



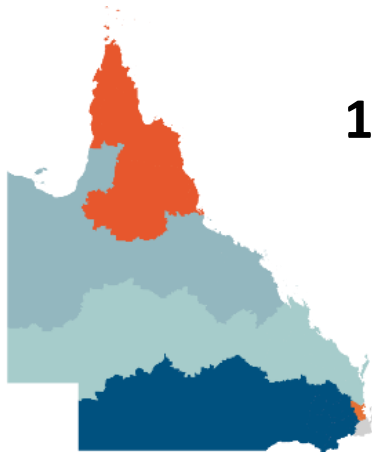
Introduction

This is the second monthly report by the Queensland Family and Child Commission (QFCC) regarding the Department of Child Safety, Seniors and Disability Services (the Department)'s review into residential care services. The QFCC's role in this review is to provide independent oversight of the review process, and provide strategic, independent advice to government regarding the outcomes and findings of the review. This will inform the development of the *Queensland Roadmap – A contemporary care system for Queensland: Review of Residential Care*. This report captures the activities undertaken and what we have seen and heard at the regional forums and site inspections throughout the month to 24 September 2023.

To find out more about the review, go to the Departments website at: www.dcssds.qld.gov.au/about-us/reviews-inquiries/queensland-residential-care-systems-review

Activities this month

Regional forums with providers and Child Safety staff and site inspections of residential care homes have continued.



8 Regional Forums held in 4 locations

155 individuals (approximately 70 provider staff and 85 Department staff)

6 Residential Care Home Inspections with staff interviews

Maroochydore: 1 x service provider forum, 1 x Child Safety forum

Gatton: 1 x service provider forum, 1 x Child Safety forum,

Townsville: 1 x service provider forum, 1 x Child Safety forum,

Mount Isa: 1 x service provider forum, 1 x Child Safety forum,

The Principal Commissioner and QFCC staff have attended all forums and site inspections.

QFCC Process Observations

The forums continue to invite open and engaging conversations about the current status of residential care. The facilitation of the forums has encouraged participants to share experiences, discuss possible opportunities for improvements, and explore strategies which could be undertaken to address the concerns in the current operating model. Representation at the forums has remained balanced, with between 20-40 participants at each session, across both the service sector and Department frontline staff.

The Department has continued to collect detailed information from the forums and site inspections to inform their synthesis of data at the completion of the regional activities.



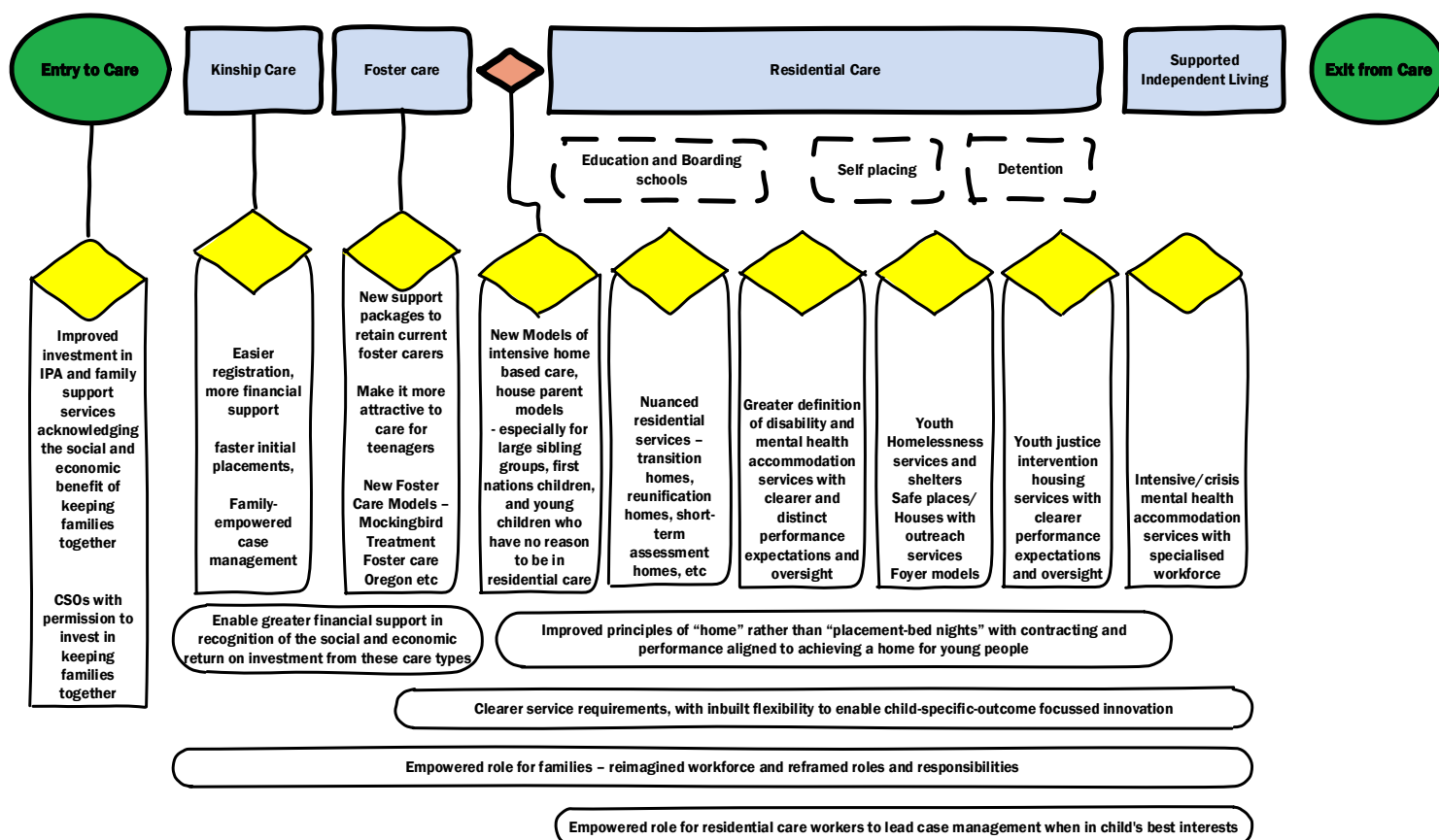
QFCC Content Observations - Summary:

The forums in North and West Queensland this month echoed the common themes that were identified across the earlier sessions. The negative child and family impacts of the rigid Blue Card scheme were raised in every forum.

The North Queensland region raised specific concerns as they relate to the region and uniqueness of the large area this region represents. Specifically, this region highlighted how the needs of the child must be prioritised in service design as well as in decisions about placements and care arrangements. This region also raised the importance of family-finding exercises to explore kinship options as it relates to the Aboriginal and Torres Strait Islander Child Placement Principle, and the challenges of maintaining community connections when residential care services and specialist services are based off-country or are only available at East-Coast-city centres.

The 14 key concepts raised in our first monthly report (highlighted in the below chart) have been re-confirmed at this month's forum, and there has not been any new substantial additions.

Residential Care Review – Initial care-continuum concepts arising from first Regional Forums



What we have heard – Details

The forums we attended in September echoed many of the same common concerns which were raised at the earlier regional forums, suggesting that there are common themes across the State as it relates to the model of residential care currently in operation, and the experiences of both Departmental staff and service providers working in the system. Some key messages raised at the North Queensland forums included:

- The stringent nature of Working with Children checks as it relates to assessing and approving kinship placements,
- The importance of culturally safe practices to maintain cultural connection, and
- The importance of centring the child and their needs at the heart of all decisions made about their care.

The data obtained by the review team at the regional forums will be considered in conjunction with the written submissions and survey responses collected throughout the review process. The initial outcomes from discussions at the regional forums led to five new key messages. These key messages are as collected by the QFCC and may differ from the outcomes highlighted by the review team led by the Department. These five new key messages are in addition to the nine listed in our first report.

These original key messages were:

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.
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.
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.
4. Much of the current residential care system is operating as disability support accommodation for children.
5. There is a discrete place for residential care in the out-of-home care system.
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.
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.
8. There are real benefits to be gained from greater professionalisation and support for our residential care sector.
9. There is 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.

The five new key messages collected by the QFCC this month are:

- **Location-based shortages for specific services to support children in out-of-home care and residential care is impacting access and engagement in tailored, specialised treatment.** Lengthy waitlists and a shortage of specialist allied health professionals delays access to assessment and treatment for children in out-of-home care, meaning children can go months or years without comprehensive assessment. Consequently services do not have a clear understanding of how to best meet children’s needs in a safe and appropriate approach. We heard that children are then travelling to larger city hubs to participate in

specialised assessments or access specific treatment which takes them further from their family and community. Staff in Mt Isa spoke about how young people and families are taken to the East Coast for specialist services, which has the compounding effect of reducing the 'service need data' for their region.

"Children are presenting with specific needs outside of the capacity of the local community, which results in sending kids to Townsville to access services, then funding is expanded in Townsville because that's where the 'need' has presented, and Mount Isa continues to miss out on funded services and be forced to travel"

- **There are people in communities who would be willing to care for a child, however, more needs to be done to identify these family members and support them to care for their family rather than children being placed in residential care.** Consistent with messaging from earlier forums, participants voiced that kinship options should be thoroughly explored before placing a child in a residential setting. We also heard that the overregulation of kinship care and scrutiny by Child Safety was discouraging community members from considering kinship due to fear of judgement. It was suggested that removing the need for stringent Blue Cards would support more community members to be considered as kinships carers and would support children to maintain connection with extended family and community.

"When you understand kinship networks, you can't tell me you can't find one kin member to take that child in"

"Why are we not listening to Aboriginal families and community about suitability for kin placement?"

"Kin are scared of getting in trouble with Child Safety and so are not coming forward to be carers due to fear of scrutiny by the Department".

- **There is a need for culturally informed assessments of safety, risk, and safeguarding.** We heard that the current model has an 'idealistic' view of the perfect person to care for a child, which is not realistic and not community relevant. It was reported that the risk appetite of the Department is too low when considering kinship arrangements compared to a high threshold when in out-of-home care.

"Child Safety is viewing situations as 'risks' in kinship instead of taking a safeguarding approach"

"Child Safety is too blinded to the risks occurring every day [in residential care]"

- **There remains a tension between decision-making authority of the Department, and service providers needing to make choices to meet the daily needs of children in residential care.** Participants spoke to the barriers experienced on both sides of the decision-making process: where service providers are required to seek approval from the Department for seemingly simple activities or requests, and that Child Safety workers are needing to then seek endorsement from hierarchical management structures. This results in delays in processing requests and impacts on the child's ability to engage in normal childhood activity. It was suggested that redirecting more decision-making responsibility from the Department to the service provider engaged in the daily care of the child would have greater impact and improve timeliness for decisions for children.

"Child Safety makes decisions for the child even though it is the sector who spends time with and works daily with the child"

"The compliance system of check-boxing does not provide a good life for the child"

"Child Safety needs to be all-in or step- out – we can't do both"

- **The process of investigation and assessment by Child Safety needs to consider the child's needs in the context of the home safety.** Children are removed from their family of origin due to unacceptable risk of harm, or an inability to provide safety to the child in that environment. These decisions are made following an assessment of risk and safety conducted by the Department, but we heard from staff that this assessment does not always capture the needs of the child including their mental health status, their developmental or disability needs, cultural connections or educational goals, behavioural presentations, or their general childhood activity needs. We heard that the impact of high caseloads for Child Safety means officers **"can't get the opportunity for meaningful engagement with children for assessments"** and that because Child Safety's primary focus at the start of the case is on safety, risk, and harm, **"the rest of the child's needs fall away until someone more diligent picks up on [the needs]"**.

"If we got the first bit right [investigation and assessment] then we have a better understanding of what is the best option for the child"

- **More can be done to help children stay close to the locations and communities they know.** We heard that working closely with communities to establish community-led plans for community development, parenting, and health supports is a crucial precursor to establishing locally successful arrangements to support child safety in out-of-home care. We heard about examples of services that are working closely to support child in safe houses that are supported by community, however we also heard the lack of these options is resulting in children being moved to distant locations including going from Mt Isa (or surrounds) to Townsville. The importance of having access to locations that support ongoing family connections was highlighted as an important step in supporting children and families retain contact while being safe. The community at Mt Isa called for a contact centre that can be used to allow ongoing connections with children.
- **The need to have access to a stable and capable workforce.** Across all locations we heard attracting a workforce was a challenge – however these locations talked about the impact of the large instability of their workforce and how this detracts from building strong networks and connections. This gave rise to a need and opportunity to think differently about role design, and how the broader system can build awareness and capability in key aspects of family functioning and wellbeing. Staff highlighted the importance of being able to support services by boosting knowledge and capability and suggested the importance of building awareness about FASD as well as other early childhood and family functioning.

Site visits

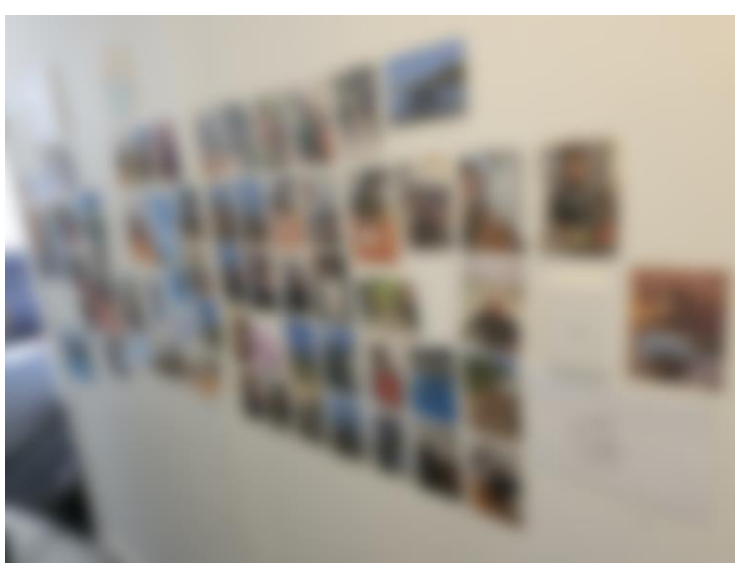
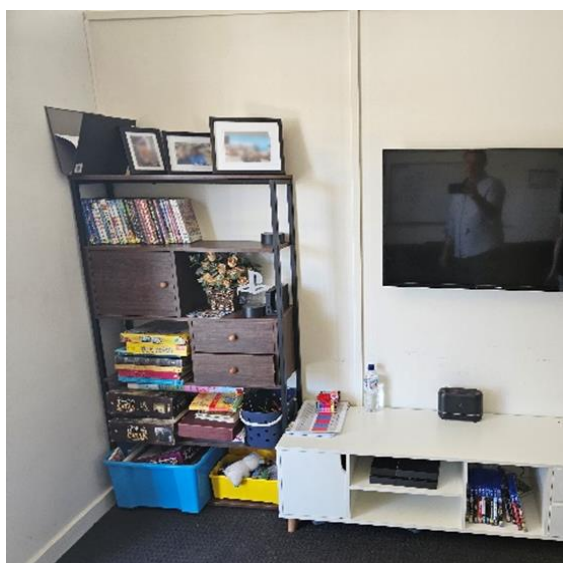
The QFCC visited another six residential care sites and spoke with workers to understand their experiences and listen to their suggestions, insights and considerations of the residential care system. Staff consultations at site inspections were open and conversational. Workers were empowered to raise the challenges they experience as well as provide their thoughts on the review and possible improvements for the sector to improve outcomes for children and their families.

The homes we inspected highlighted the differing ability of providers across regions to create home like environments for children. There were inconsistent approaches across sites to the level of procedural approaches to their work, and the investment into the children that lived in the house.

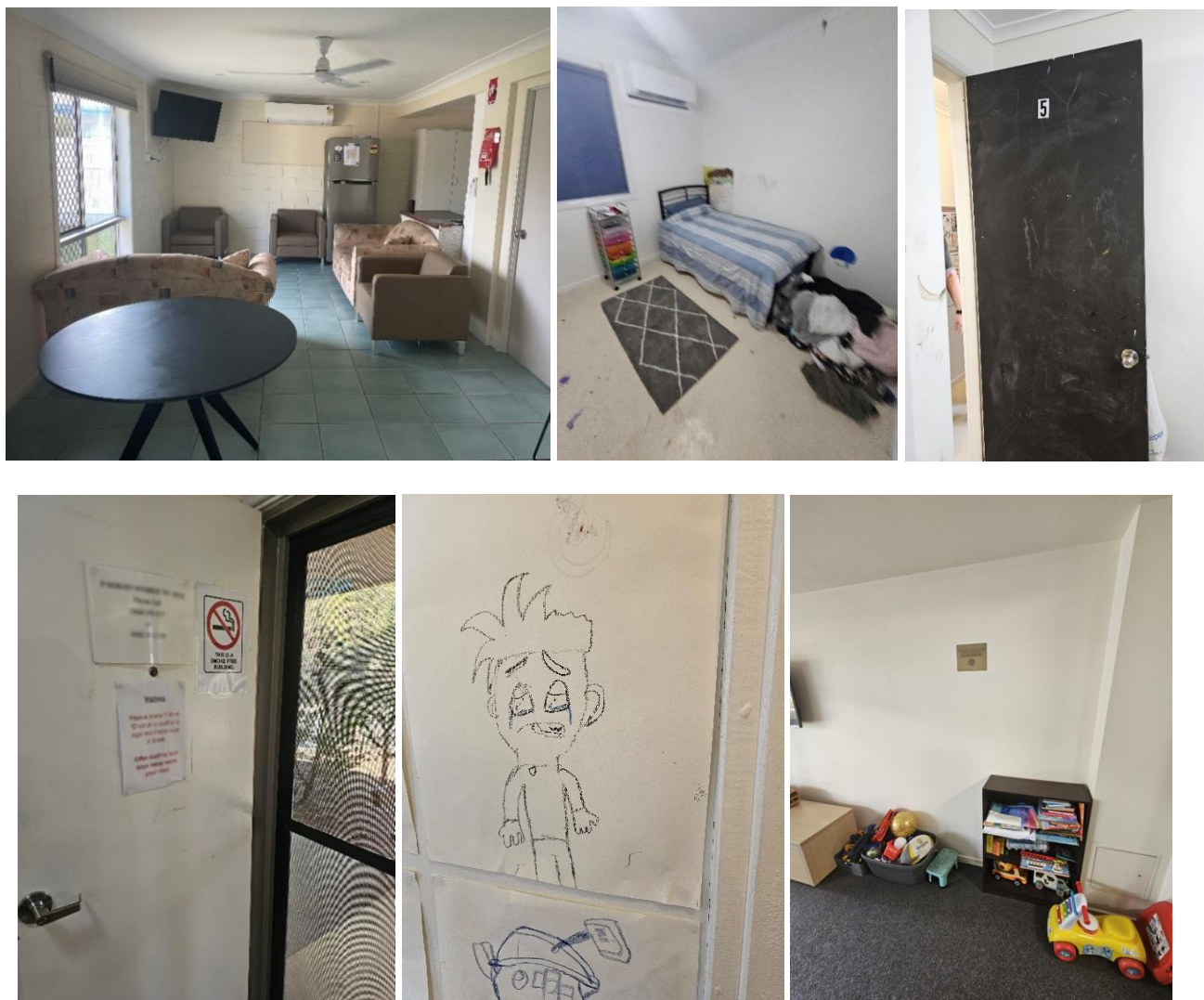
Homelike houses: We noted key features including soft furnishings, bookcases, toys, children's artwork, photographs of key life events, and backyards and play-areas with toys, scooters, swings and gyms. (Scooters became a real issue for the review team when we heard that some children had theirs confiscated for safety reasons, and that some houses would not allow children to ride bikes or scooters because of the possibility of incidents).

Residential placement homes: We noted houses that had less homelike feel had significant number of work health safety signs, numbered rooms (i.e. XXXXX sleeps in room 3), staff quarters that were separate and locked but highly visible, non-permanent furniture (i.e. plastic movable bedside tables), small dedicated places for the child's possessions, staff instructions and phone numbers on key areas of the building including front doors, lounge room walls, and fences.

Overall, the standard of residential care homes was inconsistent, and hardly ever congruent with the desire of the staff at the location to provide care to the children and young people 'placed' there.







Case Study



The impacts of safety assessments on family groups

At regional forums this month we heard several examples of the impacts of Blue Card screening assessments on family groups, and the concerns raised by the sector and Departmental staff around the suitability and appropriateness of these screenings for kinship placement arrangements. We heard that families were coming forward intending to care for their kin but were finding the Working with Children Check (Blue Card) assessment was restrictive.

The participants felt that this check did not necessarily reflect an individual or kin member's suitability to care for a child in their family, and that other culturally informed safety assessments would be more suitable. Participants in this month's forums suggested that the impacts of colonisation and over-criminalisation of Aboriginal and Torres Strait Islander persons has resulted in a disproportionate population of First Nations persons with adverse criminal or personal history records, which in turn disqualifies those persons from caring for their kin as they are unable to pass a Blue Card check.

One participant raised an example of a First Nations child who has been removed from their parent. Child Safety were intending to place the child with their grandparents. The grandparents were assessed as suitable carers and met Blue Card screening requirements. Around this same time, their adult son was to be released from a correctional facility and was expected to return to his parents' home as his approved address. Given his circumstances, the adult son (the subject child's uncle) would not meet the Blue Card check as "an adult living in a home where care is being provided for a child, for example living in a home where foster or kinship care is being provided".¹ There was no evidence that this man posed any specific risk to children, particularly his nieces and nephews, nor was he proposed to be the primary carer.

The ineligibility for the adult son placed the grandparents in the position of needing to choose between providing a safe place for their son, or assuming kinship care of their grandchildren. Ultimately the children remained in residential care.

This example highlights the emotional and social impact of the Blue Card system for kinship carers. Although the grandparents were ready, willing, and able to provide a caring environment for their grandchild, and had passed all necessary safety steps, their children were not ultimately placed with them. There is not a visible part of the decision-making process that recognises that this outcome poses a separate and comparable trauma for the children and the family - as a whole.

Participants shared that although this specific example appears extreme, it would not be an abnormal experience especially in regional or remote Aboriginal and Torres Strait Islander communities where multiple members of extended family may live together. We heard that community members are sometimes considered ineligible to care for kin due to criminal charges which occurred decades ago and do not reflect that individual's current ability to be a safe and stable carer for their family. It was shared across both the service provider and staff forums that families are wanting to provide care for their kin, but find the system is too risk averse and is not agile to consider safeguarding approaches.

Key Learnings/ Points for consideration

- Blue Card screening for kinship carers continues to be raised as a concern for the sector and Department staff as it restricts some family members from caring for their kin.
- Blue Card screening is intended for individuals who are working with or volunteering with children, and that kinship care should not be considered employment or volunteering under this same construct.
- Participants voiced the impacts of over-policing of First Nations communities as a contributing factor to individuals being considered ineligible to care for their kin. We heard that where individuals are charged with a serious assault offence in their late teens or early adult years, although they may since be otherwise safe members of the community, they are not able to care for their kin as they don't meet Blue Card requirements and children are then being placed in residential care services instead of with family.

Data and evidence

At the start of this month the QFCC provided the Department with an artefact register of existing QFCC published works relating to residential care in Queensland. The QFCC also followed up on its request for data relevant to the review. This request is outstanding and covers:

¹ Individuals requiring a blue card to work or volunteer with children, 2022. [Individuals requiring a blue card to work or volunteer with children | Your rights, crime and the law | Queensland Government \(www.qld.gov.au\)](https://www.qld.gov.au/your-rights/crime-and-the-law/individuals-requiring-a-blue-card-to-work-or-volunteer-with-children)

- 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.

During the process of the regional forums, the Commission noted significant sensitivity about data held regarding residential care. We also noted a clear gap between the data held by providers and the Department, and the opportunity for all parties to be more transparent about the current outcomes being achieved across the system. The QFCC will be recommended a public performance framework for non-family-based care (including residential care) as part of the roadmap – including better measurement and monitoring of life domain outcomes for children, and greater information sharing and linkage to drive system improvement.

Next Month

Roundtable: The Ministerial Roundtable will be conducted in the coming month. The Roundtable is intended to provide sector partners and experts the opportunity to discuss the findings of the regional forums and inspections directly with the Minister and Department. Upon finalisation of the regional forums and site inspections, the Department review team will analyse this information together with the written and online submissions to commence producing the Residential Care Reform Roadmap.

Voice of the Children in the System: The QFCC response to the terms of reference emphasised the critical importance of giving voice to the children currently in residential care. This month the Department has commenced its second 'My Life in Care' Survey, and we expect that more responses from children in residential care will be sought and supported. This will require the assistance of the sector and the QFCC is encouraged to hear of the role played by PeakCare in this process. We also understand that Departmental workers are speaking with children in residential care and compiling feedback for the review team. In addition, the Create Foundation is contributing to the review by conducting private sessions with children in residential care. The QFCC has partnered with Life Without Barriers to hold a youth forum for children with recent lived experience in residential care as part of our role.