Submission to the Child Protection Commission of Inquiry

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Anglicare Southern Queensland (ASQ), part of the Anglican Diocese of Brisbane, is a not-for-profit organisation providing caring and supportive services to approximately 16,500 clients and families living throughout Queensland. ASQ supports individuals and families by enhancing their wellbeing, maintaining their independence and supporting healthy lifestyles. A diverse range of services are provided including:

- fully accredited residential aged care and independent living
- internationally certified in-home nursing and community care
- out-of-home care services for children and young people in care
- youth homelessness services
- mental health counselling and recovery
- disability support
- accommodation support for women experiencing homelessness and their children
- employment pathways
- family counselling and support
- specialised family violence services
- post separation parenting services
- Family Law counselling
- adult survivors of childhood sexual abuse (Males) counselling and support
- counselling and education for male perpetrators of domestic violence
- support for people living with HIV

ASQ is a significant provider of family and children's support services, and is currently funded by the Department of Communities, Child Safety and Disability Services to provide out of home care and youth accommodation services as follows:

Out of home care services:

- 24 residential placements
- 41 intensive foster care placements
- 877 foster and kinship care placements

Family intervention services:

- Up to 117 families supported per year with the aim of preserving family unit (preventing children being taken into care) or to support re-unification

Youth accommodation and support for young people who are homeless or at risk of homelessness:

- Short term accommodation for up to 5 young people aged 16-18 years (up to 3 months)
- Transitional/medium term accommodation for up to 6 young people aged 16-18 years
- Supported accommodation for young people aged 16-25 years with low to moderate support needs
- Counselling, support and mediation for young people aged 12-18 years and their families
- Youth Support Coordinator initiative in Roma and Chinchilla, focusing on prevention and early intervention for young people at risk of disengaging from school.

In addition to these services, ASQ is funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to support children and families through the Family Support Program and the Communities for Children initiative.

ASQ children's and family services are available in Brisbane, Redlands, Logan, Gold Coast, Caboolture, Sunshine Coast, Ipswich and Roma/Maranoa. Services are provided across the continuum from preventative and targeted family support services including family/relationship counselling, parenting education, drug and alcohol interventions for parents and housing/accommodation support through to out-of-home care services including general and intensive foster and kinship care support and residential care programs for children and young people.

The Child Protection System in Queensland

ASQ is of the view that many vulnerable Queensland families do not have sufficient access to the types of supports that ensure that they have the capacity to care safely for their children.

Analysis of the Child Protection data published by the Australian Institute of Health and Welfare in 2012 suggests that while there are significant numbers of notifications to Child Safety Services in Queensland, only a small percentage of these meet the threshold for substantiation. This suggests that many notifications are made in recognition that some families are under stress and need extra support, and there are few alternative pathways available for community or other referrers to use to ensure that these families are supported.

Referral pathways, other than via Child Safety Services or through other 'Child Safety' funded initiatives such as the Referral for Active Intervention (RAI) program or more recently, the Helping Out Families pilot program are not clear. Queensland lacks a well developed and resourced array of prevention and early intervention services for all families. Community promotion and education in relation to healthy family relationships is lacking, and families who need support are often unable to access it in a timely or responsive manner.

Where family stress is identified, a more 'joined up' response from government and non-government services is required, with equal partnerships and responsibilities between government and non-government agencies. ASQ has been working on internal structures to address the 'siloing' of services, created in some part, by historical structures which were based on inflexible funding arrangements rather than on client needs.

It is ASQ's experience that funding models used by the Queensland Government to date, have not encouraged shared responsibility across the various stakeholders involved in family support. This is complicated by the fact

that a significant number of family support services are funded by the Commonwealth Government, making the navigating the system difficult not only for families, but also for service providers who need to interact with multiple referral pathways and criteria.

The model to which the community should aspire is one in which universal interventions and services are provided to all children and families (for example, infant and child health services, playgroups, kindergarten and other early childhood education services). Secondary prevention or early intervention strategies for children and families who need more support than that available through primary prevention strategies (for example, those targeted to particular groups who are known to be 'at risk' of family stress). Tertiary interventions and/or prevention strategies should be provided only to those few children and families who need intensive intervention, where child maltreatment has already occurred, and where a care and protective response by the statutory authority is required.

A continuum of service delivery and care of this type would enable families to access the right services, at the right time, before escalation to crisis point, and without the stigma associated with contact with the statutory system (e.g. 'being known to Child Safety'). Unfortunately, the AIHW data, and our own experience, indicates that the over-burdened and reactive tertiary system is the only entry point for many Queensland families.

A desired and evidence-based model of family support is clearly articulated in the National Framework for Protecting Australia's Children (2009) an initiative of the Council of Australian Governments, and to which Queensland is a signatory. Development and implementation of such a model requires commitment and ownership not just from the Commonwealth and the Department of Communities, Child Safety and Disability Services, but from all State government entities responsible for providing universal services and supports to children including the Department of Education, Training and Employment and Queensland Health.

Effectiveness and Efficiency of the System

Like all non-government organisations licensed to provide out-of-home care services, ASQ experiences a significant administrative burden related to both licensing and contract compliance. While there have been several improvements in the licensing system (e.g. the introduction of coordination licenses), it is recommended that further improvements could be considered. For example, ASQ currently holds eleven separate licenses across its six out of home care (OOHC) licensed care services. We have committed considerable resources in the past 2-3 years to developing consistent, evidence based documentation across the OOHC services. It is therefore suggested that consideration could be given to implementing a single organisational license for the larger providers of OOHC services. This would reduce the cost and time required at re-licensing, as well as internal monitoring that is currently the responsibility of Community Resource Officers at the regional level.

There are also duplications in the type of evidence that organisations are required to produce for licensing and for contract management and compliance. It has been our experience that Community Resource Officers and external assessors can vary in their interpretations of the evidence required to demonstrate that a program meets the Standards of Care. This can mean that ASQ employees at the local level develop tracking and monitoring systems additional to those available organisation-wide in order to satisfy local requirements. It is suggested that this is an unnecessary burden on both the Department and on non-government organisations.

ASQ is very supportive of efforts to harmonise and reduce the burden of current regulatory and compliance systems within the Queensland Department of Communities, Child Safety and Disability Services, evidenced by

our participation in the trial of the Human Services Quality Framework in 2011. The current approach to Licensing, while essential to ensuring the quality and safety of the child protection system in Queensland, has created a layer of bureaucracy which is resource-intensive, and which can, at times, be a punitive and coercive system.

For example, ASQ recently received correspondence threatening suspension of a licence because a staff member's suitability check was thought to have 'lapsed'. Investigation by ASQ revealed that, in fact, the staff member's application for suitability was made well in advance of the due date, and they had been confirmed as suitable. The correspondence from the department was considered to be threatening, and an extreme reaction to a matter that was easily resolved with a brief telephone and email exchange. It is our view that unnecessary resources had been allocated to writing the correspondence, and that the potential impacts on working relationships that can result from these types of actions are not in the best interests of children and young people.

ASQ is also of the view that non-government organisations could take a greater role in case management and case decision-making, particularly for children and young people on long term orders. Staff employed as Foster Care Case Workers at ASQ are required to be tertiary qualified in human or behavioural sciences. In addition, the organisation has recently introduced a requirement that employees complete a Certificate IV in Child, Youth and Family Intervention (Child Protection; Residential and Out of Home Care) to enhance their knowledge of child protection legislation and practice specific to the Queensland context. Where children and young people are on Child Protection orders and in relatively stable placements, responsibility for case management decisions could be transferred to the non-government sector, thus freeing up resources that are required for investigation, intake and assessment. This would enable a focus on permanency planning and ongoing case management which is sometimes unable to be achieved with the caseloads experienced by Child Safety Officers.

Other functions that could be examined with a view to transferring responsibility to the non-government sector include family contact supervision, transport of children, facilitating Family Group Meetings and Transition from Care planning and support. While additional resources would be required to perform these functions, most NGOs have the necessary infrastructure, staffing mix and capability.

Recommendations

1. Consideration be given to implementation of a single organisational license for large providers of out-of-home care.
2. The Human Services Quality Framework be implemented in 2013 replacing the current Child Safety Service Standards.
3. Consideration be given to transferring responsibility and resources for case management and decision making for children and young people on Child Protection orders to organisations in the non-government sector with demonstrated capacity to undertake this role.

Child Protection Workforce

Anglicare Southern Queensland (ASQ) has a strong commitment to workforce development, as evidenced by the creation of a Quality, Learning and Workforce Development directorate in its recent restructure. Since 2010, staff working in ASQ child protection and youth support programs have been fully supported to undertake Certificate IV in Child, Youth and Family Intervention, Certificate IV in Front Line Management (Team Leaders), Diploma of Community Services Coordination (Coordinators) and Diplomas of Management (Service Managers). A further round of training offering opportunities for staff to undertake Certificate IV in Mental Health, Certificate IV Training and Assessment or Diploma of Community Services (Alcohol, Other Drugs and Mental Health) commenced in October 2012. This has been made possible through an enterprise wide strategic training initiative with Skills Queensland.

ASQ also requires all staff in direct care child protection programs to be trained in Transforming Care and Therapeutic Crisis Intervention (TCI) within 6 months of their employment with the organisation. It is our observation that a similar level of training is not always available to front line staff working in the Department of Communities, Child Safety and Disability Services. Case management, decision making and collaboration is enhanced when all stakeholders have an understanding of the impacts of trauma on children's behaviour. Basic training such as Transforming Care and TCI provides an excellent framework that can only enhance case and care planning.

Another important element of workforce development is the application of appropriate models of supervision and support. ASQ requires all full time staff to receive a minimum of monthly supervision, with an emphasis not only on administrative and developmental functions, but also restorative and self-care opportunities. Supervisors must be trained to recognise secondary trauma and to intervene appropriately to ensure that staff 'burn out' is prevented. Child Safety Officers appear to carry very high caseloads, with minimal time allocated for considered case work or for essential supervision and mentoring.

ASQ is currently in partnership with Cornell University and the Thomas Wright Institute to implement the Children and Residential Experiences (CARE) model in all out of home care and youth services. CARE is an evidence-informed model based on the following core principles:

- Developmentally focused
- Family involved
- Relationship based
- Competence centered
- Trauma informed
- Ecologically oriented

All ASQ child protection and youth workers are being trained in implementing CARE – a transformational approach that is aimed at creative positive conditions for change in young people who have experienced trauma. ASQ staff consistently report that it would be their 'wish' that Departmental staff also have the opportunity to experience the CARE training. This would not only enhance collaboration, but challenge some of the decisions made by Departmental officers 'in the best interests of the child'. ASQ would have an interest in partnering with the Department to further the implementation of evidence based models in out of home care, and investigating models for shared training for NGO personnel, carers and Departmental staff.

Finally, ASQ recommends that a review to examine the feasibility and appropriateness of 'paid' foster care be initiated. More foster carers exited the system in 2010-11 than new carers entered. ASQ allocates considerable resources to foster carer recruitment and retention, in recognition of the ongoing challenge of maintaining a sufficient pool of trained and skilled foster carers. To date, the Department of Communities, Child Safety and Disability Services has considered foster caring to be a 'volunteer' role, and that the payment of Foster Care allowances is to offset 'out of pocket' expenses. As children with increasingly complex and challenging behaviours come into care, it is evident that the availability of 'professional' foster carers who are qualified and trained to provide high quality, home based care would be a useful addition to the current options available for placement.

Through the workforce development initiatives described previously, ASQ has developed strong partnerships with registered training organisations (RTO). We are currently negotiating with a large RTO to deliver a nationally-recognised Certificate IV in Child Youth and Family Intervention to some 60 foster carers, all of whom have expressed a keen interest in undertaking a formal qualification to enhance their skills. This type of advanced training is essential to enable foster carers to successfully care for children and young people with increasingly complex and challenging behaviour. ASQ has been able to negotiate a model by which the training will be provided at no cost to carers, and delivered flexibly to take into account their caring and other responsibilities.

Recommendations

1. Understanding of trauma and its impact on children's development and behaviour be mandatory training for all staff working in Child Safety Services.
2. Investigation of shared training models involving departmental staff, NGOs and foster carers.
3. Undertake a review of the feasibility of implementing 'professional and paid' foster care to provide high quality home-based care for children with complex needs.

Tertiary Child Protection Intervention, Decision-Making and Court Processes

It is ASQ's recommendation that all decision-making and case management/intervention should occur within a trauma informed framework. This means that all stakeholders are committed to ensuring that children and young people are provided with a consistent, predictable environment, and relationships are based on trust and respect. Research suggests that maintaining a non-coercive and safe environment is essential for children to learn new responses to stressful situations, and to break the cycle of pain-based behaviours. This requires a commitment from all stakeholders, including Departmental officers, Court personnel and non-government staff. ASQ recommends that joint training in Court matters for Departmental staff, carers and NGO staff could assist in understanding of Court processes, and in particular understanding of evidentiary procedures.

Similarly, the processes used to investigate and resolve 'matters of concern' are often coercive and involve a 'blame culture' rather than a focus on skilling, supporting and continuous improvement. This can be a particular concern in smaller communities as it can have a direct impact on foster carer recruitment.

In some regions, Complex Case Clinics have been introduced as a means of enhancing collaborative and consultative decision-making regarding children's care. While these can be resource intensive, it is ASQ's experience that more

informed decision making is possible where a number of stakeholders have the opportunity to contribute. For example, ASQ has been a member of the Bayside Partnership (formerly known as WRICSI – Wynnum/Redlands Integrated Care and Support Initiative) for several years. This partnership includes government and non-government agencies, and focuses on 'wrap around' and integrated supports for children and young people with very complex needs. Models such as this focus on the ongoing needs of children and young people, and are wherever possible, not crisis driven.

An evaluation of the WRICSI model was conducted by Professor Ken Wiltshire, University of Queensland in 2011. The evaluation found that there were many features of the WRICSI model that benefited children and that could be replicated in other locations. A key element of the model's success was the availability of funding for a part-time Coordinator who was 'independent' of each of the WRICSI partners. The Department of Communities, Child Safety and Disability Services in the South East region is commended for making this funding available, and supporting the partnership. ASQ recommends that further consideration is given to replicating the WRICSI model in other locations, as it has proven to result in positive outcomes for children and young people.

The following case study illustrates the importance of integrated support for young people with complex and extreme needs. Where this integration and collaboration is left to chance, it is likely that decisions are made that are not in the best interests of children.

'John' returned to care in 2008 having been in Foster Care twice previously and had been reunified with his family. At age 10, he was not engaged at school, had spent many nights on the streets or was self-placing and presented with emotionally reactive behaviours when any guidance was offered or he did not get his own way. He was initially placement in a Residential service.

He demonstrated many behaviours that we identify as "pain-based behaviours". He had a very strong sense of driving his own casework. John was transitioned to a family-based placement, with Foster Carers who had an existing relationship with him and a funding package was provided to wrap supports around this placement. He became very attached to the fostering agency frequently arriving there having absconded from his carers. Accidental relationships were formed that have over 4 years provided this young person with some sense that there are adults in the world that he can trust.

He has engaged in activities that have supported his self-regulation, his self-esteem and his ability to accept decisions from adults in the sphere of these activities. He was then supported in a specialist Foster Care Service and when this placement broke down, he returned to a Residential placement. Another family based placement was sourced but he was no longer considered as a young person with complex support needs and his CSO then put in place requirements that prevented input from all stakeholders who might have supported his ongoing recovery journey.

John was aware of the tensions between stakeholders. He was still not engaged at school and was ambivalent about the goal of family reunification set down in his case plan. Child Safety staff have not accepted input from other stakeholders who may have contributed insight in how to engage with this young person from a child-focused perspective. He is hopefully starting back at school at age 14 having attended for possibly less than 200 days schooling in the last 6 years. Again, stakeholders who may provide insight in how to best serve John have not been included in key discussions. This lack of engagement of all stakeholders who have a positive and ongoing relationship with a child in care seems contrary to all principles about inclusive and collaborative practice and about "the best interests of the child."

Recommendations

1. All decision-making and case management/intervention should occur within a trauma informed framework.
2. Joint training in Court matters be provided to Departmental staff, NGO staff and carers to provide more cohesive support to children and young people.
3. Consider implementation of the Bayside Partnership model in other locations, based on the findings of the University of Queensland's 2011 evaluation of the partnership.

Transition from Care

As stated previously, ASQ recommends that consideration be given to outsourcing Transition from Care (TfC) case management and casework to the NGO sector. Many organisations, including ASQ, have a range of support services for over-18s that could be harnessed to provide ongoing support, and provide a seamless transition while continuing to access support from a known and trusted provider. These include housing support, trauma counseling, parenting support and specific mental health interventions, including drug and alcohol support. This requires a change from 'siloed' thinking which is influenced by inflexible funding models.

An emerging issue that has become apparent in ASQ youth accommodation programs is the increasing number of young people aged 13-15 years who are being referred or self-referring to the program. These programs are funded to accommodate and support young people aged 16-21 years. Current practice allows for a limited amount of service to be provided to young people aged under 16 years with the consent of a guardian.

For example, for the first months of 2012, ASQ's youth accommodation service in Beenleigh housed three young people aged under16 years concurrently. All were the subject of multiple notifications to Child Safety Services. All required assistance and support to apply for special consideration to access Youth Allowance payments from Centrelink. All were unable to contribute towards any of the costs of their accommodation in the program until they were in receipt of the Youth Allowance. Based on reports from these young people, none felt safe to return to the family home. Program staff continued to make referrals to service providers such as the Helping out Families (HOF) program funded by the Department of Communities to try and address family relationships breakdown, however, none were able to access services during the period of their accommodation. While these young people are not the target of our youth accommodation programs, there was no alternative but to keep them housed at least until they turned 16 years of age and were eligible for other supports and services within the community.

This situation illustrates the lack of exit points for children under the age of 16, with most service providers unwilling or unable to provide appropriate and safe accommodation services for this age group. This is a clear point of intersect between Homelessness programs and Child Safety programs within the Queensland Government. Anglicare Child Protection and Youth Services currently operate in both the statutory out-of-home care context through TRACC residential programs and in the youth homelessness context through the InSYNC Youth programs.

There is an opportunity to explore and develop an innovative model of service delivery to younger teens (13-15 years) who, for a range of reasons, are unable to live at home with their families, but who could maintain family relationships through being able to access short term or 'respite' accommodation while family relationships counseling or mediation occurs. A similar model could be investigated to support TfC planning, including preparation for young people who begin to self-place or who are likely to return to the family home on exiting care.

Recommendations

1. Consideration be given to transferring responsibility and resources for Transition from Care case management and casework to capable providers in the non-government sector, particularly those with proven capacity to deliver services to adult clients.
2. Investigate and fund innovative models of appropriate care and support for adolescents (aged 13 – 15 years) who are self-placing, have experienced multiple placement breakdowns, or who are unable to return safely to the family home, but not able to live independently.

Residential Care

ASQ provides residential care services in the Logan area and Gympie, with 6 residential programs supporting households of 3 to 4 young people. We are currently implementing the Children and Residential Experiences (CARE) model across all out-of-home care services, in partnership with Cornell University and the Thomas Wright Institute, Canberra. The CARE program model reflects a set of six practice principles based on the best interest of the child, and informs and guides staff practices and interactions with the children and young people.

ASQ residential care programs are focused on more than simply containment and reactivity to behavioural incidents and outbursts. While providing a safe environment, with holistic care, young people are supported to grow and develop, and address the traumatic aspects of their experiences in earlier life.

Through participation in CARE training, residential care staff learn to view children's behaviour differently, applying their knowledge of attachment theory and child/adolescent development to build positive and trusting relationships. Staff learn to scaffold tasks appropriately, and discuss how activities and routines within the program can contribute to the ongoing development of resiliency and positive relationships between adults and children. Through exploring trauma and pain-based behaviour, staff are encouraged to develop new understandings of children's challenging and difficult behaviours. The manner in which a child's pain based behaviour is responded to is a key indicator of the quality of care as experienced by children (Anglin 2002; Brendtro and Shahbazian 2004).

Research suggests that a child's ability to change is affected primarily by their own internal strengths and their relationships with significant adults, rather than by actual techniques or interventions (Holden 2009). For this reason, CARE training focuses on teaching residential care staff how to connect and build attachments with children, rather than on particular behavioural intervention techniques. The underpinning premise of this approach is that 'children do well if they can. If they can't, we need to figure out why so we can help' (Greene, 2001). This creates a fundamental shift from responding to negative behaviours by enforcing rules and demanding obedience and compliance, to helping children to learn self-regulation and pro-social skills, while maintaining safety and security for all in the house.

This is only possible through the implementation of a staffing model which enables sufficient deployment of direct care staff to spend quality time with children and young people, as well as providing staff with the necessary training and supervision to provide high quality care.

In addition to the qualifications, skills and experience that staff bring with them, all staff responsible for, or working in, ASQ residential programs are expected to complete the following training:

- CARE training
- Transforming Care
- Therapeutic Crisis Intervention
- Cultural Awareness
- Incident management and reporting
- How to work with children to prevent and identify harm and risk of harm.

Anglicare SQ has also established a set of Mandatory Competencies for TRACC residential care staff which form the basis for staff induction, training and supervision. These competencies cover a range of areas including workplace health and safety and manual handling, infection control, food handling, medication management and First Aid/CPR.

Recent attention on the spiraling costs of residential care does not take into account the need to provide not only shelter and safety for young people, but also the need to adequately resource a therapeutic response that is relationships-based and trauma-informed. Successful outcomes for children are a function of how well they have been able to overcome past traumatic events, achieved competence and developmental milestones, and developed relationships and connections, especially to family and community (Holden 2009). Residential care workers in ASQ programs work constantly with young people to build attachments and life skills, and provide positive connections. This capacity would be significantly undermined if funding and other resources were limited on the basis of 'care costing too much'.

In 2010, the Department published A Contemporary Model of Residential Care for Children and Young People in Care, clearly stating the importance of providing therapeutic care within residential programs to address children's trauma and pain-based behaviours. The model also articulated the importance of staff skills and competency, recognizing that 'high level relationship skills are fundamental to residential care' (p. 82). The model provides a set of core elements to underpin residential care in Queensland. ASQ recommends that an evaluation of residential care policy and practice against these core elements be conducted in an effort to understand not only the cost drivers of residential care, but understand these in the context of outcomes in the medium to longer-term for young people who have exited the care system.

Recommendation

1. Current residential care policy, practice and funding models be evaluated against the core elements of the Contemporary Model of Residential Care (Queensland).

Summary of Anglicare Southern Queensland's Recommendations

1. Consideration be given to implementation of a single organisational license for large providers of out-of-home care.
2. The Human Services Quality Framework be implemented in 2013 replacing the current Child Safety Service Standards.
3. Consideration be given to transferring responsibility and resources for case management and decision making for children and young people on Child Protection orders to organisations in the non-government sector with demonstrated capacity to undertake this role.
4. Understanding of trauma and its impact on children's development and behaviour be mandatory training for all staff working in Child Safety Services.
5. Investigation of shared training models involving departmental staff, NGOs and foster carers.
6. Undertake a review of the feasibility of implementing 'professional and paid' foster care to provide high quality home-based care for children with complex needs.
7. All decision-making and case management/intervention should occur within a trauma informed framework.
8. Joint training in Court matters be provided to Departmental staff, NGO staff and carers to provide more cohesive support to children and young people.
9. Consider implementation of the Bayside Partnership model in other locations, based on the findings of the University of Queensland's 2011 evaluation of the partnership.
10. Consideration be given to transferring responsibility and resources for Transition from Care case management and casework to capable providers in the non-government sector, particularly those with proven capacity to deliver services to adult clients.
11. Investigate and fund innovative models of appropriate care and support for adolescents (aged 13 – 15 years) who are self-placing, have experienced multiple placement breakdowns,
    or who are unable to return safely to the family home, but not able to live independently.
12. Current residential care policy, practice and funding models be evaluated against the core elements of the Contemporary Model of Residential Care (Queensland).

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