

Insights and opportunities

— Queensland Residential Care Workforce
March 2025

SUMMARY REPORT



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.



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, 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 out-of-home care (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



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.

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Key context

Overview

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Overview

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 invited government to partner with the sector to address these concerns. Feedback sought during an extensive period of research, consultation and review of the 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.

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. As a sector, however, we continue to face challenges in the delivery of quality care, as demand rises and the needs of children and young people become increasingly complex.

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.

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 helps them thrive well into the future.

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 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 summary 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.



How these insights will inform the Workforce Strategy

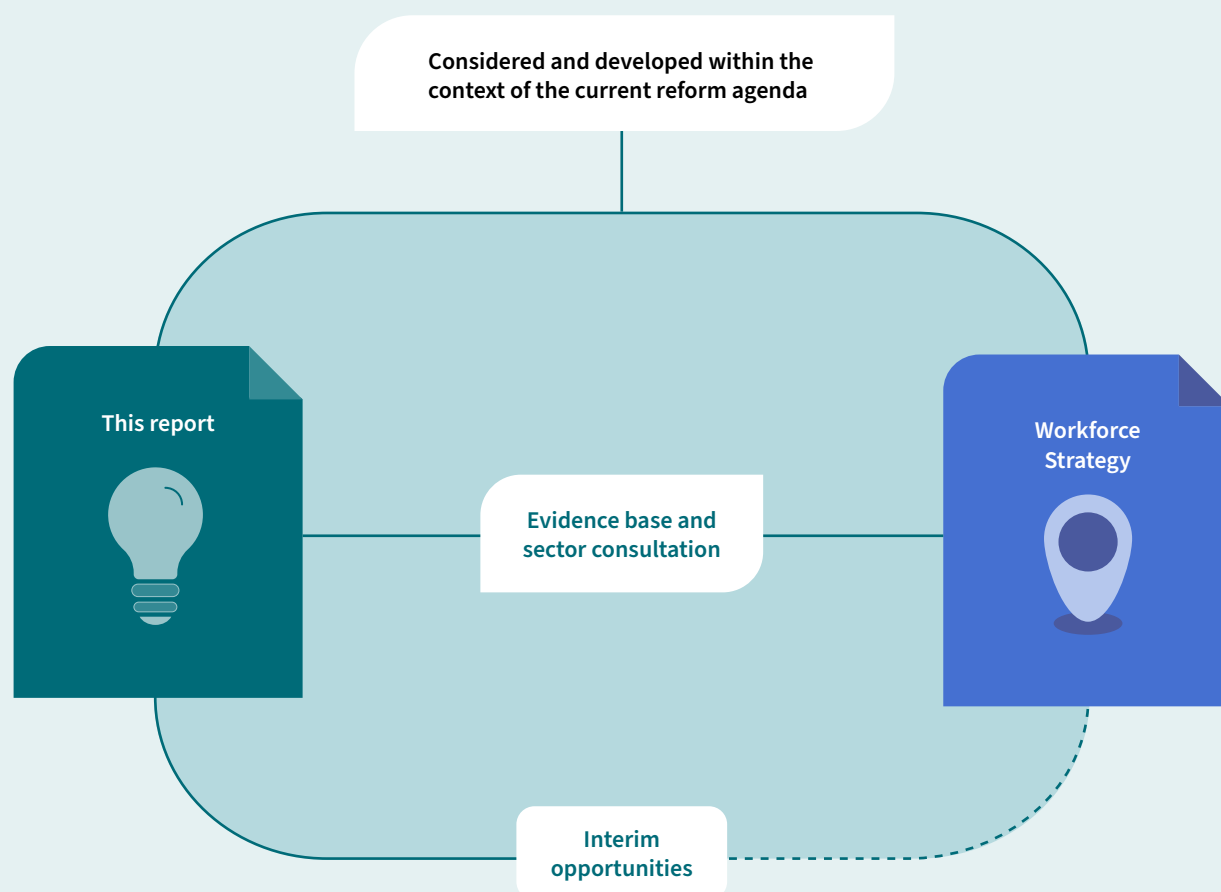
This report builds on work already undertaken to identify challenges within the residential care system. It provides the insight, evidence base and context necessary to develop a Workforce Strategy that supports the needs of the sector now and into the future.

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.



Identified opportunities

Throughout the course of consultation and review, several actions were identified for consideration by government, peak bodies and the sector while the Workforce Strategy is developed. These 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.

SEE PAGE 17

Understanding the workforce

The workforce refers to the collective of individuals caring for young people on child protection orders placed in residential care.

The DFSDSCS defines residential care as care that is 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 (Queensland Department of Families, Seniors, Disability Services and Child Safety Website, 2024).

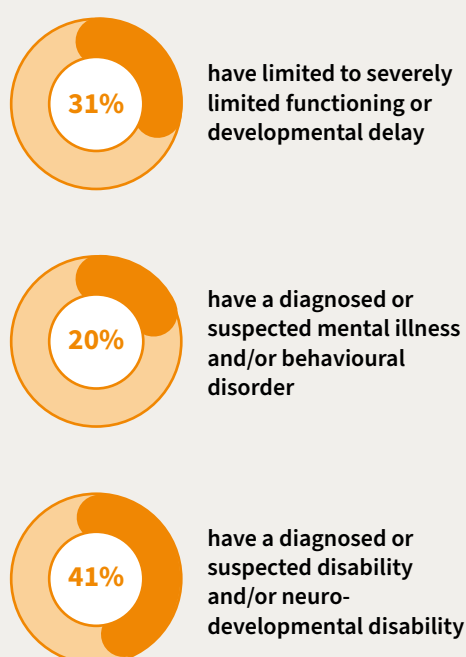
→ Placements are for young people aged 12-17 in the care of the DFSDSCS

→ Can be considered for children under 12 in defined circumstances

Residential care in context

Demographics and our understanding of the complexity of the needs of children and young people in residential care have changed in recent years. The number of younger children in residential care has risen, as has the number of children and young people living with disabilities (Figure 1). These changes have shifted the skills, capabilities and attributes required from the workforce.

Figure 1: Demographic of Queensland's children and young people in residential care (Source: Queensland Department of Families, Seniors, Disability Services and Child Safety, as at 7 January 2025)



Who is the residential care workforce?

Queensland's residential care workforce is geographically diverse and encompasses a range of ages, cultural backgrounds and qualifications. 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 as part of PeakCare's Residential Care Workforce Survey 2024 (the Survey), paints a reasonable picture of who makes up our workforce and the challenges they face.

Discussion with the sector suggests the number of staff working in residential care could be between 3,000 and 5,000, as a conservative estimate. This is based on multiple medium to large providers reporting that their organisations employ between 750–900 casual workers.

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



Diverse



Primarily female + casualised

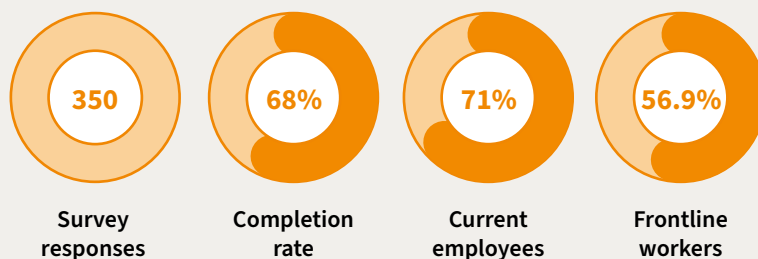


3000-5000
Conservative workforce staff estimate

Survey insights

Respondents

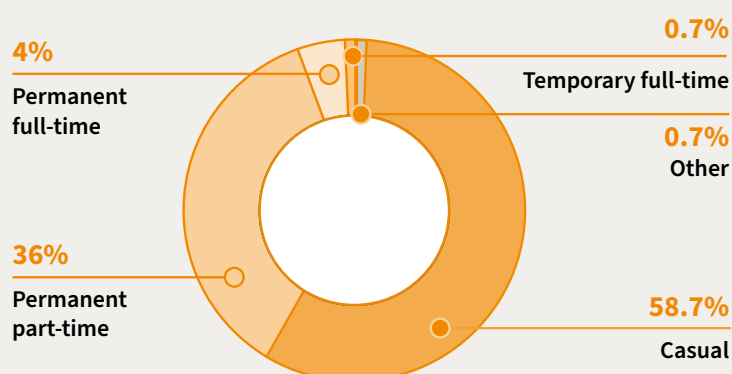
A total of 350 survey responses were received with a 68% completion rate. While the Survey targeted current and former residential care workers most respondents (71%) were current employees. More than half of the respondents were frontline workers (56.9%), with responses also received from team leaders,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



Employment status

Respondents were predominantly casual, however when reviewing the percentage of frontline workers who responded, this number was expectedly higher at 58.7%. 36% of frontline workers said they were permanent part-time, with only 4% permanent full-time (Figure 2).

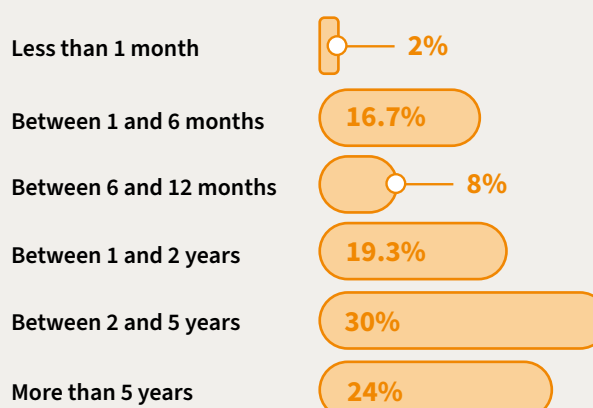
Figure 2: Employment status of current frontline workers survey respondents (Source: PeakCare Residential Care Workforce Survey 2024)



Age and experience

76% of current frontline workers have had five years' or less experience, with years of experience generally increasing as age increases (Figure 3). The ages of respondents varied, with workers primarily spanning from early 20s to late 50s (Figure 4, see page 9).

Figure 3: Years of experience of current frontline workers survey respondents (Source: PeakCare Residential Care Workforce Survey 2024)

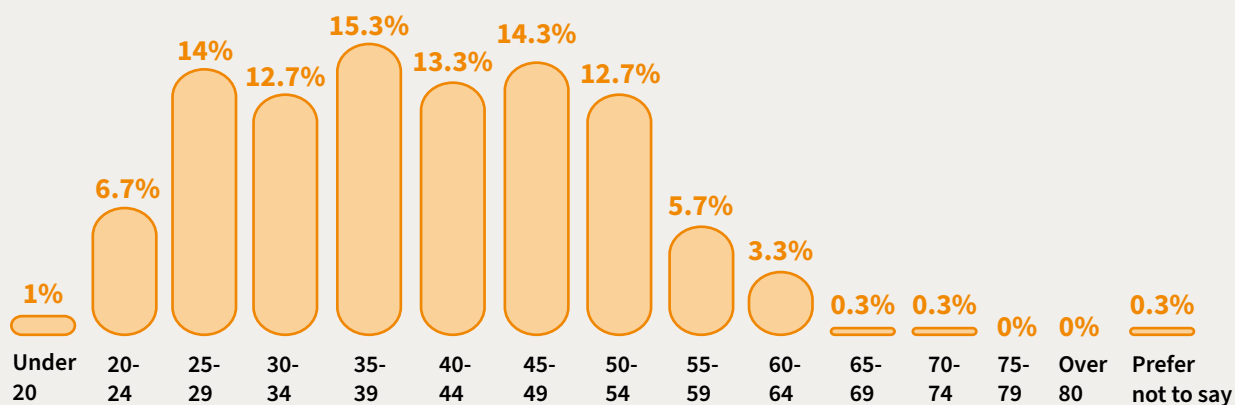




Age and experience cont...

Figure 4: Age of survey respondents

(Source: PeakCare Residential Care Workforce Survey 2024)

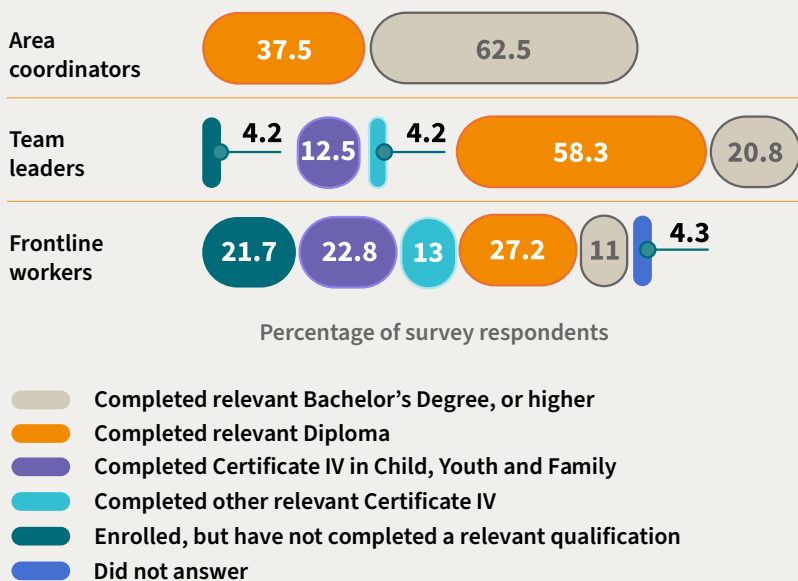


Qualifications

At 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. The survey found that 57.5% of frontline workers who responded were either enrolled in or had completed a relevant Certificate IV level qualification (Figure 5). 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.

Figure 5: Qualifications held by survey respondents

(Source: PeakCare Residential Care Workforce Survey 2024)



Working with children and young people

The OOHC legislative and policy landscape has intended to create a system that enables children and young people to experience safe, stable and supportive care 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.

Negative experiences in residential care 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. Many young people report feeling unheard and unsupported in residential care settings, in some cases likening these environments to prisons due to restrictive rules and inadequate autonomy.

Reports, such as those from CREATE Foundation and the Royal Commission into Institutional Responses to Child Sexual Abuse, stress that empowering relationships and meaningful participation are crucial in improving care experiences. Barriers include insufficient staff training, lack of relational focus and a failure to involve young people in decision-making.

Addressing these challenges requires a shift in our care culture, a strong emphasis on compassion, trust and respect, and supporting the workforce to build genuine, empowering connections with children and young people through enhanced education.

A greater focus on relational safety is vital, too. Consistent, compassionate and supportive relationships with caregivers are essential for children and young people in residential care as it fosters trust, emotional security and a sense of belonging. It goes beyond physical safety, addressing the need for children to feel valued, respected and understood.

Positive relationships with carers and staff are critical in creating an environment where young people can heal from trauma, build resilience and develop healthy connections. Relational safety enables open communication, promotes psychological wellbeing and is foundational in empowering young people to participate meaningfully in decisions about their care, all of which contributes to better long-term outcomes.

It is important to place the rights and voices of children and young people at the centre of this report and the future Workforce Strategy. It is also vital that insights, opportunities and future actions are grounded in the objective of improving outcomes for children and young people in care.

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

YOUNG PERSON

“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

2

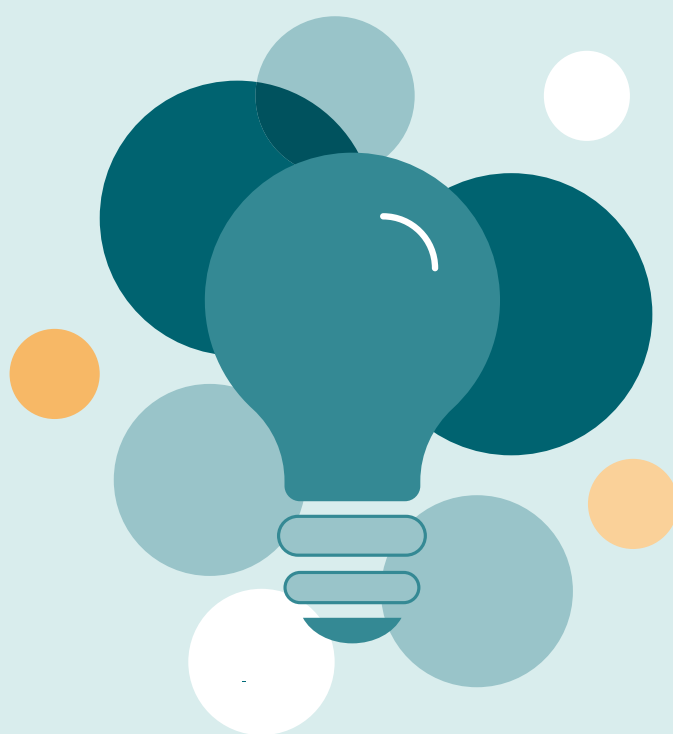
Key insights

Growing demand
for residential care

Key workforce
challenges

First Nations
considerations

Complex current
care landscape



Demand for residential care in Queensland has grown significantly. This sharp increase has strained existing policies, practices and workforce capabilities.

It has exacerbated existing workforce challenges, including high turnover, workload stress, limited supervision and staff safety concerns. Recruitment and retention efforts have also been hampered by casualisation, burnout and limited professional development opportunities in the sector. These factors negatively impact the stability of the workforce, and by extension, the experiences of children and young people in care.

Placing children's voices and rights at the centre of priorities, practices and processes is critical to shaping an effective and compassionate care system and improving safety and wellbeing outcomes for children and young people. This requires a workforce that is adequately trained and supported to build relational safety and listen to the voices of children and young people.

To effectively support the workforce and address challenges, intentional workforce planning is needed. This will better equip current and future staff with the skills required to embed trauma-informed, relational based and culturally safe care. Improved recruitment, training and supervision, along with aligning contract structures and policies, will also assist in enhancing the stability and capability of the workforce, and ultimately improving outcomes for children and young people.



Growing demand for residential care

The residential care sector has seen unprecedented growth in recent years, with the number of children and young people in care more than doubling since 2019 from 951 to 1,998 (Department of Families, Seniors, Disability Services and Child Safety, as at 7 January 2025).

Growing demand has created significant challenge at both a policy and practice level. The capability, experience and frameworks that support the current workforce have struggled to keep pace with not only increasing demand, but the increasing complexity of the needs of children and young people in care.

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 (Department of Families, Seniors, Disability Services and Child Safety, as at 7 January 2025). 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 residential care by 2029.

The DFSDCS 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 (Department of Families, Seniors, Disability Services and Child Safety. 2024. *A Roadmap for Residential Care in Queensland*). It would also align the proportion of children and young people in residential care in Queensland with most other states and territories.

Currently, children and young people in residential care constitute 17% of the total number of children and young people in OOHC in Queensland. 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.

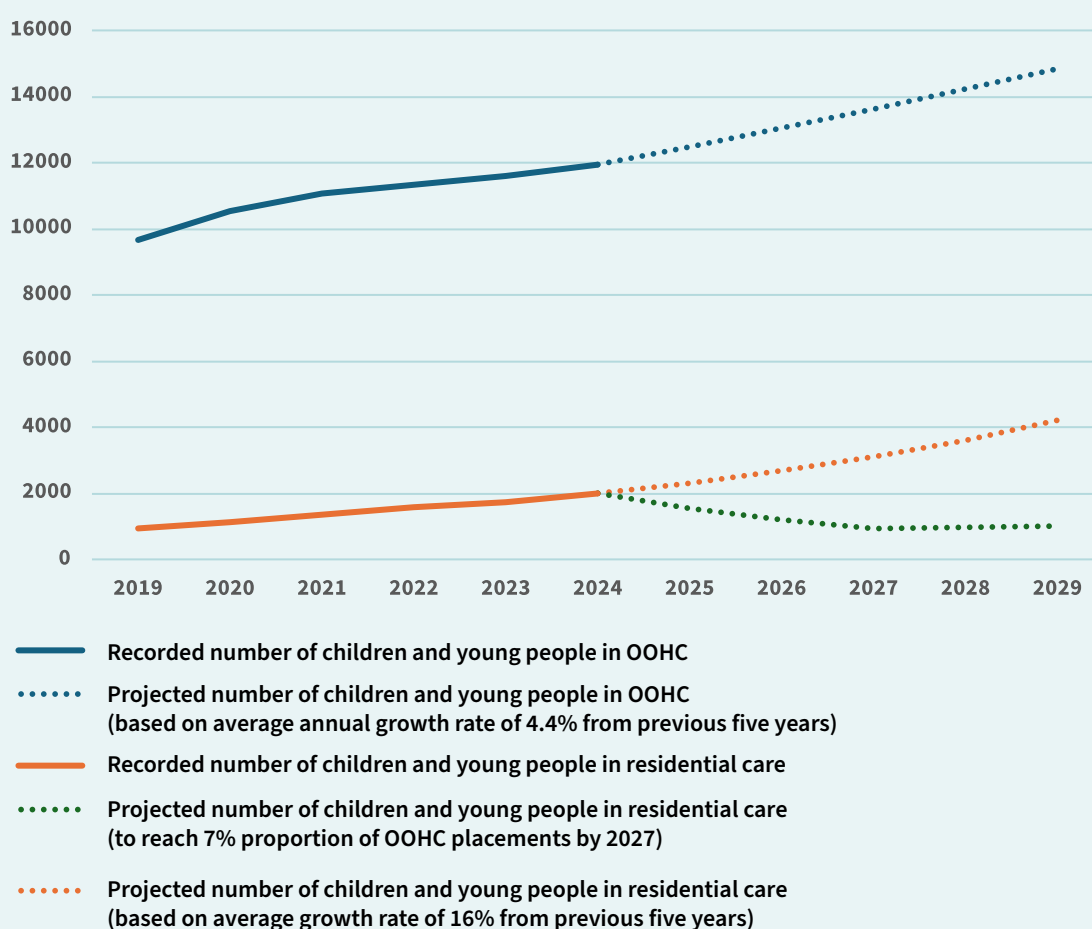
Figure 6 illustrates a clear disconnect between the projected number of children and young people in residential care and OOHC, based on data from the previous five years, and what 7% of the projected OOHC population equates to.

With initiatives such as family and kin finding, expanding the available foster care pool and the transition of funding to ATSICCO's still underway, significantly decreasing the number of children and young people in residential care in the immediate future 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.

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 within the context of OOHC, 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.

Figure 6: Projected number of children and young people in OOHC and residential care





Key workforce challenges

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 in care 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 around pathway and development opportunities and residential care, as a sector, have also contributed to these challenges.

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.



First Nations considerations

First Nations children and young people are disproportionately placed in residential care, particularly in Queensland, which has the second-highest rate nationally.

Efforts to address this align with Closing the Gap Target 12: reducing the overrepresentation of Aboriginal and Torres Strait Islander children in OOHC by 45% by 2031. However, data indicates that Queensland is regressing, with the number of First Nations children in residential care increasing at a higher rate than their non-First Nations counterparts.

The number of current cultural support plans, designed to help children maintain connections to culture, family and community, has declined by an average of 3% annually over the past five years. Many First Nations children in residential care report not feeling connected to their culture, even when a support plan is in place. Furthermore, residential care practices often fail to align with the Aboriginal and Torres Strait Islander Child Placement Principle, which prioritises placement with kin or First Nations carers.

Survey data highlights significant gaps in cultural competency, with workers expressing the need for more training, stronger connections to First Nations communities and greater involvement of First Nations staff and Elders.

Several barriers have contributed to the lack of cultural competence within the residential care workforce. Unlicensed service providers, who constitute a significant portion of the sector, are not required to adhere to evidence-based standards, including mandatory cultural competency training. Limited First Nations representation

Children aged 0-17 years in out-of-home care at 30 June, Rate per 1,000 children

	Aboriginal and Torres Strait Islander people	Non-Indigenous people
2019	37.7	4.2
2023	46.5	4.6

Productivity Commission. (2024). Closing the Gap: Target 12

in decision-making roles also prevents the development and implementation of effective, culturally informed responses. Cultural load, or the additional responsibilities borne by First Nations staff due to their cultural identity, further exacerbates challenges in workforce capacity and wellbeing.

To address these issues, enhancing the skills and capabilities of the workforce in trauma-informed and culturally competent care is crucial. Strengthening partnerships with First Nations communities and transitioning child protection services to ATSICCOs are key steps to embedding cultural considerations into care practices. The QATSICPP Workforce Strategy, currently under development, aims to build a skilled, credentialed and culturally led child and family services workforce. This strategy is informed by extensive consultations with ATSICCO members and outlines short-, medium- and long-term steps to support First Nations children and young people.

In addition to workforce development, addressing the impact of cultural load on First Nations staff is essential. This could be achieved through targeted supports, including regular supervision, and the recognition of cultural load as a significant workforce issue within policies and practices. Aligning residential care strategies with broader initiatives will support First Nations children to grow up connected to their culture, kin and country.

Complex current care landscape

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 workforce and the type of care they provide.

Regulation of organisations including the HSQF and licensing policies shape the provision of service delivery provided by organisations, and by extension the workforce. As do the contracting frameworks and investment specifications that determine the level of funding and contractual requirements service providers - and their workers - are confined to.

How organisations operate within these policy frameworks and choose to deliver services have 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 to make sure staff are adequately trained and supported, adherence was reportedly inconsistent, especially between licensed and unlicensed providers.

Sector feedback revealed concerns regarding the licensing process and 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 Individualised Placement and Support (IPS) arrangements through fee-for-service funded contracts, rather than Outsourced Service Delivery (OSD) funded contracts 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 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 turn-over 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 DFSDESCS 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 interjurisdictional consultation highlighted that comparatively, the experience in Queensland appears somewhat unique, feedback was mixed, with members of the National Therapeutic Residential Care Alliance (NTRCA) sighting similar challenges in other states. Further review of how the award is interpreted and applied elsewhere would enable the identification of successful implementation approaches and how these could be applied in a Queensland context.

Residential care is governed by a robust legislative and policy framework. It 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.

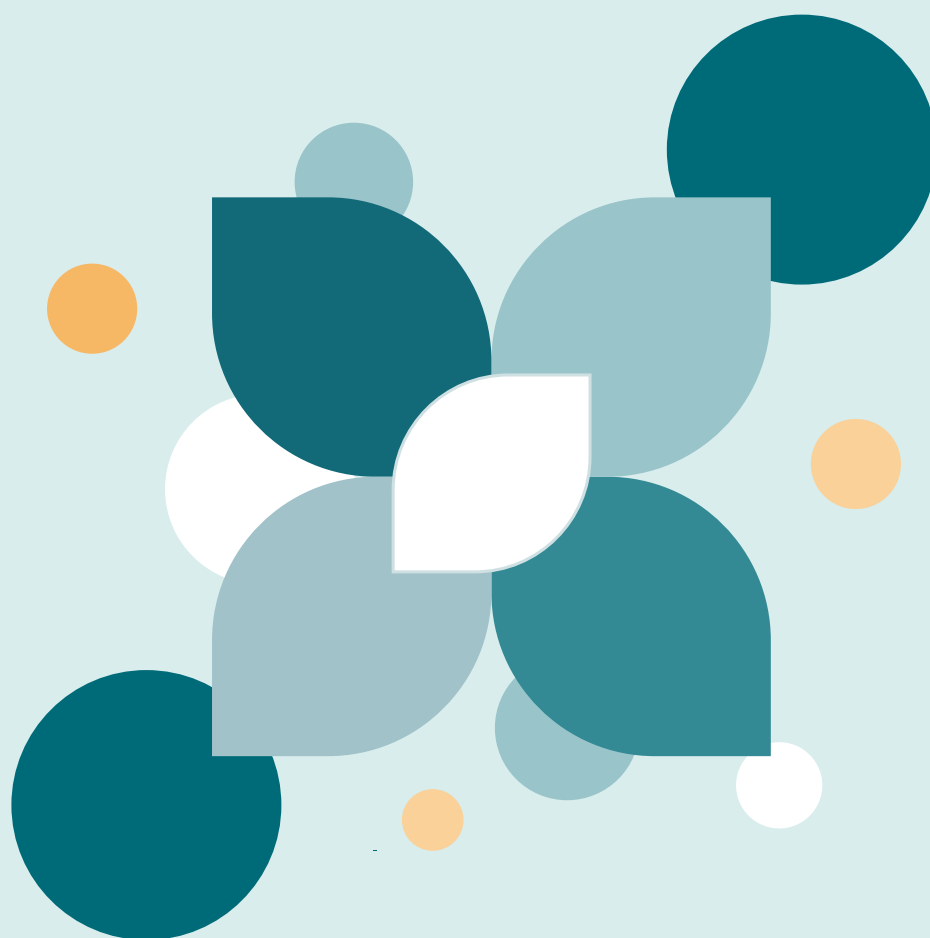
The Queensland legislative and policy framework aligns with the contemporary evidence base in how practice should be implemented to provide a high standard of care. The intent of the framework speaks to embedding practice approaches focused on providing safe, secure, stable and supportive environments, prioritising wellbeing and providing home-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, parents 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 have heard that there is often a disconnect between how the framework and needs for children and young people are being understood and then applied into practice. Increasing demand and workforce recruitment, development and retention challenges also impact the capacity to maintain and develop consistent connections and relationships in practice.

3

Opportunities

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 these 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 insights that consistently emerged in both research and discussions with the sector, parents and young people.



Interim opportunities; not the strategy itself

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



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 DFSDESCS 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.





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