




April 2024

# “A system that Cares”

Queensland Family and Child Commission  
response to Child Safety’s *‘A Roadmap for  
Residential Care in Queensland’*



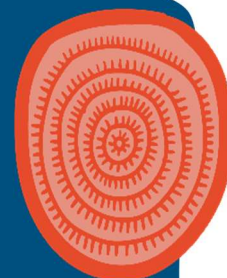
Queensland  
**Family & Child**  
Commission



The Queensland Family and Child Commission acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies where we walk, live and work.

We recognise Aboriginal and Torres Strait Islander people as two unique peoples, with their own rich and distinct cultures, strengths, and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to Elders past, present and emerging.

We acknowledge the important role played by Aboriginal and Torres Strait Islander communities and recognise their right to self-determination, and the need for community-led approaches to support healing and strengthen resilience.



### About the Queensland Family and Child Commission (QFCC) and this report.

The QFCC is a statutory body of the Queensland Government. Its purpose is to influence change that improves the safety and wellbeing of Queensland children and their families. Under the *Family and Child Commission Act 2014*, the QFCC has been charged by government to review and improve the systems that protect and safeguard Queensland children.



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## Executive Summary – Commissioner Twyford

All Queensland children deserve to live in a safe home and have trusted adults who advocate and care for them. In 2023 it became increasingly clear that this was not being achieved for all children in residential care in Queensland.

In July 2023, the Child Safety Minister announced the Department would undertake a review of the residential care system. In the review's Terms of Reference I was asked to "provide strategic and independent oversight and advice to the Review". To perform this role, I followed Department staff to numerous sites across Queensland, held engagement sessions with departmental workers, sector workers and young people to identify the key issues impacting the quality of residential care in their experience. I inspected multiple residential care houses at each site and the review culminated in a Ministerial roundtable in October 2023. Overall, the standard of residential care homes I visited 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. I produced three monthly reports, and established an expert advisory panel of young people who had been in Queensland Residential care in the last 24 months. Together with young people with lived experience we produced the report "I was Raised by a Checklist" capturing the story of what it is like to be a child in residential care.

A critical question for me in my role providing independent oversight to the review is the extent to which a system can reform itself. This was the question I posed in my last monthly report to the Minister during the review. In January 2024, following this six month Department-led review, the Queensland Government released its *Residential Care Roadmap* outlining the actions the Department of Child Safety, Seniors and Disability Services would take to deliver a better standard of care for the young people who live in homes funded as residential care homes. The Department's *Residential Care Roadmap* outlines what the Department has learnt and committed to do differently during the review. It contains 31 separate actions that the Government will take. The Roadmap brings together the views and experiences we heard, and sets the foundation for change, which when delivered will be profoundly positive for all Queenslanders. I believe the actions proposed in the Roadmap for Residential Care in Queensland will help create a better system for the thousands of young people who will reside in these homes this year.

The release of the Roadmap for Residential Care in Queensland starts the difficult process of implementation and delivering on the commitments made. All leaders across government, the sector and our society must now play their part. Over the pages of this report I outline the opportunities, challenges and QFCC expectations regarding the implementation of the Roadmap. For each of the Roadmap's elements, I have attempted to emphasise the importance and urgency of doing something new and better, which must be prioritised over what we are currently doing. Since the Government announced its review, the number of children in residential care placements has increased from 1,759 to 1,807.

The Roadmap is clear that the QFCC will provide an ongoing oversight role in the implementation of actions, and I look forward to working with government, young people and the sector to continue these critical reforms over the next three years. As at today I remained concerned that we continue to place children and young people into houses we would not choose for our own children – for that, ultimately, is the standard we should be expecting.



Luke Twyford  
Commissioner, Queensland Family and Child Commission  
10 April 2024

## Introduction – Malakai

Malakai is a proud Waka Waka and Kukuyalanji man with Fijian heritage who spent his childhood in Queensland's foster and residential care system. Now, Malakai draws on his personal experiences to advocate for changes to the child protection system. Malakai has been an active participant in the QFCC's review and assessment of the Residential Care Roadmap, and produced the following speech at the 2024 QFCC Youth Summit:

First of all I would like to acknowledge all of the people,  
That came here today to hear all of the young people  
From commissioners to young fellas we are all equal,  
Change starts from a seed that grows into a tree still,

My name is Malakai  
I was in the system from 9 months,  
didn't fit in was judged I had a fine hunch,  
My stories quite sick regurgitating my lunch,  
Nothing new you gonna hear about it by a bunch,  
of young people man all around Australia,  
so try and listen to this stories that they paintin ya,  
In the system feels like everybody's hatin ya,  
Happy kid but environment starts changin ya,

How does that feel lets dip in like the ladles,  
Wasn't with my mum by someone else I was cradled,  
I was told lies about my family some fables,  
put into a resi and then slapped with the labels.

You can feel the workers only there for the paychecks,  
To see growth you really gotta keep the patience,  
Kids wont change overnight that is my statement,  
And when they don't police are called to the placement

**I wanna see the care system actually care**  
don't dress it as pretty because its ugly when its bare,  
I want changes I don't want all of the children to share,  
traumas that I've gotten in foster and resi care

In care I had separation from my little brother,  
Both in youth justice just try to seek each other,  
He had a carer she thought that we didn't need each other,  
Finding brothers on the street but it couldn't be another,  
If he came to live with us it would of been a no brainer,  
Woulda filled the hole in our hearts just like my saviour,  
Without each other, acted out, we're on our worst behaviour,

We have to ensure kids are together when their raised up,  
Stop funding projects that don't make any real change,  
Find another angle if you don't then you're deranged,  
On paper things are good but then the kids just find it strange,  
Tailor it to their opinions then they'll be engaged,

Education you're either on the boat or under water,  
Expelled with no help could be your son or your daughter,  
If a baby is challenged you don't just give up and abort her,  
How detrimental is self-doubt when you're your only supporter,  
The teachers judging saying he's disengaged,  
Maybe ask him what about his class makes him this way,  
Cater to each individual not the entire grade,  
This will ensure we don't see these kids in last place.

The only people that can help fix what's wrong is the wronged,  
You really have to listen to the lyrics inside of their songs,  
We're going back and forth just talking like ping pong,  
They're not victims they can be victors like king kong

Quick question are we on the same page,  
Nah we're not coz if we were then I woulda seen some change,  
If you're really passionate you gotta make a way,  
**This is a priority make it happen today.**

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# Review of the Queensland residential care system

## Reasons for the review

In mid-2023 the residential care system in Queensland was receiving negative press, with news that:

1. there was an increasing number of children and young people in residential care—an 85 per cent growth over five years, and that no other jurisdiction was experiencing this growth. Queensland has 40 per cent of Australia’s residential care placements despite only having 21 per cent of the nation’s children-in-care.
2. almost one in three children in Queensland residential care were under 12 years, meaning there were hundreds of children below the age of 10, and indeed below the age of five, in residential care settings. Residential care workers, and the sector itself, were concerned that infants were being placed in residential care.
3. there were community concerns about youth justice incidents that had occurred – these incidents were raising legitimate questions about the supervision that was being provided in residential care settings. In some cases, members of the community were acting in vigilante ways at some of Queensland’s residential care sites;
4. complaints were arising regarding the sexual exploitation and predation of young people in residential care settings with reports that young people were not being adequately protected; and
5. complaints about the quality of care, and the regulation of providers were arising in response to a growing number of unlicensed providers operating in the residential care market.

In July 2023, Mr Craig Crawford MP, the then Minister for Child Safety, Seniors and Disability Services (the Department) called for a Review into Residential Care (the Review). The Minister asked the Director-General to lead the review and the Principal Commissioner, Queensland Family and Child Commission (QFCC), to provide oversight and independent reporting to the Minister. In his letter to the Principal Commissioner the Minister wrote:

“I am writing to you to seek expert advice and oversight from the Queensland Family and Child Commission (QFCC) as the independent strategic oversight body into a review of the child protection residential care system with the aim to improve outcomes and prevent harm for children and young people. The Department of Child Safety, Seniors and Disability Services is committed to ensuring the safety, wellbeing and best interests of all children and young people in care and I welcome the opportunity to partner with the QFCC to ensure that we are fulfilling our responsibilities to our most vulnerable children and young people”.

The Terms of Reference of the Department’s review were to:

- develop an understanding of the needs of different groups of children and young people in residential care, including children aged under 12, 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;
- explore evidence-based models, supports and interventions;
- describe the processes and structures needed to achieve positive outcomes for children and young people, including changes to contracting and procurement;
- confirm a theory of change about how outcomes for children and young people, and the quality of care services provided, can be improved, and how outcomes will be measured and monitored; and
- understand financial sustainability and costs of service provision.

In our response to the Minister's request the Principal Commissioner wrote: "We cannot improve a system by only looking at the system. For this reason, I am pleased to see opportunities within this review to consider how we can prevent circumstances from arising in the life-trajectories of children that will reduce demand on the residential care system (including early intervention family support to keep children out of care and strengthened home-based care options)".

Between July and November 2023, more than 800 stakeholders were consulted through 41 engagement activities, including 15 regional forums, and a Ministerial Roundtable which sought input from child safety experts, frontline workers, advocates, Aboriginal and Torres Strait Islander Community Controlled Organisations (ATSICCOs) and young people with lived experience. The Department partnered with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and PeakCare to deliver the review.

## Oversight and advice by the Queensland Family and Child Commission during the review

To deliver on its role the QFCC attended 16 regional sites and 41 engagement forums, hearing from 800 individuals. We also inspected 12 residential care homes and consulted with the staff and providers operating the homes. The QFCC also participated in the Ministerial Roundtable, with over 80 individuals from government, the sector, and peak bodies attending.

The QFCC published three monthly reports<sup>1</sup> and a youth engagement report that documented what we saw and heard when we brought together young people with a residential care experience. These are all available on the QFCC website.<sup>2</sup> The key messages from this process – recorded in the QFCC reports 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.** 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. This extends to sibling carers and siblings who have taken on parental responsibility. We heard: "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 have 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

<sup>1</sup> Queensland Family and Child Commission (2023). *Residential Care Review*. [Residential Care Review | Queensland Family and Child Commission \(qfcc.qld.gov.au\)](https://qfcc.qld.gov.au/residential-care-review)

<sup>2</sup> Queensland Family and Child Commission (2023). *Monthly report – October: QFCC oversight of Child Safety's Queensland roadmap. A contemporary care system for Queensland: Review of residential care*. [Monthly report - October 2023.pdf \(qfcc.qld.gov.au\)](https://qfcc.qld.gov.au/monthly-report-october-2023.pdf)

residential care placements to be new services where a stable worker could enable 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 National Disability Insurance Scheme (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 compromising 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 reported 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 versus 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 attract, support and retain staff. This includes a consistent approach to their role design and remuneration, as well as increasing their empowerment within the service system. Providers said staff are fearful of allegations, investigations and, at times, 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 can’t have dysregulated adults working with dysregulated kids.”
9. **There is a strong desire, and anecdotal evidence, that government departments and services including Education, Police, Housing, Youth Justice, Health 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 the 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; 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.”
10. **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 with a safe and appropriate approach. We heard that children are then travelling to larger city hubs to participate in specialised assessments or to 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.”

11. **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.”
12. **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].”
13. **There remains a tension between the 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.”

14. **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 children in safe houses that are supported by the community, however we also heard the lack of these options is resulting in children being moved to distant locations, including moving 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.
15. **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 Foetal Alcohol Spectrum Disorder (FASD) as well as other early childhood and family functioning.

## Child Safety's Roadmap

The Residential Care Review was designed to produce a “Queensland Roadmap – A contemporary care system for Queensland: Review of Residential Care”. This Roadmap is intended to: “outline a future direction for non-family-based care, including identified issues and future opportunities; and propose an implementation plan for Government consideration”.

On 18 December 2023 Minister Charis Mullen replaced Minister Crawford as the Minister for Child Safety and on 7 February 2024 Minister Mullen launched the Residential Care Roadmap.

The Roadmap is a five-year plan designed in partnership with the sector to reshape the residential care sector for the better. The media statement that accompanied the release of the Roadmap stated that the proposed reforms aimed to have the rate of children and young people in residential care, with an intention to increase foster and kinship care in preference. The ‘At a glance Roadmap’ is shown on the next page – and this report aligns feedback against each of the Government actions.

The Roadmap has 31 actions across 6 elements proposed to be taken across the next three years.

# Residential Care Roadmap – at a glance

This roadmap will help us create a sustainable and contemporary model of residential care that exists within a suite of care arrangements, including foster and kinship care, that together meet the needs of children and young people. A system characterised by:



## Our approach over the next five years

### Year 1:

#### Trialling new approaches

The first year of implementation will focus on co-designing and piloting new models, partnering with our Aboriginal and Torres Strait Islander stakeholders, and building on what works. We will continue to listen and learn from children, carers, and our sector partners.

2024

### Years 2–4:

#### Continuing investment in our carers and specialist services

Activities in years 2–4 will focus on expanding our new ways of working and increasing services and supports across the child protection continuum.

2025–2027

### Year 5+:

#### Building capability and impact

The final year of the roadmap will focus on embedding good performance and partnering for excellence.

2028+

For more information and the full roadmap, [www.qld.gov.au/resicarerereview](http://www.qld.gov.au/resicarerereview)

## How did we get here:

Over the past five years, the number of children living in out-of-home care has risen, with the greatest increases being in residential care. Furthermore, declines in the use of foster care have outpaced the change in the registration of foster carers. Overall, there is a lack of publicly reported evidence about the forecast demand for foster, kinship and residential care into the future. Without this information, it is challenging to develop effective targets and strategies to meet the priorities and reduce the overreliance on residential care.

While the goal is to halve the number of children in residential care today – we must do so in the face of projected significant increases. Our goal is therefore much more significant than it first appears.

Table 1: Number of children living in out-of-home care by placement type

Out-of-home care placements as at 30 June 2019-2023					Placement type	1-year change	5-year change																														
<p>Children living in out-of-home care</p> <table><tr><th>Date</th><th>Foster care</th><th>Kinship care</th><th>Residential care</th><th>Total</th></tr><tr><td>30 Jun 19</td><td>4,443</td><td>4,253</td><td>951</td><td>4,951</td></tr><tr><td>30 Jun 20</td><td>4,697</td><td>4,694</td><td>1,136</td><td>5,527</td></tr><tr><td>30 Jun 21</td><td>4,643</td><td>5,048</td><td>1,374</td><td>5,065</td></tr><tr><td>30 Jun 22</td><td>4,484</td><td>5,257</td><td>1,582</td><td>5,323</td></tr><tr><td>30 Jun 23</td><td>4,238</td><td>5,592</td><td>1,763</td><td>5,763</td></tr></table> <p>■ Foster care   ■ Kinship care   ■ Residential care</p>					Date	Foster care	Kinship care	Residential care	Total	30 Jun 19	4,443	4,253	951	4,951	30 Jun 20	4,697	4,694	1,136	5,527	30 Jun 21	4,643	5,048	1,374	5,065	30 Jun 22	4,484	5,257	1,582	5,323	30 Jun 23	4,238	5,592	1,763	5,763	Residential care	11.4% ▲	85.4% ▲
					Date	Foster care	Kinship care	Residential care	Total																												
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Kinship care	6.4% ▲	31.5% ▲																																			
Foster care	-5.5% ▼	-4.6% ▼																																			

**For foster care:** After an initial increase in foster care placements between 2018 and 2020, there was a notable reversal in the trend with placements decreasing from 2021 onwards. While COVID-related hardships may have contributed to a spike in demand through 2020 and 2021, we can observe that demand was already increasing prior to the pandemic. Between June 2018 and June 2019, there was a 5.6 per cent rise in placements. This pre-COVID period also saw an 8.9 per cent increase in the number of children who received a notification, and a 2.8 per cent increase in the number of children with substantiated cases. The recent decrease in the number of foster placements could be partially due to a post-COVID recovery.<sup>3</sup> The decline may also have been influenced by the substantial increase in kinship placements, which grew by an average of 6.7 per cent year-on-year between 2018 and 2023 (however, the data available to us does not allow a direct comparison between the two care options).

**For kinship care:** There has been a consistent increase in the number of kinship placements each year, from 4,052 placements in 2018 to 5,592 placements in 2023. This aligns with the priorities of the Department and is a key strategic goal that is welcomed and should be supported. The largest increase occurred between 2019 and 2020, with a 10.4 per cent rise in kinship placements. Recently, the rate of growth slowed to 7.5 per cent in 2021 and further down to 4.1 per cent in 2022, before rebounding slightly to a 6.4 per cent increase in 2023. Similarly, the

<sup>3</sup> CYJMA media release, *COVID-19 impact on families starts to slow*, 25 February 2022 (<https://statements.qld.gov.au/statements/94506>, retrieved 15 December 2023)

number of approved kinship carers has also grown substantially, increasing by 46.3 per cent between 2018 and 2023, from 1,569 carers to 2,296 carers.

**For residential care:** Over the last five years residential care placements increased year-on-year by an average of 16.8 per cent, from 814 placements in 2018 to 1,763 placements in 2023. After peaking at 21 per cent year-on-year growth in 2021, the rate of growth slowed to 15.1 per cent in 2022 and 11.4 per cent in 2023.

**Forward projections show the continued growth in the unnecessary use of residential care unless major reforms are made:** The QFCC produced trend analysis to present a five-year forecast for the out-of-home care placement system, to estimate demand across foster, kinship and residential care (noting that the future values were estimated based on historical trends; factors such as future changes in child protection policy and processes may impact the reliability of the forecasts). The demand forecasts use an exponential smoothing (ETS) model, with a 95 per cent confidence interval between the upper and lower ranges. The forecasts assume that recent observations will have more influence over future trend direction than older observations, and that the historical trend will continue forward. Deviations from the forecast in future observations may occur as a result of other factors not accounted for in the models, such as policy and legislative changes. Additionally, historical volatility in out-of-home care placements has caused a wider estimated range for future values.

Forward forecasting suggests that the decreasing trend in foster care placements may continue, with a baseline of about 4,100 to 4,200 placements annually. The model estimated that annual placement numbers could range between 3,800 and 4,600 placements in 2024 to between 3,300 and 5,000 placements by 2028. However, using our forecasting methodology there was considerable variation in the number of placements between 2018 to 2023 which resulted in a wide range of prediction intervals over the next five years. There are several factors known to us that could shape the future trend:

- Further decreases from the trend baseline may be driven by policy to increase the number of kinship carers and kinship placements, as well as external factors such as mounting cost-of-living pressures putting more families in hardship and at risk of contact with the child protection system.
- Further increases may be driven by policy to reduce the number of children in residential care (who will need to be placed in foster or kinship care).

During 2022-23, 101 new foster and kinship carers joined the system, but this increase has not kept pace with the growth in the number of children needing care and contributes to the overreliance on the residential care system. During Queensland Foster and Kinship Care 2021-22 carer exit interviews, 105 carer respondents gave the following reasons for discontinuing as a foster/kinship carer:

- 35% cited a perceived lack of support and services from Child Safety;
- 23% cited carer or family reasons, including difficult interactions with birth parents or health reasons; and
- 15% cited child related reasons including placements ending and child behavioural difficulties.

Reasons leading to the high rate of foster care exits need to be addressed to have any significant impact on the forecast reduction in foster care placements. I suggest that the foster care system is not fit for meeting the demand in the child protection system and is driving the continued growth and overreliance on residential care. This foreseeable risk needs to be addressed in reforming the placement system. The QFCC is undertaking a joint review with PeakCare to assess the availability of carer households in Queensland compared to other jurisdictions, with analysis of the carer cohort.

For kinship carers the QFCC modelling estimates an increase from 5,949 placements in 2024 to 7,224 placements in 2028. This is based on a straight forecast that assumes the factors influencing the increase in kinship placements will continue in a similar pattern over the next few years. This is dependent on key factors such as the ongoing recruitment of kinship carers, and policy support for this type of care placement.

For residential care, the modelling estimates an increase to 1,965 placements by 30 June this year, and to 2,766 placements by 2028. Forward forecasting assumes that the factors influencing increases in residential care placements will continue in a similar pattern over the next few years without the actions in the Queensland Government's Roadmap being implemented.

The QFCC projection was undertaken in late 2023 based on data showing 1,763 children were in residential care on 30 June 2023. The QFCC is aware that the Department has an internal demand model, however the results of this modelling are not currently public. By September 2023 there were 1,807 children in residential care – an additional growth of 44 per quarter. I am concerned that the real growth in 2023-24 is aligning with the QFCC demand modelling.

## Legal responsibility for children in care

The Child Protection Act 1999 (Qld) lists the Rights of all children in care – including those in residential care. It is a profound list of obligations that the state holds towards all children that have been removed from their parents.

Several actions outlined in the Government's Roadmap are acknowledgements that these rights are not always being upheld. The Rights are presented here as an emphatic reminder that delivering quality of life to children in care is not only a moral imperative – but a legally enforceable requirement placed on the state.

### Charter of Rights for Children in Care – *Child Protection Act 1999*

*“The Parliament recognises the State has responsibilities for a child in need of protection who is in the custody or under the guardianship of the chief executive under this Act, this Act establishes the following rights for the child:—*

- (a) to be provided with a safe and stable living environment;*
- (b) to be treated fairly and with respect;*
- (c) to be placed in care that best meets the child's needs and is most culturally appropriate;*
- (d) to maintain relationships with the child's family and community;*
- (e) to develop, maintain and enjoy a connection to the child's culture of origin;*
- (f) for an Aboriginal child—to develop, maintain and enjoy a connection to Aboriginal tradition;*
- (g) for a Torres Strait Islander child—to develop, maintain and enjoy a connection to Island custom;*
- (h) to develop, maintain and enjoy the child's identity, including, for example, the child's sexual orientation or gender identity;*
- (i) to choose and practise 1 or more languages;*
- (j) to choose and practise 1 or more religions;*
- (k) to be consulted about, and to take part in making, decisions affecting the child's life (having regard to the child's age or ability to understand), particularly decisions about where the child is living, contact with the child's family and the child's health and schooling;*
- (l) to be given information about decisions and plans concerning the child's future and personal history, having regard to the child's age or ability to understand;*
- (m) to keep, and have a safe space to store, personal belongings;*
- (n) to engage in play, and other recreational activities, appropriate for the child;*
- (o) to privacy, including, for example, in relation to the child's personal information;*
- (p) if the child is under the long-term guardianship of the chief executive, to regular review of the child's care arrangements;*
- (q) to make a complaint to the chief executive if the child considers that the charter of rights is not being complied with in relation to the child;*
- (r) to have access to dental, medical and therapeutic services, necessary to meet the child's needs;*
- (s) to have access to education appropriate to the child's age and development;*
- (t) to have access to job training opportunities and help in finding appropriate employment;*
- (u) to receive appropriate help with the transition from being a child in care to independence, including, for example, help about housing, access to income support and training and education.”*

# **FORMAL ADVICE IN RESPONSE TO GOVERNMENTS ACTIONS WITHIN THE RESIDENTIAL CARE ROADMAP**

## 1 - Listening to children and young people

Too often we forget or fail to acknowledge that young people in care are indisputably the experts of the Child Safety system. After speaking to over 200 workers and conducting 16 site visits, it was the daylong workshop with young people with residential care experience that provided the richest and most pragmatic solutions to the contemporary problems being discussed. It was at that forum that many of the Roadmap's proposed actions arose – including a peer support system, and empowerment for young people to control their environment, routine and experiences. It is pleasing to see young people's input being prioritised in this Roadmap.

The QFCCs position is that young people must be empowered within the system. This will fundamentally improve the placements, the stability and the relationships within care. On this basis we consider that actions 4 and 5 provide the most significant opportunity to reform existing issues in the system and will significantly contribute to empowering young people.

### **Action 1 - by 2025: Establish a Ministerial Youth Advisory Board to provide insights into children and young people's experiences of care.**

A profound highlight at the Ministerial Roundtable was the presence and presentation of young people with lived experience in residential care. As the Minister, sector and Department discussed the challenges and opportunities in improving the system, these young people provided frank and compelling insights based on actions that had occurred in their lives. The stories shared by the young people were raw and honest but important for shaping this journey towards an improved approach to out-of-home care for Queensland's children and young people. Although some experiences we heard described a broken system, the message of optimism from these young people could not have been clearer. These young people each shared some of the toughest moments of their lives with us—a few strangers—and trusted us with their stories to help build a better system for children in Queensland. Each of us in the room was moved by the enthusiasm and commitment of the young people in contributing to systemic improvements for those children currently in state care and to shaping a sustainable and safe system for future generations. It was inspiring to sit with a group of young people, engage in meaningful brainstorming and hear their recommended practical strategies to improve Queensland's residential care system.

A regular meeting between the Child Safety Minister and children currently in residential care will continue to strengthen the system – empowering young people and providing accountability. By actively involving young people in these discussions, the initiative not only facilitates a more comprehensive understanding of their needs but also empowers them as stakeholders in the decision-making process, contributing to a more inclusive and responsive care system. The outcome is anticipated to be a catalyst for positive shifts in policy recommendations, ensuring that the care provided aligns more closely with the genuine needs and experiences of the young people involved.

Implementing a formal Ministerial Council is likely to be problematic given the formality of this process. The QFCC and the CREATE Foundation can support the Minister with this engagement, and the Department and the sector should support young people in their care to attend and participate.

**QFCC Expectations:** On at least a six-monthly basis the Minister for Child Safety should meet with a group of young people living in residential care with intent of hearing about the quality of care they are receiving.

## **Action 2 - by 2025: Formalise the QFCC expert panel on Residential Care – comprising 12 young people with lived experience in the system as a governing body – to inform the Ministerial Youth Advisory Board, monitor the implementation of this roadmap, and hold regional forums that give young people in residential care opportunities to voice their experiences.**

As part of the review, the QFCC hosted three consultation sessions with young people who have a lived experience of out-of-home care.<sup>4</sup> The intention of these forums was to provide a space for young people to share their ideas about the improvements needed for the residential care system and engage in mapping solutions. The participants included a diverse group who had lived in residential care across Queensland, including in Toowoomba, Mooloolaba, Rockhampton, Cairns and Brisbane. As the review was completed, this group met on three more occasions to discuss the Roadmap and this response. This group is keen to continue meeting to monitor the implementation of solutions and co-design governments actions however have identified that formal meetings are not conducive to generating ideas and solutions. The QFCC will run three co-design workshops with young people in 2024, including one in a regional centre.

The QFCC intends to conduct three workshops with its expert panel on residential care in 2024. The experience to date has shown that co-design workshops are more effective and engaging for participants and it is proposed that attendance opportunities be extended to new individuals in Queensland with residential care lived experience. The Commission is supporting this group as part of its core functions, and key sector partners are supporting the attendance and participation of young people.

**QFCC Expectations:** The Department and sector will support young people in their care to attend and participate in three QFCC workshops over the next year.

## **Action 3 - by 2025: Co-design a child friendly complaints process to empower children and young people to give feedback and raise their concerns.**

The Charter of Rights for Children in Care is clear that each child in residential care has the right to “make a complaint to the chief executive if the child considers that the charter of rights is not being complied with in relation to the child”. Unfortunately, this intent was not observed in the design and operation of residential care, where many of the young people were disempowered and disconnected. Young people spoke about the fear of speaking up about their workers and providers, and held cynicism that their worries would be acted on. The QFCC notes the important role of the Community Visitor Program in providing an assurance that children in care are protected and able to express their views. The submission of the OPG to the review should inform future funding and design of child complaint and advocacy functions.

Based on the above and our observations, it is our view that this action is an important reform, but that it will not be achieved via a process to update or introduce an administrative complaints process. Instead, this action should deliver change that creates a culture of empowerment – where residential care providers and staff proactively

<sup>4</sup> “I was raised by a checklist”, QFCC [I was raised by a checklist - QFCC Review of Residential Care](#)

seek and act on the feedback of young people in residential care as a matter of practice. While a new complaints mechanism may form part of this work, the goal is to change the control dynamics that exist within residential care households and across the funding and contracting relationships to ensure young people's views and feedback is the critical determinant of system performance – and that it is not only sought but is also acted on. This requires sector leadership, with residential care providers demonstrating how youth participation and youth-empowerment feature in their operations.

**QFCC Expectations:** The Department and sector will implement the new complaints process by incorporating system-wide changes that empower young people in alignment with their rights under existing legislation – this practice and system improvement will reach further than re-establishing new formal complaints mechanics.

## Action 4 - by 2025: Support young people having more choice about their environment, routine and experiences.

In addition to the legislated Charter of Rights for Children in Care, the *Child Protection Reform and Other Legislation Amendment Act 2022* amended section 5E to strengthen the rights of children to participate in plans and decisions by offering ongoing and genuine opportunities for participation. This law requires the participation of children in matters that affect them, and require the views of children in care to be sought. The legislative amendments present a platform to enhance the voices of children and young people in decision making, their care arrangements and the care system.

- 2) *Unless a provision of this Act states otherwise, the person must ensure the following in relation to the exercise of the power or the making of the decision—*
  - (a) *the child is given meaningful and ongoing opportunities to **participate**;*
  - (b) *the child is allowed to decide whether or not the child will **participate**;*
  - (c) *the child is given information that is reasonably necessary to allow the child to **participate**;*
  - (d) *the child is advised about what help is available to the child;*
  - (e) *the person understands and considers, or makes a genuine attempt to understand and consider, any views expressed by the child;*
  - (f) *the child is allowed to express views that are different to views previously expressed by the child;*
  - (g) *communication with the child is carried out in a way that is **appropriate** for the child;*
  - (h) *a record of views expressed by the child is made that, if **appropriate**, uses the child's words.*
- (3) *If the child decides to **participate** in the exercise of the power or the making of the decision, the person must ensure that—*
  - (a) *the child is allowed to decide how the child will **participate**; and*
  - (b) *the person listens to and engages with, or makes a genuine attempt to listen to and engage with, the child; and*
  - (c) *the child is given help to **participate** if the child requires it.*

During the review the QFCC heard that young people felt they were restricted from living a 'normal' life due to strict policies and procedures in residential care homes. Young people said they felt their lives were risk-assessed and defined by incident-reports and corporate rules. Young people highlighted that for children who have complex traumas, living under onerous rules and structures can lead to acting out and disproportionate consequences. They felt their significant life events were procedural and process-driven; they shared that their

transition to adulthood consisted of a checklist confirming they have a birth certificate, tax file number and Medicare card, rather than working through the experience of feeling prepared to live independently after leaving care. The profound statement from a young person that they felt like “they were raised by a checklist” underscored the bureaucratisation of care. Quotes from participants vividly captured their sentiments and experiences. One participant expressed the difficulty of feeling at home amidst the numerous exit and warning signs in the houses. Another participant questioned the use of technical words, stating, “Why does a 14-year-old talk about ‘family contact’ instead of ‘seeing my mum’?”. We heard of young children having their bikes, scooters and skateboards confiscated because of work-health safety laws. We heard of young people who had never had a birthday cake. For too many children, there was no room for living a ‘normal’ life in a proceduralised house, and there were limited observable indicators that this was “their home”. They described the need for personal effects and personalisation in a residential care home to support them to establish their own space and to feel connected to where they are staying.

Young people voiced their desire for greater autonomy over personalisation of bedrooms, clothing, holidays and personal items. The below was a speech read to me by a young person who had just left residential care:

*“In my personal experience, my bland room could not become more homely or reflect who I was in the slightest. Trinkets and items can really make a major impact in how your room makes you feel. If your bedroom is not even an enjoyable room to be in, how can you expect the young people to be happy to comply with or be comfortable living in a residential situation.”*

*“Looking back, I find it odd how we never seemed to leave the house at all for overnight trips. Too much time at a place can be very overwhelming for a person, so holidays can be quite relieving for people's mentalities. A constructive way to go about planning these holidays is definitely including the young person in the brainstorming process.”*

*“The third and last subject I'll be touching down on is more annual funding for clothing. Being able to purchase clothing only twice a year is unrealistic. Young people are growing and they may not fit clothes after a short period of time. The opportunity to be able to purchase more clean clothes should present itself more often because of my point that young people can outgrow or be too small for current clothing they have, and also growing up my style of clothing would change quite often, as I'm sure is the case for all other young people. Thank you, guys, heaps for taking the time and making the efforts toward making significant changes in these young people's lives.”*

The QFCC appreciates there is an inherent design contradiction in making a temporary placement “a home” – however this needs to be challenged. In PeakCare's submission to the review, they state that risk management, finance and workforce laws within the residential care system are viewed as working against providers making a ‘home-based environment’. PeakCare further emphasised that “we need a service system that, for every child or young person, is a home like environment, one where they have a sense of belonging and trust. We need to co-design with them what a “home” would look like.”

The QFCC also believes that young people having ownership of furniture, wardrobes and household goods has many additional system benefits. These include:

- 1) Like most other parents, the state should be investing in the asset base of children in care. These personal assets – beds, rugs, desks, toiletries, linen, electronic equipment, posters/art, luggage, sporting gear – are all elements that will aid the transition to independent living and provide a more stable platform for the day the young person is “exited from care”;

- 2) The presence of personal belongings strengthens the young person's connection to place and is a visual reminder of their 'ownership' in a share of the house;
- 3) Personal belongings will need to be moved by the Department and providers should a placement break down. This encourages the system to invest in maintaining placements, and to be slower and more deliberate in their planning of placement changes.

#### QFCC Expectations:

1. Each residential care provider should commence work on supporting young people having more choice about their environment, routine and experiences. They will share this work at the 'best practice forum' listed as government action 31.
2. The Department will produce its implementation plan for this item in 2024. The plan should demonstrate how it will incorporate child-owned funding for room design, clothing and excursions within the new service standards listed as government action 8 and how the sector and Government will report on progress against this item in the performance framework listed as government action 11.
3. Minimum standards for a 'homelike environment' must be included in each service standard and the trial of new residential care models listed at Government action 7.

### Action 5 – by 2026: Design and pilot peer navigator initiative to increase peer support and connection for children and young people in residential care.

During the review providers and staff expressed concerned that “kids in residential care need more attention and connection but our model gives them less”. At the centre of need is the primacy of attachment and relationships. Whatever their age, ongoing nurturing and responsive relationships provide children and young people with a sense of safety and security, giving them confidence and empowerment. Children and young people in residential care have histories of attachment disruption. The Australian Child Maltreatment Study provides ample evidence of the heightened risk young people with trauma background are exposed to.

Relational permanency is crucial to children and young people's wellbeing. Stakeholders agreed that the residential care system needs to address these issues to create environments that encourage positive relationships and ensure children and young people feel loved, safe and cared for. Young people with lived experience at the Ministerial Roundtable and academic experts emphasised the importance of at least one significant adult in their lives.

One of the hardest, and heartwarming, stories the QFCC heard, and later relayed in an ABC media interview – was that of a teenage girl in residential care that just wanted someone to have enough care to make her a birthday cake. Too many kids in the room had experienced birthdays without presents or celebration – others made jokes about “the same old Woollies chocolate mud cake”. What underlies the power of this story was not the value of the cake – but the value of having ‘an adult that cared’. All young people, but especially those with trauma backgrounds deserve an adult that invests time in them. The current Child Safety Officer (CSO) caseworker and residential care worker model is not meeting this need.

The action came directly from the young people in residential care who called for this model as part of the day that led to the ‘I was raised by a Checklist’ report. The idea included several suggestions:

- Regular engagement events and activities for young people in residential care to meet and engage socially with other young people in residential care (including for this to be regional not provider specific);
- A peer support element where young people with care experiences can help, assist and coach young people who are currently in care; and

- A mentor element where the system actively supported young people in care to connect with positive role models that would take time to build relationships and be available for young people in a chosen area (i.e. going to the gym, playing board games, coaching in a chosen area).

As part of the review the QFCC linked the review team with the HEERO program based in North America. HEERO is a participatory process where former kids in care (who having done the process) become peer navigators who co-lead/co-facilitate the work from a place of expertise/known and hence credibility with other kids. The program has been designed to take young people through a very intentionally designed, conceptually connected process. Such a program is worthy of further exploration, and the concept (via this or other providers) should be trialled.

As part of the review, the QFCC received the following from a Queensland young person:

*"I am a 17-year-old individual who has been in residential care under Child Safety until December of last year when I took the initiative to sign my own lease for an apartment. Over the past two years, I have been employed in a government job, and I have also obtained my driver's licence and purchased a car. Additionally, I am currently working towards purchasing my first house by the end of this year. I take great pride in my accomplishments as I have achieved all of this independently, without any support from the company I was living with. I am determined to break the stereotype associated with being a "Resi Kid" and prove that individuals like me can succeed and make a positive impact."*

This young person would love the opportunity to provide speeches and coaching to other young people in care. The QFCC questions why this action has a later delivery date than the other actions. In designing a peer program Government must be careful to avoid the stigma that can too easily be associated with young people that have a care experience. On the whole, these young people are not a risk to each other. If they were our placement decision making would not be the way it is. Young people with a care experience have rich and wonderful lives, and they are observably incredibly charitable about improving the system. The QFCC predicts that the Department will come up against regulations and standards that make it harder to endorse and fund peer-support and mentor roles. This risk of actively doing something must always be balanced with the risk of doing nothing. Young people in residential care are experiencing risks and detriments because of the lack of value and belonging the system creates – this risk must be addressed with courage. Commencing a pilot in 2024 should be considered possible and a priority.

**QFCC Expectations:** The implementation plan for this action should be produced within the next six months. This should include significant co-design processes with young people and the pilot should include consideration of lived-experience mentors and peer support connection events.

## **Action 6 - by 2027: Design and trial new baseline health, wellbeing and educational assessments for all children and young people entering residential care.**

This action item recognises that young people in residential care are likely to have a range of unmet needs across life domains. Perhaps the main issue with the Department's Roadmap is that it does not specifically articulate what other Government portfolios are doing to prioritise and respond to children in the care of the state. The Education, Health, Police, Housing, Justice and Communities portfolios all play a primary and significant role in the lives of young people – and having frontline workers, Executives and Ministers in those areas recognise that children in state care should be treated like “their children” would go a long way in changing the life outcomes for children in care.

As part of the Roadmap implementation the QFCC has written to all human service Departments seeking their advice on what they will do to support young people in residential care. The responses will form part of our ongoing monitoring role.

### **QFCC expectations:**

- 1) The implementation plan for this action should be produced in 2024. All government departments must contribute to assessing and responding to the needs of children in care with a threshold test of the state being the parent.
- 2) Government should consider a whole-of-government plan that explicitly outlines how it will meet the needs of children in state care that includes responsibility and accountability for each Director-General and Department in Queensland.

## 2. Establishing the right care models

In our very first report during the review, the QFCC identified that the role and function of residential care had been lost. We stated that: *“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”*. This position was overwhelmingly reaffirmed at each site and house we visited. We heard that the demand pressures on the system have diluted the design intent of residential care. Stakeholders said there should be more intentional use of residential care to ensure the needs of children and young people are met.

The QFCC documented its main observations about the design of the care system on the below continuum (see next page).

These initial observations align with the Government’s proposed actions and clearly show the profound opportunity that exists to fill the gap between foster/kinships care and residential care with new models of care that compete with residential care in its current design (i.e. the red diagram).

Sector partners and peak bodies from the Ministerial Roundtable said the system requires more flexible models of care that emphasise the importance of:

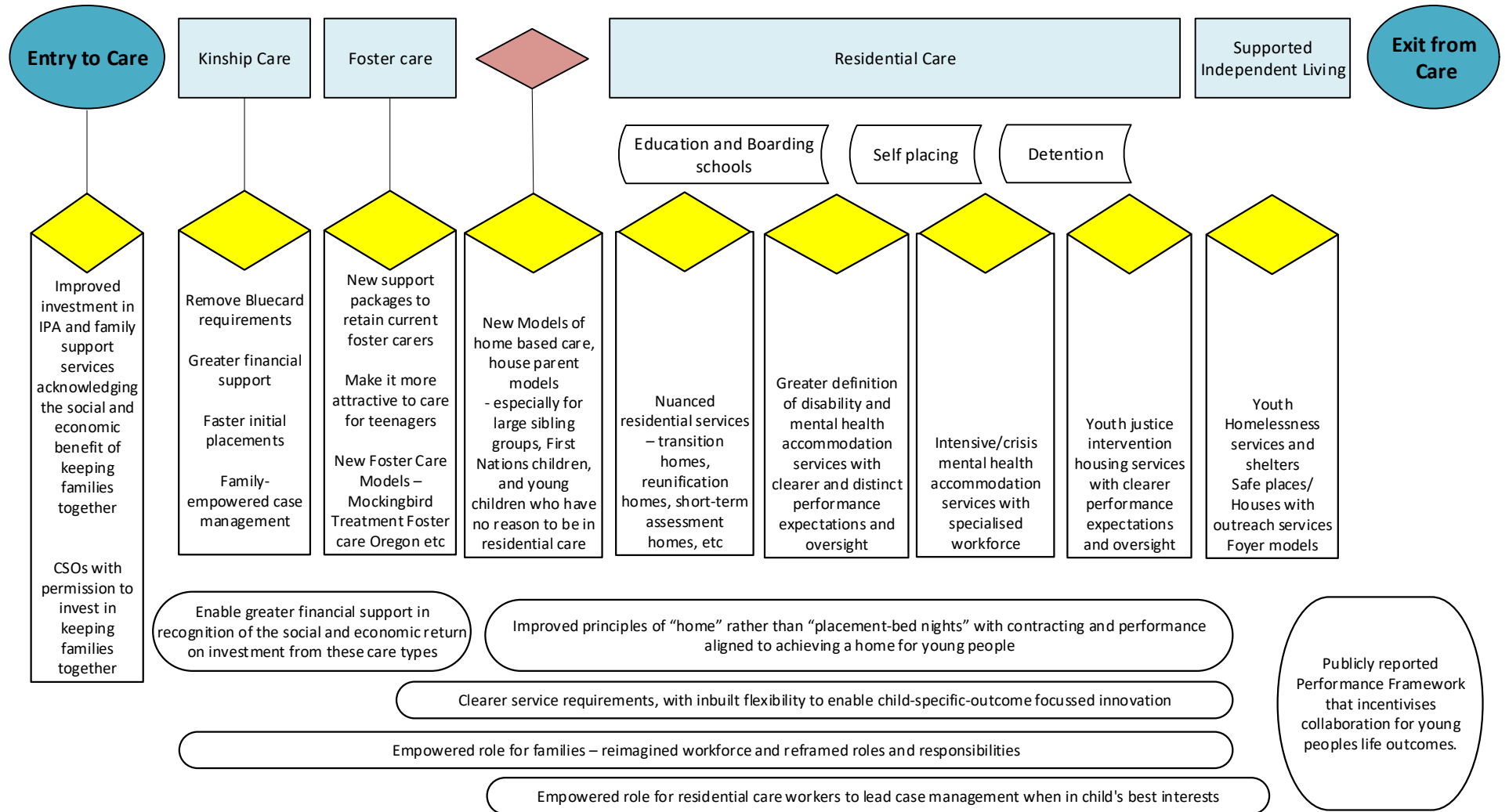
- keeping siblings together (regardless of sibling group size);
- prioritising and improving decision-making for the interests of the child or young person. This includes improving co-tenant matching by considering the age, interests and experiences of children, and involving the young person in choosing their own placement;
- offering cultural support including cultural leaders to help Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse (CALD) backgrounds to connect with their culture;
- integrating therapeutic support, including addressing trauma and using evidence-based approaches;
- supporting all disabilities, including neurodevelopmental disabilities; and
- offering transition support, including for children leaving detention or transitioning to independent living.

Residential Care is a billion-dollar industry in Queensland. The QFCC sought and reviewed the current standard contracts that are used. This made it clear that there are profound opportunities to reshape the current investment with much more design intent and purpose. Common concerns raised during the review included acknowledging that:

1. 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;
2. there is design conflict as to whether residential care is a house/bed service or an intensive intervention service; and
3. there is design failing in providing these young people an ‘adult champion’ – when they reach residential care the model reduces, rather than increases, opportunity for consistent human-connection.

Residential care must be fit for purpose and be a purposeful intervention for the right child or young person at the right time in their life. The evidence gained through the review confirmed there were hundreds of children in residential care who had no clear reason or need for that type of care. Department data released during the review showed more than half of children and young people in residential care had none of their life domains assessed at the highest need.

## Residential care-continuum – QFCC Identified Solutions



## **Action 7: By 2025 -Trial new models of residential care and build an evidence base of what works to meet the needs of Queensland children and their families (e.g. sibling house, respite care, short-stay assessment centre, house parent, transition to independent living).**

Government action 7 is the fundamental key to changing the current system. It is clear that what is currently occurring is neither sustainable nor optimal for the young people or Queensland. This action should be seized with priority and with multiple pilots in multiple sites commencing in 2024 across a range of cohorts and providers. In designing the list of pilots, the critical factors for the Department to consider are:

1. Is the service responding to a short-term or long-term need for the young person?
2. Is there a specific specialist-focussed-response need that the house must provide in response to the young person (i.e. cultural connection, disability support, mental health support, justice involvement)?
3. What is the end goal of this placement option for the young person?

From these questions numerous current models appear. This includes:

1. Short stay - respite care;
2. Short stay - assessment centre;
3. Community based safe houses;
4. Specialised home-based care;
5. House parent models for large sibling groups;
6. House parent models for young people with high independence;
7. House parent models for young people with disabilities;
8. Youth Foyer models/Independent living arrangements;
9. Intensive house models for young people with youth justice involvement (i.e. on bail or exiting detention);
10. Intensive therapeutic support houses;
11. Intensive adolescent mental health accommodation;
12. Intensive disability supported accommodation;
13. Reunification homes;
14. Transition to independence homes; and
15. Transitional (Adult) Foyer models.

This trailing of new models must also recognise the dispersed spread of the Queensland population. Unlike other states there are highly populated regional centres meaning Government must make effective microcosms of the residential care system in numerous different locations. This requires us to collectively think about how to redesign and scale down residential care while simultaneously building place-based models that are unique to specific community needs.

Further to the commentary against Government action 5, this is another action where the collection of “evidence of what works” must be balanced against the performance metrics of the current system. A slow and small pilot program will not meet Queensland’s current needs.

**QFCC Expectations:**

- 1) A widescale pilot program should commence in 2024. There should be transparency about this program, with the emerging 'care continuum' showing the new service model types and the scale of these models, published by the Department.
- 2) Each pilot service should have clear outcome statements, and performance metrics established as part of their contract, and these should inform, and be reported in the new Performance Framework listed in Government action 11.

## **Action 8: By 2025 - Review our service delivery expectations to develop a contemporary approach to quality that is fit for purpose.**

During the Ministerial Roundtable, stakeholders identified the need for mechanisms to support quality service provision and rigour in the delivery of residential care services. Peakcare's submission to the Review stated that the contemporary model of residential care is not reflected in any minimum service standards or service design specifications. Sector experts further expressed concern about the quality of licensed and unlicensed models and there was a strong narrative regarding the different monitoring and expectations between the two.

As with any performance system, the residential care industry needs:

- clear expectations;
- defined responsibility and accountability;
- incentives to exceed expectations (including disincentives for failing to meet expectations);
- active monitoring, quality assurance and outcome measuring; and
- clear feedback/communication loops.

Operationalising a performance system across multiple houses, providers and regions will be more successful if there is similar clarity about the performance expectations of the multiple departmental staff and business areas that play a role in residential care operations. Ensuring clarity in each region, and service centre about the performance standards and performance system roles will ensure the overall quality of residential care system lifts. This will be particularly important as the reforms outlined in the Roadmap commence implementation.

Standards must be integrated into the services provided to children and their families. The QFCC also suggests that 'Rights Voices Stories' and the Charter of Rights for Children in Care should be used in designing of new service standards so that performance is grounded in the best interest of children.

**QFCC Expectations:**

- 1) Developing service standard expectations for each model of care should coincide with the design of pilots – and no new residential care contracts should be entered into in 2024 without detailed service expectations. Service standards should be published with each model of care. This includes for unlicensed providers.
- 2) Ensuring there is transparency regarding the roles, accountabilities and communication pathways across the residential care sector and the Department will enable service standards to be embedded as a performance system.

## Action 9: By 2025 - Design a specialist services project to support a trial of intensive therapeutic care and support for young people with disability, mental health and behavioural support needs.

The Department's current policy regarding therapeutic residential care is publicly available and includes that it: "provides enhanced levels of residential care and support for children and young people with extreme to complex support needs". The current policy is that "Placements in therapeutic residential care may be made for children and young people aged 12 to 17, who ... have been assessed as having complex or extreme needs, who are unable to be placed in family-based care or other forms of residential care, but have capacity to live in a small-group (co-tenanted) setting". (See: [Residential care \(dcssds.qld.gov.au\)](https://dcssds.qld.gov.au))

Action item 9 proposes a tier of residential care called "Intensive Therapeutic care". The QFCC agrees that more needs to be done to address the specific needs of children with disability, mental health and behavioural support requirements. In its 2021-2022 Annual Report, the Child Death Review Board (CDRB) recommended that:

*...the Queensland Government develops a fit-for-purpose model that provides a continuum of care for children with high-risk behaviours that recognises that multiple government departments come into contact with these young people, and there is no single responsible owner for the assessment and response required to address the complex needs. The model should: ...*

*Include a tertiary stream that provides a specialised accommodation service for children that meets the underlying causes of high-risk behaviours that are a danger to themselves or others that is:*

- *underpinned by a culturally appropriate case management response addressing the social, emotional, health and wellbeing issues of children and their families contributing to the behaviours;*
- *authorised by a clear and appropriate legal framework that clarifies if, when and how restrictive practices can be used, and how the system will be monitored with effective oversight to ensure decisions and actions are in the best interests of the young person; and*
- *integrates ongoing access for the child to family, culture and education. (Recommendation 3.3)"*

The Department's design of a specialist service project to trial intensive therapeutic care aligns with elements of this recommendation, however we must ensure that the health, disability and mental health sectors remain involved and responsible for their areas of responsibility. The Department should avoid establishing and running service models that duplicate the specialist interventions that best fall within other portfolio areas of responsibility.

**QFCC Expectations:** Ensuring multi-agency design, funding and accountability for children in state care will be important when implementing this action.

## Action 10: By 2026 - Stand up multiagency panels to coordinate service provision and supports for children in residential care with intensive support needs.

As above, the QFCC advocates for a multi-agency approach, acknowledging that the residential care sector is interconnected with other care arrangements and departmental systems. The Department's plan to stand up multiagency panels to coordinate services for children with intensive support needs aligns with values promoted by the QFCC. In implementing this action, it will be important that the multi-agency response is based on the young person's needs, rather than whether or not they moved into residential care services. Young people who

leave residential care and self-place must also be included in this shared responsibility – as should young people who have their residential care placements closed because they are in hospitals, watch houses or detention centres. The design of the process for this action must ensure there is efficiency and responsiveness to the needs of young people. Queensland already has a number of multi-agency panels, and it is likely there will be duplication for some young people. The QFCC would like to see a public commitment from the heads of all Government Departments to prioritising the long-term outcome for children raised by the State.

**QFCC Expectations:** The process to stand up multiagency panels must ensure state responsibility to children in care is delivered through an efficient multi-agency response.

## Action 11: By 2026 - Develop a performance and outcomes framework to maximise investment in residential care.

This key reform offers significant opportunity for transformational improvement in the residential care system. Bringing transparency to the performance of the residential care system is in everyone's best interests – but it requires us to be courageous enough to share the current system deficits. In our October 2023 Monthly Report on the review (published on our website) the QFCC wrote:

*“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 recommend 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.”*

The action to develop a performance and outcomes framework is welcomed. The QFCC is willing to allocate resources and time to assist with the development of a holistic and integrated measurement tool – drawing on operational, longitudinal, quantitative and qualitative information. It is our strong opinion that historical methods of government service and program evaluation are not fit-for-purpose when considering the goal of residential care is to provide leadership in the raising of children. Ultimately many of the impacts of residential care service delivery eventuate in adulthood.

Young people in residential care have strong and legitimate views on what good performance is, and looks like, in their lives. Past QFCC work, including the outcomes framework developed with young people living in care ‘Rights voices stories - Identifying what matters to children and young people involved with the Queensland child protection system’ provides a basis for considering system performance from the lens of the people most impacted. The QFCC recommends that any performance framework include measures that apply at multiple levels across the residential care system including:

1. measures of the impact on an individual child;
2. measures relevant to individual houses;
3. measures relevant to individual providers (i.e. across their multiple houses);
4. regional measures (i.e. across multiple providers and houses in a geographic area); and
5. lifetime measures (i.e. outcome measures for young people after leaving residential care).

The performance framework must also include all life domains for young people in care – and explicitly meet the Rights of Children in Care set out in the Act - thus recognising the state's obligations to young people in care. The QFCC has held an internal workshop to elicit some of the key measures that might better define success in

residential care across the system. The measures on the following pages were developed in two hours. The QFCC is also aware of the great risk of holding a system to set performance outcomes without emphasising that progress towards outcomes is the critical need. Poorly designed measures (such as a rate of school attendance for children) can be a negative incentive that means providers will turn some young people away from the service – thus isolating those most in need. A performance framework that is focussed on ‘improvement’ and ‘impact’ is essential.

**QFCC Expectations:**

1. A co-design process to create a transparent performance framework that is holistic and focussed on the life outcomes for young people in residential care should be finalised this financial year;
2. The performance framework should operate at the individual, household, provider, region and State level – ensuring transparency and congruence between the performance expectations across the system.

Performance Domain	Specific Child Metrics	Specific House Metrics	Specific Provider Metrics	System Metrics	Cohort Life Outcome Metrics
<b>Education and Employment</b>	<p>School attendance improves or remains steady</p> <p>NAPLAN/ Curriculum academic achievement increased</p> <p>Engagement in part-time work</p> <p>Development of CV and resume</p> <p>Possession of library card for resource access</p> <p>Engagement and attendance of excursions/ school trips</p> <p>Regularly read to by caregiver</p> <p>School movements decreased</p>	<p>Completion of homework is supported</p> <p>Adequate physical space for homework including desk and technology access</p> <p>Attendance at school excursions occurs</p> <p>Young person is regularly read to by caregiver</p> <p>School reports, school notes and parent teacher files are accessible in house</p> <p>Wifi and devices for learning are utilised</p>	<p>% of young people with access to tutors for schoolwork</p> <p>% of young people with access to, and engagement in, job preparedness training</p> <p>% of young people with active bank account and tax file number</p> <p>Rates of high school completion increased</p>	<p>Total school attendance rates for young people in residential care</p> <p>NAPLAN/ Curriculum academic achievement</p> <p>Care leavers who go on to employment/ higher education pathways</p> <p>Possession of library card</p> <p>% with active bank account</p> <p>% with Tax file number</p> <p>Residential care SDA rates</p> <p>High school completion rates</p>	<p>Increased rates of employment/ decreased rates of unemployment</p> <p>Decreased rates of incarceration</p> <p>Increased education level achieved</p> <p>% University or trade qualified</p>

Performance Domain	Specific Child Metrics	Specific House Metrics	Specific Provider Metrics	System Metrics	Cohort Life Outcome Metrics
<b>Health and Wellbeing</b>	<p>Current NDIS plan for children with additional diagnosed needs</p> <p>Improved cooking skills and ability</p> <p>Young people complete chores</p> <p>Healthy BMI/ general health markers</p> <p>Decreased substance use and dependency</p> <p>Consistency of engagement with allocated health provider</p> <p>Child's views on their health needs are recorded and met</p>	<p>Rate of first Aid/ incidents in the home</p> <p>Access to hygiene products and personal care needs</p> <p>Access to physical activity equipment</p> <p>Expenditure against NDIS plan</p> <p>Measure of regular exercise/ access to exercise</p> <p>Measure of good nutrition</p> <p>House management has a response for 'sick days', when children are unable to attend school/ training/ activities</p> <p>Improved harm minimisation for substance use</p>	<p>Rate of first aid/ incidents in the home</p> <p>Sufficient supplies for hygiene/ personal care needs</p> <p>Expenditure against NDIS plan</p> <p>Measure of regular exercise/ access to physical activity</p> <p>Measure of good nutrition</p> <p>Expenditure on nutrition per child</p> <p>'Sick day' management plan for when children cannot attend programs</p> <p>% Usage of NDIS plans</p>	<p>% Young person has a Medicare card</p> <p>Completion of annual health checks – medical/ dental</p> <p>Rate and percentage of baseline assessments for children (health, dental, mental)</p> <p>Appropriate puberty and sexual health education provided</p> <p>Appropriate mental health treatment, including responsive treatment for self-harm and suicidality</p> <p>Expenditure on nutrition per child</p> <p>Rate and percentage of children diagnosed with a disability</p> <p>% Children have an NDIS plan</p>	<p>Decreased rates of unplanned young parenthood</p> <p>Decreased rates of substance misuse in adulthood</p>

Performance Domain	Specific Child Metrics	Specific House Metrics	Specific Provider Metrics	System Metrics	Cohort Life Outcome Metrics
<b>Safety</b>	<p>Rate and duration of 'self-placements' decreased – young people remain at their approved placements longer, or are absent for less time</p> <p>Decreased involvement with Youth Justice (where involved); improved compliance and engagement</p> <p>Young person's views on safety are improved – self-assessment</p> <p>Decreased rate of police call-out</p>	<p>Completion of a safe neighbourhood plan</p> <p>Decreased rate of police call-out</p> <p>Rate and duration of 'self-placements' decreased</p> <p>Decreased staff turnover rates; improved staff retention</p> <p>Decreased staff assaults and expenditure on worker-compensation</p> <p>Decreased property damage – incidents and extent</p> <p>Increased visitation by OPG and Community Visitors</p> <p>Young people have a primary caregiver/advocate</p> <p>Youth Justice involvement decreased; compliance/engagement improved</p> <p>Bullying incidents decrease</p>	<p>Decreased rate of police call-out</p> <p>Rate and duration of 'self-placements' decreased</p> <p>Decreased staff turnover rates; improved staff retention</p> <p>Decreased staff assaults and expenditure on worker compensation</p> <p>Decreased property damage – incidents and extent</p> <p>Youth Justice involvement decreased; compliance/engagement improved</p> <p>Increased visitation by OPG and Community Visitors</p> <p>\$ property damage decreases</p> <p>Regular house inspections</p>	<p>Rate and duration of 'self-placements' decreased</p> <p>Decreased staff turnover rates; improved staff retention</p> <p>Decreased staff assaults and expenditure on worker compensation</p> <p>Decreased property damage – incidents and extent</p> <p>Decreased serious incidents/ injuries – rate and severity</p> <p>Increased visitation with CSO</p> <p>Regular house inspections</p> <p>Youth Justice involvement decreased; compliance/engagement improved</p> <p>Increased visitation by OPG and Community Visitors</p>	<p>Improved housing stability</p> <p>Decreased homelessness rates</p>

Performance Domain	Specific Child Metrics	Specific House Metrics	Specific Provider Metrics	System Metrics	Cohort Life Outcome Metrics
<b>Participation and Connection</b>	<p>Young people take holidays away from placement</p> <p>Access to driving lessons and % obtain driver licence</p> <p>Young people have access to sports (and barrack for a team)</p> <p>Expenditure for extra-curriculars – art, hobby, literature, music, sports.</p> <p>Young people have sleepovers, excursions, camps</p> <p>Membership with CREATE</p> <p>Siblings placed together</p> <p>Connection to friends and peers</p>	<p>Young people take holidays</p> <p>Young people are able to attend sports/ other events</p> <p>‘School friends’ are included in activities</p> <p>Access to extra-curricular supplies – craft, sport, music, etc</p> <p>Sleepovers, excursions, camps occur</p> <p>Attendance to CREATE events</p> <p>Milestone events are celebrated – birthdays etc</p> <p>Young person feedback on ‘there are fun things to do in my house’</p>	<p>Young people take holidays</p> <p>‘fun’ supplies are provided and accessed</p> <p>Rate of young person complaints</p>	<p>‘My Life in Care’ survey results</p> <p>Rates of sibling placements vs sibling groups separated between placements</p>	<p>Adult mental health and wellbeing increases</p>

Performance Domain	Specific Child Metrics	Specific House Metrics	Specific Provider Metrics	System Metrics	Cohort Life Outcome Metrics
<b>Identity and Culture</b>	<p>Birthdays are celebrated</p> <p>Young people feel ownership of their room</p> <p>Young people have photos/ memories/ personal items</p> <p>Self-assessment of empowerment and autonomy</p> <p>Appropriate contact with family</p> <p>Siblings are placed together</p> <p>Self-assessment – freedom of identity, spirituality, culture, dreams and goals</p>	<p>Young people have photos/ memories/ personal items</p> <p>Engagement in community activity is regular</p> <p>Appropriate contact with family</p> <p>Siblings are placed together</p> <p>Young people can have friends visit and social visits (number and duration of visits)</p> <p>Young people involved in decision-making</p> <p>Young person's goals are actively supported</p>	<p>Existence of cultural safety plan – expenditure on cultural events</p> <p>Existence of transition to independence planning</p> <p>Social visits occur</p> <p>Young people have feedback mechanisms</p> <p>Young person's goals are actively supported</p> <p>Engagement in community activity</p>	<p>Young people have access to their birth certificate</p> <p>Young people have access to their files and child protection story</p> <p>Rates of sibling placements versus separation</p> <p>Rate of reunification</p> <p>Young people feel optimistic about their future</p> <p>Transition to adulthood plans – rate of completion</p>	<p>Enrolled to vote</p>

Performance Domain	Specific Child Metrics	Specific House Metrics	Specific Provider Metrics	System Metrics	Cohort Life Outcome Metrics
<b>Material basics</b>	<p>Adequate and appropriate clothing (value of wardrobe)</p> <p>Access to books</p> <p>Access to sporting gear/ exercise equipment</p> <p>Access to hobbies/ art supplies/ craft</p> <p>Young people have their own possessions / Ownership of furniture (value of assets)</p> <p>Young people have their own toys</p> <p>Young people have access to pocket money</p> <p>Young people have appropriate access to technology (e.g. phone, laptop)</p>	<p>Access to books</p> <p>Access to hobbies/ art supplies/ craft</p> <p>Young people have their own toys</p> <p>Adequate wifi connection and access</p> <p>Property and yard is maintained</p> <p>Expenditure for furnishings</p> <p>Access to technology and access to safe technology navigation education</p>	<p>Expenditure per child</p>	<p>Placement numbers per child (rate and duration)</p> <p>CSO turnover</p> <p>Expenditure per child</p> <p>Standards of Care investigations</p> <p>Rate of Young person complaints</p>	

### 3. Keeping families together and connected

The increased number of young people coming into care shows that more effort is needed to keep families connected across the continuum of care. The review heard from parents and families that they rely on the system to provide support when they are unable to meet the needs of their children.

Providing supporting interventions that enable parents and families to keep their children safe is the most effective, efficient and financially sustainable way of improving outcomes for Queensland's children.

#### **Action 12: By 2025 - Partner with the Aboriginal and Torres Strait Islander organisations to design a new reunification service.**

Ongoing efforts to ensure a child or young person can be reunited with their family are critical. Re-envisioning residential care as a pathway back to family will reduce current and existing demand pressures. Most of the houses we visited in the review did not allow friends and family of the young person to visit, and there were not always mechanisms being supported in each house to facilitate family contact. Enormous efficiency could be created in better enabling residential care workers – in current and new models – to lead family contact (and take this workload from CSO workloads).

##### **QFCC Expectations:**

- 1) Investment in Aboriginal and Torres Strait Islander organisations under this action is supported and should form part of the design and pilot of new models of residential care under action 7.
- 2) Reunification and family contact should be treated as two very distinct service standard expectations – while there is crossover in their design and delivery both have unique and different objectives.

#### **Action 13: By 2025 - Pilot a new early intervention assessment and safety response supporting families to stay safe and together where child protection risk is identified.**

Increasing investment and effort in early intervention to keep children and families safe should be the goal of all social service departments in Queensland. It is not viable to take ever increasing amounts of public money to deal with the ever-increasing impact of failing to intervene early.

There is strong and growing evidence that supports the effectiveness of investment in services earlier in the family and parenting support investment continuum, however there is typically no one size fits all approach. Improving the wellbeing of children, young people and families at population-level requires flexible and responsive systems, equipped to respond to emerging issues and challenges before they manifest. In addition to better outcomes for the child's development, the weight of research also identifies better cost-benefit outcomes. The return on investment for prevention and early intervention is consistently greater than remedial or crisis responses.

##### **QFCC Expectations:**

- 1) Any new early intervention and assessment responses must be designed and delivered as part of, and with the intent of creating, a broad and integrated ecosystem of services and supports that protects and safeguards children and families. This must cut across traditional government portfolio boundaries and leverage existing investment and services.

## **Action 14: By 2026 - Redesign the youth support program to deliver outreach services that strengthen connections to family and community-based supports.**

Youth support programs should engage young people in pro-social community events that encourage young people to be part of their community. The redesign of youth support programs will best meet all young people's needs if it considers: what formal, and funded, support young people require from a stand-alone program to strengthen family and community connections; *compared to* how the redesign of practice, in newly articulated models with clear service standards, can better ensure everyone is accountable for upholding each child's right to family and community connection.

### **QFCC Expectations:**

- 1) Any separately funded program designed to deliver outreach services must be required to show how they work across all providers, and can engage all young people in residential care.

## **Action 15: By 2026 - Work with residential care providers to improve family contact opportunities and incorporate family connection into quality standards and performance reporting.**

Facilitating regular family contact contributes to a sense of connection, belonging and identity for the individuals involved. Moreover, incorporating family connection into quality standards and performance reporting ensures accountability and transparency for this critical element of youth development. Cultural connection and expression should be encouraged and championed by residential care services. During the review we heard of many arbitrary barriers to family contact – brothers could not visit each other because they might be a risk to co-tenants, family could come to the door but not enter, and many instances of young people “absconding” to visit their family members were discussed.

The QFCC encourages a redefining of the roles and power hierarchies in the design and delivery of family contact – in many cases the residential care workers were disempowered to pursue and encourage contact despite seeing it as most beneficial. Meanwhile case managers spoke of their workloads and the logistical challenges of organising contact.

### **QFCC Expectations:**

- 1) Strengthened connections to family and community should be measured as a key and fundamental part of the performance framework to be established in Government action 11.
- 2) Connection activities, a young person's views on their connections, and a parent and family's views on their connections should form part of the service standard expectations, and contract conditions of new models of care (Government Actions 7 and 8).

## Action 16: By 2026 - Review and recommission tertiary and targeted family support services to enhance in-home and placement supports.

Targeted family support services are necessary to prevent entry to care, and to ensure the safety and sustainability of reunification work. The commissioning of tertiary and targeted family support services must be undertaken as part of, or in connection with the design of new models of residential care. Essentially there are options for Government about how far each residential care provider's contract will include targeted family support services – or how distinctly this is considered a separate service. It would make utmost sense for 'reunification homes' to deliver family support services as a fundamental part of their service delivery obligations.

**QFCC Expectations:** The review and recommissioning of these services should occur in the context of the overall system of programs and services that have touchpoints with children entering and in residential care.

## Action 17: By 2028 - Develop and pilot a community-based mental health response including supports and treatment for young people at risk of entering or who have recently entered care.

As discussed at action item 9, the Australian Child Maltreatment Study has clearly demonstrated the mental health impacts of childhood trauma. By definition, every child in residential care has suffered childhood trauma, and therefore preventative and intensive mental health support should occur for all children. Too often the QFCC sees cases where the system waits for a child to reach a crisis point before mental health needs assessments and supports occur. Throughout the review we heard concerns from both workers and young people about the ability of the Evolve program to meet the current needs of children in residential care and the need for a new approach to mental health support.

The action to develop and pilot a community-based mental health response to support young people at risk of entering or who have entered care, was met with unanimous support from the young people the QFCC spoke to. There were discussions that it should not only focus on young people, but on parents – and family group support – to better understand the motivations and issues that are impacting on the household. This would further support parents to manage removal and address the grassroots reasons behind removal through a supported mental health service.

In the redesign of residential care models the government should consider the continuum of mental health support outlined in the CDRB Recommendation 3 from its 2022-23 Annual Report (see discussion at Action 9). Not all residential care homes should have in-built mental health support, but others will need the capacity and capability to deliver intensive care. A model of adolescent mental health accommodation is a clear need in Queensland, and the Department of Child Safety should not be seen as the best owners and operators of adolescent mental health accommodation. The Department of Health should prioritise its mental health expertise to young people in state care (regardless of the diagnostic definition that clinicians apply).

### QFCC expectations:

- 1) The quality and extent of mental health support to young people in residential care must improve, and the Department of Health must lead and contribute to the prioritisation of this action item.
- 2) In defining the models and service expectations, the Department must be clearer about when each residential care model:
  - must include 'in-house' mental health support;
  - does not require 'in-house' mental health support and will instead use 'in community' support; and
  - must have a primary and specialist focus on mental health support.

## 4. Culturally led responses for Aboriginal and Torres Strait Islander children and families

Culturally led responses for Aboriginal and Torres Strait Islander children, young people and families has greater success of engaging and supporting young people. Aboriginal and Torres Strait Islander children and young people are disproportionately represented in the care system. The review heard the importance of local communities designing and leading Aboriginal and Torres Strait Islander care models to ensure they are culturally safe and appropriate, effective and sustained to respond to the distinct needs of local communities.

Young people spoke about the importance of cultural connection in identity building, emotional and mental wellbeing and restoring familial engagement. We heard that, at times, there are barriers to cultural practices and the administrative processes for activities, excursions or visitors makes it difficult for children to proactively engage with their culture and community.

Throughout the roadshow process the QFCC heard of too many First Nations children being in care because of system barriers – specifically the difficulty of Child Safety approving relatives as kinship carers. Staff and sector partners were adamant more could be done to immediately shift hundreds of children out of residential care if a ‘whatever it takes’ policy was adopted. We heard of creative and innovative problem-solving by CSOs, including:

- supporting kinship carers to upgrade their car so that more than three children could be safely transported;
- covering the moving costs of a grandmother to come to Queensland to care for her grandchildren;
- purchasing furniture for a family so large sibling groups could be moved back to housing with relatives and out of residential care placements.

### **Action 18: By 2025 - Review every Aboriginal and Torres Strait Islander child in residential care to ensure their current placement meets their best interest and supports the development of effective transition plans.**

An agreement to review the case and circumstances of every Aboriginal and Torres Strait Islander child in residential care was a key commitment sought, and secured, by QATSICPP at the Ministerial Roundtable. This point-in-time review has the potential to change the life trajectory of each of the children being reviewed, but also offers the opportunity to provide strong evidence of the barriers and keys to shifting the system blockages that have led to the overrepresentation of First Nations children in residential care placement types. In 2022, the QFCC with support of an Expert Panel reviewed the decisions for placing a child in residential care. The effective operation of the Aboriginal and Torres Strait Islander Child Placement Principle is contingent on active efforts being applied at all significant decision points in the child protection continuum. The QFCC review found limited evidence of active efforts for the decision to place a child in residential care. It will be important that the outcomes of each review result in a forward-looking action plan for each child, and that these actions are implemented. The review of every child in residential care must explicitly assess and apply the Aboriginal and Torres Strait Islander Child Placement Principle.

**QFCC Expectations:** The review of every Aboriginal and Torres Strait Islander child in residential care must be done transparently with the involvement of QATSICPP, the Queensland First Children and Families Board and Commissioner Lewis. Operational level outcomes (i.e. the actions taken for children) as well as systemic learnings must be shared with the QFCC and the sector.

## **Action 19: By 2025 - Increase Aboriginal and Torres Strait Islander self-determination through the expansion of Delegated Authority models.**

The QFCC supports this action. Delegated Authority is an important mechanism to deliver improved self-determination. It is not, however the only way to empower Aboriginal and Torres Strait Islander communities. Our practice across the system – within all government departments, across the sector and within Federal and Local Government, must align to the Aboriginal and Torres Strait Islander Child Placement Principle – and there are major opportunities in residential care to improve the extent, scope and value of participation and partnerships.

**QFCC Expectations:** The implementation plan for the expansion of Delegated Authority should be published.

## **Action 20: By 2025 - Redesign the Safe House model in discrete communities to reflect a community-led response to child and family safety.**

First Nations staff and Child Safety workers spoke highly of the Safe House model in locations where they were an option. A critical strength of safe houses is the ability of the community to shape their use depending on circumstances.

**QFCC Expectations:** In undertaking a redesign of the Safe House model the Government must adopt a place-based design that continues each community's ability to use the model in flexible ways. This will specifically require a rethink of the contractual management and oversight of the service to enable and empower local communities to control the services and outcomes the houses achieve.

## **Action 21: By 2025 - Develop a First Nations First Choice policy to increase investment in ATSICCOs and Indigenous businesses.**

The details of this action require specification. Other governments do not have a great history of implementing 'Indigenous Procurement Policies', and there are audit and select committee findings regarding critical lessons to ensure there are not perverse incentives created through these policy schemes. See for example: [Year one review of the Indigenous Procurement Policy | National Indigenous Australians Agency \(niaa.gov.au\)](#) and [A summary of the Aboriginal Procurement Policy Review 2023 \(nsw.gov.au\)](#). The Queensland First Nations First Choice Policy must be designed and evaluated on the outcomes it achieves for children and families.

**QFCC Expectations:** The development of a First Nations First Choice policy should be undertaken transparently with the involvement of QATSI CPP, the Queensland First Children and Families Board and Commissioner Lewis.

## **Action 22: By 2026 - Establish an innovation fund to support ATSICCOs to design and deliver culturally appropriate models of care.**

The QFCC supports this action but also notes that 'Family Caring for Family' is an existing model that needs further implementation.

**QFCC Expectations:** The implementation plan to establish an innovation fund will need to be clear about the distinction between funding 'design of models' and 'delivery of the models' as both will have unique procurement requirements.

## 5. Improving support for kin and foster carers

For most children and young people, a home environment with kin or a foster carer is the best alternative. The review heard about the importance of making every effort to find family to care for children and young people and invest in supports to enable kinship carers to keep children and young people with them. The review also heard there is more to be done to make foster care more attractive, including to a new generation of carers who may have different household dynamics and values. These are crucial to reducing the overreliance on residential care.

The young people who reviewed the Roadmap with us emphasised that young people wanted continued efforts made for foster care and family finding while they were in residential care. Young people shared concerns that residential care too quickly became “a final destination” and that “once we go there, we are tainted and no one will take us”.

### **Action 23: By 2025 - Pilot a Ready Response to increase family-based care as the first placement in emergent situations.**

The QFCC understands this ready-response pilot will identify the extent to which providers are able to mobilise their foster carer cohort to take on new placements. The lessons learnt in this project will help shape service standard design and referral pathways, and will particularly inform the services of organisations that provide both residential care and foster care. This pilot responds to allegations that the current system design can enable providers who manage both residential care and foster care placements to maximise their financial gains through control of their placement mix. The QFCC understands reports of providers with reported capacity in ‘funded in-home care placements’ will be tested through this pilot.

**QFCC Expectations:** The details of the pilot and its timing should be communicated to the sector and the QFCC in 2024.

### **Action 24: By 2025 - Pilot new and innovative models of foster and kinship care (e.g. recruitment services, respite care, shared care, specialist family-based care, professional care).**

There have been numerous and profound social changes since the current model of foster care emerged in child safety systems across the Western world. The QFCC community survey, the Growing Up in Queensland Report, and the Foster and Kinship Care Association’s survey of carers all point to shifts in household dynamics, economies and motivations of the Queensland population which can shape the appetite to nominate to be a foster carer.

Designing, piloting and implementing new forms of ‘home based care’ should not be seen or intended as a challenge to traditional foster care types – instead they must be directly targeted as a better option than

residential care. On this basis there is a significant funding source for these models and the incentive to commence them is urgent. This design intent is critical – Queensland must maintain and grow its current foster care system while designing and innovating new models that will compete with the residential care system.

Based on the publicly available numbers, the QFCC believes it would be possible for over 500 young people to transition from residential care into new in-home care types in 2024.

The QFCC also continues to advocate for the creation of ‘Sibling Carers’ as a distinct and formal category of care. We remain concerned about the number and circumstances of older siblings – who on turning 18 and being asked to leave care and find their own home, are then asked to become the parent figure for their younger siblings (both formally and informally). Being supported to leave care and become independent is a known issue in the current care system, and adding expectations of parenthood responsibilities is significant. The QFCC would support any sibling carer receiving at least 50 per cent of the average residential care cost as their support payments – for this would be transformational to their family, and the care system.

**QFCC Expectations:** New and innovative models of foster and kinship care, including professional care must be scoped, designed and delivered as an alternative to residential care, not as an alternative to traditional foster care – which still has a legitimate and valued contribution to make to the care continuum.

## Action 25: By 2025 - Increase financial supports to kin and carers by streamlining care allowances and piloting flexible brokerage support packages.

The average annual cost for a child or young person in residential care is approximately 13.77 times higher than for a child in family-based care.<sup>5</sup>

- The total average cost per year, per child for a child or young person in foster or kinship care is \$30,660.
- The total average cost per year, per child for a child or young person in residential care is \$420,548.<sup>i</sup>

There is sufficient funding available to reward carers that either:

- prevent a child entering residential care; and/or
- enable a child to leave residential care.

The foster and kinship carer allowance in Queensland is a three-tiered payment structure, allowing carers to receive higher payments based on the complexity of needs of the children they care for. In Queensland, a loading is also added for carers living in regional or remote areas where the cost-of-living is higher. The allowance is based on age range, increasing with the age of the child.

<sup>5</sup> The annual cost for a child or young person in residential care includes the cost of staff, and the annual cost for a child or young person in family-based care includes funding provided to foster and kinship care services that support carer households.

State/Territory	Age Range	Amount (per fortnight)
QLD <sup>ii</sup>	0 – 5 years	\$567.14
	6 – 10 years	\$611.10
	11 – 17 years	\$664.16

The day-to-day costs the allowance intends to cover include:

- reasonable clothing and footwear, including one school outfitting per year;
- personal care items;
- general schooling and education expenses, including lunches and travel;
- costs for consulting with a GP (excluding Child Health Passport assessments);
- all prescribed and non-prescribed pharmaceuticals;
- general travel costs, including fuel costs up to 250km per week (excluding for approved family contact);
- leisure and recreational activities, toys, pocket money, entertainment, hobbies and holiday expenses;
- safety equipment such as car seats, bike helmets;
- energy and utility costs (pro rata); and
- household goods for the child.

In January 2023, the base carer allowance in Queensland for each age bracket increased by 7.91 per cent.<sup>iii</sup> This increase occurs each year in line with the consumer price index (CPI).<sup>6</sup> Queensland is the only jurisdiction that increases payments in January, rather than at the start of the new financial year in July.<sup>iv</sup> QFCC's information suggests that the annual increase of carer allowance in line with CPI is not enough to meet the needs of children in family-based care, particularly when Queensland families are struggling more broadly with the cost of living. Housing affordability across Queensland is decreasing, with rents increasing at a rate that far exceeds increases in wages, family support payments or the foster care allowance. In June 2018, the median weekly rent for a 3-bedroom house in Queensland was \$350. In June 2023 it was \$500, which represents an increase of 42.9 per cent. When it comes to applying for a mortgage, children in foster care are considered as dependents, however, the carer allowance is not eligible to be included as income. Increases in rent and challenges for mortgage applications should be resolved to remove barriers for potential carers. Recent comparisons of capital cities across Australia found that Brisbane has the third highest cost of living, behind only Sydney and Canberra.<sup>v</sup>

Additionally, as young people in care get older, the cost to adequately support them increases, particularly because they have often experienced complex trauma. The Australian Child Maltreatment Study found that Australians who experience maltreatment are substantially more likely to have:

- mental health disorders;
- health risk behaviours; and
- higher health service utilisation.

While health-based services and specialist supports are generally covered, the costs of recreational and leisure activities and programs to support ongoing positive household dynamics and structures for the young person must be met within the carer allowance. These informal supports are critical to creating stable and positive care environments but are likely to stop when families are experiencing difficulty meeting day-to-day expenses.

<sup>6</sup> The Consumer Price Index measures household inflation and includes statistics about price change for categories of household expenditure.

The QFCC Community Survey 2023 asked Queensland respondents with parent or carer responsibilities about challenges they have paying for these expenses. More than six out of 10 agreed their family finds it hard to pay these expenses. The rates of parents and carers experiencing difficulty were highest in North Queensland and Far North Queensland and lowest in the Brisbane/Moreton Bay region. The majority (70%) of foster and kinship carers who participated in the Community Survey 2023 agreed with this overall sentiment.

Although children and young people living in residential care may have higher needs than those in family-based care resulting in greater costs, the significant difference in annual cost raises the question about whether there is an opportunity for reinvestment in the family-based care system to address the gaps raised by carers and strengthen the capacity of the family-based care system. Changing the investment away from residential care will not only benefit the day-to-day care of young people, but also potentially improve the attraction and retention of foster carers and free up resources for greater investment in kinship care. Increasing financial incentives for foster and kinship carers will:

1. improve the quality of care provided to children;
2. reduce financial pressures in the family-based care system;
3. reduce placement turnover and placement instability for children;
4. retain more foster carers in the system;
5. support more children to remain with kin;
6. reduce the number of children entering residential care; and
7. reduce placement breakdown.

Based on the above there is benefit in three forms of financial incentives for carers:

- those that retain carers in the system;
- those that acknowledge the additional effort and cost of caring for children with trauma backgrounds during adolescence; and
- those that recognise the cost-of-living increases for any carer.

**QFCC Expectations:** The increase in financial supports for carers should occur in a nuanced way that recognises the multiple aims of this increased financial support. Ideally a model of incentive payment where the 'cost' is seen as a 'return on investment' for each child would be adopted.

## Action 26: By 2026 - Expand access to counselling, intervention, and support services to carers.

Foster carers, driven by a genuine commitment to providing a stable and nurturing environment for children, often find themselves faced with the complex task of maintaining placements despite the challenging behaviours exhibited by children with trauma. While foster carers strive to create a supportive atmosphere, they may encounter situations where additional assistance is essential to address the unique needs of children who are in their care. Seeking help, whether through specialised training, therapeutic interventions or support networks, becomes crucial for foster carers in navigating the complexities of caring for children with trauma.

The young people who reviewed the Roadmap strongly agreed that carers need more support. There was a profound discussion where these young people advocated strongly for carers, speaking with passion and conviction for the social value of foster carers. Specifically many spoke positively of the carers they encountered and wished more effort was made to keep these foster care and kinship care arrangements together before they 'were moved'.

The young people also highlighted the importance of ‘family’ mediation or a debriefing team, as they didn’t want to be removed from stable homes if the carers were unsupported. The young people particularly recognised that providing carers additional support was valuable – but that counselling and conflict resolution for the household would have a profound opportunity to reduce placement breakdown.

**QFCC Expectations:** Creating counselling and mediation processes for a foster care family in a way that recognises the household unit should be included in the additional counselling, intervention and support services that are designed for carers.

### **Action 27: By 2027 - Pilot a new behaviour management hotline for carers to access the specialist support they need at the times they need it.**

As above, carer households need additional support to stay together. The QFCC and the young people that reviewed the roadmap did not think that ‘behaviour management hotline’ was the correct name for this service, but understood and agreed that a communication service that is available outside of business hours will assist carer households to raise issues and seek advice about something that may be causing conflict or concern in the household. More clearly – all Queensland families, including foster care families, should have access to ‘parenting advice’ and it is correct for Child Safety to prioritise carer households in this service.

A similar hotline for residential care workers should be explored by providers and the Department to ensure their workforce has ready access to professional and consistent de-escalation advice.

**QFCC Expectations:** The service specifications for the hotline must include a child-centred, whole-of-household approach to the family and parenting advice it provides. The Government should explore existing parenting and family advice lines to minimise cost and duplication and a similar hotline service for residential care households should be considered.

## 6. Our workforce

The care system involves people with different knowledge and skills working together to care for, and support, children and young people with trauma backgrounds. The review evidenced that carers, professionals, and other workers in the sector are highly motivated but that their work can be challenging and undervalued. The Roadmap includes actions which recognise the importance and value of skilled people and the need for Queensland to invest in these workers to achieve better outcomes.

### **Action 28: By 2025 - Develop a residential care workforce strategy, led by PeakCare, to meet the current and future needs of the sector.**

Engagement by youth workers can make or break the experience in residential care. The young people shared that the overwhelming difference between a good and bad residential care experience was the staff. We heard the importance of a worker showing that they genuinely care about the young people in the house, taking the time to listen to them, and working with them to understand their experiences, their needs and their behaviours before making decisions about their care.

It was absolutely evident throughout the course of site inspections that the more stable the workforce was at a house, the better their team dynamic was – and the better the care they provided. These homes automatically and intrinsically felt more home-like and more caring.

The development of a residential care workforce strategy provides a key opportunity to pave the way to a future direction for the system and sector – but it must be guided by the other actions in the Roadmap – including the development of new care models, service expectations and changed power dynamics regarding the voice of children and young people. Importantly, the strategy must recognise the strategic intent that residential care must fundamentally shrink over the next decade, and that there should be a smaller, but more capable workforce. A strategy that includes pathways for the workforce to new areas of human services will be important – this may include youth justice, disability, mental health and education related work.

Peakcare is also encouraged to incorporate the CDRB Recommendations 1 and 2 from 2021-22 within its strategy. These speak to the need for a whole-of-human services workforce strategy, the importance of incentivising remote workforces, and the appropriate investment of unspent staffing budget in community-based solutions.

Finally, the approval process for the workforce strategy – and the ability of the Department and the QFCC to endorse or influence the content will be important. The QFCC will assist PeakCare, including through our annual sector survey, as required.

**QFCC Expectations:** The Residential Care Workforce Strategy must pave the way to a future where there is a smaller workforce with improved capability. As such it must position the residential care sector within the broader human services industry. Consultation and collaboration will be fundamental to ensuring the strategy is successful.

## **Action 29: By 2025 - Expand Queensland's Hope and Healing Framework and related training to equip the workforce with a broader range of essential knowledge and skills.**

The QFCC supports this recommendation. A common framework across the system provides a better opportunity for quality and consistent practice. It encourages a common language between workers and this enables more effective collaboration.

**QFCC Expectations:** Ensuring a high standard of foundational training across the sector is a fundamental need.

## **Action 30: By 2025 - Develop new training to provide foster and kinship carers with foundational skills and ongoing learning opportunities to better equip them for their caring role.**

The retention of carers provides the greatest opportunity to decrease our need for residential care. Each year roughly as many carers leave the system as are recruited.

The Australian Child Maltreatment Study has clearly demonstrated the impact of child maltreatment on life courses. At times these trauma-response behaviours trouble and challenge carers. There is therefore a need to better equip carers for the skills needed to provide care to children and young people with trauma backgrounds.

Carers must also be better equipped to navigate government systems – not just Child Safety, but also Health and Education – as the people performing the adult-advocate role for children in their care. This training should better empower carers to drive specific priority services to children in care from state-owned and funded entities.

The children and young people who reviewed the Roadmap stressed the importance of giving carers greater understanding and training for caring for neurodivergent children and how to promote an inclusive and supportive environment in their home. In this conversation, the importance of recognising human complexity and emotions of 'self' and 'family' were evident. There was an underscored need for carers to understand that the young people 'needed to test boundaries and love' and that carers 'need to have patience and resilience'.

Additionally, young people advocated for an improved response to the reasons behind their departure from placements, aiming to address underlying needs or concerns that may have contributed to such transitions.

The Foster and Kinship Care Association Survey of Carers is a critical tool for testing the needs and views of Queensland's current carer cohort – this survey should continue to be supported by Government, and a survey of 'former carers' should also be considered.

**QFCC Expectations:** The design of new training and support packages should emphasise delivery methods that are multi-channel, available on-request and responsive to needs.

### **Action 31: By 2026 - Establish a new sector-led forum to showcase and recognise best practice across the sector.**

There is a distinct need for greater performance and consistency across the residential care sector. The new performance framework and service standards will drive this externally, however there is a clear need for practice improvement that will best come from within the sector itself.

Residential care is a competitive marketplace, and market competition can work against collaboration and the sharing of information about best practice. Larger providers have their own internal performance frameworks and have led sector-pioneering innovation on issues such as school reengagement and harm minimisation. This work has delivered stronger outcomes for children and communities, and it has also given these providers a market advantage. These providers currently have a commercial disincentive to share their best practice.

In delivering best practice showcase forums, the Department must incentivise sharing and collaboration across the sector, by using its contracting and performance framework.

**QFCC Expectations:** At least one forum must occur in 2024, and the outcomes must be publicly available for the whole sector to share learnings and continually work towards adopting best practice. A formal process of two engagements per year over the four years of the Roadmap would enable the sector to engage in this work.

## Implementation Governance and Accountability

The Roadmap's conclusion states that "the Principal Commissioner, QFCC, will provide expert advice on and oversight of the implementation of the roadmap" and provide an independent report to the Minister. It also states that "A monitoring framework will be developed to assess how well the existing and new actions are contributing to a non-family-based care (residential services) system that is meeting the needs of children and young people. The framework will be informed by the experience and outcomes for children and young people living in residential care". For the QFCC to effectively monitor the implementation of the Roadmap, it is expected that the Principal Commissioner, QFCC will continue to:

- visit and inspect residential care homes;
- receive data briefings from Department;
- speak to residential care service providers operating these homes;
- communicate with the Ministers and leaders of other human service portfolios to ensure they have a clear commitment to young people in state care;
- continue to meet with children and young people who are engaged with the child safety system; and
- continue to host the Expert Advisory Council.

<sup>i</sup> Queensland Parliament (2023), *Question on Notice No. 784*, <https://documents.parliament.qld.gov.au/tableoffice/questionsanswers/2023/784-2023.pdf>.

<sup>ii</sup> Queensland Government (2022), *Carer Allowances*, <https://www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/money-matters/carers-allowances>.

<sup>iii</sup> Queensland Government (2022), *Carer Allowances*, <https://www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/money-matters/carers-allowances>.

<sup>iv</sup> Foster Care Allowance of Victoria (2023), *Carer Allowance Analysis by Jurisdiction*, <https://www.fcav.org.au/news/carers-allowance-analysis-by-jurisdiction>.

<sup>v</sup> C Dyer & J Martin (2023). *Cost of living comparison*. <https://www.finder.com.au/cost-of-living-comparison>.