Oversight of Child Safety's Review of Residential Care

Queensland
Family & Child
Commission

Introduction

On 13 July 2023, the Minister for Child Safety wrote to the Principal Commissioner seeking the expert advice of the Queensland Family and Child Commission (QFCC) for the Department of Child Safety (the Department) led review of the child protection residential care system (The Review). The intent of The Review is to understand the current system and what is needed for the future. The Review includes:

- developing an understanding of cohorts and their need, including Aboriginal and Torres Strait Islander children and young people, sibling groups, young people with disability and mental health needs and young people transitioning from care;
- exploring evidence based models, supports and interventions across both family and non family-based care;
- describing the processes and structures needed to achieve positive outcomes including changes to contracting and procurement;
- confirming theory of change to improve outcomes for children and the quality-of-care services, including measuring and monitoring outcomes; and,
- understanding financial sustainability and costs of service provision.

On 24 July 2023, the QFCC agreed to provide independent oversight of the review process and to give government strategic, independent advice on how Queensland can improve outcomes. This is the first of four proposed monthly reports to the Minister on the progress and process of the review. It captures what we have heard from the regional forums and site inspections throughout July and August 2023.

Design of the Review

The Review includes:

- regional sector and staff forums to hear directly from those in the system about the current challenges and opportunities;
- site inspections of the differing residential care models in operation across Queensland;
- a public survey accessible at www.getinvolved.qld.gov.au/gi/consultation/11801/survey/9750/view.html;
- written submissions from interested members of the public, including researchers, those with lived experience and those impacted by the operation of residential care. Submissions can be sent to: www.getinvolved.qld.gov.au/gi/consultation/11801/view.html;
- discrete statewide forums for sector members, and children in the system or with lived experience of residential care; and
- a Ministerial Roundtable in September 2023.

The Review will produce a *Queensland Roadmap – A contemporary care system for Queensland: Review of Residential Care.* This Roadmap will:

1. provide an overview of the evidence and best practice;
2. outline a future direction for non family-based care, including identified issues and future opportunities; and,
3. propose an implementation plan for Government consideration.

Queensland
Government

Plans and deliverables

Terms of reference – the QFCC received a copy of the draft terms of reference on 13 July 2023 from the Minister for Child Safety. The QFCC supported the terms of reference but highlighted the need to gather the views of young people and families with lived experience, diversity of perspectives from across the broader system of services and outlined additional evidence needed to inform the review.

Governance structure and project schedule – the QFCC received a copy of the governance structure and project schedule on 8 August 2023. The project governance includes an internal Department governance mechanism as well as a Project Executive Group with CEO attendance from PeakCare and Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP). The key deliverables of the review include:

- August to September - Information gathering and consultations;
- September - Ministerial roundtable to bring together sector partners and experts;
- October to December – Development of Roadmap; and,
- December – Final report delivered.

Sector, community, and young people consultation plan – the QFCC received a copy of the engagement schedule and consultation plan on 8 August 2023. The plan outlines four key stakeholder groups; system partners; frontline staff; service providers; and, people with lived experience.

Activities this month

Regional forums with providers and staff from the Department, and visits to residential care homes have commenced. The Principal Commissioner, and CEO of PeakCare have attended all forums. QATSICPP staff have attended some, when available.
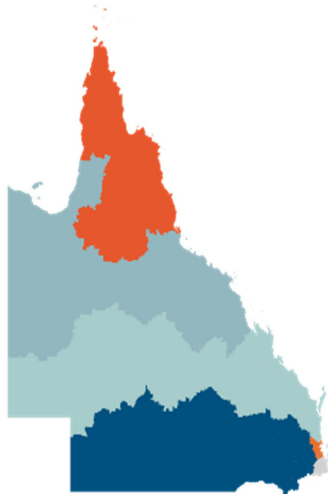
8 Regional forums held in **4** locations

260 individuals (130 provider staff and 130 staff from the Department)

6 Residential Care Home Inspections with staff interviews

South East: 1 x service provider forum; 1 x Child Safety forum; 1 x residential care home visit

Cairns: 1 x service provider forum; 1 x Child Safety forum; 3 x residential care home visits

Brisbane: 1 x service provider forum; 1 x Child Safety forum; 2 x residential care home visits

Central Queensland (Rockhampton): 1 x service provider forum; 1 x Child Safety forum

The forums focus around five areas of inquiry. They include:

1. *How can we better understand and meet the diverse needs of children?*
2. *What does a successful care arrangement look like? What models work and do not work?*
3. *What changes could be made to improve ways of working to ensure children and families receive appropriate support?*
4. *How can we better equip out-of-home care carers and supports?*
5. *What are the top priorities for change to meet the full range of need? What is an appropriate pace of change?*

Process observations

The QFCC observed the forums to be successful in facilitating open and honest conversations about the pressures and opportunities in the system to improve outcomes for children and their families. There has been good representation from both service providers and Departmental frontline staff with 25-40 people in attendance at each forum. Participants are responding positively to the engagement process. While there have been some variations in the challenges reported across regions, common themes are emerging.

As leaders of the review the Department is collecting detailed notes, including individual forms from each attendee and the write-up of group discussion. This material will be synthesised by the review team, and the QFCC will provide assurance that the key messages and observations are included in the Department's work.
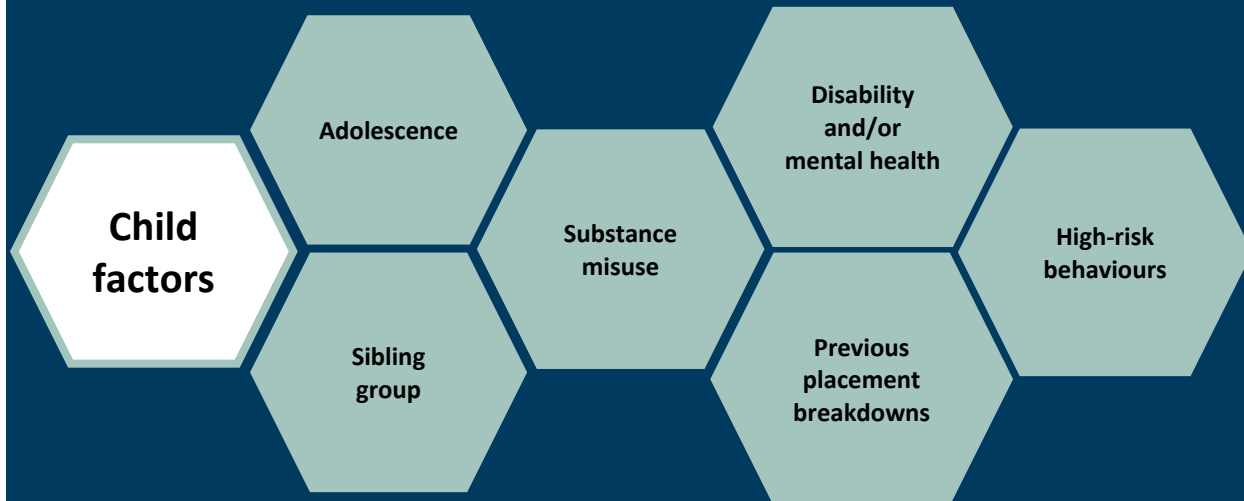
Content observations - Summary:

The QFCC has documented key messages from frontline staff and residential care providers about the current system. Through the discussions the development of a future roadmap for reform has started to take conceptual shape. The below image indicates the key themes against a visualisation of the care continuum.

Residential Care Review – Initial care-continuum concepts arising from first Regional Forums
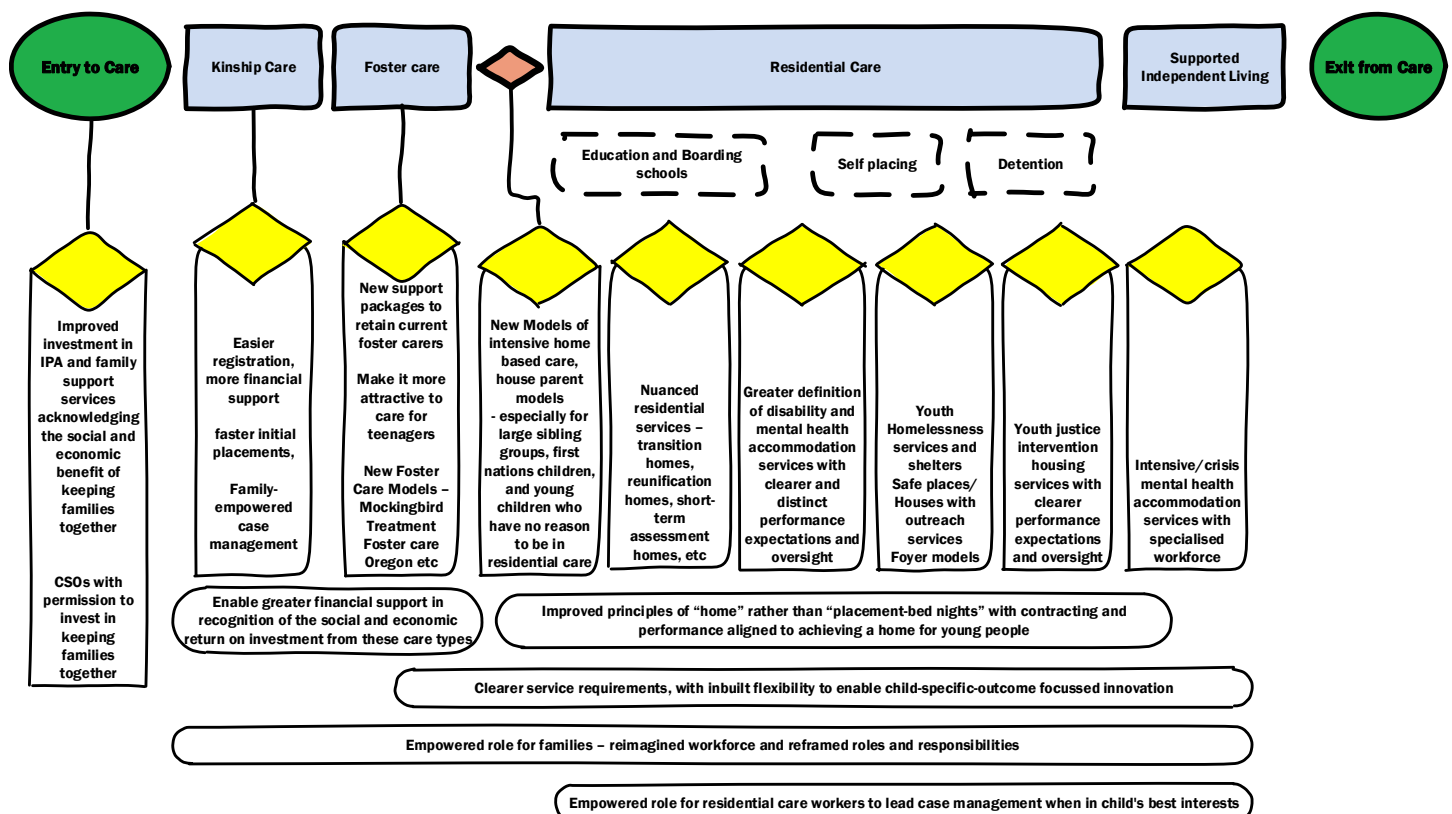
What we heard about factors impacting residential care

Child and family circumstances the sector reports as driving use of residential care:

Child factors

Adolescence

Sibling group

Substance misuse

Disability and/or mental health

Previous placement breakdowns

High-risk behaviours

System circumstances the sector reports as driving use of residential care:

Factors driving entry	Factors preventing exit
Family-based care not incentivised (carers carrying day-to-day care without placement agreements, reimbursement, no guidance, support, or funding for placement support)	limited reassessment of placement needs following initial placement
Kinship care is overregulated	Priority/Time available to undertake active 'transition work' to place children in family-based care or independent living
Foster carer agencies not always contacting foster carers (lack of collaboration with carer-agencies deciding about placements without carer input)	Limitations on active reunification work with family to support timely reunification
Urgency of placement is valued over placement matching	Timeliness of transition to adulthood actions
Limited opportunity to 'slow down' placement matching to find best option for child's needs	Long waitlists for specialist assessments and access to services (meaning the needs and behaviours of children escalate and they become 'stuck' in residential care)

Factors the sector reports as impacting the quality of residential care:

Lack of First Nations workers | Models of shift work | Sector not professionalised and no separate award| Unlicensed providers lack guidance | Over-regulation of sector | Sector not empowered through information sharing or authority for care decisions | Retention and stability of workforce | Funding models do not drive nuance | Risk and cost focused over child needs| Process for managing allegations | Wellbeing of staff | Capability and training of staff | Relationship between provider and Child Safety | Administrative burden | Reactive approach and managing crisis limits capacity to provide therapeutic care | Impact on home dynamics through children being moved between placements

What we have heard – details

Common concerns raised at the forums included acknowledging that:

- there is tension between residential care being designed as a temporary placement and yet it is being used as a long stay home for young people (the current length of stay is 4 years). This design tension does not prioritise making the placement "a home";
- there is design conflict as to whether residential care is a house/bed service or an intensive intervention service. There are differing models and practices depending on the region and provider; and
- there is design failing in providing these young people an 'adult champion' – when they reach residential care the model reduces opportunity for human-connection.

The initial outcomes from discussions led to eight key messages. These key messages are shaping the thoughts and investigations of the review team, however these are just the first messages collected by the QFCC. A significant number of additional views are expected across four more regional forums, the written submissions and survey process. The initial key messages are:

1. **There are opportunities for new effort and investment to support kinship carers that will take immediate pressure off the residential care system – however both the existence of, and perception of, rules is preventing this effort:** – overwhelmingly we have heard that children should be with kin and any reform must prioritise kinship mapping, reducing the overregulation of kinship care by removing the need for Blue Cards and increasing flexibility in funding models to allow financial investment in kinship care homes to meet the needs of their children.

    "We regulate kinship carers as workers. They are family raising family, not workers raising family. Kinship and foster carers are two discrete groups".

    "First Nations children need to be with kin. We could be investing the money we spend on supporting children in residential placements towards supporting kin to raise family".

    "Our system is designed on funding buckets, and our biggest bucket is at the wrong end, getting the wrong outcomes".

2. **There is a clear gap between the available foster and kinship carer models and the residential care model, with children being escalated into residential care models unnecessarily and the opportunity to contract alternative home-based services has been missed.** Workers spoke of their desire to fund home-based care for large sibling groups – to use house parent models for young children, and to reframe many of their residential care placements to be new services where a stable worker enabled reunification work to occur. There was broad recognition that the majority of children currently in residential care did not need this type of service.

    "The majority of children in resi now do not have complex needs."

3. **The concept of residential care has lost its nuance – there is opportunity to make a profound difference across the system by bringing more nuance to the type of services we are seeking and committing to this specialisation.** We heard that the demand pressures on the system have diluted the design intent of residential care. Providers and staff are concerned that the system is intended to escalate to meet the behaviours and needs of young people but that **"kids in residential care need more attention and connection but our model gives them less"**. Another provider said, **"the system architecture is driving the services delivered not the child's actual needs"**.

    "There has been an absolute dilution of design intent."

4. **Much of the current residential care system is operating as disability support accommodation for children: -** individuals reported growing numbers of children being relinquished by their parents who no longer had the resilience to raise their child, and workers spoke of frustration at not being able to obtain "any more support than the poor parents who made this choice". Staff and sector spoke about the attitude of NDIS assessors and workers who are perceived to see residential care as a 'protective disability support' meaning it is even harder to obtain services for children with disabilities.

5. **There is a discrete place for residential care in the out-of-home care system** – stakeholders support the need for continuing residential care models but the urgency to find children a placement is diluting the model. Providers report feeling pressure to shift from their carefully planned individualised models of care to help release the pressure points in the system stemming from a lack of foster and kinship placements.

   "We are being pressured to place children because there is a spare bed even though we have said it is not safe or suitable due to the circumstances of the other children in the home."

6. **Funding processes and approvals are actively working against child-focused and family-based outcomes – both in the design and commissioning of innovation, and in the contract management of funded services:** – the construct of competitive tendering is working against collaboration and the provision of "parental care" and the funding model is blocking best practice. Stakeholders report the current funding models and processes are more focused on counting dollars than investing in the needs of children and their families. Funding needs to allow for nuance, innovation and individualised responses and have proportionate governance and oversight.

   "Funding for bed nights does not encourage outcomes."

   "The methods of operating are destabilising for young people."

   "The residential model of operation isn't natural for children, for parenting or for running a home."

   "The construct of competitive tendering works against collaboration and the funding models block best practice and child-focussed services tailored to the actual child. I have to defend the cost of driving kids to school – rather than it just being expected and accepted."

7. **Risk management, finance and workforce laws within the residential care system work against providers making a 'home-based environment' where friends and family support young people.** Staff explained how fire-safety laws meant sibling groups needed to be separated, and how young people could not have friends visit, or family drop in. Workers spoke of creating 'day plans' that kept young people busy and out of the house and how artificial this was compared to their own childhood and child raising. Workers spoke of the degrees of difference between what they needed to do as workers vs what the young people – particularly young boys – needed and how procedures and compliance checks and standard of care concerns often worked against building good relationships and connections with adolescents.

8. **There are real benefits to be gained from greater professionalisation and support for our residential care sector** – the benefits of stable care teams for children cannot be overstated. To achieve relational stability between children and their carers the sector must be able to support and retain staff. This includes their role design and remuneration, as well as their empowerment within the service system. Providers said staff are fearful of allegations, investigations and, at time, their safety. This additional load on staff needs to be

recognised. Providers need to be properly resourced to provide training, wellbeing support and have capacity to create stable care teams that allow for carefully planned rotations.

"Workers are youth workers and now they are finding themselves changing nappies and working with young children without the skills in child development."

"Care teams have a trauma load. Their wellbeing needs to be addressed so they have the emotional space to provide great care."

*"You cant have dysregulated adults working with dysregulated kids."*

9. **There is a strong desire, and anecdotal evidence, that Government Departments including Education, Police, Housing, Youth Justice and Mental Health, do not act in a way that recognises the State is the parent to these young people.** Providers and frontline workers spoke of the misunderstanding across government and community that residential care cannot be a mental health, disability, youth justice and education service provider. The model of residential care was suggested as confusing the roles of the primary caregiver, the case manager, and the worker and more than one worker spoke of being not much more than a babysitter.

"Are we meant to be doing an intervention, a placement or providing a home?"

"Residential care is a quasi-mental health system without the support or treatments, and it exists because of a failing of the mental health system. We need to be able to fund for nurses and health professionals to be on care teams."

Site visits

Residential services are homes. The QFCC visited six homes and spoke with the care teams to hear their thoughts and insights on residential care and models that achieve good outcomes for the children and families they work with. Upon our inspections we found beds and toys in bedrooms, art on walls, books and boardgames, entertainment systems, indoor and outdoor seating and play areas. There are worker spaces that are integrated within the homes which don't appear vastly different to a home study.
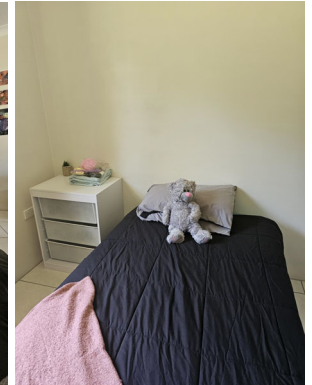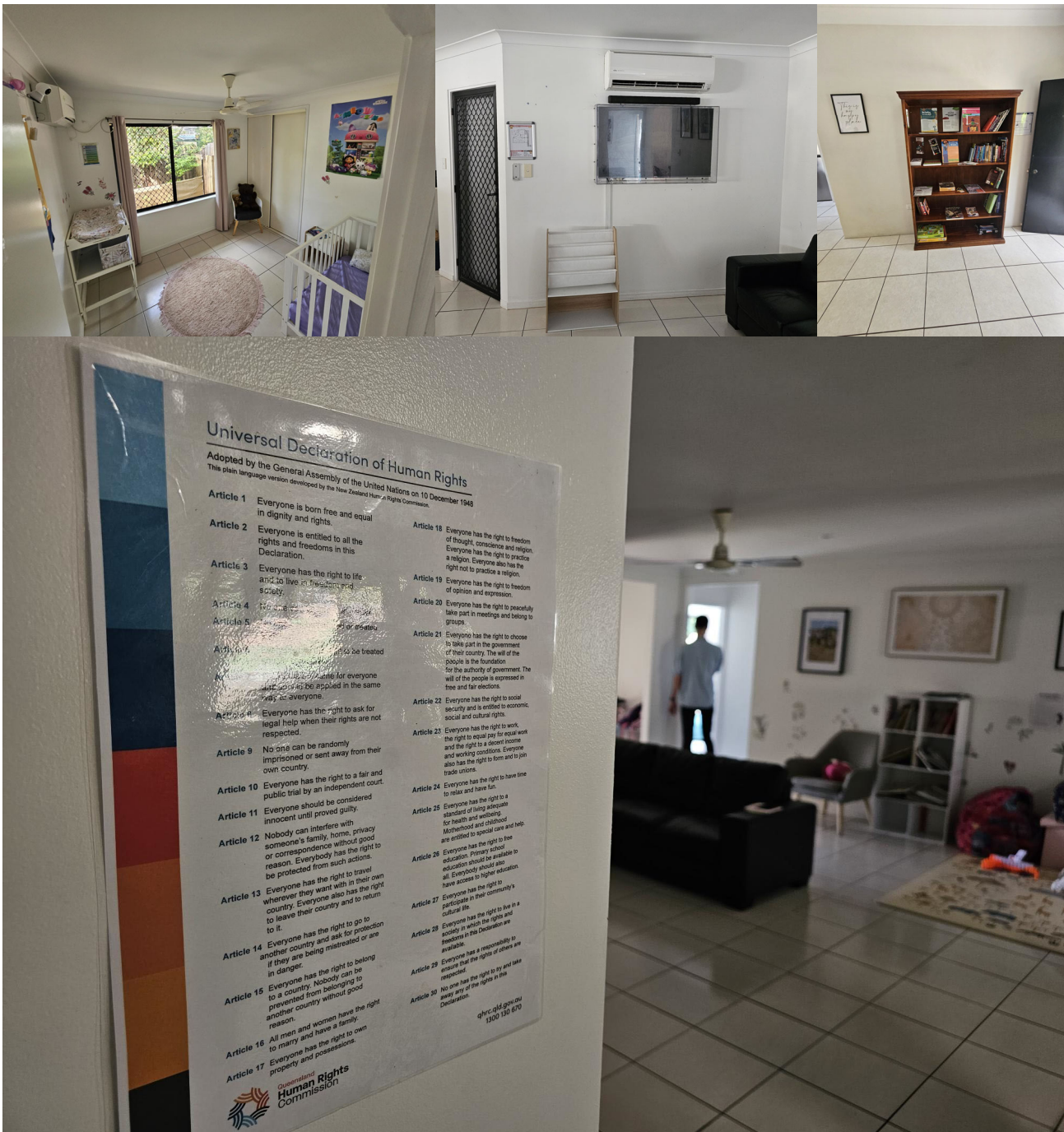
Case Study

Arches Accommodation Supports (Brisbane)

Arches is based in Brisbane and supports family, kin, foster and other supported living arrangements through a tailored model of care for each child, including providing therapeutic accommodation options to increase family, kin, foster and residential care stability. Importantly, Arches provides planned therapeutic respite for young people. This helps to support carer resilience and support staff retention through proactively managing respite periods prior to a placement breaking down.

The framework includes:
- a staff care model, including a specialised team dedicated to improving resilience and wellbeing for team members;
- providing regular, professional supervision to support sustainability for the workgroup; and,
- access to post-incident debrief support for specific incidents.

The agency reports this focus on staff wellbeing and proactive supervision has supported staff retention and acts as a preventative measure to identify early indicators of staff burnout and engage intervention to mitigate adverse impacts for staff and the young people they are supporting. Arches reflects that greater staff wellbeing provides for improved stability for the young people working with the agency, as children have consistency in their worker relationships and fewer instances of unplanned absence by the care team. Arches' practice originally intended to primarily offer proactive respite for out-of-home care including residential care. The practice model has since evolved into an out-of-home care placement however, out of the need to find accommodation for young people who are unable to remain in their existing placements.

"We had a young person with complex needs come to us on a Friday for weekend respite. Come Monday, they were unable to return to their placement as the service would not take the child back."

Despite the necessary evolution of the service model to address the pressures from the sector, the provider explained that the service continues to be transitional in nature, with a requirement for clear goals to be developed for and with the young person as part of their residential care case planning and ensuring that their accommodation with the service continues to be purposeful and actively working towards those goals. The model includes defined service periods (e.g. 3 months) with a set review date at which time Arches will assess the progress made towards goals, evaluate goal suitability, and work with the existing service network to address outstanding goals or make changes to the case plan as appropriate and in response to the young person's needs and circumstances.

Key learnings/ Points for consideration
- the need for specific goal setting to measure progress whilst engaging with residential care services and avoid young people feeling 'forgotten' once they enter residential care;
- the importance of proactive staff wellbeing management to support retention and sustainability of the workgroup, and service provision to children and young people; and,
- the impacts of the sector demand on practice models, resulting in evolution away from the initial design intent to account for the 'needs' of the sector.

Next month
In the next month, the review will complete the regional forums and site inspections and finalise preparations for the Ministerial Roundtable. The results of the survey and written submissions will start to be analysed. The Department will produce its baseline information to the QFCC, QATSIP and PeakCare including:
- the profile, current demand, and future need, projected on data for children in care, foster and kinship carer placements, and non-home-based care placements (including non-home-based care workforce data);
- the trend complaint, standards of care and incident data for residential care placements (including as a proportion of the total of these);
- an analysis of cross-jurisdiction examples of residential care contracting and service design
- recent Audit and Practice Reports;
- budget reports, including expected and actual expenditure on residential care services, with sufficient geographic and provider breakdown; and,
- reporting and information on the licencing process for current and past providers.