



**Churches of Christ Care
Submission to Queensland
Child Protection Commission of Inquiry
September 2012**

About Churches of Christ Care

Established in 1930, today Churches of Christ Care is one of the nation's largest and most diverse providers of community services, care and accommodation. We operate 145 services with the support of more than 3,100 staff and over 650 volunteers. We provide services across Queensland (from the Gulf in the north, south to the Gold Coast and west to Cunnamulla), in northern New South Wales, and in the greater Melbourne area.

We are incorporated under Letters Patent under the Religious Educational and Charitable Institutions Act, and our services are funded by a mix of government subsidies, grants, fees and charges for our services such as early childhood services and residential aged care, and through fundraising activities.

Our services are offered to all those in need regardless of religious background. Churches of Christ Care is built on a foundation of Christian values, commitment to quality care, and trust and respect for clients and the community.

Churches of Christ Care's variety of services are grouped into five operational areas: Child, Youth & Family Care; Housing; Retirement Living; Community Aged Care; and Residential Aged Care. We are one of Queensland's largest providers in most of these areas.

Child, Youth & Family Care

Our Child, Youth and Family Care area includes a broad range of early childhood services and our child protection services, Pathways.

We are one of Queensland's largest providers of Out of Home Care services, providing services in Mount Isa, Townsville, Bowen, Mackay, Bundaberg, Maryborough Fraser Coast, Caboolture, Brisbane, Ipswich, Logan and the Gold Coast.

Our Pathways programs provide foster/kinship care, respite care, assessment and intervention services, and residential and semi-independent care, to over 2,600 children and young people under child protection orders each year. Over 750 dedicated and compassionate foster carers work closely with Pathways staff to provide a vital safety net to these children and young people who have often come from backgrounds of abuse and neglect.

Churches of Christ Care is also one of Queensland's leading providers of high quality, accredited child care services, and operates 20 licensed and accredited services for children from birth to 16 years.

Our Pathways services benefit from a close working relationship with other Churches of Christ Care programs, especially early childhood services (e.g providing care for special needs children) and our housing program (e.g providing accommodation for young people in the Semi Independent Living Program). This continuum of care promotes positive outcomes for young people. In addition, the capital generated through broader organisational operations allows us to invest in areas that the Government is often reticent to fund (such as new residential buildings).

Summary of Submission

Attachment 1 provides a diagrammatic summary of Churches of Christ Care's submission to the Queensland Child Protection Commission of Inquiry. Our submission is not lengthy, nor complex, rather it targets the vital few areas (critical control points) that, if addressed, will lead to transformational change to the Queensland Out-of-Home Care system. Effecting these changes will not only benefit vulnerable children, young people and the Queensland community, but we are also of the view that adequately addressing these factors will lead to significant efficiencies and cost saving for the public purse.

The attachment highlights the need to:

- firstly focus on strategies that prevent children and young people coming into out-of-home care;
- ensure that children, if they need to come into the out-of-home care system, spend as little time there as necessary through timely and effective case management and proactively identifying appropriate exit opportunities/strategies from out-of-home care. We believe that case management is best provided by the non-government sector, allowing the government to focus on their statutory functions of ensuring a child is safe, and preventing current duplication of roles and responsibilities;
- re-structure the Department's funding and administrative system, promoting a more flexible environment in which the needs of children and young people can be most appropriately met. We are very supportive of quality monitoring of providers and of ensuring good stewardship of public funds. However, the current system contributes to inefficiency, poor stewardship, and does not measure the most important quality indicators;
- re-focus the system (including components of funding, quality and case management) to place greater emphasis on outcomes for young people. What would the system look like if the Department and NGOs were funded according to: sustained reunification; school attainment; job acquisition; absence of teenage pregnancy; getting a driver's licence; rates of juvenile detention; incarceration in the three years post leaving care; not to mention attaining the range of other goals that a young person may set for themselves.

The following pages provides further detail on the above, also supplying case studies that highlight the issue, and potential solutions.

Further Information:

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Issue

The current approach to the intake of child protection concerns, involves an assessment of the information received against a threshold. If the threshold is not deemed to require statutory investigation, the Department may or may not refer to a Referral for Active Intervention (RAI) service. This approach is a block to the system in that proactive responses to families are only sometimes referred to an agency and then only to a RAI service. RAI services are only located in larger centres and not available in most areas. A statutory investigation may be provided at a later time if further information is gathered about the family which then reaches the investigation threshold.

Referral to support services such as emergency relief, living support, parenting play groups, social and community connections and child care reduce the risk of children being exposed to further harm. Queensland has a wealth of support services which could be effectively utilised as prevention supports for families. The listings of these resources are not readily accessible for the referral of families at risk of harming their children.

In the last five years the highest number of substantiated abuse for children in Queensland has been emotional harm and neglect both of which are more likely to be positively influenced by support inputs into families.

Case Study

A fostering service placed three children aged between nine and 12 years. This was their first time in out of home care. The child protection history showed 69 intakes and notifications over the 12 years whereby the issues reoccurred and remained unaddressed.

Once placed in foster care, they went through three different placements and after the unexpected death of the third carer, and a placement not being able to be secured, the children were placed back within their family home and the child protection issues were addressed. These matters could have been addressed in the first instance with preventative strategies.

This example highlights the continued resourcing of reactive government responses rather than a proactive finite response focused on root causes, and utilising existing community supports.

Solutions

- Introduce a formal referral process whereby child protection concerns assessed to be below departmental threshold for investigation are referred to funded NGOs for assessment and access to other support services (eg emergency food services, parenting groups, job search, accommodation).
- Prevention Packages would see a non government provider schedule two contacts with the identified family, supporting them to access existing supports within the community.
- Fund specialist child care places for families where risks are identified for children under school age. Research indicates that the younger the child/ren, the greater the risk of harm. Attendance at child care reduces the possible triggers for harm. Early childhood providers such as Churches of Christ Care are also equipped to provide broader family support as need.

Benefits

- Strong proactive referrals to non-government services at the intake stage will result in greater preventive supports which will divert these families from re-notification and subsequent higher level interventions. Ultimately this will lead to less systematic abuse of Queensland child/ren.
- This approach sees the existing resources within Queensland communities accessible rather than an over reliance on government funded support services. It builds a culture of community responsibility.

Keep Young Persons Moving towards Positive Long Term Goals ...
Ensure Timely and Effective Case Management

Issue

The focus and resourcing of case management for children and young people on statutory orders is not a priority within the Department as it competes with the statutory work related to child protection investigations and other statutory tasks such as court related work.

This results in inability to secure timely and appropriate family/kinship placements; delays to children and young people progressing out of the system; young people escalating in behaviours so that they require more costly care models; and lack of appropriate support for young people to meet their goals and potential, with consequential long term harm.

The focus on case management by a non-statutory provider would ensure the priority remains outcomes for children and young people (beyond just being in a safe place) and better resourcing the child's family or kin to meet the child/ren's needs.

Case Study

Lee is a 14 year-old young person in a Pathways Immediate Response Residential (12 week short term residential service) for the last 10 weeks. In that time he has exhibited some complex and challenging behaviours e.g. physical aggression, fire lighting both at the residential and in the community, and self harming behaviours.

His trauma history includes physical abuse by his father and emotional harm and neglect by his mother. He is being transitioned to another residential as per departmental case plan. However Pathways was approved to complete a Placement Needs Assessment on Lee whereby we identified three possible kinship placement options and an existing respite option.

The current structure of case management means we cannot action these possible placement options, only advise the Department of their existence. If case management sat with the provider/NGO, these kinship options could be explored and assessed therefore diverting the young person from requiring residential or general foster care services.

Solutions

- Case management of children and young people subject to Intervention with Parental Agreement (IPA) orders and Protective Supervision Orders be referred to the non-government sector.
- Case Management of children and young people on Child Protection Orders be referred to the non-government sector and the Department remains focused on statutory services.

Benefits

- The focus and resources related to case management is targeted to addressing the child protection issues or securing the placement of the child/ren within their family or kin, therefore ensuring positive child and family outcomes and enhanced cost efficiency which is better for all Queensland.
- Motivation is on ensuring that children/young people in out-of-home care are in the most appropriate (and often least costly) care option, and not the most expeditious.
- The government service will be able to focus on the statutory tasks related to child protection without managing the competing tasks of case management.

Issue

During the previous Forde and CMC Inquiries many recommendations were made in relation to the regulation of out-of-home care for children. Since this time Child Safety Standards have been developed and these have been used as the means to assess the standard of care which children receive when placed in out-of-home care. Initial recommendations were about quality assurance for both government and non-government provision of out-of-home care, however the licensing process has only been applied to services delivered by non-government organisations.

Standard Two of the Licensing framework is intended to be about "Responding to the needs of children, young people and families". The standard addresses: **procedures** for how to do things such as introducing children or young people to the Service, identifying strengths and needs, delivering services and reviewing their efficacy; **knowledge** needed to provide these services, and **records** relating to these things. When viewed in total it is noted that the standard talks about matters (inputs) that relevant to achievement of outcomes for children and young people, but does not focus on outcomes per se.

We are also of the view that:

- the current quality assurance process for non-government services providing out-of-home care is onerous and resource intensive;
- Child Safety Standards are inconsistently interpreted and measured by departmental staff and by different Independent External Assessors;
- NGO services are assessed on the completion of processes that are in turn reliant on the completion of tasks by the Department, who themselves are not held accountable for the completion of the task: this is manifestly unfair and unreasonable.

In the past, we've tended to focus on Outputs - the "what we do and who we reach." Going forward we need to be asking: "What difference does it make?" This is a question about Outcomes.

Case Study

Case Study 1: Jeff was previously placed in a Pathways Residential for approximately one year. Jeff made disclosures of sexual interactions with other residents, contributing to a Matter of Concern (MOC) being raised against the service. There were approximately 25 reported assaults against staff during Jeff's placement (not including verbal assault/aggression), including: the threat to rape a staff member; exposing himself to staff; throwing a knife/other objects at a staff member; common assault. This was a highly stressful time for the service's staff and other young people.

After a period in juvenile detention, the regional office of the Department was desperately looking to place Jeff and referred him back to Pathways. Local Pathways management refused the placement due to concerns for the health and safety of other young people and staff, and a likely inability to meet the Statement of Standards in relation to Jeff's Care.

The Regional Manager of the Department took the matter to the Nominee for Churches of Christ Care and used coercive tactics, pressuring the Nominee to accept the placement and threatening to escalate the matter within the Department if we didn't.

The Nominee supported the decision of the Pathway's managers and refused the placement. The Nominee however offered to explore more appropriate accommodation options with the Department (e.g 1:1 care in another dwelling). This option was not pursued.

This episode called into question: 1) the independence of the NGO and the Nominee to make independent decisions in the interests of young people, staff and their organisation (or whether they were/are viewed as a branch office of the Department); 2) whether decisions being considered were truly in the interests of the young person(s), or were unreasonably constrained by budget and other factors; and 3) the limited range of options open to the justice system, the Department and NGO's in responding to the needs of young people with extreme (violent/offending) behaviours.

Case Study 2: Standard 2 of the Licensing framework for out-of-home care requires services to have copies of specific Departmental documents including Authority to Care Forms, Placement Agreements, Department Case Plans.

Where we do not have a copy of these documents, we must show evidence that we have requested this of the Department, and made follow up requests at regular intervals. In one Pathways fostering service (placing 290 children) in one month we completed 624 requests forms for three Child Safety Service Centres seeking copies of the forms as an attempt to meet our licensing requirements.

We are penalised by the Department if we do not ask the Department for these forms often enough (i.e monthly), regardless of the fact that the Department should have given us these forms in the first place, without us asking!

Solutions

- Develop a transparent quality assurance model whereby all services providing out-of-home care, both government and non-government, are assessed against the same measures and held accountable for ensuring that consistent, outcome focused, quality services are provided.
- Develop a regulatory framework that is assessed against specific, measured and reportable outcomes. Some outputs have a place, however the focus of the framework should be on outcomes.
- Focus more on measures such as sustained reunification; school attainment; job acquisition; absence of teenage pregnancy; getting a driver's licence; rates of juvenile detention; incarceration in the three years post leaving care; not to mention attaining the range of other goals that a young person may set for themselves.

Benefits

- Higher quality and more consistent service delivery.
- More time spent on service delivery and providing direct care and support services, rather than meeting a required process that does not add value or lead to good outcomes for children, young people and their families.

Issue

- Service delivery funding is provided for a specific number of placements attached to a specific service type (e.g Fostering; Specialist Fostering; Residential; Semi Independent Living) in one specific geographical location (defined by Departmental regions). This results in systemic blocks to providing individualised support, and a continuum of care when required (e.g when moving children and young people into more appropriate and cost effective care options).
- The Department has a fixation on financial acquittal, accounting for every dollar (albeit largely regardless of what is achieved with the funds). Surplus funds are required to be returned, or rather withheld against future funding. This presents a disincentive to good stewardship: organisations that waste money do not have to return any!
- The regionalised structure of the Department's service delivery is resource intensive and at times provides for inconsistent and inefficient responses to community and family needs. The regional structure inhibits a statewide approach to Child Protection.
- The Department acts as the funder/purchaser, regulator, co-provider, and is also the non-government sector's main competitor for staff. This may be seen as anti-competitive, and at very least is inappropriate.
- The service specific approach to non-government quality assurance process is resource intensive and inconsistent.

Case Study

Case Study 1: Across Churches of Christ Care, 38 separate license applications (LCS1 forms) must be completed to meet the Department's current requirement to lodge separate applications for each Departmental region, and out-of-home care program type which we operate. Currently, each application takes around 11 hours of staff time to collate and complete the required paperwork. This equates to approximately 418 human resource hours, and consequential time for Departmental officers. This figure exponentially increases when considering quarterly financial acquittals and annual financial acquittals. Churches of Christ Care estimates that it could save in the order of \$500k p.a through streamlining child protection related compliance costs: this would likely also result in a similar saving for the Department.

Case Study 2: Churches of Christ Care was granted places to commence a new residential care service in a specific Department region. We own a vacated child care service that we proposed to convert for this purpose. The building, environment and amenity were ideal for a residential. The Department did not approve this because the potential dwelling was out of the region, albeit by only one kilometre. Churches of Christ Care had to find over \$800k to purchase another house considered "in region".

Solutions

- Implement a single point (and preferably state level) funding model whereby NGO's receive a pool of funding with indicative area specific placement type requirements eg Mount Isa area has 97 family based moderate to high placements, two residential complex placements, two residential extreme placements, six intensive fostering for complex and extreme placements, and two supported independent moderate to high placements (using departmental behavioural classifications).
- Introduce outcome/output based funding, whereby providers are required to attain a range of outcomes and outputs, and can retain any surplus they generate. In the case of Churches of Christ Care, 100% of retained funds are reinvested into service provision.

- Develop a statewide approach to Department service delivery, increasing consistency and focus on meeting child and family needs.
- Implement a single licensing process for NGOs, that also includes mechanisms for ensuring quality and service standards are maintained at the frontline.

Benefits

- More flexible funding arrangements will ensure a greater ability to meet the changing needs of a child and their family, and can ensure the provision of appropriate services at the time that they are required.
- Reduction in NGO and Department administrative burden and related costs.

Address Downstream Factors ... Actively Pursue a Broader Range of Exit Options

Issue

- The focus and resourcing of exit points for children and young people on statutory orders is not a priority within the Department as it competes with the statutory work related to child protection investigations and other statutory tasks.
- Children and young people moving out of the general Foster Care System to Kinship Care need adequate and appropriate transition plans.

Case Study

Case Study 1: Julie was taken into care at four weeks of age and placed with kinship carers. Julie was removed from her mother, as a result of neglect due to her mother's intellectual disability and mental health issues. Julie was initially placed on an assessment order and then a short-term custody order. During this time the case plan was directed towards completing family assessments and providing assistance to Julie's father to gain the required parenting skills to care for his daughter.

Julie's father was a long term drug user and had medical issues that impacted on his ability to provide supervision to a child. When Julie was two years old, she was returned to her father's care without any family or parenting capacity assessments being completed, limited parenting education being provided, and suspected ongoing drug use.

Julie was returned to the care of her kinship carers six weeks later, having been placed at significant risk of harm by her father, as a result of his ongoing drug use and lack of supervision. Lack of resources, monitoring and casework led to Julie being exposed to harm by her father for that six week period.

If casework, assessments and intervention had been completed in the first 6-12 months, Julie may have been able to be safely returned home sooner, or it may have been established that this was not possible, and therefore may not have been returned home at all, therefore not being exposed to harm.

Case Study 2: four year old Trevor was placed in foster care when he was one year old due to neglect. He remained in the same foster placement for nearly three years and then the Department identified a kinship option, with an aunt and uncle. He transitioned to his kinship carers over a two week period, and then the guardianship transferred from the Department to the aunt and uncle within eight weeks of the placement being made. This kinship option could have been accessed years earlier, freeing up valuable fostering resources and permitting less disruption to Trevor at a critical time in his life.

Solutions

- Outsource all non statutory services from the Department to the non-government sector;
- Adequately resource services to target exit options;
- Fully explore family and community kinship options;
- Pursue transfer of guardianship from the Chief Executive to the kinship carer;
- Focus on and resource moving children and young people out of the child protection system as the child protection issues for the family are addressed;
- Where it is identified that a statutory order is required in the medium to long term, primary focus should be given to securing a placement with family or kin; and
- Use residential services to assist young people to stabilise behaviours, while exploring all family and kinship placement options for the young person. Once family or kinship options are identified for the young person, the NGO service can assess and up-skill the family, if required.

Benefits

- Resourcing of exit options are more targeted. This means that for the family the NGO service is not the statutory agency and therefore is more likely to engage positively with the agency on the issues and identifying alternative family or kinship options for placement. Additionally, the NGO is not burdened by the workload of the court process therefore is able to prioritise the exit options for the family.
- Kinship care services can ensure that full exploration is undertaken of the transfer of guardianship from Chief Executive to the kinship carer as per S59 of the Child Protection Act whereby guardianship can be granted to another suitable person.
- Foster care services can ensure all family and kinship options have been identified and assessed and up-skilling occurs if required. This will result in locating family options for children in care so they may exit the out-of-home care system, ensuring better flow through of children who can safely be placed with family or kin and leaving children in foster placements who require the placement.
- When there are planned options and resourced interventions that allow tracking of kinship options and timely transitions, good outcomes are attained for children and young people.