



Queensland Child Protection Commission of Inquiry
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Life Without Barriers appreciates the opportunity to contribute a submission to the Queensland Child Protection Commission of Inquiry.

About Life Without Barriers

Life Without Barriers is a not-for-profit, non-government organisation committed to challenging systemic disadvantage and supporting vulnerable and marginalised people to reach their full potential.

We provide services from 82 sites across the country, employ over 2,000 staff, and over 2,500 carers and contractors. We offer a range of programs and services to support almost 5,000 people with high and complex needs including:

- Family Support and Out of Home Care;** We provide safe, stable and loving homes to vulnerable children and young people who cannot live with their families.
- Disability Services;** We work with people with a disability, their families and carers to break down social exclusion and engage meaningfully with their communities.
- Homelessness;** We work assertively to form relationships with people who are homeless, and leverage these relationships to link people with housing, health, education and employment to turn their lives around.
- Mental Health;** We work with people with a mental illness to promote and foster their recovery and to lead full and happy lives.
- Youth Justice;** We support young people and their family to break offending cycles and become valued members of their community.
- Refugee and Asylum Seeker support;** We provide support and protection to children and young people who arrive in Australia seeking asylum without a parent or guardian.

In Queensland, Life Without Barriers' out-of home-care program provides specialist foster care and residential care for approximately 300 children and young people, including eighty Aboriginal and Torres Strait Islander children and young people. Life Without Barriers has a pool of approximately three hundred carer households, comprising a mix of primary and respite carers.

Life Without Barriers also provides short-term, practical assistance to young people aged 15 - 18 yrs transitioning from care through our 'Transition From Care' Program (TFC). Through this program, Life Without Barriers case manages forty five young people who are engaged in the transition process. Life Without Barriers also provides a Supported Independent Living Service (SILS), and a small family intervention service in Brisbane, supporting up to thirteen families.

Introduction

Life Without Barriers supports children and young people across Queensland. This submission reflects our experience and practice as a provider of out-of-home care (OOHC). The issues canvassed in this submission are those where Life Without Barriers has either a particular knowledge, or where we would like to see greater priority or focus. These include:

- The needs of children and young people
- Intervening earlier and restoring more actively
- Improving licensing and monitoring
- Specialist foster carers

Our experience tells us that there are no easy solutions within child protection. Designing and developing systems that effectively protect and deliver positive life outcomes to children and young people is not simple. This is a difficult and complex area that requires a considered, comprehensive and sophisticated system.

We believe there are a number of principles that should form a particular focus for the Commission in considering the designing and developing Queensland's child protection system. These principles are evident in the information and recommendations we provide throughout our submission. In summary these overarching principles are:

1. Focus on children

Our child protection system must be designed to provide the best outcomes for children and young people. Child protection is the responsibility of the family, community and the whole of government. We must work collaboratively to design and implement child-focused services and systems.

2. Adopt a systems thinking approach

A systems approach extends the change effort beyond the individual or program level by recognising how interrelationships within the system combine in complex ways to influence or shape practice 'on-the-ground'. The value of systems thinking is that it facilitates a focus on whole-of-system transformation, while maintaining attention to the component parts of the intended change. It also enables us to resolve inefficiencies in the design of the system and duplications in effort .

3. An outcomes-focused approach

We must use evidence to inform our activities, to implement programs and develop systems that deliver positive outcomes to children and young people.

4. Promote children's safety within the family and community

Greater connection, collaboration and commitment from across government is needed to prevent children unnecessarily entering the child protection system. Where children and young people do enter care, building capacity within families and communities to be able to safely restore children must remain a focus.

5. Build the capacity of Aboriginal and Torres Strait Islander agencies and communities

Aboriginal and Torres Strait Islander children and young people are significantly overrepresented in the child protection system. Providing culturally appropriate care is fundamental to outcomes for Aboriginal and Torres Strait Islander children and young

people who enter care. We must work with and support Aboriginal and Torres Strait Islander agencies and communities to improve our responses to these children.

Improving the child protection system is also about effectively implementing change. Aspects of this process will undoubtedly be challenging and require sustained effort over longer timeframes. In their consideration of evidence and in reporting to government, we encourage the Commission to consider carefully the implementation aspects of their recommendations. Reform takes considerable planning and commitment, and will require governments and communities to work together to achieve change.

The needs of children and young people

Aboriginal and Torres Strait Islander children and young people continue to be over-represented in the child protection system

The over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system occurs due to a complex mix of factors, including the breakdown of traditional Indigenous parental structures resulting from the cumulative negative impacts of the stolen generation, institutionalisation and displacement.

The historical lack of genuine engagement with Aboriginal and Torres Strait Islander people has created a system that is not able to operate in the best interest of Aboriginal and Torres Strait Islander children and young people. Contributing to this situation is:

- a severe shortage of frontline Aboriginal and Torres Strait Islander staff
- the role of the Recognised Entity not being prominent or easily defined
- a lack of genuine commitment and resourcing to maintaining cultural connections to family, land and community, and
- the boundaries of family contact not taking into consideration kinship structure and the role of extended families

Aboriginal and Torres Strait Islander children in the child protection system can experience a severe and genuine disconnectedness from their culture. The shortage of frontline Aboriginal and Torres Strait Islander staff can impact on the relationships formed with Aboriginal and Torres Strait Islander children and young people in care, the delivery of care and support, and ultimately impact on life outcomes for these children and young people.

The Aboriginal Child Placement Principle provides a hierarchy of placement options designed to recognise an Aboriginal child's right to be raised in their own culture. Life Without Barriers supports the full adoption and implementation of the Aboriginal Child Placement Principle.

The recruitment of Aboriginal and Torres Strait Islander carers is a key component of the implementation of the Aboriginal Child Placement Principle and the delivery of culturally appropriate care.

A range of formal mechanisms and processes are required to support the recruitment and retention of Aboriginal and Torres Strait Islander staff, and strong leadership and commitment is essential. A key factor is the commitment and focus of senior management to building and developing trust over time with Aboriginal and Torres Strait Islander staff. This can be promoted in a range of ways, such as identifying senior managers responsible for leading initiatives and developing relationships with

Aboriginal and Torres Strait Islander staff. Retaining Aboriginal and Torres Strait Islander staff in turn build more positive relationships with the Aboriginal and Torres Strait Islander communities.

In our experience, a key component to the recruitment and retention of Aboriginal and Torres Strait Islander staff and carers is the provision of training, skill and career development. There is currently a lack of coordinated and meaningful opportunities for the development of Aboriginal and Torres Strait Islander staff across the child protection system in Queensland. Extra levels of additional casework training at entry point, additional trauma training, the introduction of mentoring programs and programs that identify, support and transition Aboriginal and Torres Strait Islander people into management positions are important initiatives that have had positive impact in other jurisdictions.

Collaborative and coordinated government and non-government initiatives would build the training capacity of all sectors, and support the development and retention of skilled Aboriginal and Torres Strait Islander practitioners and carers. A collaborative approach to training should specifically build on the role of Recognised Entities as a source of expertise and culturally appropriate advice on Aboriginal and Torres Strait Islander child protection matters.

Life Without Barriers believes that the role of Recognised Entities is integral to the provision of culturally appropriate care to children and young people engaged in the child protection system. We encourage the Commission to continue to work closely with Recognised Entities to identify opportunities to strengthen and promote their functions.

In order to improve outcomes for Aboriginal and Torres Strait Islander children and young people in the Queensland child protection system, Life Without Barriers believes that it is of vital importance that government and service providers alike work to build the capacity of Aboriginal agencies. For Life Without Barriers, our approach to reconciliation centres on working effectively and responsibly with Aboriginal and Torres Strait Islander peoples, organisations and communities. This approach, guided by our Reconciliation Action Plan (RAP), has helped the organisation deepen its capacity to establish relationships with Aboriginal and Torres Strait Islander peoples and deliver services that are more culturally responsive.

Current processes to gain Blue Card and police checks can be unnecessarily cumbersome, confusing and lengthy. A more efficient, and streamlined process that effectively manages issues of risk in the engagement of people who are working with children is needed.

Recommendations

1. Implement state-wide, concentrated initiatives to recruit Aboriginal and Torres Strait Islander staff and carers into the child protection system. This should be undertaken as a collaborative endeavour between the government and non-government sector, specifically including organisations that are Recognised Entities.
2. Introduce stronger links to training and career development for Aboriginal and Torres Strait Islander staff, including:
 - formal mentoring programs for Aboriginal and Torres Strait Islander staff,
 - a wider range of additional induction training programs relevant to Aboriginal and Torres Strait Islander staff,
 - formal mechanisms to identify, support and transition staff to management positions.

3. The high threshold for the Blue Card and criminal history screening (LCS2) impacts negatively on the recruitment of staff, especially Aboriginal and Torres Strait Islander applicants or kinship placements. While not compromising the integrity of its function to protect children, there is a need for screening to be streamlined and simplified if more Aboriginal and Torres Strait Islander carers are to be recruited into the child protection system
4. Build the capacity of Recognised Entities to work collaboratively with government and non-government agencies to provide culturally appropriate care. In particular, support for training and skill development for Aboriginal and Torres Strait Islander staff and carers attached to non-Aboriginal agencies is required. Additional support should be provided to Recognised Entities to assist them to lead this process.

Children are entering the child protection system due to lack of resources for parents and children with disability

A greater emphasis must be placed on supporting the needs of children with disability within the family context and to ensuring that this support is focussed on the outcome of keeping families together. Children should not be entering the child protection system due to the failure of other service systems, such as the health or disability support system, to provide adequate support to them and/or their family.

Life Without Barriers is concerned that in some cases, parents of children with disability or high and complex health needs are not receiving sufficient levels of support to meet the needs of their children. In some cases, Life Without Barriers is aware of parents relinquishing care in order to gain access to the support services available through the child protection system for their children. These cases do not represent situations of abuse or neglect, and it is Life Without Barriers' view that the placement of these children and young people in the child protection system would not be necessary if appropriate support was available through the health and disability sectors.

There is a lack of legislative and policy imperative to make government agencies work together to prevent children from entering the care system. Tangible mechanisms that support whole of government work are needed. In particular, a formal Memorandum of Understanding with senior levels of accountability between child protection, disability services and health departments would mandate greater collaboration across these systems, and assist in clarifying roles and responsibilities. Bringing together contracting and funding discussions across these systems would also provide a more collaborative and coordinated approach to service delivery. A greater focus on outcomes-based funding in both policy and contracting will support greater collaboration, efficiency and outcomes for children and young people.

Greater coordination and collaboration in case management is also needed at a case work level to support children and families across the child protection and disability sectors. Life Without Barriers believes that joint case management between the disability and child protection departments once young people turn 15 would support a smoother transition for young people with a disability leaving the child protection system and entering the adult disability system. Joint case planning provides an opportunity to work with a young person and their family to coordinate and prepare the supports and services they may require from the disability service system as adults. Collaborative case management also builds familiarity, relationships and trust between these sectors, and is a practical example of effective whole of government responses.

Life Without Barriers also supports the introduction of joint case management between community services, disability services and health (where relevant) where there is a risk of families relinquishing

care. Collaborative casework at this point supports the identification of interventions that can support the family through a crisis period and into the future, whilst simultaneously ensuring the safety and wellbeing of children and young people is protected and promoted. In some cases, children may enter care for short periods of time while effective family supports and interventions are provided. Where children do enter care, collaborative case management provides a framework to consider and support restoration, and to ensure the ongoing contact between children and their families (for instance where the family may act as respite carers while the child is in care.)

There also needs to be a greater focus on knowledge building within the child protection sector on disability. In particular, providing child protection workers with training and skills in understanding whether the behaviour of a child relates to their disability or whether this may be a response to other factors such as parenting would provide child protection workers with useful skills to support and respond more effectively to children with a disability and their families. A greater awareness of the impact of dual diagnosis would also support enhanced responses and outcomes to children and young people with a disability

Life Without Barriers supports the introduction of a National Disability Insurance Scheme, as a mechanism to provide a fairer and more equitable disability service system and greater control to people with a disability, their families and carers. We believe that in some cases, the introduction of an NDIS would have a positive impact on supporting families and carers of children with a disability and may avoid the relinquishing of children to the child protection department.

Recommendations

1. There needs to be a genuine commitment to a whole of government response to child protection issues, including a greater collaboration between the disability, health and child protection systems. A review of the legislative and policy mandate for collaboration in Queensland is required. In particular, we recommend:
 - The establishment of a Memorandum of Understanding between Child Protection, Disability Services and the Health Departments
 - Joint policy, program, planning and outcomes-based funding arrangements
 - Joint case management of families at risk of relinquishing care and young people with a disability transitioning from care
2. Adequate resources should be allocated for family intervention, specific to the needs of parents and children with disability, with the intention of providing the necessary support to help keep these families together rather than entering the child protection system.
3. That the Queensland government work with the Commonwealth to ensure the NDIS is implemented in Queensland, and across Australia.

Current transition from care planning and supports are not adequately preparing young people to lead independent lives

Existing transition from care provisions for young people in out of home care do not adequately equip young people with the skills, resources and support needed to lead independent lives. It is unrealistic to expect any young person to be entirely independent on the day they turn 18, and young people leaving care face a range of additional challenges, particularly those who may still be in school.

The 'Transition from Care' (TFC) program, operated by Life Without Barriers in South East Queensland, provides short-term, practical assistance to young people aged 15 - 18 who are transitioning from the care of the Department. The program prepares young people with the necessary life skills required to successfully transition into the community and utilises a three-phased support model encompassing individual skills assessment, one-on-one planning and support, and specifically designed group programs to build skills and resilience. The focused attention available through the Transition from Care program enables whole of government coordination, including health, housing, education, employment and other community supports.

Life Without Barriers has supported many young people transitioning from care. In our experience, feedback from young people transitioning from the care of child protective services can be quite negative. The provision of specific, funded Transition from Care programs greatly enhances the delivery of tailor care services to young people leaving care, and the educational and life outcomes of young people leaving care.

Effective transition from care planning can have a lasting positive impact on the outcomes experienced by children and young people leaving care. Research indicates that young people who successfully transition from care share a range of characteristics: after turning 18 they were likely to have received ongoing support from foster carers or other supportive adults; they were more likely to have had stable placements; to have been gradually introduced to independent living skills; to have been actively involved in the preparation planning; and, to have left care at a later age¹.

Earlier research² found that the extent to which young people felt secure while in care, and the continuity and social support after care, were the main predictors of positive outcomes 4–5 years after leaving care.

A successful transition also has benefits from an economic perspective. Research³ examining the alternate pathways of young people after they leave formal care and the comparative cost to government showed that an estimated 45 percent of young people who leave the child protection system require minimal or no support services beyond those provided for the general population. However, an estimated 55 percent require services which have a higher cost attached to them. As their health or life circumstances change, this cohort can progress to require high or very high cost health, justice and mental health services.

Recommendations

1. Transition from Care programs are fundamental to the provision of specialised and intensive transition planning for children and young people in care with evidence indicating that they contribute to long-term positive outcomes. As such, Transition from Care programs should be available to all young people leaving care. A review of appropriate policy and legislation should be undertaken to ensure the provision of this program to all young people leaving care.
2. A whole of government approach is required to ensure that the supports available to young people leaving care do not operate in isolation from one another.
3. Young people should have the choice to engage in continuing case management support from agencies and continued foster care arrangements up to the age of 24.

¹ Mendes, Johnson and Moslehudding (2011)

² Cashmore and Paxman (2006)

³ Morgan Disney and Associates (2006)

Early Intervention and restoration

The child protection system in Queensland is under considerable pressure including increasing numbers of children and young people in OOHC. Although there have been fluctuations in recent years with actual numbers of children entering and exiting care, the data shows that overall, children are remaining longer in the care system.

Outcomes for children and young people leaving care continue to lag behind their peers, with children and young people in care facing increased risks of homelessness, not finishing school, unemployment, mental health problems and engagement with the criminal justice system.

A range of other challenges also exist, including the high cost of intensive foster care arrangements and residential care, difficulties finding placements in foster care - particularly in cases where there are complex behavioural and health support needs - and the multifaceted aspects of disadvantage resulting in children being placed in foster care.

Where appropriate, and in circumstances where there is not a significant risk of harm or neglect, the focus should be on keeping children at home. Restoration or reunification programs are also fundamental to supporting children to return to their families, wherever this can be done safely.

Life Without Barriers believes that greater focus and investment should be provided to the implementation of effective, evidence-informed, outcomes-based early intervention programs. The purpose of early intervention programs should remain the best interests of children and young people, and be focused on achieving both short and long term outcomes for children and families.

We recognise that there are often competing financial demands placed on government, and that this requires a careful balancing of the need for primary, secondary and tertiary interventions. Investment in early intervention may not result in immediate or short-term cost-savings for tertiary services. Careful consideration needs to be given to the continuum of services required for an effective child protection system.

The Commission's paper *Queensland Child Protection Commission of Inquiry: emerging issues* outlines a range of issues associated with investment in secondary services.

The aim of the Life Without Barriers Family Intervention Service (FIS) is to provide support to families where a child remains living at home under the ongoing intervention and monitoring by Child Safety Services, or to assist in the reunification of the child with their family from an OOHC placement.

The Life Without Barriers FIS team is based in Brisbane and comprises 2.8 case managers, 1 youth worker, and a family therapist/program manager. FIS engages with families in 12 week blocks, which can be extended up to 18 months. FIS workers complete an assessment of the families' strengths and needs, which, along with the Child Safety Services case plan, inform the intervention process. The family is involved in the goal setting process, and encouraged to consider their own personal goals, as well as those identified by Child Safety Services and FIS. The staff of the FIS are often able to spend more time with families than statutory child protection workers, and are able to provide targeted interventions based on each family's needs.

A formal evaluation of the FIS has not been conducted but Life Without Barriers' data shows that during the two year period from July 2010 to June 2012 90% of children remained within their family. For those families working towards reunification the success rate was 70%. Although this is a

small program, these statistics indicate the positive results that can be achieved through this model of intense intervention.

FIS Case study⁴

Joshua, aged 9, and his mother Margaret, were referred to FIS by Child Safety Services, who had assessed that Joshua was at risk of emotional and physical harm. Joshua and Margaret were subject to an Intervention with Parental Agreement (IPA). At the time of referral, Margaret had been recently charged with an assault on Joshua, and there were ongoing notifications. There were serious concerns about Margaret's ability to safely parent Joshua.

Throughout the FIS intervention, the main goals identified for this family were: building the relationship between Joshua and Margaret, linking the family in to local community services, developing and maintaining appropriate household routines, learning appropriate behaviour management techniques and assisting Margaret to continue to address her mental health concerns.

The family engaged with a case manager, who mainly worked with Margaret, and a youth worker, who mainly worked with Joshua.

Outcomes for this family:

- Margaret learnt new and more appropriate behaviour management strategies. Margaret also learnt more about the reasons for Joshua's challenging behaviours, and more about what was 'normal' behaviour for Joshua's developmental stage
- Margaret was able to reflect on how her own upbringing and childhood experiences were impacting on her current parenting, and was able to make positive changes in relation to this
- Margaret and Joshua both learnt more appropriate strategies to communicate with each other
- Margaret learnt to manage her mental health better, and was able to recognise when she needed additional support from her mental health worker. Margaret also learnt about how her mental health impacted on Joshua, particularly in relation to anxiety
- Margaret participated in the FIS parenting support program, and was able to fully participate in this group, despite her anxiety. Margaret was also able to articulate the things that she had tried, and how these had worked (or not worked) for her family
- Joshua and Margaret were able to participate in FIS family outings, during which they were observed to interact extremely well with each other. Margaret also demonstrated her ability to nurture through encouraging involvement from other children, and looking out for all of the children around her.

At the end of the FIS intervention, Child Safety Services made the decision to close the IPA, as Margaret had addressed all of the child protection concerns.

For Aboriginal and Torres Strait Islander families, specific Indigenous controlled and managed early intervention services are required. The NSW Intensive Family Based Services (IFBS) for Aboriginal families has been in operation since 1994 and was evaluated in 2008. The evaluation showed positive results in relation to reduced child protection reports - including for families where parents experienced drug and alcohol and mental health problems - and better reunification rates⁵.

⁴ Names have been changed to protect the identity of the family

⁵ Tilbury (2012)

In Victoria, the Child First program is a cross-sector, intake and referral system for Integrated Family Services aimed at diverting families from the statutory system. Aboriginal Community Controlled Organisations are partners in each alliance comprising government and other non-government agencies.

Although this program is relatively new, a review completed in 2011 on its implementation progress showed that:

- partnerships between Community Controlled Organisations and mainstream agencies were generally good
- the advice provided by Community Controlled Organisations to mainstream agencies enabled greater choice in service providers for families
- there are opportunities to share and disseminate good practice in working with Aboriginal organisations, children and families⁶.

In Queensland, Helping out Families and Family Intervention Service are tasked to provide services to non Aboriginal as well Aboriginal and Torres Strait Islander families, and can be provided by either Aboriginal or non Aboriginal providers. Services targeted to Aboriginal and Torres Strait Islander families through the Aboriginal Family Support Program (FSS) are funded separately and the funding is for a mix of family support (early intervention) (75%) and FIS (25%)⁷.

Life Without Barriers also supports the expansion of restoration and reunification programs that can work with families to restore children where this is safe to do. Across Queensland there are some positive programs supporting reunification and restoration, however a more comprehensive response is needed.

For example, in the Brisbane region, Life Without Barriers is working with departmental representatives and other non-government OOHC and family intervention providers to identify children and families who have the potential to be reunified. Once identified, these children and families will be referred to a family intervention service (as discussed above) for planned, intensive intervention with a view to returning the child to their family by the end of the court order. This is a new initiative that will be implemented on a small scale.

In the Mackay region, a local pilot is being developed that will connect families in the local community with families who have identified parenting support needs. The program will operate under a peer support model, utilising a strengths-based approach that will combine peer relationships with professional support.

Whilst local partnerships are important in the delivery of effective reunification, greater focus and scale needs to be applied to reunification programs across Queensland.

Recommendations

1. That Government take a strategic and committed approach to early intervention programs. This includes applying an evidence-informed and outcomes-focused approach to early intervention programs that balances the need for early intervention and tertiary child protection initiatives over time.

⁶ Ibid

⁷ Tilbury (2012)

2. Early intervention programs for Aboriginal and Torres Strait Islander families should be modelled on evaluations of successful programs in other jurisdictions and be delivered by Aboriginal and Torres Strait Islander organisations or through a shared, partnership model. ?is this a role for Recognised Entities

Licensing and Monitoring

Life Without Barriers believes that the current licensing and monitoring framework is duplicative, inefficient, and does not properly reflect a focus on the delivery of outcomes for children and young people. Life Without Barriers believes that a continuous quality improvement framework, delivered through an accreditation system, would assist in reducing some of the duplication and inefficiencies that currently exist. This in turn would create capacity both within the department and the non-government sector to focus on the delivery of outcomes for children and young people.

Duplication and inefficiency

The time spent in relation to licensing and accreditation at a regional, state and national level is exceptionally high. There is also a significant amount of duplication across regions and service sectors in relation to the provision of information, particularly at a governance level of the organisation.

In June 2011 Life Without Barriers participated in the Human Services Quality Framework (HSQF) trial, which was aimed at reducing the administrative burden and compliance cost to service providers. Post the auditing phase, a key component of the trial was an independent evaluation where Life Without Barriers provided details of the time taken to prepare and undertake the HSQF trial as opposed to time that is spent preparing and undergoing licensing and accreditation for the various service sectors. Life Without Barriers' evaluation of the HSQF found it to be a robust and balanced certification process to underpin the provision of quality services, and supports its implementation as a mechanism to reduce unnecessary duplication.

To be licensed to provide out of home care services in Queensland currently requires agencies to achieve 100% compliance with 11 standards comprising over 150 elements. This licensing process must be completed separately in each region where services are delivered. Agencies who provide a range of services such as foster care, coordination point services and transition from care must apply for separate licences. This results in a range of duplicative and inefficient practices. Life Without Barriers believes that a more efficient, coordinated and effective licensing and monitoring system can be implemented. This would enable a greater focus on the actual delivery of quality services to children and young people.

Funded agencies spend a considerable amount of time undertaking administrative tasks for compliance purposes such as document requests from the Department of Communities. Where these documents are not provided by the Department, agencies must undertake monthly document requests as evidence they have sought to obtain them. These tasks do not directly contribute to assessing or monitoring the quality of services being provided to the children or young people in the service. There are a range of examples of the Department not completing or providing documents to agencies, impacting on the agency's compliance during licensing.

In addition, funded agencies are frequently required to duplicate processes that are also the responsibility of the Department, such as *Strengths and Needs Assessments* and *Positive Behaviour Support Plans*.

Funded agencies are required to report all incidents involving a child in care, including minor accidents that could be viewed as a part of normal childhood experiences, such as falling off a bike. In response to the discrepancy that exists between Departmental officers' and Independent External Assessors' views of 'harm', agencies have developed overly rigorous incident reporting procedures to ensure that licensing standards are met. This in turn impacts on the time available to frontline workers to spend with children and young people building protective factors and strengths, and can at times strain the relationship between agency and Department.

This risk-averse climate limits children and young people's opportunities for normal experiences and causes an overly intrusive environment where they need permission from Departmental staff to ride a horse or go on a boat trip. This results in staff concentrating on following up incidents and attempting to minimise all possible risks, rather than being child-centred and focusing on a client's needs. Life Without Barriers recognises that the continued safety and wellbeing of children and young people is paramount and that serious or complex incidents or potential for harm, as defined in legislation, must be met with an appropriate response and documentation. The current requirement for reporting minor incidents to the Department have, however, results in an onerous and inefficient reporting process. Life Without Barriers is of the view that accidents such as mentioned below could be reported through simpler and less cumbersome mechanisms than the formal mechanisms currently in place.

Many of the current inefficiencies in the delivery of support to children and young people relate to the duplication of case management functions. Life Without Barriers believes that the transfer of case management to the non-government sector in Queensland (as is occurring under the NSW Government transfer of the provision of all out of home care to the non-government sector) would create scope for further efficiencies within the Department, and reduce the duplication that currently occurs in respect of case management functions.

Personnel of Licensed Care Services are also required to undergo additional criminal history and monitoring checks. Personnel are unable to begin employment prior to the confirmation of the LCS-2 check. The checks include:

- An 'LCS2' (Licensed Care Service Application for Suitability Check)
- A 'Blue Card' (Positive Notice, Blue Card for Child Related Employment)

The processing of both checks can result in lengthy delays in the commencement of staff, and this has a significant impact on the capacity of organisations to recruit quickly for frontline positions working directly with children and young people. Agencies are also unable to confirm an offer of employment to new staff until the LCS-2 check is completed.

A review of application processing speed for suitability checks initiated by Life Without Barriers found that a Blue Card took on average 12 days to be completed, with the longest waiting time around 58 days. LCS-2 checks took an average of 16 days, with the longest waiting time being 59 days.

These delays can result in agencies losing quality recruits to non-licensed carer services. Moreover, implications of these checks on carers and personnel from Aboriginal or Torres Strait Islander background can discourage members of those communities from applying to become carers or personnel of Licensed Care Services.

Lack of consistency

The process for monitoring contract and quality compliance is duplicative and inconsistent. A licensed care service provider such as Life Without Barriers can attend up to 20 or more separate meetings per year regarding the monitoring of similar standards.

To place this in context, a standard size region providing two grant funded services (such as intensive foster care and a supported independent living service) is required to attend to and prepare for the following Departmental monitoring processes:

- Annual Service Assessment for grant funded services - two audits per annum
- Quarterly Service Monitoring meetings and reports - four annually
- Licensing monitoring meetings - four annually for SILS and one annually for Intensive Foster Care
- Complex Case Clinics (for TPP funded clients) - in some cases there will be clients across three service centres, each requiring quarterly meetings (12 annual meetings)
- Once every three years a full external audit across both grant funded services including review of TPP clients
- Quarterly financial acquittals - four annually

The minimum evidence requirements for meeting the Child Safety Service Standards are neither clear nor consistent under Independent External Assessment processes.

The recent contracting of assessment to a number of different independent external assessment agencies has resulted in significant inconsistencies in interpretation of the Standards and differing interpretation of evidence requirements to meet licensing compliance. This has resulted in inconsistent points of view between service providers, the Department and Independent External Assessment agencies regarding what evidence is deemed sufficient to meet the Standards.

Regardless of whether a service provider is able to comply with all of the evidence listed in the Minimum Evidence Guide, there has been no guarantee that the Independent External Assessor will deem the Standard met. This is a problematic situation for service providers, who are required to achieve 100% compliance across all 161 elements relevant to the Standards.

During monitoring processes, there is a significant discrepancy between practice frameworks and expectations of Community Resource Officers (CROs) between regions. Often, a funded agency will receive different advice and different monitoring compliance results dependent on the region and the person conducting the monitoring.

These discrepancies and inconsistencies have resulted in the ongoing difficulty for agencies to be certain that their processes will be deemed compliant. Life Without Barriers is aware that this has resulted in confusion and variation in audits results between agencies, including areas such as:

- Incident reporting, particularly relating to expectations relating to timeframes and documentation
- Cultural Awareness Training, particularly relating to how many hours are required and who delivers the training
- Positive Behaviour Support Training, specifically in relation to Reactive Response/Prohibited Practice

Recommendations

1. Life Without Barriers supports the implementation of the Human Services Quality Framework (HSQF). If this is not possible then the following recommendations apply.
2. Streamlining of Departmental licensing and monitoring requirements and structures, and a review of duplication and inefficiency, including:
 - Consolidating licensing where agencies provide multiple programs across one region.
 - Using a developmental model of monitoring, where all stakeholders relevant to the client meet to discuss issues and progress as a single point.
 - Consulting with OOHC services and relevant peak bodies about ways to operationalise the Human Services Quality Framework in respect to the requirements set by child protection legislation and the way in which independent assessment will be conducted.
 - Reviewing the current system for criminal history and suitability checks for licensed care services, with the goal to reduce waiting times and duplicated systems for suitability approval, and assess the effectiveness of the current system.
 - Reviewing and implementing updated training and procedures for Community Resource Officers (CRO) to support a more consistent approach to Licensed Care Services across regions.

Specialist Foster Carers

Life Without Barriers believes that foster carers are a crucial part of the care team that supports children and young people in out of home care. Every day, Life Without Barriers' foster carers work with dedication and commitment to support children and young people.

Life Without Barriers works closely with our foster carers, and a range of feedback has been provided by carers to include in this submission.

Life Without Barriers supports the Commission speaking directly to foster carers, so that their views and expertise are included in the Commission's review and recommendations. Below is a case study written by a carer which depicts a typical day caring for Nathan. The piece gives a first-hand account of the demands placed on specialist carers and the skills required to support children with complex needs and behaviour.

Issues of concern to carers

On the 1st July 2012, the Department of Communities, Disabilities and Child Safety Services took over responsibility for administering all foster carer payments. These changes were intended to simplify the administration of the foster care reimbursement scheme by introducing a single payment system. The carer allowances are now based on the assessed needs (at the time of placement) of the child or young person. The child's needs are reviewed every six months or as the child's needs change.

As part of this process, there has been a change to the way the Complex Support Needs Allowance (CSNA) is assessed, and this has caused significant concern amongst specialist foster carers. The feedback Life Without Barriers has received is that these changes make carers feel that their commitment and dedication is not appropriately recognised or acknowledged.

Carers have expressed the view that the new framework for review of CSNA may result in perverse financial disincentives. CSNA payments will be reviewed on a regular basis, and carers are concerned that payments could be reduced where there has been success in stabilising or improving the behaviour or needs of the child or young person. The new system may not recognise that presentation and needs do not necessarily stabilise in a linear fashion. Moreover, the needs of a child may increase again when there are changes in the child's environment.

Life Without Barriers encourages the Queensland Government to recognise both the sincerity and implications of carers' views and engage with specialist foster care agencies and carers to resolve this issue.

Aboriginal and Torres Strait Islander Foster and Kinship Carers

Other parts of this submission have referred to the need to reduce the number of children in care and the over representation of Aboriginal and Torres Strait Islander children. As mentioned, twenty seven percent of the children and young people in Life Without Barriers' care are Aboriginal and Torres Strait Islander. Life Without Barriers is committed to finding culturally relevant ways of engaging with Aboriginal and Torres Strait Islander families and communities to ensure their children are cared for appropriately.

Recommendations

1. Review the policy, rate of reimbursement, and assessment criteria relevant to the allocation of allowances to carers of children and young people with complex support needs. This should include a general review to benchmark costs of raising a child in Australia against the costs of raising a child in care.
2. Review and introduce mechanisms that better acknowledge and integrate the expertise, knowledge and role of carers within the care team.
3. Review requirements of Kinship carers and introduce a refreshed policy that better integrates support provided to kinship care placements.

Life Without Barriers appreciates the opportunity to contribute to this inquiry. For any questions regarding this submission, please contact Sue Gleed, A/State Director Queensland, on Sue.Gleed@lwb.org.au or 07 3440 6300.

Sincerely,



Claire Robbs
Chief Executive
Life Without Barriers

References

Cashmore, J. and Paxman, M. (2006) *Predicting after-care outcomes: the importance of 'felt' security*, Child & Family Social Work, (11) 3.

Higgins, J.R. and Butler, N. (2007a). *Assessing, training and recruiting Indigenous carers*. 'Promising Practices in Out-of-Home Care for Aboriginal and Torres Strait Islander Carers, Children and Young People' (booklet 2). Melbourne: Australian Institute of Family Studies.

Higgins, J.R. and Butler, N. (2007b). *Comprehensive support for Indigenous carers, children and young people*. 'Promising Practices in Out of-Home Care for Aboriginal and Torres Strait Islander Carers, Children and Young People' (booklet 3). Melbourne: Australian Institute of Family Studies.

Mendes, P., Johnson, G. and Moslehuddin, B. (2011) *Effectively preparing young people to transition from out-of-home care: An examination of three recent Australian studies*, Family Matters No. 89, AIFS.

Morgan Disney & Associates (2006) **Transition from care: Avoidable costs to governments of alternative pathways of young people exiting the formal child protection care system in Australia**. Canberra: Department of Families, Community Services and Indigenous Affairs.

Tilbury, C. (2012) **Intensive Family-Based Support Services for Aboriginal and Torres Strait Islander Children and Families: a background paper**, School of Human Services & Social Work, Griffith University and SNAICC.