SOUTH BURNETT CTC

your key to the future

CTC - working for our community

Submission to the Child Protection Inquiry

Follow up to discussions held on 12 November 2012 with

The Hon Tim Carmody SC.

We have read the documents produced by the Commission including the Options for Reform paper published in October 2012. Rather than rehashing the need for greater intervention services, this submission builds on the Options paper with some themes for consideration.

Themes:

1. **Relationships**
2. **Models – Intervention**
3. **Models – Children in Care**
4. **Aboriginal and Torres Strait Islander Self Determination**
5. **A brief background on the increasing needs due to service de-funding**

A short background on South Burnett CTC Inc (CTC)

CTC is a not for profit organisation with a particular focus on the South Burnett. We currently manage over 30 programs across the areas of JSA Employment Services (65% of the market share in the Gympie ESA), Disability Services (out of home and in home respite and Australian Disability Enterprise supported employment), Youth and Community Services (YARI, SHS, Youth Connections, YSC, Reconnect, VSM, Diversionary Services associated with the Cherbourg Alcohol Management Plan, Safe Haven, Family Violence Counselling Services), Foster Care (Residential Services, Kinship and Specialist Care) and Childcare (OSHC, pre-prep and long day care) as well as development in areas such as housing and enterprise development. CTC delivers services from thirteen distinct sites each with their own infrastructure. Management is centralised with a dedicated accounting, HR and IT team. CTC is governed by a volunteer but highly skilled and experienced Board of Governance.

The vision of CTC is:

"In the organisation's geographical area of operation all residents, regardless of gender, age, background, culture, health or ability have access to the services and supports they require to participate and feel valued in the economic, social and cultural life of the community to the full extent of their capacity and desire."

Theme 1: Relationships

Effective partnerships with Child Safety are achieved through excellent relationships. These relationships are based on knowledge of the Department vs CTC's role, formal processes (though meetings, stakeholder meetings and case discussions) and most importantly informal arrangements based on relationships and mutual trust. These relationships must

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be prioritised with each partner providing genuine commitment to the best interests of the children.

Example 1: *When Child Safety contact CTC as an NGO with a request, the request comes with information on the circumstances, strategies already undertaken and specific needs. The NGO can then work within their frameworks to see how they can assist or to suggest alternatives. In the Residential setting, when Child Safety have contacted an at capacity Residential with a referral, an open discussion can be had about other children in the Residential and whether they can move to their next placement (family or independence) with support to open up a place for another. This discussion needs to be focussed on the best outcomes for each child and often provides solutions that one party may not have been able to achieve alone.*

Example 2: *When CTC as an NGO contacts Child Safety with particular information, the two organisations work together to manage the best outcome. Today, an out of area police service called CTC regarding a client that had been arrested and had given CTC as her contact. As she was under a Child Protection Order, Child Safety were contacted who organised all police matters and then asked the NGO to provide transport for the child back to her home.*

These are simple examples that happen daily but provide a basis for trust when bigger issues arise. NGOs who are funded to provide support for children or families who may be in, or at risk of entering the Child Protection system, must have and maintain mutually strong relationships with the local Departmental office. This should be assessed in their quarterly and annual reviews.

Comment from Partner in Foster Care Manager: *In the five years I have been in the industry I have seen just how effective a good partnership around a child's care can be.*

A few years ago I was in a meeting with other agencies from another area and both their and my local Dept workers were there. The worker from the other agency talked to me after the meeting about how freely I communicated with the workers from my local Dept, saying she didn't have that relationship, she really didn't even know who the CSOs were in her area. On another occasion I was training new staff for our organisation (for residential service) and asked our local CSSC service manager to pop in and meet the group, she did and I noted one worker who had worked in a residential outside our area was almost star struck. When discussing this with him later he told me he had never met a CSO in his previous residential, let alone a Service Manager.

I reflect on how the local area of South Burnett works in partnership and whilst we are often told that we are unique in this, it is only when reflecting on others' experience that I see just how we are.

We have cases where stakeholders from 5-6 different agencies (many of whom compete for tenders) come together and work holistically around families. For the

most part our local Dept is open to information and acknowledges the agencies around them for their strengths and abilities and therefore is transparent with agencies about a young person's care.

I am not saying we are perfect but I can see the benefits of partnerships and not just mouthing the words or writing a protocol about working together but being flexible, open and engaging with all stakeholders.

Theme 2: Models - Intervention

There has been some discussion about models to increase intervention services before children enter the Child Protection model. While many of these models provide an increased focus on intervention, most have a reliance on a "screening" panel or committee. Wherever possible such panels or committees need to be avoided. Such panels slow down a process where children can require immediate intervention and introduce yet another "risk assessment" or "check list". It is not OK to delay a decision on services until a panel next meets or to have a decision on who needs support judged on a check list rather than on presenting need. Instead, a "first to know" referral system should be established.

An effective model could be as follows:

- Two or three NGOs are contracted to receive a specified number of referrals in a particular location (this creates choice and equity)
- 50% of referrals are from first to know agencies such as schools or health (these must be taken up by the NGO if they have capacity)
- 50% of referrals can be from self or community referrals (there would be a responsibility on workers to visit a community referral to let them know they are referred and have the discussion on what this entails – this is still classed as a voluntary referral but if it is not taken up, a report of the referral and lack of take up must be made)
- If a family does not want to participate either:
    - A referral is made to the other NGO (their choice)
    - Or a notification of the source of the referral, presenting needs and lack of take up sent to Child Safety. Child Safety can then assess whether this circumstance merits forced intervention
- Where there is capacity, referrals cannot be refused and must be actioned within 2 business days by the NGO
- A check list should be completed at referral, three months and six months across the areas below

Wellbeing	Education	Physical Health	Emotional Health	Any other indicators of harm

Targets and strategies should be set with a three month and six month review. Clients who meet targets are closed at six months. Clients who do not participate or do not meet targets are referred through to Child Safety as a notification.

This model is simplistic and would need further development, however it achieves:

- Fast response
- Community focus
- Accountability of families
- Accountability of NGOs

Theme 3: Models – Children in Care

We are often, as agencies asked to write/design/submit a model of operation. Everyone who works with children would say no child is the same, yet we are trying to force traumatised children into a standard model?

Any successful model, must incorporate flexibility, adaptability, understanding and the ability to move forward with a child that will enable the child to move through their trauma and participate in life.

This can be achieved by having the flexibility to meet children and foster carers in their current circumstances.

Example from Foster Care Manager: A high number of children who end up in residential care come from Foster Care and if we had increased supports in Foster placements I believe we would have less placement breakdowns. We have had carers who couldn't get the high support needs allowance but two weeks later the children are in a residential and considered "complex". If we had been able to put counselling into the carer's home for children and carers, tougher supervision around family contact (not one worker with six kids) and workers who have more time and experience to get to the root of an issue not just respond to "I don't want to go home" and remove the children, placements could be sustained.

Theme 4: Aboriginal and Torres Strait Islander Self-Determination

There are real issues in Aboriginal and Torres Strait Islander communities where there is an over-representation of children in care and where children in care are often cared for by non-Indigenous families.

In the community of Cherbourg, there are few (and a reducing number) of Aboriginal and Torres Strait Islander organisations. This is due to multiple factors including competitive tendering, the ability to recruit volunteer members of a governance committee and organisational capacity (financial, administrative, governance). Where few such organisations exist, an NGO could be contracted to include an Aboriginal and Torres Strait Islander reference committee with specific responsibilities to ensure self- determination. Alternatively, a large NGO could be asked to partner with a smaller Aboriginal and Torres Strait Islander organisation in a consortium type arrangement where the larger NGO withdraws after a set period of time.

Theme 5: Increasing need due to de-funding.

Murgon and Cherbourg like many other communities may see an increase in the need for intervention services due to the current government funding priorities. Some of the defunded services, whilst not specifically funded to provide intervention services for children at risk of entering care, have nevertheless taken on this role through supporting families with issues such as alcohol abuse, family violence and financial crisis.

As a local example, Diversionary Services which were funded for 3.5 years to provide Community Hub and Sober Living type services to the Cherbourg community when the Alcohol Management Plan was put into place, cease funding in December 2012. For the July to September 2012 quarter, this service recorded 984 individual contacts for 311 discrete clients. While these clients were supported around issues which lead to problem drinking, many of these supports also strengthened families and reduced their risk of entering the Child Protection system.