would take place in the absence of concerns from other states and territories. However, learnings can be leveraged from how the award is operating outside of Queensland, such as Victoria, where it does not seem to have hindered the sector from delivering services in a way that promotes workforce consistency and stability for children and young people.

The challenges with inconsistencies in the interpretation and application of the award was highlighted in the case brought by Australian Industry Group (AIG) to the Fair Work Commission (FWC) to vary the SCHaDS Award in relation to sleepover work. The case before the FWC illustrates one example of the complexity of interpretation and application of the SCHaDS Award in the residential care sector. It highlights that despite operating under the same award, the experiences of workers in relation to workforce conditions can vary. While actions taken by the FWC such as this can provide the sector with increased clarity, it will not be sufficient to address how the award is driving unsustainable practices in the contracting and funding of services.

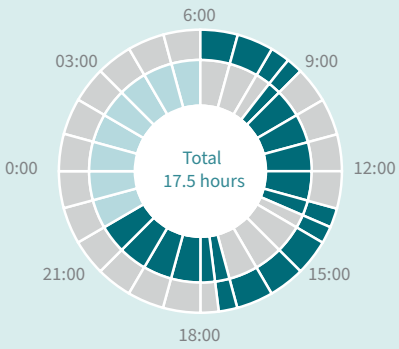
Due to requirements under the SCHaDS Award, rostering practices are complex and often vary depending on the organisation. We frequently heard that requirements of the SCHaDS Award are driving some of the challenges around the 'rotating door' of workers through residential care homes. This was often raised in the context of how rostering practices should be aligned to the needs of the child or young person in care, where stability and consistent care is paramount. The case below aims to demonstrate examples of how the SCHaDS Award may be applied under different rostering structures. These demonstrate the trade-off identified throughout consultation with organisations, where handover periods are not rostered to minimise staff rotation, whilst also meeting the SCHaDS Award requirements for length of shifts without paying overtime.

CASE STUDY: EXAMPLES OF THE APPLICATION OF SCHADS AWARD ACROSS ROSTERING PRACTICES

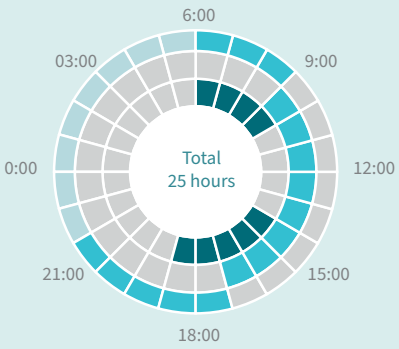
Stakeholders shared in consultation the impacts of the award on rostering practices. Challenges raised included award limits for roster hours impacting the number of staff required to rotate through a home, sleep disturbance payments and rostering of handovers. In most cases the challenges with the award overlapped with the financial feasibility of applying the award under current funding arrangements. For example, stakeholders raised the financial feasibility challenges with rostering paid handovers, especially under OSD contract arrangements for 16 hours per day. The below case examples illustrate common rostering impacts of the award and estimated financial implications.



Shift	Cost
Sleepover allowance	$57.99
6:00-14:00	$342.62
14:00-22:00	$298.80
Total - 16 hrs	**$700.41**



Shift	Cost
Sleepover allowance	$57.99
6:00-9:00	$128.86
8:30-13:30	$186.75
13:00-17:30	$168.08
17:00-22:00	$214.76
Total - 17.5 hrs	**$756.44**



Shift	Cost
Sleepover allowance	$57.99
6:00-9:00	$138.18
6:00-10:00	$149.90
9:00-17:00	$320.40
14:00-19:00	$186.75
17:00-22:00	$230.30
Total - 25 hrs	**$1083.02**

Sleepover
SCHADS Level 3.1
SCHADS Level 3.4

The costing represents a series of examples across a range of scenarios. Examples 1 and 2 include staff at a SCHsDS Award Level 3.1, Example 3 includes SCHsDS Award Level 3.1 and 3.4. All examples include sleepover allowances. These scenarios are meant to illustrate examples of how the SCHsDS Award can impact rostering practices. While these rostering practices have been identified within organisations, we do not attempt to suggest that the application of the SCHaDS Award in the examples here are representative of all providers.

"We have staff rostered on for a shift, but generally our casual staff are registered with multiple providers, and they may be offered more money with another provider, so they do not show for our shift – we all know this is not OK for children and young people, but it is the market we are working in."

Service Provider

The general SACS stream of the SCHaDS Award does not provide specific conditions related to residential care work, such as disability and aged care sectors, which have specific streams that were strongly advocated for in the recent amendments to the award. Challenges have been identified with the application of this in practice, with award conditions often failing to recognise the unique nature of residential care and lacking provisions that align with the work undertaken. Challenges also occur where there is a crossover between youth residential care and disability services, as the disability sector operates under a specific disability stream of the award. Conditions associated with this stream mean disability providers may be able to operate at lower costs, drive competition in the regions and facilitate better outcomes and continuity for children and young people. This has been seen with significant numbers of NDIS providers being contracted by the DFSDSCS to provide residential care services, often under IPS placements.

Shared understanding between government and the sector around the application of the SCHaDS Award in residential care is imperative. Whilst flexibility in the delivery of services and ways in which organisations operate should remain, greater consistency in staff funding allocation is required. A shared understanding of award pay levels for work undertaken in similar environments to cease market competition would also support stronger stability for the workforce and children and young people.

5.5 Labour hire

Many organisations in Queensland are reportedly resorting to a full labour hire workforce or dependency on these to respond to emerging needs. Labour hire refers to the practice of outsourcing staff through third-party agencies to work in residential care homes. These workers are employed by the labour hire agency rather than the residential care provider, allowing organisations to fill staffing gaps quickly and flexibly. Labour hire has been used to address short-term workforce shortages. However, this has led to challenges such as inconsistencies in care, limited continuity in relationships with young people, and variability in staff training and qualifications. Labour hire is also now being used as a workforce solution, through partnerships between residential care and labour hire providers, to allow for the tailored recruitment, training and ongoing support for workers.

Labour hire is often used in response to high turnover rates and the demanding nature of the work, particularly in settings requiring trauma-informed and therapeutic care. In Queensland, labour hire is governed by specific regulations to ensure the fair treatment of workers and the accountability of labour hire providers. Introduced in 2018, the *Labour Hire Licensing Act 2017* aims to protect workers from exploitation and to promote transparency and integrity within the labour hire industry. This is supported by labour hire licensing requirements, that mandate all labour hire providers operating in Queensland must hold a valid licence. To obtain a licence, providers must pass a 'fit and proper person' test to ensure they meet strict criteria regarding character, financial viability and compliance with workplace laws. Licensed labour hire providers are also required to report on their operations regularly, including details about their workers and compliance with workplace laws. Workers supplied by labour hire providers have the same rights and protections as other employees under state and federal workplace laws, including being paid at least the minimum wage and receiving all entitlements, including superannuation, leave and workplace health and safety protections. In Queensland, the Labour Hire Licensing Compliance Unit overseas the enforcement of the *Labour Hire Licensing Act 2017* by conducting audits, investigating complaints and acting against non-compliant providers. Labour hire employees can also apply for a 'protected pay rate' through the Fair Work Ombudsman, whereby their pay can be no less than the same pay rate they would receive if employed directly by the host organisation.

CASE STUDY: FLEXIBLE STAFFING IN YOUTH RESIDENTIAL HOUSES THROUGH LABOUR HIRE PARTNERSHIP

A residential care provider in Queensland has established a unique partnership, relying exclusively on labour hire to meet the sector's flexibility demands, while ensuring a supportive environment for staff.

This model stands out due to its collaborative approach, where the provider and the labour hire agency work together on attraction, recruitment, onboarding and ongoing staff support. This approach has allowed them to match resources precisely to demand, maintain continuous coverage, and reduce administrative burdens associated with permanent staffing. By partnering with a labour hire agency, they gained access to a pool of trained, vetted workers ready for immediate placement. The partnership allows for the same workers to be rostered with the provider, supporting consistent care for young residents, allowing them to forge reliable connections while maintaining cost-effectiveness and flexibility in operations.

The model's foundation is a strong relationship between the organisation and the labour hire agency, underpinned by cohesive culture, policies and practices. The labour hire agency recruits specifically for the residential care provider, with workers recruited meeting the same requirements as if they were employed directly. The strength of the partnership comes from highly skilled labour hire with systems in place to recruit and onboard workers, working alongside the programmatic expertise of the residential care provider to deliver quality residential care.

Drawing on the strengths of organisational systems and expertise supports the best results for this provider in the most efficient manner. Staff benefit from high-quality care standards, clear responsibility and expectations, and access to supervision and wellness support. This approach supports a consistent employee experience and enables the organisation to adapt to the rapidly changing demands of the service-based industry.

"The partnership between our organisation and labour hire company is a full workforce partnership which draws on our respective strengths and expertise to deliver a high-quality solution in a challenging environment. What it is not, is just a shift filling exercise as this would compromise the standard of care for the children and young people entrusted to us and this would not be aligned with our values."

There are several advantages to labour hire, including the flexibility it provides employers to be able to fill short-term needs such as covering emergency placements and unexpected staff absences. It also provides scalability to organisations to match the size of their workforce to uncertain placement demand. Labour hire also provides access to a broader talent pool, in some cases allowing organisations to match workers' skills and locations with the young people placed in their care. Additionally, some providers have chosen to utilise labour hire organisations to supply a large portion, or in some cases, their entire workforce. These providers noted that because labour hire agencies handle recruitment, payroll and administrative tasks this reduces the burden on the organisations' internal human resources team and mitigates their legal risk in terms of compliance with employment laws and regulations. Using labour hire staff, in some cases, was viewed as being a more cost-effective method of recruitment and training as this is managed by the labour hire provider.

Despite the noted benefits, some challenges are associated with utilising labour hire providers. Discussion with industry experts and other jurisdictions revealed there is a push for residential care providers to minimise the frequency of these arrangements. Utilising labour hire staff can, in some cases, result in frequent staff changes, which can disrupt service delivery and hinder the development of relationships with young people in care. The quality of workers can also vary, leading to inconsistent performance and challenges with cultural integration, which can affect teamwork and collaboration. Additionally, labour hire can be more costly in the long-term for

NEW SOUTH WALES GUIDELINES FOR USE OF LABOUR HIRE STAFF

In October 2022, the Office of the Children's Guardian in NSW published guidelines for the engagement and authorisation of staff and contractors in an emergency, or when sourced from a labour hire agency.

These guidelines provide clear information to assist agencies in meeting their obligations where residential care workers are required to provide care to a child in a residential setting (including alternative care arrangements) in an emergency or at short notice, or at any time where a worker is sourced from an external labour hire agency.

These guidelines require service providers to have clear contingency plans for their organisation to respond to emergent leave, and the obligations of a provider in the event that they engage staff through a labour hire agency to comply with the Residential Care Worker Register requirements.

Office of the Child Guardian, 2024

Insurance premiums can vary based on several factors, including their profit status. Charitable organisations with a not-for-profit status often benefit from insurance products with reduced premium rates when compared to private for-profit entities.

In recent years, Queensland has seen a rise in the number of organisations providing residential care services as private organisations, where historically this space had been dominated by charitable organisations. As a result, this is creating increased financial pressure on these organisations and their ability to deliver services.

residential care providers due to agency fees; it is also a costly exercise for labour hire providers to appropriately train workers for the residential care setting.

In some labour hire models, over-reliance on their staff may lead to reduced employee loyalty, as temporary staff often feel less invested in the organisation, resulting in lower morale and high turnover rates. While labour hire offers flexibility and access to skilled workers, use of these services highlights the need for organisations to carefully evaluate whether this approach aligns with their long-term goals and the needs of the young people in their care. Consultation with labour hire providers also highlighted a disconnect, at times, between residential care providers and labour hire providers with respect to the quality of training staff must complete and the costs associated with this.

There are several labour hire providers operating in Queensland, with ProCare and Edmens Community Care, identified throughout consultations as primary providers. While it is acknowledged that practices and requirements vary across providers, ProCare and Edmens Community Care reported that they engage staff at different training classifications and provide clear development pathways to progress through the classifications by completing relevant training, qualifications and experience milestones. ProCare noted that with some labour hire providers, as workers progress through these classifications, their pay increases accordingly. This has become a point of contention with the sector expressing they do not have the budget to employ workers at the rates set by labour hire providers.

ProCare acknowledge that greater regulation of labour hire workers, from a central location that supports consistency and quality, would be beneficial in creating better outcomes for young people in care. Centralised and regulated screening, assessment, onboarding and training would support enhanced continuity of care provided by labour hire staff and help mitigate current challenges. Additionally, further emphasis on staff wellbeing would assist in supporting the long-term stability of the workforce by fostering positive environments that value workers and encourage staff to remain not only in the sector, but with the same employer. A clear opportunity exists for these initiatives to be supported and guided by a sector wide training and capability framework.

5.6 Insurances

The tightening insurance market is proving difficult to navigate for providers, with many expressing this challenge during consultation. As part of contractual arrangements, residential care providers are required to have current and adequate insurance for the services provided.

The Royal Commission brought to light extensive instances of abuse within various organisations, leading to significant financial liabilities for these institutions.[50] Following the Royal Commission's findings, many organisations faced increased scrutiny from insurers. Heightened awareness of historical abuse cases led to a surge in claims, prompting insurers to either raise premiums substantially or withdraw coverage altogether for certain institutions. This resulted in many providers being unable to obtain appropriate insurance, including cover for physical and sexual abuse (PSA), which may have constituted a breach of their contract, leading to a withdrawal of funding or withdrawal of services from the market. With cases of abuse continuing, obtaining insurance coverage for PSA remains an ongoing challenge. As experienced by not-for-profits, many residential care providers reportedly had difficulty renewing or obtaining insurance policies due to a large number of commercial insurers withdrawing PSA cover from the market.

The introduction of the *Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022* in 2023, has also put considerable pressure on residential care providers. We heard from the sector that this has resulted in higher insurance premiums and increased governance and reporting obligations to mitigate organisational risk. Reports from providers suggest that all premiums, such as professional indemnity, building insurance and vehicle insurance, have tightened significantly, with a reported 15% increase across all basic insurances (travel, volunteers, professional indemnity, corporate practices and business cyber). For public liability and industrial special risk the increases experienced are larger again. These pressures have seen many organisations within the sector struggle to adequately and sustainably fund their services. Practices to mitigate rising costs, such as reduced staff ratios (e.g. handovers and additional resources in peak hours) have a flow-on impact for the workforce.

[50] Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Royal Commission into Institutional Responses to Child Sexual Abuse.*

5.6.1 Physical and sexual assault insurance

In 2021, an Interjurisdictional Working Group (IJWG) was established to facilitate collaboration and information sharing between jurisdictions to work towards consistency, where possible, on the design of state and territory responses to the lack of available PSA insurance for government funded providers. Analysis of potential options completed by Finity Consulting in September 2022 on behalf of the IJWG, determined there was no likelihood of commercial insurers returning to the market and recommended states and territories provide insurance or indemnity for PSA claims.

Recommendations for the design and implementation of state and territory schemes was finalised for consideration by the IJWG and individual jurisdictions in February 2023. In July 2023, the Community Services Ministers agreed to ongoing information sharing and collaboration between jurisdictions to work towards consistency, where possible, on the design of state and territory insurance or indemnity schemes.

As each jurisdiction is responsible for the design and implementation of any long-term solution, Queensland continues to consider the recommendations of the Final Report and design a long-term solution, noting that the interim solution in Queensland remains in place and has been extended until June 2025.

KEY CHALLENGES RELATED TO PSA INSURANCE

- **Inadequate insurance coverage for child protection cases:** Insurance coverage where children or young people have suffered physical or sexual assault can be limited or non-existent. There are often gaps in policies when covering criminal acts and failure of institutions to fulfil duty of care. Even where insurance exists, the coverage may be insufficient to fully compensate victims for all their losses, including long-term psychological treatment, medical expenses or rehabilitation costs.
- **Lack of clarity around liability in child protection cases:** In cases of physical or sexual assault within child protection, determining liability can be complex. Vicarious liability can occur where an institution or employer is held liable for the actions of its employees or agents. On the other hand, institutions or employers may deny liability to avoid legal consequences related to offences committed by an employee.
- **Institutional failures to protect children:** Despite regulatory framework and child protection laws, institutional failures in child protection systems are a significant issue. Cases of physical and sexual assault within institutions often involve failures in supervision, training and monitoring of the workforce.

5.6.2 Psychosocial hazards

"Psychosocial hazards in workplace health and safety have increased significantly. We now have two staff members in a team focussed on staff safety. Our premiums are increasing significantly due to work cover claims … GPs do not hesitate to assess people as unfit to return to work."

Service Provider

In Queensland, psychosocial workplace health and safety is increasingly recognised as a critical component of workplace compliance and wellbeing, particularly in industries like residential care where there is risk of work-related violence or aggression (WVA). The *Work Health and Safety Act 2011*, has evolved in recent years to place greater emphasis on identifying, managing and mitigating psychosocial hazards, which are defined as risks to mental health arising from work-related stressors. Queensland's *Work Health and Safety Regulation 2011* was amended to explicitly address psychosocial hazards. The *Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022* was introduced, with its provisions commencing on April 1, 2023.[51]

This amendment defines a psychosocial hazard as a hazard that arises from, or relates to, the design or management of work, a work environment, or workplace interactions or behaviours, and may cause psychological harm. To provide practical guidance on managing these risks, Managing the risk of psychosocial hazards at work code of practice 2022[52] was introduced, detailing instructions for employers and workers on identifying and controlling psychosocial hazards in the workplace.

[51] The Queensland Parliamentary Counsel. (2022). *Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022.*

[52] Workplace Health and Safety Queensland. (2022). *Managing the risk of psychosocial hazards at work: Code of practice.* Workplace Health and Safety Queensland.

KEY CHALLENGES RELATED TO WHS INSURANCE

- **Emotional strain:** Managing the emotional needs of young people while maintaining professionalism can lead to compassion fatigue and burnout.
- **Exposure to violence:** Physical aggression or threats from clients can result in stress, fear, or post-traumatic stress disorder (PTSD).
- **Workload stress:** Understaffing, high turnover, and irregular hours often lead to excessive workloads and poor work-life balance.
- **Role ambiguity:** Inconsistent expectations or lack of clear boundaries in the carer role can cause confusion and stress.

The residential care sector operates in a challenging environment, with workers frequently exposed to trauma, violence and unpredictable behaviours from children and young people. These circumstances create significant psychosocial risks.

The impacts of the introduction of psychosocial hazards into legislation for the residential care sector may include difficulty attracting and retaining staff, providing adequate ongoing support and supervision, and ensuring consistent training in trauma-informed care and de-escalation techniques. Addressing psychosocial health and safety in this sector requires a collaborative approach, balancing compliance with workplace culture improvements to support the wellbeing of both staff and the young people they care for.

Providers spoke on many occasions regarding the unsustainable insurance premiums and the impacts this has on service delivery. The PSA insurance market failure continues to impact on the sector, and now with the introduction of the psychosocial hazards into workplace health and safety legislation, it is proving difficult for providers to operate in many circumstances, with the risks posed to some organisations considered too high.

The provision of residential care comes with inherent risks, both from an operational and client delivery perspective, particularly when delivered through lease arrangements. Whilst the provision of adequate training, supervision and support may assist in reducing incidents and therefore insurance claims, when organisations are struggling to meet service demands - including adequate training, support and supervision - further consideration of funding and/or advocacy is required to support providers in navigating these issues.

CASE STUDY: INSURANCE COVERAGE FOR SUPPORTED INDEPENDENT LIVING PROGRAMS

Providers of Supported Independent Living programs are struggling to find insurers to cover these premises given young people in the accommodation are not supported 24 hours per day, 7 days per week. For instance, one provider gave an example of their program, which is funded to provide 8–14 hours per day of support, with the remaining hours unsupported (or unsupervised). They have been advised by their insurer that they will not be eligible for coverage for any damage to premises delivering services to young people (owned or leased) unless it has around the clock supervision, and they are unlikely to be eligible in the future. This places an enormous amount of risk on the provider, for example if an event occurred (such as fire), that was caused by the young person, the providers insurer would reject the claim, resulting in the landlord needing to submit a claim to their insurer. We have been advised that this is likely to be rejected due to the premises having unsupervised minors, which then may result in a civil claim against the provider.

5.7 Comparison to other jurisdictions

Comparing the use and delivery of residential care in Queensland with other national and international jurisdictions provides a better understanding of practice, strengths and challenges. It provides the opportunity to identify different approaches or policies that may result in better outcomes for children and young people in care. Learning from these insights can also inform opportunities to explore and assess applicability to the Queensland context. However, it is important to note that other jurisdictions, especially international jurisdictions, may operate under different socio-economic, cultural and/or policy contexts that influence the use and outcomes of residential care.

5.7.1 Australian States and Territories

In Australia, residential care systems vary across states and territories, and are reflective of local priorities, needs and policy frameworks. Across these jurisdictions, residential care is not usually viewed as the preferred placement type, with a commitment by most to reduce the use of residential care.

Guided by national standards, there are many similarities between each jurisdiction. A significant difference in Queensland, however, is the number of providers contracted to deliver residential care services, specifically the number of unlicensed providers.

In Queensland it is reported that approximately two thirds of operational providers are not licensed, whereas in New South Wales, 69 non-government organisations (NGO's) are registered to provide residential care and 58% of these (40 organisations) are accredited to provide residential care.[53] In Victoria, there are 14 NGOs contracted to provide residential care services, all of which are licensed.

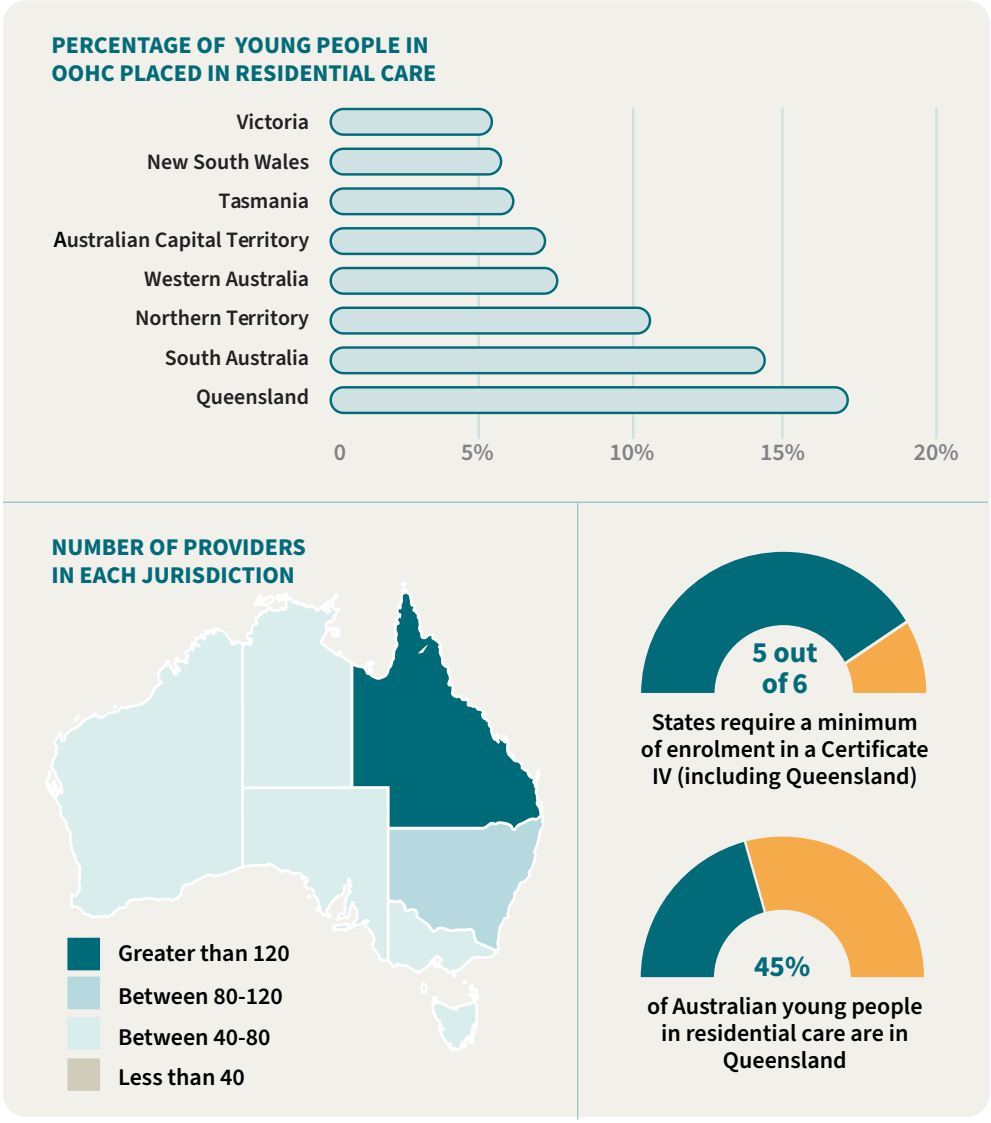


Figure 13. *Comparison of Residential Care in Australian Jurisdictions (Sources: Australian Institute of Health and Welfare, 2022; Queensland Department of Families, Seniors, Disability Services and Child Safety, 2024; New South Wales Department of Communities and Justice, 2024; Victorian Department of Families, Fairness and Housing, 2024; South Australian Department of Child Protection, 2024).*

Despite numbers of children in residential care varying across the country, most jurisdictions have undergone scrutiny over non-family based care systems in recent years due to reports of abuse, neglect and inadequate care. Key concerns have included understaffing, poor training, overuse of restraints, cultural insensitivity and systemic underfunding, leading to calls for stronger oversight, increased funding and trauma-informed, person-centered care reforms. A range of reviews and inquiries have been undertaken across the nation including, but not limited to the Child Advocate's *Special Inquiry into Children and Young People in Alternative Care Arrangements* in New South Wales, the *Care not Custody* report in Victoria and the Commissoner for Children and Young People's *Child Rights Progress Report on Child Protection* in South Australia.

[53] Office of the Children's Guardian. (2024). *Key Statistics – Residential Care Workers Register.* New South Wales Government.

Minimum Qualifications

Across all jurisdictions, there are minimum qualifications residential care workers must obtain. As previously discussed, most jurisdictions including Queensland, set minimum qualifications as enrollment in a relevant Certificate IV, with the exception of New South Wales that stipulates through contracts with providers that staff must be working toward a Diploma level qualification. Some jurisdictions, such as Victoria, require workers to have completed at least part of the minimum qualification prior to commencing direct and unsupervised care of children and young people. While minimum qualifications are similar across jurisdictions, the delivery and support in obtaining them tends to vary based on the jurisdiction and the service provider workers are employed through. This will require further consideration in the Queensland context as the policy positions of the DFSDSCS are confirmed.

Residential care models and approaches

Based on publicly available information, no jurisdiction appears to mandate providers to adhere to a specific model of care. This is similar in Queensland with varying responses from providers when asked about their models of care, with some articulating a therapeutic framework, rostering models or practice frameworks. For all providers there is an emphasis on delivering therapeutic care, however, similar to Queensland, the expectations and delivery approaches vary between states.

Victoria has a strong emphasis on therapeutic care for young people in residential settings. The Victorian government contracts a small number of NGOs to deliver therapeutic residential care models and services, particularly for young people that have experienced trauma. Interestingly, training approaches in Victoria are centralised, with the Centre for Excellence in Child and Family Welfare's Residential Care Learning and Development Strategy providing fully funded training to Victorian and Tasmanian residential care workers.[54] It is noted that geographical differences between states and territories make direct comparisons difficult.

In New South Wales, the system prioritises permanency planning, seeking to transition young people into stable, long-term arrangements like family restoration or guardianship. The system has, however, recently faced scrutiny regarding excessive use of alternate care arrangements such as hotels and caravan parks.[55] Similarly, South Australia has faced challenges with high numbers of children in emergency placements and is increasing its focus on therapeutic support to improve placement stability. South Australia is also investing resources into making contracting, licensing and ongoing service provision requirements more transparent in their OOHC sector.[56]

The geographical size of Western Australia, similar to Queensland, provides an additional layer of complexity to the provision of residential care services. To help maintain the consistency of care provided, Therapeutic Residential Care facilities run by the Department of Communities use the Sanctuary Model.[57]

In the Northern Territory, where there is a high proportion of First Nations young people in care, a strong focus on partnerships with Aboriginal and Torres Strait Islander Community Controlled Organsiations (ATSICCO's) exists to provide community-based, culturally connected solutions.[58]

Reflective of the smaller population and geographical size of both the Australian Capital Territory and Tasmania, there are fewer young people in OOHC. Similar to other jurisdictions, family-based placements are prioritised, with residential care reserved for young people needing intensive therapeutic, individualised and/or disability support.

Across the nation, key trends include a focus on cultural safety, particularly for First Nations children and young people, a shift toward therapeutic care models and an increasing role of NGOs in delivering these services. Challenges shared nationwide include the overrepresentation of First Nations children and young people in care, staff shortages and difficulty addressing the needs of children and young people with complex trauma.

[54] The Centre for Excellence in Child and Family Welfare. (2022). *Residential Care Learning & Development Strategy.*

[55] Communities and Justice. (2024). *Residential Care Placements.* NSW Government.

[56] Department for Child Protection. (2023). *Residential Care.* Government of South Australia.

[57] Department of Communities. (2021). *Child Protection Activity Performance Information.* Government of Western Australia.

[58] Territory Families. (2019). Transforming Out-of-Home Care in the Northern Territory. Northern Territory Government.

By creating a much broader picture of residential care, we do not mean to undermine global de-institutionalisation efforts or the building of preventative services, but to refocus efforts on reinventing and improving residential care and developing concepts and models that address its diverse goals and functions.

Whittaker et.al (2022

5.7.2 International jurisdictions

Revitalising Residential Care for Children and Youth: Cross-National Trends and Challenges (2022), by Whittaker et. al. reviewed 16 nations with developed welfare and social service systems to assess and compare their use and delivery of residential care. This study provides a comprehensive analysis and comparison of residential care across these international jurisdictions. The review also draws on studies conducted in different nations and is unique to the existing literature base for residential care, primarily focusing on how and why different types and approaches to care are implemented. One of the key findings from the study conducted by Whittaker et. al. is that the utilisation and perception of residential care varies across international jurisdictions.

The review found that countries that saw residential care as a viable placement option for children and young people in OOHC recorded higher service delivery outcomes.[59] While this attitude shift did see increased utilisation rates, it also drove higher qualification standards for staff, more ongoing training, consistent supervision and better staff support, which aided the improvement of the quality of care provided.

**It is noted that in Australia there are minimum qualifications standards, however the Revitalising Residential Care study recorded Australia as requiring no minimum qualifications as most states do not require completed qualifications. Note - A country's utilisation of residential care was determined by calculating what percentage of children and young people in OOHC in that country live in residential care.*

Level of training/education	Country	Utilisation of residential care
No minimum qualifications*	US, Canada and Australia	Low (below 20%)
No minimum qualification but on the job training to achieve vocational certification	England and Scotland	
High school level	Israel, Argentina and Portugal	High (above 60%)
Vocational training (several years to complete prior to starting)	Netherlands and Germany	Medium (between 20-60%)
University education	Denmark and Finland (at least half of the workforce must have a Bachelor's degree in social pedagogy or social services)	
University level with specific social education qualification	France, Spain and Italy	

Countries that fell in the medium level of residential care utilisation recorded better long-term outcomes for children and young people than countries with low or high levels of utilisation. This was attributed to the flow-on effects in funding, workforce training standards and staff support levels associated with the view that residential care was not a placement of last resort in these countries.[60]

Studies conducted in international jurisdictions consistently found that effective residential care often includes integrated services that combine care, education and therapeutic interventions. This highlights that multidisciplinary teams that include social workers, psychologists, educators and medical professionals are essential to the holistic care of children and young people in residential care. Many successful programs of care evaluated incorporated therapeutic elements in their models that addressed the psychological and emotional needs of children and young people, including trauma-informed care. Additionally, it was found that fostering family connections and involving families in the care process, where appropriate, resulted in better long-term outcomes for children and young people.

Child-centred approaches that respect the rights and voices of children, with personalised care plans tailored to individual needs and strengths, were consistent across delivery models with successful outcomes. Research also highlighted that establishing clear quality standards and transparent, regular and consistent monitoring helps to strengthen the quality of care and drive continuous improvement. Access to comprehensive and ongoing training programs, professional

[59] Whittaker, J. K., Holmes, L., Fernandez del Valle, J., & James, S. (Eds.). (2023). *Revitalizing residential care for children and youth: cross-national trends and challenges*. Oxford University Press.

[60] Whittaker, J. K., Holmes, L., Fernandez del Valle, J., & James, S. (Eds.). (2023). *Revitalizing residential care for children and youth: cross-national trends and challenges.* Oxford University Press.

The UK government has recently committed to the biggest overhaul of children's social care in a generation. One of their key reforms is to tackle profiteering in children's homes. Spending has increased to 7 billion pounds – up from 3.1 billion pounds 09/10.

development, supervision and a high level of support for staff were also found to enhance the quality of care.

Attitudes towards staff training and support are directly linked to the cultural view of residential care in each country. For example, countries with medium utilisation, such as Germany, have a more positive approach to the use of residential care, which is both driven by - and contributes to - the improved training requirements and support systems for staff. These attitudes and practices have resulted in better outcomes for children and young people in residential care in these countries. The research also found that programs that systematically measure outcomes and use data to inform practice tend to achieve better results. The measurement of outcomes was found to help understand the impact of interventions and improve service delivery and relevant policy accordingly.

Research on residential care delivery models across the globe reveals several key themes that highlight various approaches, challenges and best practices in providing care for children and young people in OOHC. These themes are critical for understanding the complexities of residential care and informing improvements in delivery. While not all delivery models and types of care employed in international jurisdictions align with the existing policies and legislations that govern Queensland residential care, it is important to understand and learn from the themes that emerge in international research, policy and practice.

Consistent themes highlight that children and young people value being cared for by safe, stable and trustworthy staff, and that effective case management systems and intentional practice frameworks can aid consistency and transparency of care. Many articles also highlighted the importance of trauma-informed care, identifying that some key factors that were instrumental in implementing this across initiatives is senior leadership commitment, sufficient staff support, amplifying the voices of children and young people, aligning policy and programming with trauma-informed principles and using data to help motivate change.

Eight themes that support effective residential care were consistently identified across international models, including:

- **Trauma-informed care:** One of the predominant themes is the adoption of trauma-informed care models. Recognising that many young people in residential care have experienced significant trauma, these models prioritise creating safe and supportive environments. Care providers are trained to understand and respond to trauma, helping young people to heal and build resilience. This approach is widely seen in countries like the United States and Canada.
- **Family engagement and reunification:** Research underscores the importance of involving families in the care process, with many models focusing on family engagement and reunification when possible. Programs in Scandinavian countries, such as Sweden and Norway, emphasise maintaining family connections and providing support to families to facilitate reunification. This theme reflects a broader shift toward viewing residential care as a temporary solution and prioritising long-term family-based care.
- **Culturally sensitive care:** Delivering culturally sensitive care is another significant theme, particularly relevant in multicultural societies and for indigenous populations. Models in New Zealand, for example, incorporate Māori cultural practices to support indigenous youth. Similarly, Canada has initiatives tailored for First Nations, Inuit, and Métis children, emphasising culturally appropriate practices that respect and integrate cultural identity into the care process.
- **Individualised and holistic care:** Individualised care plans that address the holistic needs of each young person are central to effective residential care. This theme is evident in models from the United Kingdom and the Netherlands, where care plans are tailored to the specific needs, strengths and goals of each youth. Holistic approaches often include educational support, mental health services, life skills training and recreational activities.
- **Interdisciplinary collaboration:** Effective residential care models frequently involve interdisciplinary collaboration among social workers, psychologists, educators and healthcare professionals. This collaborative approach ensures that all aspects of a young person's wellbeing are addressed. Countries like Germany and Denmark emphasise multi-disciplinary teams working together to provide comprehensive care.

- **Quality standards and accountability:** Establishing and maintaining high-quality standards is a recurring theme. Research highlights the need for robust regulatory frameworks and accountability mechanisms to ensure the safety and quality of care. The United Kingdom's regulatory body, Ofsted, provide examples of rigorous standards and oversight that help maintain high care quality.
- **Use of evidence-based practices:** The integration of evidence-based practices is crucial for effective care delivery. Models in the United States and the Netherlands often utilise practices and interventions that are supported by research evidence, ensuring that care strategies are effective and outcomes are measurable. This theme emphasises the importance of ongoing research and adaptation of new findings into care practices.
- **Support for transitioning to independence:** Preparing young people for independent living is another key theme, particularly for those aging out of care. Successful models provide transitional support, including housing assistance, vocational training and mentorship programs. The United States' *Fostering Connections to Success and Increasing Adoptions Act* includes provisions for extended support up to age 21, reflecting this focus on gradual and supported transitions to independence.

Several key challenges are faced by the sector nationally and internationally, including the need to address complex trauma, ensure cultural safety and support youth transitioning to adulthood. Learnings from international residential care systems highlight the importance of delivering trauma-informed care that adheres to transparent standards. It was noted that countries with better staff training, development, supervision and support, saw improved outcomes for staff and young people. The more positive perception of residential care in these countries is reflected in the medium utilisation of residential care for OOHC placements and higher investment in staff support and development. This investment and perception shift aids improved outcomes for children in care and perpetuates the approach that residential care is a viable placement option.

The use of residential care in Queensland continues to grow towards medium utilisation levels. Research from international jurisdictions demonstrates that higher utilisation is not always associated with poorer outcomes for young people in care. However, when a system is utilising residential care it is important the workforce employed to provide care is valued, well trained and continuously supported. This requires intentional investment in resources and is unlikely to result from service provisions not meeting growing placement demands, as has been seen in Queensland.

6

Obligations and responsibilities to children and young people in residential care

Summary

It is essential the residential care workforce understand the legislative and policy framework within Queensland's OOHC system. This framework establishes the legal, ethical and moral responsibilities that guide practice, and supports the workforce to deliver care safely, respectfully and in accordance with children and young peoples' needs and rights. It outlines the standards for protecting and promoting the wellbeing of children and young people, while setting clear expectations for accountability and compliance. Being well-versed in regulations, policies and strategies enables residential care workers to navigate complex situations, advocate effectively for the best interests of children and young people in care, and contribute to delivering a high-quality care environment. This knowledge also assists in safeguarding against breaches in legal or ethical obligations, which supports in fostering trust and positive outcomes for children and young people.

The Queensland legislative and policy framework aligns with the contemporary evidence base for how practice should be implemented to provide a high standard of care. The intent of the framework speaks to embedding practice approaches focused on providing safe, secure, stable and supportive environments, prioritising wellbeing and providing family-like care environments, promoting participation in decision-making, valuing the voices of children and young people, and providing and promoting culturally appropriate care and connection to culture and heritage.

We heard that this aligns to what is important to children and young people, families and service providers, with genuine caring relationships being fundamental in delivering positive outcomes and enhancing quality of life. However, while this framework has been designed to provide the authorising environment to deliver care in this way, we heard there is often a disconnect between how the framework and needs of children and young people are being understood and then applied in practice. Increasing demand, workforce recruitment and development and retention challenges also impact the capacity to develop and maintain consistent connections and relationships.

Based on this, an opportunity exists to review how the legislative and policy framework intent and expectations are communicated to the workforce. Particularly, how quality relationships are defined and expected to move beyond traditional concepts (e.g. focus on basic and physical safety needs) and toward a culture where the provision of care is delivered within the context of creating caring relationships and environments founded in compassion, empathy, trust and respect. It's an opportunity to better consider ways for the workforce to participate in ongoing education, training and support to equip them with the confidence and capability to foster these relationships and genuinely engage children and young people in decision-making around their care.

Young people with lived experience of the residential care system and parents hold a unique place in systemic reviews. [61] Incorporating their perspectives provides important insights into the realities of residential care and can support the reform of practices and systems to be more responsive, inclusive, compassionate and effective.

[61] Family Inclusion Network. (2023). *Input from Parents – Queensland Residential Care System Review.* Brisbane: Family Inclusion Network.

6.1 Government and service provider responsibilities

All children and young people have the right to be and feel safe, be cared for, and have access to services, support and opportunities that will help them thrive and reach their full potential. For children and young people in residential care, and OOHC more broadly, there are numerous policies, frameworks and legislative requirements at international, Commonwealth and state and territory levels that govern the ethical, moral and legal obligations of governments and service providers to provide a high standard of care that meets the rights and needs of children and young people in OOHC.

In Queensland these include (see Appendix 8 for detailed summaries):

- **International level -** United Nations Convention on the Rights of the Child (UNCRC), United Nations Rights of Persons with Disabilities (UNRPD), United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and United Nations Guidelines for the Alternative Care of Children.
- **National level -** National Standards for Out-of-Home Care and the National Principles for Child Safe Organisations.
- **Queensland level –** *Child Protection Act 1999*, the *Human Rights Act 2019*, Child Safety Practice Manual (CSPM), Human Services Quality Framework (HSQF) and the Queensland Care Services Outcomes Framework.

It is within the confines and scaffolding of these frameworks and legislative requirements that the residential workforce must operate. The workforce requires not only a contemporary working understanding of the intent, expectations and requirements of these frameworks, but also the capability and support to effectively apply it to practice in diverse, complex and ever-changing environments.

These policy and legislative landscapes highlight a shared focus on child safety and wellbeing, human rights and dignity, quality of care and service provision and inclusion. They share several common themes and objectives, including the prevention of harm to children and young people, human rights advocacy, quality assurance, cultural respect, empowerment and participation and accountability and transparency. Additionally, for children and young people they articulate a strong commitment to:

- Providing safe, secure, stable and supportive environments
- Prioritising wellbeing and providing family-like care environments
- Protection against discrimination
- Promoting participation in decision-making
- Recognising children and young peoples' agency and voice
- Providing equitable access to resources and opportunities
- Providing and promoting culturally appropriate care and connection to culture and heritage.

Overall, these frameworks are unified in their pursuit of a safe, supportive and rights -respecting environment for children and young people, and aim to protect vulnerable individuals, promote social justice, and enhance the quality of life for children and families in Queensland and beyond.

6.1.1 Understanding children and young people's experience in residential care

As highlighted, the OOHC legislative and policy landscape has intended to create a system that enables children and young people to experience safe, stable and supportive environments. Under this system, their voices and participation should be respected, valued and embedded into decision-making, affording them the opportunities required to thrive and reach their full potential.

Therapeutic residential care approaches and models have been introduced to help achieve these objectives and facilitate positive, safe and healing relationships. However, recent system reviews demonstrate that not all children and young people experience OOHC in the way the system intends.

Children and young people with positive experiences in OOHC have consistently expressed that this is largely a result of the quality of relationships and connections they were able to form and maintain in care.[62] This includes relationships and connections with other children and young people, their carers and/or youth workers, the community and in some cases their family. *Supporting Children and Families to Flourish* published by James Martin Institute for Public Policy (2024) also stresses the importance of relationships for a child and family support system.[63] Findings from this report demonstrate that positive relationships are not only critical for healthy childhood development and learning, but are also a crucial protective factor to negative experiences, which may otherwise create relational trauma.

"In the resi it feels more like you're in a prison than a home, you have to ask them to go anywhere, even to go outside."

Young Person

"Having staff that have become carers for the reason of trying to change kids' lives and give them a good day-to-day life instead of being in it for the extra money or reasons to benefit themselves. It makes a massive difference when the staff actually care about the kids they are looking after and want to make a difference in their lives."

Young Person

A 2020 study, based on interviews with 715 children and young people aged 8-21 years in residential care in North America between 2010 and 2018, explored the impact of adult-child relationships on young peoples' feelings of safety.[64] The findings highlight the critical role of safety and relationships in residential care, emphasising that both physical and psychological safety are fundamental to recovery, development and growth. For children and young people in residential care, a sense of safety is strongly linked to supportive and high-quality relationships with direct care staff. Approximately one-third of children and young people in care included in the dataset reported not feeling safe, which inhibited their ability to recover and benefit from therapeutic interventions. The study also found that young people who perceive their relationships with staff as positive and supportive are more likely to report feeling safe.[65]

However, a significant gap exists between staff perceptions and children's actual experiences of safety. This challenge has also been identified in an Australian context, with the Royal Commission into Institutional Responses to Child Sexual Abuse being the catalyst for extensive research and understanding of children and young peoples' perception and experiences of safety.[66]

The research base, both nationally and internationally, clearly emphasises the need for staff to be better supported to be proactive, caring and tenacious in building genuine and trusting relationships with children and young people as this will improve their sense of safety and overall experience in care.

CREATE Foundation (CREATE), the national body for children and young people with experience in OOHC, echoed the importance of quality, trusting relationships and participation for children and young people in residential care. CREATE's submission to the 2023 Review of Residential Care highlighted concerns from CREATE's Youth Advisory Groups about some residential care workers not having adequate training, resources or time to build quality relationships or respond in a

[62] Advocate for Children & Young People. (2021). *The Voices of Children and Young People in Out-of-Home Care.* New South Wales Office of the Advocate for Children & Young People.

[63] James Martin Institute for Public Policy. (2024). *Supporting children and families to flourish.* James Martin Institute for Public Policy

[64] Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child Feelings of Safety in Residential Care: The Supporting Role of Adult-Child Relationships. *Residential Treatment For Children & Youth,* 37(2), 136–155. https://doi.org/10.1080/0886571X.2020.1712576

[65] Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child Feelings of Safety in Residential Care: The Supporting Role of Adult-Child Relationships. *Residential Treatment For Children & Youth,* 37(2), 136–155. https://doi.org/10.1080/0886571X.2020.1712576

[66] Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report.*

"Why should we be your guinea pigs – you should be trained to support us, not learn on us."

Young Person

timely manner to the unique needs of each young person in their care.[67] These young people spoke about how meaningful it was when they had workers who cared about them, listened and took the time to engage in activities and get to know them. They emphasised that an effective worker should demonstrate care, take initiative, persist in building relationships and be consistently available. It was highlighted that young peoples' needs for relationships vary, with some desiring more frequent contact than others.

CREATE advocated for every young person in residential care to have at least one trusted adult who knows them well, whether a carer or mentor. This individual should be someone they can rely on and reach out to, particularly to discuss concerns about safety, incidents and health. Importantly, young peoples' input in choosing this person is essential to building relationships that meets their needs.

Additionally, the CREATE Out-of-Home Care in Australia: children and young people's views after five years of national standards report (2018) highlights key elements that support positive outcomes and experiences for children and young people in OOHC.[68] Consultation with more than 5,000 young people found that a stable and supportive environment where they feel safe, valued and respected is essential. The report emphasised that strong, trusting relationships with carers or workers are crucial to a 'good placement', particularly when carers demonstrate genuine care, reliability and commitment to understanding the young person's individual needs. Young people also expressed that consistency in care, the ability to have a say in decisions affecting their lives, and a sense of belonging also contribute to positive placement experiences. Furthermore, young people reported that access to education, activities and opportunities for personal growth, as well as culturally appropriate care for First Nations children and young people, were significant factors that contributed to positive experiences in care. In addition, young people emphasised the value of being listened to and having their perspectives considered in shaping their OOHC experience. Key findings from the report highlighted that young people in foster and kinship care often had a more stable and supportive experience, when measured against the national standards, than those in residential care.

The 2023 My Life in Care Survey[69] has been another critical mechanism to help understand the experiences of children and young people in OOHC in Queensland. This survey was split into two separate sections, one for young people aged 10–18 years and the other for children aged 5–9 years in the guardianship of the Chief Executive or on long-term orders where their guardian consented to them completing the survey. The results helped to deepen the understanding of - and provide insights into - the lives of children and young people in the Queensland child protection system on long-term orders. However, specific insights pertaining to the experiences of young people in residential care is limited as only 24% of respondents were placed in residential care at the time of the survey.

Many respondents reported feeling relaxed, safe and happy at the time they completed the survey. They also reported feeling at home in their placement and having people care about them. Additionally, most of the children and young people who completed the survey indicated they had someone in their life they trusted and someone who they felt loved and cared for them. The survey also highlighted children and young peoples' perception and experiences of being included in decision-making processes. From the children and young people who responded, over half reported they felt included in decisions about where they live. They also reported feeling included in decisions regarding family contact, healthcare and schooling arrangements.

The Queensland Family and Child Commission's (QFCC's) *I was raised by a checklist* report[70] also highlighted similar views from children and young people about the importance of quality relationships. Young people clearly expressed that this can make or break their experience in residential care. They emphasised that workers showing genuine care and taking the time to work with them to understand their experiences, needs and behaviours, and to guide decisions about their care was fundamental to the development of positive relationships.

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[67] *Submission for the Queensland Review of Residential Care About CREATE Foundation.* (2023). https://create.org.au/wp-content/uploads/2023/10/Residential-Care-Review-Submission-updated-CREATE-Foundation-final.pdf

[68] McDowall, J. (2018). *Out-Of-Home Care In Australia: Children And Young People's Views After Five Years Of National Standards.* CREATE Foundation. https://create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Report.pdf

[69] Department of Child Safety, Seniors and Disability Services. (2023). *My Life in Care Survey Results 2023.* Queensland Government. https://www.dcssds.qld.gov.au/campaign/my-life-in-care-survey/_media/documents/my-life-in-care-survey-2023-report.pdf

[70] Queensland Family & Child Commission. (2023). *"I was raised by a checklist".* Queensland Government.

The experiences and views of children and young people in care are comparable across other jurisdictions in Australia. For example, the recent report by the New South Wales Office of the Advocate for Children and Young People's (ACYP) T*he Voices of Children and Young People in Out-of-Home Care 2021* report [71] found that an overwhelming majority of children and young people reported negative experiences within residential care.

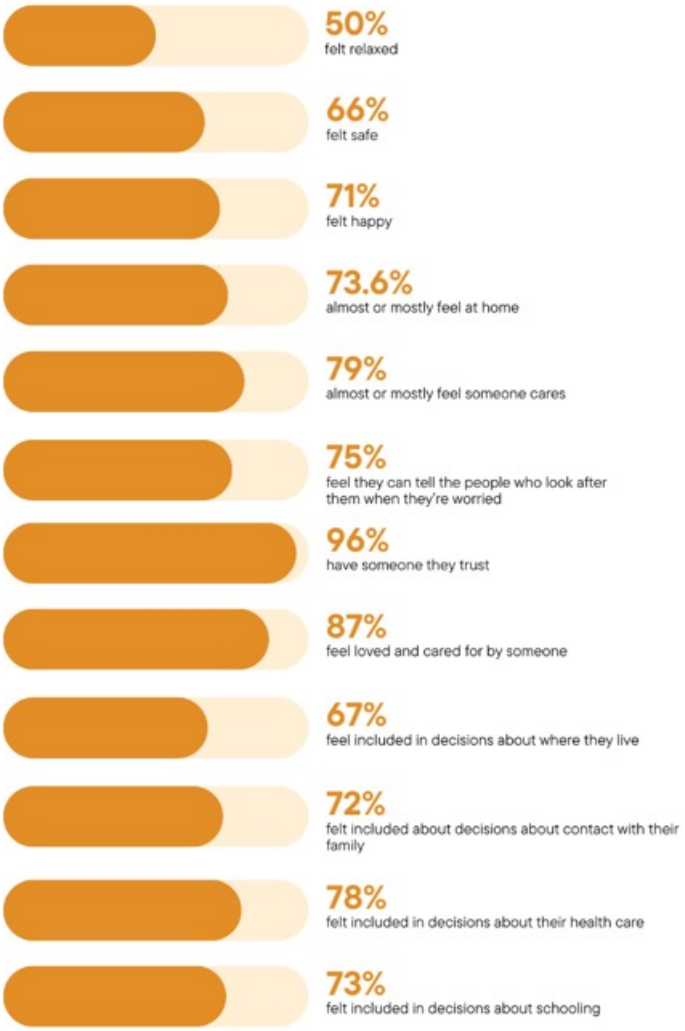


Figure 14. *Snapshot of Results from the My Life in Care Survey (Source: Department of Child Safety, Seniors and Disability Services, 2023)*

When discussing being involved in decision-making, children and young people have said:

"[it] just makes you feel like you're an actual human"**, in contrast, other young people said that "**some of us kids just feel like we're treated like a number … we need to start being treated better and our voices need to start being heard a lot more than what they are"** while another said "**I've been asked. I don't think I've been heard like 95% of the time"

Advocate for Children and Young Peoples, 2021.

Several key issues were raised, including feeling unsafe due to other young people in the home or inappropriate workers, a lack of privacy, unfair rules and procedures and a lack of support, especially in relation to mental health and the transition to independent living. The report also found that children and young peoples' involvement in decision-making had a significant impact on their experience in care and whether or not they felt valued and heard as an individual. A consistent theme reported was children and young people feeling they lacked autonomy over their lives while in OOHC, especially in the residential care setting. Some children and young people drew similarities between prisons and residential care homes, where everything, including food, is locked away, under 24/7 video surveillance and workers having unrestricted access to their rooms.

At a national level, the difference in how young people experience residential care, compared to family-based care, was highlighted by CREATE's 2013 National Survey[72] that found young people in residential care were more likely to report negative experiences of care when compared to other placement types. The findings illustrate that the stability and reported happiness experienced in residential care placements is significantly less than other placement types, as shown in Figure 15 and 16 respectively. This supports anecdotal evidence that children and young peoples' experience

[71] Advocate for Children & Young People. (2021). *The Voices of Children and Young People in Out-of-Home Care*. New South Wales Office of the Advocate for Children & Young People.

[72] Mcdowall, J. (2018). *Out-Of-Home Care In Australia: Children And Young People's Views After Five Years Of National Standards.* CREATE Foundation.

of safety and stability is not as positive in residential care when compared to other placement types, which is important to consider when interpreting results from the My Life in Care Survey above. It should be noted that although the survey was conducted in 2013, it appears to be the most recent publicly available dataset that interrogates responses based on placement type, providing important insights into how the experiences of young people in residential care differs from those in foster and kinship care placements.

Figure 15. *Mean placement stability score for each placement type (Source: McDowell, 2018)*

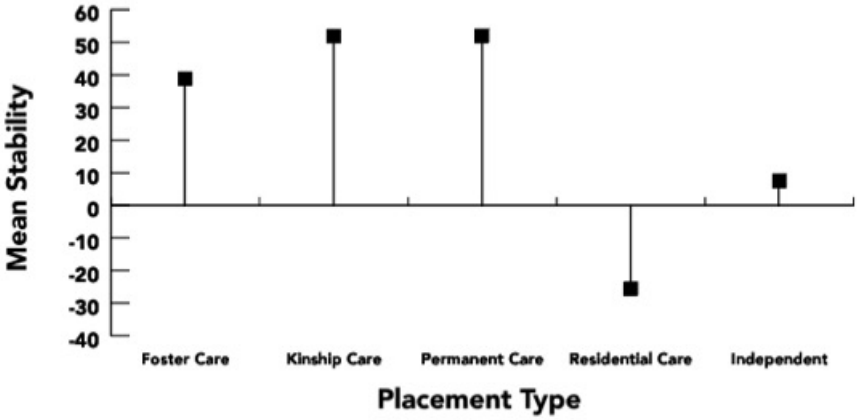
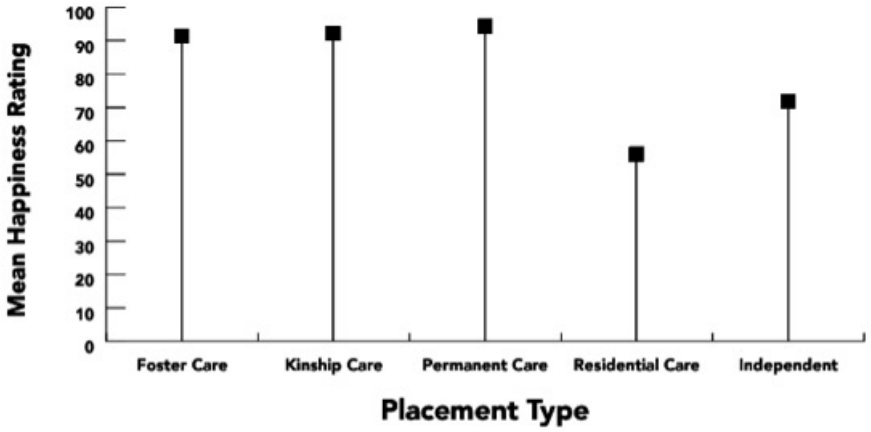


Figure 16. *Mean rating of happiness with current placement by respondents in the five placement types (Source: McDowell, 2018)*



"No one helped me with financial support or transitioning to an adult – [the kids] expect this support from their carers and they have never been taught or prepared or supported to be an adult."

Young Person

The ACYP's report and CREATE's survey and reports highlight similar findings of the importance and positive impact of genuine participation in decision-making. The ACYP report found that children and young people said they felt safer and more supported when they were in a care environment where they were building life skills and involved in some level of decision-making, similar to a child who is not in OOHC. Both ACYP and CREATE's consultations have seen children and young people express that good involvement in decision-making makes them feel valued and empowered. Results of the CREATE survey also reiterate that feeling like they were being heard and valued in the decision-making process was important to young people and significantly impacted their experience in care. However, the average rating of how often young people felt listened to and involved in decision-making was lowest in residential care placements.

The establishment of genuine, trusting and empowering relationships have clearly been identified as essential in creating positive outcomes for children and young people in residential care and significantly impact the quality of the placement. Children and young people have continued to express that workers need more comprehensive support and guidance to effectively meet their needs and facilitate positive outcomes. They have shared several practical ideas for improvement, including better staff access to continuous training and development, providing feedback opportunities for young people to express their experiences and utilising buddy shifts to improve the relationship building not only at the commencement, but throughout the duration of their role. [73]

[73] Queensland Family & Child Commission. (2023). *"I was raised by a checklist".* Queensland Government.

"Workers need to be given the tools necessary to help them to understand the varied and complicated issues that kids in residential care have faced. I also feel that there needs to be much stricter processes for employing workers. It's a difficult job and when the government is only concerned with policies and procedures humanity doesn't seem to matter."

Parent

"24/7 carers that continually change would be so overwhelming for a child, particularly a young child, and the Department just expect them to cope."

Parent

"Parents, grandparents, other family and friends could all be a part of ongoing emotional and mental scaffolding surrounding a child in care, particularly resi care."

Parent

"Workers need to be given the tools necessary to help them to understand the varied and complicated issues that kids in residential care have faced."

Parent

6.1.2 Listening to the views of parents

The Family Inclusion Network (FIN) has, and continues to be, influential in supporting change and elevating the voices of parents lived experience of the OOHC system. FIN is a Southeast Queensland based network of parents and their allies working to improve the child protection and family support system. It brings together parents with lived (and living) experience, with government and non-government agencies, to work collaboratively on policies and issues that affect family experiences of the child protection system.

During the development of this report, PeakCare engaged with FIN to understand how parents' views can be captured accurately and respectfully in this process. Through consultation, it was determined by FIN and PeakCare that parent views and insights would be captured using the perspectives and stories already shared in other recent consultations. This included the October 2023[74] and February 2024[75] reports, where the views of parents were collated as part of the Residential Care System Review and Roadmap for Residential Care submissions.

The information provided identified that parents' views about the system and provision of care is still lacking, despite enormous strides forward in the past five years. This has had several negative impacts, including the system demonstrating a bias and value set that does not acknowledge parents and families as stakeholders in their children's lives.[76]

In FIN's submissions, parents shared a diverse range of perspectives across the residential care workforce.[77] This included concerns that the skills, training and experience of the workforce do not align with the challenges and demands of the roles and responsibilities workers undertake. Parents felt that the training and experience of workers were not adequate to deal with the level of complex issues that children and young people are facing.

Parents raised the importance of stability of care and concerns around practices for making sure appropriate staff are selected to care for their children. They shared concerns on how this is occurring, noting that it was common to see rotation of new staff through homes, and inadequate matching of workers to young people's needs.

Parents also stressed they wanted earlier and more proactive collaboration and involvement. They shared a desire to be more involved and included in communication with support care workers and other workers involved in the care of their child.

6.2 The importance of relational safety and the voices of children and young people

Queensland's legislative and policy landscape clearly articulates how residential care should be provided to children and young people. The intent of legislation, policies, strategies and frameworks also demonstrates close alignment with children and young peoples' rights to be and feel safe, be cared for, and have access to services, support and opportunities that will help them thrive and reach their full potential. However, the expressed perspectives of children and young people - and their parents – indicate a clear disconnect between the intent and expectations of care provision, and how children and young people experience residential care. Negative experiences continue to be closely linked to the lack of opportunities for children and young people to participate in decision-making, have their voices heard and valued and establish genuine caring relationships with workers.

The importance of children and young peoples' voices and the positive impacts this has on their relationships, safety and wellbeing outcomes is not a new concept. Significant focus on embedding this into practice was bought into view through the work of the Royal Commission into Institutional

[74] Family Inclusion Network. (2023). *Input from Parents – Queensland Residential Care System Review.* Brisbane: Family Inclusion Network.

[75] Family Inclusion Network. (2024). *Feedback from FIN Southeast Queensland – "A Roadmap for Residential Care in Queensland".* Brisbane: Family Inclusion Network.

[76] Family Inclusion Network. (2023). *Input from Parents – Queensland Residential Care System Review.* Brisbane: Family Inclusion Network.

[77] Family Inclusion Network. (2024). *Feedback from FIN Southeast Queensland – "A Roadmap for Residential Care in Queensland".* Brisbane: Family Inclusion Network.

Responses to Child Sexual Abuse.[78] However, based on what children and young people in residential care consistently report, the effective application of this practice continues to fall short and is having a detrimental impact on their experiences of relational safety.[79]

An opportunity exists to better consider ways for the workforce to participate in ongoing education, training and support to equip them with the confidence and capability to foster quality relationships and provide genuine opportunities for children and young people to participate in decision-making around their care. Building quality relationships will require moving beyond traditional care concepts (e.g. focus on basic and physical safety needs) and towards a culture where the provision of care is delivered within the context of creating environments founded in compassion, empathy, trust and respect.

RELATIONAL SAFETY

The Centre for Excellence in Therapeutic Care discusses the importance of relational safety, which refers to the sense of trust, respect, and emotional security that exists within a relationship, whether personal, professional, or social. It is a concept rooted in the idea that people feel safe when their interactions with others are characterised by understanding, empathy, and mutual care. Relational safety is essential for fostering open communication, collaboration, and healthy connections. Relational safety is a crucial aspect of providing effective care for children in residential settings. It refers to the creation of an environment where children feel emotionally secure, valued, and supported through trusting and consistent relationships with caregivers and staff.

Key Elements of Relational Safety can include:

- **Trust:** A belief that the other person will act in good faith and have your best interests at heart.
- **Respect:** Feeling valued, heard, and acknowledged without judgment or dismissiveness.
- **Boundaries:** Understanding and respecting personal, emotional, and professional limits.
- **Vulnerability:** Feeling safe enough to express emotions, thoughts, or concerns without fear of rejection, ridicule, or retaliation.
- **Empathy:** The ability to understand and validate the emotions and perspectives of others.
- **Predictability:** Knowing that interactions will be consistent and fair, reducing anxiety about unexpected behaviours or outcomes.

Centre for Excellence in Therapeutic Care, 2020

[78] Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report.*

[79] Mcdowall, J. (2018). *Out-Of-Home Care In Australia: Children And Young People's Views After Five Years Of National Standards.* CREATE Foundation.

7

Looking to the future

Summary

Insights garnered throughout consultation speak to the critical importance of developing the Workforce Strategy within the context of the current sector reform agenda. This will enable the sector to effectively adapt to change and achieve identified objectives, including the transition to ATSICCO's and the implementation of the Integrated Child Safe Organisations System.

It is likely the work currently underway will bring shifts in priorities, policies and operational practices. This too necessitates a well-designed and aligned Workforce Strategy that can meet the demands and objectives of reform. Moving forward with these factors top-of-mind will support the sector in responding to challenges and meeting demand, now and in the future, while enabling efficiency and sustainability in workforce planning.

In current national and statewide reforms, the workforce is a key factor. These reforms have several components, priorities and actions that will intersect with the Workforce Strategy (see Appendix 9 for further information on these strategies).

National	Queensland
Safe and Supported: The National Framework for Protecting Australia's Children 2021 - 2031	Queensland ATSICCO Workforce Strategy (currently under development)
Safe and Supported: First Action Plan 2023 – 2026	Good People, Good Jobs. Queensland Workforce Strategy 2022 - 2032
Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023 - 2026	Queensland Women's Strategy 2022 – 2027
Sector Strengthening Plan: Early Childhood Care and Development (2021)	Local Thriving Communities
National Agreement of Closing the Gap	Health Workforce Strategy to 2032
Australia's Disability Strategy 2021 – 2031	Early Childhood Workforce Strategy
Disability Sector Strengthening Plan (Priority 2 Closing the Gap)	Whole of Government Trauma Framework
Shaping Our Future (children's education and care workforce) 2022 – 2031	
National Plan to End Violence Against Women and Children 2022 – 2032	
National Strategy to Prevent and Respond to Child Sexual Abuse 2021 – 2030	
National Aboriginal and Torres Strait Islander Early Childhood Strategy	
National Mental Health Workforce Strategy 2022 – 2032	

7.1 Projected demand

To effectively and efficiently ensure the residential care workforce can meet the needs of children and young people, now and into the future, we must first gain a clear understanding of the current shortfalls and projected trends in service demand.

The number of children in OOHC in Queensland has steadily increased over time. Since 2019 we've seen a cumulative 24% increase from 9,647 young people in care in 2019, to 11,966 in 2024, which represents an average growth rate of 4.4% per annum. Residential care placements have grown at an even higher rate of 110% over the last five years, increasing from 951 children and young people in 2019, to 1,998 children and young people in 2024.[80] On average, the number of children and young people in residential care has increased by 16% annually between 2019 and 2024. If the number of children and young people in residential care continues to grow at a rate of 16% annually (based on the average growth rate of the last five years), approximately 4,200 children and young people are expected to be in care by 2029.

The DFSDSCS has previously published their commitment to halve the number of children and young people in residential care. This would equate to 7% of children in OOHC based on the 15% total number of children and young people in residential care at the time of commitment. It would also align the proportion of children and young people in residential care in Queensland with most other states and territories.[81]

Currently, children and young people in residential care constitute 17% of the total number of children and young people in OOHC in Queensland.[82] If the number of children and young people in OOHC continues to grow at an average rate of 4.4% per annum (as per the previous five years), this would mean the number of children in residential care would need to be reduced by approximately 21.8% each year from 2025 to 2027, to equate to 7% of the total OOHC population.

Figure 17 illustrates the projected growth in the number of children and young people in OOHC and residential care using the average annual growth rate recorded from 2019 to 2024. This is compared with the projected number of children and young people that would be in residential care if this number was equivalent to 7% of the projected OOHC population by 2027. The comparison of these two trajectories suggests that Queensland is unlikely to meet the target of only 7% of the OOHC population being placed in residential care, if the number of children in care continues to grow at the rate observed over the previous five years.

With initiatives such as family and kin finding, expanding the available foster care pool and the transition to ATSICCOs still underway, significantly decreasing the number of children and young people in residential care over the next two years is unlikely.

Workforce planning is required to prepare for realistic future demand and intentional strategies and frameworks, designed to support the workforce now and in the future, necessary. Future planning also needs to consider the growing diversity of ages and developmental stages, increases in behavioural complexities and disabilities, and the high percentage of First Nations children and young people in care.

The level of expected demand is not unique to the Queensland residential care workforce. A report commissioned by the Victorian Aboriginal Child and Community Agency highlights that services for children in OOHC throughout Victoria are expected to increase by 28% between 2024 and 2028.[83]

Increased service demand is expected to similarly impact the residential care and social services workforce. International jurisdictions are also calling for increases in workforce capacity to meet levels of demand. Recent research by the Local Government Association, highlights that 13,000 additional social workers in England are required to meet the complex and diverse needs of children and young people throughout the region over the next 10 years.[84]

[80] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

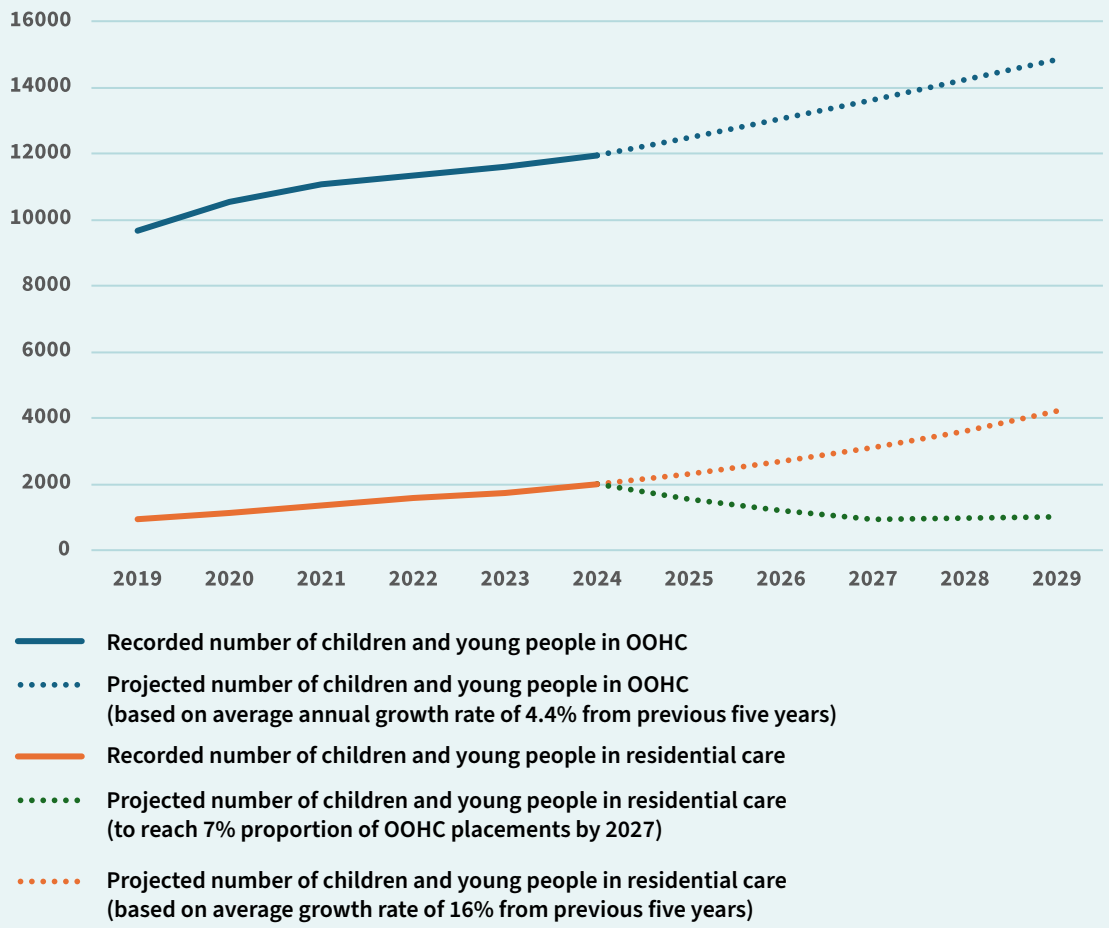
[81] Queensland Department of Child Safety, Seniors and Disability Services. (2024). A roadmap for reform: Stronger residential care system for children and young people in Queensland. https://www.dcssds.qld.gov.au/_media/documents/about-us/reviews-inquiries/residential-care-review/roadmap-residential-care-qld.pdf.

[82] Queensland Department of Families, Seniors, Disability Services and Child Safety (2025, January 7). This was confirmed via a data request, rather than being accessed on the Our Performance website.

[83] Social Ventures Australia. (2019). *Demand for services for Aboriginal and Torres Strait Islander people in Victoria.* https://aal.org.au/wp-content/uploads/AEC-SVA-Service-Demand-forecasting-report-FINAL.pdf.

[84] Local Government Association. (2024). Thousands more children's social workers needed over next 10 years: New LGA research. Local Government Association. https://www.local.gov.uk/about/news/thousands-more-childrens-social-workers-needed-over-next-10-years-new-lga-research.

Figure 17. *Projected number of children and young people in OOHC and residential care*



Reducing the number of children and young people in residential care is a long-term objective that requires emphasis on early intervention alongside increasing the capacity of other placement types such as kinship and foster care. While these services are important the role of – and demand for - residential care should not be overlooked. Developing the skills and capabilities of the residential care workforce now, and over the next five years, will be crucial in meeting future demand.

7.2 First Nations considerations

First Nations children and young people are disproportionately placed in residential care. The 2024 Family Matters Report highlights that Queensland has the second highest placement rate nationally.[85] Efforts to address this align with the National Agreement on Closing the Gap, target 12, which seeks to reduce the rate of over-representation of First Nations children and young people in OOHC by 45%.[86] However, data indicates that Queensland is regressing in achieving this outcome, with the number of First Nations children and young people in residential care growing at a higher rate than their non-First Nations counterparts.[87] With the ongoing impacts of colonisation still prevalent throughout First Nations communities, several community-controlled organisations have noted that residential care should not be a solution, or merely an option, for First Nations children and young people.[88] Instead, any form of placement should be trauma-informed, culturally sensitive and outcomes-focused. There is a strong view that outcome-focussed alternatives should be represented as a culturally appropriate alternative to residential care in Queensland.[89]

In Queensland, cultural support plans are designed to encourage children and young people in care to retain connection to their family, community and culture, regardless of their living arrangement.[90] However, data indicates the number of current cultural support plans for First Nations children and young people has declined by an average of 3% per annum over the past five years.[91] The Supporting Families Changing Futures strategy also found that two in three First Nations children and young people had not felt connected to culture, despite having a cultural support plan in place.[92]

NATIONAL AGREEMENT OF CLOSING THE GAP: SOCIO-ECONOMIC TARGET 12

Target: By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%.

Outcome: Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system.

Supporting indicators:

- Proportion of children in out-of-home care (0–17 years old) that are Aboriginal and Torres Strait Islander
- Measuring progress of the application of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP): Proportion of Aboriginal and Torres Strait Islander children in out-of-home care
- Rates of substantiation of a notification by type of abuse

(Productivity Commission: Closing the Gap Data Dashboard, 2024)

[85] SNAICC. (2024). *Family Matters Report 2024.* https://www.snaicc.org.au/wp-content/uploads/2024/11/241119-Family-Matters-Report-2024.pdf.

[86] National Indigenous Australians Agency. (2024). National Agreement on Closing the Gap: Targets. Australian Government. https://www.closingthegap.gov.au/national-agreement/targets.

[87] Productivity Commission. (2024). Outcome area 12: Reducing the overrepresentation of Aboriginal and Torres Strait Islander people in the criminal justice system. Closing the Gap Data Dashboard. https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area12.

[88] Queensland Aboriginal and Torres Strait Islander Child Protection Peak. (2023). Residential care review submission: Final 2023. https://www.qatsicpp.com.au/wp-content/uploads/2023/10/QATSICPP-Residential-Care-Review-Submission-FINAL-2023.pdf.

[89] Queensland Aboriginal and Torres Strait Islander Child Protection Peak. (2023). Residential care review submission: Final 2023. https://www.qatsicpp.com.au/wp-content/uploads/2023/10/QATSICPP-Residential-Care-Review-Submission-FINAL-2023.pdf.

[90] Queensland Government. (2019). Purpose of a cultural support plan. Child Safety Practice Manual. https://cspm.csyw.qld.gov.au/practice-kits/safe-care-and-connection/cultural-support-plans/seeing-and-understanding/purpose-of-a-cultural-support-plan.

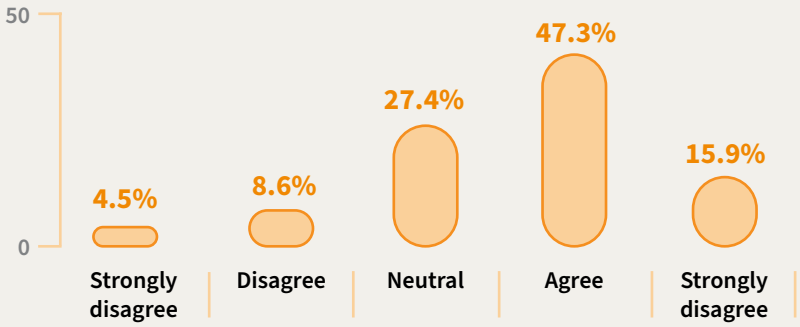
[91] Queensland Government. (2024). Plans that support Aboriginal and Torres Strait Islander children. Performance Reporting. https://performance.dcssds.qld.gov.au/meeting-the-needs-of-aboriginal-and-torres-strait-islander-children/working-with-aboriginal-and-torres-strait-islander-children-and-families/plans-that-support-aboriginal-and-torres-strait-islander-children.

[92] Queensland Government. (2019). Supporting families changing futures: Queensland child protection reform program. https://cabinet.qld.gov.au/documents/2019/Jul/SFCF/Attachments/Plan.PDF.

There is also national agreement that First Nations children and young people who cannot remain safely in their home, where possible, should be placed with kinship or First Nations carers to support their identity and connection to culture.[93] Queensland has actioned this through enshrining the Child Placement Principle in legislation to support culturally appropriate placements and safeguard connection to culture. It is acknowledged that placing First Nations children and young people in residential care does not align with the Child Placement Principle, however, where this occurs, there is a responsibility for service providers and workers to proactively support participation and connection. This includes embedding workforce practices that make sure children, young people and parents are involved in decision-making, and maintain connections to family, community, culture and country.

Given the importance of adequate cultural support, it is concerning that some residential care workers are indicating they lack the required skillset to provide support to First Nations children and young people. The Survey data highlighted that a significant portion of the workforce feel either neutral or not confident in their ability to support First Nations children and young people to preserve their cultural and linguistic identity. When asked what would make them feel more confident, respondents referenced more cultural competency training, opportunities to connect regularly with First Nations communities and Elders, more First Nations workers and improved cultural support plans.

Figure 18. *To what extent do you agree with the statement: "I feel confident supporting Aboriginal and Torres Strait Islander children and young people to preserve their cultural and linguistic identity? (Source: PeakCare Residential Care Workforce Survey 2024)*



Limited cultural competence in engaging with First Nations children and young people creates challenges throughout the workforce and indicates the need for capacity-building and the establishment of genuine partnerships with First Nations communities and peoples. Doing so would provide greater capacity to embed equity, respect and self-determination into the experiences of First Nations children and young people in residential care.[94]

WHAT WOULD MAKE YOU MORE CONFIDENT SUPPORTING ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUNG PEOPLE TO PRESERVE THEIR CULTURAL AND LINGUISTIC IDENTITY?

"Engaging in more cultural activities and learning circles and yarnings with Aboriginal and Torres Strait Islander people"

"Need more education around the culture or at least a refresher as I had done some Indigenous studies back at uni"

"Elders and those part of indigenous community embedded into the management and care of young people"

"More people employed that are indigenous"

"Cultural support plans, more information shared about culture from the department"

The PeakCare Residential Care Worker Survey, 2024

[93] SNAICC. (2024). *Child placement principle.* https://www.snaicc.org.au/our-work/child-and-family-wellbeing/child-placement-principle/.

[94] Bamblett, M., & Lewis, P. (2007). Detoxifying the child and family welfare system for Australian Indigenous peoples: Self-determination, rights and culture as the critical tools. First Peoples Child & Family Review, 3(3), 43–56. https://doi.org/10.7202/1069396ar.

Several barriers have contributed to the lack of cultural competence within the residential care workforce. Unlicensed service providers may be a contributing factor as they are not subject to the same training requirements as licensed service providers. Under unlicensed arrangements, service providers are not required to adhere to evidence-based standards of care within the HSQF, including comprehensive cultural competency training and regular assessments.[95] Unlicensed providers comprise a significant proportion of the residential care workforce and may be limited in their ability to demonstrate a strong level of cultural capability.

Additionally, as empirically evidenced by ATSICCOs, First Nations led decision-making is essential to recognising and responding to the diverse and complex needs of First Nations children and young people in residential care.[96] The lack of First Nations representation throughout decision-making creates several challenges, as it does not provide the residential care workforce with an accurate understanding of needs and prevents the effective implementation of culturally led models that are designed to respond to them.

A clear need exists to not only better support the broader residential care workforce to respond to the needs of First Nations children and young people in a trauma-informed and culturally competent manner, but also to build the First Nations workforce itself. Engagement made clear the need for strong partnerships and collaboration through First Nations led decision-making at all levels. However, given the overrepresentation of First Nations children and young people throughout residential care in Queensland, it is important to acknowledge the potential for cultural load to place additional pressures on the First Nations workforce and community.

Figure 19. *Factors impacting First Nations survey respondents to feel supported (Source: PeakCare Residential Care Workforce Survey 2024)*

CULTURAL LOAD

Diversity Council Australia defines cultural load as the additional workload borne by Aboriginal and Torres Strait Islander peoples throughout a workforce, where they make up a small proportion of the workforce population.

Diversity Council Australia. (2023). First Nations: Identity strain and cultural load at work

"We know it is important to support our young people, but we need to support our staff as well."

First Nations Service Provider

To mitigate the impact of cultural load, is it important to implement culturally lead and co-designed strategies that provide targeted supports to First Nations staff within the residential care setting. Holistic workforce strategies and policies should also explicitly address cultural load by recognising it as a significant workforce issue. This includes the provision of regular supervision with and between First Nations staff to identify and address emerging challenges.

Considerable work in this space, such as the transition of child protection services for First Nations children and young people to ATSICCOs, is already underway. Ensuring the Workforce Strategy complements and aligns with this work will be key. A collaborative and partnership-driven approach will also be central to supporting this transition and equipping the workforce to effectively support children and young people to grow up connected to culture, kin and country.

Additionally, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) is currently developing a workforce strategy designed to tackle the short-, medium-

[95] Queensland Government. (2024). Licensing process. Department of Child Safety, Seniors and Disability Services. https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-process.

[96] Queensland Aboriginal and Torres Strait Islander Child Protection Peak. (2023). Residential care review submission: Final 2023. https://www.qatsicpp.com.au/wp-content/uploads/2023/10/QATSICPP-Residential-Care-Review-Submission-FINAL-2023.pdf.

and longer-term steps needed to grow Queensland's skilled, appropriately credentialled and culturally led child and family services workforce. This has been informed by a workforce consultation report, which examined data and literature in detail to obtain a current understanding of the sector. The report also outlined outcomes of consultations and workshops across the ATSICCO sector – with each of QATSICPP's 38 members contributing – and details priorities for the development of the Queensland ATSICCO Workforce Strategy. Further consideration of the outcomes of this report and subsequent strategy will be considered in partnership with QATSICPP for the Workforce Strategy.

7.3 Integrated child safe organisations system (Queensland)

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) explored the devastating impacts of child sexual abuse in organisations and recommended a wide range of measures designed to keep children and young people safe. Recommendations included each state and territory government implementing Child Safe Standards (CSS) and establishing nationally consistent Reportable Conduct Schemes (RCS).

Queensland has responded to these recommendations establishing an integrated child safe organisations system comprising 10 Child Safe Standards (CSS), a Universal Principal and a RCS, overseen by the QFCC. The *Child Safe Organisations Act 2024* is the legislative framework enabling the newly established child safe organisations system, which will be implemented in phases over the coming years.

The introduction of the child safe organisations system will require in-scope institutions, including licensed and unlicensed residential care providers, to build child safe cultures where children are valued, heard and at the centre of everything they do. By 1 October 2025, providers will need to demonstrate how they have implemented the 10 CSS and Universal Principle for cultural safety for Aboriginal and Torres Strait Islander children and young people to:

- Better prevent abuse and harm
- Create safe spaces for children to participate and thrive
- Better respond to abuse if/when it happens
- Promote positive outcomes and avoid compounding trauma for people with lived experience.

Additionally, under the RCS, by 1 July 2026 providers will be required to investigate allegations of reportable conduct involving children, which includes sexual misconduct, significant neglect of a child or young person and physical violence, by their employees or volunteers. This supports safer environments for children through better enabling misconduct to be properly investigated and addressed and promoting a higher level of transparency and accountability.

Introduction of the child safe organisation systems will be a significant undertaking for many organisations. In recognition of this, the QFCC plans to engage with sector leaders and enablers to help support organisations in their preparation to implement the scheme. For more information on the implementation approach, please see https://www.qfcc.qld.gov.au/childsafe.

Other jurisdictions, such as New South Wales and Victoria, have introduced child safeguarding and reportable conduct schemes, which have informed Queensland's approach. In the recent PeakCare Sector Voices Roadshow, the implementation of the CSS and RCS was a key area of discussion. Concerns were identified by the sector regarding impacts the introduction, particularly of the RCS, will have on the workforce. The limited data available to understand the quantum of incidents in residential care which may require investigation, and the capability of organisations to undertake these investigations were raised in discussion. Whilst the schemes are only operational in five states and territories in Australia, data published on the notifications of reportable allegations, sees continued increase in reportable allegations, however many attribute this to education and awareness campaigns, and other higher profile incidents in the community (see Figure 20 for a summary of the implementation of the RCS across Australia).

ROYAL COMMISSION RECOMMENDATIONS

Recommendation 7.9
State and territory governments should establish nationally consistent legislative schemes (reportable conduct schemes), based on the approach adopted in New South Wales, which oblige heads of institutions to notify an oversight body of any reportable allegation, conduct or conviction involving any of the institution's employees.

Recommendation 6.4*
All institutions should uphold the rights of the child. Consistent with Article 3 of the United Nations Convention of the Rights of the Child, all institutions should act with the best interests of the child as the primary consideration. In order to achieve this, institutions should implement the Child Safe Standards identified by the Royal Commission.

***Recommendations 6.5 and 6.6 provides further detail on the standards.**

The 2024 Review of Victoria's RCS identified that since introducing the Scheme five years ago, staff, volunteers and contractors had increased their awareness of their obligations to keep children safe, and to report concerns. With an increased awareness and identification of RCS, the Commission for Children and Young People (CCYP) have continued to see higher levels of reporting over time.

Figure 20. *Australian states and territories are at various stages of implementing the Scheme.*

State / Territory	Reportable Conduct Scheme introduced	Notification of reportable allegations 2023-24	% change from previous year
New South Wales	Commenced in 1999	4,374	19%
Victoria	Commenced in 2017	1,892	30%
Australian Capital Territory	Commenced in 2017	202 (2022-23)	52%
Western Australia	Commenced in 2023	696	NA
Tasmania	Commenced in 2024	NA	NA
Queensland	Bill passed in 2024	NA	NA
South Australia	Not yet implemented	NA	NA
Northern Territory	Not yet implemented	NA	NA

The introduction of these schemes has been reported to have impacted the workforce in varying ways, including higher organisational administration requirements, and increased need for comprehensive safeguarding and reportable conduct professional development. Additionally, it was commonly identified that the RCS was often viewed as complex and requiring a more consistent and integrated approach across government and non-government agencies. This appears to have had unintended consequences on the workforce, including workers being reported for instances that do not reach the threshold for reportable conduct, lengthy investigations, as well as leaving the sector due to investigation processes.

Despite this, it has been acknowledged that the introduction of CSS and RCS has been a positive step towards enhancing safety and wellbeing outcomes for children and young people and has enabled more robust safeguarding practices and systems.

While further information regarding Queensland's implementation and support is still emerging, based on requirements outlined in the legislation and experience of other jurisdictions, it is likely providers will need to consider how they will:

- Review and develop child focused and prevention-based policies, procedures and systems across business areas. Organisations will need to demonstrate how they have adopted a proactive and comprehensive approach to safeguarding, ensuring that their policies, practices and cultures are inclusive and protective. Implementation of each of the 10 CSS will need to include application of the Universal Principle that promotes and upholds the right to cultural safety for Aboriginal and Torres Strait Islander children
- Provide professional development to staff, volunteers and contractors to uplift their safeguarding understanding and capability
- Provide information to children, young people, families and the broader community regarding the organisation's commitment and approach to child safeguarding
- Develop and embed systems and processes that adhere to RCS requirements
- Provide information and training for staff related to RCS requirements and processes to increase their understanding of what constitutes reportable conduct, their responsibilities, obligations and requirements and the reporting and investigation process.

In jurisdictions that have already implemented an RCS, the importance of connecting and streamlining this with existing reporting and investigation requirements was highlighted. This included consistency with HSQF, Standards of Care and allegations of harm reporting. Aligning these reporting requirements will decrease the risk of children and young people needing to unnecessarily share their experience multiple times to different people or agencies. It also reduces the organisational workload of conducting investigations through a streamlined process that meets all reporting requirements.

8

Conclusion

Improving outcomes for children and young people in residential care relies heavily on enhancing the capability of the workforce that supports them. A skilled, compassionate, and well-trained workforce is essential to provide the stability, security and tailored support that children and young people need to thrive. Investing in continuous professional development, fostering a culture of reflective practice, and prioritising emotional intelligence and trauma-informed approaches are critical steps in achieving this goal.

Moreover, collaboration between staff, service providers, and children and young people themselves can create a more inclusive and supportive environment that respects the voices and needs of those in care. With a workforce empowered by strong leadership, adequate resources, and evidence-based practices, residential care can transition from being a place of last resort to a transformative space where children and young people can build resilience, achieve their potential, and prepare for independent, fulfilling futures. Strengthening workforce capability is not merely an operational improvement — it is a profound commitment to the wellbeing and success of children and young people in residential care.

The below opportunities were identified during consultation for consideration by government, peak bodies and the sector. They respond to the insights that consistently emerged in both research and discussions with the sector, parents and young people.

While not an exhaustive list of required actions, these opportunities could be considered and acted upon while broader priorities and actions are being developed for the Workforce Strategy.

Opportunities

Develop a frontline residential care worker training and capability framework

Consistent training, professional development and ongoing education is needed to build the capability and confidence of the frontline workforce. An opportunity exists to explore and improve the way in which workers participate in these activities. The **development of a formal training and capability framework** would articulate a shared, sector-wide view of the skills, attributes and training required to support frontline workers in fostering quality relationships and providing genuine opportunities for children and young people to participate in their care.

Review supervision frameworks

Effective professional supervision is widely considered fundamental in supporting the capability and wellbeing of those working in residential care. However, it was consistently heard that the workforce did not have adequate access to supervision that meets their needs. **A review of supervision frameworks** by service providers could support alignment to the contemporary evidence base and HSQF requirements and support the consistent application of best practice approaches.

Trial targeted training approach or implementation framework for frontline residential care workers

Challenges around the recruitment, development and retention of frontline workers continue to impact the sector's ability to transform the delivery of residential care and improve workforce capability. Many workers attribute lack of support and training as reasons for leaving the sector. An opportunity exists to **trial targeted training approaches or frameworks** designed to improve retention rates and build worker capacity.

A trial could facilitate practical exploration of effective approaches and transition needs relating to a significant industry and organisational shift. It could also support the sector to test successful approaches utilised in other jurisdictions and services to ascertain their suitability and adaptability in a Queensland context. Additionally, it would enable an evidence-informed practice framework to be developed to support the transition to a new approach.

Review regional alignment of contracting and licencing

Growing demand for residential care has resulted in new service providers and an increase in service delivery across multiple regions. Service providers identified that approaches and requirements to contracting and licensing often vary across regions, creating confusion and inconsistent practices. **A review of regional alignment of contracting and licencing** would support shared understanding around practice requirements and facilitate better consistency.

Review the implementation of the SCHaDS Award in other jurisdictions

The sector continues to experience challenges in the consistent interpretation and application of the SCHaDS Award to funding arrangement and service delivery. However, interjurisdictional consultation indicated that comparatively, the transition experience in Queensland appears somewhat unique. Undertaking **a review of the implementation of the SCHaDS Award in other jurisdictions** would enable the identification of successful implementation strategies and their suitability in a Queensland context. As part of the review, an opportunity also exists for Fair Work Queensland and the DFSDSCS to support the sector in better understanding and interpreting the award (noting that the SCHaDS Award is a Commonwealth set award, with Queensland not having the authority to update/change conditions).

Audit providers to understand the implications of NDIS changes

The introduction of the NDIS has seen an increase in providers delivering child protection services. While this is appropriate, it became apparent during consultation that some NDIS service providers were not fully aware of their obligations under the Child Protection Act 1999. We also heard that NDIS providers have greater flexibility in pay and shift structures under the SCHaDS Award, which impacts the consistency of workforce conditions across the provision of residential care. **Undertaking an audit of current NDIS providers** would build better understanding around child protection service delivery in the NDIS context and assist in identifying the education and support needs service providers require to make sure their service provision aligns with the regulatory environment. Additionally, it would also support in identifying any impacts and implications resulting from the recent NDIS review.

Develop departmental communication strategy to improve transparency of current activities that are underway

The DFSDSCS is either aware of, or in the process of addressing many challenges raised during consultation. Discussion revealed, however, that the sector was often unaware of initiatives underway. **A departmental communication strategy** would improve transparency and awareness of current and planned initiatives. The more consistent and active utilisation of communication channels and partner organisations would also assist in supporting the sector remains well informed.

Develop shared resources on restrictive practice

Restrictive practices were consistently described as challenging and there appears to be inconsistent approaches and understanding across both departmental staff and the sector. **The development of shared resources on restrictive practice** would support service providers and departmental staff in adopting a consistent interpretation and application of the practice.

Review viability of a residential care worker register

The aim of a residential care worker register is to increase the safety, wellbeing and quality of care provided to children and young people in OOHC. Jurisdictions such as New South Wales have introduced this initiative as part of their response to concerns around safeguarding children and young people and enhancing accountability and oversight within the child protection system.

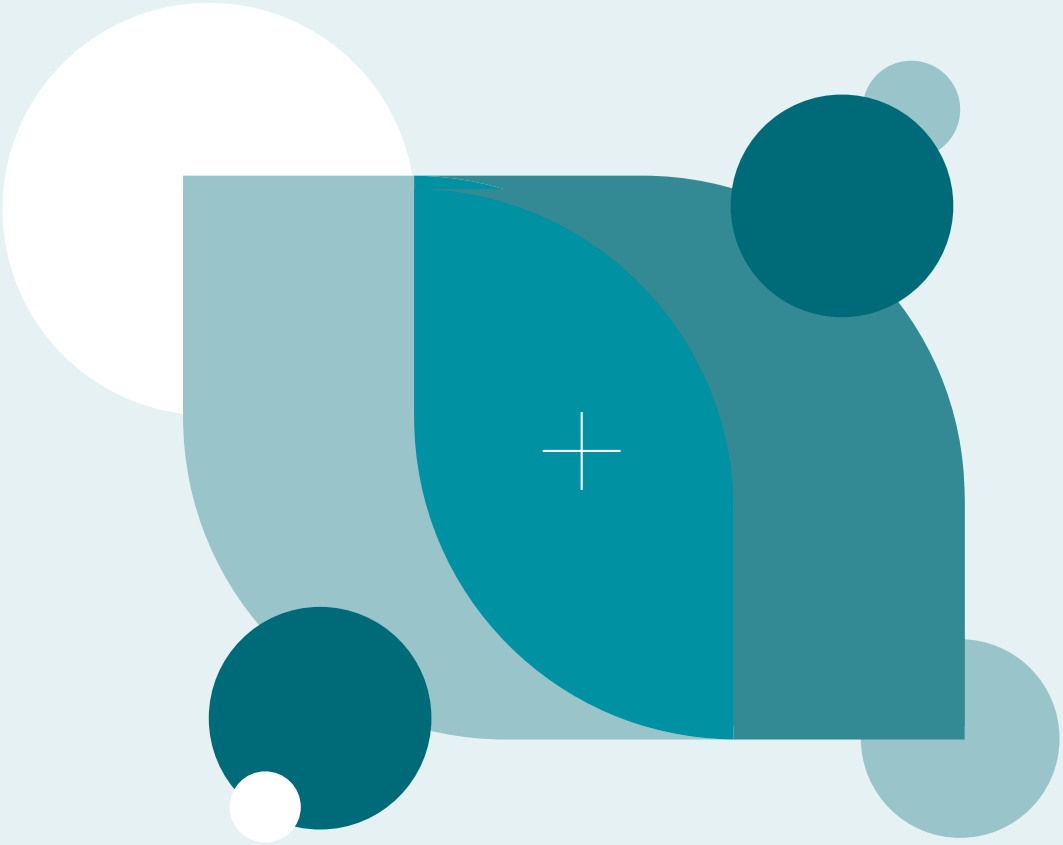
Queensland is currently in the process of significant reform designed to improve safeguarding and accountability practices, including the introduction of an Integrated Child Safe Organisations System led by the Queensland Family and Child Commission (QFCC). As part of this reform agenda, there is an opportunity for the QFCC to **review the viability of a residential care worker** register, or similar initiative to act as an oversight mechanism of the residential care workforce.

This would facilitate a clearer understanding of who is working in the sector and the service providers they work for, something that current processes and data sources are unable to provide.

Undertaking the outlined opportunities would assist in providing a greater level of practice, process and system transparency between government, service providers, the workforce and children and young people. They would also support the shaping of a more cohesive, consistent and contemporary approach to caring for children and young people in residential care.

9

Appendices



Appendix 1 – Stakeholders

Representation	Organisation
Residential care sector	1. Life Without Barriers 2. Southern Cross Care 3. YourTown 4. Mercy Family Services 5. ProCare Australia 6. Infinity Solutions 7. Lived Experience Representatives 8. Family Inclusion Network 9. Youth Lifestyle Options 10. New South Wales Child Advocate 11. Townsville Aboriginal and Islander Health Services 12. Key Assets 13. Youth Off the Streets 14. Edmen Community Staffing Solution 15. Allambi Care 16. Thrive House 17. Abilify Support Services 18. Fall Forward 19. Act for Kids 20. All Care 21. HumanAbility 22. MacKillop Family Services 23. Churches of Christ 24. Youth Lifestyle Options 25. New South Wales Child Advocate
Academic	1. Southern Cross University 2. Frameworks Institute 3. Catholic University Research 4. Centre for Excellence in Child and Family Welfare 5. TAFE Queensland 6. DaV'ange Group 7. Care Economy CRC 8. Cornell University
Peak Body/Advocacy	1. PeakCare Queensland 2. Australian Community Workers Association 3. Queensland Council of Social Services 4. Queensland Family and Child Commission 5. Thriving Queensland Kids Partnership 6. CREATE Foundation 7. Queensland Aboriginal and Torres Strait Islander Child Protection Peak 8. Five Bridges 9. National Therapeutic Residential Care Alliance 10. Victorian Commission for Children and Young People

Government	1. Queensland Department of Child Safety, Seniors and Disability Services: Catalyst for Care Project Team 2. Western Australia Department of Communities 3. Queensland Department of Child Safety, Seniors and Disability Services: Commissioning Practice 4. Queensland Department of Child Safety, Seniors and Disability Services: Non-family Based Care and Tertiary Support Team 5. Queensland Department of Child Safety, Seniors and Disability Services: Child Safety Licensing Team 6. Queensland Department of Child Safety, Seniors and Disability Services: Human Services Quality Framework Team 7. Queensland Department of Child Safety, Seniors and Disability Services Investment and Partnership Operational Governance Group (IPOGG) 8. Family Safety Victoria 9. Jobs Queensland

Appendix 2 – Personas

FRONTLINE YOUTH WORKER

Joanne Carter

Age: 42 years old

Youth worker experience: 7 years

Location: Caboolture

Employment type: Permanent part-time

Qualifications:

Certificate IV in Children, Youth and Family Intervention

RESIDENTIAL CARE PERSONAS

OVERVIEW

Joanne is a 42-year-old residential care worker for a large provider. She works in a home with three children in Caboolture and has completed a Certificate IV in Children, Youth and Family Intervention since working in residential care. She has been a residential care worker for three years and prior to this was a youth worker for four years. Joanne is a survivor of domestic and family violence, which has contributed to her passion to work in youth care. She has two children of her own and appreciates the flexibility that residential care work provides.

GOALS

- Help young people thrive
- Have a long career in the sector
- Pursue aspirations for further education and leadership development

NEEDS

- Predictable working hours that accommodate her family life
- Opportunities for further training and professional growth
- Access to supervision and mentorship
- Time to develop relationship with the young people she cares for

PAIN POINTS / CHALLENGES

- Managing the emotional demands of the job, especially in crisis situations
- Balancing the needs of her own children with the demands of her work and organising care for her children with family or friends when she has her fortnightly overnight shift
- Dealing with the challenges of working with children who have complex trauma histories

DAY IN THE LIFE OF JOANNE

- Joanne starts her day early, preparing her own children for school before heading to the residential home
- She spends her shift managing household routines, including school runs, meal preparation, and supporting the children's educational and emotional needs
- Joanne participates in case meetings and coordinates with other professionals, such as psychologists and social workers
- In the afternoon she picks up her own children from school and spends time with her family in the evening

> ***This work isn't just a job for me—it's a calling. Every day, I strive to create a safe, loving home for these kids, just like I would for my own. The flexibility allows me to be there for my family while doing what I'm passionate about.***

FRONTLINE YOUTH WORKER

Ben Nguyen

Age: 23 years old

Youth worker experience: 1 year

Location: Mount Gravatt

Employment type: Casual

Qualifications:

(Enrolled) Certificate IV in Children, Youth and Family Intervention

(In progress) Postgraduate Degree in Medicine

Undergraduate Degree in Biomedicine

RESIDENTIAL CARE PERSONAS

OVERVIEW

Ben is a 23-year-old residential care worker and medical student. He started working as a residential care worker in a medium sized provider in Mount Gravatt at the start of his first year of postgraduate medicine studies. The competitive casual rates offered for residential care workers allows him to work less hours than his previous hospitality job and focus more on his studies. He has enrolled in a Certificate IV as part of his employment requirements and has completed one module.

GOALS

- Support himself financially while completing his medical studies
- Gain experience in social care, to the extent that it will benefit his future career

NEEDS

- Flexible shifts that accommodate his study commitments
- Supervision and mentoring
- Debriefing to support them in dealing with challenging situations

PAIN POINTS / CHALLENGES

- Balancing the demands of their studies with their job as a residential care worker
- Managing stress and burnout from juggling work and studies
- Navigating the complexities of working with children who have experienced trauma, with limited experience
- Building rapport with the kids, especially teenagers where there is little age difference

DAY IN THE LIFE OF BEN

- Ben often works the sleepover shift at the residential care home
- He will usually wake up later in the day and complete some online university lectures on tutorials before heading to work
- When he arrives at the home, he manages any of the lights out routine that needs to be completed and makes sure the kids are settled for the night
- Once he's made sure the kids are settled Ben tries to find some time where he can do some study or revision in the staff office
- After his shift, he returns home and will continue to sleep during the day for a while before heading into university for a late lecture or going to the gym

> ***Balancing medical school and work is tough, but it's important that I continue to work to support myself financially. The pay as a Residential Care worker allows me to focus more on my studies, while working with kids makes me feel like I'm doing something worthwhile.***

FRONTLINE YOUTH WORKER

Mia Johnson

Age: 31 years old

Youth worker experience: 2 years

Location: Bundaberg

Employment type: Casual

Qualifications:

(Enrolled) Certificate IV in Children, Youth and Family Intervention

RESIDENTIAL CARE PERSONAS

OVERVIEW

Mia is a 31-year-old residential care worker and a proud Aboriginal woman from the Gurang people of the Bundaberg region. She has two years of experience working in residential care and is passionate about supporting First Nations youth in her local community. Prior to working in residential care Mia worked in a local youth community centre and volunteered at local schools to support First Nations initiatives in the community. She is enrolled in a Certificate IV.

GOALS

- Help First Nations young people connect to their culture and heritage
- Promote cultural awareness and understanding within the residential care setting
- Continue supporting First Nations initiatives both in her professional and personal life

NEEDS

- Time to develop relationship with the young people they care for
- Time to attend role specific training
- Support from her employer to implement culturally sensitive practices in her work
- Opportunities to engage with the local Aboriginal community and Elders
- Debriefing to support them in challenging situations

PAIN POINTS / CHALLENGES

- Facing systemic challenges that may not fully address the needs of First Nations youth
- Managing cultural overload and access to sufficient support in embedding cultural awareness and practices
- Advocating for cultural practices in a predominantly non-Indigenous work environment
- Managing the emotional toll of working closely with children who have experienced significant trauma

DAY IN THE LIFE OF MIA

- Mia starts her day with a shift at the residential care facility and focuses on creating a culturally supportive environment for the children in her care, incorporating traditional practices and teachings where possible
- Mia tries to support the other care workers to educate them on cultural sensitivity and the importance of maintaining the children's connection to their heritage
- After her shift, Mia attends a volunteer working group to support a local schools initiative for First Nations kids
- Mia also often works sleepover shifts, but she tried to workday shifts also so she can engage with the kids more

> *For me, this work is about giving back to my community and ensuring that our youth stay connected to their culture. It's challenging, but it's also deeply rewarding to see these kids thrive in a space where they feel understood and valued.*

TEAM LEADER

Kel Fedo

Age: 40 years old

Youth worker experience: 10 years

Location: Logan

Employment type: permanent full-time

Qualifications:

Certificate IV in Children, Youth and Family Intervention

RESIDENTIAL CARE PERSONAS

OVERVIEW

Kel is a proud Pacific Islander, originally from Fiji, and has lived in Australia for the past 25 years. He has been working in residential care for 10 years, focusing on supporting children and youth from diverse cultural backgrounds. Prior to this, Kel worked as a community support worker, assisting families within the Pacific Islander community. He has three young children of his own.

GOALS

- Provide culturally sensitive care that respects and honours the diverse backgrounds of the children in his care
- Advance his career by taking on leadership roles within his organisation
- Mentor and provide a positive role model for young people, particularly those from Pacific Islander communities

NEEDS

- Flexible working hours that accommodate his family life
- Access to training that enhances his skills in trauma-informed care and cultural competency
- Opportunities to network with other professionals working in multicultural youth care

PAIN POINTS / CHALLENGES

- Balancing the needs of his own children with the demands of his work
- Navigating leading a team of youth workers through crisis situations and managing appropriate escalation of issues
- Managing employee performance
- Navigating the complexities of working with children from various cultural backgrounds, ensuring each child's cultural identity is respected and nurtured

DAY IN THE LIFE OF KEL

- Kel begins his day by checking in with the children in his care, ensuring they are prepared for school and the day ahead
- Throughout the day, he engages in activities that promote the children's emotional well-being, cultural identity, and educational progress
- Kel frequently liaises with other professionals, such as social workers and psychologists, to coordinate care and support for the children
- In the evening, he participates in cultural activities or spends time mentoring young people from the Pacific Islander community, offering guidance and support

> *I know how important it is for these kids to see someone who understands them and their culture. I want to make sure they feel proud of who they are and know that they can achieve anything, no matter where they come from.*

SERVICE MANAGER

Amanda Roberts

Age: 46 years old

Youth worker experience: 20 years

Location: Townsville

Employment type: Permanent full-time

Qualifications:

Masters of Social Work

Bachelor of Human Services

RESIDENTIAL CARE PERSONAS

OVERVIEW

Amanda is 46-years-old and has a master's degree in Social Work and over 20 years of experience in the human services sector, including senior management roles. She has been the service manager for a large provider in Townsville for the past six years, overseeing multiple residential care homes. Amanda started her career as a youth case worker and gradually advanced into leadership roles through further study and organisational skills. She is passionate about driving systemic change and improving outcomes for children and young people in care.

GOALS

- Ensure that all residential care homes under her management provide high-quality, trauma-informed care
- Ensure implementation of and compliance to regulatory requirements
- Foster a supportive and motivated team
- Secure funding and implement funding requirements
- Advocate for policies and practices that improve outcomes for children and youth in care

NEEDS

- Continuous professional development opportunities to stay updated on best practices in youth care management.
- Strong relationships with other service managers, government bodies, and community organisations to enhance service delivery
- Tools and resources that enable her team to work efficiently while maintaining high standards of care

PAIN POINTS / CHALLENGES

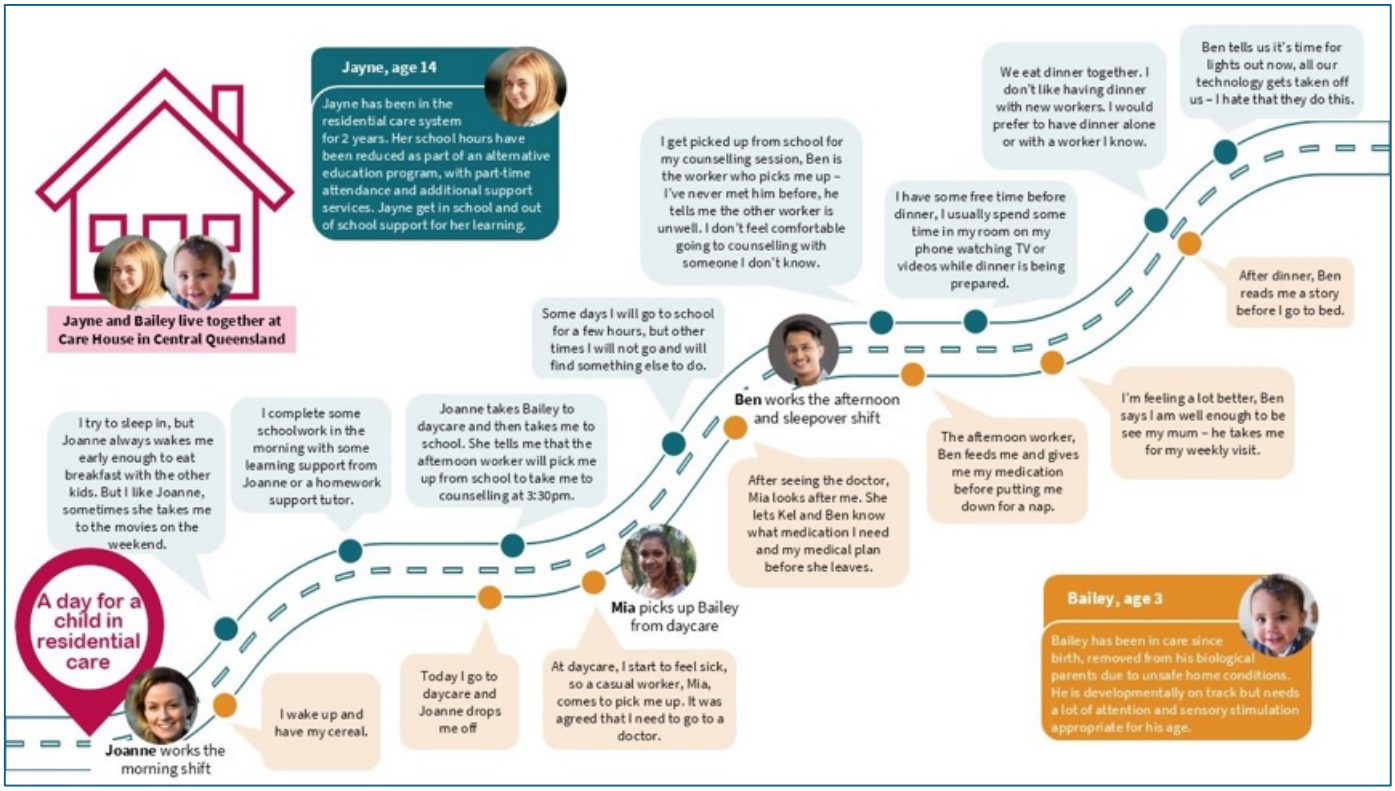
- Balancing the administrative demands of her role with the need to stay connected to the day-to-day realities of residential care work
- Managing the emotional and psychological well-being of her staff, especially in a high-stress environment
- Ensuring consistent service quality across multiple sites, each with its own unique challenges and needs

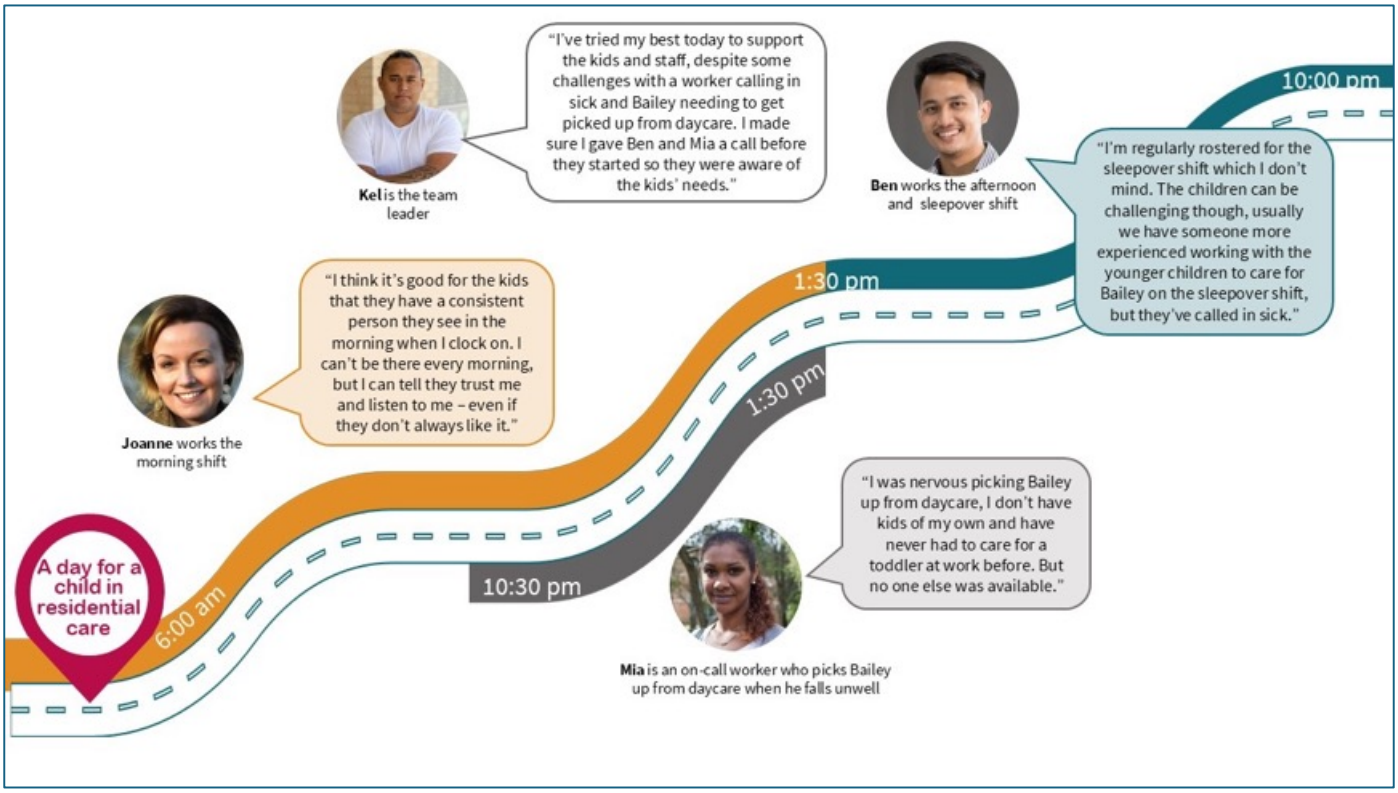
DAY IN THE LIFE OF AMANDA

- Amanda starts her day by reviewing reports from the residential care homes she oversees, addressing any urgent issues that arise
- She spends much of her day in meetings with team leaders, strategizing on how to improve care practices and addressing challenges faced by staff
- Amanda also meets with external stakeholders, such as government representatives and community partners, to discuss funding, policies, and collaborative opportunities
- In the afternoon, she might visit one of the homes to meet with the team and observe the care environment, offering support and guidance where needed

> ***What drives me is knowing that by leading and supporting my teams, I'm helping to improve the services we provide young people and create a safe, nurturing environment where they can heal, grow, and reach their full potential***

Appendix 3 – User journey maps





Appendix 4 – Research list

Referenced Sources

ABC News. (2021). Queensland residential care under scrutiny: Foster and kinship challenges. ABC News. https://www.abc.net.au/news/2021-09-06/qld-residential-care-children-foster-kinship/100431406

Advocate for Children & Young People. (2021). *The Voices of Children and Young People in Out-of-Home Care.* New South Wales Office of the Advocate for Children & Young People.

Australian Institute of Health and Welfare. (2021). *Child Protection National Minimum Data Set.* Australian Government

Australian Institute of Health and Welfare. (2024). Child protection Australia: Insights. https://www.aihw.gov.au/reports/child-protection/child-protection-australia-insights/data.

Bamblett, M., & Lewis, P. (2007). Detoxifying the child and family welfare system for Australian Indigenous peoples: Self-determination, rights and culture as the critical tools. First Peoples Child & Family Review, 3(3), 43–56. https://doi.org/10.7202/1069396ar.

Bluefield University. (2024). *10 Qualities of Great Early Childhood Educators.* Retrieved from https://www.bluefield.edu/blog/qualities-childhood-educators/

Bristow, G. & Macnamara, N. (2023). *Hard vs soft skills: which are more important in residential care work.* Centre for Excellence in Therapeutic Care. Retrieved from https://www.cetc.org.au/hard-vs-soft-skills-which-are-more-important-in-residential-care-work/

Centre for Excellence in Therapeutic Care. (2020). *Safety from the outside to the inside*. Australian Childhood Foundation. Retrieved from https://www.cetc.org.au/safety-from-the-outside-to-the-inside

Children, Families, Disability and Operations Division. (2018). *Minimum Qualification Requirements for Residential Care Workers in Victoria.* Victorian Government.

Communities and Justice. (2024). *Residential Care Placement*s. NSW Government.

Department data request, October 2024

Department for Child Protection. (2023). *Minimum qualification and training requirements for service provider personnel.* Government of South Australia.

Department for Child Protection. (2023). *Residential Care.* Government of South Australia.

Department of Families, Seniors, Disability Services and Child Safety. (2024). *Our Performance.* Retrieved from Department of Child Safety, Disability and Seniors: https://performance.dcssds.qld.gov.au/

Department of Child Safety, Seniors and Disability Services. (2023). My Life in Care Survey Results 2023. Queensland Government. https://www.dcssds.qld.gov.au/campaign/my-life-in-care-survey/_media/documents/my-life-in-care-survey-2023-report.pdf

Department of Families, Seniors, Disability Services and Child Safety. (2024). *A Roadmap for Residential Care in Queensland.* Brisbane: Department of Child Safety, Seniors and Disability Services.

Department of Families, Seniors, Disability Services and Child Safety. (2024). *LCS Factsheet – The In-scope of Licensing Process for Individualised Placement and Support (IPS) Suppliers.*

Department of Child Safety, Youth and Women. (2018). Strengthening the Queensland Residential Care Workforce – *Minimum Qualification Standards Information Sheet.* Queensland Government.

Department of Children, Youth Justice and Multicultural Affairs. *Managing High-Risk Behaviour Policy (646-2), Child Safety Practice Manual.* Queensland Government.

Department of Children, Youth Justice and Multicultural Affairs. (2021). *Child Protection (Placement Services) Investment Specification.* Queensland Government.

Department of Children, Youth Justice and Multicultural Affairs. (2021). *Strengthening the Queensland Residential Care Workforce – Minimum Qualification Standards Information Sheet.* Queensland Government.

Department of Communities. (2021). *Child Protection Activity Performance Information.* Government of Western Australia.

Department of Families, Seniors, Disability Services and Child Safety. (2023). *Human Services Quality Standards.*

Department of Families, Seniors, Disability Services and Child Safety. (2024). *Investment Specifications.* Retrieved from https://www.dcssds.qld.gov.au/about-us/our-department/funding-grants-investment/investment-specifications

Department of Families, Seniors, Disability Services and Child Safety. (2024). *Licensing Process.* Queensland Government. Retrieved from https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-process

Family Inclusion Network. (2023). *Input from Parents – Queensland Residential Care System Review.* Brisbane: Family Inclusion Network.

Family Inclusion Network. (2024). *Feedback from FIN Southeast Queensland – "A Roadmap for Residential Care in Queensland"*. Brisbane: Family Inclusion Network.

Forrest, S., Gervais, R., Lord, K. A., Sposato, A., Martin, L., Beserra, K., & Spinazzola, J. (2018). Building Communities of Care: A Comprehensive Model for Trauma-Informed Youth Capacity Building and Behavior Management in Residential Services. *Residential Treatment for Children & Youth*

Galvin, E., O'Donnell, R., Mousa, A., Halfpenny, N., & Skouteris, H. (2020). Attitudes towards trauma-informed care in residential out-of-home care. *Children and Youth Services Review.*

Generation Australia. *Best Practices for Career Development and Advancement in the Care Sector.* Retrieved from https://australia.generation.org/news/best-practices-for-career-development-and-advancement-in-the-care-sector

Gramenz, J. (2024). *What Makes a Great Aged Care Worker?*. St Vincent's Care. Retrieved from https://www.svcs.org.au/people/aged-care-worker-skills

HumanAbility. (2024). Workforce plan 2024. https://humanability.com.au/site/DefaultSite/filesystem/documents/WFP/Workforce%20Plan%202024.pdf

Hart, D. and La Valle, I. (2015). *The place of residential care in the English child welfare system.* Department of Education.

Insight Training. (2024). *What are the duties and responsibilities of a disability support worker?* Retrieved from https://insight.edu.au/blog/what-are-the-duties-and-responsibilities-of-a-disability-support-worker/

James, S., Thompson, R., Sternberg, N. Schnur, E., Ross, J., Butler, L., Triplett, D., Puett, L., &Muirhead, J. (2015). *Attitudes, perceptions, and utilization of evidence-based practices in Residential Care*

James Martin Institute for Public Policy. (2024). *Supporting children and families to flourish.* James Martin Institute for Public Policy

Jobs and Skills Australia. (2024). *Australian Skills Classification: Child or Youth Residential Care Assistant.* Australian Government

Jobs and Skills Australia. (2024). Monthly Labour Market Dashboards. https://www.jobsandskills.gov.au/data/employment-region-dashboards-and-profiles/monthly-labour-market-dashboards

Katruska, K. (2018). *Effects on employee professional compassion satisfaction and compassion fatigue: A case study investigation of the sanctuary model of trauma informed care*

Local Government Association. (2024). Thousands more children's social workers needed over next 10 years: New LGA research. Local Government Association. https://www.local.gov.uk/about/news/thousands-more-childrens-social-workers-needed-over-next-10-years-new-lga-research

McDowall, J. (2018). *Out-Of-Home Care In Australia: Children And Young People's Views After Five Years Of National Standards.* CREATE Foundation. https://create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Report.pdf

Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2017). Young people's views on safety and preventing abuse and harm in residential care: "It's got to be better than home." *Children and Youth Services Review*

Moore. T, McArthur. M, Death. J, Tilbury. C, Roche. S. (2018). *Sticking with us through it all: The importance of trustworthy relationship for children and young people in residential care.* Children and Youth Services Review. https://doi.org/10.1016/j.childyouth.2017.10.043

Mhongera, P. B., & Lombard, A. (2018). Promoting successful transitions beyond institutional care: A programme-based service delivery model linked to a case management system. *Social Work*

National Indigenous Australians Agency. (2024). National Agreement on Closing the Gap: Targets. Australian Government. https://www.closingthegap.gov.au/national-agreement/targets

National Skills Commission. (2021). *Care Workforce Labour Market Study.* Australian Government.

Office of the Children's Guardian. (2022). *Guidelines for the engagement and authorization of staff and contractors in an emergency, or when sourced from a labour hire agency.* New South Wales Government.

Office of the Children's Guardian. (2024). *Key Statistics – Residential Care Workers Register.* New South Wales Government.

Officer of the Children's Guardian. (2022). *NSW Residential Care Workers Register Guidance Notes.* New South Wales Government.

PeakCare. (2024). *PRESERVING A VITAL SYSTEM, The Future of Foster Care, Queensland Foster Carer Demographic Insights Report.* Brisbane: PeakCare.

Productivity Commission. (2024). Outcome area 12: Reducing the overrepresentation of Aboriginal and Torres Strait Islander people in the criminal justice system. Closing the Gap Data Dashboard. https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area12

Queensland Aboriginal and Torres Strait Islander Child Protection Peak. (2023). Residential care review submission: Final 2023. https://www.qatsicpp.com.au/wp-content/uploads/2023/10/QATSICPP-Residential-Care-Review-Submission-FINAL-2023.pdf

Queensland Child Protection Commission of Inquiry. (2013). *Discussion Paper.*

Queensland Council of Social Service. (2024). State of the sector 2024. https://www.qcoss.org.au/wp-content/uploads/2024/09/State-of-the-Sector-2024_web.pdf.

Queensland Department of Child Safety, Seniors and Disability Services. (2024). A roadmap for reform: Stronger residential care system for children and young people in Queensland. https://www.dcssds.qld.gov.au/_media/documents/about-us/reviews-inquiries/residential-care-review/roadmap-residential-care-qld.pdf

Queensland Department of Child Safety, Seniors and Disability Services. (2024). Improving care and post-care support: Living arrangements of children. https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/what-we-do/living-arrangements-of-children#7295.

Queensland Department of Child Safety, Seniors and Disability Services. (2024). Living arrangements of children. https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/what-we-do/living-arrangements-of-children.

Queensland Department of Child Safety, Seniors and Disability Services. (2024). Profile of children in care. https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/who-we-work-with/profile-of-children-in-care.

Queensland Family & Child Commission. (2023). *"I was raised by a checklist".* Queensland Government.

Queensland Family & Child Commission. (*2023). Parent Voice: Hearing from parents about their experiences of the child protection system - the Charter of Rights for parents.* Brisbane: Queensland Family & Child Commission.

Queensland Government. (2019). Purpose of a cultural support plan. Child Safety Practice Manual. https://cspm.csyw.qld.gov.au/practice-kits/safe-care-and-connection/cultural-support-plans/seeing-and-understanding/purpose-of-a-cultural-support-plan

Queensland Government. (2019). Supporting families changing futures: Queensland child protection reform program. https://cabinet.qld.gov.au/documents/2019/Jul/SFCF/Attachments/Plan.PDF

Queensland Government. (2024). *Human Services Quality Framework.* (V. 10.0).

Queensland Government. (2024). Plans that support Aboriginal and Torres Strait Islander children. Performance Reporting. https://performance.dcssds.qld.gov.au/meeting-the-needs-of-aboriginal-and-torres-strait-islander-children/working-with-aboriginal-and-torres-strait-islander-children-and-families/plans-that-support-aboriginal-and-torres-strait-islander-children

Queensland Parliament. (2024). Response to question on notice no. 822. https://documents.parliament.qld.gov.au/tableoffice/questionsanswers/2024/822-2024.pdf

Raymond, I. (2019). Intentional Practice as a Method to Reduce the Implementation Gap Between Science and Practice in the Delivery of Trauma-Informed Residential Care. *Residential Treatment For Children & Youth*

Riemersma, Y. G., Zijlstra, A. E., Kalverboer, M. E., Post, W. J., & Harder, A. T. (2024). A Place to Feel at Home? An Exploratory Study of the Perceived Living Environment in Home-Like Groups, Family-Style Group Homes, and Traditional Residential Youth Care. *Residential Treatment for Children & Youth*

Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report.*

Russ, E., Stonehouse, D., Reimer, E., Hitchcock, C., & McPherson, L. (2024). Supporting staff wellbeing in child welfare services. Lismore, Southern Cross University. https://doi.org/10.25918/report.353

Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child Feelings of Safety in Residential Care: The Supporting Role of Adult-Child Relationships. *Residential Treatment For Children & Youth,* 37(2), 136–155. https://doi.org/10.1080/0886571X.2020.1712576

SNAICC. (2024). Child placement principle. https://www.snaicc.org.au/our-work/child-and-family-wellbeing/child-placement-principle/

SNAICC. (2024). Family Matters Report 2024. https://www.snaicc.org.au/wp-content/uploads/2024/11/241119-Family-Matters-Report-2024.pdf

Social Ventures Australia. (2019). Demand for services for Aboriginal and Torres Strait Islander people in Victoria. https://aal.org.au/wp-content/uploads/AEC-SVA-Service-Demand-forecasting-report-FINAL.pdf.

Submission for the Queensland Review of Residential Care About CREATE Foundation. (2023). https://create.org.au/wp-content/uploads/2023/10/Residential-Care-Review-Submission-updated-CREATE-Foundation-final.pdf

Strawa. C, and Sartore, G. (2023). *Peer support for parents of children with complex needs*. Australian Institute of Family Studies. Retrieved from https://aifs.gov.au/resources/short-articles/peer-support-parents-children-complex-needs

Territory Families. (2019). *Transforming Out-of-Home Care in the Northern Territory.* Northern Territory Government.

The Centre for Excellence in Child and Family Welfare. (2022). *Residential Care Learning & Development Strategy.*

The Queensland Parliamentary Counsel. (2022). *Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022.*

Victoria State Government. (2023). *Considering a career in the family violence sector? Here's 5 ways to tell it's right for you.* Retrieved from https://jobs.familyviolence.vic.gov.au/activities/3534/considering-a-career-in-the-family-violence-sector-heres-5-ways-to-tell-its-ri

Walter, Z. C., Carlyle, M., Kerswell, N., Mefodeva, V., Nixon, R. D. V., Cobham, V. E., & Hides, L. (2023). Study protocol: implementing and evaluating a trauma-informed model of care in residential youth treatment for substance use disorders. *Frontiers in Psychiatry*

Whittaker, J. K., Holmes, L., Fernandez del Valle, J., & James, S. (Eds.). (2023). *Revitalizing residential care for children and youth : cross-national trends and challenges.* Oxford University Press.

Workplace Health and Safety Queensland. (2021). *Work-related violence and aggression in residential aged, disability and youth care.* Queensland Government.

Workplace Health and Safety Queensland. (2022). *Managing the risk of psychosocial hazards at work: Code of practice*. Workplace Health and Safety Queensland.

Appendix 5 – Reference Group and Program Board representatives

Program Board

Board Role	Name	
Chair	Tom Allsop	Chief Executive Officer, PeakCare Qld
Member	Fiona Ward	Deputy-Director General, Department of Child Safety, Seniors and Disability Services
Member	Kym Langill	Director, Langill Partners Consulting & PeakCare Board Chairperson
Member	Luke Twyford	Principal Commissioner, Queensland Family and Child Commission
Member	Garth Morgan	Chief Executive Officer, Queensland Aboriginal and Torres Strait Islander Child Protection Peak
Observer	Gavin Deeprose	Executive Director: Catalyst for Care, PeakCare Qld
Observer	Andrea Lauchs	Project Manager: Workforce Strategy, Social Vantage Advisory
Observer	Aimee Hele	Queensland Families and Child Commission Youth Advocate

Reference Group

Board Role	Name	Organisation
Chair	Kym Langill	PeakCare Qld Board
Member	Andrea Senior	Southern Cross Support Services
Member	Andrew Fa'avale	Manawise
Member	Ann Marie Matthews	YCSS
Member	Jacob Walsh	CASPA
Member	Joanne Roff	IFYS
Member	Shelley Wall	National Therapeutic Residential Care Alliance
Member	Vivien Bull	Uniting Care
Member	Sarah Galbraith	Life Without Barriers
Member	Caitlin Van Gorp	Fall Forward
Member	Jason Fields	Central Queensland Indigenous Development
Member	Madeline Lea	Queensland Aboriginal and Torres Strait Islander Child Protection Peak
Member	Thomas Allsop	PeakCare Qld
Observer	Gavin Deeprose	PeakCare Qld
Observer	Andrea Lauchs	Social Vantage Advisory

Appendix 6 – PeakCare Residential Care Workforce Survey 2024

The PeakCare Residential Care Workforce Survey (the Survey) was released in September 2024 and was open for 6 weeks. The Survey received a total of 350 responses with a 68% completion rate over this period. The data contained in this appendix relates to the responses received from all individuals who responded to each question. The Survey data contained within the body of this report is based on the information received in this workforce survey, however further analysis found within the report may refer to segments of respondents such as "current frontline workers" or "First Nations workers".

Survey question	Response	
Are you currently employed as a residential care worker?	Yes	71%
	No	29%
(Of those who responded 'No' to 'Are you currently employed as a residential care worker?') Have you previously been employed as a residential care worker?	Yes	66%
	No	34%
Were you born in Australia?	Yes	69.7%
	No	29.7%
	Prefer not to say	0.7%
Are you from a culturally and/or linguistically diverse background?	Yes	24.7%
	No	72.7%
	Prefer not to say	2.7%
Do you speak a language other than English at home?	Yes	21.3%
	No	78.3%
	Prefer not to say	0.3%
Do you identify as Aboriginal or Torres Strait Islander?	No	89.3%
	Yes, Aboriginal	6.7%
	Yes, Torres Strait Islander	1.3%
	Yes, both Aboriginal and Torres Strait Islander	0.0%
	Prefer not to say	2.7%
How would you describe your gender?	Male	25.7%
	Female	73.0%
	Other	0.3%
	Prefer not to say	1.0%
Do you have any physical or mental health conditions or illnesses lasting or expected to last 6 months or more?	Yes	15.3%
	No	79.3%
	Prefer not to say	5.3%

What is your age?	Under 20	1.0%
	20 – 24	6.7%
	24 – 29	14.0%
	30 – 34	12.7%
	35 – 39	15.3%
	40 – 44	13.3%
	45 – 49	14.3%
	50 – 54	12.7%
	55 – 59	5.7%
	60 – 64	3.3%
	65 – 69	0.3%
	70 – 74	0.3%
	75 – 79	0.0%
	over 80	0.0%
	Prefer not to say	0.3%
Do you currently, or have you previously, cared for children or young people in your home?	Yes	57.3%
	No	41.3%
	Prefer not to say	1.3%
What is the highest level of education you have completed?	Year 10 or below	3.3%
	Year 12	3.3%
	Cert I	0.3%
	Cert II	0.0%
	Cert III	4.0%
	Cert IV	16.0%
	Diploma	35.3%
	Bachelors Degree	29.7%
	Masters Degree	7.0%
	PhD	1.0%
What is your residential care role?	Frontline team member	56.9%
	Team leader	14.1%
	Area coordinator	8.1%
	Administrator	1.4%
	Business support	1.1%
	Other (please specify)	18.4%
Have you worked a shift in residential care in the last 3 months?	Yes	81.6%
	No	18.4%
	Unsure	0.0%

What are the ages of the children or young people that you work with? (select all that apply)	0-4 years	21.2%
	5-9 years	59.0%
	10-14 years	87.6%
	15-18 years	77.7%
What region are you currently employed in by a residential care provider?	Brisbane and Moreton Bay	21.9%
	Far North Queensland	9.9%
	North Queensland	13.1%
	South East	23.7%
	South West	13.4%
	Sunshine Coast and Central Queensland	13.8%
	Unsure	4.2%
What type of residential care organisation do you currently work for?	Aboriginal or Torres Strait Islander Community Controlled Organisation	2.1%
	Faith based organisation	17.3%
	Non- faith based organisation	69.3%
	Other (please specify)	11.3%
How long have you been a residential care worker?	Less than 1 month	1.1%
	Between 1 and 6 months	10.3%
	Between 6 and 12 months	7.1%
	Between 1 and 2 years	15.6%
	Between 2 and 5 years	32.5%
	More than 5 years	33.6%
What capacity are you currently employed in?	Casual	34.3%
	Permanent Part-Time	25.8%
	Permanent Full- time	32.5%
	Temporary Part-Time	0.4%
	Temporary Full- time	2.1%
	Other (please specify)	5.0%
How often do you receive professional practice supervision?	Weekly	6.5%
	Monthly	43.1%
	Every 2-3 months	24.4%
	Every 6 months	8.8%
	Once a year	4.6%
	Never	12.6%

Who provides you with professional practice supervision?	My team leader/manager	74.1%
	Another person in my organisation	10.7%
	An external person my organisation pays for	5.3%
	An external person I pay Other (please specify)	1.2%
	Other (please specify)	8.8%
To what extent do you agree with the statement: 'I receive the right amount of professional practice supervision to do my job well'	Strongly disagree	14.1%
	Disagree	14.1%
	Neutral	23.7%
	Agree	34.4%
	Strongly Agree	13.7%
To what extent do you agree with the statement: 'I receive good quality professional practice supervision that helps me do my job well'	Strongly disagree	12.2%
	Disagree	16.0%
	Neutral	24.8%
	Agree	30.9%
	Strongly Agree	16.0%
If you provide professional practice supervision, to what extent do you agree with the statement: 'I am confident delivering good quality professional practice supervision'	Strongly disagree	3.8%
	Disagree	5.3%
	Neutral	10.7%
	Agree	24.4%
	Strongly Agree	11.8%
	I am not required to provide professional practice supervision	43.9%
To what extent do you agree with the statement: 'I receive the right amount of workplace support to do my job well'	Strongly disagree	10.7%
	Disagree	19.1%
	Neutral	20.6%
	Agree	34.4%
	Strongly Agree	15.3%

What would make you feel more supported in the workplace to do your job well? (select all that apply)	More supervision and support	34.0%
	More professional development opportunities	55.0%
	Access to peer support and team building activities	46.6%
	Adequate staffing levels (ie lower ratio of young people to staff)	53.4%
	Greater recognition and appreciation	44.7%
	Access to more mental health resources	26.3%
	Clearer communication from management	45.8%
	Safer work environment	34.0%
	Greater involvement in decision-making (management roles)	29.4%
	Greater access to resources	34.0%
	More feedback opportunities	33.2%
	Other (please specify)	13.0%
What is the highest level of recognised relevant qualification specific to youth residential care that you have completed? (ie Youth Work, Youth Justice, Community Services ect.)	Relevant Certificate IV in Child, Youth and Family Intervention (Residential Care)	16.7%
	Other Relevant Certificate IV	9.0%
	Relevant Diploma	32.7%
	Relevant Bachelor's Degree, or higher	26.5%
	I am enrolled in, but have not completed a relevant qualification	11.8%
	Other (please specify)	3.3%
What recognised qualification level relevant to youth residential care are you currently enrolled in, if any?	Relevant Certificate IV in Child, Youth and Family Intervention (Residential Care)	8.2%
	Other relevant Certificate IV	5.3%
	Relevant Diploma	14.3%
	Relevant Bachelor’s Degree, or higher	11.8%
	I am not currently enrolled in any relevant qualification	56.3%
	Other (please specify)	4.1%

What do you think are the key areas that future residential care workers need to be trained in before their first shift? (select all that apply)	Trauma-informed care	89.0%
	Working within a common practice framework	59.6%
	Communication	72.7%
	Developmental Stages	58.8%
	Mental health	72.2%
	Diversity	42.0%
	Other (please specify)	17.6%
What was the biggest challenge you faced when you started work in residential care? (select one)	Adjusting to the physical demands of the role	2.5%
	Managing the emotional and psychological stress of the work	14.3%
	Understanding and applying residential care policies and procedures	5.3%
	Building relationships with residents	1.2%
	Dealing with challenging behaviours or complex needs of residents	28.2%
	Balancing workload and time management	7.4%
	Navigating communication with colleagues and supervisors	6.1%
	Gaining confidence in making decisions independently	9.0%
	Lack of practical experience in a residential care setting	7.4%
	Understanding legal and ethical responsibilities	2.9%
	Overcoming cultural barriers or differences in communication	1.6%
	Understanding and respecting the cultural backgrounds and values of residents	0.4%
	None, I did not face significant challenges	6.5%
	Other (please specify)	7.4%
What is the biggest barrier for you in accessing ongoing training and professional development? (select all that apply)	The cost associated with further training and professional development	35.9%
	A lack of time to complete further training and professional development	55.9%
	A lack of employer provided development opportunities	33.9%
	The lack of training and development opportunities that are relevant to your needs	24.1%
	Other (please specify)	10.2%

To what extent do you agree with the statement: 'my relevant qualification/s prepared me for my role in residential care'	Strongly disagree	4.9%
	Disagree	15.9%
	Neutral	21.6%
	Agree	48.2%
	Strongly Agree	9.4%
To what extent do you agree with the statement: 'I am confident delivering trauma-informed care'	Strongly disagree	2.0%
	Disagree	3.3%
	Neutral	17.1%
	Agree	49.0%
	Strongly Agree	28.6%
To what extend do you agree with the statement: 'I have easy access to ongoing training and professional development'	Strongly disagree	9.8%
	Disagree	20.0%
	Neutral	27.8%
	Agree	32.2%
	Strongly Agree	10.2%
To what extent do you agree with the statement: 'I feel safe at work'	Strongly disagree	9.4%
	Disagree	14.7%
	Neutral	24.5%
	Agree	38.8%
	Strongly Agree	12.7%
To what extent do you agree with the statement: 'I feel confident supporting Aboriginal and Torres Strait Islander children and young people to preserve their cultural and linguistic identity'	Strongly disagree	4.5%
	Disagree	8.6%
	Neutral	27.4%
	Agree	43.7%
	Strongly Agree	15.9%
To what extent do you agree with the statement: 'I feel confident supporting Culturally and Linguistically Diverse children and young people to preserve their cultural and linguistic identity'?	Strongly disagree	4.1%
	Disagree	13.9%
	Neutral	29.0%
	Agree	43.7%
	Strongly Agree	9.4%
To what extent do you agree with the statement: 'I feel confident and prepared to support family contact and reunification'	Strongly disagree	4.9%
	Disagree	7.4%
	Neutral	15.1%
	Agree	48.6%
	Strongly Agree	24.1%
Have you completed the Hope and Healing training of ten modules?	Yes	91.8%
	No	5.7%
	In progress	0.8%
	Unsure	1.6%

How well do you recall the content of the Hope and Healing training?	1 - Cannot recall completing the training or any of the content	5.4%
	2 – Recall completing the training but can only remember a small portion of the content	20.5%
	3 – Recall some of the training content	28.1%
	4 – Recall a reasonable amount of the training content	32.1%
	5 – Confident in recalling most of the training content	13.8%
How often do you use the information in the Hope and Healing training in your work?	1 – Never	4.9%
	2 – Rarely	13.8%
	3 – Sometimes	36.6%
	4 – Regularly	37.5%
	5 – Most of the time	7.1%
How easy was the Hope and Healing training to understand?	1 – Very difficult to understand	0.5%
	2 – Somewhat difficult to understand	2.2%
	3 – Neutral, neither easy nor difficult to understand	15.2%
	4 – Somewhat easy to understand	30.4%
	5 – Very easy to understand	51.8%
How well did the Hope and Healing training prepare you to start work within residential care?	1 – Not at all prepared	12.1%
	2 – Slightly prepared	18.8%
	3 – Moderately prepared	34.4%
	4 – Well prepared	29.9%
	5 – Extremely well prepared	4.9%
Were there any challenges you faced in completing the Hope and Healing training?	Technical issues (e.g., difficulty accessing the online platform or navigating the module)	4.0%
	Lack of time to complete the module	4.0%
	Difficulty staying engaged with the content over an extended period	12.1%
	Content was too complex or hard to understand	0.9%
	Insufficient interactive elements to reinforce learning	1.8%
	Issues with internet connection or speed	1.3%
	Trouble retaining information	4.5%
	None, I did not experience any challenges	66.5%
	Other (please specify)	4.9%

What is your preferred medium for completing training?	In person training	42.9%
	Online self-paced courses	21.0%
	Live virtual training (eg webinars or Zoom session)	4.0%
	Blended learning (ie a mix of online and in-person)	27.7%
	Printed manuals or training guides	4.0%
	Other (please specify)	0.5%
Have you completed any refresher Hope and Healing training?	Yes	27.2%
	No	64.3%
	Unsure	8.5%
Have you completed the Hope and Healing Masterclass – Positive Behaviour Support and Managing High-Risk Behaviours?	Yes	19.1%
	No	60.2%
	Unsure	20.8%
Would you like to see additional masterclasses?	Yes	85.1%
	No	14.9%
Of the following potential topics for a masterclass which would be your most preferred? Select one.	Preventing child sexual exploitation	14.7%
	Respectful relationships	17.2%
	Responding to non-suicidal self-injury and suicide risk	48.5%
	Transition Plans	13.7%
	Water safety	1.0%
	Other (please specify)	4.9%

Appendix 7 – Level of support needs

Assessed support needs	Definition	Behaviour/Characteristics
Moderate	Needs typical for most children and young people in care as a result of the harm and trauma they may have experienced, and that can be managed through limit setting or other intervention	Children with moderate support needs are capable of responding to limit setting or other interventions and may include: 1) a child whose characteristics include one or more of the following: • occasional misbehaviour and transitory difficulties • acting out in response to stress, but episodes of acting out are brief • behaviour that is minimally disturbing to others, but the behaviour is considered typical for the child's age and can be corrected. 2) a child with developmental delays or disability whose characteristics include minor to moderate difficulties with conceptual, social, and practical adaptive skills. 3) a child who has previously experienced secure attachments, and therefore with significant support is likely to establish a secure base
High	Needs that indicate serious emotional, medical, or behavioural issues for the child or young person that require additional professional specialist input	Children with high support needs have problems in one or more areas of functioning and may include: 1) a child whose characteristics include one or more of the following: • frequent non-violent, anti-social acts • minor property destruction • occasional physical aggression • minor self-injurious actions • sexual acting out without harming others • running away with brief absences • difficulties that present a moderate risk of harm to self or others. 2) a child who misuses alcohol, drugs, or other consciousness-altering substances whose characteristics include one or more of the following: • substance misuse to the extent or frequency that the child is at-risk of substantial problems • a historical diagnosis of substance misuse or dependency with a need for regular community support through groups or similar interventions. 3) a child with developmental delays or disability whose characteristics include: moderate to substantial difficulties with conceptual, social and practical adaptive skills to include daily living and self-care * moderate impairment in communication, cognition or expressions of affect. 4) a child with primary medical or physical care needs, whose characteristics include one or more of the following: • occasional exacerbations of the diagnosed medical condition • limited daily living and self-care skills • ambulatory (mobile) with assistance. 5) a child who has limited current attachments, however, has previously experienced secure attachment, and therefore with significant support is likely to establish a secure base.

Complex	Needs that significantly impact on the child or young person's daily functioning, usually characterised by health conditions, disabilities, or challenging behaviours	• Children with complex support needs have severe problems in one or more areas of functioning and may include: • 1) a child whose characteristics include one or more of the following: • • unpredictable non-violent, anti-social acts • • property destruction • • frequent or unpredictable physical aggression • • major self-injurious actions, including recent suicide attempts • • sexual acting out with aggression • • cruelty to animals • • running away with prolonged absences • • being markedly withdrawn and isolated • • history of placement disruption due to behaviour • • difficulties that present a significant risk of harm to self or others. • 2) a child who misuses alcohol, drugs, or other consciousness altering substances whose characteristics include one or more of the following: • • severe impairment because of the substance misuse • • a primary diagnosis of substance misuse or dependency. • 3) a child with developmental delays or disability whose characteristics include one or more of the following: • • severely impaired conceptual, social, and practical adaptive skills to include daily living and self-care • • severe impairment in communication, cognition, or expressions of affect • • lack of motivation or the inability to complete self-care activities or participate in social activities • • inability to respond appropriately to an emergency • • multiple physical disabilities including sensory impairments. • 4) a child with primary medical or physical care needs whose characteristics include one or more of the following: • • regular or frequent exacerbations of the diagnosed medical condition • • severely limited daily living and self-care skills • • ambulatory (mobile) with assistance. • 5) a child who has limited current attachments and has not previously experienced secure attachment.

Extreme	Needs that have a pervasive impact on the child or young person's daily functioning, usually characterised by the presence of multiple, potentially life-threatening, health or disability conditions, and extreme challenging behaviours that may necessitate a constant level of supervision and care	Children with extreme support needs have severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others and may include: 1) a person whose characteristics include one or more of the following: • extreme physical aggression that causes harm • recurring major self-injurious actions, including suicide attempts • major property destruction • fire setting • sexual acting out with aggression • extreme cruelty to animals • running away with prolonged absences • history of multiple placement disruption due to behaviour • other difficulties that present a critical risk of harm to self or others • severely impaired reality testing, communication skills, cognitive abilities, affect (including little or no remorse for behaviour) and/or personal hygiene. 2) a child who misuses alcohol, drugs, or other consciousness-altering substances whose characteristics include a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm. 3) a child with developmental delays or disability whose characteristics include one or more of the following: • impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others • a consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others. 4) a child with primary medical or physical care needs that present an imminent and critical medical risk whose characteristics include one or more of the following: • frequent acute exacerbations of the diagnosed medical condition • inability to perform daily living or self-care skills • non-ambulatory (immobile) or confined to a bed.

Source: Department of Children, Youth Justice and Multicultural Affairs. 2024. Support levels and behaviour characteristics (practice guide). Child Safety Practice Manual.

Appendix 8 – Obligations and responsibilities to children and young people

International

At the international level there are four key conventions and guidelines that guides Australia's practices and approach to OOHC. These include:

- The United Nations Convention on the Rights of the Child (UNCRC)
- The United Nations Rights of Persons with Disabilities (UNRPD)
- The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)
- The United Nations Guidelines for the Alternative Care of Children.

These documents illustrate a commitment to a human-rights based approach to social justice focusing on fostering inclusive, safe and respectful environments. They share several common themes aimed at addressing the rights and dignity of children and young people. These overarching themes emphasise:

- **Dignity and respect** - each document stresses the inherent dignity of every individual, regardless of age, ability, ethnicity, or background. This includes respect for their autonomy and identity. All children and young people are entitled to fundamental human rights without discrimination.
- **Inclusion and non-discrimination** - Non-discrimination is central, with each document underscoring the importance of equality and the right to participate fully in society. The aim is to prevent and address any form of discrimination against children and young people, persons with disabilities, Indigenous peoples, and children in alternative care.
- **Protection from harm and abuse** - All four documents emphasise the protection of vulnerable populations from abuse, neglect, exploitation, and violence. They call on governments and institutions to establish and enforce safeguards, provide legal protection, and take steps to prevent harm.
- **Right to participation and self-determination** - The right to participate and have a voice is a recurring theme. For children and young people, this includes their right to express their views in matters affecting them. For persons with disabilities and Indigenous peoples, this includes autonomy, cultural practices, and self-determination. The goal is to ensure that these groups have agency in decisions impacting their lives.
- **Right to access essential services** - Access to health care, education, social services, and support systems is a priority in each document. The goal is to ensure that all children and young people, especially those from marginalised groups, have the resources and support they need to live fulfilling lives.
- **Support for families and communities** - Each document recognises the importance of family and community support. The UNCRC and the Guidelines for the Alternative Care of Children, for example, emphasise the role of families in a child's development. Similarly, the UNRDP and the UNDRIP advocate for community support systems to help individuals thrive within their cultural contexts.

National

At the national level there are two key frameworks the Queensland Government have committed to in the provision of services to children and young people, including the delivery of residential care services. These include the National Standards for Out-of-Home Care and the National Principles for Child Safe Organisations.

National Principles for Child Safe Organisations

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld and diverse needs respected in policy and practice.
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

The National Standards for Out-of-Home Care advocate for high-quality support and consistency for children and young people in OOHC, including residential care. The standards aim to improve care experiences and outcomes for children who cannot live with their birth families due to safety, welfare, or well-being concerns.

The standards focus on several key areas:

1. **Safety and Stability:** Ensuring that all children in out-of-home care have stable, safe living arrangements where they feel secure and supported.
2. **Health and Well-being:** Promoting the physical, mental, and emotional health of children in care, including regular health checks and access to mental health services.
3. **Connection to Family, Community, and Culture:** Encouraging and maintaining connections with biological families, communities, and, for Aboriginal and Torres Strait Islander children, cultural identity, and heritage.
4. **Education and Development:** Supporting children's access to education, training, and life-skills development to promote their growth and future independence.
5. **Transition and Stability:** Providing support for young people as they transition out of care, ensuring they have the skills and resources to succeed independently.

The standards emphasise a child-centred approach, encouraging decision-making that involves children and young people in their care planning. They also outline the responsibilities of carers and agencies to provide consistency, accountability, and ongoing improvement in the care system. The overarching goal is to promote the well-being, safety, and long-term success of children and young people in out-of-home care.

The National Principles for Child Safe Organisations were endorsed by the Commonwealth and all states and territories in February 2019. The aim of the National Principles is to provide a consistent framework to proactively protect children from all forms of potential harm, support their safety, and promote their wellbeing in various settings. Established following the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse, these principles guide organisations, including those providing residential care, in creating environments that prioritise child safety and wellbeing.

These principles encourage a proactive, preventive approach to child safety across various sectors, including schools, sports clubs, and youth organisations. They promote a safe environment for all children and emphasise the importance of creating a culture that values and protects children and young people.

Queensland

In Queensland, supporting the safety and wellbeing of children in residential care is a shared responsibility involving the Department of Families, Seniors, Disability Services and Child Safety, residential care providers, as well as child advocacy and support services. This shared responsibility has been designed to enable agencies and services to work together to safeguard children and young people's rights, promote their wellbeing, and provide them with stable, supportive environments while they are in OOHC.

At the state level, the obligations, responsibilities and approach to the provision of residential care is governed by legal frameworks set out in the *Child Protection Act 1999* (Qld), and the *Human Rights Act 2019* (Qld), as well as through several guiding regulatory standards and practice frameworks. Including, the Child Safety Practice Manual (CSPM), the Human Services Quality Framework (HSQF) and the Queensland Care Services Outcomes Framework.

The *Child Protection Act 1999* (Qld) was enacted to ensure the safety, wellbeing, and best interests of children and young people who are at risk of harm or neglect. The Act's primary objective is to provide a legal framework for child protection by outlining the responsibilities and procedures for identifying, responding to, and preventing child abuse and neglect. It prioritises protecting children from harm, supporting families to safely care for their children, and supporting children to grow up in stable and nurturing environments. Overall, the *Child Protection Act 1999* intent is to focus on balancing child safety with family support, promoting a comprehensive, respectful, and inclusive approach to child welfare.

The *Human Rights Act 2019* establishes protections that directly impact children and young people in OOHC by embedding human rights standards into the services and decisions that affect their lives. The Act requires public entities, including the Department, to consider human rights when making decisions or delivering services, aiming to ensure that children's rights are respected and upheld within the care system.

Some of the rights particularly relevant to children and young people in OOHC under the Human Rights Act 2019 include:

Protection of Families and Children (Section 26): This section emphasises the right of every child to protection, due to their vulnerability, and obliges public bodies to act in the best interests of the child.

Right to Privacy and Reputation (Section 25): This right protects children from arbitrary or unlawful interference with their privacy, family, or reputation, enabling better respect for their dignity and personal relationships.

Right to Education (Section 36): The right to education is crucial for children and young people in care, ensuring access to educational opportunities and the support needed to succeed in school.

Cultural Rights (Sections 27-28): These sections protect cultural rights, including the rights of Aboriginal and Torres Strait Islander children to maintain cultural identity and connections. For Indigenous children, this recognises that maintaining ties to their community and culture is essential, given historical injustices and the risks associated with cultural disconnection.

Protection from Torture, Cruel, Inhuman, or Degrading Treatment (Section 17): Children and young people are viewed as especially vulnerable to potential abuse or neglect, making this protection critically relevant.

In the residential care setting, the intent of the Act is to strengthen protections for children and young people through embedding human rights into the child protection framework. Under the Act, the Department, and their funded agencies providing residential care must:

- Act and make decisions that are compatible with human rights.
- Consider human rights in their interactions with children, young people, and their families.
- Develop policies and practices that incorporate human rights standards

The CSPM is the core policy framework driving the implementation of *Child Protection Act 1999* and relevant requirements under the Human Rights Act 2019. It provides a comprehensive guide outlining the principles, practices, and procedures for protecting children. It is designed to assist child protection practitioners and other professionals working in child safety to make informed decisions that are in the best interest of the child. There are several core principles underpinning the CSPM in the provision of residential care, including:

- **Best interests of the child** - the manual prioritises the welfare and best interests of children and young people. It emphasises that children and young people have a right to be protected from harm and to grow up in a safe and nurturing environment.
- **Child-centred and family-focused approach** – the manual promotes a child-centred approach while considering the strengths and needs of the family as a whole. This balance is designed to support the safety and well-being of a child or young person, while also empowering families to build resilience and supportive relationships.
- **Respect for cultural diversity** - the manual acknowledges and respects cultural diversity, with a special emphasis on the rights, identity, and cultural connections of Aboriginal and Torres Strait Islander children and young people. It aims to support culturally sensitive practices that respect each child or young person's cultural background. The Aboriginal and Torres Strait Islander Child Placement Principle is central in guiding all legislation, policy, practice and decision making. It recognises the importance of connections to family, community, culture, and country and is founded in five (5) core elements of Prevention, Participation, Partnership, Placement, and Connection.
- **Collaboration and partnership** - effective child protection relies on strong partnerships among families, communities, government agencies, and other service providers. The manual encourages collaborative approaches to ensure the most comprehensive support network around each child.
- **Evidence-based practice** - the manual emphasises evidence-based decision-making to support the safety and well-being of children. Practitioners are encouraged to use data, research, and professional judgement to guide their actions.
- **Transparency and accountability** - child protection practices should be transparent and accountable. The manual promotes clear communication with families, children, and other stakeholders, and it stresses the importance of documenting decisions and actions.

Queensland has the Aboriginal and Torres Strait Islander Child Placement Principle enshrined in legislation. The principle ensures that Aboriginal and Torres Strait Islander children and young people are placed in culturally appropriate and supportive care environments when they are removed from their families.

Aboriginal and Torres Strait Islander Child Placement Principle (Section 5C): *Recognising and protecting the rights of Aboriginal and Torres Strait Islander children in out-of-home care, the Child Placement Principles emphasises self-determination to address disproportionate rates of representation throughout the child protection system in Queensland.*

The overarching intent of the CSPM is to provide a structured, reliable, and consistent approach to child protection. It supports Child Safety Officers adhere to a set of best practices aimed at safeguarding vulnerable children, promoting their rights, and fostering their long-term wellbeing within supportive family and community contexts. The manual serves as both a guideline and a support system, helping to standardise child safety processes across Queensland and supporting the highest standards of care and protection for children in need

The HSQF intends to support in safeguarding the wellbeing, rights, and safety of children and young people receiving services, including those in residential care. It emphasises creating environments where children and young people are protected from harm, abuse, neglect, and exploitation, with principles grounded in respecting human rights, social inclusion, participation, and choice. The HSQF outlines standards that organisations must follow, including thorough risk management practices, proper staff training, and mechanisms for responding to concerns or incidents involving harm. The HSQF has been designed as a monitoring and accountability mechanism that confirms organisations are prioritising the safety and development of children and young people in all aspects of service delivery.

The Queensland Care Services Outcomes Framework was developed in recognition that strong partnerships across government and non-government services, and robust systems are required to achieve meaningful outcomes for children and young people in OOHC and support them to be safe and reach their full potential. The Framework's objectives are to establish a shared vision in identifying and measuring outcomes for children and young people in care, promote integrated and coordinated responses to the needs of children and young people in care, and recognise the diversity and uniqueness of children and young people's needs. The Framework outlines five (5) domains that services should align to in their everyday work to support in improving life outcomes for children and young people. These include:

- **Safe and nurtured** — children and young people feel cared for and nurtured in stable environments, safe from abuse, neglect, violence, and harm.
- **Connected** — children and young people are positively connected to family, culture and community and have a sense of identity and belonging.
- **Achieving** — children and young people attend and engage in their education, meet developmental milestones, engage in, and benefit from recreational activities and develop independence and life skills.
- **Healthy** — children and young people are physically, emotionally, and mentally healthy and lead an active and healthy lifestyle.
- **Resilient**— children and young people feel confident and have social skills, coping skills and the ability to manage adversity

Appendix 9 – Alignment to other strategies

National Initiatives

Safe & Supported: The National Framework for Protecting Australia's Children 2021 – 2031	
Background	It is a national framework to reduce child abuse and neglect and its intergenerational impacts by outlining a 10-year strategy to improve the lives of children, young people and families experiencing disadvantage or who are vulnerable to abuse and neglect.
Focus areas	• National approach to early intervention and targeted support • Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems • Improved information sharing, data development and analysis • Strengthening the child and family sector and workforce capability
Focus area 4: Strengthening the child and family sector and workforce capability	Priorities include: • Increasing the capability and capacity of the workforce to meet the needs of vulnerable and disadvantaged children and young people, including through improving the skills, knowledge and practice of staff • Improving awareness and understanding among the child and family sector and increasing trust in services and systems • Building knowledge across other sectors that work with the target group • Improving the capability of the workgroup to provide trauma-informed services • Developing genuine relationships between government organisations and Aboriginal and Torres Strait Islander people, organisations and/or businesses to enhance the quality and cultural safety of mainstream service delivery (Closing the Gap target)
Alignment with the National Agreement on Closing the Gap	• Build strong community-controlled sectors to deliver Closing the Gap services and programs, particularly through the Sector Strengthening Plan in early childhood care and development • Identify and eliminate institutional racism and embed and practice meaningful cultural safety, including through delivering services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people • Upskilling the mainstream child and family workforce with robust and evidence-based training • Prioritise building the Aboriginal and Torres Strait Islander workforce in the child and family sector to support increased focus on cultural safety and Aboriginal and Torres Strait Islander led early intervention.

Safe and Supported: First Action Plan 2023 – 2026 (Action 3 - Workforce)

Activities	Scope current and future needs of the child and family sector and its workforce, including a consideration of the impact other activities under the Action Plans will have on the workforce (eg Aboriginal and Torres Strait Islander First Action Plan – Action 2)
	Develop strategies for a sustainable workforce pipeline, including attraction and retention, with particular focus on the Aboriginal and Torres Strait Islander workforce.
	Support capacity building through: • Developing and implementing cultural awareness training across front-line staff with consideration of: 1. Aboriginal and Torres Strait Islander perspectives 2. The experience of people with culturally and linguistically diverse backgrounds 3. Training modules and other resources to improve consistency of support and assistance to families 4. Research and share best practice approaches to workforce capacity building, including for trauma-informed approaches.
	Scope national accreditation of the child protection and family support services workforce.

Safe & Supported: Aboriginal and Torres Strait Islander First Action Plan 2023 – 2026 (Action 4 - Workforce)

Activities	Scope current and future needs of the Aboriginal and Torres Strait Islander workforce, and community-controlled child protection and family support workforce. This action aligns with A6 of the Closing the Gap *Early Childhood Care and Development Sector Strengthening Plan*
	Develop strategies to grow the Aboriginal and Torres Strait Islander workforce, including: • Targeted vocational training pathways and access to fee-free or subsidised tertiary education, vocation, and apprenticeship training for Aboriginal and Torres Strait Islander people • Support for ATSICCO's being able to attract and retain staff to match their current and future workforce needs, such as tailoring professional support, fostering professional development and creating career pathway plans, and addressing recruitment and retention barriers • Improve the cultural awareness and understanding of the workforce engaged with Aboriginal and Torres Strait Islander families, including Aboriginal and Torres Strait Islander children living with disability. Implement actions under *Sector Strengthening Plan – Early Childhood Care and Development* • Actions that fully align with Safe and Supported will be prioritised for implementation following further consideration with jurisdictions. Support and align actions under the *Disability Sector Strengthening Plan* to ensure services are both culturally safe and disability inclusive.

Sector Strengthening Plan: Early Childhood Care and Development (2021): Key Action Area – Workforce (Family Support and Child Protection Workforce Development)	
Actions	Scope current Aboriginal and Torres Strait Islander and community-controlled child protection and family support workforce and projected workforce development needs in line with sector growth under Priority Reform 2 of the Closing the Gap Agreement
	Develop and implement strategies for Aboriginal and Torres Strait Islander and community-controlled sector workforce development
	Develop the cultural competency and trauma responsiveness of the child and family sector workforce engaged through DSS grant funding
	Assess the needs of and increase the involvement of Aboriginal and Torres Strait Islander community-controlled organisations in the child and family sector (specific initiative led by DSS)
	Priorities for actions under Safe and Supported to be developed

Additional National Commitments

The commitment under Australia's Disability Strategy 2021 – 2031 to increasing employment of people with disability and supporting implementation of the NDIS National Workforce Plan: 2021 – 2025

- The Disability Sector Strengthening Plan (to support achievement of Priority Reform 2 of the National Agreement on Closing the Gap) to build the community-controlled disability sector
- Shaping Our Future – A ten-year strategy to ensure a sustainable, high-quality children's education and care workforce 2022 – 2031 recognising that education and care is integral in setting the foundations for lifelong learning and development
- That National Plan to End Violence Against Women and Children 2022 – 2032 (and subsequent First Action Plan) is the overarching national policy framework that will guide actions towards ending violence against women and children over the next ten years
- The National Strategy to Prevent and Respond to Child Sexual Abuse 2021 – 2030 is the first of its kind, providing a nationally coordinated, strategic framework for preventing and responding to child sexual abuse
- The National Aboriginal and Torres Strait Islander Early Childhood Strategy aims to refocus investment and policy to ensure all Aboriginal and Torres Strait Islander children are supported to grow up strong and proud in culture
- The National Mental Health Workforce Strategy 2022 – 2032 sets out how governments will work together with the sector to meet the demands of the mental health system and build a sustainable workforce

Queensland Initiatives

Good People. Good Jobs: Queensland Workforce Strategy 2022-2032	
Background	The Queensland Workforce Strategy 2022 – 2032 will drive opportunities for a strong and diverse workforce ready to seize today's jobs and adapt to future opportunities. Three pillars direct the Strategy to: 1. Connect industry, community, and government to more Queenslanders 2. Educate the workforce through upskilling and reskilling 3. Attract and retain a skilled workforce.

Focus Areas

Workforce Participation
- Enable all Queenslanders to participate in the workforce
- Support employers to rethink their employment practices and grow a more diverse workforce.

Local Solutions
- Implement locally focused and led workforce planning and initiatives
- Coordinate efforts across industry, the community and government at all levels to focus on local and regional priorities.

School-to-Work transitions
- Create strong and effective school-industry partnerships across Queensland
- Improve access to high-quality career information for school students

Workforce Attraction and Retention
- Partner with industries and communities on new approaches to attract and retain workers
- Support industry-led initiatives to work differently to increase workforce capability and capacity
- Leverage migration to address critical workforce gaps

Skilling Queenslanders Now and Into the Future
- Develop an innovative, modern, and flexible training system that delivers for traditional and emerging industries.
- Increase collaboration between government, industry, and the educations systems at all levels.

Additional Queensland Government Commitments

- The Queensland Women's Strategy 2022 – 2027
- The Local Thriving Communities and the National Closing the Gap agenda to contribute to improved outcomes for First Nations peoples
- The Health Workforce Strategy for Queensland to 2032 has been developed with the purpose of building a supported workforce to deliver high quality healthcare across Queensland
- The Early Childhood Workforce Strategy recognising the significant impact our early childhood workforce has in making sure all children start strong and thrive to realise their full potential
- The Queensland Mental Health Commission is developing a whole-of-government, whole-of-community trauma strategy which aims to focus on prevention trauma, improving support for those who have experienced trauma, and reducing long-term impact on individuals and the community
- The Victim's Commissioner is finalising a learning and development strategy in trauma-informed service delivery which will inform Governments approach to training and support.

Links to Strategies

#	Document
1	Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031 | Department of Social Services, Australian Government (dss.gov.au)
2	Sector Strengthening Plan: Early Childhood Care and Development (closingthegap.gov.au)
3	Priority Reforms | Closing the Gap
4	Australia's Disability Strategy Hub | Disability Gateway
5	ndis-national-workforce-plan-2021-2025.pdf (dss.gov.au)
6	Disability Sector Strengthening Plan (closingthegap.gov.au)
7	Shaping Our Future: A ten-year strategy to ensure a sustainable, high-quality children's education and care workforce 2022–2031 (acecqa.gov.au)
8	The National Plan to End Violence against Women and Children 2022-2032 | Department of Social Services, Australian Government (dss.gov.au)
9	National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 | National Office for Child Safety
10	National Aboriginal and Torres Strait Islander Early Childhood Strategy Summary (niaa.gov.au)
11	National Mental Health Workforce Strategy 2022–2032 | Australian Government Department of Health and Aged Care
12	Implementation_Action_Plan_Final.pdf (qatsicpp.com.au)
13	final-queensland-workforce-strategy_2022-2032.pdf (publications.qld.gov.au)
14	Queensland women's strategy 2022-27
15	About Local Thriving Communities - Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (dsdsatsip.qld.gov.au)
16	Early Childhood Workforce Strategy
17	Queensland trauma strategy | Queensland Mental Health Commission (qmhc.qld.gov.au)

Appendix 10 – List of figures

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