The Honourable Annastacia Palaszczuk MP
Premier and Minister for Trade
1 William Street
PO Box 15185
City East QLD 4002

5 February 2020

Dear Premier

Re: Joint peaks' submission regarding child and family budget priorities

This submission addresses priorities to be considered in the formulation of the Queensland state budget. The submission represents the shared views and recommendations of Queensland's key child protection peak bodies and representative groups - PeakCare Queensland Incorporated (PeakCare), Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), CREATE Foundation, Queensland Foster and Kinship Care (QFKC), and Family Inclusion Network SEQ (FIN).

Our organisations acknowledge and commend the Queensland Government's significant investment and progress in implementing reforms to improve outcomes for Queensland's children and families. Whilst applauding these initiatives, our submission seeks to address areas where further improvements can be made in closing service gaps to obtain improved outcomes for Queensland children and families, embed innovative solutions to perennial issues of concern regarding the functioning the child protection system, and remain a step ahead in dealing with the emerging stressors challenging families in our contemporary society.

Our submission aligns with the laudable high priority your Government has placed on *Giving all our children a good start* as featured within the list of *Advancing Queensland's Priorities.* If acted upon, we are confident that our recommendations will benefit children and their families who are currently engaged with the child protection system as well as those who may be regarded as being at risk. Moreover, with cognizance given to the inter-generational contact of families with the child protection system, more effective support of children and young people already in care or who are in transition from care will help break this cycle and ensure that their children are given a better start in life than the ones they received.

Our collective recommendations for priority investment encompass the following areas. The numbering of these areas does not indicate a prioritised listing – all are regarded as important.

1) *Earlier* support for children and families – shifting the investment from reactive to proactive responses
2) Supporting the self-determination of Aboriginal and Torres Strait Islander communities and peoples in meeting their children's needs for safety and wellbeing

3) Extending the support provided to young people in care to successfully transition into adulthood
4) Re-designing of the system to better cater for the needs of older children and young people and ensure their access to consistent, reliable and trusted adults throughout their journeys in care
5) Creating more innovative and responsive models for the care provided to children and young people and the support of their carers
6) Recognising and supporting the unique contribution made by kinship carers (statutory and non-statutory), and
7) Ensuring the voices of children, young people and parents are integral to the design and delivery of the services they receive.

An explanation for each area and associated policy proposals are outlined below.

1) *Earlier* support for children and families – shifting the investment from reactive to proactive responses

Policy proposal:

Increase funding for existing initiatives or new programs to provide earlier support for children and families well before engagement with the statutory child protection system is required. This must include place-based responses for families living in rural and remote communities and must encompass specific funding for Aboriginal and Torres Strait Islander community-led programs to meet core principles of self-determination and community control.

The evidence base for shifting Government investment from the tertiary end of the child protection system to primary prevention has received longstanding recognition from all State and Territory Governments and featured as a cornerstone of the *National Framework for Protecting Australia's Children* that was endorsed by the Council of Australian Governments (COAG) in 2009. Despite the active commitments made by all States and Territories, the system has largely remained intransigent with tertiary service responses continuing to swallow the greatest share of child protection budgets.

While the Queensland Government's increased investment in family support programs including, in particular, Aboriginal and Torres Strait Islander family wellbeing services, since the time of the Carmody Child Protection Inquiry has been welcomed, the significant disproportional investment in child protection tertiary responses, as opposed to early support services[1], continues to be of concern. The prospect of the 'hump funding' to implement the Carmody Inquiry recommendations diminishing as the recommendations took hold over the course of Carmody's 'ten year roadmap' are, and always were, a 'pipe-dream' in the absence of more substantial reforms.

So what are we missing?

Despite the significantly increased investment in family support programs, the child protection system has continued its over-reliance on a 'notification system' to trigger the service responses either offered to, or imposed upon, families. The newly funded services are predominantly targeted to families who have already come to the attention of the statutory child protection department via this notification system. Earlier responses with less reliance on the notification system constitute

[1] Steering Committee for the Review of Government Service Provision, 2019

more accessible and non-stigmatising options for families. They are more likely to result in a family seeking the help they need when they need it and from the service provider of their choice, thereby reducing the likelihood of receiving a (very expensive) 'knock on the door' by Child Safety Officers and/ or the Police charged with responsibilities to investigate a child protection notification – a generally fear-inducing intervention in the lives of families no matter how well it is managed and reframed as an offer of help.

Provision of primary prevention and early support of families (both *early* in a child's life and at the *early* stages of a problem emerging) is one of the major strategies used to improve outcomes for children and families who, for various reasons, may being experiencing vulnerability. Academic, not-for-profit, philanthropy and business partnerships have focused on advocating for investments that research shows have a positive impact on children and which economics tells us will provide a positive financial return to our community in the future[2]. Literature referenced within this submission contains analysis of the human and economic cost of intervening late in areas that affect children and young people's quality of life (such as mental and physical health, homelessness, family violence, involvement with youth and adult criminal justice systems, unemployment and child protection) and confirms that stepping in to provide support at the right time and in the right way, greatly increases the chance of resilience and recovery and can significantly reduce the reliance on high-intensity and crisis services over a life time. This literature conservatively estimates that Australian governments are spending $15.2 billion each year on high-intensity and crisis services for problems that may have been prevented had we invested earlier.

Early childhood has long been recognised as a critical period for shaping health and wellbeing outcomes in adult life[3]. Support services delivered earlier can mean more children have the best possible start in life, also preventing intergenerational disadvantage, while the government maximises the impact of their spending with flow-on benefits to taxpayers.

There is a growing evidence base of existing programs which are effective in providing earlier support, in the right way, for children and families which can be built upon[4]. Successful approaches bring the support services to individuals and families - a 'we find you' approach - which can be place-based, targeted at life transition stages, or based on risk profiles through data analysis. Successful programs take a holistic approach to addressing complex individual needs, focused on addressing causes not just symptoms, in the context of family and community, and with a coordinating interface across multiple, otherwise siloed, sectors.

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[2] Partnership between CoLab – Collaborate for Kids (a partnership between Telethon Kids Institute and the Minderoo Foundation), The Front Project, the Early Intervention Foundation, and Woodside Energy *How Australia can invest in children and return more: A new look at the $15bn cost of late action*; and Strong Foundations (collaboration between PricewaterhouseCoopers Consulting Australia, Australian Research Alliance for Children and Youth - ARACY, Bupa Australia, Bupa Health Foundation and Centre for Community Child Health at the Murdoch Children's Research Institute) (2019) *Getting it Right in the First Thousand Days: A case for investment*

[3] See for example, Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. (2017). The First Thousand Days: An Evidence Paper – Summary. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute

[4] CEDA – Committee for Economic Development Australia (2019) *Disrupting disadvantage: setting the scene,* Melbourne

As you would be aware, and outlined in the most recent *Family Matters Report (2019)*[5], the impacts of colonisation, past and present discriminatory policies and practices, and persistent social inequity, coupled with under-investment in Aboriginal and Torres Strait Islander community-led and controlled solutions have created a legacy of long term marginalization, disempowerment and social disadvantage for Aboriginal and Torres Strait Islander families. The over-representation of Aboriginal and Torres Strait Islander children and young people in statutory child protection and youth justice systems must be recognised as a tragic consequence of poor Government policies and discriminatory practices that have stripped Aboriginal and Torres Strait Islander children and families of fundamental human rights, and not the result of any intrinsic shortfalls or deficiencies in the child-rearing practices or commitment to the safety and well-being of children actively expressed in the cultures of Aboriginal nations and the Torres Strait. In addressing the issues concerning the over-representation of Aboriginal and Torres Strait Islander children and young people in the statutory child protection system, our organisations are not interested in advocating for increased funding of 'more of the same' service responses that are not designed, owned and driven by Aboriginal and Torres Strait Islander peoples themselves, and which at best, have done little to address the reasons for this over-representation and at worst, have contributed to its perpetuation.

We are encouraged by the steps taken by your Government towards re-conceptualising and responding to these issues. In particular, our organisations applaud your Government's commitment to children's wellbeing demonstrated by the development of an Aboriginal and Torres Strait Islander Children's Wellbeing Outcomes Framework. We now call upon you to publicly announce the framework and embed responsibility for delivering on the wellbeing outcomes in each Minister's Charter letter.

We also call upon your Government to:

- establish targets for the transition of funds provided for the delivery of services for Aboriginal and Torres Strait Islander children and families to the community-controlled sector, and
- ensure that all appropriate steps are taken to fully reflect the framework in the processes used to procure services, manage the contracts of service providers and measure performance against the wellbeing indicators stated within the framework.

As society changes, earlier supports are needed, with their design and delivery tailored to tackle contemporary stressors that individuals and families are experiencing such as poverty and costs of living, the influence of social media, housing and food insecurity/affordability, unemployment, social isolation, racism, bullying, disengagement from traditional community structures and the complexity of intersecting issues which people contend with in their daily lives, which can be exhibited, for example, in the apparently increasing use and impact of methamphetamines, violence, mental health issues and suicidality.

Supporting families to care for their children requires integrated policies and programs (across sectors) related to income support/material basics, health including maternal and child health, mental health, drug and alcohol services, housing, justice, education, family and domestic violence and other social programs in order to reduce risks for families experiencing vulnerabilities, meet unmet needs and resolve emerging problems at an early stage.

[5] SNAICC, the Family Matters campaign, Griffith University, University of Melbourne and Monash University (2019) *The Family Matters Report 2019*

In addition, for Aboriginal and Torres Strait Islander families, kinship, spirituality, connection to traditional lands and cultural continuity play a central role in health and wellbeing and research confirms a positive relationship between culture, health and wellbeing[6].

Our organisations contend that the forthcoming budget provides the opportunity to increase investment in *earlier* family support that will serve as a platform for progressively turning around the disproportionate investment in tertiary services. Our preferred approach is one that is best described as 'proactive' and one that is less likely to succumb to overly reactive responses to isolated crises.

Consistent with this preferred approach, our organisations support initiatives such as:

- the establishment of an investment fund to enhance service delivery to children and enable the resourcing of evaluations, capital infrastructure development and other capability and capacity building initiatives to be undertaken, similar to the investment fund proposed by FIN – Micah Projects within its submission sent to you on 3 December 2020
- the allocation of designated responsibilities within a Government agency to serve as a system advocate and facilitate enhanced collaboration across departments responsible for health, education, child safety, housing and employment to create fewer siloed and more integrated responses
- the establishment of 'centres for excellence', similar to an initiative already commenced by the Queensland First Children and Families Board, comprising academics and community partners to continuously evaluate and create an evidence bank to inform Government investment in accordance with a clearly defined outcomes framework, and
- the establishment of services targeted at children under five years of age and their families, that are placed-based, collaborative and trauma-informed, accompanied by, where necessary, an investment in the development of infrastructure for the delivery of these services that is child- and family-friendly and accessible.

2) Supporting the self-determination of Aboriginal and Torres Strait Islander communities and peoples in meeting their children's needs for safety and wellbeing

Policy proposal:

Allocate specific funding and resources for commencing the process of delegating statutory child protection functions and powers to Aboriginal and Torres Strait Islander community controlled organisations.

Our organisations are committed to supporting the Department of Child Safety, Youth and Women in progressing the delegation of functions and powers under the *Child Protection Act 1999* to Aboriginal and Torres Strait Islander organisations, as enabled by the 2018 amendments to the Act.

[6]The Australian National University and the Lowitja Institute (2019) *The extent of evidence about Aboriginal and Torres Strait Islander culture and wellbeing*, Canberra; and
Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. (2017). The First Thousand Days: An Evidence Paper – Summary. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute

This is seen as an important step in line with the principle of Aboriginal and Torres Strait Islander peoples' right to self-determination.

There is significant evidence in Australia and overseas to demonstrate that services for Aboriginal and Torres Strait Islander children and families must be based on respect for the right to self-government and self-determination, and therefore a commitment to provide the long-term funding and investment needed to empower Aboriginal communities and the knowledge they possess[7].

Our organisations support QATSICPP in leading the negotiations with the department for progressive delegation of functions and powers and strongly recommend that this incorporate a full transfer of all resources currently expended by the statutory agency in administering these functions and powers to the newly delegated agents. This will require a true and proper costing of these resources to be undertaken to ensure that the transfer of responsibilities is accompanied by a commensurate transfer of resources.

3) Extending supports provided to young people in care to successfully transition into adulthood

Policy proposal:

Fund the best possible range of flexible, highly individualised supports available for all young people in care who are transitioning to adulthood. This includes the extension of financial assistance to support young people in achieving safe and stable living arrangements until they reach 21 years of age, increased investment in Next Steps Plus, and continued development of education and training, employment and housing initiatives to support young people transitioning to adulthood.

Our organisations are seeking a commitment from your Government that it will give prioritised attention to the needs of young people in care who are transitioning to adulthood and build on the initiatives already commenced.

This proposal is based broadly on evidence collated through the national *Home Stretch Campaign*[8] and CREATE Foundation reports[9].

Our organisations hold particular concerns for certain cohorts of young people for whom added, specialised support may be required. They include, but are not limited to:

- young people with physical disabilities, cognitive impairment and/ or emerging mental health concerns who face particular challenges in their transition to adulthood and are especially vulnerable to sexual, emotional and financial exploitation by adults
- young women who are pregnant or have become mothers either prior to or soon after leaving care, and young men who have become fathers either prior to or soon after leaving care

[7] See for example, Oxfam Australia (2019) *In Good Hands: the people and communities behind Aboriginal-led solutions*, Carlton
[8] http://thehomestretch.org.au/
[9] See for example, McDowall, J. J. (2018). *Out-of-home care in Australia: Children and young people's views after five years of National Standards.* Sydney: CREATE Foundation.

- young Aboriginal and Torres Strait Islander people who, after leaving care, are in need of support to establish or renew connections with their families, communities, countries and cultures, especially when these connections have been disrupted by their entry into care
- young people, both male and female, who are engaged in intimate relationships commenced whilst in care or after leaving care, that involve them experiencing and/ or using violence, for whom both the child protection and the domestic and family violence service systems struggle to provide an adequate response
- young people in need of ongoing legal advice, representation or advocacy after leaving care due to their encounters with the criminal justice system or who are required to deal with a range of other complex legal matters often associated with the cessation of their guardianship and custody arrangements
- young people who, either by choice or a lack of alternative options, re-unite with their families in circumstances where, without proper support being provided, may encounter unresolved family conflicts, complex family dynamics or other adverse circumstances that may jeopardise the safety and well-being of these young people and other family members, and
- young people who, due to their inability to obtain a 'blue card' upon turning 18 years of age, may be required to leave their carers' household, against the wishes of both these young people and their carers.

Further details of this proposal have been provided to you in a letter dated 18 December 2019 which was copied to the Hon Di Farmer MP, Minister for Child Safety, Youth and Women and other Ministers with relevant portfolios.

4) Re-designing of the system to better cater for the needs of older children and young people and ensure their access to consistent, reliable and trusted adults throughout their journeys in care

Policy proposal:

Express a government commitment to, and associated investment in, ensuring the child protection system including its infrastructure of human and financial resources, is better designed to respond and adapt to the changing needs of children and young people in line with their progress through the various stages of child development, with cognizance given to the impact of trauma on their development

CREATE research aligns with other contemporary research highlighting ongoing challenges for young people in care relating to their participation in planning and decision making about matters relevant to their lives. The latest 2018 National CREATE survey[10] shows 20% of young people in Queensland had more than 15 case workers. Just over 50% of young people were aware of their case plan, with only 55% being involved in developing their case plan. Even fewer young people were aware of their leaving care plan (25%) or cultural support plan (15%).

[10] McDowall, J. J. (2018). *Out-of-home care in Australia: Children and young people's views after five years of National Standards.* Sydney: CREATE Foundation

Where young people have 'turned their lives around', the presence of a trusting relationship with at least one adult – being listened to, being believed in, having a voice - has often been credited. When young people have frequent changes in caseworkers, which can often result in a lack of handover, lack of case plan continuity and lack of follow through on commitments, it is unlikely that relationships with a trusted adult can be built or maintained, and ongoing mistrust and disengagement with the service system is likely, with subsequent downstream impacts on education, health and wellbeing into adulthood.

Strategies to address the devastating impact for this significant group of young people in care are likely to need multiple approaches. Our organisations propose investment in ensuring the system (across government and non-government services) is better designed to respond to the changing needs of vulnerable young people through their developmental stages. Suggested elements of this approach include:

- Developing a specialist practice framework for working with young people (as opposed to younger children who have traditionally constituted the age group of predominant concern to the child protection system)
- Embedding within the above framework, a comprehensive theoretical understanding of the developmental stages of children and young people, with an emphasis placed on the impact of adverse life experiences and trauma on their attainment of developmental milestones
- Implementing better coordinated and integrated responses to young peoples' needs – across personal safety, youth offending, alcohol and substance use, disability, mental and physical health, family and intimate partner violence, housing, education, training and employment et cetera
- Developing youth focused strategies specifically designed to increase the engagement and meaningful participation of young people
- Placing an increased focus on the arrangement and organisation of 'teams' within government and non-government service outlets that are conducive to staff members facilitating young people's development of long-lasting trusting relationships and connections (to people, communities and culture)
- Enabling government and non-government staff the capacity to fully undertake their roles in building and maintaining relationships with young people and their family and networks (i.e. setting appropriate levels of workload demands that recognise the time needed to establish, nurture and maintain these relationships)
- Making ongoing intensive skills development in responding to young people with trauma-related 'high risk' behaviours available to staff from both the government and non-government sectors, including the introduction of educational scholarships and incentive schemes for specialising in work with these young people
- Introducing a range of proactive strategies for minimising the impact of staff turnover, caseworker changes and crisis driven responses.

Investing well at an earlier stage for all young people in care and more targeted investment when a young person appears at risk of disengagement is obviously the most effective strategy to prevent poor long-term outcomes for young people and associated higher downstream costs.

5) Creating more innovative and responsive models for the care provided to children and young people and their carers

Policy proposal:

Allocate funding to the development and incremental roll out of innovative and creative models of care that go beyond the existing traditional models.

The ongoing challenges for the existing care system in meeting the complex and diverse needs of children and young people are well known. There is increasing pressure on the 'placement' part of the system, which is unable to keep up with demand, and there are particular concerns for a growing group of children and young people who are unable to be successfully matched to existing options.

The 2018 CREATE National Survey, as referenced above, shows 15% of young people had lived in more than 10 placements, with Queensland having the highest proportion.

Placement stability is one of the key indicators under the *National Framework for Protecting Australia's Children* and the *National Standards for Out-of-Home Care*. Children in planned, stable out-of-home care placements tend to have better learning and psychosocial outcomes than children experiencing instability[11].

A range of more flexible models of care – across family-based care and residential care settings - which better match individual children, young people, their siblings and their families' needs is required.

As critical elements of their design, these models must:

- Consider the child or young person in the context of their family and focus more on the inclusion of parents, siblings, extended family members and existing networks
- At an early stage, enable eco mapping of extended family (for potential kinship placements as well as other significant roles in children's lives)
- Enable flexible support tailored to the individual needs of children, families and carers
- Provide intensive and specialised supports for family reunification efforts
- Provide therapeutic input as needed for staff, carers and family members to ensure congruence in the responses being delivered to meet the needs of children and young people
- Involve carers more closely in supporting the child's family
- Accommodate various mixes of shared care arrangements plus other resources as and when needed
- Ensure children and young people are supported to build and maintain lasting connections with at least one trusted adult, and
- Provide for the appropriate level of reimbursement and/ or remuneration of carers.

Whilst carer allowances have been incrementally increased in line with Consumer Price Indexation (CPI), a proper analysis of the true cost of care to inform the amount of the payments to be made to

[11] https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/overview

carers has not been undertaken for several years. Subsequently, there have been no substantial changes made to carer allowances since 2005. The increased demand for foster care placements has also resulted in non-government organisations struggling to provide the support needed by the increasing number of carers, especially those who have been newly recruited. Funding supplementation is required to address these increased work demands.

A critical aspect of having more flexible models of care in place includes the ability to tailor care arrangements to the strengths and needs of individual children. Carers who assume additional roles or responsibilities beyond those of a 'general carer', or who require specific qualifications, skills or training to deliver full-time care of children with particular needs should be appropriately compensated. For example, children with complex medical needs or disabilities may have their needs best met by a full time qualified nurse performing the role of a carer within their own family home. In these circumstances, payment to the carer of a payment that is commensurate with the wages of a nurse is likely to enable the use of a better care arrangement for the child, and be less expensive than other less suitable care options such as congregate care. Large sibling groups or young parents with a child may also be better cared for in a family-based care setting, but in exchange for performing the role and responsibilities of this 'full time job', the carer should be properly remunerated.

Specifically in relation to residential care, our organisations support investment that builds on recent initiatives, including the introduction of minimum qualifications for residential care workers and the embedding of the 'Hope and Healing' framework for residential care that was developed by PeakCare and endorsed by your Government in 2015. PeakCare has separately submitted a proposed package of reforms to the Department of Child Safety, Youth and Women which build on this previous work and encompasses:

- The creation of a 'communities of practice' system using interactive video technology and a mix of on-line and face to face mechanisms to facilitate continuous service and practice improvements and increased consistency in the quality of service delivery across the State
- Improved qualitative and quantitative data collection to monitor and analyse service trends and inform service improvements
- The roll-out of 'Hope and Healing' master classes to increase practice depth
- The establishment and implementation of restorative justice practices and after-hours response models to reduce young people's unwarranted contact with the youth justice system
- The development of specific strategies and options for increasing young people's engagement in education and vocational training and their access to effective mental health service responses.

Notwithstanding the support of our organisations for the above initiatives, residential care is not regarded as a suitable option for Aboriginal and Torres Strait Islander children and young people as it does not align with the intent or prescribed hierarchy at law of the Aboriginal and Torres Strait Islander Child Placement Principle. Pending the development of the service system's capacity to properly address the needs of Aboriginal and Torres Strait Islander children and young people in ways that conform with the Child Placement Principle, the proposed initiatives are best viewed as steps that may be taken to ameliorate the harm being inflicted upon Aboriginal and Torres Strait Islander children and young people when they are required to live in these settings.

6) Recognising and supporting the unique contribution made by kinship carers (statutory and non-statutory)

Policy proposal:

Fund initiatives to improve recognition and support for all children in kinship care arrangements and their kinship carers (whether in formal or informal arrangements) and to progress Aboriginal and Torres Strait Islander community-led kinship care responses. Appropriate community supports for kinship families would ultimately lead to a reduction in children requiring statutory out of home care

Foster and kinship carers are increasingly being recognised as separate and distinct groups with different motivations for caring and different support needs. Kinship care does not fit well in the same regulatory framework as foster care, and regarding it as a form of family/ community support is increasingly becoming a favoured approach by advocates within Australia and elsewhere.

In a 2015 review of surveys conducted with over 3000 kinship carers in Australia, New Zealand and the United Kingdom, it was found that kinship care is not well conceptualised with kinship families generally understanding themselves as providing 'in-home', family care rather than 'out-of-home care' which further supports the need for a policy position that recognises kinship care as a unique form of care rather than a variant of foster care[12].

In the 2014 Senate Community Affairs References Committee's inquiry into *Grandparents who take primary responsibility for raising their grandchildren*, kinship care was described as extended family members who are raising child relatives, and was broadly categorised as:

- 'Formal' kinship care that results from parenting orders made pursuant to Commonwealth legislation (Family Court or Federal Circuit Court) or child protection orders made pursuant to state and territory legislation (sometimes referred to as statutory kinship care), or
- 'Informal' (or non-statutory) kinship care that results through private arrangements made by family members.

There is divided opinion about whether this categorisation is appropriate or useful. This applies especially in regard to Aboriginal and Torres Strait Islander families where, in accordance with the legislated definition of 'family' in the context of Aboriginal or Torres Strait Islander customs, it is not accurate to define a family member who is willing and able to care for a child as an alternate 'carer' to the child's parent – either 'informal' or 'formal'.

This has added weight to the need advocated for by QATSICPP and others for an Aboriginal and Torres Strait Islander-led model of kinship care that properly reflects understandings of 'family'. Stability for Aboriginal and Torres Strait Islander children exists in their relationships and connections to community, culture and country. Being with family and being raised by family in culture is at the heart of an Aboriginal child's perception of permanence, belonging and identity

[12] Dr Meredith Kiraly (2015) *A review of kinship carer surveys: The ''Cindarella" of the care system?* CFCA Paper No. 31, Australian Institute of Family Studies

development. This further supports the argument that kinship care should be viewed and dealt with as 'family support' rather than as a care arrangement that exists outside of the child's family.

In accordance with the model advocated by QATSICPP, there is no need to differentiate 'formal' and 'informal' kinship care arrangements and all kin who are caring for children should receive an individualised package of supports that is inclusive of the resources required to promote stability in the care they are receiving and their continued connection with family, community, country and culture, without this being contingent upon, or unnecessarily requiring, a child's entry into the care of the State.

Putting aside the current inadequacies in the ways in which kinship care is defined, in addition to the known children who are presently subject to child protection orders and being cared for by formally approved kinship carers through the statutory child protection system, there are an unknown number of family members who are caring for child relatives through private family arrangements (with or without family court orders), many of whom are experiencing significant challenges in accessing supports.

The literature referred to within this submission indicates that there are about three times as many children living in 'informal' care arrangements with relatives as the number of children living in 'formal' kinship care arrangements. This equates to an estimate of over 12,000 children living with relatives in 'informal' care arrangements in Queensland. It may be assumed that were it not for grandparents, aunties and uncles, brothers and sisters, and cousins stepping in to care for these children when their parents were unable to, most would have ended up in the care of the State, and many still may if these relatives remain invisible and continue to receive little recognition or support in performing this role.

Many children living with relatives in these circumstances have experienced trauma and have a range of complex needs. Where protective relatives step up to take on their care through private arrangements with the consent of the parents, our organisations are of the view that these children should not have to come into the statutory child protection system to access the supports they need.

To the best of our knowledge, there is currently one program for the whole of Queensland which provides limited supports for 'informal' grandparent kinship carers only (UnitingCare Community, *Time for Grandparents Program*).

Research suggests that the desirable range of support services that should be made available to relative carers include financial support to assist in meeting the costs of caring for a child (similar to the financial support provided to foster carers via tax-free carer allowances), casework support, family mediation, supervision of parental contact, counselling and brokerage funding for other exceptional care needs[13]. This is not dissimilar to many of the components QATSICPP has stated could be included within the individualised package of supports that should be offered to Aboriginal

[13] See for example, Brennan, D, Cass, B, Flaxman, ., Hill, T, Jenkins, B, McHugh, M, Purcal, C, & Valentine, K. (2013) *Grandparents raising grandchildren: Towards recognition, respect and reward* (*Grandparents raising grandchildren*) (SPRC Report 14/13), Social Policy Research Centre, University of New South Wales; and
Senate Community Affairs References Committee (2014) *Grandparents who take primary responsibility for raising their grandchildren*, Commonwealth of Australia

and Torres Strait Islander family members, notwithstanding the over-riding importance that must be given to the design, assembly and delivery of these supports by community-controlled providers within a specific cultural context .

It is also not dissimilar to the suite of support services delivered by the United Kingdom's *Kinship Connected* program to all kinship carers – 'formal' and 'informal' [14]. Also noteworthy is decision made by New Zealand to institute a system of administering payments to 'informal' kinship carers similar to the allowances paid to foster carers[15].

Our organisations fully appreciate that from the perspective of State Governments, much of the responsibility for the support – especially financial support – that should be given to relatives caring for children who are not in the care of the State lies with the Commonwealth Government. This may be so, but from the perspective of these carers, they perceive themselves as 'falling between the cracks' and were they to 'give up' on their struggle to adequately care for these children, the responsibility and cost of their care would inevitably be borne by the State.

In light of the above, our organisations recommend that your Government engage in rigorously argued representation, preferably in tandem with other State and Territory Governments, to the Commonwealth, seeking improved recognition for the needs of kinship carers. This may include requests for subsidisation of support services that may be administered by the State.

Our organisations are also concerned that the interests of relative carers of children who are not in the care of the State are not represented by a peak body or representative group with a specific, designated role in this regard. We recommend that, in consultation with our organisations, a suitable model be developed and funded to address this concern. Importantly, this must take account of, and not detract from, the means already incorporated within the Aboriginal and Torres Strait Islander-led model of kinship care for family members to be heard and responded to in respect of their needs.

7) Strengthening the means for ensuring the voices of children, young people and parents are integral to the design and delivery of the services they receive

Policy proposal:

Allocate funding and resources to developing a charter or similar mechanism to secure ongoing government commitment to ensure that parents, children and young people, supported by consumer advocates, are given the opportunity to actively participate in, not only individual case decision making, but also the development of services, policy and legislative changes that impact their families.

Our organisations acknowledge the Child Safety Minister's recent commitment to a state-wide parent advisory committee and other existing mechanisms such as the government's Youth Engagement Charter and consumer advocate roles in mental health and disability, however believe

[14] https://www.grandparentsplus.org.uk/Pages/Category/kinship-connected
[15] https://www.workandincome.govt.nz/products/a-z-benefits/unsupported-childs-benefit.html

more can be done to secure children, young people and parents' rights to participate in child protection decision making at all levels.

Children, young people and parents are stakeholders in the child protection system and have a legitimate role to contribute to the development of services, policies and laws which impact family life.

Strengthening the engagement and participation of children and young people

Our organisations maintain that to affect meaningful change we need to listen to and act on the advice of those with lived experiences to ensure we are constantly improving the care sector for all children and young people in care and their families.

Children and young people are at the heart of the child protection system and it is essential that their voices and opinions are at the centre of our considerations and heard at all stages from case planning, the identification of placement options, being involved in decisions that affect their schooling, passions and hobbies through to voicing their opinions on policy changes and legislation that affects their lives.

CREATE has asked children and young people whether they felt they were given the chance to have a say in decisions that affected their lives, and whether they felt listened to. Only about two-thirds of young people felt they could have a say in decisions reasonably often and they reported feeling heard and listened to only about 70% of the time. Young people were also asked whether they thought their case plans were useful; only 68% said yes[16]. Young people felt case plans would be more useful if they had been more involved in making these plans and they knew what they were for.

In Victoria, Ministerial Youth Advisory groups meet with the Minister for Child Protection on a bi-monthly basis and have had great success in influencing legislative changes based on the suggestions and lived experience of young people. The success of this model is due to the Victorian Government committing a part time position to facilitate meetings and support and equip young people to participate. In Queensland, young people who have participated in meetings with the Director General and Ministers have expressed how empowered they felt after telling their stories about what it is truly like to be a young person in care.

Our organisations support the investment of funding to be directed to the CREATE Foundation to develop a formal advisory model in Queensland with resourcing to include the voices of children and young people in care who live in regional and remote areas. Often services are limited in these areas despite there being higher numbers of children and young people in care living in regional Queensland. Overall, children from remote areas are 4 times more likely to be living in care arrangements as those from major cities (25.4 per 1,000 compared with 6.5 per 1,000)[17]. As a result,

[16] https://create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Young-Persons-Report.pdf

[17] Australian Institute of Health and Welfare. (2018a). *Child protection Australia 2016–17*. Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2016-17/contents/children-receiving-child-protection-services#trends

children and young people in regional areas do not feel like their voices are truly heard or represented by their urban peers.

More work needs to be done to ensure that children and young people know their rights as a young person in care, so that they feel comfortable about voicing their opinions. The CREATE research cited above found only 32% of young people knew about the Charter of Rights for Children and Young People in Care. In Queensland, our organisations seek enhanced resources directed at informing children and young people of their rights, of services that are available to them and to ensure they are aware of transition tools and services such as the *Go Your Own Way* Kit and *Next Step After Care*.

Strengthening the engagement and participation of parents

Parent advocates, or other forms of peer support for parents in contact with the child protection system, have been used successfully in other jurisdictions to increase parental engagement and reduce the numbers of children coming into care[18].

Such models include healing and support groups where parents experience a safe place to work through emotions and to network with other families involved with child welfare, trauma informed workshops specifically for families, parent led training programs designed to provide parents with the tools, resources and knowledge to advocate for themselves and others, support for parents attending court hearings, family conferences and meetings, and provision of information and support to improve communications between the parent, their legal representatives and child protection staff.

Currently, FIN SEQ provides limited support and advocacy for parents and our organisations recommend further investment in parent support through additional funding to expand this approach by training parent advocates to work with parents at risk of or already engaged in the Queensland child protection system.

One of the key solutions to concerns raised by parents, through FIN SEQ, is the need for access to specialist child protection legal expertise in a timely way. Particularly since the court reforms arising out of the Carmody Child Protection Inquiry were implemented, the child protection court process has become more complex for many stakeholders, and particularly for parents.

Other overseas models extend the concept of parent advocacy in promoting an interdisciplinary approach to parental representation in child protection matters. American research has demonstrated that when parents have access to an interdisciplinary team: parent advocate, specialist child welfare legal representation and social worker working collaboratively, that family reunification can occur more quickly with children spending less time in foster care[19]. Our

[18] Child Welfare Organizing Project (CWOP) in New York City https://cwop.org/

[19] Gerber, Lucas A, Pang, Yuk C, Ross, Timothy, Guggenheim, Martin, Pecora, Peter J, Miller, Joel (2019) *Effects of an interdisciplinary approach to parental representation in child welfare*, Children and Youth Services Review 102, p 42-55

organisations support FIN SEQ and Aboriginal Community Controlled organisations having the opportunity to trial an interdisciplinary approach to parental representation in Queensland.

Conclusion

Our organisations collectively offer our services to work collaboratively with your Government and its various departments in further exploring and developing the initiatives we have proposed.

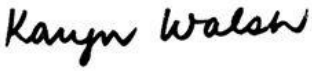
We would, of course, welcome queries and further discussion about any of the matters raised within this submission.

Yours sincerely

Rachael Donovan
Queensland State Coordinator
CREATE Foundation

Natalie Lewis
Chief Executive Officer
Queensland Aboriginal and Torres Strait Islander Child Protection Peak

Bryan Smith
Executive Director
Queensland Foster and Kinship Care



Karyn Walsh
Chief Executive Officer
Micah Projects - Family Inclusion Network SEQ

Lindsay Wegener
Executive Director
PeakCare Queensland Incorporated

Copied to:

Hon Jacklyn (Jackie) Trad MP
Deputy Premier, Treasurer and Minister for Aboriginal and Torres Strait Islander Partnerships
deputy.premier@ministerial.qld.gov.au; treasurer@ministerial.qld.gov.au

Hon Di Farmer MP
Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence
childsafety@ministerial.qld.gov.au