Don't blame the lettuce!

Anglicare Southern Queensland's Response to the Child Protection Commission of Inquiry Discussion Paper

February 2013

Anglicare Southern Queensland Key Contacts

Karen Crouch
Acting Executive Director

Leith Sterling
Director, Quality, Learning and Workforce Development

Alison Ingram
Child & Youth Practice Lead

anglicaresq.org.au

Contents

Introduction

When you plant lettuce and it doesn't grow well, you don't blame the lettuce.

(Thich Nhat Hahn, Vietnamese Buddhist monk)

The lesson from this quote is that blame isn't helpful. Blaming parents, children, workers, government departments or non-government agencies is not a constructive way of developing a ten-year road map for the future of child protection in Queensland. When something isn't working to the best of its potential we need to look at what is missing, add these "nutrients" and provide support to enable success to be achieved. Focusing on one element will ultimately result in deficiencies in other areas. For example, focusing on tertiary intervention has resulted in a lack of secondary intervention options. Similarly, focusing on achieving efficiencies has the potential to cause a loss of focus on achieving the outcomes of safe, well and successful children, young people, parents and communities.

As in our previous submission (November 2012), Anglicare Southern Queensland will refer to the CARE framework (Holden, 2009) as a basis for this response. Anglicare Child Protection and Youth Services have recognised the need for a contemporary model of practice to assist in underpinning and shaping services and interventions for children and young people in our care. To achieve this we are working in collaboration with Cornell University's Child Care Project and The Thomas Wright Institute over a three year period to implement and integrate the Children and Residential Experiences (CARE) Creating Conditions for Change practice model across all Anglicare Child Protection and Youth Services.

The intention of the CARE project is to improve staff and carer interaction with children and young people, and enhance our ability to create the conditions for positive change in their lives. CARE is a multi level program model that will ensure congruence in approach from managers to direct care staff and carers across all Child Protection and Youth Services. CARE will ensure the same set of values, principles and actions are applied when making decisions about the best interests of children and young people across all levels of our services.

The CARE program model is a set of six practice principles based on the best interest of the child:

- Developmentally focussed
- Family involved
- Relationship based
- Trauma informed
- Competence centred
- Ecologically orientated

About Anglicare Southern Queensland

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

- fully accredited residential aged care and independent living
- internationally certified in-home nursing and community care
- out-of-home care services for children and young people in care
- youth homelessness services
- mental health counselling and recovery
- home-based Relapse Prevention and Parenting program for pregnant and parenting women with barriers related to substance use and mental illness
- home-based counselling for children affected by a caregiver's substance use and mental illness
- disability support
- accommodation support for women experiencing homelessness and their children
- employment pathways
- family counselling and support
- specialised family violence services
- post separation parenting services
- Family Law counselling
- adult survivors of childhood sexual abuse (Males) counselling and support
- counselling and education for male perpetrators of domestic violence
- support for people living with HIV

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

Out of home care services:

- 24 residential placements
- 41 intensive foster care placements

- 877 foster and kinship care placements.

Family intervention services:

- Up to 117 families supported per year

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

- Temporary accommodation for up to 5 young people aged 16-21 years
- Transitional/medium term accommodation for up to 6 young people aged 16-18 years
- Supported accommodation for young people aged 16-25 years with low to moderate support needs
- Counselling, support and mediation for young people aged 12-18 years and their families
- Youth Support Coordinator initiative in Roma and Chinchilla, focusing on prevention and early intervention for young people at risk of disengaging from school.

ASQ is funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to support children and families through the Family Support Program and the Communities for Children initiative. ASQ also receives funding from the Commonwealth Department of Health and Ageing to provide the Amend (Assisting Mothers End the Need for Drugs) program. This service works with up to 160 women and children (families) each year with alcohol, other drug and mental health issues with the aims of preventing relapse, improving parenting, preserving the family unit (i.e. preventing children entering statutory out-of-home care) and supporting reunification.

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

Secondary intervention

CARE practice principles underpinning our response to this chapter of the discussion paper include:

- Family involved: We believe family is a non-negotiable part of every child's life, irrespective of circumstances. We strive to strengthen family relationships and enable children to have permanent connections to caring and nurturing adults.

- Ecologically orientated: We believe every child, young person and parent can experience success when the environment and supporting systems are accessible, sensitive and nurturing.

Reducing demand on the tertiary system

ASQ has considered the options for intake systems proposed by the Commission and expresses support of option one, community-based intake through a dual referral pathway. ASQ would support the further investigation of the proposed New Zealand model which uses a central phone service to assess client needs and direct clients to general secondary services, intensive family support or tertiary child protection services.

ASQ does not support option two (non-government intake and referral services through a single referral pathway) as we firmly believe the statutory responsibility for intake and assessment decision-making of child protection matters should remain with Government.

ASQ is of the view that an expanded referral and intake system will need to include safeguards to ensure vulnerable children and families have timely access to services. Such safeguards may include:

- Strategies to prevent the possibility of children and parents becoming 'lost' between the multiple referral and intake pathways, e.g. information sharing systems and processes to support collaboration and coordination of secondary services
- The requirement for statutory assessment to occur in circumstances where families do not choose to voluntarily access secondary support services
- Clear mandatory reporting thresholds for secondary intervention services
- Articulated and resourced timeframes for response
- Mechanisms for decision making responsibility and accountability
- The development and implementation of tools, resources and training packages for professional and paraprofessional non-child protection practitioners in navigating this revised intake system
- Shared assessment and planning frameworks, such as Signs of Safety.

Investigating and assessing child protection reports

SCAN

ASQ supports coordination of services in situations where statutory intervention is required. ASQ would like to see the range of partners involved in Suspected Child Abuse and Neglect (SCAN) Teams expanded to include other key partners such as licensed care services, Department of Housing and Public Works, Disability Services etc. The decision about which service or department are present should be informed by consideration of the best interest of the child. Additionally, coordinated information sharing and decision making with secondary services should be developed, particularly if there is progression of multiple referral and intake pathways.

Structured decision making tools

ASQ supports the review of Structured Decision Making (SDM) tools to incorporate the Signs of Safety Framework and further suggests that the Signs of Safety Framework is used in all case planning and review processes with families. ASQ is also of the view that Signs of Safety could be used by non-government agencies involved in providing secondary and tertiary support to at risk families.

Alternative response pathways

As stated in our first submission, ASQ supports the development of alternative response pathways to notifications other than investigation and assessment responses. ASQ is currently participating in the Differential Response trial in the North Coast and South West Region. To date ASQ has not received any referrals to our Family Intervention Services in these regions that fall into the Differential Response category and as such we are unable to comment on the effectiveness of this trial.

Out-of-home care

CARE practice principles underpinning our response include:

- Family involved: We believe children need opportunities for positive contact with their family, that contact and/or reunification with family is a key indicator of success of out-of-home care. We believe children's social and emotional wellbeing, their self-concept and resiliency are all enhanced through involvement with their family.
- Trauma informed: Our decisions about children and families and our interactions with them are sensitive to expressions of pain-based behaviour and are aimed at maintaining positive and healing relationships.
- Developmentally focussed: Children and young people in care need support and healing experiences to overcome adverse experiences. We respond to children with an understanding of their developmental progression and in ways that engage their potential for growth.

Family group meetings

As noted above, ASQ supports integration of Signs of Safety into SDM tools and case planning and review processes, including family group meetings (FGM).

ASQ supports FGMs being convened by a suitably qualified convenor and wherever possible this person should be independent. ASQ supports FGMs being conducted in neutral spaces that are child and family friendly. ASQ believes that FGMs should use inclusive processes and meetings be structured to enable greater participation by NGOs, particularly Carers and licensed care service staff who are valuable sources of information about children and young people.

Working with children in care

Reunification, permanency planning and placement stability

ASQ supports the ongoing development of an out-of-home care system that is able to provide for a continuum of responses from reunification to permanency planning. Children and families need the least intrusive service response that achieves safety, supports family involvement and is sensitive to the impact of trauma and the potential for cumulative and systems harm.

Children and families need the right response from us and our statutory partners at the right point of time – this requires a system that is staffed by skilled and knowledgeable professionals, has flexible and adaptable support services available to children and families. The fundamental driver is to develop structures and processes that enable decisions in the best interest of the child.

ASQ staff members have provided examples of children in care having multiple short-term custody orders and multiple failed reunification attempts. Each failed reunification attempt has compounded trauma, grief and loss for children and parents. ASQ staff members have also provided examples of children in care being reunified successfully with family (either parents or kin) after extended periods of time in care. This is consistent with research findings that have established "there is no evidence that one option is universally better than another – the best arrangement depends on the circumstances of an individual child and his/her family (Tilbury & Osmond, 2006)

ASQ therefore supports both higher levels of case work support for children and families to increase the likelihood of successful reunification together with child-centred timely decision making for permanency planning. "Decisions should neither be unduly delayed nor rushed" (Tilbury & Osmond, 2006), rather what is in the child's best interest should determine the decision about permanency planning. Adequate assessment, participatory planning and decision making, sufficient opportunities for positive family contact are all factors to help inform decisions about reunification and permanency options.

ASQ is also interested in exploring "shared care" arrangements that enable children to live with their families for the majority of time and share the load with another family (kinship carer or foster carer) during the difficult times. This shared care arrangement could be in the form of regular respite care as a preventative measure to prevent full-time and long-term entry or re-entry to out-of-home care. This may also attract a new cohort of people interested in providing care and support to vulnerable children and have restricted time available. An example provided by one of our services provides anecdotal evidence of how this model shared care can be effective: *"I have seen this work in rural and remote areas where parents have limited extended family support. A child in care was reunited with his father and the child continues to have regular contact with his former foster care family, for example visits on the school holidays. This child has now been at home successfully for over three years with his father. This shared care arrangement has helped Dad maintain his family unit and cope with the stressors of parenting."*

As in our first submission, ASQ continues to support the development of professional foster care models.

Barriers to the granting of long-term guardianship to people other than the chief executive

ASQ responds to children with a developmental focus (one of the six principles of CARE). This means we understand how children change, grow and mature over time and as this happens, their needs and goals change and therefore the supports and services they require change. Likewise, the needs and goals of

parents/carers change and so do the supports and services they require. The lack of certainty to access supports and services for children and young people and/or for themselves over time has resulted in a number of carers choosing not to pursue the transfer of guardianship of the child.

Licensed care services are not funded to provide support to carers who have had the guardianship of a child transferred to them. 95% of ASQ Carers tell us that our support and supervision enables them to provide care in line with the Statement of Standards of Care and helps them to meet the goals of the Department's case plan for the child / young person and/or the placement agreement. It makes sense that this valuable support continues post-guardianship transfer to help sustain a successful placement.

ASQ does not support mandated adoption of children after specified lengths of time/reunification attempts. ASQ supports adoption as an option on the continuum of out-of-home care responses available for children and young people.

Multi-disciplinary casework teams

In our November 2012 submission to the Child Protection Commission of Inquiry, ASQ recommended consideration be given to transferring responsibility and resources for case management, decision making and case work for children and young people on Child Protection orders to organisations in the non-government sector. ASQ also provided feedback about the success of the Bayside Partnership (formerly known as WRICSI – Wynnum/Redlands Integrated Care and Support Initiative) and recommended this model be considered for replication in other locations.

It was with some surprise and disappointment ASQ noted that the Discussion Paper proposes multi-disciplinary casework teams situated within Child Safety Service Centres. ASQ supports the concept of multi-disciplinary teams; however these teams should be situated within the non-government sector. ASQ believes this approach will be more cost-effective, allow for case work to be separate from statutory work and will have positive outcomes for children and young people.

Family-based placements

Kinship care and the Child Placement Principle

ASQ believes that the Child Placement Principle could be better fulfilled through:

- Training for kinship carer assessors on understanding cultural and community norms in context of determining suitability for kinship carer status.
- Broadening the role of kinship carer assessors to include support of potential kinship providers with navigating the screening processes.
- Access to resources to enable quality cultural care planning and support for children and young people in out-of-home care.

License types and foster care

The current licensing system for foster care grants a direct or non-direct care license. This essentially

means, if it is a 'direct care' license, case work and case management can relate to working with children; if it is non-direct care, the case work/case management is carried out with the foster carers only, with the explicit notation that it is not the 'licensed care service's role' to work with children. Instead it is expected the Department will carry out this work.

This licensing model contradicts quality practice, where intervention with carers should be holistic in nature and consider the whole family as one case management entity rather than just the carers. It also does not support ASQ's practice framework of CARE which asks all our staff to be child and family focused. This licensing model further contributes to the risk of children being harmed in care, because there are limited resources (other than the Community Visitor and at times sporadic visits by the CSO) to monitor children and young people's safety and well being. It also relies on the caseworker assessing the quality of care on only one element, the carer's experience. This has been shown through previous inquiries (such as Forde) to be an inaccurate method of assessing the quality of care, which in turn compromises a child's safety.

Licensing and funding models should not inhibit quality practice; rather they should support and strengthen it. ASQ suggests consideration be given to review of the current licensing and funding model of foster and kinship care services, with a view to expanding the role of these services to include work with children and young people in care. This work would include opportunities for engaging with children and young people, listening to their views and supporting their involvement in case planning and review. One visit by an NGO foster and kinship care caseworker would then have a dual purpose, with information being shared with departmental officers.

Residential care

Therapeutic framework

As described in this submission and in our previous submission, ASQ is currently in partnership with Cornell University and the Thomas Wright Institute to implement the CARE model in our child and youth programs, including all out-of-home care programs. ASQ therefore supports the implementation of therapeutic frameworks across all forms of out-of-home care, not only residential care.

The CARE practice model is founded on six research and standards-informed principles designed to guide staff practice and interactions with children in order to create the conditions for change in children's lives. The research-informed principles support care and treatment that is developmentally focused, family involved, relationship based, competency centered, trauma informed and ecologically oriented. The principles were established after literature reviews, surveys of experienced child care workers and supervisors, and standards reviews. The CARE project has a process and outcome based evaluation component to measure the effectiveness of the model on staff intentions to use CARE principles in their work, and aspects of organization climate and culture. ASQ will be conducting mid-term data collection in July 2013. Post-training data available to date has shown positive results in changes to participant knowledge and practice intentions.

The CARE model is currently being studied in multisite research trial in the United States and preliminary results suggest that it leads to significant improvements in staff's attitudes and practices related to child-care and improved child-adult relationships. The evidence suggests that children and young people can have positive experiences in residential care, as long as the quality of the care is high. Examinations of its impact on children's behavioural and emotional functioning are currently underway.

ASQ looks forward to sharing more about the CARE program and the outcomes we are achieving through our partnership with Cornell University and Thomas Wright Institute.

Model of residential care service delivery

ASQ does not support models of out-of-home care that are containment-based, i.e. "secure care". We do, however, support a continuum of care and support for young people that includes the availability of specialised youth mental health services and, where necessary, an appropriate Youth Justice response. ASQ is not in favour of unnecessarily punitive responses to young people expressing high levels of distress and pain-based behaviour.

ASQ does support further investment in the NGO and public child and youth mental health sectors to enable greater access to specialist services and professionals grounded in an understanding of the impact of harm and trauma on brain development. Investment in child and adolescent mental health would benefit all of Queensland's children and young people, not just those subject to statutory intervention.

ASQ has recommended transfer of case work and case management responsibility to the licensed care service occurs for children and young people in care. Additionally ASQ recommends a residential care service delivery model that includes "caseworkers" who specifically work with children and young people to develop, implement and monitor purposeful treatment interventions (Bath, 2008). This model would shift and extend the focus of residential services from care and accommodation to needs-based therapeutic models (Bath, 2008).

Transition from care

CARE practice principles underpinning our response to this chapter of the discussion paper include:

- Ecologically orientated: We believe environments that are supportive, sensitive and nurturing provide young people with a model of how to care for themselves. Supports should be matching to the young person's needs, goals and strengths to maximise their potential for growth, development and experiences of success.
- Competence centred: We have a role in supporting goal achievement and teaching children, young people and parents skills, knowledge and attitudes to help them experience success in everyday life.
- Developmentally focussed: Children and young people in care need support and healing experiences to overcome adverse experiences. We respond to children with an understanding of their developmental progression and in ways that engage their potential for growth.

The Discussion Paper suggests a range of options for Transition from Care (TFC) and ASQ expresses support for the following:

- Sufficient resourcing to enable the transfer of casework and case management of TFC to the non-government sector.
  - ASQ is keen to explore a TFC service delivery model that includes dedicated TFC staff and/or teams embedded within licensed care services and believe this is particularly important

for direct care services. Embedding this function within licensed care services would enable monitoring through already existing licensing and quality standards processes. A continuum of services could be provided, for example mentoring programs, life skills development programs, intensive support, access to brokerage funds. Young people could access different levels of support from 15 – 25 years of age dependent on the needs and goals of the young person as their capacity for independence matures.

- ASQ supports expansion of TFC services to other NGO sectors, for example homelessness and accommodation support services. As identified in our first submission, ASQ's youth accommodation and support services provide a range of responses to young people who are also known to Child Safety.

- Amendment of the Child Protection Act 1999 to enable support, resources and services to be provided to young adults who are transitioning from care up to and including the age of 25 years.
  - Associated policy development including payment of board by young people to carers and financial compensation for carers willing and able to provide after care support and accommodation.
- Fee waiver for young people leaving care to enter TAFE, traineeships, apprenticeships and tertiary study.
  - ASQ also recommends the development of scholarship programs for young people to help cover the costs of undertaking these opportunities (e.g. text books, IT equipment, uniforms, transport etc.).
- Transition from care training for carers, government and non-government staff including earning or learning policies and pathways, life skills development, housing and accommodation options etc.
- Development of a variety of supported accommodation models to meet the diverse needs of young people.
  - ASQ suggests there is a critical need to focus on transition support for young people moving from Child Safety to Disability Services and is keen to explore models to enable the Disability Service package to be provided by the same agency as is providing out-of-home care service and support to enable continuity of relationships, casework and case management for the young person. As an approved Host Provider under the Your Life, Your Choice program, organisations such as ASQ are well placed to provide a seamless and well supported transition from care for young people with a disability.

Workforce development

CARE practice principles underpinning our response to this chapter of the discussion paper include:

- Competence centred: We have a role in supporting goal achievement and teaching children, young people and parents skills, knowledge and attitudes to help them experience success in everyday life. Likewise employers have a role in providing employees with opportunities and support to foster capable, competent and resilient workers.
- Developmentally focussed: Just as children and young people do well if they can, so do staff and so do organisations. Our workers need environments, experiences and support to enable

development, sustain self-efficacy and build resilience.

- Ecologically orientated: Environments that maximise opportunities for successes, nurture strengths and support goal achievement enable children, young people, parents, communities, staff and organisations to thrive.

The Discussion paper notes that "the Commission's final report will investigate the challenges that face the broader child protection workforce, including the non-government sector (p. 192)." ASQ is disappointed not to have this information included in the current discussion paper as this has resulted in reduced opportunity for participation by the NGO sector. The work of child protection happens in both a government and non-government context and both require a competent and supported workforce.

ASQ identified a number of workforce issues in our first submission and expands these to include:

- Development and resourcing of a qualification framework for the child protection sector. We believe this should not be limited to residential care staff. If qualifications are to be specified for positions, organisations will need to be resourced to up-skill current staff and to ensure they can provide appropriate levels of remuneration.
- Workload/caseload management benchmarks for caseworkers and supervisors within NGOs. These need to be developed in partnership, resourced appropriately and be a formal part of service agreements. This matter is of particular relevance to foster and kinship care programs and family intervention services.
- Support for the NGO sector to develop and implement recruitment and retention strategies. This is particularly important for rural and remote services, with resourcing for flexible salary packaging arrangements to enable cost of housing support and loadings or allowances to support participation in learning, development and supervision being identified as priorities.

Funding for the child protection system

CARE practice principles underpinning our response to this chapter of the discussion paper include:

- Ecologically orientated: Environments that maximise opportunities for successes, nurture strengths and support goal achievement enable children, young people, parents, communities, staff and organisations to thrive.

One of the mandates of the CP Inquiry is to develop a road-map for child protection for the next ten years. Finding efficiencies within the current system is unlikely to generate the funds required to make the changes required to ensure real and tangible difference to the safety and well being of Queensland's children and young people.

ASQ does support strategies to reduce the unnecessarily complex, time-consuming and rigid processes NGOs are subject to and makes the following suggestions:

ASQ operates on an annual budget cycle and three year contract arrangements with government. The current

approach to the quarterly management of refund liabilities is inconsistent with the contract arrangement, costly for both government and the NGO to administer and stifles innovation. The current approach does not take into account that there are reasonable and fair grounds on which monies may not be fully spent in one quarter. ASQ recommends refund liabilities be managed annually rather than quarterly.

ASQ recommends consideration is given to:

- Five year funding contracts, replacing the current model of three year contracts.
- The development of centralised contract management, replacing the current regional management model.
- The development of single contracts between Child Safety and NGOs, particularly for agencies that operate across multiple regions with multiple service types.
- Removal of the requirement for licensed care services and other services responding to the Human Services Quality Framework to complete the Annual Service Assessment Tool as this is unnecessary duplication of monitoring processes.

ASQ believes there is also unnecessary red-tape associated with licensing of out-of-home care services. ASQ recommends:

- Implementation of a single organisational license for providers of multiple out-of-home care services.
- A review of Blue Card and Licensed Care Suitability checks, with consideration of these being rolled into one screening process for licensed care staff.
- A review of systems, processes and documentation associated with licensing required to gain bureaucratic approval. For example, each time a licensed care staff person moves their residential address, ASQ is required to complete a form signed by our nominee and submit this to Central Screening Unit. It is not clear how this contributes to establishing a person's suitability to provide care to children and young people.

References

Bath, H. (2008). Residential care in Australia, part 1: Service trends, the young people in care and needs-based responses in Children Australia, 33 (2), 6–17.

Bath, H. (2008). Residential care in Australia, part 2: A review of recent literature and emerging themes to inform service development in Children Australia, 33 (2), 18-36.

Holden, M. J. (2009). Children and residential care experiences: Creating conditions for change. Arlington, VA: The Child Welfare League of America.

Tilbury, C. & Osmond, J. (2006). Permanency planning and foster care: A research review and guidelines for practitioners in Australian Social Work, 59 (3), 265-280.

Wiltshire, K. (August 2011). Wynnum and Redlands integrated care and support initiative evaluation. Unpublished manuscript

Don’t blame the lettuce!

Anglicare Southern Queensland’s Response to the Child Protection Commission of Inquiry Discussion Paper

Anglicare Southern Queensland

CSC2050