

## Introduction

On 18 February 2013, the Queensland Child Protection Commission of Inquiry released a discussion paper, intended to “create a constructive debate around some of the more significant issues and reform options” being considered by the Commission.

The following presents a joint response to the Commission from three of the state’s largest providers of out-of-home care and related child safety services: UnitingCare Community; Mercy Family Services; and Churches of Christ Care.

The following does not engage with individual questions posed by the Commission. Likewise it does not respond to every chapter of the discussion paper. Rather, it presents an overall position on matters of shared concern, and that together we are best placed to positively impact.

Given each organisation has its own perspectives, and areas of interest and skill, we may also choose to make our own individual submission.

## About the Organisations

**UnitingCare Community** (UCC) is a service group of UnitingCare Queensland and provides community services in 300 locations throughout Queensland. Our services impact on the lives of over 200,000 Queenslanders each year through a range of child and family, disability and crisis support programs. UCC is a major provider of child protection services with 14 family based community support services including Referral for Active Intervention, Helping Out Families and Family Intervention Services. UCC currently supports 480 children in 19 residential group homes and 6 foster and kinship services of which approximately 30% are Aboriginal or Torres Strait Islander.

**Mercy Family Services** is one of four entities that are part of Mercy Community Services, a Ministry of the Sisters of Mercy Brisbane. Collectively the four entities employ more than 650 staff who each year work alongside more than 4000 people providing innovative, responsive and integrated services in the areas of; child protection, multicultural programs, family support and mental health programs, community and residential based aged care, disability support and employment, training and job recruitment programs. The specific child protection programs provided by Mercy Family Services are Out of Home Care (Foster Care, Specialist Foster Care, Kinship Care, Residential Care, Therapeutic Residential Care, and Supported Independent Living Programs), Sexual Abuse Counselling, and Family Early Intervention programs (Family Intervention Service, Fostering Families and New Families program).

**Churches of Christ Care** (a division of Churches of Christ in Queensland) is a large and diverse provider of care, accommodation and community services that positively impacts the lives of 29,000 people across Queensland and Victoria every year. One of its six core service streams is Care Pathways, which provides services that include: foster/kinship care, respite care, assessment and intervention services, and residential and semi-independent care. These services work together with over 500 dedicated and compassionate foster carers to support over 3,000 children and young people under child protection orders each year.

## Prevention

We applaud the Commission for the emphasis it has placed on prevention, and early intervention and agree that every effort should be made to do all that is practicable to ensure that children remain safe and living with their families, and reduce the need for them to encounter the tertiary child protection system.

To enable this we are strongly of the view that a broad range of universally available services and more targeted support should be available to help families, children and young people. Available services/support should be as broad as practicable to enable parents/communities to provide a safe and nurturing environment for children and young people.

Such universal support may include, for example: provision of mental health support for parents, funding for quality child care and early education, assistance with vocational development, and domestic assistance. Importantly, services/support may include those things that cannot be thought up and listed in advance and will indeed be client specific. What is most important is the impact or outcome that the service/support is having on the child/family.

In addition, child safety policy and prevention strategies must not be viewed in isolation. We need to understand that all programs and government services that impact on communities, impact on children. Within the current financial environment, a number of the support services that have prevented escalation of risk of harm have been withdrawn, and policies are being considered that may exacerbate risk factors.

As an example, we note the concern that the Commissioner gives to over-representation of Aboriginal and Torres Strait Islander children in the care system. At the same time in Queensland we are facing potential relaxation of alcohol management plans and laws around the state, including lifting of alcohol bans in Aboriginal communities.

Other actions such as withdrawal of government support for employment programs, failing to effectively manage the social impacts of mining activity, removing health promotion programs, or de-funding domestic and family violence services will likely adversely impact child safety.

## Case Management

The Commission's discussion paper grapples with the differences between (departmental) statutory functions and case management functions. We are certainly of the view that Queensland needs to invest much more effort into case management. It is not acceptable to bring children into a child protection system that they cannot get out of because of a lack of competent and timely case management.

We note that in many submissions from NGOs to the Inquiry, the case has been put for NGOs to assume more responsibilities for direct case management. This has not been acknowledged by the Commission, rather, the Commission seems to be making the case for separation of functions within the Department. It further makes the case for multidisciplinary case management teams, but is silent on any notion of multi-agency teams. However, there are Differential Response pilots currently happening where there is assessment of families that have been brought to the attention of the department of Child Safety where the concerns regarding the family and their needs are being assessed at the initial interview with the family by a Departmental and NGO staff team. The outcomes of these pilots will inform benefits of this team work.

While case management remains distant from those that are providing the care, such as in the case of residential and semi-independent care, it will continue to be inefficient, is likely to be poorly targeted, and will likely achieve poor outcomes for clients.

In Queensland, the Department no longer provides direct (e.g. residential) care to young people. Rather, accommodation and care provision has been outsourced to NGOs. In this context NGOs have the duty of care to provide the necessary accommodation and care to young people on a day to day basis in accordance with the Statement of Standards, and in the interests of supporting young people to reach their goals and potential.

The level of accountability and responsibility that this imposes isn't without risk. Indeed, it often presents a significant amount of risk to the Licenced Care Service and its Nominee. To mitigate inherent risks requires the ability to control the determinates of likely outcomes. Case management is a key tool in promoting determinates of success for young people. Without transferring this function to NGOs results in continued accountability without adequate control.

We note that in certain circumstances case management functions for children in out-of-home care have been transferred to the non-government sector in a number of jurisdictions around Australia, including Victoria and New South Wales. Both of these jurisdictions have determined that outcomes for children and young people in care can be improved through the outsourcing of some case management functions for children and young people who have finalised court orders and who present low level risk to the service providers who provide their accommodation and care.

In the absence of a transfer of case management functions to NGOs, we strongly recommend the implementation of Service Level Agreements between NGOs and the Department, whereby the department is required to: consult with service providers before making decisions that impact on children or young people in their care; furnish necessary information and make decisions that impact on the care of a young person in a reasonable timeframe; and be subject to reasonable processes for NGOs to question decisions made. There are too many examples of where time taken to make decisions or furnish necessary information to NGOs (including in legislated timeframes) have been inadequate: such examples have previously been provided in industry submissions. We also recommend the examination of the role of NGOs in SCAN and other multi-agency case management teams.

Funding for case management would also need to be reviewed in the event that responsibility for case management is transferred to NGOs.

## Role of NGOs

The Commission's overview of the statutory part of the child protection system effectively finishes at the role of the Department of Communities, Child Safety and Disability Services. This is despite NGOs being funded to provide over \$220m of Child Protection services in Queensland, equating to around 30% of the Department's child protection budget.

We encourage the Commission to more positively and directly engage with the NGO sector, and to discuss the contribution we make towards promoting positive achievements and outcomes for children, young people and their families.

Where reference is made to the NGO sector, the discussion paper makes assertions or inferences that question, for example:

- the competence of NGO staff, their qualifications and training;
- the sector's competence to undertake existing functions of the Department; and
- NGO service costs.

In response to the above we make the observations that organisations represented in this response, and who are representative of other NGOs:

- are subject to licencing and related checks. Our staff often undergo a higher level of scrutiny than Department staff;
- undergo evaluation against an externally assessed quality framework. The government continue to fall outside of this regime, even when delivering same or similar services to NGOs;
- have prescribed roles and responsibilities under the Child Protection Act, including the role of Nominee, which further promotes compliance with the requirements of the Act, especially ensuring that care services delivered meet the Statement of Standards;
- are continually monitored by the Department for compliance against the Statement of Standards and our funding agreement, including performance against outputs;
- have funding (i.e. costs) controlled by the Department, which in turn impacts on wages that we pay our staff. This in turn impacts on categories and levels of staff that we can engage. In this regard we note that our funder is also our major competitor for staffing, and who are in the position to draw on a greater funding based to develop and reward their staff, pay rural/remote incentives and the like;
- have engaged a number of professional staff who have worked with the Department, including holding senior regional or central roles. This is despite the challenges outlined above. These staff bring with them an applied knowledge of statutory child protection and government operation;
- face ever increasing costs at a whole-of-business level. Costs relate to a range of compliance regimes and externally imposed charges to the business, such as: Workplace Health and Safety system changes, industrial relations / wage cases, escalating fuel and utility costs, building code changes, etc. At the same time we see a diminishing income base to cover cost escalation. Most recently we have seen the government impose "efficiency dividends" on our operations, without adequately understanding where "efficiencies" can or should be made;
- must operate in a financially sustainable and responsible way. Where we practice sound stewardship, generate a surplus, and deliver on our contracted outputs (and provide a high quality of care/support to young people), any surplus cannot be retained and must be returned to government. Conversely, if we deliver our contracted outputs and incur a deficit, we carry the risk and the deficit. More often than not we purchase assets, such as residential buildings, from our own cash reserves; and

- have in many cases been operating for well over 50 years, have a strong volunteer and asset base, and a sound reputation for providing a high level of care and for supporting communities. It is not in our interests to “cut and run” when things get tough, or to pursue high returns for little result. The undersigned are all Public Benevolent Institutions that exist for the betterment of the community. We exist to make a difference in communities and not to make a profit from them.

It also appears that the Commission (via its discussion paper), principally sees NGOs as “suppliers of services” that case managers from the Department can purchase in caring for their charges. We would like to re-position this relationship to see NGOs as equal partners, albeit with different roles, in caring for vulnerable children, young people, and their families.

This repositioning would see changes such as:

- viewing NGOs as organisations with their own governance structures and standards, and not as branch offices of the Department;
- consultation on the needs of communities before the Department decides what services are needed/to be sought;
- greater collaboration on policy development and implementation;
- the Department and NGOs being subject to the same quality processes;
- true consultation and meetings to proactively address emerging needs and trends, and performance issues;
- recognition of the role of the NGO as case managers in their own right, particularly where there is a more direct relationship with / duty of care for the young person, such as in residential or semi-independent care; and
- more proactive information sharing with NGOs in relation to carers, children and young people.

## Residential Out of Home Care

We also note that despite the Commissioner spending a significant amount of time considering the role of and costs associated with residential out-of-home care services, the discussion paper presents minimal information or discussion on same. Given this, we infer that the Commissioner is essentially satisfied with the state of residential out-of-home care in Queensland.

Regardless of this, we are of the view that there are matters that the State, and the NGOs need to address to make for more effective and cost efficient residential care services.

In addition to the generally accepted wisdom of placing greater emphasis on preventative strategies that reduce demand for residential care, and investing in efforts to improve stability of placements, and transition of young people to more appropriate living/care options (such as kinship care), we consider:

- There is not necessarily a right size or type of residential care, rather, matching the potential and needs of individual young people, with appropriate therapeutic models, built environment, supportive community and appropriate staff selection, are significant determinants of success;
- A variety of types and models of accommodation (and commensurate support) for young people in care need to be developed. This may include, for example: exploring “professional carer” models; “lead tenant” models for semi-independent living; youth worker supported suburban homes; or larger residential schooling based models;
- Our staff need additional tools/collaboration from other areas of government such as Youth Justice to greater enable them to provide a safe environment for young people. For example,

young people with a high frequency of offending behaviour may benefit from court enforceable curfews;

- Some young people with extreme self-harming behaviours may benefit from a version of protective/secure care (albeit with appropriate safeguards); and
- The best level of residential or semi-independent care is rarely the least expensive.

## Transition from Care

We agree with the Commission's emphasis on the need for improvements around care and support for young people transitioning from out-of-home care to adulthood.

While this type of support is theoretically available now, in practice it is rarely provided, as the discussion paper points out. We have all seen a number of instances where young people have been discharged from the guardianship of the Chief Executive with an inadequate support plan in place. Young people in the child protection system are amongst the most disadvantaged in the state. This disadvantage is experienced on many levels, including: developmental, educational, social, and financial.

The current child protection system in Queensland perpetuates an expectation that young people should be independently functioning adults from the age of 18. Implicit in this expectation is that young people will be working (not learning), with license, accommodation, and necessary living skills. This expectation discriminates against those young people who have the aptitude and/or the desire to apply themselves to an educational pathway post 15 years of age. Most children in the mainstream population would receive support (in a dependant relationship) until the completion of schooling, without the additional concerns of having to apply themselves to the getting of independence. Mind you, this is contingent on the knowledge or the likelihood of support post 18. Such support is more often than not provided by parents.

We are of the view that young people in out-of-home care should enjoy similar developmental and educational opportunities and pathways as other young people in the state. For this to occur we recommend implementation of legislation that prescribes the offering/provision of a range of support to young people up until 25 years of age. Support that may be provided may be broad (e.g. accommodation, in-home-support, education) and not overly prescriptive. Rather, support needs to be formed around the needs and reasonable preferences and expectations of individual young people. Failure to legislate such support would risk perpetuating the current hit and miss approach to transition, and permit departments to wind back on transition-from-care spending in response to fiscal constraints and priorities.

In addition, we strongly recommend that the Department (with key legislative responsibility) be subject to performance monitoring and reporting on how well it supports young people to transition to independent adulthood, including reporting on (de-identified) outcomes of support provided.

NGOs are well placed and well connected to take on roles in relation to case managing transition from care. We currently undertake a role in this respect via funded programs such as Semi Independent Living. We have also provided limited support in an unfunded capacity to young people who have exited care: this has been in cases where there has been no other avenues for young people, and the closest to a supportive family for the young person has been the NGOs staff.

## Administrative Reform

We are of the view that many millions of dollars are caught up in the child protection system in administrative and bureaucratic processes that do not add value.

Through the discussion paper, it appears accepted that a regional management structure for Child Safety will continue. This, and existing processes for funding, as well as quality and contract management, contribute to inefficiencies in and costs of the child protection system.

Under the current arrangement, contracts are negotiated and managed at a regional level. For state-wide organisations such as ours, this means multiple regional meetings and negotiations at which similar issues are discussed. Furthermore, significant regional variations in departmental approaches makes matters more complex, and difficult for the NGOs to track centrally.

We consider a central Account Manager model with state-wide organisations would save time and resources for the Department and ourselves, therefore resulting in more consistent implementation of the requirements of the funding.

We acknowledge the role of region based Department staff in monitoring the quality of service delivery and overseeing the implementation of programs across the community. However, we believe that some activities are best undertaken centrally to:

- reduce regional interpretation;
- reduce duplication of effort;
- sharpen regional focus on program delivery and service outcomes; and
- promote improved regional collaboration between government and non-government.

Being amongst the largest providers of out-of-home care in Queensland, between us we operate services within each Department region. Furthermore, within these regions we often provide most, if not all, current out-of-home care program types (e.g. Fostering, Specialist Fostering, Assessment and Intervention, Residential, and Semi-Independent Living).

As licenses are regionally issued, we find the coordination process is time consuming, with multiple application forms being completed for each region in which a program/service operates. Separate applications are also required for each program type, regardless of the provider having a shared management and staffing structure in place. Furthermore, the information required is often the same across each application and in some cases has already been provided.

As an example, across Churches of Christ Care 38 separate license applications (LCS1 forms) must be completed to comply with the Department's current requirement to lodge separate applications for each Departmental region, and out-of-home care program type operated.

We estimate that each application takes 11 hours of staff time to collate and complete the required paperwork. The opportunity to provide this information in one application would achieve significant reductions in human resource time, and subsequent cost.

Likewise, we would welcome single funding agreements per organisation with the Queensland government, and at very least sub-departments (i.e. Child Safety or Disability Services). This would mean reduced reporting requirements across our organisations, whilst still maintaining accountability for public funding. This would result in increased administrative efficiency.

As an example, UnitingCare Community currently has in excess of 100 separate funding agreements with the Department of Communities, Child Safety and Disability Services, each with a variety of regular (i.e. quarterly) and end of year reporting / acquittal requirements.

We would also welcome an approach towards greater flexibility in the use of funds across program types. Often the same staff will work across a variety of out-of-home care programs and services, and into the future we would see young people moving more freely between programs to meet their changing needs. At present, to avoid financial penalty, we need to ensure that costs are accurately captured against each program type / service entity. This is administratively burdensome, does not encourage efficiency, and is not child focused.

We encourage development of a funding system that permits flexible use of funds that meets the needs of children/young people and their families. Such a system should also have clearly agreed outputs and outcomes.

Overall, streamlining the administration of the child safety system as outlined above would allow the Department and NGOs to invest scarce resources more wisely.



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