



Submission Number 3 to the  
Inquiry into Queensland's Child Protection System  
by the  
the Honourable Timothy Francis Carmody SC

15 March 2013

QCPCI

Date: 22.3.2013

Exhibit number: 194

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15 March 2013

The Honourable Tim Carmody SC  
Commissioner  
Queensland Child Protection Commission of Inquiry  
BRISBANE QLD 4001

Dear Commissioner

I am pleased to provide the third formal submission from the Commission for Children and Young People and Child Guardian (CCYPCG) to the Commission of Inquiry into the Queensland's Child Protection System (QCPCI).

This submission provides responses to selected questions posed in the QCPCI *Discussion paper* released in February 2013. The CCYPCG has chosen to respond only to those questions which relate to its oversight functions or matters relating to the wellbeing of children in out of home care and their transition from care.

I trust you will find the information and suggestions contained in this third submission, together with that provided in submissions one and two, of use in your deliberations, specifically in relation to terms of reference 3 (c) and (d).

Yours sincerely

Barry Salmon  
Acting Commissioner for Children and Young People  
and Child Guardian

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## **Summary of CCYPCG's third submission**

This submission from the CCYPCG is a response to those questions in Queensland Child Protection Commission of Inquiry's (QCPCOI) February 2013 *Discussion paper* which relate to the CCYPCG's key areas of responsibility or those matters impacting on children in care on which the CCYPCG has information or a strong policy view. These predominantly include questions in Chapter 5 on Working with children in care, questions in Chapter 6 on Young people leaving care and questions in Chapter 9 on Oversight and complaints mechanisms. The CCYPCG has expertise, responsibilities and or data and information pertaining to these areas.

The CCYPCG is not responding to questions which require a close understanding of the relevant practice issues, request options for reducing the demand on the tertiary system, or ask for where efficiencies can be made. In relation to the latter however, the CCYPCG simply reiterates the position it took in its first submission which is that although there are billions of dollars spent on prevention and early intervention supports and programs in Queensland, there is no reporting on the total provided across all Queensland Government Departments and no overall strategic agenda to set the direction and identify the required outcomes for this expenditure, and no overall governance structure to improve reporting and accountability.

The CCYPCG hopes that this submission, together with its two previous submissions and various responses to requests for information and data, will assist the QCPCOI in its deliberations to chart a new road map for child protection for the next decade.

## **Question 10.**

**At what point should the focus shift from parental rehabilitation and family preservation as the preferred goal to the placement of a child in a stable alternative arrangement?**

### **CCYPCG response**

Reunification and placement stability should be concurrent goals. The point at which a decision is made to pursue a permanent alternative placement will be dependent on a number of factors and vary from one case to another.

Decision-making will require accurate information gathering and analysis, a respectful, non-adversarial approach to working with parents and good working relationships with service agencies and specialist professionals.

The determination process should commence early, with a comprehensive assessment at the outset of the child's needs, a review of the full child protection history of any other children in the family and a thorough evaluation of parental capacity to change. This process should commence at the outset of a short term custody order.

As raised in its first submission to the Inquiry, the CCYPCG has concerns that reunification may be occurring at the expiry of a short term custody order without any assessment having been conducted (refer page 32-33 of September submission).

The CCYPCG reiterates its view that "short term orders should not be allowed to simply expire and children returned home without a formal decision to reunify the child, and this decision should be classified as a reviewable decision" (ref: page 8 of Sept 2012 submission, paragraphs 45, 46, 47 on pages 33 and 34, and Recommendation 6).

Children coming into care should receive "*a comprehensive assessment of their needs and patterns of interaction with adults and significant others*" [RANZCP submission], to determine the extent of

the damage that has happened to the child, to better match the child and the out-of-home placement, reducing placement turnover, and to better inform the carer about how to minimise ongoing trauma to the child.

Simultaneously, an immediate assessment of parental capacity to change should begin.

Determination of parental capacity to change should be made by highly trained teams with input from specialist professionals [as also proposed in RANZCP submission] and should take into account the type, intensity and effectiveness of intervention and support given to the biological parent/s to demonstrate their capacity to improve their parenting.

Where the biological parents are known to child protection and the determination of parental capacity has previously been made in relation to other children in the family coming into care, this should be taken into account.

Determining which parents have the capacity to make sustainable change can take considerable time [as pointed out by several specialist professionals, eg Dr Elizabeth Hoehn]. It requires services to be in place so parents can have access to intensive interventions and supports, and time for parents to acquire the knowledge and skills they need to demonstrate.

Several submissions to the Inquiry highlight the lack of early intervention services currently available to parents to have a chance of improving their parenting capacity. The absence of, or lack of access to adequately resourced, evidence based programs and services should not be taken a failure to demonstrate willingness or capacity to change.

For example, Dr Hoehn notes in her submission that *"dedicated parent-infant mental health inpatient beds and perinatal and infant mental health clinician positions which would support assessment and early intervention and therapy for infants and their families at risk of child abuse in the context of parental mental health issues"* do not currently exist in all health service districts.

When deciding if reunification is a viable option, the CCYPCG considers it imperative that Child Safety seek the input of specialist professionals involved with the child and the biological parents. Evidence presented to the Inquiry indicates where capacity to obtain expert input already exists, it is not always applied.

Notably, Dr Hoehn has raised in her submission that Permanency Panels convened to enable collaborative reviews and decisions around permanency planning for children *"had the capacity to co-opt expert members but on no occasion were Future Families staff ever requested to provide input into the panel despite on occasions working closely with families involved"*.

The CCYPCG confirms its recommendation (made in the Sept 2012 submission at paragraph 47, page 33) that data about the success or otherwise of reunification processes is captured and reported, so the effectiveness of the system at achieving this objective can be monitored.

Currently, there is little administrative data available about the number of times reunification attempts fail. However, findings from the CCYPCG's *Views of Children and Young People in Foster care Surveys* do shed some light on the frequency with which reunification and return to foster care occurs.

In 2011, 2509 children and young people responded to the survey question about reunifications. Figure 1 below, shows that of this group, 2042 (81.4%) reported never having been reunified with their family but 467 children had experienced one or more failed attempts. 306 had experienced one failed reunification, 95 had experienced two failed attempts, 9 had experienced four and 10 had experienced 5. Six had experienced 7 or more failed reunifications, with the maximum number being 9 failed attempts. Each of these failed attempts brings significant disruption and trauma to the child who may or may not return to the same carer raising even further the likelihood of significant attachment issues and the potential for multiple changes of schools as a result.

**Figure 1. Reported number of times returned home (2011) – total number in group = 2509**

Number of reunifications	Frequency – number of children	Percentage of total number in group
0	2042	81.4
1	306	12.2
2	95	3.8
3	37	1.5
4	9	.4
5	10	.4
6	4	.2
7	2	.1
8	2	.1
9	2	.1
<b>TOTAL</b>	<b>2509</b>	<b>100%</b>

Since the surveys commenced in 2006, there has been a decrease in the numbers of failed reunifications reported. As shown in Figure 2 below, the maximum number of reported failed reunification in 2006 was 20, whereas in 2011 it was 9, which in the CCYPCG's view is still too high.

**Figure 2. Maximum number of reported reunification attempts by year surveyed**

Year surveyed	Maximum number of reunifications attempts reported
2011	9
2009	20
2007	17
2006	20

The CCYPCG reiterates the points it made in its first submission which is that the *Child Protection Act* (CP Act) should be amended to establish a legislative process for the Department to formally address reunification and as part of this process:

- the CP Act should state that the Department must make a decision about whether to reunify a child no later than 3 months prior to the expiry date of a short term custody order
- at the time a decision about reunification is made, and no later than 3 months prior to the expiry date of the short-term custody order, the Department should also be required to communicate its decision and provide a written statement of the reasons to the children the child's parents and the child's carer; and
- Schedule 2 of the CP Act should be amended to make this decision a reviewable decision

The CCYPCG supports the RANZCP's position that where the balance of probability is that the parents will not be able to make sustainable change the mental health and development of the child particularly those under 2 years should take precedence.

The CCYPCG suggests that there is merit in the NSW legislative proposal which proposes that decisions about restoration be made within six months of removal for children less than two years of age, and within 12 months of removal of children older than two.

## **Question 11**

**Should the Child Protection Act be amended to include new provisions prescribing the services to be provided to a family by the chief executive before moving to longer-term alternative placements?**

### **CCYPCG response**

Providing appropriate support services to families before moving to longer term alternative placements is the the correct approach. Whether this is to be done through a legislated or policy approach it needs to be recognised that it will take an ongoing and substantial commitment to provide the level of resourcing which would be required for this to be implemented and maintained. An absence of or insufficient resources to meet any local requirement anywhere in Queensland would mean that the department would be unable to meet this commitment.

## **Question 13**

**Should adoption, or some other more permanent placement option, be more readily available to enhance placement stability for children in long-term care?**

### **CCYPCG response**

An open adoption process could be considered as one possible option, within a continuum of well-resourced placement options, to enhance placement stability for children in long-term out-of-home-care. Any decision about the best long-term placement option for a child will depend on the specific case.

All adoptions should be open, unless there is a safety reason for it to be otherwise because children benefit from knowing their birth parents and the reasons for their adoption.

As noted in the Discussion Paper, a number of important considerations based on the best interests of the child, must be built into any open adoption system, including the following:

- Reducing pressure on the tertiary system should not be the driver in any policy change to enable more adoptions to take place.
- Biological parents must understand the reasons their child has been removed by the state and be offered timely appropriate support and assistance to change their parenting practices.
- A panel of suitably qualified child and family experts must be involved in assessing and making the determination that despite the provision of support, the biological family is not able to care for the child who will become available for open adoption.
- In the case of an Aboriginal or Torres Strait Islander child in long-term out-of-home-care, Indigenous professionals must be included in the panel of experts.

The views of children who are able to express an opinion are taken into consideration by the panel of child and family experts who will assess the case.



## Question 17

What alternative out-of-home care models could be considered for older children with complex and high needs?

### CCYPCG response

1. A shared therapeutic framework for all residential care providers has merit but it is not enough to ensure that care provided by residential care services to young people will in fact be therapeutic.
  - The vast majority of young people placed in residential care (possibly 80% or more) will have suffered severe neglect and/or abuse in their early childhoods and as a result carry significant developmental and psychological injuries that manifest in a range of disturbing behaviours.
  - Trauma and attachment theories and research are increasingly proving around Australia and overseas to be valid and useful conceptual frameworks for understanding the needs of these young people and devising more effective response to their therapeutic and developmental needs.
  - In line with developments in other parts of Australia, the Queensland Government has in recent years stipulated that residential care services must be "informed by trauma, attachment and child development theories and research to meet the needs of each child and young person placed". In addition, it has developed in partnership with the service sector a broad practice framework for trauma and attachment informed residential care – the *Contemporary Model of Residential Care for Children and Young People in Care*.
  - The CCYPCG supports the establishment of this shared therapeutic framework for practice because it is widely accepted that effective models of therapeutic care and intervention are based on clear, coherent, research-informed conceptual frameworks (Bath, 1998).
  - At the same time, the CCYPCG observes with concern that there is a fundamental shortfall between the Government's policy aspiration and actual practice in many residential care programs across the state.
  - Through its various systemic monitoring and advocacy functions, the CCYPCG routinely sees evidence of:
    - young people living in chaotic care environments
    - frequent turnover of staff and residents
    - care staff lacking specialist therapeutic skills/knowledge
    - non-therapeutic approaches to young people's behavioural problems and the resolution of critical incidents
    - frequent instances of violence and abuse between residents
    - inadequate pre-placement assessments of young people's needs and suitability of placement to meet needs, and
    - very high rates of placement breakdown (over a three-month period in 2011 median placement lengths in residential care were found to be just 4 months) and "cycling through" residential care facilities.
  - The CCYPCG believes that a significant factor in the shortfall between policy and practice is the failure to adequately specify in policy documents what trauma and attachment informed residential care is and is not, resulting in:
    - service providers lacking concrete direction about what they should and should not be doing from a trauma and attachment therapeutic perspective
    - difficulty monitoring policy implementation and efficacy
    - difficulty building knowledge about "what works", and
    - difficulty assessing and accounting for the real costs of doing this work effectively.
  - To help bridge the gap between policy and practice in this area, the CCYPCG has published a report that distils from the relevant theoretical, research and practice literature:

- **broad therapeutic objectives** of trauma and attachment informed care and intervention
- **core tasks of trauma and attachment informed residential care**, and
- **other key considerations** for meeting the needs of this cohort of young people through a careful examination of. See CCYPCG (2012).

The CCYPCG believes that effective responses to the needs of young people with complex needs in residential care require that:

- these objectives, core therapeutic tasks and other considerations identified for meeting the needs of these young people are stipulated by the Department in key policy documents surrounding practice and service delivery monitoring (i.e. service contracts, practice frameworks, licensing frameworks, minimum service standards)
  - existing service providers are given specialist support to embed these elements in organisational practices and service design, and
  - the Department allocate adequate resources to support program delivery based on the specified service design elements. This should include provision of resources for up-skilling existing staff, employing trauma and attachment therapeutic expertise, enabling direct care staff to participate in pre-service and regular in-service training in the theory and practice of therapeutic care, clinical supervision, care team meetings, and various forms of reflective practice understood to be critical to effective therapeutic practice in this context.
- The Essential Service Design Elements developed by the Victorian Department of Human Services (2010) which underpinned Victoria's highly successful therapeutic residential care pilots should be considered a benchmark for service design specification in this area.
  - The Commission believes that a range of other long-standing systemic factors also contribute to the observable gap between policy and practice in therapeutic residential care and need to be addressed if Queensland is to achieve better outcomes for this cohort of young people. In addition to specifying essential service design elements for trauma and attachment informed residential care, two of the system-level reforms necessary include:
    - specification (within the service design elements) of the skills, knowledge, personal attributes, training and support required of direct care staff and supervisors responsible for therapeutic care and intervention with young people in residential care based on the most current and relevant research evidence. There are currently no minimum qualifications specified for residential care staff
    - more comprehensive pre-placement assessments of young people identified for placement in residential care that give priority to understanding their therapeutic and developmental needs (from a trauma and attachment perspective where appropriate) and matching them to suitable placements. This is with a view to optimising the young person's chances of receiving appropriate therapeutic care and intervention without compromising the quality of therapeutic care and intervention being provided to other young people in the residence or resulting unnecessarily in a further placement breakdown.
2. The CCYPCG supports the development of a more diverse range of placement options to meet young people's therapeutic and developmental needs but believes that various issues need to be considered in this process.
- a. **Priority consideration should be given to models that are underpinned by valid conceptual frameworks and supported by robust research evidence**
    - The CCYPCG is of the view that Victoria is a standout leader in the area of developing effective responses to young people with complex needs and both its therapeutic foster care model (the Circle Program) and its therapeutic residential care model (DHS, 2010;

Sullivan et al., 2011) are supported by compelling research and should be seriously considered for adoption in Queensland.

- For example, the 2 year independent evaluation of the trauma and attachment informed therapeutic residential care pilot programs (Sullivan et al., 2011) found that young people in these programs achieved significant and sustained improvements across a wide range of measures of social, emotional and cognitive functioning while young people in a control group placed in traditional residential care made no positive gains. Participation in the therapeutic residential care pilot programs was also associated with significant and sustained improvements in young people's:
  - placement stability
  - quality of relationships with their families and also with care staff
  - connections to community
  - sense of self
  - propensity for unhealthy lifestyles and risk-taking behaviour
  - mental, emotional and physical health, and
  - participation and functioning, both social and academic, in school.

While the therapeutic residential care programs were found to cost significantly more than traditional residential care, the evaluation found that this was more than compensated for through a reduction in demand for crisis and intensive intervention services such as secure welfare, youth justice, police and the courts. On account of the findings of the evaluation, the Victorian Government has committed to not only to funding the pilot programs on a recurrent basis, but on rolling out this approach to practice across statutory residential care over time.

**b. Priority should be given to improving responses to the therapeutic needs of children when they enter the care system rather than investing in costly secure care options to contain them down the track**

- The CCYPCG is of the view that early intervention with children entering the care system who have been severely impacted by neglect and abuse will reduce the size of the population of young people with complex needs in out of home care and the average severity of their emotional and behavioural difficulties. At present there is considerable evidence that these children frequently do not get their needs identified, let alone addressed when they enter care. As a result they ultimately end up in residential care some years later carrying even more intractable developmental and psychological problems than when they entered care, making it often extremely difficult to then care for them and meet their therapeutic and developmental needs.
- The CCYPCG concurs with the earlier submission to the Commission of Inquiry by therapeutic expert, Laurel Downey, who succinctly describes this systemic failure (Downey, 2012: 12 -14). She argues that we need a complete change in our thinking and approach including:
  - Thorough assessment of children on entering care to develop a complete picture of what has happened to this child and how they and their family have responded, and a baseline to track later improvement or deterioration
  - Interventions based on the child's history as well as their current presentation
  - A focus on trauma and attachment difficulties, not just behavioural problems
  - Ongoing, six-monthly reviews of all children in care to notice the beginning of difficulties and provide interventions before extreme deteriorations.
  - Once a child has begun to display signs of seriously unmet developmental or therapeutic needs, take immediate steps to address these through trauma and attachment informed models of care and intervention with a strong focus on therapeutic caring relationships and (re)building connections to others.

- Given these historic limitations, and the resultant existence of a population of young people with extreme emotional and behavioural difficulties, there may be a place for a model of “secure care” within the out of home care system to provide short-term crisis care and protection to young people at significant risk of harming themselves or others where these individuals fall outside current youth justice or acute mental health provisions for secure care. However, the CCYPCG believes that any such model must:
  - have a clear and valid therapeutic purpose based on clear and valid conceptual frameworks for practice, principally trauma and attachment theories given the characteristics of the cohort, to prevent the “warehousing” or further traumatising of these deeply troubled young people
  - have a design that is supported by solid research evidence regarding therapeutic effectiveness
  - be integrated into a continuum of quality therapeutic responses to young people’s needs
  - not be developed at the cost of investing more adequately in early intervention for children with therapeutic needs entering the care system or at the cost of substantially improving the therapeutic quality of less restrictive modes of out of home care, including therapeutic foster and residential care.
- c. All forms of therapeutic care and intervention must be subject to adequate external monitoring to ensure the (objective and subjective) safety and wellbeing of young people accommodated and to review of program efficacy in achieving specified outcomes for young people.
  - The CCYPCG observes that all sorts of abuse of children and young people in state care has been sanctioned historically and even in the contemporary period on the basis that the intervention purportedly serves their best interests or meets their therapeutic needs.
  - Developing models of practice based on coherent and valid conceptual frameworks and solid research evidence will help prevent this situation occurring, but in addition it is critical that all new models of care and intervention are carefully monitored for effectiveness and unintended negative impacts on individual young people.

## Question 18

**To what extent should young people continue to be provided with support on leaving the care system?**

### **CCYPCG response**

The CCYPCG is of the view that support should continue to be provided to care leavers in Queensland at least until the age of at least 21 years, and ideally to the age of 25 years.

Given the limited research into the long-term outcomes for care leavers little is known about their actual circumstances following leaving care, and the effectiveness of post-care supports. The CCYPCG is of the view that research should be undertaken to examine the outcomes for young people post care and determine what further supports are required. The CCYPCG has a proven research ability and suggests that it would be well placed to undertake this research but would need endorsement for this approach as young people over 18 years are currently outside the CCYPCG’s jurisdiction.

Young people leaving state care are among the most vulnerable groups in society, as highlighted in the Commission’s initial submission to the Commission of Inquiry.

International research shows that delaying the age at which young people have to leave care can be beneficial in terms of reducing reliance on homelessness services and government benefits and allowing young people to complete their education or training or find employment. Over the longer term this would reduce the burden on the state.

The Commission's *Views Surveys* show that 82% of young people in foster care think that they probably or definitely could manage independent living once they left foster care. Such optimism, however, appears predicated on the assumption that a range of post-care supports and opportunities will be readily available to them. Most young people who responded to the *Views Surveys* anticipated needing some kind of support to facilitate their transition to independence, namely financial support (40%), help with somewhere to live (38%), help with life skills (34%), help finding a job (30%) and/or help getting into further training or education (28%).

These *Views* findings suggest that care leavers are often unrealistically confident about their prospects of managing on their own and have little or no understanding of what lies ahead. With this in mind, most jurisdictions in Australia now provide financial and other supports for care leavers beyond 18 years with some extending it up to the age of 25 years. In Queensland, the duration of support is not expected to exceed 12 months from the date of leaving care.

The absence of a coordinated, national approach to supporting care leavers in Australia, coupled with a lack of dedicated funding, means that efforts have been inconsistent.

## Question 32

**Are the department's oversight mechanisms – performance reporting, monitoring and complaints handling – sufficient and robust to provide accountability and public confidence? If not, why not?**

### **CCYPCG response**

While the Department's oversight mechanisms are appropriately designed, this does not displace the requirement for other independent and external oversight functions.

In particular, to provide accountability, public confidence and a greater level of safeguards for vulnerable children reliant on government services, it is critical for there to be:

- a proactive and systematic method of collecting children and young people's views and experiences of the child protection system at the same time as they are receiving the services (as opposed to when they are adults and capable of feeding into inquiries like the current Royal Commission into Institutional Responses to Child Sexual Abuse), and
- a centralised and independent oversight model that feeds this information back into the child protection system in appropriate ways to achieve better outcomes for children (i.e. sometimes this is local resolution by a Community Visitor about one child's issue with placement stability and on other occasions it would be advocacy about placement stability using evidence from the children to inform policy design and/or evaluation).

This means that the Department's oversight functions are focused on creating accountability for monies spent and services provided (performance measurement) and on providing a complaints mechanism for all parties in the child protection system to access. In comparison, the CCYPCG oversight functions are focused on identifying the outcomes experienced by children and providing this to the child protection system for action.

An example of the different outcomes delivered by the internal and external oversight mechanisms is in the public reporting done by the Commission in comparison to the Department. The CCYPCG's

Child Guardian Report: Child Protection System (published every year since 2005) Incorporates Departmental data, Community Visitor data and data from the CCYPCG's Views surveys.

In contrast, in the CCYPCG's view, the annual child protection system performance report envisaged by the CMC (and embedded in s 248 of the *Child Protection Act 1999*) remains under-developed in many respects and not reflective of the progress made in other areas of data management by the Department. For example, it contains limited performance data of (apart from education), is lacking in analysis and is an insufficient evidence base for accountability purposes or future planning of the mandatory and essential services required under the CP Act. For further information about the distinctions and CCYPCG's recommendations about public reporting and accountability in the child protection system please refer to the second submission made by the CCYPCG to the QCPCI on 29 November 2012.

### Question 33

**Do the quality standards and legislated licensing requirements, with independent external assessment, provide the right level of external checks on the standard of care provided by non-government organisations?**

#### **CCYPCG response**

The CCYPCG considers that the new Human Services Quality Framework and the existing legislated licencing requirements are appropriate mechanisms to manage the contracting of particular services from the government to the non-government sector.

The CCYPCG understands that the independent external assessments will occur at the beginning of a licencing process and again 18 months into the 3 year licence period. It also notes that while there is a proposal for the external assessment to involve 'activities to promote service user engagement and participation where appropriate' there is no mandated or clearly articulated plan for how the views of children and young people will form part of the assessment.

The Commission submits that Community Visitors visiting the sites on a regular basis (i.e. monthly or bi-monthly) provides an ongoing mechanism for the Department to receive information about the outcomes being experienced by children in between the periods of external assessment and the independence of these visits could be used to validate the external assessments.

### Question 34

**Are the external oversight mechanisms – community visitors, the Commission for Children and Young People and Child Guardian, the child death review process and the Ombudsman – operating effectively? If not, what changes would be appropriate?**

#### **CCYPCG response**

The CCYPCG submits that it is fulfilling the functions which are currently conferred on it through the legislation. The ongoing value of these functions (in particular, Community Visitors, the CDCRC and employment screening) was recently specifically noted in the December 2012 submission by the Department of Communities, Child Safety and Disability Services.

The CCYPCG and other external oversight mechanisms have coordinated their respective jurisdictions through a series of Memorandums of Understanding. These ensure that there is no duplication of oversight activity and the right agency deals with the aspects of any matter that may have joint jurisdiction.

The compilation of these oversight functions within CCYPCG also enables the synergies between them to be identified and fully utilised, eg, individual views of children are compiled into systemic reports, which can provide early alerts of pressure points in the system or enable more detailed audits to be effectively targeted.

In terms of appropriate changes to improve effectiveness the CCYPCG submits:

- the opportunity to identify how the policy context of the CCYPCG needs to change will only occur once the proposed changes to the rest of the child protection system are known. At that point an assessment can be made of new risk areas that will exist within the new system and which therefore require more/new oversight. Then the existing oversight mechanisms can have their activities/functions reprioritised, and
- regardless of what the new child protection system looks like, there will always be a need for government to have an independent and centralised oversight agency with the core function of proactively obtaining and providing information about the outcomes experienced by children in the system. This system of oversight is especially critical at times of change in service delivery.

### **Question 35**

**Does the collection of oversight mechanisms of the child protection system provide accountability and transparency to generate public confidence?**

#### **CCYPCG response**

The CCYPCG submits that the mixture of external and internal oversight mechanisms listed in 32, 33 and 34 above are appropriate for the current design of the child protection system. As noted in 34 though, changes to the child protection system will require changes to the oversight mechanisms but the CCYPCG still considers that a centralised and independent agency which obtains and actions the views of children and compiles them as system level analyses will still be fundamental in any revised system.

### **Question 36**

**Do the current oversight mechanisms provide the right balance of scrutiny without unduly affecting the expertise and resources of those government and non-government service providers which offer child protection services?**

#### **CCYPCG response**

The CCYPCG submits that the benefit of the current oversight mechanisms is worth the impost – i.e., individual advocacy by the CCYPCG often provides CSOs with insights into children's progress that they would not be able to obtain themselves. Creating evidence which informs future policy and program design and implementation is also a major driver of continuous improvement will occur within child protection. The degree to which the QCPCI has called for and used evidence and data created by the CCYPCG demonstrates this argument.

In accordance with the CCYPCG Act s.23(2)(a) the CCYPCG works collaboratively and takes into account resourcing implications of its actions. If responses to this question by service providers indicate unnecessary resource issues with the way the CCYPCG performs its oversight functions, it would be pleased to implement efficiencies in this regard. To date, no such issues have been raised by service providers.

## Question 46

Where in the child protection system can savings or efficiencies be identified?

### CCYPCG response

The CCYPCG is not in a position to identify where savings or efficiencies can be identified but does stress, as it did in its first submission, that although there are billions of dollars spent on prevention and early intervention supports and programs in Queensland, there is no reporting of the total Queensland Government expenditure on prevention and early intervention across all agencies, and possibly no knowledge of what the total amount is.

The CCYPCG is of the view that there is a significant amount of funding provided to support a range of prevention and early intervention programs, which are not flagship programs, across a number of portfolio areas which is currently not collated into a total amount.

At least \$2.1 billion of the then Department of Communities' 2010-11 \$4 billion budget [see evidence from Mr Brad Swan 16 August 2012], which is more than half the total budget, was for grants to non-government organisations to provide various family support, intervention, and domestic violence services.

However, prevention and early intervention programs and support services are also funded by Queensland Health, the Department of Education, Training and Employment, and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. There appears to be no calculation of the total Queensland Government's expenditure on prevention and early intervention strategies or programs.

There is also no overall strategic agenda to set the direction and identify the required outcomes for this expenditure, and no overall governance structure to improve reporting and accountability. There is a consistent argument that 'more' needs to be spent on primary and secondary family support, but without knowing how much in total is currently being spent, and what outcomes current and future expenditure needs to achieve, it is unlikely that significant outcomes will be achieved or that there will be value for money in this expenditure.

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