



Submission to the Queensland Child Protection Commission of Inquiry

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1 Introduction

Thank you for the opportunity to contribute to the Queensland Child Protection Commission of Inquiry.

This submission focuses on service provision along the child protection continuum and makes recommendations about how the service system could be improved to better promote the safety and wellbeing of children.

Our submission is informed by the latest research as well as our experience of delivering services for vulnerable children and families in high need communities in Queensland and in New South Wales.

2 Recommendations

The Benevolent Society recommends that:

1. Improvements in whole-of-government approaches to children's wellbeing are made to reduce demand on the child protection system. This should include the exploration of introducing a public health model, underpinned by evidence, with strong central leadership and mandated interagency cooperation. The model should include non-government organisations, acknowledging their ability to provide flexible service delivery, understand the needs of communities and engage vulnerable families.
2. There is further investment in integrated universal and targeted services such as Early Years Centres so that they are available in all disadvantaged communities in Queensland.
3. Community Liaison Officer positions be reinstated in Helping Out Families (HOF) program sites.
4. A model of community-based intake and referral be explored, such as provided by the HOF program.
5. The Queensland Child Protection Guide be made available to all relevant government and non-government agencies, who work with children and families, such as child care providers and family support services and that training be provided in the use of the Guide.
6. The feasibility of developing an integrated technology system be explored where information about child welfare concerns can be recorded and shared.
7. A holistic, family-centred assessment model be adopted.
8. The model of risk assessment used by Child Safety Services be reviewed and the focus on professional judgment increased.
9. Experienced and well supervised staff undertake investigations and assessments, and that ongoing training is provided in relation to risk assessment.
10. The family centred assessment model be adequately resourced so that all children being reported to statutory child protection services are assessed in a timely manner and assessments reviewed by casework managers.
11. Family group meetings be more closely aligned with the principles underpinning family group conferencing in New Zealand and be used consistently throughout Queensland.
12. Training be provided to Child Safety Officers and Recognised Entities about the roles and responsibilities of both parties in supporting Aboriginal and Torres Strait Islander children and families.

13. Child Safety Services explores the possibility of restructuring the service system so that families are allocated a single Child Safety Officer at intake who is also responsible for their assessment and, if required, ongoing intervention.
14. A single family support model be developed and rolled out across the State. This would create funding efficiencies as well as promote standardised quality practice. The model should also enable greater integration with relevant service providers to address the additional needs of families such as housing.
15. The model be flexible and based on need and, of sufficient intensity and duration, minimum 12 months, to allow service providers to engage with families, build trust and undertake the necessary therapeutic work to address their needs and reduce risk. Families must be able to self-refer and re-refer if the need arises.
16. Partnership models for family support service delivery between Aboriginal and Torres Strait Islander and mainstream service providers be developed where local Aboriginal and Torres Strait Islander organisations struggle to deliver quality services. These models must be resourced and time limited with a clear goal of transitioning the service fully to Aboriginal and Torres Strait Islander organisation management.
17. The Benevolent Society's Aboriginal and Torres Strait Islander partnership model be further developed with a view to replication throughout Queensland.
18. Comprehensive assessments be undertaken of all children coming into care and at regular intervals throughout their placement.
19. Priority access be given to wraparound services for children and young people living in out-of-home care to address the needs identified as part of the assessment process.
20. Responsibility for case management for children living in out-of-home care, once a final order has been made, be transferred to the agency providing the out-of-home care placement.
21. Out-of-home care models such as professional foster care - that can offer permanency, reduce the number of people intervening in the child's life and normalise the care arrangement to that of a natural family environment - be explored. The notion of 'corporate parenting' where multiple professionals are responsible for a child's life, can add unnecessary confusion and complexity where information and delays in making key decisions. Simplifying the case management and care arrangements can lead to better outcomes for the child.
22. Careful consideration be given to the match between the child and their needs and the proposed carer and care environment, when deciding on the placement of a child.
23. Statutory casework decision making be underpinned by early and careful assessment and planning to promote permanency, from the initial point of intervention onwards.
24. Policy and practice relevant to the placement of Aboriginal and Torres Strait Islander children and young people be revisited so that representatives of the Department, Aboriginal and Torres Strait Islander Foster and Kinship Care Services and Recognised Entities work together, with children and family members, to identify potential kinship carers (whether full-time or shared care).
25. The requirement for prospective kinship carers to undergo 'working with children and personal history checks' be reviewed as it adversely affects recruitment of Aboriginal and Torres Strait Islander extended family members and discourages them from applying to become approved carers.
26. Foster care recruitment programs be developed to target specific professional groups that have qualifications and a background in child development, child behaviour and who understand the impact of trauma and how to manage challenging behaviours.

27. The Department of Communities, Child Safety and Disability Services commission research to further develop kinship care models.
28. Kinship care models in Queensland be flexible, collaborative and respectful and better funded, that is, at the same level as foster care models. These models need to focus both on improving outcomes for children and supporting carers.
29. The Queensland out-of-home care system offer a full range of placement options to meet the needs of all children - including kinship care, general foster care, therapeutic foster care, residential care, therapeutic residential care and secure care in extreme cases.
30. Policy guidelines that specify the purpose of out-of-home care placement types be introduced and that placement types be regulated in a way that ensures integrity to the model and the identified client group.
31. A costing exercise be undertaken to ascertain the level of funding required to properly operate residential care service models including therapeutic residential care and secure care. This should take account of legislated standards, workforce skill and capability requirements, location and safe working conditions. This should then be used as a basis for the funding of residential services.
32. Minimum entry-level qualifications be developed and introduced (with an appropriate transition strategy) for residential care workers, given the extent of their responsibilities for the direct care of highly vulnerable children whose behaviours and needs can be extremely complex.
33. Aboriginal and Torres Strait Islander community-controlled and led residential care services be developed.
34. A professional carer model be introduced, with a focus on lowering the use of residential care.
35. Every young person in care has a 'transition from care plan' by age 15 and that after care support be available until they reach 25.
36. Government funding ensures salaries in the sector reflect the qualifications and skills required to do the job.
37. The Department of Communities, Child Safety and Disability Services invests greater resources in recruitment and retention strategies for frontline managers and provides a clinical supervision model for its caseworkers and managers. This may mean looking at recruitment of experienced child protection workers and managers from overseas, working with training institutions to develop further education programs in child protection and financial and other incentives to attract and retain experienced staff in supervisory and management roles. Creative strategies exploring opportunities for worker exchange/secondment program between non-government and government child protection programs could also be explored to share and build skill, experience and collaboration.

3 About The Benevolent Society

The Benevolent Society is Australia's first charity, established in 1813. We educate, support and advocate for personal and societal change, to create a fair society where everybody thrives. The Benevolent Society helps the most vulnerable people in society, and supports people from all backgrounds including Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse communities. We believe that building stronger communities will lead to a fairer Australia.

Our work with children, families and communities is underpinned by a philosophical approach that:

- uses a strengths or assets approach
- strengthens relationships between individuals, families and communities
- focuses on systemic issues, as well as interpersonal ones
- is holistic, comprehensive and long-term
- is committed to nurturing the development and growth of children and families.

The Benevolent Society began operating in Queensland in March 2008 with the establishment of an integrated child and family centre on the North Gold Coast, funded by the Queensland Department of Education and Training (initially the Department of Communities).

Since that time we have expanded considerably and now deliver 10 services from 12 locations, with funding from the federal and Queensland governments, business, trusts, foundations and philanthropists.

Snapshot

- The Benevolent Society is a secular non-profit organisation with 870 staff and 720 volunteers who, in 2011/12, helped 61,000 children and adults in New South Wales and Queensland.
- We deliver services from 64 locations with support from local, state and federal government, businesses, community partners, trusts and foundations.
- We support people across the lifespan – delivering services for children and families, older people, women and people with mental illness, and through to community development and social leadership programs.
- The Benevolent Society is a large provider of child protection and family support programs in New South Wales and Queensland. In NSW, we also provide out-of-home care services.
- Our revenue in 2011/12 was \$84 million, with 81.4% of our income from government sources.
- The Benevolent Society is a company limited by guarantee with an independent Board.

4 The child protection continuum

Child protection systems throughout Australia, including Queensland, are heavily geared towards ‘reporting’ children to child protection services as the primary way of protecting them, when clearly the best way to protect children is to prevent child abuse and neglect from happening in the first place.

Preventing child abuse and neglect requires a comprehensive primary and secondary service system that provides families with the assistance they need before they reach crisis point and come into contact with the statutory child protection system.ⁱ

Evidence shows that early intervention programs, when well designed and resourced, are effective in improving outcomes for vulnerable children and young people, including reducing the risk of child abuse and neglect. This in turn helps to break cycles of family dysfunction and statutory intervention that can span multiple generations. Research also shows that it is far more cost effective to intervene early than to address them once problems have become entrenched.ⁱⁱ

Under a public health model, such as described, primary intervention should be the largest component of the service system, with secondary and tertiary services being progressively smaller; currently the reverse is true.

To ensure the wellbeing of children in Queensland, all children and their parents should have access to universal services such as parenting and child development information, child and maternal health services, playgroups and early childhood education and care. These services also play a crucially important role in identifying those children and families in which problems are emerging and in providing non-stigmatising, 'soft' entry points to additional support and specialised services.

There is often a resistance by families to seek support due to concerns about loss of parental autonomy and even losing custody of their children. These fears can be very real for parents with their own history of child protection involvement, who may fear being unjustly labelled as unable or unwilling to protect their children. This is a particular issue for Aboriginal and Torres Strait Islander families and communities who may have been subjected to dispossession as members of the Stolen Generations, or be at risk of systemic racism and biased ethnocentric decision-making.

This reinforces the important role of universal services and of service delivery by non-government organisations. Evidence suggests that families are more likely to approach and engage with services that are voluntary, supportive and not closely aligned with statutory child protection agencies. This is particularly important when working with vulnerable families and 'hard to reach' populations.ⁱⁱⁱ

As many vulnerable families have multiple and complex problems, a multidisciplinary multi-service approach is often necessary. Integrated services, when well led and supported, enable such families to receive the help they need, when they need it, without having to go to several services, undergo multiple assessments and retell their story many times.^{iv} Ideally they should be able to access the support they need from one location.

To reduce the incidence of child abuse and neglect and the number of children in out-of-home care, it is essential that the child protection system is underpinned by integrated prevention and early interventions. Research shows that it is the combination of interventions that promote early years development, plus provide parental support, that have the most significant impact.

Early Years Centres case study

The Queensland Early Years Centres (EYCs) are a very promising model of integrated service delivery, where parents have access to universal services and additional supports if needed. The Benevolent Society runs three of the four Early Years Centres (Browns Plains, North Gold Coast and Cairns) as well as six 'satellite' centres in the surrounding areas. The EYCs are one-stop-shops or service hubs supporting the health, development, wellbeing and safety of families who have young children pre-birth to eight years.

The Early Years Centres aim to strengthen the links between schools, playgroups, local government agencies and other organisations to better support families with young children. Each is located in a socio-economically disadvantaged area (according to the SEIFA index) with high numbers of children with demonstrated developmental deficits across a number of domains on the Australia Early Development Index. Services include early childhood education such as family day care, crèche, long

day care and kindergarten as well as early childhood health services, playgroups, parenting program, and home visiting family support.

A current internal evaluation of our Browns Plains and North Gold Coast EYCs has found high levels of parenting needs among clients with, for example, approximately a third of parents indicating that there were many times they didn't know what to do as a parent. A third also didn't know what to expect when it came to their child's development.

The data also showed all of the EYC services were used by clients with many families using multiple services in response to emerging issues and needs. Individuals who identified as Aboriginal and/or Torres Strait Islander or Culturally and Linguistically Diverse were over-represented as clients of the EYCs, indicating the centres are successfully reaching these key target groups.

While it is acknowledged that this Inquiry is focused specifically on the statutory child protection system, investment in prevention and early intervention initiatives to better support vulnerable families is essential and should be considered a key component of the child protection continuum.

Recommendations

1. Improvements in whole-of-government approaches to children's wellbeing are made in order to reduce demand on the child protection system. This should include the exploration of introducing a public health model, underpinned by evidence, with strong central leadership and mandated interagency cooperation. The model should include non-government organisations, acknowledging their ability to provide flexible service delivery, understand the needs of communities and engage vulnerable families.
2. There is further investment in integrated universal and targeted services such as Early Years Centres so that they are available in all disadvantaged communities in Queensland.

5 Child protection intake, investigation & assessment, casework

5.1 Intake

5.1.1 Regional Intake Services

Currently, reports of suspected child abuse or neglect are made to one of seven Regional Intake Services. While we understand that centralised intake was adopted to promote consistent and efficient intake, our experience is that it has had a negative impact on previously strong connections at a local level between community organisations and Child Safety Services. This, in turn, has had a negative effect on decision-making.

The quality of the decisions made during the intake phase depends greatly on the quality of information gathered about the child or unborn child, their family and the child protection concerns.^v Understanding the local community and strong links with local service providers helps the Regional Intake Child Safety Officers to build this picture and to find appropriate solutions for families whose children are at risk. This is particularly important if officers are to have a good understanding of

issues facing Aboriginal and Torres Strait Islander families and families living in rural and remote areas.

In the absence of a fully networked information system, centralised intake effectively reduces the ability of local agencies to share information, gather intelligence and work together to develop locally appropriate community-wide solutions for vulnerable families.

The effectiveness of the current regional structure is further compromised by the fact that calls are not necessarily taken by the closest Regional Intake Service. In practice, someone calling about a child safety concern in Far North Queensland may be connected to a Child Safety Officer in South East Queensland, who has little or no understanding of the child's community and the availability of local supports.

To address similar issues, the recent Protecting Victoria's Vulnerable Children Inquiry (2012) recommended the adoption of an 'area-based approach to co-located intake' whereby statutory child protection practitioners sit physically alongside their community service organisation counterparts. This recommendation is intended to 'drive more effective decision making processes, reduce risk and to improve coordination of services to vulnerable children and their families'.^{vi}

In Queensland, a similar model was in place whereby Community Liaison Officers were co-located with the pilot HOF services. However, the positions were temporary and terminated last year as part of the drive to reduce the Queensland public service. Unfortunately, this occurred before the expected benefits, in terms of reducing the burden of over-reporting, could be realised.

Recommendations

3. Community Liaison Officer positions be reinstated in HOF sites.
4. A model of community-based intake and referral be explored, such as provided by the HOF model.

5.1.2 Self-referral

The current child protection system in Queensland is structured in such a way that support is only offered to families once a report has been made to Child Safety Services. Given the already over-burdened child protection system, it is essential that families are able to easily access a range of support services when problems first emerge rather than when they have escalated to the point where there is a child safety concern. As discussed, providing supports early is far more effective, prevents problems escalating and therefore reduces the long term cost of expensive child protection intervention.

As discussed already, a model of community based intake and referral is needed. It is important that this model also enables people to self-refer so that families can get information and appropriate support to address their needs. The ability to self-refer is important as 'client readiness' is a key factor in successful family intervention outcomes. Providing clear referral pathways and timely access to support services, is likely to have greater and more sustainable impact as well as increasing help seeking behaviour, which is a critical protective factor against poor outcomes.

5.1.3 Child Protection Guide

The *Queensland Child Protection Guide (CPG)* has been developed as an online decision support tool for health and education professionals with concerns about children and their families. The aim is to assist mandatory reporters to report their concerns to the appropriate agency or refer families to relevant service providers.

To ensure a consistent understanding of, and approach to, child protection across the sector, this Guide and other relevant resources should be distributed to *all* agencies working with children and families. The Guide should also be supported by sector training as well as the creation of Community Liaison Officer positions who could play an advisory role to the sector.

5.1.4 Integrated information technology system

An integrated information technology system, involving Child Safety Services and other relevant government and non-government agencies, would also ensure that a more holistic and historic picture of each child's circumstances is captured. This would assist with assessment and decision-making.

Recommendation

5. The Queensland Child Protection Guide be made available to all relevant government and non-government agencies, who work with children and families, such as child care providers and family support services, plus training be provided in the use of the Guide.
6. The feasibility of developing an integrated technology system be explored where information about child welfare concerns can be recorded and shared.

5.2 Investigation and assessment

5.2.1 Assessment

The *Child Protection Manual* outlines standard processes and practices which are intended to drive consistency in investigation and assessment. However, in our experience there is considerable local variation and a lack of adherence to procedures.

The Benevolent Society believes that the child welfare system needs to move away from the current forensic, investigative approach to a more holistic, family-centred orientation. The current incident-based assessment system does not take into account the complex needs of some families, including details such as their life histories, their immediate environment and local community. While it is important to assess immediate risk, it is critical that caseworkers balance this against families' strengths and resources that could be drawn on to promote positive change (empowerment approaches).

The introduction of a common assessment tool, such as the Common Assessment Framework used in the United Kingdom, is vital. The UK Common Assessment Framework comprises a four-step process

whereby practitioners identify a child's or young person's needs early, assess those needs holistically, deliver coordinated services and review progress.

Recommendation

7. A holistic, family-centred assessment model be adopted.

5.2.2 Professional judgement

The *Structured Decision Making Tool* currently used to guide assessments has its limitations. It is dependent on the quality of information entered and, as many decisions are subjective, relies heavily on users making good professional judgment.

The importance good professional judgment cannot be underestimated. When undertaking assessments, it is essential that decisions are made in a balanced manner supported by professional judgement and practice wisdom. A 'risk classification' cannot substitute for the use of sound professional judgement by practitioners but rather should be an aid for improving clinical decisions. Professional judgement is needed to identify and clarify specific problem behaviours and the context in which they occur.^{vii}

Similarly, assessments must not just focus on risk factors without also considering protective factors. For example, we are aware of a case where there were concerns for the welfare of children living in poverty and of the family not being able to afford electricity to run the refrigerator. The lack of electricity was not in fact an issue for this family as they bought food daily and used an esky for storage. The children in this family had been assessed by Child Safety Officers (CSOs) as being at risk due to the lack of electricity, despite the provisions made by the parents.

We also know of an underweight infant who was hospitalised for 'failure to thrive'. Child Safety Services became involved because of concerns that this was due to parental neglect, before first exploring other possible explanations. The baby was later diagnosed with a rare condition which was the cause of the lack of weight gain.

Case examples highlight the need for appropriate training in risk assessment, information gathering and the importance of taking a holistic approach. False positives and the unnecessary removal of children from their families can be devastating for all concerned, and the impact can potentially be felt across generations.

Recommendations

8. The model of risk assessment used by Child Safety Services be reviewed and the focus on professional judgment increased.
9. Experienced and well supervised staff undertake investigations and assessments and that ongoing training is provided in relation to risk assessment.

5.2.3 Assessment timeframe

Assessment timeframes differ considerably across the service system. Our experience is that assessments are often very brief and don't fully reflect the child's needs, or the process can take too long and not commence until several months after the report is received.

In addition, assessments are often not overseen and signed off by a senior staff member, due to time constraints and workload issues.

Recommendation

10. The family centred assessment model be adequately resourced so that all children being reported to statutory child protection services are assessed in a timely manner and assessments reviewed by casework managers.

5.3 Casework

5.3.1 Family group meetings

"A family group meeting is to be an inclusive and participative process for the child, family, Child Safety and service providers, to develop a case plan that is child-centred, family-focussed, strengths-based and based on shared responsibility. It brings together family, extended family, services and support people in a forum that allows families to participate in planning for the protection of their children."^{viii}

The Benevolent Society is very supportive of the concept of family group meetings or family group conference models, as originally developed in New Zealand. However, the model used in Queensland is often not delivered consistently and with fidelity.

Contrary to the Child Safety Services website statement above, key stakeholders and significant family members are often not involved in the meetings and the case planning process. It is important that this occur so that all relevant agencies are involved in developing the case plan, in collaboration with the family and Child Safety Services, and so that there is one agreed plan rather than multiple plans per family. Involving the extended family, particularly when working with Aboriginal and Torres Strait Islander families, is particularly important so that protective factors, as well as risks, can be identified.

Members of the extended family will often know more about the risk factors and protective factors in a family than any professional, and will know best who may be available (and suitable) to care for the child, if the natural parents are unable to. Resources should be allocated to supporting family members to attend family group meetings and to fully understand the risk factors and child's needs. Family members should then be supported to help make the decisions about managing risk and, where necessary, child placement.

While the model of family group meetings is based on the New Zealand model of family group conferences, the Australian Institute of Family Studies has found in most Australian jurisdictions conference outcomes are accorded a much lower status than in New Zealand.^{ix}

“The degree to which governments provide families and their immediate communities the opportunity to solve problems through dialogue and cooperation prior to taking more coercive action is significant. Conferences can only play a very partial role in doing so if departments are not committed to implementing decisions that are made within them. Thus, it would seem that Australian jurisdictions have implemented conferencing in ways that fall short of the systematic empowerment of families that is envisaged in the New Zealand model.”^{ix}

Recommendations

11. Family group meetings be more closely aligned with the principles underpinning family group conferencing in New Zealand and be used consistently throughout Queensland.

5.3.2 Recognised Entities

Recognised Entities have a crucial role to play in providing culturally appropriate advice and support to Aboriginal and Torres Strait Islander families regarding child protection matters.

It is essential that systems are in place to ensure that Recognised Entities can actively participate in each step of the child protection process. In our experience, however, this is not occurring consistently nor as effectively as it should. For instance, in the case of family group meetings, Recognised Entities are sometimes not given the relevant information until the day or even hour before the meeting. This makes it very difficult for them actively participate in discussions and adequately represent the needs of children and families.

We are also aware of instances where Recognised Entities have been unwilling to participate in discussions due to their close links with the families and fear of repercussions.

The inadequacy of the existing system is concerning given the over-representation of Aboriginal and Torres Strait Islanders in the child protection system.

Recommendation

12. Training be provided to Child Safety Officers and Recognised Entities about the roles and responsibilities of both parties in supporting Aboriginal and Torres Strait Islander children and families.

5.3.3 Continuity of Child Safety Officers

Child Safety Services is structured in such a way that the service system is quite siloed and different Child Safety Officers are responsible for each aspect of intervention including intake, assessment and ongoing intervention. Restructuring the service system so that one worker (or as few as possible) follows each family through each stage would not only give the CSOs a more comprehensive understanding of the whole system, it would help them build a constructive relationship with each family and improve their understanding of the family’s history, risk and needs.

This model of practice is currently in place in New Zealand.

Recommendation

13. Child Safety Services explores the possibility of restructuring the service system so that families are allocated a single child safety officer at intake who is also responsible for their assessment and, if required, ongoing intervention.

5.3.4 Family support program

There are five intensive family support programs currently funded by the Queensland Government:

- Helping out Families (HoF)
- Referral for Active Intervention (RAI)
- Aboriginal and Torres Strait Islander Family Support Service (ATSIFSS)
- Fostering Families
- Family Intervention Services (FIS).^x

Each of the five programs differ in their service model and delivery, including such things as their target audiences and program duration.

Each program is delivered by a range of non-government agencies in selected locations and sometimes there are multiple programs delivered by different organisations in the one location. A single model of family support is needed that can deliver differing levels of intensity based on a family's needs. Currently, there is considerable duplication of effort, some large service gaps and the quality of the service that families receive differs markedly. There also is no consistency in the resourcing and availability of these services across the State.

Helping Out Families case study

The Benevolent Society has been operating Helping out Families (HOF) since January 2011 in Beenleigh/Eagleby/Nerang (one of three trial sites). The HOF model includes a Family Support Alliance through which we provide a community based intake service. It also leads the collaboration of funded and non-funded local agencies in order to better coordinate and integrate service responses, provide timely and effective family intervention and in so doing reduce the risk of abuse. .

HOF is supported by a shared practice framework which promotes and guides common practice in assessment, support, planning and monitoring. The framework supports integration through tools that guide a common language and practice.

While HOF is still a pilot initiative, the model is demonstrating positive results which could potentially be adopted throughout the State.

As discussed already, it is important to embed services such as HOF in a network of universal and secondary services, connect them to one another in order to provide a range of 'soft entry' points to services and address potential barriers to engagement, such as parents feeling stigmatised. Non-government organisations are best placed to deliver these services given their separation from the statutory child protection system.

Recommendations

14. A single family support model be developed and rolled out across the State. This would create funding efficiencies as well as promote standardised quality practice. The model should also enable greater integration with relevant service providers to address the additional needs of families such as housing.
15. The model be flexible and based on need and, of sufficient intensity and duration, minimum 12 months, to allow service providers to engage with families, build trust and undertake the necessary therapeutic work to address their needs and reduce risk. Families must be able to self-refer and re-refer if the need arises.
16. Partnership models for family support service delivery between Aboriginal and Torres Strait Islander and mainstream service providers be developed in areas where local Aboriginal and Torres Strait Islander organisations struggle to deliver quality services. These models must be resourced and time limited with a clear goal of fully transitioning services to Aboriginal and Torres Strait Islander organisation management.

5.3.5 Engaging Aboriginal and Torres Strait Islander families

Many agencies struggle to attract and/or retain Aboriginal and Torres Strait Islander staff. We also know that Aboriginal and Torres Strait Islander agencies often struggle to access funding to provide their own services.

To address this issue, The Benevolent Society has developed an innovative approach to partnering with Aboriginal and Torres Strait Islander agencies in order to improve our engagement with vulnerable families. This partnership approach has been successful to the point that people who identify as Aboriginal and Torres Strait Islanders are over-represented as clients of our Early Years Centres and HOF program compared to their representation in the broader local population.

Engaging Aboriginal and Torres Strait Islander families case study

Our North Gold Coast Early Years Centre (EYC) has formed a successful partnership with the Kalwun Development Corporation. The EYC provides Kalwun with funding to recruit, employ and supervise family support workers who are situated at the Centre. This arrangement ensures that Kalwun retains control of the funding for, and support of, the Aboriginal and Torres Strait Islander position. The EYC is in turn assured that the staff member has strong ties to local Aboriginal and Torres Strait Islander groups and can provide culturally safe practice. Access to culturally appropriate support and supervision increases the likelihood of staff retention in a non-Aboriginal and Torres Strait Islander environment.

Our Browns Plains EYC funds the employment of two Aboriginal and Torres Strait Islander positions through Ganyiuu Aboriginal and Torres Strait Islander Corporation for Family Support Services. At our Cairns EYC we partner with Wuchopperen Health Services to employ a family support worker, early childhood educator and a speech language therapist at the EYC. . Also a number of Aboriginal and Torres Strait Islander agencies fund The Benevolent Society to employ staff members at their child and family centres located in Logan and West Cairns.

As a result of these partnerships, our services have successfully engaged with a large number of Aboriginal and Torres Strait Island families. EYC staff report having become more culturally aware and responsive to Aboriginal and Torres Strait Islander clients, and all three EYCs have been successful

in attracting Aboriginal and Torres Strait Islander staff in non-identified positions. This model has also helped the Aboriginal and Torres Strait Islander organisations improve the quality and capacity of their own services.

The Benevolent Society has an Aboriginal Recruitment and Retention Strategy as a basis for enhancing our cultural competence both as an employer and a service provider. This is linked to our Reconciliation Action Plan. We have many Aboriginal and Torres Strait Islander-specific positions across the organisation and actively encourage Aboriginal applicants to apply for all other mainstream positions.

We employ an Aboriginal and Torres Strait Islander Cultural Development Manager to provide cultural consultancy in the implementation of services and to provide support to other staff in connecting with local Aboriginal communities.

Recommendation

17. The Benevolent Society's Aboriginal and Torres Strait Islander partnership model be further developed with a view to replication throughout Queensland.

6 Out-of-home care

6.1 Children entering care

Children and young people living in out-of-home care (OOHC) are one of the most disadvantaged groups in our society. Research indicates that growing up in care in Australia has negative impacts on children's educational experiences^{xi} and their self esteem^{xii}, and that there are higher than average levels of poor mental health, teenage pregnancy, drug and alcohol abuse, unemployment and criminal behaviour in adults who were formerly in OOHC.^{xiii}

Children in OOHC are vulnerable, and we need to set them on a pathway to a healthy, fulfilling life with the same opportunities as other children. The Benevolent Society's vision for children in OOHC is that they achieve to their full potential, actively participate in decisions about their lives and feel optimistic about their futures.

Children coming into care are often dealing with trauma resulting from abuse or neglect and may not have had access to the same services and support as other children. In order to address these issues and give them the same opportunities as their peers, it is essential that comprehensive assessments are undertaken of all children coming into care. They must then be given priority access to wraparound specialist support services to address their needs. Supports must be culturally appropriate and, for Aboriginal and Torres Strait Islander children and young people, include services provided through healing centres. Currently there are very few healing centres and those that do exist generally only provide services to adults.

This is echoed by the recent Protecting Victoria's Vulnerable Children Inquiry report which recommended that 'all children and young people entering out-of-home care undergo

comprehensive health, wellbeing and education assessments' and that 'All children in out-of-home care receive appropriate therapeutic care, education and other services'.^{vi}

It is important that regular assessments are part of sustained case management and that intensive support is provided at critical transition points in the child's life: after entering a placement, the transition to school, to high school, when leaving school, and when leaving care.

Recommendations

18. Comprehensive assessments are undertaken of all children coming into care and at regular intervals throughout their placement.
19. Priority access be given to wraparound services for children and young people living in out-of-home care to address the needs identified as part of the assessment process.
20. Responsibility for case management of children living in out-of-home care, once a final order has been made, be transferred to the agency providing the out-of-home care placement.
21. Out-of-home care models such as professional foster care – that can offer permanency, reduce the number of people intervening in the child's life and normalise the care arrangement to that of a natural family environment – be explored. The notion of 'corporate parenting' where multiple professionals are responsible for a child's life, can add unnecessary confusion and complexity, loss of critical information and delay in making key decisions. Simplifying the case management and care arrangements can lead to better outcomes for the child.

6.2 Stable and secure placements

Research into attachment and early brain development has highlighted the need for children to have stable and secure placements (whether with their natural parents or in out-of-home care). Decision-making about permanency needs to occur relatively quickly, especially for very young children, to reduce the number of placements and promote stability.

Wherever possible, children should be placed within their own extended family or community. Kinship care, with appropriate support, can provide consistency, a sense of belonging and identity. It is especially important for Aboriginal and Torres Strait Islander children and those from ethnic minorities or where the primary language spoken at home is a language other than English.

When children are unable to be cared for by their parents or within their kinship network, other arrangements need be made to ensure permanency. The prospects for children who move from one placement to another, perhaps several times, are poor.

Children's participation in decisions that affect their long-term welfare and wellbeing is crucial. A child's willingness to join a new family and the degree to which their wishes are heard and acted upon will affect placement outcomes and the risk of disruption.

Recommendations

22. Careful consideration be given to the match between the child and their needs and the proposed carer and care environment, when deciding on the placement of a child.
23. Statutory casework decision making be underpinned by early and careful assessment and planning to promote permanency, from the initial point of intervention onwards.

6.2.1 Aboriginal Placement Principle

There is an alarmingly high proportion of Aboriginal and Torres Strait Islander children in OOHC and the numbers are rising. Past policies which resulted in the forced removal of children from their families have had a detrimental effect on Aboriginal and Torres Strait Islander culture and communities. The Secretariat of National Aboriginal and Islander Child Care Incorporated (SNAICC), among others, highlights the impact of the decades of state neglect and harsh intervention which have resulted in poverty and family dysfunction in Aboriginal and Torres Strait Islander communities across Australia.

There is a growing recognition within child welfare policy and practice that key decision making processes about children's futures, such as the assessment of kinship carers, need to adopt a collaborative and 'whole of family' approach where professionals and the wider family work together to identify a care plan for the child.^{xiv}

The Benevolent Society supports the Aboriginal Child Placement Principle which emphasises the right of Aboriginal and Torres Strait Islander children and young people to be raised in their own culture.

However, in our experience, many potential carers are prevented from becoming kinship carers because they are unable to obtain a blue card due to past minor offences or because others in the household are ineligible for similar reasons. Another potential barrier is that their homes are considered to be in a state inadequate for children.

Recommendations

24. Policy and practice relevant to the placement of Aboriginal and Torres Strait Islander children and young people be revisited so that representatives of the Department, Aboriginal and Torres Strait Islander Foster and Kinship Care Services and Recognised Entities work together, with children and their family members, to identify potential kinship carers (whether full-time or shared care).^{xv}
25. The requirement for prospective kinship carers to undergo 'working with children and personal history checks' be reviewed as it adversely affects recruitment of Aboriginal and Torres Strait Islander extended family members and discourages them from applying to become approved carers.^{xv}

6.3 Foster care

6.3.1 Recruitment & training

In a climate where the demand for foster carers outstrips supply, placement matching between a child and foster carer can be difficult. There is no research evidence that unequivocally identifies the characteristics of good potential adoptive or foster parents. A wide range of people, singles and couples, have been shown to successfully parent foster children.

A more efficient and systematic approach to assessing carer suitability and readiness for committed and sensitive care-giving relationships would decrease the number of placement disruptions. It is important that, as part of the recruitment process, potential carers are made aware of the complexity of child trauma and the devastating affect it can have on children. They need to be

realistic about the issues children in their care may be dealing with and the impact this is likely to have on their behaviour. Too often, foster carers underestimate the challenges of being a carer and the time and considerable patience needed to turn things around for these children.

There should also be a greater focus on targeting groups of potential carers that, through life experience and professional qualifications, already have an understanding of child development, children's needs and the impact of trauma. These could include teachers, social workers, nurses and psychologists.

As part of recruitment and training, it is important that carers understand their role, the importance of contact between children and their families and that they should not undermine possible reunification. Research has found that having at least one form of regular parental contact increases the likelihood of family reunification and decreases the amount of time a child remains in care.^{xviii}

Recommendation

26. Foster care recruitment programs be developed to target specific professional groups that have qualifications and a background in child development, child behaviour and who understand the impact of trauma and how to manage challenging behaviours.

6.4 Kinship care

Kinship carers have a deep commitment to their children, but they also have complex needs and face a number of competing challenges. Research commissioned by The Benevolent Society found that many kinship carers see themselves as having had no choice but to take on the children.^{xvi} Many are experiencing grief and trauma surrounding their family crisis at the time when the children come to live with them. However, these carers receive less support than general foster carers.^{xvi}

There is, as yet, limited research in Australia about the needs of kinship carers and which identifies the appropriate supports and resources for them. However it is clear that the support they receive is inadequate and there is a 'hands off' approach from Governments.^{xvii} There is often little departmental contact with kinship carers after a child has been placed with them.

Anecdotal evidence suggests that there are also many children being cared for in *informal* kinship arrangements and these carers are receiving no financial assistance or support.

Recommendations

27. The Department of Communities, Child Safety and Disability Services commission research to further develop kinship care models.
28. Kinship care models in Queensland be flexible, collaborative and respectful and better-funded, that is, at the same level as foster care models. These models need to focus both on improving outcomes for children, and supporting carers.

6.5 Residential care

As the number of children in out-of-home care, and the complexity of their needs and behaviour, continues to rise, recruiting enough suitable carers is becoming increasingly challenging as is

providing a suitable range of affordable placements. The challenge of recruiting sufficient numbers of foster carers has been attributed to the greater participation of women in the workforce, the inadequacy of the remuneration provided to carers, the complexity of children's behaviours and needs, and attrition as existing carers age.^{xviii}

Children need there to be a continuum of care options from kinship care, through foster care, to residential care, therapeutic care and, in very specific cases, secure care.

In relation to residential care, the negative events associated with the placement of children in institutional care in the past (cf QLD Forde Inquiry 1998) and preference for family-based foster care contributed to the scaling back of residential care facilities in the 1980s and 1990s and, consequently, an increased reliance on foster care.^{xix}

While there has been some criticism of residential care due to past practices and the high cost of service provision, for some children and young people with complex behavioural problems and high levels of placement instability and for large sibling groups, residential care may be a viable option.

Research suggests that greater effort needs to be put into establishing the optimal characteristics of care that will result in the best outcomes for children, rather than ideal placement type.^{xviii}

It is essential, however, residential services they are properly resourced with highly skilled staff who can address the complex needs of the children. As with other forms of out-of-home care, placement stability is crucial.

Recommendations

29. The Queensland out-of-home care system offer a full range of placement options to meet the needs of children– including kinship care, general foster care, therapeutic foster care, residential care, therapeutic residential care and secure care in extreme cases.
30. Policy guidelines that specify the purpose of out-of-home care placement types be introduced and that placement types be regulated in a way that ensures integrity to the model and the identified client group.^{xv}
31. A costing exercise be undertaken to ascertain the level of funding required to properly operate residential care service models including therapeutic residential care and secure care. This should take account of legislated standards, workforce skill and capability requirements, location and safe working conditions. This information should then be used as a basis for the funding of residential services.^{xv}
32. Minimum entry-level qualifications be developed and introduced (with an appropriate transition strategy) for residential care workers, given the extent of their responsibilities for the direct care of highly vulnerable children whose behaviours and needs can be extremely complex.^{xv}
33. Aboriginal and Torres Strait Islander community-controlled and led residential care services be developed.^{xv}
34. A professional carer model be introduced to provide as another option for the improved and sustained support for children and young people, with view to lowering the use of residential care.

6.6 Children leaving care

Young people leaving care, as a group, do not fare as well as other young people their age in the general population. They are less likely to have completed school and to have somewhere safe, stable and secure to live. They are more likely to rely on government income support, to be in marginal employment and to have difficulties in 'making ends meet'.^{xx}

Despite their adverse circumstances, and the limited support available to them, young people leaving care have to cope with several major changes in their lives in a shorter period of time and at a younger age than their peers.

Optimal outcomes for young people transitioning from out-of-home care to independence are more likely to be achieved when the process is a gradual and well supported one, based on strong preparation and planning, and with access to tailored support.

Better support of childrens' transition to independence is a key priority of the *National Framework for Protecting Australia's Children*. In particular, Standard 13 requires each young person to have a 'transition from care plan' commencing at the age of 15 years that includes details of the support being provided to assist them to access relevant services and which is reviewed regularly. It should cover the required support, based on individual needs, in areas such as:

- housing
- education and training
- employment
- financial security
- social relationships and support networks
- health – physical, emotional (including self esteem and identity), mental and sexual
- life (and after care) skills.

Recommendation

35. Every young person in care has a 'transition from care plan' by age 15 and after care support be available until they reach 25.

7 Other

7.1 Workforce

The majority of families that The Benevolent Society works with experience disadvantage and have multiple and complex needs. This requires our workers to have considerable skills and expertise. In particular, they need assessment and case management skills that focus on the social environment, parenting capacity and the child's development. To do this they need a comprehensive understanding of child development, experience and confidence in working with young children and knowledge of child health. For senior staff, an additional skill set is required in the promotion of integrated service delivery including skills in relationship building, negotiation, facilitation and planning.

The situation will be no different for other services that work with vulnerable children and families.

7.1.1 Recruitment & retention

Staff working in child protection and family support roles need to have a breadth of skills and experience and it is often difficult to find and attract appropriately qualified and experienced people. As mentioned earlier, The Benevolent Society strongly supports greater integration of services. However, it can be difficult to recruit staff with experience working in trans-disciplinary teams and able to work effectively in integrated service settings.

The high level of staff turnover is another major challenge and can be extremely disruptive for families and interagency collaboration.

While it is acknowledged that Queensland has led the way in addressing the pay inequity between the government and non-government sectors, relatively low wages are still a major contributor to difficulties with recruitment and retention of staff.

Across the child welfare workforce, it is imperative that salaries reflect the training and skills required to attract and retain people in the sector. There is strong evidence within the Australian context that without pay parity with other similarly qualified professions, there is little incentive for workers to stay in the profession.^{xxi}

Recommendation

36. Government funding ensures that salaries in the sector reflect the qualifications and skills required to do the job.

7.1.2 Training and clinical supervision

In our experience one of the ways to help tackle the high turnover of staff and to promote high quality professional practice, is to ensure that staff are well supported and receive clinical supervision from skilled and experienced supervisors.

Training and clinical supervision are also vitally important to ensure a minimum standard of quality and safety in assessment and casework. This is particularly the case given the nature of the work, the high rate of staff burnout and vicarious trauma.

Under The Benevolent Society's own clinical supervision model, we encourage and facilitate a culture of reflective practice, shared learning and support. It improves our casework practice leading, ultimately, to better outcomes for children and families.

Our observation is that statutory child protection caseworkers do not appear to have sufficient access to good quality, regular clinical supervision and that the Department of Communities, Child Safety and Disability Services has difficulty recruiting and retaining experienced staff for supervisory roles. Our staff frequently take on an informal mentoring role for new statutory child protection caseworkers, providing advice and support that appears to be lacking within the State child protection agency. Consideration should be given to secondment opportunities, such as the

placement of Child Safety Officers with non-government services like the Early Years Centres as part of their induction.

It is vital for the future of this field that the Queensland Government invests in building capacity and skills in the social care workforce, and in the related professions that provide parenting support.

Recommendation

37. The Department of Communities, Child Safety and Disability Services invests greater resources in recruitment and retention strategies for its frontline managers and provides a clinical supervision model for its caseworkers and managers. This may mean looking at recruitment of experienced child protection workers and managers from overseas, working with training institutions to develop further education programs in child protection and introducing financial and other incentives to attract and retain experienced staff in supervisory and management roles. Creative strategies exploring opportunities for worker exchange/secondment program between non-government and government child protection programs could also be explored to share and build skill, experience and collaboration.

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ⁱⁱ Allen G. (2011), *Early intervention: Smarter investment*.

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^v Queensland child safety practice manual - www.communities.qld.gov.au/childsafety/child-safety-practice-manual.

^{vi} Report of the Protecting Victoria's Vulnerable Children Inquiry (2012).

^{vii} White, A and Walsh, P. (2006), *Risk assessment in child welfare*.

^{viii} Child Safety Services website - www.communities.qld.gov.au/childsafety

^{ix} Australian Institute of Family Studies, Child Abuse Prevention Issues No. 27 2008, *Family group conferencing in Australia 15 years on*.

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^{xv} Peakcare (2012), Submission to the Queensland child protection inquiry.

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^{xxi} Fenech, M. (2006), *The impact of regulatory environments on early childhood professional practice and job satisfaction: A review of conflicting discourses*. AJEC, Vol. 31 No. 2, June 2006, pp. 49-57.