

Date: 16.10.2012

Exhibit number: 83

QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

STATEMENT OF NICOLA LINSEY JEFFERS

I, **NICOLA LINSEY JEFFERS**, of c/- Level 10, Suncorp Plaza Building, 61 Sturt Street, Townsville in the State of Queensland, Acting Regional Executive Director, solemnly and sincerely affirm and declare:

ROLE

1. I am acting as Regional Executive Director, North Queensland (NQ) Region, Department of Communities, Child Safety and Disability Services (the department) between the period 10 September 2012 up to and including 1 October 2012.
2. I hold a Bachelor of Arts in Psychology from the University of Central Queensland and am currently completing my Executive Masters of Business Administration at Queensland University of Technology.
3. My substantive position is Regional Director, Child Safety Services, North Queensland Region, Department of Communities, Child Safety and Disability Services. I was appointed to this position in August 2012. Prior to this position I was the Regional Director for North West Services. I have worked in Human Services over the last 18 years holding senior positions in non-government, Local Government and State Government services.

INTRODUCTION

4. The following forms Part A of the statement provided in response to the summons requesting written information which was issued to the Director-General, Margaret Allison, by the Honourable Timothy Francis Carmody of the Queensland Child Protection Commission of Inquiry, reference number 1998563.
5. This statement refers specifically to the Gulf and Mt Isa CSSCs. The remaining CSSCs within the North Queensland Region have been discussed in a separate statement by Ms Nicola Jeffers.
6. The information provided has been done so on the advice from the relevant business units responsible for management of the applicable areas.

QUESTIONS

Heading 1 - Services

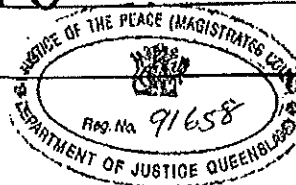
What is the current model for service delivery by the CSSCs?

7. Mount Isa Child Safety Service Centre (CSSC) comprises one Intervention with Parental Agreement Team (IPA) and two Child Protection Order (CPO) teams. There are three specialist positions and one Administration Team.
8. Gulf CSSC comprises one Investigation and Assessment Team (I&A) and two CPO Teams. There are three specialist positions and one Administration Team. The CSSC covers

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Normanton, Doomadgee and Mornington Island remote communities. Mornington Island and Doomadgee are two of the six priority Queensland sites identified by Council of Australian Governments (COAG) Remote Service Delivery National Partnership Agreement. The CSSC has a Child Safety Support Officers (CSSO) located at Normanton and continues to recruit for a CSSO for Mornington Island.

9. Mount Isa and Gulf CSSC's have two joint teams to respond to the needs of the North West including a combined Investigation and Assessment Team and a Youth Initiative Team.

What is the breakdown of boundaries of each CSSC's service delivery area?

10. Mount Isa CSSC covers the Mount Isa city region including areas West to Camooweal and East to Julia Creek.
11. Gulf CSSC covers communities including Doomadgee, Normanton, Mornington Island, Burketown, Dajarra, Boulia and North to Karumba.

What non-government services are funded the Department for each of the relevant regions (eg Recognised Entity, Safe Houses, Out-of-Home Care and other support services), including the amount they are currently being funded?

12. Attached is a listing of all funded non-government agencies in NQ Region (Attachment 1)

What type of services do they provide eg early intervention, family support and specialised care?

13. Attached is a listing of all Child Safety Services non-government grant funding service descriptions for the NQ Region (Attachment 2).

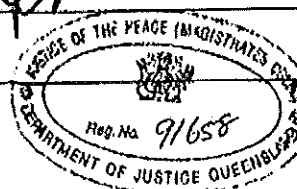
How many referrals have been made by the CSSC to external agencies for services in the last 12 months?

14. CSSCs (and RIS) make multiple referrals to other government and non-government agencies to assist families to address their assessed needs. The department is able to report on the level of funded capacity for each of the listed non-government services (where available). This information is available in the additional columns in Attachment 1 which represents a proxy measure of the level of annual referrals.
15. Pathways are the primary provider of Placement and Support Services for Aboriginal and Torres Strait Islander children and young people.
16. In respect of Recognised Entities (RE), the Department does not have a concept of a target number of clients because child protection functions involving all Indigenous clients require the active involvement of the RE.
17. As detailed in Attachment 2, other agencies can and are encouraged to make direct referrals to asexual abuse counselling services, Aboriginal and Torres Strait Islander Family Support Services and all of the services in the category of secondary family support. For example, the Department of Education, Training and Employment; Queensland Health and the Commonwealth funded Aboriginal Medical Services. Child Safety Services direct referrals take priority.
18. In respect of the Referral for Active Intervention (RAI) Services, data provided in Attachment 1 represents the actual throughput for families in the 2011-2012 year. In respect of the RAI

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Ancillary Services, the Targeted Family Support Program and Safe Havens, the data on referral is not sufficiently reliable to be reported.

Heading 2 – Staffing/Workforce and Caseloads

How many staff members are allocated to the CSSCs and what are their positions?

19. Mt Isa CSSC has 25.5 full time equivalent (FTE) staff. This includes one Manager, three Team Leaders, one Senior Practitioner, one Court Coordinator, 10 Child Safety Officers (CSOs), three Child Safety Support Officers, 0.5 SCAN Administration Officer, one Family Group Meeting Convenor, one Records Officer, one Business Support Officer, one Information and Administration Officer and two administration officers.
20. The Gulf CSSC has 24 FTE staff. This includes one Manager, three Team Leaders, eight CSOs, one Senior Practitioner, one Court Coordinator, one Family Group Meeting Convenor, six Child Safety Support Officers, one Business Support Officer, one information and administration officer and one administration officer.

Details of any position vacancies including the length of time each position has been vacant and the reason for the vacancy?

21. Mt Isa CSSC has one vacancy.
 - One Senior Practitioner which became vacant in May 2012. This position has been assigned to a staff member transferring under the rural and remote incentive scheme. They will commence their appointment in March 2013. This position has been filled under a temporary arrangement.
22. The Gulf CSSC has two vacancies.
 - One Child Safety Support Officer which became vacant in February 2012 when the officer was transferred to another agency. This position is based on Mornington Island and multiple recruitment processes have not attracted a suitable applicant to the role.
 - One Child Safety Officer position will be permanently filled on 1 October 2012 with the temporary officer currently in the role.

Are there any positions identified to be filled by Aboriginal and Torres Strait Islander people?

23. The Child Safety Support Officers at the following locations are identified positions:
 - One in Mt Isa CSSC
 - Four in Gulf CSSC.

What are the current caseloads for child safety officers (CSOs) in each of the nominated service centres? How do the current caseloads compare with caseloads for CSOs over the last three years?

24. Case loads for CSOs are calculated by dividing the number of children subject to Ongoing Intervention (that is subject to either a Child Protection Order (CPO) or Intervention with Parental Agreement (IPA)) by the number of CSO's dedicated to case managing these clients.
25. The average case load for CSO's in the NQ Region was 20 as at 31 March 2012. Over the last three years the average case load for CSO's in the NQ Region was 22.4 as at 30 June 2011, 21.4 as at 30 June 2010 and figures are unavailable for the 2009 period.

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26. A breakdown of average case load's for Mt Isa and Gulf CSSC's over the past 3 years is below:

Service Centre	31-Mar-12	30-Jun-11	30-Jun-10	30-Jun-09
Gulf	17.3	17.5	14.4	27.6
Mount Isa	17.9	22.5	16.0	16.5

How many of the current CSO's and team leaders (including those in acting capacity) have received the relevant CSO and Team Leader training?

27. There are five phases to the Child Safety Officer Entry Level Training Program. Completion of Phase 1 and 2 training is required before a case load can be allocated. Phase 3 is workplace learning (five months in Child Safety Service Centre); Phase 4 is Consolidation (one week training); Phase 5: workplace learning (six months in a Child Safety Service Centre) and includes academic requirements.
28. If a CSO completes all five phases within 72 weeks then a Vocation Graduate Certificate in Community Services Practice (Statutory child protection) and the Vocational Graduate Certificate (VGC) in Community Services Practice (Client assessment and case management) is awarded. There are currently 365 CSOs in Phase 5 of the Entry Level Training Program which includes the academic component.
29. The following table outlines the number of current CSOs who have completed the mandatory Child Safety Entry Level Training (Vocational Graduate Certificate).

Service Centre	Total No of CSOs	Total No. of CSOs - completed training	Percentage
Mt Isa	10	3	30%
Gulf	7	2	29%

* Information regarding current staff positions has been provided by HR Reporting & Systems

30. The following table outlines the number of current team leaders who have participated in Team Leader Training during the period 2005 – 2010.

Service Centre	Total No of TLs	Total No. of TLs - completed training	Percentage
Mt Isa	4	0	0%
Gulf	3	1	33%

* Information regarding current staff positions has been provided by HR Reporting & Systems

Are there any local practices in place that you consider are having a positive impact on the level of service delivery being provided by the CSSCs?

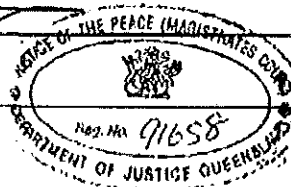
31. There is a strong culture of collaboration and support between Mount Isa and Gulf CSSC's evidenced through positive outcomes for children and families particularly in remote communities.
32. In Mount Isa CSSC, staff retention and morale is enhanced by promotion and acting opportunities in higher duties.

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33. Gulf CSSC has become responsive over the years in ensuring continuous service delivery to the Gulf communities. This includes timely travel to ensure investigation and assessments are responded to in a timely manner. A departmental vehicle is also located in the communities during wet season to enable service delivery to continue in a fly in/fly out capacity.
34. In the Mount Isa area there is a Regional Operational Centre which provides the opportunity for cross government service delivery leading to enhanced service delivery to the communities.
35. The NQ Region has implemented a number of strategies to increase the usage of kinship care within the region including:
 - Eco mapping project between the Department and our non-government organisation (NGO) partners.
 - Prioritising kinship referrals through the use of provisional approval processes.
 - Forming strong linkages with stakeholders and Elders within the various communities.
 - Partnerships with the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) in the recruitment and promotion of foster and kinship care.
36. The NQ Region has been proactive in developing an Action Plan with DATSIMA aimed at increasing and improving our cultural capability within Child Safety Services.
37. The Communities of Practice Learning and Development Framework provides an avenue for the department and sector to develop initiatives and consistent approaches to respond to emerging needs within the community.
38. A Youth Initiative Team was created through service integration in July 2010. The primary target group is young people subject to intervention provided by Youth Justice and Child Safety Services who display extreme behaviours. The team provides Youth Justice with a single entry point to Child Safety Services which allows for consolidated information flow and collaborative case planning. This enables a more integrated Youth Justice/Child Safety client focus and has resulted in numerous children returning to live with their families.
39. In July 2010, Queensland and Australian Government and the Mornington Island Community, represented by the Mornington Shire Council, signed up to a Local Implementation Plan (LIP) that set the expectations of what services were needed and how they should be delivered to provide better access and support to the community. In August 2011 the North West Region took the lead in partnerships with the program areas to understand how best to deliver services to the Mornington Island community – the idea was to shift to an 'outcomes' focus, rather than a 'historical service delivery' focus. Please refer to further information provided in Attachment 3.

Heading 3 – Children

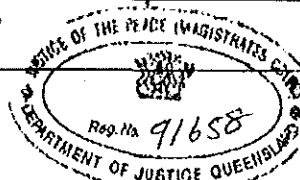
How many notifications have been received in relation to children in the service delivery area in the last 12 months? What is the breakdown of notifications received from QPS, Qld Health and Education for this period?

40. I am advised that following the introduction of the Regional Intake Services from August 2010, corporate data about notifications and the CSSC receiving the concerns at the Intake phase is not available. Data is available by departmental region and this information is provided.

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		relatives)				relatives)				
Gulf	49	0	0	49	18	8	26	75	29	104
Mount Isa	78	0	4	82	23	18	41	123	20	143

	Placement type				
	Foster Care ^(a)	Kinship Care ^(b)	Residential care services	Other ^(c)	Total
Gulf	48	22	3	9	82
Mount Isa	66	31	16	8	121

How many children on child protection orders have:

- A current case plan;
- A cultural support plan (where applicable);
- A child health passport;
- An education support plan (where of school age);
- A transition from care plan (where 15 years and over).

48. Of the 1,067 children subject to a CPO in the NQ Region as at 31 March 2012:

- 954 children required a regular case plan review, with 868 children (or 90.99 per cent) having a current case plan.
- 669 were Indigenous, with 664 Indigenous children (or 99.3 per cent) having a cultural support plan recorded on the system.
- 154 children were aged 15 years or over and subject to a CPO granting custody or guardianship to the Chief Executive. For 102 of these children (or 66.2 per cent) transition from care planning had occurred.

49. A breakdown of the data for Mount Isa and Gulf CSSC's is below:

	Current caseplan - Created or reviewed within the past 6 months	Case Plan required	Case Plan Recorded ^(a)	All children subject to child protection orders
Gulf	65	65	73	75
Mount Isa	105	105	123	123
Total	170	170	196	198

Service centre	Cultural Support Plan recorded ^(a)	All Indigenous children subject to a Child protection order
Gulf	73	75
Mount Isa	114	114

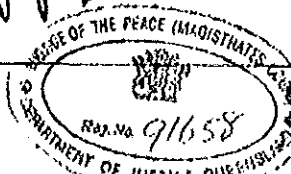
Service centre	Transition from care planning occurred	All young people aged 15 years and over subject to a child protection order granting custody/guardianship to the Chief Executive.
Gulf	2	4
Mount Isa	13	18

50. I am advised that data about children with an Education Support Plan is provided annually by the Department of Education, Training and Employment. The data is reported for all

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41. During the year ending 31 March 2012 the NQ Region recorded 2,640 notifications. This included 686 notifications from QPS, 335 notifications from Health Services and 432 from school personnel.
42. Health sources include medical practitioners, hospital/health centres and other health professionals. This category also includes all mandatory health notifiers. This may include notifications made by doctors and registered nurses.

How many children and young people are currently receiving services from each of the CSSC's?
How many of these children and young people identify as being Aboriginal and/or Torres Strait Islander?

43. As of 31 March 2012, the NQ Region was providing case management services to 1,410 children subject to ongoing intervention. This included 830 Aboriginal and/or Torres Strait Islander children and 580 non-Indigenous children.
44. Ongoing intervention includes children subject to a CPO and children subject to IPA.
45. A breakdown of children and young people receiving services from Mount Isa and Gulf CSSC's and Indigenous status is below:

	Child protection order			Intervention with parental agreement ^(b)			Total		
	Indigenous	Non-Indigenous ^(a)	Total	Indigenous	Non-Indigenous ^(a)	Total	Indigenous	Non-Indigenous ^(a)	Total
Gulf	75	0	75	29	0	29	104	0	104
Mount Isa	114	9	123	20	0	20	134	9	143

For each CSSC, how many of the children and young people currently are:

- On child protection orders (please provide breakdown on those on temporary, short and long term orders);
- In out-of-home care;
- In foster care;
- In kinship care;
- Subject to an Intervention with Parental Agreement.

46. In the NQ Region as at 31 March 2012 there were:
- 1,067 children subject to CPO's, including 592 children subject to a short-term CPO and 475 children subject to long-term CPO.
 - 998 children living away from home, including 303 children placed with kin, 546 children placed with other home based carers, 77 children placed with a residential care service and 72 children in other locations such as hospitals, Queensland youth detention centres, and independent living.
 - 343 children subject to IPA.

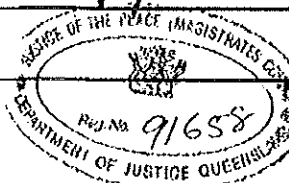
47. A breakdown of the data for Mount Isa and Gulf CSSC's is below:

Child protection order								Intervention with parental agreement ^(a)	
Short Term				Long term			Total		Total
Chief Executive	Other suitable person (including	No custody or guardianship	Total	Chief Executive	Other suitable person (including	Total			

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Queensland children in care, and is not readily available by departmental region or service centre.

51. A child health passport is required for a child in out-of-home care who is subject to:
- a child protection care agreement that has been extended beyond 30 days
 - a Court Assessment Order (CAO) that has been extended beyond 30 days
 - an interim order granting custody to the chief executive
 - a child protection order granting custody or guardianship to the Chief Executive.
52. I am advised that corporate data about the number of children with a child health passport is not readily available. Data has been sourced from a manual collection from regions about the proportion of eligible children who had a child health passport commenced. In the NQ Region as at 31 March 2012, 93.2 percent of eligible children had a child health passport commenced.
53. A breakdown of child health passport data for Mount Isa and Gulf CSSC's is below:

Child Safety Service Centre	Proportion with child health passport commenced
Gulf CSSC	98.5%
Mt Isa CSSC	96.2%

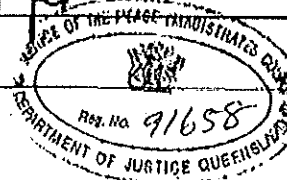
What do you consider to be the biggest issue (eg abuse and neglect, mental health, alcohol and substance misuse, homelessness, exposure to domestic violence) being experienced by children and young people receiving service delivery by the CSSCs?

54. There appears to be an emerging trend of young people self-harming, with suicidal ideation, generally accompanied by mental health issues. The age of this group is becoming younger with children aged less than 12 years displaying self-harming behaviours.
55. There is an increase in the number of children and young people chroming and using illicit substances. This is a disturbing trend, with little community support available to parents or youth health services to assist to keep the child or young person safe and in their family home.
56. The above trends has also been reflected in an increase in the number of parents wanting to relinquish care of their child as they are unable to manage their challenging behaviours.
57. There are a number of young people self-placing with adults who are not departmentally approved. Young people refuse departmentally approved placements and continue self-placing.
58. Placement capacity has been an ongoing issue for the region due to the lower number of new carers available, but also carers who are able to care for teenagers.
59. Domestic Violence which is prevalent and often linked to alcohol misuse, which leads to relationship problems within the family. Frequently children are witness to or involved in domestic disputes.
60. Neglect issues such as extremely unhygienic living conditions, children left unsupervised and overcrowded living conditions.
61. Lack of housing or unsuitable housing in rural and remote locations resulting in a reliance on the public housing system which has large numbers on the wait list. The Joint Action Plan

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between the department and the Department of Housing has been extremely helpful in prioritising families in crisis.

62. Multi-generational interface for a number of families within the child protection system.
63. The lack of housing and Supported Independent Living (SILS) options for young people.
64. There are a number of young people self-placing with adults who are not departmentally approved. Young people refuse departmentally approved placements and continue self-placing.
65. Increasing trend in a cohort of young women in care committing violent crimes.
66. Lack of public transport for parents to maintain contact with their children placed in of home care.
67. Limited access to therapeutic services.

How many current children for each service centre are in care as a result of an unborn child notification?

68. Recording of notifications for unborn children commenced in September 2004.
69. I am advised that data about the notification history of children currently subject to ongoing intervention are not part of the department's corporate reporting datasets and are not readily available.

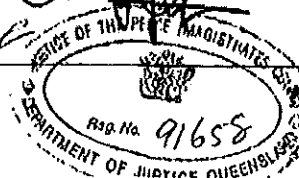
Heading 4 - Issues

What are the main service delivery issues (including any emerging trends) for the CSSC?

70. The Mount Isa and Gulf CSSC's experience difficulty servicing areas where there is a lack of other agencies to support the clients. There are also issues in servicing outlying areas where distance impacts on timely responses.
71. There is currently no Evolve service in the Mount Isa area which impacts on service delivery to children and young people with disabilities and complex needs. There is a lack of residential services for young people transitioning from care such as Semi Independent Living (SIL) Units and Youth Housing and Reintegration Service (YHARS) accommodation.
72. Mount Isa and Gulf CSSC's historically have experienced challenges in maintaining staffing numbers due to their remote location. Since 2009 this has stabilised, largely due to the capacity to offer the department's rural and remote incentives scheme.
73. In the NQ Region, Child Safety and non-government services experience some challenges in identifying potential kinship carers for children. Barriers can include, but are not limited to, access to identification to enable personal history checks to occur, blue card eligibility for some household members and overcrowding.
74. Young people are presenting with highly complex behaviours as a result of volatile substance abuse and misuse, and there is limited access to detoxification facilities for young people in the NQ Region.

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What do you consider to be the key systemic issues that may be impacting upon the provision of services to children and young people currently known to the CSSC?

75. The geography presents unique challenges in terms of capacity and access to early intervention and prevention services (secondary and universal) in rural and remote areas.
76. There is a systemic challenge in relation to affordable housing and accommodation for young people transitioning from care in the NQ Region.
77. One of the system issues in the NQ Region includes accessibility to alternative education models to support children and young people with differing learning needs and behavioural issues.
78. Mount Isa and Gulf CSSC's recognise that a high turnover of staff in agencies working with the department's clients is a systemic issue. Clients in the Mount Isa area are highly transient between the Northern Territory and Queensland which impacts on the ability to provide services to these clients. There are long waiting lists for specialist services such as occupational therapists and speech and language services.

How many complaints have been made in relation to the CSSC for the period 1 July 2009 to 30 June 2012?

79. Available data for the period September 2009 to 30 June 2012 identified that the NQ Region received a total of 449 complaints through the Central Complaints and Review Unit. A breakdown of this data for the Gulf and Mt Isa CSSCs is detailed below:

Service Centre	Totals
Gulf CSSC	4
Mount Isa CSSC	24

What were the top 5 issues identified as giving rise to complaints received about the CSSC for the same period?

80. A breakdown of the top five issues identified as giving rise to complaints about Gulf CSSC is:
- Complaint Handling
 - Child Protection Order
 - Officer Conduct/Employment
81. The top five issues for Mt Isa CSSC is:
- Child Protection Order
 - Officer Conduct/Employment
 - Investigation and Assessment
 - Intake
 - Support Services.

Heading 5 – Placement of children in out-of-home care

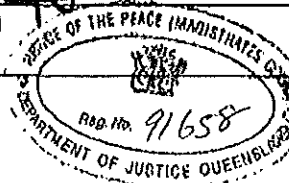
How many of the children in out-of-home care in each of the relevant service centre areas are placed outside of their immediate service centre area?

82. There are a total of 190 children and young people in out-of-home care in the Mount Isa and Gulf catchment areas (Mount Isa 118 and Gulf 72).

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	Foster carer			Kinship carer			Provisionally approved carer			Total		
	Indigenous (b)	Non-Indigenous	Total	Indigenous (b)	Non-Indigenous	Total	Indigenous (b)	Non-Indigenous	Total	Indigenous (b)	Non-Indigenous	Total
Gulf	4	5	9	0	0	0	0	0	0	13	5	18
Mount Isa	18	24	42	7	0	7	0	1	1	25	25	50

89. As of 31 August 2012 there were 6 funded specialist placements available in the Mount Isa and Gulf catchment area.

How many children and young people are currently placed with providers other than foster and kinship carers? How many of these are residential care providers?

90. In the NQ Region as at 31 March 2012, there were:

- 303 children placed with kin,
- 546 children placed with other home-based carers,
- 77 children placed with a residential care service, and
- 72 children in other locations such as hospitals, Queensland youth detention centres, and independent living.

91. A breakdown of the data for Mount Isa and Gulf CSSC's is below:

	Placement type				
	Foster Care (a)	Kinship Care (b)	Residential care services	Other (c)	Total
Gulf	48	22	3	9	82
Mount Isa	66	31	16	8	121

As at 30 June 2012 how many foster carers had four or more children placed with them?

92. I am advised that the latest available corporate data relates to 31 March 2012.

93. In the NQ Region as at 31 March 2012, 70 carer families had 4 or more children placed in their care. Carer families include foster carers, kinship carers and provisionally approved carers. A breakdown of the data for Mt Isa and Gulf CSSC is below:

	Foster carer			Kinship carer			Provisionally approved carer			Total		
	Less than 4 children placed	4 or more children placed	Total	Less than 4 children placed	4 or more children placed	Total	Less than 4 children placed	4 or more children placed	Total	Less than 4 children placed	4 or more children placed	Total
Gulf	8	1	9	9	0	9	0	0	0	17	1	18
Mount Isa	26	16	42	5	2	7	0	1	1	31	19	50

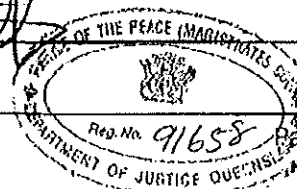
Does the CSSC have its own approved foster carers or area foster care agencies used when placing children and young people in out-of-home care?

94. In the NQ Region as at 31 March 2012 there were 500 carer families, including 389 who were agency supported and 111 who were departmentally supported. Carer families include foster carers, kinship carers and provisionally approved carers. A breakdown of this data is provided below:

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83. Of the 190 children and young people in out-of-home care, seven young people are placed outside their immediate CSSC catchment area. This number does not include any children or young people who may be residing with family, friends or kinship carers for holiday periods or interim family care arrangements.
- Gulf CSSC – four young people are currently placed in Townsville (three children placed with foster carers and one young person in Cleveland Youth Detention Centre). Of the three children placed with carers, two are with kinship carers and one is with a general foster carer as the child's mother who was living in Townsville has relocated to Mt Isa.
 - Mount Isa CSSC – one young person is currently placed in Townsville with kinship carers and one young person is currently in Brisbane Youth Detention Centre.

What is the most frequent location (city/town) where children are placed?

84. For children managed by Mount Isa CSSC the primary placement location is Mount Isa with the exception of children who have complex or extreme behaviours which warrant intensive intervention from Health, Therapeutic Services, Education and/or Community Services. These children may be moved to Townsville for the period of time the intervention is required and then return to Mount Isa.
85. For children managed by Gulf CSSC the primary placement location is the Mount Isa catchment area with the exception of:
- Children who have kinship options in the Gulf communities or can be placed in safe house locations.
 - Children who have complex or extreme behaviours which warrant intensive intervention from Health, Therapeutic Services, Education and/or Community Services. These children may be moved to Townsville for the period of time the intervention is required and then return to Mount Isa.

What is the current adherence to the Indigenous Child Placement Principle?

86. Adherence with the Indigenous Child Placement Principle is reported as the proportion of Aboriginal and Torres Strait Islander children in out-of-home care who were placed with kin, other Indigenous carers, or an Indigenous residential care service.
87. In the NQ Region as at 31 March 2012, 55.4 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Indigenous carers, or an Indigenous residential care service. A breakdown of the data is provided below:

Region and service centre	Percentage placed with kin, other Indigenous carers or Indigenous residential care services
Gulf	53.4%
Mount Isa	68.5%

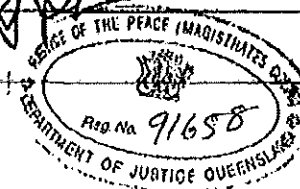
How many foster and kinship carers provide out-of-home care to those children and young people currently receiving service delivery by the CSSC? How many of these are specialist foster carers and approved indigenous carers?

88. In the North Queensland Region as at 31 March 2012 there were 500 carer families, including 128 Indigenous carer families. Carer families include foster carers, kinship carers and provisionally approved carers. A breakdown of the data is provided below:

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	Agency supported					Departmentally supported ⁽¹⁾					Total, all carer families
	Foster and kinship carers			Provisionally approved carer	Total	Foster and kinship carers			Provisionally approved carer	Total	
	Foster carer	Kinship carer	Total			Foster carer	Kinship carer	Total			
Gulf	0	0	0	0	0	9	9	18	0	18	18
Mount Isa	37	4	41	0	41	5	3	8	1	9	50

Heading 6 – Inter-agency Collaboration

To what extent does the local CSSC collaborate with other agencies in the delivery of services to children and young people?

95. All CSSC's in North Queensland Region actively participate with their non-government partners in monthly placement panel meetings and bi-monthly residential workshops.
96. Mount Isa and Gulf CSSC's worked with Stride Foundation Ltd on the 'On the Ball' program to support young people and related agencies in Mount Isa by engaging with 20 high risk young people aged 9-11 years and linking them with agencies that can support them.
97. Mount Isa and Gulf CSSC's have a high level of collaboration within the community sector targeting areas such as substance abuse and homelessness. There are regular networking meetings between stakeholders, government and non-government. Both CSSC's collaborate with other agencies through complex case meetings, participation and promotion of events within the community.
98. In Mount Isa there is a connecting with culture program which commenced in December 2011. This is collaboration between Mount Isa artist, Ms Barbara Sam, who was invited to create a series of Indigenous art pieces for the family rooms of the CSSC with the aim to make the centre more accommodating to Indigenous families. Ms Sam is a Kalkadoon traditional owner who is recognised for her contribution to child protection, strengthening families, and her dedication to ensuring that her culture remains alive and well. Phase 2 of the connecting with culture project involved assisting young people with learning more about their culture through a series of Indigenous art workshops run by Ms Sam during the school holidays. This project assisted in the development of cultural support plans for children in care. The Gulf CSSC will be running similar programs throughout their communities over the coming years.

Do you consider the current means of collaboration is effective or can it be improved?

99. Current collaboration and partnership arrangements within the region are effective and responsive. Partnerships are regularly reviewed and reformed through a number of local mechanisms which are in place to continually improve collaboration.
100. Both Mount Isa and Gulf CSSC's recognise the importance of collaboration with other agencies and continue to strengthen these relationships.

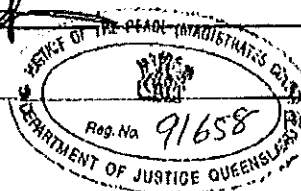
Are there any current Memorandums of Understanding or like agreements in place in respect of the CSSCs collaboration with other agencies (government and non-government)?

101. Throughout the NQ Region, Child Safety Services have a number of Memorandums of Understanding (MOU) including; Royal Society for Prevention of Cruelty to Animals,

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Department of Housing, Centrelink, Child Youth and Mental Health Services, Education Queensland and Relationships Australia.

Details of those agencies/stakeholders who participate on the local SCAN team(s)

102. Child Safety is recognised within legislation as the lead agency for the SCAN team system. Core member agencies are the Queensland Police Service, Queensland Health, the Department of Education, Training and Employment and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited representing recognised entities when an Aboriginal or Torres Strait Islander child is being discussed.
103. Promoting the participation of invited stakeholders with knowledge, experience or access to resources to participate in SCAN team meeting case discussions, assessments and recommendations is integral to meeting SCAN team system principles. A key responsibility of all core member representatives is to invite and facilitate contributions from other agencies to enhance positive outcomes for the referred child and family.
104. Agency participation includes drug and alcohol services, mental health, and domestic and family violence services, correlating with the most significant risk factors identified for children. Attendance by private school personnel, youth hostel and accommodation service staff, and disability services and youth justice staff may also occur.

Heading 7 – Reporting

Could you please provide a copy of any report written by a child safety service centre manager, a regional planning and partnership officer (or equivalent departmental officers), compiled between 1 July 2009 and 30 June 2012 that identifies critical issues in relation to the delivery of child protection services in each of the relevant regions.

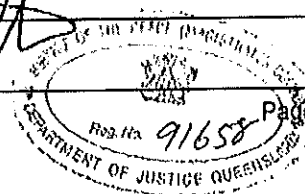
105. Attachment 3 – Collaborative Service Delivery – Mornington Island
106. Attachment 4 - Placement Service Unit – Key Deliverables
107. Attachment 5 - Six Priorities for North Queensland Region
108. Attachment 6 - Mount Isa Leadership Team blueprint 2012
109. Attachment 7 – Terms of Reference, Mount Isa Leadership Team
110. Attachment 8 – COM 096303-2011 – Organisational change – North West Services. This attachment is available in Part B of this statement.

Declared before me at Townsville this 21st day of September 2012.

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Attachments:

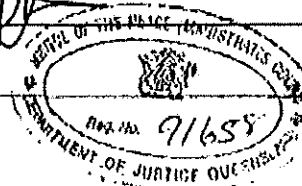
- Attachment 1 – All funded non-government agencies in North Queensland Region
- Attachment 2 – Child Safety Services non-government grant funding service descriptions
- Attachment 3 – Collaborative Service Delivery – Mornington Island
- Attachment 4 – Placement Service Unit – Key Deliverables
- Attachment 5 – Six Priorities for North Queensland Region
- Attachment 6 – Mount Isa Leadership Team blueprint 2012
- Attachment 7 – Terms of Reference, Mount Isa Leadership Team

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Attachment Marking

The preceding 1 page is the annexure mentioned and referred to as ATTACHMENT 1
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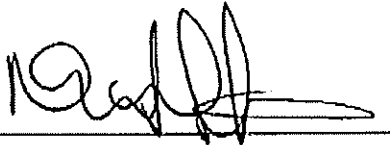
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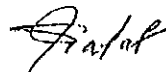


Attachment Marking

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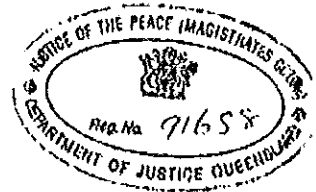


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CHILD SAFETY NGO GRANT FUNDING SERVICE DESCRIPTIONS

Key Funding Area	Service Type	Description
Placement Services		Placement services, also known as alternative care or out-of-home care services, provide places (accommodation and support) for children and young people who are unable to live at home. A range of services are required to respond to the different levels of support needs of the child or young person and provide stable, quality care within the Child Safety Services' case management framework.
	Foster and Kinship Care	Foster and kinship care services are responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services. Foster and kinship care is provided to a child or young person with moderate to high support needs in a carer's home. Carers should have access to regular and emergency respite, facilitated by the service. (It should be noted that approx 65% of all Foster & Kinship care is provided through the NGO sector, and that the other 35% is provided through departmentally supported carers)
	Intensive Foster Care	Intensive foster care services are responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services to provide care to a child or young person with complex to extreme support needs in a carer's home. Carers should have access to regular and emergency respite, facilitated by the service. Typically, these carers only care for one child at a time, unless small sibling groups are involved.
	Residential Care incl. small group homes with rostered staff or live-in houseparent models	Residential care services are provided by paid, contracted or volunteer workers to a young person in residential premises. These workers may include rostered or live-in staff. Residential care usually involves small group care (up to six places) though may also include individual care. Residential care is primarily for young people aged 12-17 years and mainly with complex and extreme support needs, though may also accommodate sibling groups or other young people with moderate to high needs.
	Therapeutic Residential Care	Therapeutic residential care services deliver intensive therapeutic care for young people aged 12-15 years with complex to extreme support needs, who are generally unable to be placed in other forms of care. Therapeutic residential care services provide a therapeutic environment conducive to young people recovering from the impact of physical, psychological and emotional trauma and pain resulting from their experience of harm or risk of harm. Therapeutic residential care services will be provided in a least restrictive environment, which is designed to minimise the risk of self-harming and violence. Cairns, Townsville, Goodna & Morayfield
	Safe Houses	Safe Houses deliver a supervised residential care service providing a combination of short-term emergency care and some medium-term care placements for children and young people aged 0-17 years and a related Family Intervention service providing practical supports to families, and parenting interventions during supervised contact consistent with case plan goals. Services will be located in the Aboriginal and Torres Strait Islander communities of Aurukun, Kowanyama, Napranum, Pompueraaw, Doomadgee, Palm Island, Torres Strait, Northern Peninsula Area, Eastern Cape York Peninsula, and Mornington Island. A foster care house is also located at Yarrabah.
Support Services	Supported Independent Living	Supported independent living services are provided by paid, contracted or volunteer workers to a child or young person in residential premises. These employees or workers do not usually live at the premises or provide overnight care but provide external support through regular visiting. Supported independent living is usually for young people aged 15-17 years with moderate to high support needs who are transitioning to independent living. Supported independent living may involve small group or individual care.
		Support services provide assistance to children, young people and families who are referred by Child Safety Services for a range of interventions that focus on the Child Safety Services' assessed needs of children and families. Support services and individual interventions provided by non-government organisations are coordinated by Child Safety Service Centre staff based on case plan goals.
		Support services are available to families and children where Child Safety Services has assessed that ongoing statutory intervention is required for a child and where case plan goals developed by Child Safety Services require external service coordination to assist Child Safety Services' decision making responsibilities and meet specific individual therapeutic and personal support needs
	Family Intervention Services	The aim of Family Intervention Services (FIS) is to support clients of Child Safety Service Centres (CSCC) where ongoing intervention with a family is required. The principal aims are to preserve families where a child remains living at home under ongoing intervention and monitoring by the CSCC, and to assist in the reunification of the child with their family from out-of-home care where it is determined to be in the best interests of the child. The FIS support is aimed at the family exiting the child protection system with improved skills and parenting ability. FIS also aims to prevent families from re-entering the child protection system by strengthening the caring and parenting skills of the caregiver and their positive participation in community life.

Key Funding Area	Service Type	Description
	Counselling and Intervention Services	Counselling and intervention services aim to assist the therapeutic and behavioural support needs of children and young people using evidence-based and contemporary intervention methods and models of practice that help in the recovery from a range of personal, physical and emotional impacts arising from an experience of abuse or neglect. Counselling and intervention services may also contribute to the overall stability of a child in their out-of-home care placement through direct counselling support and may also include counselling support to carers within the child or young person's support network.
	Sexual Abuse Counselling	Sexual abuse counselling services provide specialist counselling to children and young people in out-of-home care placements who are not able to access an appropriate service from Queensland Health or Child Safety departmentally operated Sexual Abuse Counselling Service (SACS) in Brisbane (Woolloongabba).
	Outreach Support	A limited service response focused on the behavioural, counselling and education support needs of children in an out-of-home care placement. Typically the service is aligned to the grant funded service provider and does not resource other out-of-home care placement services.
	Transition from Care	A service funded in the Beenleigh, Logan and Goodna area as a joint initiative of Child Safety Services and the Department of Employment and Industrial Relations. The service aims to assist young people aged 15-17 years who are preparing to leave out-of-home care.
Indigenous Child Protection Services	Indigenous Child Protection Services include: Recognised Entities; Indigenous Family Support (IFSS); and funding for the Indigenous Child Protection Peak QATSICPP.	
	Recognised Entities	Recognised Entities are funded to actively participate in significant decisions made by Child Safety Services regarding Aboriginal and Torres Strait Islander children including intake; investigation and assessment; Suspected Child Abuse and Neglect (SCAN) teams; court, case planning; and placement, and also provide information to Indigenous families throughout these phases of the statutory child protection system. The recognised entity role also assists Child Safety Services to comply with the Indigenous Child Placement Principle.
	Aboriginal and Torres Strait Islander Family Support	ATSIFFS is a new service type which commenced from 30 August 2010 which will fund eleven services to cover the State. These services will provide a range of family support services to both statutory and non-statutory families. Around 90% of clients will be non-statutory and will be referred from the Department (Child Concern Reports); Education; Health; and the Indigenous Medical Services. Limited self-referrals are also permitted. The other 10% of clients will be statutory referrals from Child Safety Service Centres. Family support is expected to range from intensive to practical in-home support.
	Secondary Family Support	The primary aim of the Department's prevention and early intervention funding is to improve the safety and wellbeing of children, young people and their families in order to prevent entry or re-entry into the statutory child protection system. Services funded through Family Support are largely early intervention services; they target identified vulnerable children, young people and families and respond to a known risk or problem. Within this context, early intervention activities delivered by Family Support's services, seek to address risks and resolve problems at an early stage. Services meet unmet needs, build capacity and resilience and enhance the wellbeing and safety of children, young people and their families. Some services funded through Family Support have a prevention component, particularly those which seek to build the capacity of families in the wider community through education programs and universal support programs.
	Referral for Active Intervention (RAI)	The Referral for Active Intervention program responds to vulnerable families with children and young people (unborn to 18) who are at risk of involvement in the statutory child protection system. RAI is a consent based program which provides case management for clients who agree to engage with the service. All individuals who identify as being family members of the referred child and consent to engage are eligible for a service. Case managers work collaboratively with families to identify and prioritise their presenting needs and provide intensive support interventions and engagement with specialist services.

No Wrong Door – Connecting for Clients

Region: North Queensland

Story: Collaborative Service Delivery - Mornington Island way

Mornington Island is the largest of the Wellesley group of islands and is located in the Lower Gulf of Carpentaria. Understanding the dynamics of Mornington Island is critical to successful community engagement and involvement in service delivery. Indigenous culture remains a strong part of everyday life on Mornington Island with Elders and clan group responsibilities still a key part of everyday life.

Since late 2007, the Australian Government, States and Territories have been working together through the Council of Australian Governments (COAG) to develop fundamental reforms to close the gap in life outcomes for Indigenous Australians. Mornington Island is one of 29 sites across Australia and one of six within Queensland identified under the National Partnership Agreement on Remote Service Delivery (RSD).

In July 2010, Queensland and Australian government and the Mornington Island community, represented by the Mornington Shire Council, signed up to a Local Implementation Plan (LIP) that set the expectations of what services were needed and how they should be delivered to provide better access and support to the community.

The department was aware of the issues facing the Mornington Island community and acknowledged what has been achieved and why some things haven't. In August 2011, the North West Region took the lead in partnership with the Program Areas to understand how best to deliver services to the Mornington Island community — the idea was to shift to an 'outcomes' focus, rather than a 'historical service delivery' focus.

Mornington Island was without a Women's Shelter, a Safe House and a Safe Haven service for a significant length of time. Tight timeframes were a key driver in delivering these services, particularly the Women's Shelter to ensure safety for Women and Children in Mornington Island before the next wet season — the North Queensland wet season is roughly between December and April each year. The department was committed to do whatever it took to get these services up and running.

With a deadline identified for the Women's Shelter and a shared focus on delivering an attractive offer to agencies to enter the Mornington Island market, RSDO linked with three program areas — Homelessness Programs, Child Safety Programs, Safe Haven and Safe House Projects — and identified an opportunity to offer a unique joint funding.

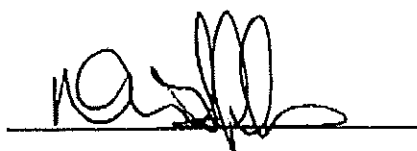
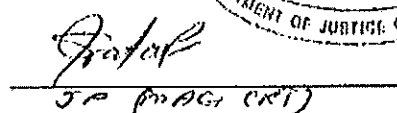
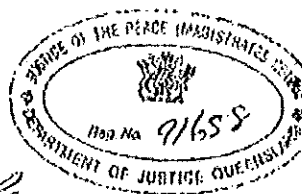
The intent of combining the funding offer was to attract a single large-scale credible provider who could ensure services were delivered in a flexible, coordinated manner that fits best with the needs of the Mornington Island community.

Remote communities do not differentiate program, services or providers. There was an absolute need to tailor service delivery to mirror the community needs. This requires a re-engineering of how the Department traditionally procured services through a third party. The Department designed a process that streamlined the application and budget requirements so there could be efficiencies in scale, connection/continuum of service delivery and budget requirements.

In order to achieve these outcomes within the time imperatives, RSDO and program staff adopted non-traditional roles to ensure that the products around information papers, tendering, and communication was holistic in the approach — emulating No Wrong Door principals in within a contract management perspective with the following vision.

Attachment Marking

The preceding 3 pages is the annexure mentioned and referred to as ATTACHMENT 3
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RAI Ancillary	<p>The RAI initiative includes ancillary funds linked to each service. The purpose of this funding is to address prevention and early intervention service delivery gaps and priorities determined by the ANT within the RAI catchment area. This includes the establishment of new services or the enhancement of existing services to increase the capacity to provide specialised and ongoing support for clients of the funded RAI service. RAI Ancillary services must deliver direct client service and prioritise RAI clients.</p> <p>Depending on regionally identified needs, funding may be used to boost specialist services required for RAI clients (eg Domestic and Family Violence counselling, Indigenous Family Support) or to build less intensive services that are able to provide "step down" support for families exiting a RAI service. Where capacity allows, RAI Ancillary services may accept clients from other referral pathways.</p>
Helping Out Families	<p>The Helping Out Families (HOF) initiative operates in the SE region and includes four components: Family Support Alliance (FSA), Intensive Family Support (IFS), Domestic and Family Violence (DFV) and Health Home Visiting (HHV). The HOF model in three locations consists of an Intensive Family Support (IFS) service supported by a network of local agencies and services. The networks are coordinated through the Family Support Alliance (FSA). The services respond to vulnerable families with children and young people (unborn to 18) at risk of entering the statutory child protection system, and their families.</p> <p>The FSA and IFS services are complemented by HHV which is delivered by Queensland Health, and DVP services funded through the department's Social Inclusion stream.</p>
Specialist Counselling Services	<p>Services funded under this initiative deliver intensive prevention and early intervention services for children and young people (unborn to 18 years) who have been identified as at high-risk of child abuse and neglect and their families. These services are provided in instances where a statutory child protection response is not appropriate but where significant support is required for the children, young people and the family. In particular, this service is funded to case manage client families and provide specialist counselling.</p>
Targeted Family Support	<p>Services funded under this initiative deliver services to support children, young people (unborn to 18 years) and their families who find themselves in vulnerable situations to improve the wellbeing and safety of children, young people and families, help preserve families and prevent entry or re-entry in to the statutory child protection system.</p>
Safe Havens	<p>Safe Haven services operate in the communities of Mornington Island, Coen, Cherbourg and Palm Island to provide culturally appropriate, integrated services to respond to the safety needs of children, young people and families who are affected by domestic and family violence, strengthening their capacity to deal with the issues that might impact upon their safety, wellbeing and resilience. Safe Haven services contribute to secondary child protection, providing early intervention responses which aim to reduce the demand on the statutory child protection system.</p>

The Department bundled this funding as a combined tertiary, early intervention and prevention response with the common objective of enhanced safety for women and children on Mornington Island.

It was anticipated that as a single large-scale provider would undertake appropriate local workforce development strategies and ensure services are delivered in a coordinated manner, consistent with the principles of the No Wrong Door approach. The provider would also be able to make use of economies of scale and offer service flexibly in a way that fits best with the needs of the community.

Presenting as one department, RSDO and the Program Areas collaboratively delivered information sessions to attract NGOs to submit an application to deliver a Women's Shelter, Safe Haven and Safe House. Approximately nine NGOs already known to the department were short-listed based on the workforce strategy proposal, their capability, interest and foot print in the Region.

The successful applicant was Mission Australia. Through collaborative work with Local Community Groups, Women's Centre, Mornington Island Aboriginal Shire Council, Mornington Island Police, Mornington Island Hospital, Mornington Island School, Department of Communities, Traditional Owners, Church groups and Elders, Mission Australia commenced delivery on the program on the 07/12/11 (date they were awarded funding) with the *Yuenmanda Women's Shelter* being re-opened on the 09/01/12.

On 19th of December only two weeks after the tender was announced the National CEO, and the QLD State Manager from Mission Australia visited Mornington Island. Despite the time of the year the the Organisation was well received by all stakeholders in the Community. All elected members of the Council met with them out of session, as well as key government and Non Government stakeholders. The visit was very successful with all members of the Community supportive of the Departments decision for Mission Australia to deliver the full suite of Departmental programs.

The Region and the three program areas are currently working to develop a single service agreement that replicates and represents the Departments and the Agencies No Wrong Door approach to service delivery in Mornington Island.

In the first week of its opening the Women's Shelter received its first client. The woman was referred to the Shelter with her young child after a significant domestic dispute by QPS. The family stayed in the safety of the shelter overnight. During the course of the Service delivery the accompanying child's health deteriorated. By virtue of the trust developed with the client and key stakeholders the service was able to quickly respond and ensure that the child received immediate medical attention. The mother and child are now doing fine, and the family has been reunified.

The Shelter continues to support women and children referred, and through the employment of local staff (augmented by FIFO staff) they are starting to receive self referrals immediately after, indicating that the women's shelter and the service is accepted by the Community as a place of safety.

The remaining programs will be delivered in a staged approach with the Safe Haven services commencing early 2012 and the Safe House operational by mid 2012.

Stakeholders:

Nicola Jeffers, Regional Director North West

Barb Shaw, Director Homelessness Programs

Jennifer Clark

Russell Loos, Director, Child Safety Programs

Madeline Lea, Director Safe Haven and Safe House Projects

NQ PSU Key Deliverables 2011/12

2011 - 2015 Strategic Plan

Our Vision

Fair, cohesive and vibrant Queensland communities

Our Purpose

Providing integrated community services that strengthen Queensland

Our Values

The Department will undertake the delivery of its services in line with the following values:

- Client focus
- Collaboration
- Diversity
- Innovation
- Professional integrity

Our strategic risks are managed through our robust risk management framework and relate to the impacts of:

- Population growth, and the increasing demand for and cost of services, on our service delivery systems and practices
- Large scale or multiple disaster events requiring a high number of staff to be deployed and resources to be reallocated
- An ageing workforce and increasing competition from other agencies and the private sector, impacting on the attraction and retention of skilled staff

Strategic Policy Initiatives

- Enhance support for priority initiatives by:
 - Improve standards of foster and kinship care by implementing enhanced strategies for the recruitment, training, support and retaining of foster and kinship carers
 - Enhance support to specialist foster care program
 - Implement strategies to increase the rate of kinship care
 - Support practice enhancements for VP in care with a disability
 - Support the Securing Permanency requirements
 - Support the rollout of the TRS
 - Support the implementation of the new model of residential care, maximising utilisation and monitoring performance
- Implement strategies to better monitor, report and analyse transitional placements and increasing the usage of grant funded placements
- Ensure compliance with the transitional Placement Review business rules by reporting on placement trends and challenges and undertaking quality assurance of submissions
- Ensure that children and young people placed in out of home care services that are outside of regulated care (S2(1)(a) to (c)) and therefore not subject to licensing requirements are subject to appropriate assessment and monitoring obligations by:
 - Support optimum utilisation of regulated care
 - S2(1)(b) placements are regulated per CSW
 - Monthly reviews of placement appropriateness
 - Accurately recorded in ICHS
 - Regular sharing of usage information with CSSE and GST

People and Culture

- Support the Safety and Wellbeing and Injury Management Framework
- Embed Cultural Capability Framework and Assessment and Capability Planning to include risk to foster care planning for 2011/12
- Manage budgets within the financial limits established for 2011/12
- Actively participate in data quality and data management activities
- Embed Document and Records Management Project
- Develop a methodology for forward planning of resources to respond to future growth

2011 - 2012

Child Safety RSDO Deliverables (PSU Specific)

Jan - Jun 2012

NQ PSU

Deliverables (Strategic)

- Implement toolbox re: behavioural management for carer to support longevity of placement
- Embed carer support including expectations, strategies and kinship eco-mapping
- Promote and deliver Cultural Awareness & Pre-service training
- Support the CSSE in the completion and requirement of provisional carer approvals
- Monitor potential enhancement to ongoing carer training

Residential Care

- Continued enhancement of CSSE and NGO interface with a focus of TFG support
- Enhanced information sharing including development of residential photo books
- Regular monitoring, support and reporting of S2(1)(b) placement to the CSSE and FCM (incl. TP)
- Innovative carer support including the completion of Carer Support Book for Mackay and Milisa

Wellbeing

- Enhanced EOI management including NGO interface, monitoring trends such as kinship ratios, exits and withdrawals & disability capacities
- TP and S2(1)(b) system maintenance & reporting

Jan - Jun 2012

NQ PSU

Deliverables (People & Culture)

- Key conduit for NGO, carers and CSSE in the management of carer files and information sharing
- Regular review, analysis and forecasting of staffing, finances and PSU reports driving and embedding a performance and forward planning culture

Succession Planning

- Robust, timely and meaningful ACP completion on file
- Promotion of opportunities for skills upgrades e.g. training
- Clearly defined expectations of leadership roles, promoting accountability of the unit

Learning and Development

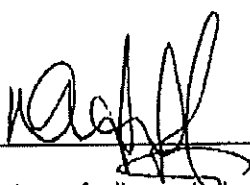
- Development of data analysis to inform individual forecasting
- Development of sector knowledge in partnership with FCO, funded sector, funding team and CSSE (e.g. residential workshops)

Wellbeing


- Ongoing consideration to external community activities relevant to business needs
- Support of ongoing positive team activities

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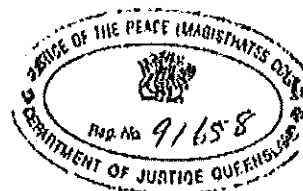
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NQ PSU – PMT Team Key Deliverables 2011/12

As a Department we will...

- Facilitate integrated services that respond to assessed need
- Build a stronger and sustainable services system
- Build strong partnerships with RSDO stakeholders
- Provide simple and consistent entry points for clients
- Integrate responses to client needs
- Promote client independence
- Give priority to breaking intergenerational disadvantage
- Strengthen the community sector to align with clients needs

As a unit we will...

- Implement standards of foster and kinship care by implementing enhanced strategies for the recruitment, training and support for the specialist foster care program
- Implement and enhance support for the specialist foster care program including implementing any required changes to program requirements of the Child Placement Plan (COPP) and 2011/12
- Respond to emerging requirements as relevant with reference to the new National Framework for Protecting Australia's Children action plan
- Ensure that children and young people placed in OHC services that are outside regulated care and not subject to licensing requirements are subject to appropriate assessment and monitoring obligations
- Implement Child Protection Legislative amendments
- Ensure compliance with TP business rules and provide monthly checks of placement trends, challenges and undertake quality assurance process
- Monitor, report and analyse TP with aim of reducing TP and increase usage of grant funded placements
- Support the Safety and Wellbeing and Injury Management Framework
- Embed Cultural Capability Framework and Achievement and Capability Planning to include links to future career planning for staff
- Manage budgets within the fiscal limits established for 2011/12
- Actively participate in data quality and data management activities including the development of a methodology for forward planning of resources to respond to future growth
- Embed Document and Records Management Project

- Develop our culture through leadership
- Use resources flexibly to respond to need
- Develop a methodology to measure and manage demand
- Provide services within resourcing restraints
- Increase use of contemporary technology and innovative business process
- Streamline our business process

As a team we will...

- Ensure all children and YP placed through PSU are placed in approved placements and corresponding CSPM procedure are adhered to, inclusive of providing support and guidance to CSSCs relative to suitable placements for children with Complex to Extreme Needs
- Assist in identifying suitable kin or foster carers through consultation with the CSSC RE KFC fostering agencies and other services within the broader community
- Work with CSSCs to provide placement support supporting or maintaining OHC placements within the best interests of the child or YP
- Develop a CSSC and Fostering Agency contact calendar so that PMT can develop and maintain face to face contact with service centre and fostering agency colleagues
- Improve placement methods in conjunction with fostering agencies to develop and maintain simple and effective placement and tracking processes
- Take pictures of CSSCs, SAAP, grant funded properties and fostering agency's during visits to familiarise the PMT with placement set ups
- Source and pass on relevant, accurate and concise advice information to all stakeholders
- Work with Kinship and Foster Care team to identify suitable out of home care options with the focus on promoting family and community based placements as a priority
- Actively participate in Quarterly Service and interagency meetings as well as be aware of the Learning and Development opportunities for Service Providers in the region
- Effective communication through inclusive, open and constructive conversation supporting team members to articulate their views, perspectives, feelings, share ideas and understand each other's view points

As an individual I will...

- Provide support to colleagues to assist them in achieving the best outcomes for children and YP
- Maintain professional persona at all times
- Provide support to colleagues to assist them in achieving the best outcomes for themselves
- Update and maintain CMS with the required level of detail and accuracy
- Frequently review overall placement progress to ensure that issues can be addressed while they're easily manageable
- Provide regular consistent support to colleagues and stakeholders
- Advocate for CSSCs to close placement events for placements that are ending to maintain CMS accuracy

Education and Support Development and Support Unit will follow a practice via phone, email and ongoing contact with stakeholders.

Mt Isa Regional Operations Centre (ROC)
Mission Australia

As a Department we will...

- Facilitate integrated services that respond to assessed need
- Build a stronger and sustainable services system
- Build strong partnerships with RSPD stakeholders
- Provide simple and consistent entry points for clients
- Integrate responses to client needs
- Promote client independence
- Give priority to treating intergenerational disadvantage

As a unit we will...

- Implement standards of foster and kinship care by implementing enhanced strategies for recruitment, training and support for the specialist foster care program
- Implement and enhance support for the specialist foster care program including implementing any required changes to program requirements of the Child Placement Principles post the COO/POG audit 2014
- Respond to emerging requirements as relevant with reference to the new National Framework for Protecting Australia's Children 2014
- Ensure that children and young people placed in OAG services that are outside regulated care and not subject to licensing requirements are subject to appropriate assessment and monitoring obligations
- Implement Child Protection Legislative amendments
- Ensure compliance with all business rules and provide monthly checks on placement trends, challenges and undertake quality assurance process
- Monitor, report and analyse risk with aim of reducing risk and increasing usage of grant funded placements
- Support the Safety and Wellbeing and Intimacy Management Framework
- Embed Cultural Capability Framework and Achievement and Capability Planning to include links to ensure career planning for staff
- Manage budgets within the fiscal limitations established for 2014/15
- Actively participate in data quality and data management activities including the development of a methodology to forward planning of resources to respond to future growth
- Embed Document and Records Management Project

As a team we will...

- Ensure all carers in the Northern Region meet regulation of care requirements as regulated by the CSPM
- Assist to identify kinship and foster carers with consultation with the GSSG and Foster Care Agencies
- Work with the GSSG and Foster Care Agencies to provide procedural support regarding Regulation of Care matters
- Improve our support and deliver high quality training with all approved carers and develop a 'tool box' of resources for carers
- Ensure all Approved Foster Carers have a 'Photo Book' recorded on ICMS to assist children to transition into approved placements
- Develop and implement strategies on recruitment in the Indigenous communities and develop and implement a regional recruitment calendar in partnership with the Regions Foster and Kinship Care Services
- Work with Placement Management Team to ensure that children and young people placed in out of home care services (182 (a) and e)) are subject to appropriate assessment and monitoring obligations, by ensuring carer approvals and placements are regulated per CSPM
- Develop strong partnerships with other government agencies and non-government agencies to better support carers, children and their families
- Regular review, analysis and forecasting of carer approvals and PSU reports driving and embedding a performance and forward planning culture
- Produce accurate, timely and transparent outputs by keeping abreast of relevant policies and procedures which uphold public and auditable scrutiny
- Actively participate in data quality and data management activities including the maintenance of ICMS with the required level of detail and accuracy
- Promote a team culture of honesty, accountability and inclusiveness
- Support the vision and direction of both the organisation and NQ PSU

As an individual I will...

- Complete carer applications within the legislated timeframe with the required levels of detail and accuracy as regulated by the CSPM
- With the support of my supervisor, actively pursue learning and development opportunities that are fiscally viable and demonstrate a direct benefit to the business
- Update and maintain ICMS with the required level of detail and accuracy, including cross checking of details recorded
- Provide regular, consistent support to department supported carers including advocating for Placement Agreements to be completed within required time frame and with required level of detail and accuracy
- Educate and support department staff and non-government staff on ROP policy and practices via phone, email and at least monthly visits to the GSSG or Service
- Participate and initiate carer support activities e.g. ROP Conference, carer catch ups, functions etc
- Commit to the success of the team by remaining abreast of all team members' priorities and duties which will enable all team members to assist in the team achieving their goals and deadlines
- Participate in open and honest communication within the team with the intent of attempting to resolve conflict at an individual level prior to escalating issues
- Ensure my supervisor is regularly informed of 'tasks status' and potential issues which may impact upon the timely and accurate completion of a task by actively engaging in both informal and formal supervision
- Initiate, educate, support and encourage carers to transfer to their local Fostering Service in partnership with agencies
- Prioritise and evaluate workload on a regular basis to ensure workload tasks are met in allocated timeframes
- Actively participate in Quarterly Service Meetings and initiate interagency meetings
- Initiate, attend and participate constructively in all scheduled team and interagency meetings as well as individual supervision sessions
- Work with supported Fostering Agency and department supported Foster Carers to ensure all Approved Foster Carers have a 'Photo Book' recorded on ICMS to assist children to transition into approved placements

NQ PSU – Administration Team Key Deliverables 2011/12

As a Department we will...

- Facilitate integrated services that respond to assessed need
- Build a strong and sustainable services system
- Build strong partnerships with RSD stakeholders
- Provide simple and consistent employment points for clients
- Integrate responses to client needs
- Promote client independence
- Give priority to breaking intergenerational disadvantage
- Strengthen the community sector to align with clients needs

As a unit we will...

- Implement standards of foster and kinship care by implementing enhanced strategies for the recruitment, training and support for the specialist foster care program
- Implement and enhance support for the specialist foster care program including implementing any required changes to program requirements of the Child Placement Principles audit 2011
- Respond to emerging requirements as relevant with reference to the new National Framework for Protecting Australia's Children action plan
- Ensure that children and young people placed in OHC services that are outside regulated care and not subject to licensing requirements are subject to appropriate assessment and monitoring obligations
- Implement Child Protection legislative amendments
- Ensure compliance with TP business rules and provide monthly checks of placement trends, challenges and undertake quality assurance process
- Monitor, report and analyse TP with aim of reducing TP and increase usage of grant funded placements
- Support the Safety and Wellbeing and Injury Management Framework
- Embed Cultural Capability Framework and Awareness and Capability Planning to include links to future career planning for staff
- Manage budgets within the fiscal limits established for 2011/12
- Actively participate in data quality and data management activities including the development of a methodology for forward planning of resources to respond to future growth
- Embed Document and Records Management Project

As a team we will...

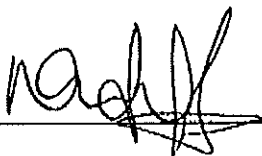
- Enhanced EO management including NGO interface, monitoring trends such as kinship ratios, exits and withdrawals & disability capacities
- TP and 82(1)(f) system maintenance & reporting
- Key conduit for NGO carers and GSSC in the management of carer files and information sharing
- Regular review, analysis and forecasting of staffing, finances and PSU reports driving and embedding a performance and forward planning culture
- Support the ethos of providing the community with a simple and consistent entry point for clients (No Wrong Door)
- Produce accurate, timely and transparent outputs by keeping abreast of relevant policies and procedures which uphold public and auditable scrutiny
- Promote a team culture of honesty, accountability and inclusiveness
- Support the vision and direction of both the organisation and NQ PSU

As an individual I will...


- With the support of my supervisor, actively pursue learning and development opportunities that are fiscally viable and demonstrate a direct benefit to the business
- Undertake all tasks with energy and drive whilst also upholding the organisations values and ethics
- Commit to the success of the team by remaining abreast of all team members priorities and duties which will enable all team members to assist in the team achieving their goals and deadlines
- Participate in open and honest communication within the team with the intent of attempting to resolve conflict at an individual level prior to escalating issues
- Maintain a sound understanding of the unit's (including adjacent teams) pressures and priorities to enable forward planning of potential cascading impacts
- Ensure my supervisor is regularly informed of tasks status and potential issues which may impact upon the timely and accurate completion of a task by actively engaging in both informal and informal supervision

Attachment Marking

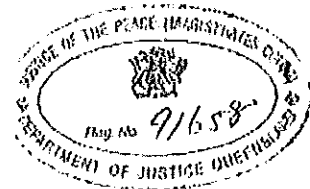
The preceding 1 page is the annexure mentioned and referred to as ATTACHMENT 5
in the statement of Ms Nicola Jeffers taken on 21/09/2012



Signature of witness to Inquiry



JP (MAG CRJ)
Signature of person witnessing statement

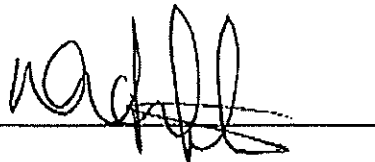


Six Priorities for North Queensland Region

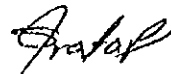
1. Embedding a performance culture
2. Managing Change and Reform
3. Supporting a confident, competent and resilient workforce
4. Strengthening the outcomes focus of NGOs and improving contract management arrangements
5. Innovation and creativity in service delivery
6. Focusing on "place" – making the most of integrated service delivery opportunities and the No Wrong Door approach

Attachment Marking

The preceding 1 page is the annexure mentioned and referred to as ATTACHMENT 6
in the statement of Ms Nicola Jeffers taken on 21/09/2012

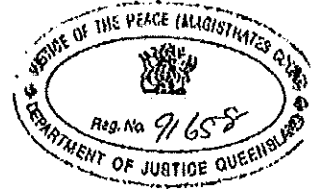


Signature of witness to Inquiry



JP (MAG CLERK)

Signature of person witnessing statement



MILT BLUEPRINT 2012

PROVISION

PARTNERSHIPS

Non Government Services
Local, State and Federal Government Authorities
Parents/Community and Business
ROC
Volunteers
Sporting clubs and authorities
Service Stream Interface
Central Office Business Units
Proactive, respectful and two-way partner relationships
Strengthening sector capacity and workforce development
LEAP and URS
HCAP and HIAN
Youth Murto Court

PLANNING

PROVISION OF SERVICES

'No wrong door'
Holistic response to clients' needs
Coordinated case management for complex and specialised needs
Focus on prevention and early intervention
Resilient and independent clients
Remote Service Delivery sites
Community Development
Regulation of Care
Horizontal Integration
Compact Commitments
NGO forums
Social Housing Products
Government Coordination
JTHSC
Statutory responses
Community Recovery

Vision

or

Integrated and Innovative

Client and Community

Engagement

PEOPLE AND SKILLS

SVHM
Induction
Training
Staff Meetings
Team Meetings
Professional Development
Individual Time
Formal Study
NW Staff recognition strategy
JTHSC - review
P2800
Recruitment and Retention processes
Employee Opinion Survey
Indigenous Staff Reference Group
Rural and Remote Incentives

PROCESSES AND SYSTEMS

POSITIVE CULTURE

Can Do
Client focus
Optimistic
Collaboration
Innovation
Future thinking
Professional Integrity
Performance Oriented
Continuous Improvement
Managing change and ambiguity

PERFORMANCE

TERMS OF REFERENCE

NORTH WEST MOUNT ISA LEADERSHIP TEAM Department of Communities

BACKGROUND

The Mount Isa Leadership Team will provide strategic leadership on service delivery issues, trends; program and policy proposals and provide opportunity to consider innovative solutions to ensure the provision of coordinated and consistent high level service to communities within the North West.

ROLE

The primary role of the Mount Isa Leadership Team is to:

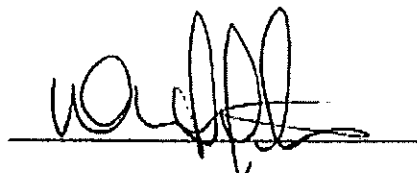
- Establish and monitor the priorities for the North West that complement the strategic direction of the organisation.
- Identify, develop and implement innovative solutions to address North West service delivery trends and issues.
- Identify performance and practice improvements to ensure continuity and consistency of practice across the region.
- Promote efficient and effective workplaces by clearly articulating responsibilities and ensuring integrity and resources are available to fulfill duties in a professional and objective manner.
- Provide strategic guidance through effective monitoring, management and accountability to the organisation and the community.
- Build strong relationships within the North West as a place based model
- Provide the opportunity for open dialogue, analytical discussion and the exchange information in a timely way.

OUR GOALS


1. **PEOPLE:** Build and maintain a sustainable, skilled workforce and professional workplace culture.
2. **PLANNING:** Develop services, systems and supports that respond to the immediate needs and future needs of tertiary services in the community.
3. **PERFORMANCE:** Excel in ensuring responsive, efficient and effective services that deliver improved safety and positive futures for communities and clients in the North West.
4. **PARTNERSHIPS:** Establish collaborative practice and partnerships that facilitate timely responses to clients of the Department of Communities.

Attachment Marking

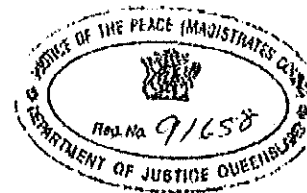
The preceding 3 pages is the annexure mentioned and referred to as ATTACHMENT 7
in the statement of Ms Nicola Jeffers taken on 21/09/2012



Signature of witness to Inquiry



JP (mag CRT)
Signature of person witnessing statement



TERMS OF REFERENCE

- Time keeper/process checker will be allocated for each meeting.

AGENDA ITEMS

Standing agenda items will include:

- Review of Previous Minutes and Actions
- Emergent Issues/New business for consideration
- Discuss strategic and systemic challenges
- Key project updates
- Business Plan
- Leadership framework
- Workplace Health and Safety

SECRETARIAT SUPPORT/PROCESSES TO DEVELOP AGENDA

Meetings

The week preceding the leadership meeting the RD, Chair of the meeting, the Office Manager and the Executive Assistant to the RD will develop an agenda and associated reading material. This will be distributed to all members at least four business days before the meeting.

Nominations for agenda items for the meeting must be submitted to the RDs executive officer no later than five business days preceding a meeting.

In the event of multiple competing demands, the RD will confirm the final agenda for the meeting.

Minutes from the meeting will be recorded and retained by the Executive Assistance, RD and recorded in h drive where all participants can access.

REVIEW

These Terms of Reference and Performance of the Leadership Team will be reviewed annually.

TERMS OF REFERENCE

5. **INNOVATION:** Develop creative programs and initiatives that improve outcomes for communities and clients in the North West.

OBJECTIVES

To provide collective strategic leadership across the North West through;

- Leading and influencing workgroups;
- Establish a North West governance structure to make open and transparent decisions, i.e. through business rules and processes.
- Establish excellent working relationships to support each other but also enable robust outcome focused discussions.
- Reinforce departmental priorities throughout the North West;
- Maintain and review the strategic imperatives of the department, including implementation of the North West business plan, and relevant Strategic and Service Delivery Plans;
- Authorise / establish working groups to address specific issues or develop proposals identified by members of the leadership team;
- Ensure important information is appropriately disseminated in a timely manner across the North West;
- Conduct an annual self-evaluation on the performance of the leadership team against the above functions.

MEMBERSHIP

- CSSC Managers
- YJSC Manager
- HS Manager
- CCSQ Manager
- JTHC Manager
- ATIS Manager
- ROC Manager
- Regional Director
- Office Manager
- Executive Support to Regional Director

MEETING PROTOCOLS

- MILT meetings will be held every month from 9:00am – 12:00pm.
- Members are responsible for attending all meetings. Where a member is not available to attend a meeting, they are responsible for nominating a proxy to attend on their behalf.
- The chair of meetings will be rotated.

Region	Key Funding Area	Service Type	Number	Service Name	Organisation Name	2012-13	No Of Places	No Of Families/Clients
North Old	Family Support	Referral for Active Intervention	472028	Townsville/Thuringowa - Referral for Active Intervention -	Relationships Australia (Qld)	953,114		238
North Old	Family Support	Referral for Active Intervention	472041	Intensive Family Support Program	George Street Neighbourhood Centre Association Inc	136,077		41
North Old	Family Support	Referral for Active Intervention	472055	Australian Red Cross - RAI	Australian Red Cross Society	178,790		Not Available
North Old	Family Support	Safe Haven	472062	Coastal Safe Communities for Kids (Palm Island)	Palm Island Community Company Ltd	775,408		Not Available
North Old	Family Support	Specialist Counselling Service	472068	Whitunday Specialist Counselling Service	Whitunday Child and Counselling Service Inc	367,855		105
North Old	Family Support	Specialist Counselling Service	472072	Centacare Catholic Family Services Townsville	Centacare Townsville	440,365		113
North Old	Family Support	Targeted Family Support	472083	Whitunday Family Support Service	Whitunday Community Services Inc	82,317		Not Available
North Old	Family Support	Targeted Family Support	472086	Whitunday Family Support Service	Whitunday Community Services Inc	316,408		Not Available
North Old	Family Support	Targeted Family Support	472097	Whitunday Family Support Service	Whitunday Community Services Inc	140,590		Not Available
North Old	Family Support	Targeted Family Support	472128	Townsville Family Support Service	Relationships Australia (Qld)	79,870		Not Available
North Old	Family Support	Targeted Family Support	472492	Good Beginnings Home Based Family Support Program	George Street Neighbourhood Centre Association Inc	170,157		Not Available
North Old	Family Support	Targeted Family Support	472663	Unite	Mackay Youth Support Services Inc	98,420		Not Available
North Old	Family Support	Targeted Family Support	472678	Relationships Australia - Bowen	Relationships Australia (Qld)	178,203		Not Available
North Old	Family Support	Targeted Family Support	472698	Waco Care Family Support Service	Waco Care Family Inc	719,287		Not Available
North Old	Family Support	Targeted Family Support	472698	Palm Island Family Support Club	Palm Island Community Company Ltd	1,174,180		Not Available
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	38,458		Not Available
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,187,735		312
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,674,858		Not Available
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,157,143		166
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,319,408		190
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	654,394		100
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,076,364		155
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	300,242		47
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	2,116,177		31
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,202,863		19
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,891,834		6
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	954,412		4
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	894,431		4
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	898,592		4
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	872,809		4
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,231,513		6
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,028,340		6
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	417,995		7
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	304,753		5
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	1,332,953		4
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	415,133		60
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	380,420		55
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	561,607		81
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	921,720		74
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	724,877		105
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	242,004		35
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	365,471		56
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	378,823		55
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	105,359		15
North Old	Family Support	Targeted Family Support	472698	Relationships Australia - Bowen	Relationships Australia (Qld)	294,475		43

NQ PSU Key Deliverables 2011/12

2011 – 2015 Strategic Plan

Our Vision

Fair, cohesive and vibrant Queensland communities.

Our Purpose

Providing integrated community services that strengthen Queensland.

Our values

The Department will undertake the delivery of its services in line with the following values:

- Client focus
- Collaboration
- Diversity
- Innovation
- Professional integrity

Our strategic risks are managed through our robust risk management framework, and relate to the impacts of:

- Population growth, and the increasing demand for and cost of services, on our service delivery systems and practices
- Large scale or multiple disaster events requiring a high number of staff to be deployed and resources to be reallocated
- An ageing workforce, and increasing competition from other agencies and the private sector, impacting on the attractions and retention of skilled staff.

2011 – 2012 Child Safety RSDO Deliverables (PSU specific)

Strategic Policy Areas

Enhance support for priority initiatives by:

- Improve standards of foster and kinship care by implementing enhanced strategies for the recruitment, training, support and retaining of foster and kinship carers
- Enhance support to specialist foster care program
- Implement strategies to increase the ratio of kinship carers.
- Support practice enhancements for YP in care with a disability.
- Support the Securing Permanency requirements
- Support the rollout of the TRS.
- Support the implementation of the new model of residential care, maximising utilisation and monitoring performance
- Implement strategies to better monitor, report and analyse transitional placements and increasing the usage of grant funded placements
- Ensure compliance with the Transitional Placement revised business rules by reporting of placement trends and challenges and undertaking quality assurance of submissions
- Ensure that children and young people placed in out of home care services that are outside of regulated care [82(1)(a) to e)] and therefore not subject to licensing requirements are subject to appropriate assessment and monitoring obligations, by:
 - Support optimum utilisation of regulated care
 - 82(1)(f) placement are regulated per CSPM
 - Monthly reviews of placement appropriateness
 - Accurately recorded in ICMS
 - Regular sharing of usage information with CSSC and CST

People and Culture

- Support the Safety and Wellbeing and Injury Management Framework
- Embed Cultural Capability Framework and Achievement and Capability Planning to include links to future career planning for staff
- Manage budgets within the fiscal limits established for 2011/12
- Actively participate in data quality and data management activities
- Embed Document and Records Management Project
- Develop a methodology for forward planning of resources to respond to future growth

Jan- Jun 2012 NQ PSU Deliverables (Strategic)

Kinship and Foster Care

- Implement toolbox re: behavioural management for carer to support longevity of placement
- Embed carer support including expectations, strategies and kinship eco-mapping.
- Promote and deliver Cultural Awareness & Pre-service training
- Support the CSSC in the completion and requirement of provisional carer approvals
- Monitor potential enhancement to ongoing carer training

Placement Management

- Continued enhancement of CSSC and NGO interface with a focus of TFC support
- Enhanced information sharing including development of residential 'photo books'
- Regular monitoring, support and reporting of 82(1)(f) placement to the CSSC and FCM (incl. TP)
- Innovative carer support including the completion of Carer Support Book for Mackay and Mt Isa

Assessment Management

- Enhanced EOI management including NGO interface, monitoring trends such as kinship ratios, exits and withdrawals & disability capacities
- TP and 82(1)(f) system maintenance & reporting

Jan – Jun 2012 NQ PSU Deliverables (People & Culture)

Assessment Management

- Key conduit for NGO, carers and CSSC in the management of carer files and information sharing.
- Regular review, analysis and forecasting of staffing, finances and PSU reports driving and embedding a performance and forward planning culture.

Succession Planning

- Robust, timely and meaningful ACP completion on line.
- Promotion of opportunities for skills upgrades e.g. training
- Clearly defined expectations of leadership roles, promoting accountability of the unit.

Learning and Development

- Development of data analysis to inform individual forecasting.
- Development of sector knowledge in partnership with FCQ, funded sector, funding team and CSSC (e.g. residential workshops)

Marketing

- Ongoing consideration to external community activities relevant to business needs.
- Support of ongoing positive team activities

NQ PSU – Administration Team Key Deliverables 2011/12

As a Department we will...

- Facilitate integrated services that respond to assessed need
- Build a stronger and sustainable services system
- Build strong partnerships with RSDO stakeholders
- Provide simple and consistent entry points for clients
- Integrate responses to client needs
- Promote client independence
- Give priority to breaking intergenerational disadvantage
- Strengthen the community sector to align with clients needs

As a unit we will...

- Implement standards of foster and kinship care by implementing enhanced strategies for the recruitment, training and support for the specialist foster care program
- Implement and enhance support for the specialist foster care program including implementing any required changes to program requirements of the Child Placement Principals post the CCYPCG audit 2011
- Respond to emerging requirements as relevant with reference to the new National Framework for Protecting Australia's Children action plan
- Ensure that children and young people placed in OHC services that are outside regulated care and not subject to licensing requirements are subject to appropriate assessment and monitoring obligations
- Implement Child Protection Legislative amendments
- Ensure compliance with TP business rules and provide monthly checklist of placement trends, challenges and undertake quality assurance process
- Monitor, report and analyses TP with aim of reducing TP and increase usage of grant funded placements
- Support the Safety and Wellbeing and Injury Management Framework
- Embed Cultural Capability Framework and Achievement and Capability Planning to include links to future career planning for staff
- Manage budgets within the fiscal limits established for 2011/12
- Actively participate in data quality and data management activities including the development of a methodology for forward planning of resources to respond to future growth
- Embed Document and Records Management Project

- Develop our culture through leadership
- Use resources flexibly to respond to need
- Develop a methodology to measure and manage demand
- Provide services within resourcing restraints
- Increase use of contemporary technology and innovative business process
- Streamline our business process

As a team we will...

- Enhanced EOI management including NGO interface, monitoring trends such as kinship ratios, exits and withdrawals & disability capacities
- TP and 82(1)(f) system maintenance & reporting
- Key conduit for NGO, carers and CSSC in the management of carer files and information sharing
- Regular review, analysis and forecasting of staffing, finances and PSU reports driving and embedding a performance and forward planning culture
- Support the ethos of providing the community with a simple and consistent entry point for clients (No Wrong Door)
- Produce accurate, timely and transparent outputs by keeping abreast of relevant policies and procedures which uphold public and auditable scrutiny
- Promote a team culture of honesty, accountability and inclusiveness
- Support the vision and direction of both the organisation and NQ PSU

As an individual I will...

- With the support of my supervisor, actively pursue learning and development opportunities that are fiscally viable and demonstrate a direct benefit to the business
- Undertake all tasks with energy and drive whilst also upholding the organisations values and ethics
- Commit to the success of the team by remaining abreast of all team members priorities and duties which will enable all team members to assist in the team achieving their goals and deadlines
- Participate in open and honest communication within the team with the intent of attempting to resolve conflict at an individual level prior to escalating issues
- Maintain a sound understanding of the unit's (including adjacent teams) pressures and priorities to enable forward planning of potential cascading impacts
- Ensure my supervisor is regularly informed of tasks status and potential issues which may impact upon the timely and accurate completion of a task by actively engaging in both informal and informal supervision.

As a Department we will...

- Facilitate integrated services that respond to assessed need
- Build a stronger and sustainable services system
- Build strong partnerships with RSDO stakeholders
- Provide simple and consistent entry points for clients
- Integrate responses to client needs
- Promote client independence
- Give priority to breaking intergenerational disadvantage

- Strengthen the community sector to align with clients needs
- Embed services in the community
- Develop place based responses
- Continuously monitor practice and assure quality
- Measure the success of our work
- Invest in our staff's wellbeing

- Address our workforce challenges
- Develop our culture through leadership
- Use resources flexibly to respond to need
- Develop a methodology to measure and manage demand
- Provide services within resourcing restraints
- Increase use of contemporary technology and innovative business process
- Streamline our business process

As a unit we will...

- Implement standards of foster and kinship care by implementing enhanced strategies for the recruitment, training and support for the specialist foster care program
- Implement and enhance support for the specialist foster care program including implementing any required changes to program requirements of the Child Placement Principals post the CCYPCG audit 2011
- Respond to emerging requirements as relevant, with reference to the new National Framework for Protecting Australia's Children action plan
- Ensure that children and young people placed in OHC services that are outside regulated care and not subject to licensing requirements are subject to appropriate assessment and monitoring obligations
- Implement Child Protection Legislative amendments
- Ensure compliance with TP business rules and provide monthly checklist of placement trends, challenges and undertake quality assurance process
- Monitor, report and analyses TP with aim of reducing TP and increase usage of grant funded placements
- Support the Safety and Wellbeing and Injury Management Framework
- Embed Cultural Capability Framework and Achievement and Capability Planning to include links to future career planning for staff
- Manage budgets within the fiscal limits established for 2011/12
- Actively participate in data quality and data management activities including the development of a methodology for forward planning of resources to respond to future growth
- Embed Document and Records Management Project

As a team we will...

- Ensure all carers in the Northern Region meet regulation of care requirements as regulated by the CSPM
- Assist to identify kinship and foster carers with consultation with the GSSC staff and Fostering Agencies
- Work with the GSSC and Fostering Services to provide procedural support regarding Regulation of Care matters
- Improve our support and deliver high quality training with all approved Carers and develop a 'tool box' of resources for carers
- Ensure all Approved Foster Carers have a 'Photo Book' recorded on ICMS to assist children to transition into approved placements.
- Develop and implement strategies on recruitment in the Indigenous communities and develop and implement a regional recruitment calendar in partnership with the regions Foster and Kinship Care Services.
- Work with Placement Management Team to ensure that children and young people placed in out of home care services [82 (1)(a,b and e)] are subject to appropriate assessment and monitoring obligations, by ensuring carer approvals and placements are regulated per CSPM.
- Develop strong partnerships with other government agencies and non-government agencies to better support carers, children and their families
- Regular review, analysis and forecasting of carer approvals and PSU reports driving and embedding a performance and forward planning culture
- Produce accurate, timely and transparent outputs by keeping abreast of relevant policies and procedures which uphold public and auditable scrutiny
- Actively participate in data quality and data management activities including the maintenance of ICMS with the required level of detail and accuracy
- Promote a team culture of honesty, accountability and inclusiveness
- Support the vision and direction of both the organisation and NQ PSU

As an individual I will...

- Complete carer applications within the legislated timeframe with the required levels of detail and accuracy as regulated by the CSPM
- With the support of my supervisor, actively pursue learning and development opportunities that are fiscally viable and demonstrate a direct benefit to the business
- Update and maintain ICMS with the required level of detail and accuracy, including cross checking of details recorded.
- Provide regular, consistent support to department supported carers including advocating for Placement Agreements to be completed within required time frame and with required level of detail and accuracy
- Educate and support department staff and non-government staff on ROC policy and practices via phone, email and at least monthly visits to the GSSC or Service
- Participate and initiate carer support activities e.g. FCQ Conference, carer catch ups, functions etc
- Commit to the success of the team by remaining abreast of all team members priorities and duties which will enable all team members to assist in the team achieving their goals and deadlines
- Participate in open and honest communication within the team with the intent of attempting to resolve conflict at an individual level prior to escalating issues
- Ensure my supervisor is regularly informed of tasks status and potential issues which may impact upon the timely and accurate completion of a task by actively engaging in both informal and formal supervision.
- Initiate, educate, support and encourage carers to transfer to their local Fostering Service in partnership with agencies.
- Prioritise and evaluate workload on a regular basis to ensure workload tasks are met in allocated timeframes.
- Actively participate in Quarterly Service Meetings and initiate interagency meetings.
- Initiate, attend and participate constructively in all scheduled team and interagency meetings as well as individual supervision sessions
- Work with supported Fostering Agency and department supported Foster Carers to ensure all Approved Foster Carers have a 'Photo Book' recorded on ICMS to assist children to transition into approved placements

NQ PSU – PMT Team Key Deliverables 2011/12

As a Department we will...

- Facilitate integrated services that respond to assessed need
- Build a stronger and sustainable services system
- Build strong partnerships with RSDO stakeholders
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- Integrate responses to client needs
- Promote client independence
- Give priority to breaking intergenerational disadvantage
- Strengthen the community sector to align with clients needs

As a unit we will...

- Implement standards of foster and kinship care by implementing enhanced strategies for the recruitment, training and support for the specialist foster care program
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- Develop our culture through leadership
- Use resources flexibly to respond to need
- Develop a methodology to measure and manage demand
- Provide services within resourcing restraints
- Increase use of contemporary technology and innovative business process
- Streamline our business process

As a team we will...

- Ensure all children and YP placed through PSU are placed in approved placements and corresponding CSPM procedure are adhered to, inclusive of providing support and guidance to CSSC's relative to suitable placements for children with Complex to Extreme Needs.
- Assist in identifying suitable kin or foster carers through consultation with the CSSC, RE, KFC, fostering agencies and other services within the broader community
- Work with CSSCs to provide placement support supporting or maintaining OOH placements within the best interests of the child or YP
- Develop a CSSC and Fostering Agency contact calendar so that PMT can develop and maintain face to face contact with service centre and fostering agency colleagues
- Improve placement methods in conjunction with fostering agencies to develop and maintain simple and effective placement and tracking processes
- Take pictures of CSSCs, SAAP, grant funded properties and fostering agency's during visits to familiarise the PMT with placement set ups.
- Source and pass on relevant, accurate and concise advice information to all stakeholders
- Work with Kinship and Foster Care team to identify suitable out of home care options with the focus on promoting family and community based placements as a priority.
- Actively participate in Quarterly Service and Interagency meetings as well as be aware of the Learning and Development opportunities for Service Providers in the region.
- Effective communication through inclusive, open and constructive conversation supporting team members to articulate their views, perspectives, feelings, share ideas and understand each other's view points

As an individual I will...

- Provide support to colleagues to assist them in achieving the best outcomes for children and YP.
- Maintain professional persona at all times
- Provide support to colleagues to assist them in achieving the best outcomes for themselves
- Update and maintain ICMS with the required level of detail and accuracy
- Frequently review overall placement progress to ensure that issues can be addressed while they're easily manageable
- Provide regular consistent support to colleagues and stakeholders.
- Advocate for CSSCs to close placement events for placements that are ending to maintain ICMS accuracy

Educate and support departmental and non-dept staff on policy & practice via phone, email and ongoing contact with stakeholders.

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