

Keeping Queensland's children more than safe:

Review of the foster care system

Blue Card and Foster Care Systems Review



Queensland
**Family & Child
Commission**



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Throughout this paper we refer to 'Aboriginal and Torres Strait Islander peoples' rather than 'Aboriginal and Torres Strait Islander people' to reflect the plurality and diversity of Queensland Aboriginal and Torres Strait Islander communities.

ISBN 978-0-6480681-8-1

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July 2017



Foreword

Queensland works hard to provide safe environments for children, including those who cannot remain with their own families.

These vulnerable children often live with foster and kinship carers, who take on the joys and the challenges of caring for them, providing safe and supportive homes. Child safety experts in government and non-government organisations work with the carers to give the children the best possible future.

Despite this, in late 2015, Queensland newspapers carried photos of a smiling, 12-year old girl named Tiahleigh Palmer, whose life had been tragically cut short. Shortly afterwards, members of her foster family were arrested for their alleged involvement in her murder.

Over the following weeks, Queensland's foster care system came under even more public scrutiny following the arrests of a Far North Queensland carer and a kinship carer in Brisbane. Understandably, the Queensland community wanted to know what went wrong.

In Queensland, the process for being approved as a foster or kinship carer is rigorous. However, we can learn from experience and we can improve.

The Premier called for a review of the Blue Card and Foster Care Systems. In doing so, she asked the Queensland Family and Child Commission (QFCC) to pay particular attention to the use of working with children checks (blue cards) and other information when assessing and approving foster carers.

This review found issues with how information is shared. Multiple agencies, (and areas within agencies), contribute to the information being considered when approving carers, but no single entity has the complete picture. This is not good enough. Legislative change will be required to make sure that those who need the information are able to access it and use it.

The review found issues with carer assessment, training and support. Administrative and legislative changes are needed to make it easier for Child Safety Services (within the Department of Communities, Child Safety and Disability Services) and (non-government) foster and kinship care services to deliver these services in efficient, effective and up-to-date ways.

The review also found that we must listen to the children themselves. They need to be able to have open, honest conversations with the child safety officers who support them, and the community visitors who have contact with them. This is one of the most important ways to keep them safe. They have to be able to trust the people who support them. We have to make sure they are heard.

All of this—the information, the training, the support and the safeguards—needs to be monitored and reported on in public and transparent ways.

In conducting this review, the QFCC consulted widely. I thank all of those who shared their experience and recommendations with us.

The Premier requested that the QFCC set up an expert panel to assist with the review. This panel was invaluable. It included leaders in the field of child safety, advocates, employers and key users of the blue card system. These experts helped to test long-standing views about the scope and structure of the system and advised on ways to improve it.

I thank each of the panel members for their dedication to this review and to making Queensland's children safer. The recommendations in this report would not be as robust as they are without their expert advice.

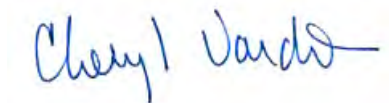
In particular, I thank Bryan Smith, (the Executive Director of Foster Care Queensland), the young people we spoke with, and the foster and kinship carers who took the time to meet with us and assist us in strengthening the system.

I would also like to thank the government and non-government agencies which responded to our discussion and options papers, and have been very open to working with the QFCC throughout this review.

Finally, I would like to acknowledge the staff of the QFCC, who have worked tirelessly over the last eight months in researching, consulting, and preparing this report.

No-one ever wants to see children subjected to the harm which led to this review. However, in carefully considering what happened, we can learn, we can change, and we can deliver better outcomes for children in care.

There is nothing more worthwhile than working together to keep Queensland's children more than safe.



Cheryl Vardon

Principal Commissioner

Queensland **Family and Child** Commission



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Symbol legend



Comment



Definition



Queensland Child Protection
Commission of Inquiry



Blue card review report



Office of the Public Guardian response



Quote



Recommendation



Royal Commission into Institutional
Responses to Child Sexual Abuse

Executive summary

Reasons for this review

This review was undertaken because of the tragic death of Tiahleigh Palmer, a child in foster care, and the subsequent arrest of her foster carers and their adult children.

In the same week police arrested Tiahleigh's foster carer, they also arrested a Far North Queensland foster carer for child sex offences and possession of child exploitation material.

The Minister for Child Safety asked the Queensland Family and Child Commission (QFCC) to consider this additional case as part of this review and to identify any systemic improvements for the safety of children.

These cases are particularly distressing, as the children involved have been born into circumstances in which they have already been subjected to significant harm. When a carer is responsible for the abuse or death of a child in care, the community questions whether the system that is supposed to protect them has failed and whether the safeguards in the system are working.

These questions require answers and a determined search for what can be done to prevent tragedies like this happening again.

These are the reasons for the special focus of this report on the foster care system. The dignity of those children who have suffered in care requires it, their family and friends deserve it, and a caring and compassionate Queensland public demands it.

The QFCC has also reviewed the working with children checks/blue card system. The results of that review are reported separately.

Background

The foster care system has been the focus of a number of reviews and reform programs over the last 10–15 years (Appendix 1 provides a summary of these). Most recently, in 2013, a broad-reaching review of the child protection system was undertaken—the Queensland Child Protection Commission of Inquiry. A key outcome of

that inquiry was an increased focus on providing better family support in order to stop children entering care.



Queensland Child Protection Commission of Inquiry

On 1 July 2012, the Queensland Government established the Queensland Child Protection Commission of Inquiry (QCPCOI), led by the Honourable Tim Carmody QC. The QCPCOI was tasked with reviewing the entire child protection system and charting a new roadmap for child protection for the next decade.

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) is currently finalising its inquiry into the sexual abuse of children in Australian institutions. It is due to give its final report to the Commonwealth Attorney-General by 15 December 2017.

As part of its inquiry, the Royal Commission researched and consulted widely on care systems across Australia including on important aspects such as:

- recruiting, assessing and training carers
- supporting and responding to children in care
- information sharing
- monitoring and oversighting measures.

Appendix 2 provides a summary of similarities and differences between Australian states and territories in the provision of foster and kinship care services.

While the Royal Commission has not yet finalised its position on foster and kinship care, it is likely to make recommendations to achieve national consistency and better protect children from sexual abuse in care.

The work, findings and recommendations of the Royal Commission and earlier inquiries were valuable in finalising this review. This report does not duplicate that work. It focuses on recommendations to improve Queensland's foster care system.

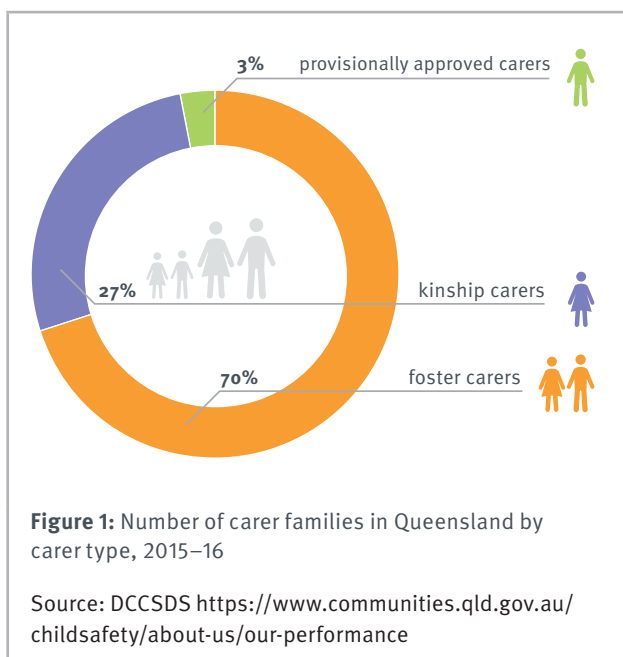
Overview of the foster care system

The *Child Protection Act 1999* and the *Child Protection Regulation 2011* govern Queensland's foster care system. They set out how carer assessment, approval, renewal and monitoring processes work to protect children needing care away from their families.

Child Safety Services, a business unit of the Department of Communities, Child Safety and Disability Services, is responsible for Queensland's foster care system. This system includes foster carers, kinship carers and provisionally approved carers. The differences between them are that:

- foster carers provide care in their own homes to children and young people who are not their relatives
- kinship carers provide care in their own homes to a relative, family member, close friend, or child from their community
- provisionally approved carers are foster or kinship care applicants who Child Safety Services allows to care for a child or young person while deciding on their application to become a foster carer or kinship carer.

As illustrated in Figure 1, the majority of carers in 2015–16 were foster carers.



The Office of the Public Guardian provides an important safeguard for children in the foster care system. It operates a statewide network of community visitors and child advocates. The *Public Guardian Act 2014* governs the Office of the Public Guardian's work.

Aa

Community visitors are there to help children and young people in the child protection system. They make sure the concerns, views and wishes of children and young people are listened to and seriously considered.

Child advocates are lawyers who protect the rights of children and young people in the child protection system. They ensure their voice is heard, particularly when decisions are made that affect them and their care arrangements.

Key findings

Queensland's foster care system generally operates as intended and in line with relevant legislation. It assesses applicants to make sure they can provide safe and caring environments and are suitable to be foster or kinship carers. However, this review identified some opportunities to:

- build stakeholder and public confidence
- strengthen carer assessment, approval and renewal processes
- strengthen safeguards for children in care.

Maintaining public confidence in the foster care system

In the course of this review, the QFCC consulted people and groups with expertise and interest in the foster care system. These included foster carers, kinship carers, children with current or previous care experience, and government and non-government agencies.

The QFCC gathered information from these stakeholders through community forums and targeted consultations, written submissions, and online surveys.

The stakeholders provided valuable insights and suggestions for reform.

Many agencies, organisations and individuals contribute to public confidence in the foster care system. Generally, good outcomes lead to higher

confidence. Those good outcomes come from comprehensive service design, skilled service delivery, good will and a lot of hard work. Good governance, monitoring, and reporting on outcomes are all critical.

This review of the foster care system has found that abuse of children in care has major impacts on stakeholder and public confidence. Confidence improves when cases are independently reviewed to make sure the system is accountable and can learn from tragedies. This report includes recommendations to achieve this.

It also includes recommendations that will:

- help prevent abuse by assisting children in care to learn about their own safety
- build the capability of workers to identify and respond to abuse in care
- enhance current systemic reporting on the outcomes achieved for the children and families who rely on the child protection system.

Strengthening carer assessment, approval and renewal

While the review confirmed that Child Safety Services complies with its legal obligations, it also found there is scope to improve everyday practices.

The legislation, policies and practices informing assessment and approval of foster and kinship carers need to be improved in order to:

- strengthen personal history checks to meet community expectations
- develop clear criteria for deciding if a person is suitable to provide foster or kinship care
- build more consistency into assessment and approval processes between Child Safety Services' seven regions, including having:
 - a standard assessment tool
 - accreditation and ongoing skill development for assessors
 - policies and procedures about the use of panels to inform carer approval decisions
 - increased accountability for renewals
- develop tailored policy and practice approaches for kinship care.

There is also scope to improve information sharing by allowing Blue Card Services (part of the Department of Justice and Attorney-General) to give Child Safety Services critical information about applicants' criminal and disciplinary history. This will help to address Child Safety Services' current over-reliance on Blue Card Services' working with children check (blue card) decisions in the carer assessment and approval process.

Strengthening safeguards for children

The review found ways to improve safeguards for children in care by:

- strengthening placement decisions, including developing guidelines to improve placement-matching
- reviewing the content and delivery of foster carer training, including providing tailored training for kinship carers
- clarifying carer support roles and responsibilities, including increasing overall support for new carers
- coordinating and enhancing approaches for engaging with children.

Stakeholders report that since the Queensland Child Protection Commission of Inquiry, the Office of the Public Guardian's community visitors have less regular contact with children in care.

This is concerning, because to be an effective safeguard, community visitors must build trust with the children they visit. This is influenced by the frequency of their visits and the quality of the relationships they establish with children.

This report queries the evidence and assumptions underpinning the Queensland Child Protection Commission of Inquiry's decision to reduce the frequency of visits by community visitors, and recommends further action to resolve this issue.



List of recommendations

Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
Maintaining public confidence in the foster care system		
1	the Minister for Child Safety proposes amendments to sections 245, 246A and 246C of the <i>Child Protection Act 1999</i> , to include cases of substantiated physical and sexual abuse of children in care in its 'system of review' process, in cases where abuse is perpetrated by a carer or a member of the carer's household	18
2	the Department of Communities, Child Safety and Disability Services works with relevant agencies, and non-government organisations with knowledge of personal safety, to ensure that children in care have access to, and receive, age appropriate programs and resources to help keep them safe	18
3	the Office of the Public Guardian reviews and updates practice guidelines based on contemporary evidence and provides regular training for community visitors about the critical functions of: <ul style="list-style-type: none"> building trusting relationships with children in care identifying and responding to abuse in care 	19
4	the Office of the Public Guardian reviews and updates practice guidelines based on contemporary evidence about the best way to match community visitors to children in care. The guidelines should: <ul style="list-style-type: none"> address the match of age, gender and culture that will best enable community visitors to build trusting relationships with children increase the likelihood that children will disclose abuse 	20
5	the Department of Communities, Child Safety and Disability Services develops a 'community visitor' notifier category in its client management system to record any allegations of harm of children in care reported by the Office of the Public Guardian	19
6	the Department of Communities, Child Safety and Disability Services works with external oversight (and other) agencies to develop an annual program of audit, review and compliance activities that focus on areas of highest risk for, and key service obligations to, children in care. The Department of Communities, Child Safety and Disability Services should seek further advice on the publication of this annual program on its website and in its annual report	20
7	the Department of Communities, Child Safety and Disability Services includes in the operational performance framework (being developed through the new quality improvement program) strategies to: <ul style="list-style-type: none"> increase timeliness of and improve responses to standard of care reviews and harm reports monitor and report on responses to these reviews and investigations. The Department of Communities, Child Safety and Disability Services should continue working with entities in other jurisdictions and nationally to improve: <ul style="list-style-type: none"> the quality and comparability of reporting of instances of and responses to harm to children in care the public reporting of this 	21
8	the Queensland Family and Child Commission works with the Department of Communities, Child Safety and Disability Services; the Office of the Public Guardian; and the child protection sector to provide a more outcomes-based account of the experiences and perspective of children and young people who rely on child protection services to stay safe and well. This should be reflected in the annual report produced by the Queensland Family and Child Commission	21

Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
Strengthening carer assessment, approval and renewal		
9	<p>the Department of Communities, Child Safety and Disability Services makes the following (currently discretionary) suitability checks mandatory for each person who applies to be a carer:</p> <ul style="list-style-type: none"> • domestic violence • traffic history • referee checks (one referee to be selected by assessor) • medical clearance from the applicant's general practitioner 	35
10	the Department of Communities, Child Safety and Disability Services reviews relevant policies and procedures to ensure clear guidance is provided about when further discretionary information should be gathered, and what this additional information may include, to inform the consideration of whether a person is suitable to hold a certificate of approval as a carer	35
11	<p>the Department of Communities, Child Safety and Disability Services works with the Department of Justice and Attorney-General to negotiate for the Department of Communities, Child Safety and Disability Services to become a party to the <i>Intergovernmental agreement for a national exchange of criminal history information for people working with children</i>.</p> <p>Upon Department of Communities, Child Safety and Disability Services meeting the participation requirements and becoming party to the <i>Intergovernmental agreement for a national exchange of criminal history information for people working with children</i>, Blue Card Services should immediately start sharing with Child Safety Services all criminal and disciplinary history information for carer applicants, along with the reasons for its decisions on working with children checks (blue cards)</p>	36
12	the Attorney-General and Minister for Justice and the Minister for Child Safety considers changes to the relevant legislation to allow the Department of Communities, Child Safety and Disability Services to nominate foster and kinship care services as alternative parties to verify the identification for blue card applications for all foster and kinship carer applicants (including adult household members)	38
13	<p>the Department of Communities, Child Safety and Disability Services provides the decision-makers for carer applications with full details of available personal history checks undertaken, including:</p> <ul style="list-style-type: none"> • information returned from personal history checks • analysis of the information • a recommendation on suitability based on the personal history checks. <p>The Department of Communities, Child Safety and Disability Services should provide information about all personal history checks to assessors before they start the assessment interviews</p>	40
14	the Department of Communities, Child Safety and Disability Services reviews the adequacy of the legislative criteria for a person to be a suitable person to be a carer and amends policies and procedures accordingly	40
15	<p>the Department of Communities, Child Safety and Disability Services chooses and uses a standard carer assessment tool that:</p> <ul style="list-style-type: none"> • includes specific resources for assessing foster carers and kinship carers • addresses cultural issues for Aboriginal and Torres Strait Islander carers and culturally and linguistically diverse carers 	42



Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
16	<p>the Department of Communities, Child Safety and Disability Services implements an accreditation requirement for all assessors as required by the selected standard assessment tool (see recommendation 15).</p> <p>If the chosen tool does not require accreditation of assessors, the Department of Communities, Child Safety and Disability Services should work with relevant stakeholders to develop and mandate appropriate minimum requirements for assessors (such as competency in the use of standard assessment tools, experience and legislative knowledge), training and ongoing professional development</p>	43
17	<p>the Department of Communities, Child Safety and Disability Services recommences using its two-step carer assessment process once the Department of Justice and Attorney-General has streamlined the blue card system and reduced the processing timeframes for working with children checks</p>	44
18	<p>the Department of Communities, Child Safety and Disability Services amends the Child Safety Practice Manual so that kinship carers do not undergo another full assessment process in situations where they have already been assessed for a previous placement within a two-year timeframe</p>	44
19	<p>the Department of Communities, Child Safety and Disability Services:</p> <ul style="list-style-type: none">establishes, in each of its regions, a panel to review carer assessments and make recommendations about the approval of carer applicantsdevelops criteria for defining when Child Safety Services must use a panel to support approval decisions. <p>In addition to making a recommendation for approval, the panel may also consider:</p> <ul style="list-style-type: none">the type of care for which approval is giventhe numbers, ages and genders of children to be placedspecial conditions, including priority trainingthe level and type of support the carer will need. <p>Each panel should include a range of professionals (representing various stakeholder groups) able to inform and confirm decisions and bring relevant cultural perspectives to the panel's deliberations. For example, representatives from the carer agency, DCCSDS representatives, Foster Care Queensland, Elder or Recognised Entity representatives and the assessor.</p>	45
20	<p>the Department of Communities, Child Safety and Disability Services reviews and confirms that the delegation level for approval of carers remains appropriate, in light of the recommended changes to carer assessment and approval processes</p>	47
21	<p>the Department of Communities, Child Safety and Disability Services includes the following as a part of the carer renewal process:</p> <ul style="list-style-type: none">interviews with children in placementdiscussions with child safety officers and the relevant community visitor/s. <p>Where relevant, the process should also include:</p> <ul style="list-style-type: none">interviewing children previously in the placementdiscussions with child safety officers of children previously placed with that carerdiscussions with any previous carer agencydiscussions with schools/early childhood centres involved with children currently placed with the careran assessment of the carer's ability to meet and adhere to the standards of care	49

Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
22	<p>the Department of Communities, Child Safety and Disability Services strengthens accountability for completing renewal assessments by:</p> <ul style="list-style-type: none"> clarifying in legislation or policy the maximum time for completing renewals once a carer has submitted a renewal application including a requirement in funding agreements for approved foster and kinship care agencies to renew carers as required by legislation and policy monitoring the compliance of the agencies in undertaking carer renewals in required timeframes including a performance audit about timeliness of renewals in the annual program of audit referred to in recommendation 6 	49
23	<p>the Department of Communities, Child Safety and Disability Services:</p> <ul style="list-style-type: none"> reviews all carers with whom Child Safety Services has not placed children for more than 12 months and decides whether their carer certificates should be suspended or cancelled develops criteria for suspending and cancelling carer certificates (in the absence of a blue card cancellation or criminal charges) considers whether a panel should review cases for consistency 	50
Strengthening safeguards for children		
24	<p>the Department of Communities, Child Safety and Disability Services updates its policies and procedures to require the decision-makers, in situations where there is not a best match between a child and his or her carer/s, to document:</p> <ul style="list-style-type: none"> any identified gaps between the child's needs and the carer's capacity the additional support the carer will need to help meet the child's needs (and who will provide it and when) the steps it will take to make sure the child's needs are being met 	53
25	<p>the Department of Communities, Child Safety and Disability Services works with foster and kinship care services to:</p> <ul style="list-style-type: none"> improve records management systems to better capture and use information gathered as part of the carer assessment process to inform placement-matching develop a standard profile document about foster and kinship carers and make this available to children and staff working with carers 	54
26	<p>the Department of Communities, Child Safety and Disability Services puts in place checks and balances confirming Child Safety Services and foster and kinship care services are meeting their obligations to provide carers with information about children that will:</p> <ul style="list-style-type: none"> help carers make an informed decision about accepting a placement help the carers meet children's needs protect carers and members of their household from potential harm. <p>Within two years of the date of this report, the Department of Communities, Child Safety and Disability Services should undertake a performance audit of this as part of the annual program of audit referred to in recommendation 6</p>	54
27	<p>the Department of Communities, Child Safety and Disability Services strengthens and clarifies definitions, documentation and communication regarding the roles, responsibilities and relationships of departmental staff and foster and kinship care services within the placement-matching process</p>	54



Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
28	<p>the Department of Communities, Child Safety and Disability Services develops a training program specifically for kinship carers:</p> <ul style="list-style-type: none">• recognising the unique and varying nature, culture and challenges of kinship care• with flexible delivery modes (for example, online modules, attendance by video link, or one-on-one delivery methods)• requiring all kinship carers to begin the training within six months of their first placement	56
29	<p>the Department of Communities, Child Safety and Disability Services revises all aspects of carer training to make sure:</p> <ul style="list-style-type: none">• it is reflective of current research and evidence• it provides carers with the skills to manage complex behaviour and trauma, including modules on:<ul style="list-style-type: none">– understanding the impacts of trauma and providing trauma-responsive care– risk factors for child abuse in care– the principles of child safe organisations– cultural competency (in all pre-service training) tailored to specific culture and language groups where possible	57
30	<p>the Department of Communities, Child Safety and Disability Services considers assessing the skills and experience of its trainers and also considers using alternative timing for training, improved training resources, and different modes of delivery of training.</p> <p>This may include:</p> <ul style="list-style-type: none">• delivery before and after placement• delivery in more locations• delivery in a carer's home• on-line delivery for certain modules• training resources in multiple formats using experienced foster/kinship carers to deliver training	58
31	<p>the Department of Communities, Child Safety and Disability Services defines, documents and communicates the roles and responsibilities for providing support to carers, including the roles and responsibilities of:</p> <ul style="list-style-type: none">• foster and kinship care services• child safety officers• child safety support officers	60
32	<p>the Department of Communities, Child Safety and Disability Services works with non-government partners to develop and implement measures to increase support and supervision for new carers during their first 12 months as carers.</p> <p>The measures must recognise the differences between the support needs of foster carers and kinship carers</p>	60
33	<p>the Department of Communities, Child Safety and Disability Services updates policies and procedures and provides advice and training to all care team members about:</p> <ul style="list-style-type: none">• the roles, responsibilities and expectations of children's care teams• whether a child's care team should, at given points, include additional members (for example, community visitors and teachers)	61

Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
34	<p>the Department of Communities, Child Safety and Disability Services reviews current minimum contact requirements with children in care and establishes a coordinated approach with care team members.</p> <p>This should include:</p> <ul style="list-style-type: none"> • considering children’s views on contact • taking into account current research about approaches to the nature, type and frequency of contact across all child protection orders 	63
35	<p>the Department of Communities, Child Safety and Disability Services develops a way to capture, monitor and report on child safety officers’ compliance with its minimum contact requirements with children in care</p>	64
36	<p>the Department of Communities, Child Safety and Disability Services works with the CREATE Foundation, Foster Care Queensland, Office of the Public Guardian and other stakeholders to develop contemporary methods to improve engagement with children in care.</p> <p>The strategy should specifically assess and document the risks and benefits of using technology as a means of contact between children in care and child safety services officers and community visitors</p>	64
37	<p>the Office of the Public Guardian, with oversight by the Queensland Family and Child Commission, reviews the current community visitor role and practice to:</p> <ul style="list-style-type: none"> • clarify the policy intent • determine whether, post-Queensland Child Protection Commission of Inquiry, it is providing the intended safeguards for children in care. <p>This review should inform the work undertaken by the Queensland Family and Child Commission to evaluate the child protection reforms</p>	68
38	<p>the Office of the Public Guardian works with the Department of Justice and Attorney-General and consults with stakeholders to identify and address any practical barriers to community visitors conducting unannounced visits with right of access without consent or warrant.</p> <p>The result of this consultation will determine whether legislative amendment is required</p>	69
39	<p>the Office of the Public Guardian works with the Department of Justice and Attorney-General and consults with stakeholders to consider the practicality of conducting visits with children and young people away from their placement, in circumstances where visits are not otherwise able to be conducted in private.</p> <p>The result of this consultation will determine whether legislative amendment is required</p>	70
40	<p>the Office of the Public Guardian works with stakeholders to develop a reporting framework with accompanying data to identify systemic issues such as:</p> <ul style="list-style-type: none"> • visit frequency—actual and planned • number and rate of issues and complaints identified • notifications to the Department of Communities, Child Safety and Disability Services 	70



Recommendations		Page number
The QFCC, advised by an expert panel, recommends that:		
Implementation		
41	the Queensland Family and Child Commission continues to use its existing governance group (which oversees the progress of the recommendations in the Queensland Family and Child Commission review reports, including this report), to monitor and report on whether the intent of each of the recommendations has been achieved	71
42	the agencies responsible for implementing the recommendations in this report: <ul style="list-style-type: none">• develop a detailed implementation plan that provides advice on the planned staging and approach for implementing each recommendation• provide the plans to the governance group referred to in recommendation 41. Agency implementation plans should be reviewed on release of the final report of the Royal Commission into Institutional Responses to Child Sexual Abuse.	71

Chapter 1

Queensland Family and Child Commission review

The Premier's request

In September 2016, the Director-General of the Department of the Premier and Cabinet, on behalf of the Premier, asked the Principal Commissioner of the Queensland Family and Child Commission (QFCC) to:

... undertake a whole of system review of the *Working with Children (Risk Management and Screening) Act 2000* and its operation ... Furthermore, I also ask that you pay particular attention to the use and reliance on Working with Children Checks and other information in the assessment and approval process for foster carers in Queensland [see Attachment 1].

On 28 September 2016, the Minister for Child Safety asked the QFCC to consider a specific case as part of this review and identify any systemic improvements for the safety of children (see Attachment 2).

Terms of reference

The QFCC developed the following terms of reference for this review (see Attachment 3):

1. Explore ways to build and sustain public confidence in the blue card and foster care systems.
2. Review the blue card system legislation, including its scope, to identify any gaps, barriers, inconsistencies or inefficiencies in meeting the safety needs of children in Queensland.
3. Review key blue card system operations to identify opportunities to streamline, innovate and enhance access for members of the community, including Aboriginal people and Torres Strait Islanders.
4. Audit and review foster carer approval and monitoring processes, to assess their effectiveness as safeguards for vulnerable children and to identify any gaps or inconsistencies in meeting the safety needs of children in Queensland.
5. Review Child Safety Services within the Department of Communities, Child Safety and Disability Services to determine whether it is operating effectively, including engaging with frontline staff through targeted consultation to determine any capacity issues or pressure points in meeting the safety needs of children in the Child Protection System.

Expert panel

At the Premier's request, the QFCC appointed an expert panel to guide this review. (More information about the panel is in Appendix 3). It met 13 times during the course of the review. It provided the QFCC with expert advice and guidance throughout the process and helped the QFCC to assess the evidence and prioritise issues.



Authority to access information

The QFCC conducted this review under Part 3 of the *Family and Child Commission Act 2014*.

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Requests by principal commissioner for information relevant to child deaths

1. Subsection (2) applies if the principal commissioner considers a public entity has information necessary for the performance of the commissioner's functions under this part.
2. The principal commissioner may, by written notice, ask the public entity to give the information to the commissioner within a stated reasonable time.
3. The public entity must comply with the request unless the entity reasonably considers the disclosure of the information—
 - a. would prejudice the investigation of a contravention, or possible contravention, of the law; or
 - b. would prejudice the effectiveness of a lawful method or procedure for preventing, detecting, investigating or dealing with a contravention or possible contravention of the law; or
 - c. would endanger a person's life or physical safety.

The Queensland Family and Child Commission's approach to the review

The QFCC's approach was consultative and involved significant stakeholder and community engagement. Appendix 4 is a summary of the consultations that occurred during the review.

The first phase involved identifying the issues and the proposed outcomes. The second phase of consultation used this information to develop options for reform. Stakeholders provided valuable feedback during both phases, and this informed the findings and recommendations in this report.

The evidence base for this report includes research, statewide community engagement, meetings with specific stakeholders, an audit of 84 files where children in care had been victims of abuse, and numerous responses to the discussion and options papers.

Appendix 5 is a glossary of definitions and terms used in this report.

Procedural fairness

To satisfy procedural fairness obligations and to make sure the recommendations are practical, the review included targeted consultation with key government agencies on the draft review report. The QFCC carefully considered all relevant feedback in finalising the report.

This review report contains no adverse findings or inferences about the people who work and volunteer within the foster care system, or members of the community.

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Care

This report uses the word 'care' to refer to all forms of family based care, including care provided by foster carers, kinship carers and provisionally approved carers.

Chapter 2

Maintaining public confidence in the foster care system

Public confidence and continuous improvement

At a glance

Findings



More education is needed to empower children in care to stay safe

Children in care need trusted and independent support

There are no current multi-agency review mechanisms for when a child in care is sexually abused

The performance of the system needs to be assessed from the perspective of outcomes for children

Reforms



INTRODUCE

personal safety education programs for all children in care

DEVELOP

community visitor capacity to build trusting relationships and respond to abuse in care settings

DEVELOP

guidelines about the best way to match community visitors to children in care

DEVELOP

multi-agency review mechanisms for any instance of substantiated physical and sexual abuse of children in care

DEVELOP

a program of risk based performance audits and publish findings

IMPROVE

annual reporting of outcomes for children

Impacts



CHILDREN
Improved safety for children in care



SYSTEM
Builds a system of continuous improvement



COMMUNITY
Improved public confidence in the system through system reviews

Background

In requesting this review, the Director-General of the Department of the Premier and Cabinet, on behalf of the Premier, specifically referred to the tragic death of Tiahleigh Palmer and the subsequent arrest of her foster carers.

The Minister for Child Safety also asked the Queensland Family and Child Commission (QFCC) to consider a recent case involving the arrest of a Far North Queensland foster carer for child sex offences and possession of child exploitation material.

These cases resulted in widespread concern about whether the child protection system is working effectively to keep children safe and well in care when they are unable to live safely with their own families. Cases like these significantly affect the public's confidence in the system.

To become carers, people must undergo a comprehensive assessment process. This involves a series of personal history checks, including a working with children check (also known as a blue card check), and an assessment of a person's suitability to care for highly vulnerable children.

This review found that Child Safety Services (in the Department of Communities, Child Safety and Disability Services) and Blue Card Services (in the Department of Justice and Attorney-General) administer the relevant checks and safeguards as required by legislation and policy.

These checks and safeguards, in combination with the efforts of highly professional and committed child protection and support workers and carers, mean the vast majority of children are safe and well in care. There is, however, room for improvement.

The abuse of children in care

Children enter care for different reasons; however, many children living in care have been abused or neglected prior to entering care.¹ This type of trauma can increase a child's vulnerability to abuse while in care.

Child Safety Services is responsible for investigating all allegations of significant harm to a child. When the investigation confirms the allegation, the notification is substantiated.

A total of 163 children living in care in Queensland were the subject of substantiated harm in the 2015–16 reporting period. As illustrated in Figure 2, the majority of substantiations in 2015–16 were for emotional harm.

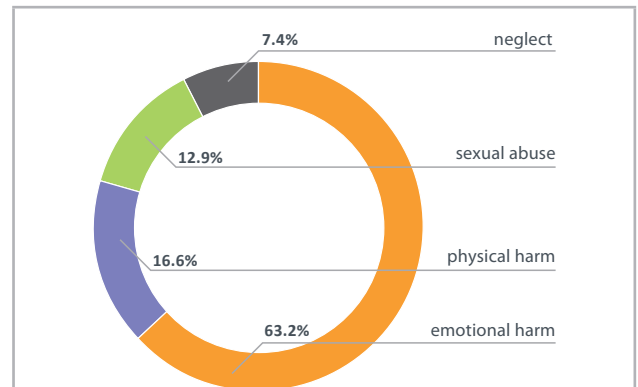


Figure 2: Children in care subject to a substantiation by most serious harm type, 2015–16

Source: DCCSDS <https://www.communities.qld.gov.au/childsafety/about-us/our-performance>

It is well recognised in research that while some children may disclose abuse as it is occurring, many will not make any disclosures at all during childhood. This means that the actual rate of harm experienced by children living in care may be much higher.

Although not published in Child Safety Services data, the proportion of substantiated harm cases that involve the carer as the perpetrator is small. Perpetrators are often other household members, other children in care, visitors to the household, and other children or adults outside of the household.

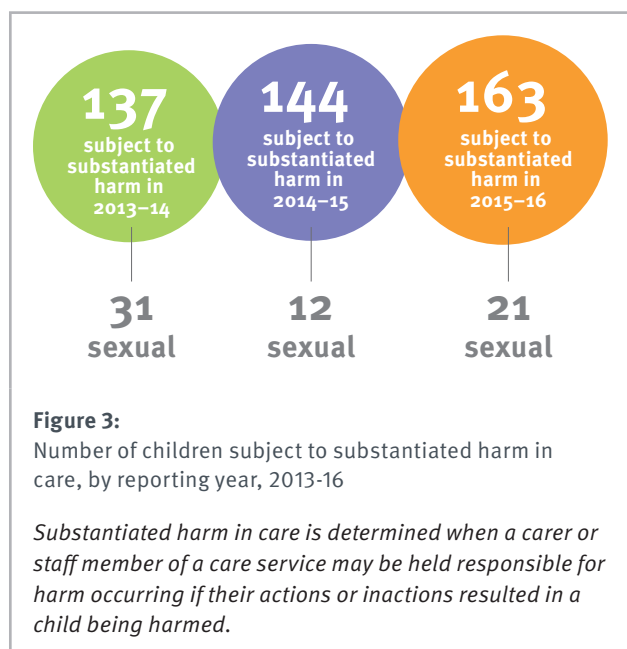
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Substantiated harm

Substantiated harm means an allegation of harm against a child or young person has been investigated and assessed, and it has been determined that the child or young person has suffered, is suffering, or is at an unacceptable risk of suffering future, significant harm.

On 11 January 2013 the (then) Governor-General appointed a Royal Commission to inquire into institutional responses to child sexual abuse. Although there had previously been inquiries with limited terms of reference, in recent years it had become clear to the Australian community that a broad-ranging national response was needed.²

When a child is sexually abused while in care, the impact can be devastating and can last for a lifetime. It can leave a traumatic legacy for the victim and for future generations. Child sexual abuse affects the entire community and diminishes the trust we place in our institutions. That trust is further eroded when an institution fails to appropriately respond to the victim's needs.



While the data indicates child sexual abuse occurs in only a small number of substantiated harm cases, as shown in Figure 3, research on risk profiles suggests sexual abuse can occur in any institution (including foster care) where children and a motivated perpetrator interact. Some perpetrators of child sexual abuse will also actively manipulate conditions to create opportunities to sexually offend against children.³

Audit of carer assessment and approval processes

The QFCC was required by the review's terms of reference to undertake an audit of carer assessment and monitoring processes to see if any practices need strengthening.

The audit examined 84 cases of substantiated physical and sexual abuse of children in care that had occurred in the last five years. The audit reviewed in each case:

- the initial report of the abuse
- the timeliness of Child Safety Services' response
- the outcome, including whether Child Safety Services took appropriate action to make sure the child was safe.

The QFCC also examined the carer files (specifically carer assessment and approval decisions) for a sub-set of the 84 cases compiled for the audit. The carer files were selected for further consideration where there was substantiated sexual abuse and the carer approval had been granted by Child Safety Services in the last three years (14 cases in total).

The combined results of these audits provided important insights. These are reflected in the recommendations of this report that focus on strengthening systemic safeguards and improving public confidence. Throughout the audit, the QFCC contacted both Child Safety Services and the Office of the Public Guardian to discuss aspects of specific cases and to highlight any concerns.



Assessing risk of sexual abuse

This review did not consider the broader issue of how to assess the risk of sexual abuse to children.

However, the review noted that in Victoria, a Department of Health and Human Services (DHHS) officer is co-located in the sex offender registry office. The officer provides early advice to police about families known to the child protection system and shares information on child protection risk and protective factors throughout police investigations.

Also, DHHS works closely with police to remove children from unsafe environments if it is in the child's best interests to do so.

This approach helps both agencies to assess risk to children and coordinate action to make them safe. It may be worth considering this part of broader approaches to improve the way in which Queensland agencies work together in the future to improve outcomes for children.

Stakeholder views

Stakeholders identified a number of specific ways to improve public confidence. These included:

- reviewing sexual abuse; that has occurred in a care setting, to identify preventative measures
- empowering children to prevent abuse, by providing information and guidance on personal safety to children entering and already in care
- building the capability of community visitors as a safeguard for identifying and responding to abuse in care and supporting disclosure
- auditing agency performance of service delivery obligations to children in care as a way of establishing continuous improvement
- improved reporting on outcomes for children in care.

Reviewing abuse in care

As mentioned earlier, the abuse of children in care has lifelong impacts for victims—particularly given they may have already experienced abuse or neglect in their biological home.

Government agencies such as the Department of Justice and Attorney-General (through Blue Card Services), the Queensland Police Service, the Department of

Communities, Child Safety and Disability Services (DCCSDS) and the Office of the Public Guardian all play a role in:

- assessing carers' suitability
- supporting or monitoring children in placements
- responding to alleged harm.

When a child in care suffers abuse, particularly at the hands of their carer or an adult member of the carer's household, all actions of each of these agencies must be scrutinised to identify ways to prevent similar abuse in the future.

Reviewing instances of abuse (physical and sexual) in care requires specialised expertise in order to support continuous improvement and to build an understanding of predatory behaviour. One approach to reviewing agency actions is to use a multi-disciplinary team model with expertise to support:

- a high quality review of physical and sexual abuse in care settings, including the role of agencies in preventing and responding to the abuse
- the capture of data and information in a way that facilitates continuous improvement and further research.

A comprehensive review model should consider the role and relevance of the following to the abuse that has occurred:

- carer assessment, approval and renewal, including suitability screening
- assessment of the carer's ability and willingness to protect the child
- placement-matching decisions
- the extent and frequency of contact maintained with the child by their child safety officer
- the extent and frequency of monitoring and visiting of the placement by the child's community visitor
- any service delivery issues that may have helped prevent the abuse or facilitate earlier disclosure of the abuse
- the timeliness and adequacy of the response to the abuse by all agencies
- current and future support needs for the child, including application of the DCCSDS policy on redress for children who are sexually abused in care.

By reviewing the service delivery to highly vulnerable children, the government demonstrates accountability. This builds public confidence. It also identifies ways to strengthen the system—to protect children in future.

Recommendation 1

It is recommended that the the Minister for Child Safety proposes amendments to sections 245, 246A and 246C of the *Child Protection Act 1999*, to include cases of substantiated physical and sexual abuse of children in care in its 'system of review' process, in cases where abuse is perpetrated by a carer or a member of the carer's household.

Empowering children to prevent abuse

Stakeholders, including young people with current or recent care experiences and experts in preventing and responding to child sexual abuse, identified personal safety education as a safeguard to help prevent the abuse of children in care.

Some of the most important and influential sources of information for this review were children and young people who have been in care. Their voices, stories and advice must be heard if we are to effect meaningful change. Their feedback included:



There needs to be more education for children about what abuse is. I was in my placement for nine years and was being abused without actually understanding what was happening was not ok.

When you are a young person and you go to the child safety officer or police and say you don't feel safe no one believes you or it takes time—as a young kid, you have no power or voice.

I was more abused in care than in home.

I learnt about my rights when I was on respite and I did something and thought I was going to get in trouble. When the carer came over to me I flinched and the carer asked what I was doing. That's when I disclosed about the physical abuse in my placement.

You don't know it's not ok to be abused. I learnt about my rights in a police station. That's when I realised what was happening was not normal.⁴

Children entering care are extremely vulnerable. Providing specific information and education can help to keep them safe and prevent any further harm. This includes information about:

- body ownership and the right to be safe
- online safety
- respectful relationships
- avenues to disclose harm.

Recommendation 2

It is recommended that the Department of Communities, Child Safety and Disability Services works with relevant agencies, and non-government organisations with knowledge of personal safety, to ensure that children in care have access to, and receive, age appropriate programs and resources to help keep them safe.

Building the capability of community visitors

Stakeholder feedback confirmed the importance of the community visitor role and the ongoing need for it.

The 2004 expansion of the community visitor role to include foster care resulted from allegations of sexual abuse of children living in foster care. Government felt the expansion of the community visitor role would be an important safeguard for children. It was intended that community visitors would fulfil the role of a trusted and independent adult to whom children could disclose abuse.

RC

The Royal Commission identified gaps in the research and understanding of sexual abuse of children in care. However, it also found that:

- children often wait until after they leave their placement to disclose abuse
- it is rare for children to tell someone they are being abused, unless they are specifically asked about their experiences.

The Royal Commission identified the following barriers to disclosing abuse, which are particularly relevant to children in care and the work of community visitors:

- the power differential between the child and the institution
- lack of knowledge about the law
- not feeling safe enough to disclose abuse
- fear of being moved to another placement
- lack of trust in, or awareness of, the complaints process.

Since its expansion, many Australian states and territories have looked to Queensland's community visitor program as a best practice program. The ability of a community visitor to establish and maintain a trusting, respectful relationship with a child remains as critical today as it was in 2004 and should be seen as a priority in the community visitors practice and professional development.



Recommendation 3

It is recommended that the Office of the Public Guardian reviews and updates practice guidelines based on contemporary evidence and provides regular training for community visitors about the critical functions of:

- building trusting relationships with children in care
- identifying and responding to abuse in care.

The Royal Commission noted that significant barriers exist to children disclosing abuse in care. For community visitors to better fulfil the role of a trusted and independent adult to whom children can disclose abuse, the Office of the Public Guardian will need to:

- seek out contemporary research
- engage with children about their views
- develop, implement and monitor guidelines for achieving optimal matches between children and community visitors.

Currently, the Office of the Public Guardian assigns community visitors to visitable sites and visitable homes.

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Visitable site

Section 51 of the *Public Guardian Act 2014* defines a visitable site as a residential facility, detention centre, a corrective services facility or an authorised mental health facility

Visitable home

Section 51 of the *Public Guardian Act 2014* defines a visitable home as a place where Child Safety Services has placed a child—under its custody or guardianship or care agreement in the care of someone other than the parent of the child—the home or other accommodation where the child is staying with the other person.

The community visitor is then responsible for visiting any children placed in those locations. This means that the Office of the Public Guardian does not currently ‘match’ its community visitors to the children with whom they are meant to be establishing trusting relationships.

Recommendation 4

It is recommended that the Office of the Public Guardian reviews and updates practice guidelines based on contemporary evidence about the best way to match community visitors to children in care. The guidelines should:

- address the match of age, gender and culture that will best enable community visitors to build trusting relationships with children
- increase the likelihood that children will disclose abuse.

The Office of the Public Guardian has advised that there will be practical limitations to achieving this given the large number of children in care and the limited number of community visitors available.

The Office of the Public Guardian is actively engaging in strategies to encourage recruitment of community visitors in rural and remote areas.

Community visitors are mandatory reporters under the *Child Protection Act 1999*. This means that if a community visitor becomes aware that a child has suffered significant harm, or is at risk of significant harm, caused by physical or sexual abuse, they must make a report to Child Safety Services. They can also report other forms of harm to Child Safety Services, if they believe it is having a significant impact on the child.

When Child Safety Services receives concerns about a child, it records the details of the notifier and categorises them. However, its system does not currently have the capacity to record a community visitor as the notifier of concerns. This means that Child Safety Services cannot currently count the number of reports made by community visitors, despite this being a crucial element in measuring the impact of the community visitor program.

Recommendation 5

It is recommended that the Department of Communities, Child Safety and Disability Services develops a ‘community visitor’ notifier category in its client management system to record any allegations of harm of children in care reported by the Office of the Public Guardian.

Auditing performance

The 2013 Queensland Child Protection Commission of Inquiry expressed support and recognition for the level of internal controls and corporate governance DCCSDS had in place at that time.⁵ However, there is limited public reporting about how the DCCSDS manages and prioritises its governance mechanisms, and in particular, what benefits they have for children in care.

Internal audits play an important part in checking performance and delivering good governance. When assessing service delivery performance, the priority should be the safety of children in care, or at risk of entering care.

There is also benefit in developing annual internal audit plans with external oversight agencies. This will offer different insights into priority areas.

Recommendation 6

It is recommended that the Department of Communities, Child Safety and Disability Services works with external oversight (and other) agencies to develop an annual program of audit, review and compliance activities that focus on areas of highest risk for, and key service obligations to, children in care.

The Department of Communities, Child Safety and Disability Services should seek further advice on the publication of this annual program on its website and in its annual report.

DCCSDS reports on investigation and assessment data on a quarterly basis, including the timeliness of responses.

While DCCSDS also reports on instances of harm in care, it does not report on the timeliness of its responses to

them. This would make matters clearer and build public confidence in Child Safety Services' handling of these serious incidents.

Recommendation 7

It is recommended that the Department of Communities, Child Safety and Disability Services includes in the operational performance framework (being developed through the new quality improvement program) strategies to:

- increase timeliness of and improve responses to standard of care reviews and harm reports
- monitor and report on responses to these reviews and investigations.

The Department of Communities, Child Safety and Disability Services should continue working with entities in other jurisdictions and nationally to improve:

- the quality and comparability of reporting of instances of and responses to harm to children in care
- the public reporting of this.

Reporting on outcomes

There is widespread agreement among stakeholders that sharing information plays a key role in building public confidence. Some consider the child protection system is less transparent now (about the outcomes it achieves for children) than it was before the Queensland Child Protection Commission of Inquiry.

They told us that independent oversight is essential in making sure systems are fulfilling their obligations to children. As one stakeholder said:



The point must be made that any monitoring to provide oversight and ensure safeguards has to be performed by a body independent of the agencies providing the front-line support services ...

It is imperative that the information provided by official sources provides a true picture of the state of the system. This is another reason for ensuring that the monitoring and reporting on outcomes within out-of-home care are performed by independent organisations, rather than those responsible for service delivery and providing safeguards.⁶

Child Safety Services publishes a large amount of child protection data on its website. However, most of that data is activity based rather than outcomes focused. It does not include the views of children and young people. Other agencies that provide services to children and families in the child protection system (such as the Office of the Public Guardian) also offer limited reporting.

The QFCC has a role in providing a public account of how the child protection system is performing. It is required to report annually on Queensland's:

- performance in relation to achieving state and national goals relating to the child protection system
- performance over time in comparison to other jurisdictions
- progress in reducing the number of, and improving outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system.

As a whole-of-sector, child-focused agency, the QFCC is uniquely placed to seek and report on the views and experiences of children and young people and their families. Public reporting on system-wide outcomes will also help build a shared understanding of the priority areas for advocacy and further action.

This approach will require those agencies providing services to children in care or at risk of entering care to assist with data collection and provision.

Recommendation 8

It is recommended that the Queensland Family and Child Commission works with the Department of Communities, Child Safety and Disability Services; the Office of the Public Guardian; and the child protection sector to provide a more outcomes-based account of the experiences and perspective of children and young people who rely on child protection services to stay safe and well.

This should be reflected in the annual report produced by the Queensland Family and Child Commission.

Chapter 3

Overview of the foster care system

At a glance at 30 June 2016

Children in home-based care



4178 : **3982**
foster care : kinship care

Aboriginal & Torres Strait Islander



1790 : **1652**
foster care : kinship care

Carer commencements

444 : **318**
foster carers : kinship carers

768 provisionally approved carers

Carer families by carer type



3689 : **1454**
foster families : kinship families

132 provisionally approved families

Aboriginal & Torres Strait Islander



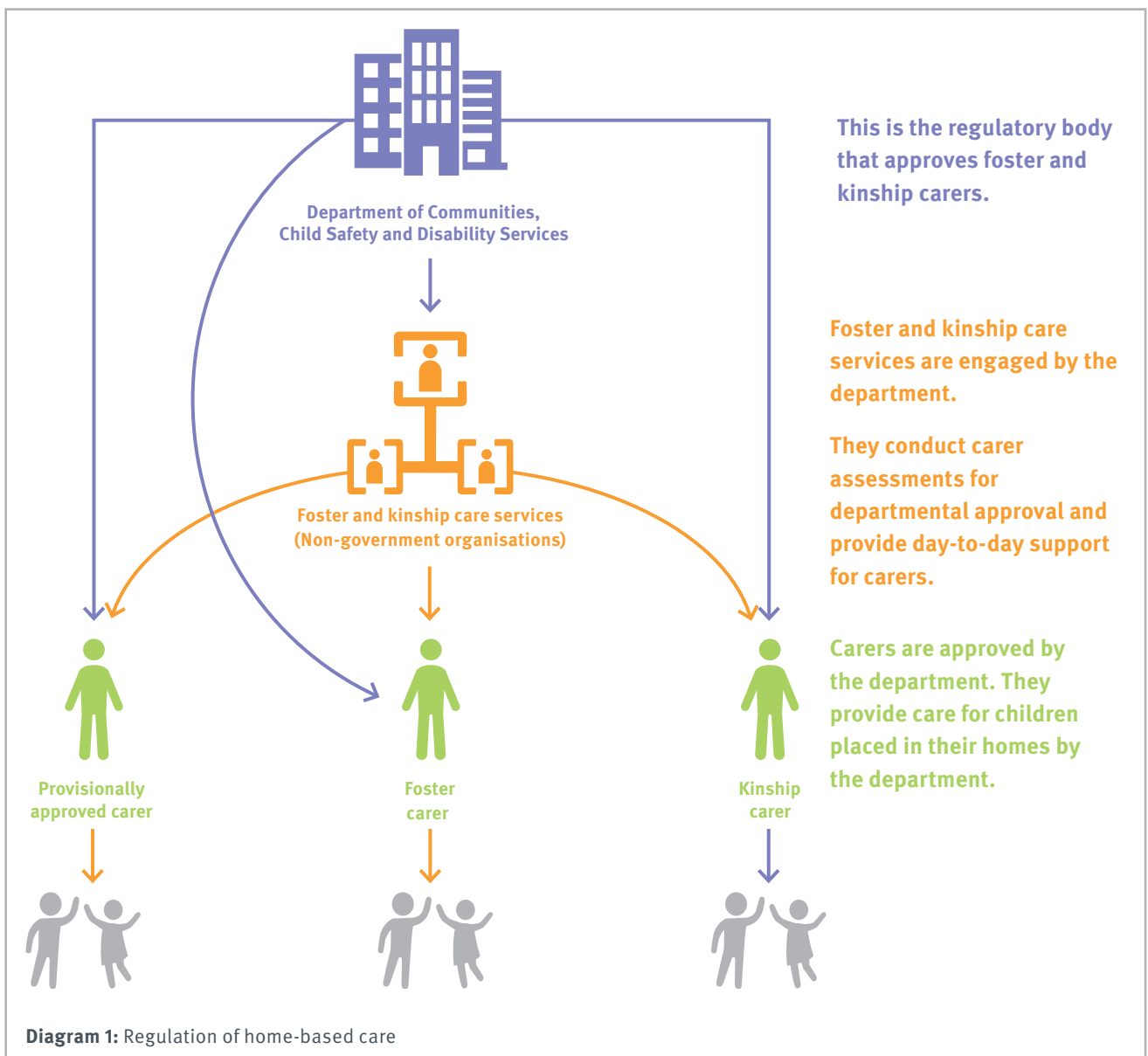
484 : **323**
foster families : kinship families

28 provisionally approved families

Background

The *Child Protection Act 1999* and the *Child Protection Regulation 2011* provide the legal framework for the system that delivers child protection services, including assessment and approval of carers and monitoring of children in care. The *Child Protection Act 1999* also establishes the standards of care (see Attachment 4) required to provide a safe and supportive environment for children in care.

Child Safety Services, within the Department of Communities, Child Safety and Disability Services (DCCSDS), is responsible for Queensland's foster care system (which includes kinship care and provisionally approved care), with support from the non-government sector.



Child Safety Services regulates, funds and monitors the foster care system. It contracts foster and kinship care services to recruit, train, assess and support foster and kinship carers and provide extra support for children in care.

The system is in a period of reform following the 2013 Queensland Child Protection Commission of Inquiry. The reform program from the inquiry aims to provide timely and quality early intervention for families and improve the safeguards for, and services to, children in care.

This report builds on those reforms.

Types of carers

Carers make a special contribution to the lives of Queensland children. They take on both the joys and burdens of caring for children whose biological parents are not able or willing to do so. Through their tireless efforts, they help to provide a safe and supportive home environment to those vulnerable children in Queensland who are not able to remain safely with their own families.

There are three types of approved carers:

- foster carers, who provide care in their own homes to children and young people who are not their relatives
- kinship carers, who provide care in their own homes to a relative, family member, close friend, or child from their community. A kinship carer for an Aboriginal and Torres Strait Islander child may be an Aboriginal and/or Torres Strait Islander person who is a member of, or compatible with, the child's community or language group
- provisionally approved carers, who are foster or kinship care applicants who Child Safety Services allows to care for a child or young person while deciding on their application to become a foster carer or kinship carer. Provisional approval is valid for 60 days. Child Safety Services may extend it, but not for more than an additional 30 days.

DCCSDS is currently considering a model of professional foster care as recommended by the Queensland Child Protection Commission of Inquiry.

QCP
COI

Recommendation 8.10 was that: The Department of Communities, Child Safety and Disability Services investigates the feasibility of engaging professional carers to care for children with complex or extreme needs, in terms of, for example, remuneration arrangements and other carer entitlements, contracting/employment arrangements, and workplace health and safety considerations.

At the time of writing DCCSDS is yet to determine the viability of introducing this new carer category. As a result, this review did not consider that issue.

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Professional foster carers

The National Framework for Protecting Australia's Children (the National Framework) is a long term strategic plan focused on changing culture to recognise that 'protecting children is everyone's business'.

As mentioned, the second action plan of the National Framework aimed to identify opportunities to better support carers and improve carer retention. The actions included a study to investigate the barriers and opportunities for developing models of professional foster carers across Australia. The professional foster carer model requires carers to meet a consistent set of skills, competencies and accreditation standards. Professional foster carers are then paid accordingly for this expertise.

Since the release of this plan in 2013, there has been increasing interest in developing models to support professional foster care across Australia.

The Queensland Child Protection Commission of Inquiry also considered professional foster care. A number of organisations and individuals who responded to the Queensland Child Protection Commission of Inquiry suggested that a professional foster carer model should be 'seriously considered' for Queensland. However, there were also concerns from some stakeholders who believed the professional foster carer model would potentially complicate the relationship between a foster carer and a child.

Carer assessment and approval

Suitability criteria

In 2015–16, 4 328 people applied to Child Safety Services to be either a foster carer or kinship carer. This included:

- 2 114 new carer applications
- 2 001 carer renewal applications
- 213 other applications (certificate amendments and new adult household member applications).

Child Safety Services assesses each applicant to decide if they are suitable to care for children. The legislation sets out the criteria Child Safety Services must use to assess a foster or kinship carer's suitability.

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Suitability criteria

Foster and kinship care

A person is suitable to be an approved foster or kinship carer if the person:

- does not pose a risk to the child's safety
- is able and willing to protect the child from harm
- understands, and is committed to, the principles for administering the *Child Protection Act 1999*
- has completed any training reasonably required by the chief executive to make sure the person is able to care properly for the child.

Provisional approved care

Suitability for provisional carers is different, given the interim nature of their initial approval to care. For provisional care applications, Child Safety Services must be satisfied the person:

- does not pose a risk to the child's safety
- is able and willing to protect the child from harm.

Adult household members

For adult household members of, or people associating with children in, the carer's home on a daily basis, Child Safety Services must only be satisfied that the person does not pose a risk to the child's safety.

Assessment and approval processes

There are different assessment processes, depending on the type of care the carer intends to provide. These processes include a series of personal history checks

and an assessment of each applicant and any other adult household members. Child Safety Services, a foster and kinship care service, or a contracted external assessor completes the carer assessment.

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Personal history checks

Checks include:

- criminal history checks conducted as part of the working with children checks (blue cards) screening process
- checks undertaken the by Central Screening Unit, which include:
 - child protection history checks within Queensland, interstate and New Zealand
 - domestic violence and traffic history, in specified circumstances
 - criminal history checks (police and disciplinary information about an applicant's current or previous profession, for example, teaching or nursing), only where provisional approval is required
- Queensland child protection history checks for any children residing in the applicant household (including any children who meet the definition of 'household member' under the *Child Protection Act 1999*, Schedule 3).

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Central Screening Unit

A unit within the Department of Communities, Child Safety and Disability Services responsible for personal history screening of carer applicants.

Child Safety Services has a Child Safety Practice Manual. This manual provides procedures that guide the delivery of child protection services in Queensland. It sets out the key suitability assessment and approval steps for all carer types. The foster carer assessment process is the most comprehensive. For kinship carers and provisionally approved carers, the process is slightly different.

Each of the assessment steps helps the assessors develop a better understanding of an applicant's suitability to care for children.

Foster carers

Before people apply to become foster carers, they must attend an information session run by a foster and kinship care service. The information session gives them an overview of the child protection system and assessment process.

Foster carers also need to complete pre-service training to help develop their skills and knowledge in order to provide quality care. Applicants usually complete pre-service training before they lodge their application.

Several different agencies complete a series of checks to inform Child Safety Services about an applicant's suitability. All carer applicants must have or obtain a working with children check (WWCC) in order to be approved as a carer. Assessors also review the safety of each applicant's home.

The assessment interview focuses on the applicant's knowledge, skills and abilities. It also considers how the applicant's experiences, views and behaviour may affect their ability to provide care for children.

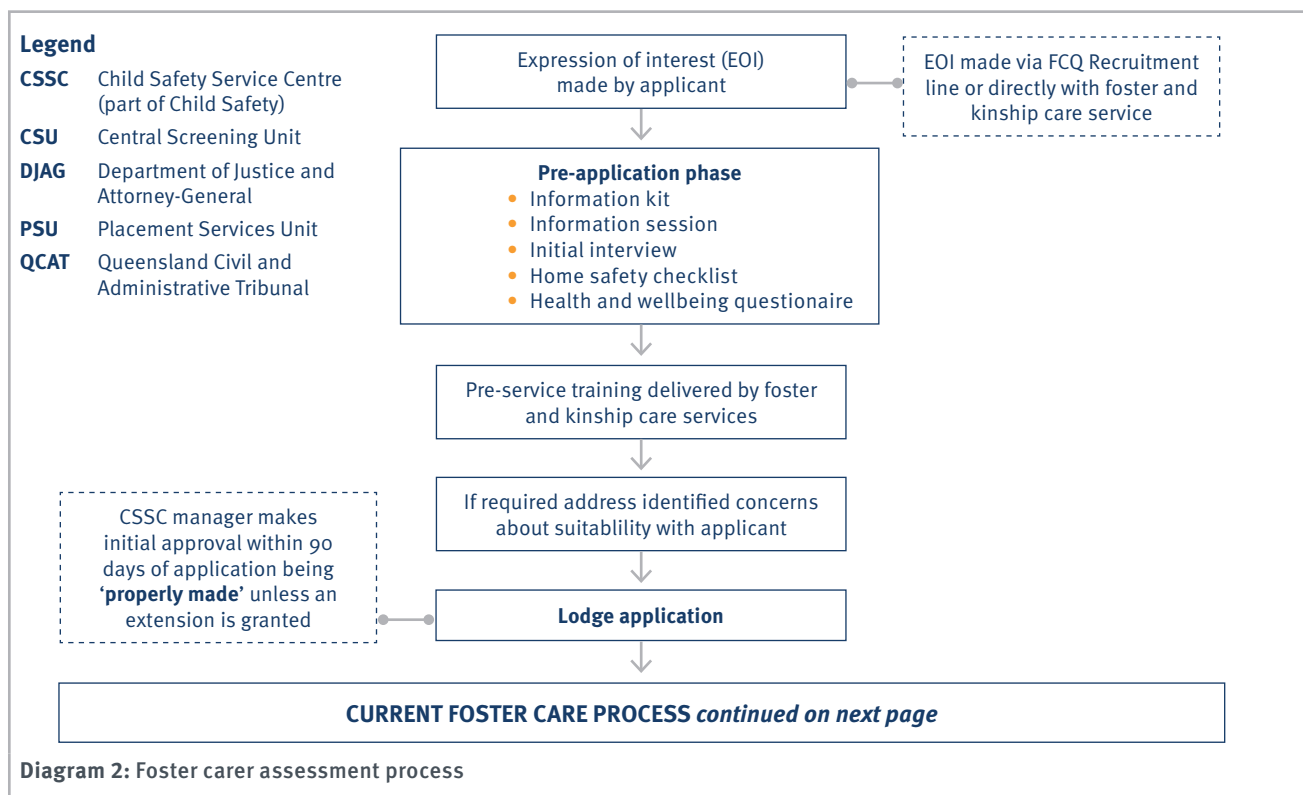
The Child Safety Practice Manual recommends the following process for assessment interviews with foster carer applicants:

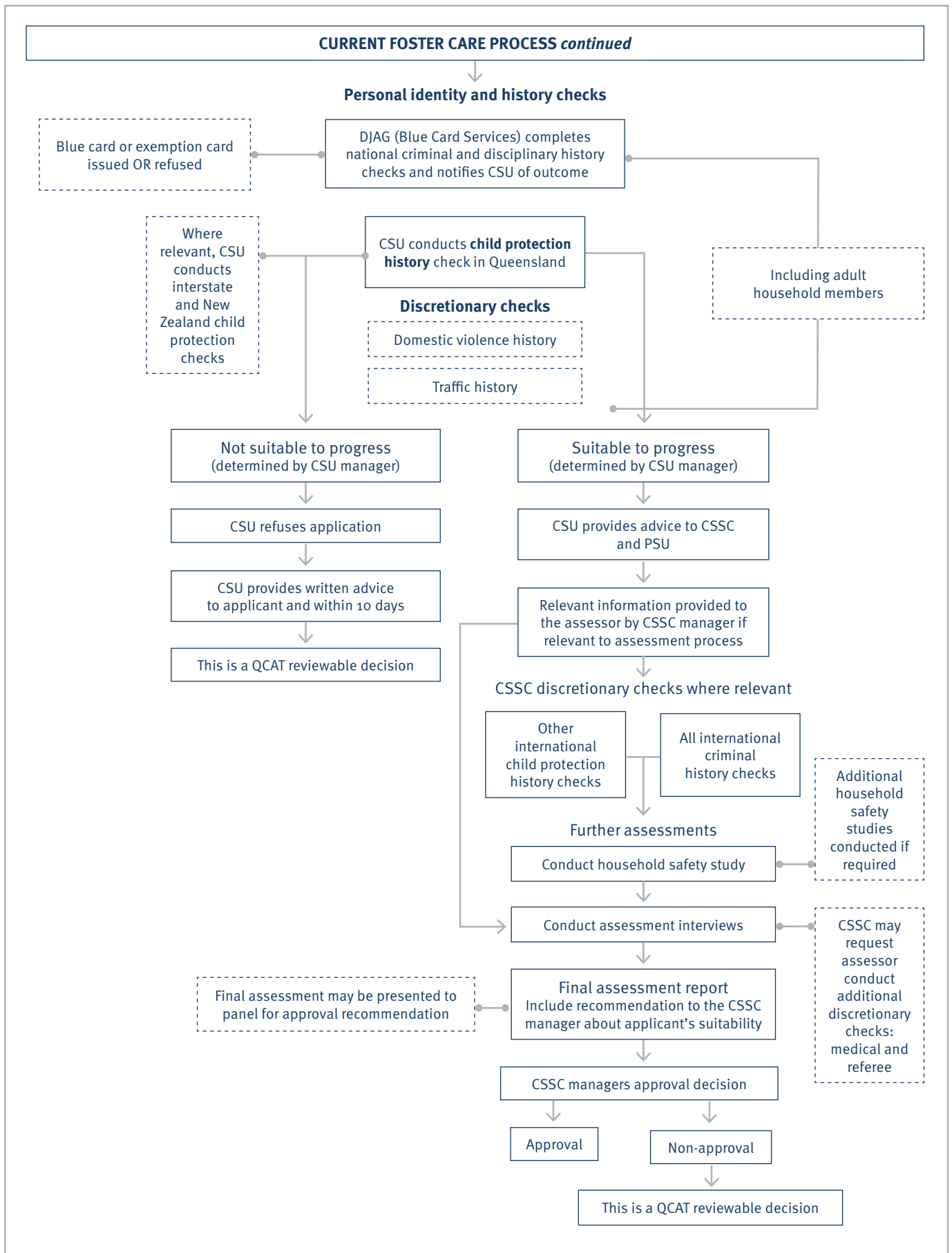
- an initial joint interview with both applicants, if a joint application
- an individual interview with each applicant
- where possible, a further joint interview with both applicants
- an interview with all children and adults who form part of the applicant's home environment.

At least one assessment interview must be held in the applicant's home and if possible, interviews should be scheduled two weeks apart.

The interviews must be thorough enough to decide whether the carer is able to meet the standards of care included in the *Child Protection Act 1999*. They must also satisfy the director-general of the DCCSDS that the carer is suitable for approval.

Diagram 2 outlines the current process to become an approved foster carer





Kinship carers

The kinship carer assessment and approval process is similar to that used for foster carers, in that the carer must meet the same suitability assessment criteria, including obtaining a WWCC and undergoing personal history checks. However, given the unique circumstances of kinship placements, there are distinct differences.

This is because kinship carers generally have a pre-existing relationship with the child. Child Safety Services approves them to care for a specific child or sibling group who they already know.

Kinship carers rarely come to a caring role as a volunteer, and often do not have the same amount of time as foster carer applicants to prepare for their role as carer. For this reason, it is not mandatory for a kinship carer to attend an information session or complete pre-service training.

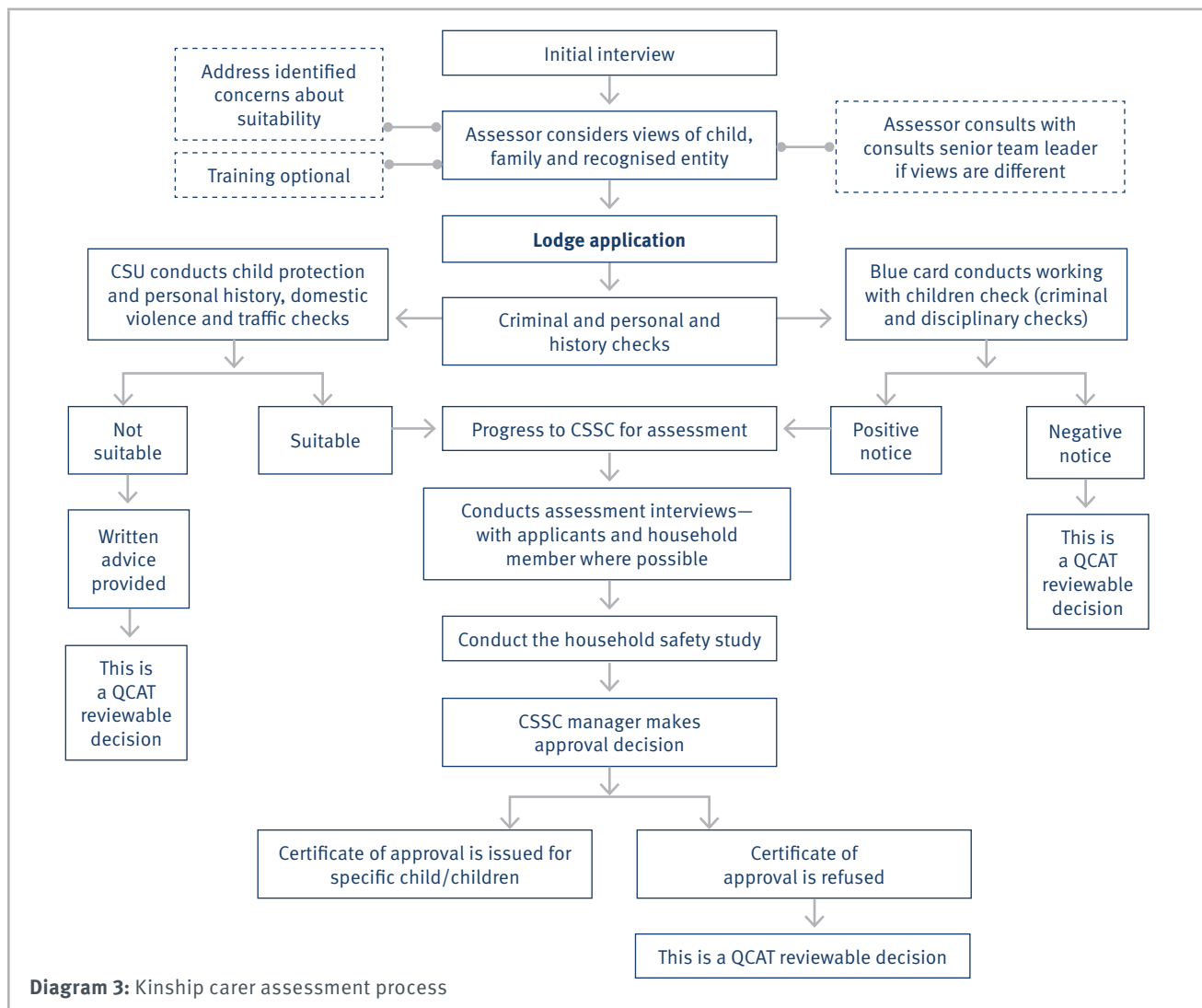
This report includes recommendations to address the differences in training offered to kinship carers.

Assessment interviews for kinship carers are also more flexible. The Child Safety Practice Manual recommends the assessor completes two assessment interviews to assess:

1. each applicant's overall suitability, in the context of the unique challenges of kinship care and
2. the applicant's ability to meet the specific needs of a child.

For kinship carers, assessors must also seek the views of the child and family.

Diagram 3 outlines the current process to become an approved kinship carer.





Provisionally approved carers

Child Safety Services completes a brief assessment of provisional carers. It can only approve carers provisionally for up to 60 days (with a possible 30 day extension). This is so they can provide immediate care for a child while Child Safety Services finalises their full foster or kinship carer application. Child Safety Services usually uses this type of approval for family members or other people already well known to a child.

A WWCC application is lodged, but is not required to be completed prior to provisional approval. Therefore, the Central Screening Unit of Child Safety Services completes urgent checks of the applicant's criminal history, child protection, domestic violence and traffic history.

An assessor then checks:

- the physical safety of the applicant's home environment
- the applicant's ability to provide care in line with the standards of care
- all adult household members' blue card status (or criminal history for those who do not hold a blue card).

The manager of a Child Safety Service Centre (these are located in communities throughout Queensland) can provisional approve carers. In urgent cases, the regional director (or regional executive director if outside business hours) may approve provisional carers before the Central Screening Unit checks their personal history.

Diagram 4 outlines the current process to be provisionally approved as a foster or kinship carer.

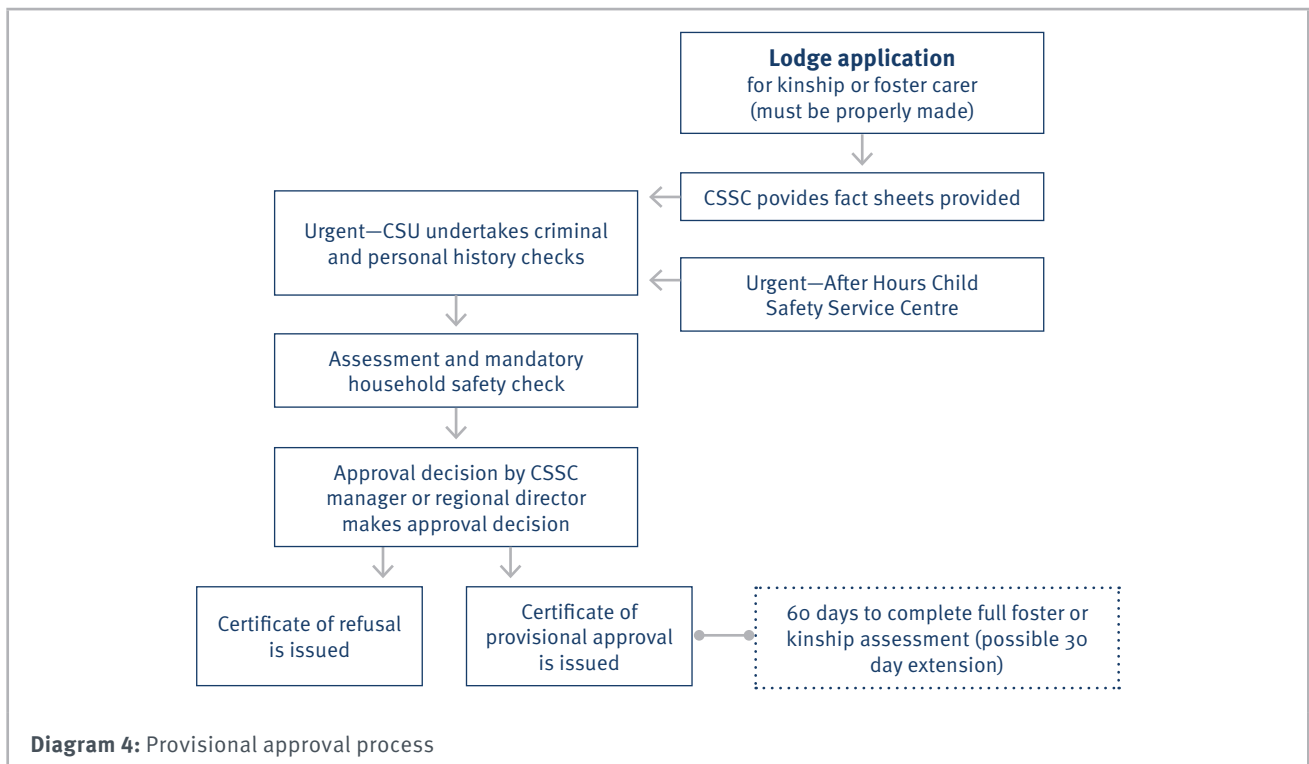


Diagram 4: Provisional approval process

Safeguards for children in care

Once Child Safety Services has placed a child in the home of a foster, kinship or provisionally approved carer, it is responsible for monitoring the placement to make sure the level of care provided by carers is in line with the standards of care. It is also responsible for resolving any identified concerns about a child's placement.

The Child Safety Practice Manual guides how Child Safety Services protects the safety and wellbeing of children in care, including how they:

- match children to carers
- support children in care
- maintain regular contact with children in the care environment
- support carers
- investigate and monitor standards of care concerns.

In addition to Child Safety Services, a number of other agencies play a key role in supporting children in care and monitoring their safety and wellbeing. The Child Safety Practice Manual refers to this as a child's 'care team'. Care teams include a range of different services and professionals who work together to provide support for the child.

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Care team

A care team is a coordinated approach to the provision of services. It enables key stakeholders to have shared objectives, and work together to ensure that a child's needs are identified, planned for and met.

Child Safety Services outsources some care services to non-government providers. They provide placement and support services to children and young people in care, including regular home visits. They also share with Child Safety Services the responsibility for monitoring the standards of care.

Independent of Child Safety Services and the foster and kinship care services, the Office of the Public Guardian is a statutory body with responsibility for promoting and protecting the rights, interests and wellbeing of children in care. It administers the community visitor program, which seeks to make sure children in care are safe and well and that their needs are met.

The Office of the Public Guardian also provides individual advocacy for children in care. This gives children an independent voice and information on their rights, and makes sure they are heard in decisions that affect them.



Chapter 4

Strengthening carer assessment, approval and renewal

At a glance

Findings



CARER SUITABILITY

- Suitability assessment frameworks require review
- Current checks could be strengthened
- Current laws do not support information sharing between agencies to inform assessments

CARER ASSESSMENT

- There are variances in the quality and consistency of assessments
- There are no minimum qualifications or training requirements for assessors
- Commencing assessment interviews prior to the completion of personal history checks affects the quality of the assessment
- The assessment process can be duplicative for kinship carers

CARER APPROVAL AND RENEWAL

- There is scope to improve the quality and consistency of approval decisions and delegation levels
- The carer renewal process could be strengthened
- Accountability for completing renewal assessments must be strengthened

Reforms



IMPLEMENT more mandatory checks and provide guidance for undertaking discretionary checks				
CHANGE laws to allow information sharing for screening/suitability purposes	REVIEW the adequacy of current suitability criteria	IMPLEMENT standardised assessment tools	IMPLEMENT accreditation for assessors	IMPLEMENT a two-step carer approval process
REVIEW the need for multiple full assessment processes for kinship carers	INTRODUCE regional panels to support consistency of approval decisions	REVIEW the delegation level for approval of carers	UNDERTAKE monitoring and compliance of carer requirements	IMPROVE the carer renewal assessment process

Impacts



CHILDREN

Have stronger safeguards through more consistent and holistic screening and assessment processes



COMMUNITY

Have clear expectations through consistent screening and assessment processes



CARERS

Improve public confidence through consistent and robust assessments

Background

The foster care system exists to provide safe, therapeutic and sustainable environments for vulnerable children. The success of the system depends on the ability of the carers to deliver this care.

Carers must be carefully assessed and thoroughly supported. The government and non-government agencies involved in this important work must be able to share the necessary information and to work well together in providing the necessary services, safeguards, guidance and assistance.

There is no one check that is able to determine whether a person is suitable to provide care to our most vulnerable children.

Assessors consider a range of information gathered at each step of the assessment process, which includes:

- pre-service training (discussed in Chapter 5)
- personal history checks
- a household safety study
- assessment interviews
- referee and medical checks.

They use this information to holistically assess carer suitability including factors such as the applicant's ability to:

- manage their own behaviour and responses
- adapt to different circumstances
- support a child who has experienced trauma, abuse or neglect.

Stakeholders reported that there are opportunities to strengthen key aspects of carer suitability assessment such as:

- extending personal history checks—mandatory and discretionary
- sharing information about working with children checks (blue card checks) and other police information
- sharing information about other personal history checks
- clarifying suitability criteria.

Personal identity and history checks

Current position

Personal history checks are one of the first steps in assessing an applicant's suitability. Some are mandatory and some are at the discretion of Child Safety Services (part of the Department of Communities, Child Safety and Disability Services—DCCSDS).

Mandatory checks

To be approved as a carer, applicants must hold or obtain a positive working with children check (WWCC). Blue Card Services in the Department of Justice and Attorney-General undertakes WWCCs. This includes checking and assessing:

- national criminal history
- other police information
- professional disciplinary history.

Blue Card Services advises Child Safety Services of whether it has given an applicant a positive WWCC.

The Central Screening Unit at Child Safety Services also completes some mandatory checks including:

- Queensland child protection history
- interstate and New Zealand child protection history (where the applicant has lived away from Queensland for more than six months).

Discretionary checks

The Central Screening Unit may also check:

- domestic violence history
- traffic history
- other international child protection history checks (not including New Zealand).

Child Safety Services may request further checks if information gathered during the assessment process indicates they may be needed. These include:

- international criminal history checks (including New Zealand)
- psychological tests
- medical checks
- referee checks.



Discretionary checks are used when either the Central Screening Unit or the manager of a Child Safety Service Centre requires them. This is usually only when the applicant (or someone else) has given Child Safety Services information that suggests further checks would help in assessing an applicant’s suitability.


This means that an applicant may have, for example, a history of domestic violence, but if he or she does not self disclose, and no other person provides information about it, Child Safety Services will not request a domestic violence history check.

Stakeholder views

Stakeholders support keeping the current mandatory checks for all applicants.

Most stakeholders also support making some of the current discretionary checks mandatory as a way of strengthening the application process. These are:

- domestic violence—including checks on whether an applicant is subject to an order as a perpetrator of domestic violence
- traffic history—provided by the Department of Transport and Main Roads
- referee checks—self-nominated personal references.



The intersection between domestic and family violence and child abuse is well established. Children who are subject to or witness domestic violence may experience significant trauma and are more likely to experience or perpetrate domestic violence as adults.

Domestic and family violence is often present in households where children are abused. Perpetrators sometimes threaten to harm or actually harm children as a means of controlling or coercing the primary victim, usually the children’s mother.

The extent of the problem where families experience domestic violence is difficult to determine, as victims often remain silent rather than report abuse. This is often due to fear of retaliation from the perpetrator, but it can also be because victims fear that statutory bodies may remove their children from their care because of domestic violence in the home.

For example, one suggested:

“ ... there should be at least two references sought, one family member and one non-family. This provides an external perspective about the applicant household, and helps to promote the professional role of caring. In kinship care, the views of the family and child are already sought. However, this should be complemented by a referee check from one non-family member.⁷

Stakeholders do not generally support making the following discretionary checks mandatory:

- other international child protection history checks (not including New Zealand)
- international criminal history checks (including New Zealand).

This is because they are aware that it is hard to make some international checks mandatory. The feasibility of checking international criminal history as part of a WWCC is discussed in the report on the *Review of the blue card system* (released with this report).

Stakeholders are also concerned about creating a barrier to the recruitment carers.

One stakeholder advised:

“ Increasing these checks can have unintended consequences such as significantly delaying placements or being so cumbersome they cause potential carers to drop out of the process. In implementing these options, care must be taken to ensure improved internal systems and efficiencies are used to reduce time for assessment.⁸

More mandatory checks

Making some of the current discretionary checks mandatory would strengthen the carer application process by making sure there is consistency in the information considered. It would also contribute to a more robust assessment outcome.

An over-reliance on self-disclosure creates unnecessary risk. As mentioned earlier, Child Safety Services only requires domestic violence, traffic history and medical checks when an applicant discloses information that suggests they are needed.

While stakeholders agree with making domestic violence, traffic history and referee checks mandatory, they disagree on whether Child Safety Services should require all carers to undergo a full health assessment.

Some stakeholders feel that medical checks are an important part of making sure a carer is mentally and physically fit to care for and support a child. However, others described them as an invasion of an applicants privacy.

For example, a carer submitted that:

“ I do not have a problem with having a medical check at time of assessment. But I think it is a violation of my rights to privacy when I am made to sign a document during the renewal process that gives the foster carer agency the ability to access my medical records if they feel the need to.”

Certain medical conditions may restrict a carer from caring for particular children. For example, a carer who has a back injury may not be able to easily look after a baby or young child due to the lifting required. The use of medical checks in the assessment process is not an avenue for assessors to preclude a carer from the process but rather to assist with an honest reflection of the needs and support a carer may require.

Therefore, it is reasonable to ask all carer applicants to provide a letter of clearance from their general practitioner as part of the assessment process, rather than a full health assessment. If the general practitioner’s letter suggests that a full health assessment is needed, Child Safety Services has the ability to require one.

While referees can certainly add value to the process, one of them should be nominated by the assessor, in order to make sure the information they provide is unbiased. The other should be nominated by the applicant (as recommended by stakeholders).

Information Blue Card Services always considers	Further information Blue Card Services can obtain	Information Blue Card Services does not always consider
<ul style="list-style-type: none"> All national criminal history including juvenile records, charges, spent convictions, and convictions not recorded by a court. Investigative information held by the Queensland Police Service about serious child-related offences where it did not lay charges because the complainant was unable or unwilling to proceed. Disciplinary information about registered teachers, early childhood education and care workers and foster and kinship carers. 	<ul style="list-style-type: none"> Details of offences from the Queensland Police Service. Information from the Director of Public Prosecutions, including evidence or reasons for charges not proceeding. Mental health assessments by a registered health practitioner, in some circumstances. Details of decisions made by the Mental Health Court or Mental Health Review Tribunal. Information from the applicant in support of their application. 	<ul style="list-style-type: none"> International criminal history. Child protection information. Domestic violence information (other than breaches of domestic violence orders). Disciplinary information for health practitioners. Outcomes of WWCC processes from other Australian states and territories. Outcomes of other Queensland risk assessments, for example, risk assessments for foster or kinship care, and teacher registration applications.

Table 1: Information Blue Card Services does and does not consider in conducting WWCCs



Recommendation 9



It is recommended that the Department of Communities, Child Safety and Disability Services makes the following (currently discretionary) suitability checks mandatory for each person who applies to be a carer:

- domestic violence
- traffic history
- referee checks (one referee to be selected by assessor)
- medical clearance from the applicant's general practitioner.

Better use of discretionary checks

Using a range of additional personal history checks in certain circumstances will strengthen the assessment process. It will allow Child Safety Services to collect and analyse relevant information about applicants to help assess their ability to meet the standards of care.

Child Safety Services needs to consider how and when these types of additional checks are used, and staff will need guidance on how to conduct them.

Recommendation 10



It is recommended that the Department of Communities, Child Safety and Disability Services reviews relevant policies and procedures to ensure clear guidance is provided about when further discretionary information should be gathered, and what this additional information may include, to inform the consideration of whether a person is suitable to hold a certificate of approval as a carer.

Working with children checks and other police information

Current position

All foster and kinship carer applicants (and adult members of their household) must obtain a WWCC in order to be approved as a carer. Prior to lodging an application for a WWCC, carer applicants and any adult

household members must have their identification sighted and verified by the DCCSDS.

As shown in Table 1, Blue Card Services considers a range of criminal history and other information in assessing a WWCC application.

The Queensland Police Service continuously monitors all WWCC holders' and applicants' criminal histories. Blue Card Services assesses any changes in Queensland police information relevant to child related work.

If an applicant has a relevant history, Blue Card Services assesses the information and decides whether the applicant is eligible to work with children. Regardless of whether the applicant is a foster carer caring for a child in the carer's own home, or someone working with children in a more public environment, Blue Card Services assesses their criminal history in the same way. This is in line with its legislative requirements.

Reliance on working with children checks

Blue Card Services provides Child Safety Services with advice on whether or not the applicant has a positive WWCC. It does not give Child Safety Services any other information. Specifically, it does not provide a summary or a copy of any of the information it assesses or the reasons for its decision.

Blue Card Services can only share criminal history information in certain limited circumstances required by law, or when a person gives consent for Blue Card Services to release their criminal history.

This is because it is party to the *Intergovernmental agreement for a national exchange of criminal history information for people working with children*.

This agreement allows agencies across Australia to share certain criminal history information about people working with children. However, Blue Card Services cannot provide information it receives through this agreement to any other Queensland agency that is not a party to the agreement, or to any non-government entity. The Department of Communities, Child Safety and Disability Services is not currently a party.

Because Blue Card Services cannot currently give Child Safety Services any information about an applicant's criminal and disciplinary history, Child Safety Services can only use the outcome of the WWCC to assess carer applicants.

This means the assessor and Child Safety Services must make recommendations and decisions about an applicant's suitability without knowledge of any criminal and disciplinary history they may have. This information is only available to Blue Card Services.

The information that Blue Card Services assesses for the WWCC and the reasons for its decisions are important factors in assessing carer suitability. This is because an applicant may be eligible to work with children but may not be suitable to care for them in their own homes.

Removing barriers to information sharing

Improving information sharing to allow Blue Card Services to provide Child Safety Services with criminal and disciplinary information is vital for good decisions. The report on the *Review of the blue card system* includes the recommendation that:

BC

Blue card report—Recommendation 58

the Attorney-General and Minister for Justice and Minister for Training and Skills proposes amendments to the *Working with Children (Risk Management and Screening) Act 2000* to introduce new information sharing provisions to allow Blue Card Services and other relevant agencies to exchange information for the purposes of:

- completing a WWCC assessment or other screening process
- monitoring and enforcing compliance with child safe standards.

Key features should include:

- allowing agencies to share information for specific purposes
- penalties for misuse of information or unauthorised disclosure
- protection from liability for individuals where information has been shared in good faith.

Implementing this recommendation will remove some of the current barriers to information sharing between Blue Card Services and Child Safety Services. However, Blue Card Services will still not be able to give Child Safety Services any information that it receives under the *Intergovernmental agreement for a national exchange of criminal history information for people working with children* until DCCSDS becomes a party to the agreement.



Recommendation 11

It is recommended that the Department of Communities, Child Safety and Disability Services works with the Department of Justice and Attorney-General to negotiate for the Department of Communities, Child Safety and Disability Services to become a party to the *Intergovernmental agreement for a national exchange of criminal history information for people working with children*.

Upon Department of Communities, Child Safety and Disability Services meeting the participation requirements and becoming party to the *Intergovernmental agreement for a national exchange of criminal history information for people working with children*, Blue Card Services should immediately start sharing with Child Safety Services all criminal and disciplinary history information for carer applicants, along with the reasons for its decisions on working with children checks (blue cards).

The Queensland Family and Child Commission's report: *Recommendation 28 Supplementary Review: A Report on information sharing to enhance safety of children in regulated home based services* (the Recommendation 28 report) examined the timeliness of information sharing between the Queensland Police Service, Child Safety Services and Blue Card Services. It analysed a series of cases involving cancellation or suspension of a carer's certificate due to a change in their police information. It recommended that the Queensland Police Service should share information about people earlier.

Currently, when the Queensland Police Service charges a person with an offence, it automatically notifies Blue Card Services. As an outcome of the Recommendation 28 report, the Queensland Police Service has agreed to notify Blue Card Services as soon as it advises a person



that he or she is a suspect in a disqualifying offence. This means that it will share relevant information in these very serious cases even before it has charged a person with an offence.

Stakeholder views

Stakeholders are concerned about the lack of information sharing between agencies during the assessment process. They said that assessors do not have all of the information they need to assess carers and ask the right questions in interviews. This includes criminal history information.

At present, a person may hold a blue card despite having committed a number of low level assault, drug or theft offences. Knowledge of these offences would help assessors shape interviews with potential carers. Stakeholders support Blue Card Services sharing criminal history information with Child Safety Services.

Stakeholders are also concerned about the impact of WWCC screening on vulnerable groups in the Queensland community. A significant number of stakeholders involved in foster care and kinship care, including Aboriginal and Torres Strait Islander peoples, spoke about the difficulties families face when an adult family member of the household is unable to obtain a WWCC.

Many told us about the distressing decision they had to make when faced with either taking a child under a kinship placement or asking an adult member of their household (who could be a young person they had raised, now aged 18 or 19) to leave their home because they could not obtain a positive WWCC.

Stakeholders also raised the issue of the impact of WWCCs on Aboriginal and Torres Strait Islander peoples in remote and regional communities.

Impact of working with children checks on foster and kinship carers

The *Review of the blue card system* report includes a number of recommendations that will assist in addressing issues affecting vulnerable groups and

Aboriginal and Torres Strait Islander peoples in remote and regional communities, including:

- having a revised risk assessment framework
- providing additional support for applicants
- having an internal review process
- providing specialised support for disadvantaged applicants, including Aboriginal and Torres Strait Islanders.

The *Review of the blue card system* report has also recommended an evaluation of the outcomes of the recommendations in that report and a statutory review after five years to assess the effectiveness of the reforms. This will provide an opportunity to revisit these issues in detail if needed.

Identity checks

Stakeholders expressed frustration with the identification check process. Currently, Child Safety Services cannot delegate this process to a foster and kinship care service. Stakeholders said this process can significantly delay an application.

The *Review of the blue card system* report includes a recommendation aimed at strengthening and streamlining the identity check process. It recommends that:



Blue card report—Recommendation 65

the Department of Justice and Attorney-General undertakes a full risk assessment against the Queensland Government’s Authentication Framework to determine the best way to check identities. This must strengthen the identity check process and, as far as possible, support a fully online application process.

While the development of an online application system for WWCCs, including the identity check process, is a priority, it will take some time to develop. In the meantime, Child Safety Services and the Department of Justice and Attorney-General must consider an alternative process for identity checks to overcome current issues.

Recommendation 12

It is recommended that the Attorney-General and Minister for Justice and the Minister for Child Safety considers changes to the relevant legislation to allow the Department of Communities, Child Safety and Disability Services to nominate foster and kinship care services as alternative parties to verify the identification for blue card applications for all foster and kinship carer applicants (including adult household members).

Other personal history check information

Current position

The Central Screening Unit within DCCSDS completes mandatory child protection checks and other discretionary checks (such as domestic violence and traffic history) when required for all carer applicants. The Central Screening Unit manager has the delegation to decide whether an applicant or an adult household member is/is not suitable (based on their personal history checks) or is eligible to proceed to the next assessment stages. If the person is eligible, the Central Screening Unit manager advises Child Safety Services.

If the personal history checks include information that may assist an assessor with the interviews and assessment report, the Child Safety Service Centre manager may give it to the assessor. However, this is not mandatory. The Child Safety Service Centre manager may decide the personal history check information is not relevant or is of a sensitive nature, and decide not to give it to the assessor.

Diagram 5 outlines the carer screening process.

Stakeholder views

Despite relatively clear guidelines that allow Child Safety Services to share personal history information with assessors, most stakeholders report that this does not occur in practice.

They said that assessors do not have all information they need to assess carers or to ask the right questions in interviews to make informed recommendations.

For example, one stakeholder advised of a case where:



The assessor had completed their report and made a recommendation for approval, and when it went to the panel, it was discovered that the applicant had child protection history including 11 child concern reports and two substantiated notifications, however this information had never been provided to the assessor.¹⁰

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Notification

A notification is information received about a child who may be harmed or at risk of harm which requires an investigation and assessment response.

Child concern report

A child concern report is a record of child protection concerns received by the DCCSDS that does not meet the threshold for a notification.

Additionally, stakeholders advised that the Central Screening Unit does not routinely provide full details of personal history checks to other relevant work units within Child Safety Services.

One stakeholder advised:



We had a situation recently where the Central Screening Unit advised an applicant was suitable to progress with no further information provided. The Child Safety Service Centre manager recognised the name and did a check and there was significant history.¹¹

Most stakeholders support sharing all personal history information with the assessor and the person delegated to approve the carer application.

Better information sharing to protect children

Currently, there is no one person who sees all information on the outcomes of the personal history checks on foster or kinship carer applicants.

The thoroughness of an assessment is reliant on the assessor and decision-maker having access to all information needed for a recommendation or decision for approval.



Legend

- BCS** Blue Card Services (part of DJAG)
- CSSC** Child Safety Service Centre (part of Child Safety)
- CSU** Central Screening Unit
- DJAG** Department of Justice and Attorney-General
- PSU** Placement Services Unit
- QCAT** Queensland Civil and Administrative Tribunal

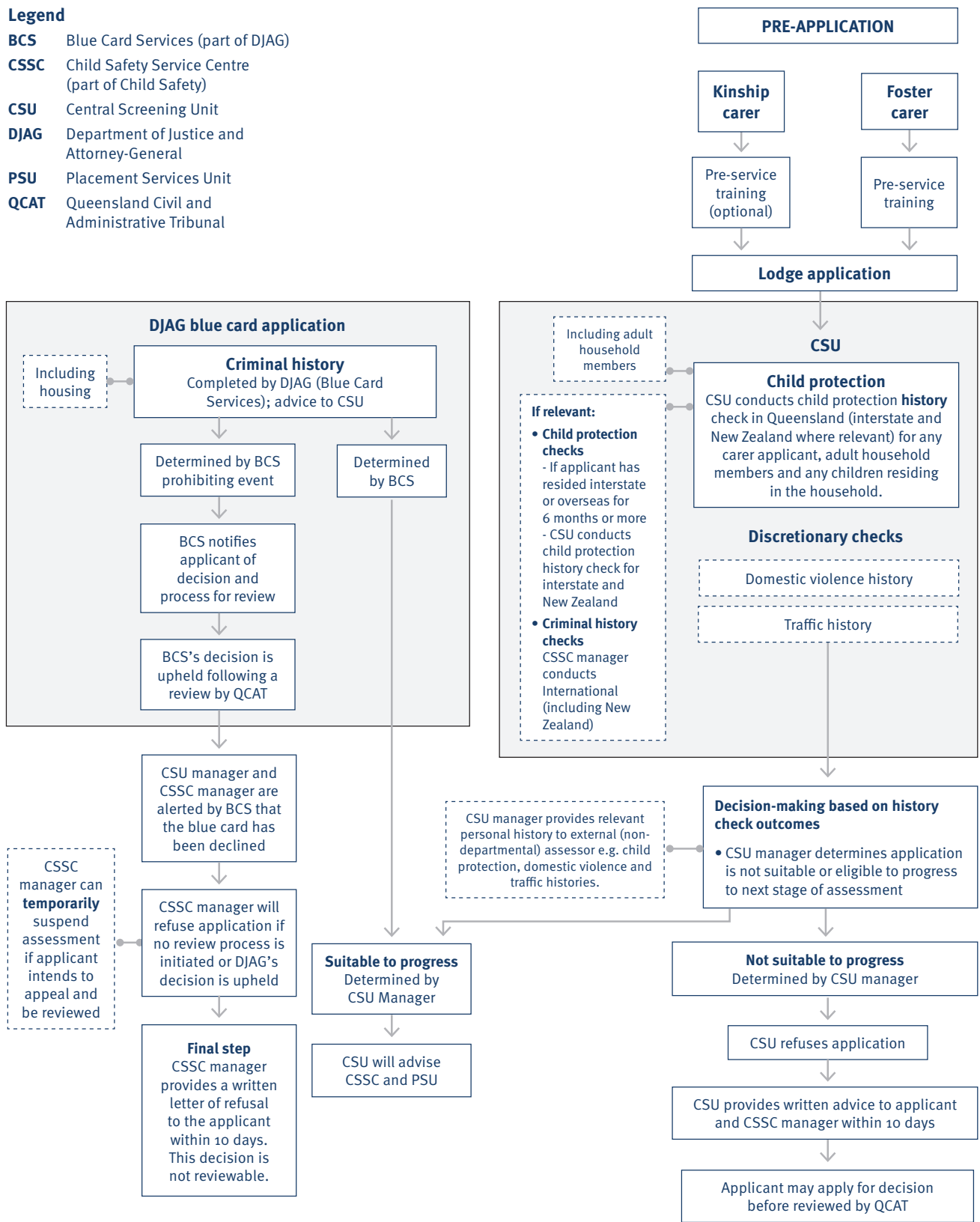


Diagram 5: Carer screening process

Recommendation 13



It is recommended that the Department of Communities, Child Safety and Disability Services provides the decision-makers for carer applications with full details of available personal history checks undertaken, including:

- information returned from personal history checks
- analysis of the information
- a recommendation on suitability based on the personal history checks.

The Department of Communities, Child Safety and Disability Services should provide information about all personal history checks to assessors before they start assessment interviews.

Suitability criteria

Current position

The current legislative provisions for determining suitability in Queensland are not very specific. A person is suitable to be an approved foster or kinship carer if he or she:

- does not pose a risk to the child's safety
- is able and willing to protect the child from harm
- understands, and is committed to, the principles for administering the *Child Protection Act 1999*
- has completed any training reasonably required by the chief executive of the DCCSDS to make sure the person is able to care properly for the child.

Provisional carers are suitable if they meet the first two criteria. Other adult members of a carer's household only have to meet the first.

There are two clear decision points for suitability. One sits with the Central Screening Unit, which must decide whether an applicant is suitable to progress to the next stage of assessment. It does this after reviewing the results of the personal history checks. The next suitability decision rests with the delegated approver—the Child Safety Service Centre manager (or the regional director in certain circumstances).

Stakeholder feedback

Stakeholders have concerns about the quality of decision-making about carer suitability. However, it is unclear whether the issue lies with the specified criteria or the implementation of them.

It is important to periodically review the evidence and research base supporting the criteria.

It may be helpful to consider other approaches, for example, the assessment of potential adoptive parents (under Part 6 of the *Adoption Act 2009*) or the principles underpinning child safe organisations.

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Child safe organisations

Child safe organisations need to provide safe environments for children. They need to assess risk for children in the context of the services they provide.

Child safe organisations should use recruitment and selection processes that:

- take all necessary steps to maximise children's safety
- deter unsuitable persons from attempting to secure paid or voluntary positions working with children
- adopt multiple selection techniques for potential employees and volunteers
- in addition to criminal history checks, confirm the identity and qualifications and professional registration (where applicable) of potential employees and volunteers
- use interview processes that highlight the priority of child safety
- use thorough reference checks that ask specific questions about the applicant's suitability for working with vulnerable populations, can deliver factual information, and can provide a sense of the values and attitudes of candidates.

These principles could assist in the review of foster and kinship carer suitability assessments.

Recommendation 14



It is recommended that the Department of Communities, Child Safety and Disability Services reviews the adequacy of the legislative criteria for a person to be a suitable person to be a carer and amends policies and procedures accordingly.

Carer assessment

Assessment tool

Current position

Child Safety Services has developed a tool to guide assessors in the assessment interview process. It includes discussing the applicant's personal background, own experiences in childhood and any personal experience of abuse. The information the assessor captures during the interview helps to develop a picture of how an applicant will care for and support a child.

The assessment tool requires the assessor to discuss the following topics with applicants:

- motivation to foster
- household members (impact on)
- social assessment
- relationships
- health and wellbeing
- stress management
- capacity to provide quality care
- ability to work as part of a team
- views about the placement (kinship care only).

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Adult household member

An adult household member is defined under the *Child Protection Act 1999* as:

- an adult who lives in the carer's or applicant's home; and
- an adult who, because of the nature of their contact with the child in need of protection and the context in which that contact happens, may create an unacceptable level of risk to the child; but
- does not include a parent of the child living in the carer's home if the child was placed in the care of the carer under the *Child Protection Act 1999* section 82(1).

RC

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) has recently released research into the foster and kinship carer assessment processes used across Australia. It found there were many differences in the assessment tools used. It also found that most states and territories use a standard assessment tool. In some cases these are mandatory and in others, assessors may use their own tools.

Benton et al identified that the Step by Step assessment tool is the most commonly used in Australia. While some states and territories raised concerns about the superficial nature of the tool when not used correctly by assessors, researchers noted benefits when the tool had been customised to suit a particular state or territory's needs.

Stakeholder views

Having consistently good decision making about carers across the seven Child Safety Services regions is critical to the safety of children in care.

Stakeholders raised concerns about the quality and consistency of assessments across the regions. They support using a standard assessment tool that includes a culturally appropriate tool for Aboriginal and Torres Strait Islander carers.

Another key issue for some stakeholders is the need to recognise the differences between foster care and kinship care. As one advised:

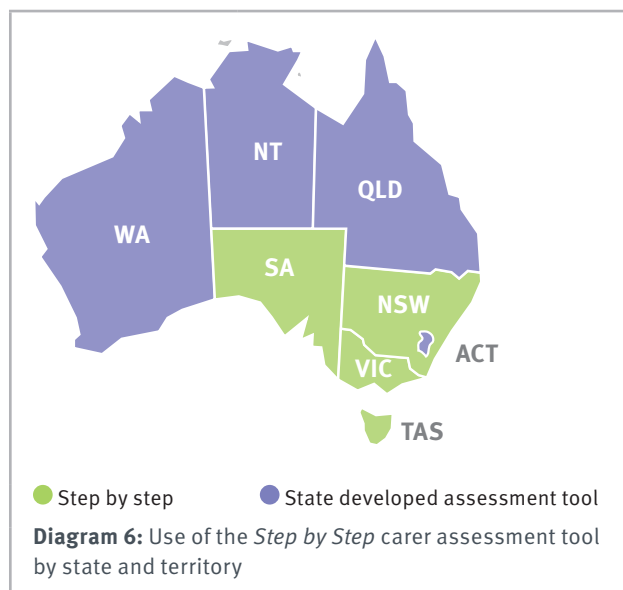
“Kinship carers generally will have different motivations and needs from foster carers. We consider that kinship carers may often provide the best placement option for a child, especially Aboriginal and Torres Strait Islander children. They should be assessed and supported to ensure their capacity to provide the best possible placement for a child.”¹²

There was also broad stakeholder agreement that the child protection system could do more to support disadvantaged groups. For example, one stakeholder advised:

“... current approval processes do not cater for disadvantaged groups, particularly those who have diverse cultural and religious views of family, communication, roles and responsibilities. Assessors and decision makers should actively seek guidance from relevant representative bodies when completing assessments and approving applications of culturally diverse groups.”¹³

Standard assessment tool

Most child protection agencies across Australia use a standard assessment tool to assess foster and kinship carers. As illustrated in Diagram 6, New South Wales, Victoria, Tasmania and South Australia use a customised version of the *Step by Step*¹⁴ assessment tool mentioned earlier.



Using a standard tool means assessors have consistent criteria to assess carers’ core competencies and decide if they are suitable to care for children.

A national study by the Australian Institute of Family Studies found that government and non-government representatives, Aboriginal and Torres Strait Islander

agencies, carers and young people all identified barriers to being kinship carers.¹⁵

New research recognises the need for specific assessment tools and processes for kinship carers.¹⁶ There is evidence that recruitment and assessment of Aboriginal and Torres Strait Islander carers is most successful with community-led approaches and culturally sensitive assessment tools. The evidence shows this can be achieved without creating different assessment standards.¹⁷

Assessment tools for Aboriginal and Torres Strait Islander carers need:

- flexible assessment criteria
- culturally appropriate communication styles
- Aboriginal and Torres Strait Islander agencies and child protection departments working together to approve applications.¹⁸

Recommendation 15

It is recommended that the Department of Communities, Child Safety and Disability Services chooses and uses a standard carer assessment tool that:

- includes specific resources for assessing foster carers and kinship carers
- addresses cultural issues for Aboriginal and Torres Strait Islander carers and culturally and linguistically diverse carers.

Assessors

Current position

Foster and kinship carer assessors are:

- Child Safety Services employees
- foster or kinship care service employees
- contracted fee-for-service professionals.

There are no minimum qualifications for assessors and they do not need accreditation.

Child Safety Services has developed procedures, guidelines and templates to guide the assessment process. Assessors must critically examine all

information gathered to make a recommendation as to whether a carer applicant should be approved. Assessors must also understand child development, risk factors, and the requirements and pressures of being a foster or kinship carer.

Some foster and kinship care services currently offer training to assessors, but it is optional.

Stakeholder views

Stakeholders identified inconsistency in the quality of assessments. They suggested that assessors need further development.

For example, one said that to overcome inconsistent assessment practices, assessors should have

“ continuing professional development programs in skills such as observation, questioning, corroborating and analysing evidence.¹⁹

Another expressed concern about the capability of some assessors, explaining:

“ A full, robust and comprehensive assessment process takes clinical skills around interviewing and analysis, and clinical judgement for decision-making. We appreciate the guidelines put forward by the Department; however, raise concerns that this has led to new, inexperienced, under-skilled practitioners completing assessments ... We are suggesting assessors to have completed a minimum qualification in something similar to Psychology or Social Work, and have a minimum [number of] years of experience e.g. two years post graduation work experience.²⁰

Assessor accreditation

The assessment process is a crucial component in providing safe, therapeutic and sustainable care for vulnerable children.²¹ Many standard assessment tools have specific accreditation and training requirements for the assessors who use them. This adds to the quality and consistency of decisions.



Recommendation 16

It is recommended that the Department of Communities, Child Safety and Disability Services implements an accreditation requirement for all assessors as required by the selected standard assessment tool (see recommendation 15).

If the chosen tool does not require accreditation of assessors, the Department of Communities, Child Safety and Disability Services should work with relevant stakeholders to develop and mandate appropriate minimum requirements for assessors (such as competency in the use of standard assessment tools, experience and legislative knowledge), training and ongoing professional development.

Assessment process

Current position

The Child Safety Practice Manual outlines a two-step carer assessment process:

1. Central Screening Unit reviews personal history check information, including the WWCC outcome, and decides whether the application progresses to the next assessment stage.
2. An assessor completes interviews, gathers and assesses relevant information and recommends to the Child Safety Service Centre manager whether or not the applicant is suitable for approval.

Stakeholder views

Stakeholders report that in practice, the two-step process does not usually occur. They said that assessors often complete interviews before the Central Screening Unit has assessed the results of the personal history checks. When this happens, assessors may not have all relevant information before starting the interviews. This means they miss the opportunity to discuss this information with applicants.

Stakeholders suggested that the reason that assessors start the second step before the first step is finalised is because it currently takes too long to get the results of the personal history checks and (in particular) the WWCCs.

Two-step process

Implementing the recommendations in the Queensland Family and Child Commission's *Review of the blue card system report* will greatly reduce processing times for WWCCs by introducing an online system. Once this happens, Child Safety Services should implement its two-step assessment process.

This will mean that assessors will not start interviews with applicants until they have all relevant information and are confident that the application will progress. It will also mean that assessors can address, in the interview process, any concerns identified through personal history checks.

Recommendation 17

It is recommended that the the Department of Communities, Child Safety and Disability Services recommences using its two-step carer assessment process once the Department of Justice and Attorney-General has streamlined the blue card system and reduced the processing timeframes for working with children checks.

Kinship carer assessment

Current position

In assessing kinship carers, assessors consider their capacity to care for a specific child or sibling group. If Child Safety Services later identifies the same carer as an appropriate care option for another child, it must reassess the carer.

Stakeholder views

Stakeholders told us that kinship carers can be assessed multiple times over a short period. They raised concerns about duplication in assessment. They also suggested that in the second placement, Child Safety Services should only consider:

- any changes to the carer's personal history
- changes to adult household members
- the impact of the new placement on the existing child/children
- the best interests and views of the children
- the child's needs and the carer's capacity.

Reduce duplication

In cases where Child Safety Services has recently completed a full suitability assessment for a kinship carer, the secondary assessment should give greater weight to understanding the child's needs and the impact of another child on the household and the children already placed there, rather than simply repeating the suitability process.

Recommendation 18

It is recommended that the Department of Communities, Child Safety and Disability Services amends the Child Safety Practice Manual so that kinship carers do not undergo another full assessment process in situations where they have already been assessed for a previous placement within a two-year timeframe.

Carer approval and renewal

Approval decisions

Current position

Child Safety Service Centre managers are decision-makers for foster and kinship carer approvals. They consider all information that assessors and the Central Screening Unit provide.

They also consider the advice of assessment panels, when used.

Child Safety Services can use assessment panels to assist in deciding the outcome of carer applications. However, the Child Safety Service manager must decide the outcome of the application. There are no specific legal requirements, policies or procedures to guide the use of panels.

Stakeholder views

Stakeholders reported that decision-making between regions is not consistent. Carers who have had children linked to more than one region confirmed this.

Some stakeholders suggested that assessment panels should be mandatory. For example, one recommended mandatory statewide or regionally based panels



to review assessments and identify where further assessment may need to occur.²²

Other stakeholders called for consistent guidelines for assessment panels but did not support making them mandatory.²³

Assessment panels

There is no strong evidence base to confirm that panels strengthen safeguards for children. However, research suggests that panels can improve community trust, can assist in quality assurance and assessment of training,

and help agencies and government build strong links with diverse cultural groups.²⁴

Feedback from stakeholders who have participated in panels, or worked with them, suggest they are an important way to have a multi-disciplinary view of carer suitability.

Child Safety Services has established panel processes in some regions, but not others. Panels are a way to achieve better and more consistent decisions, particularly when the delegated approving officer is included on the panel.



Recommendation 19

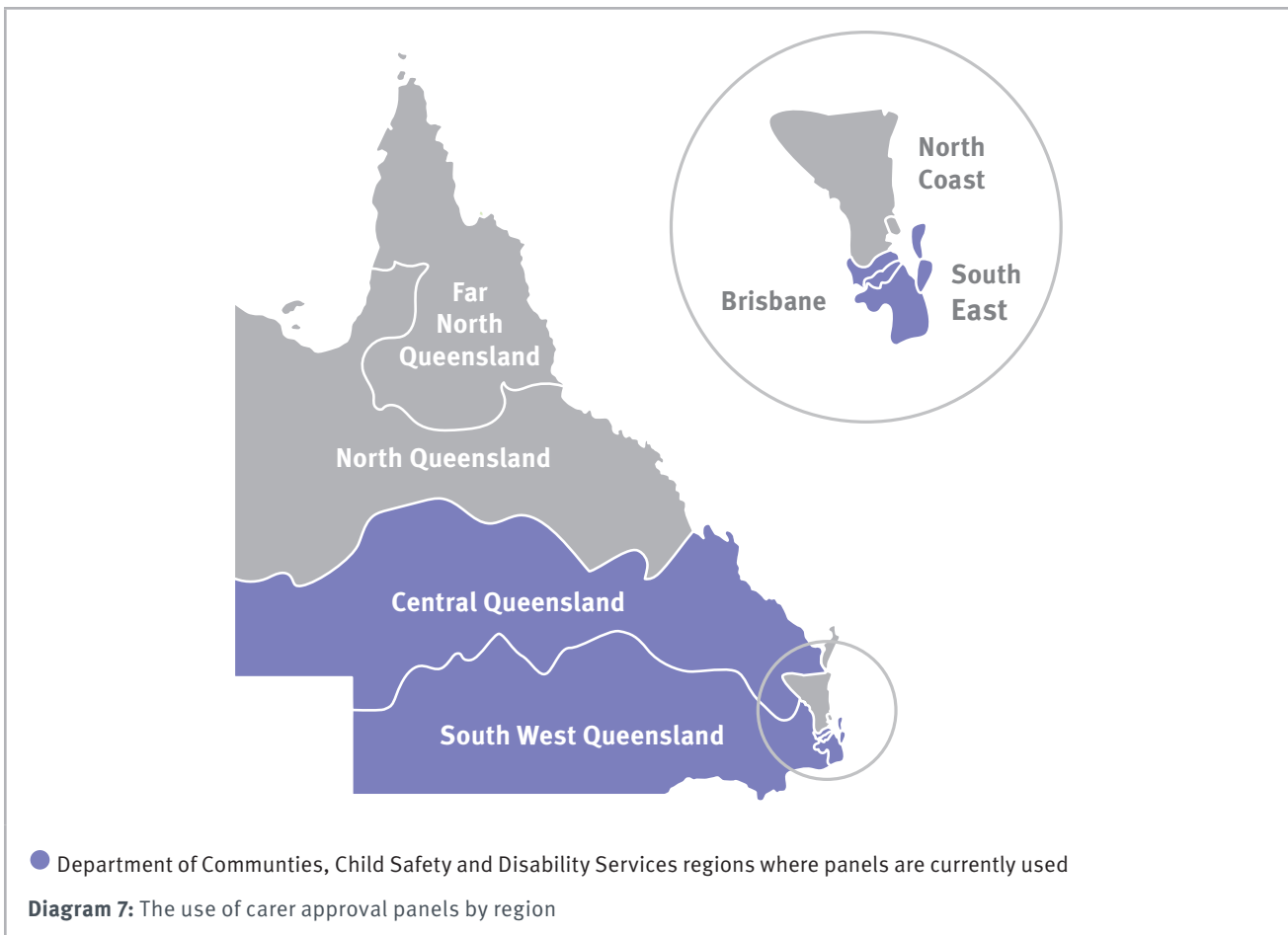
It is recommended that the Department of Communities, Child Safety and Disability Services:

- establishes, in each of its regions, a panel to review carer assessments and make recommendations about the approval of carer applicants
- develops criteria for defining when Child Safety Services must use a panel to support approval decisions.

In addition to making a recommendation for approval, the panel may also consider:

- the type of care for which approval is given
- the numbers, ages and genders of children to be placed
- special conditions, including priority training
- the level and type of support the carer will need.

Each panel should include a range of professionals (representing various stakeholder groups) able to inform and confirm decisions and bring relevant cultural perspectives to the panel's deliberations. For example, representatives from the carer agency, DCCSDS representatives, Foster Care Queensland, Elder or Recognised Entity representative and the assessor.



Approval delegations

Current position

Once a Child Safety Service Centre manager decides to approve a carer, the foster and kinship carer agency then negotiates a foster carer agreement with the carer. This includes outlining the carer's support needs. The Child Safety Service Centre manager is also the delegated officer for approving these agreements.

Stakeholder views

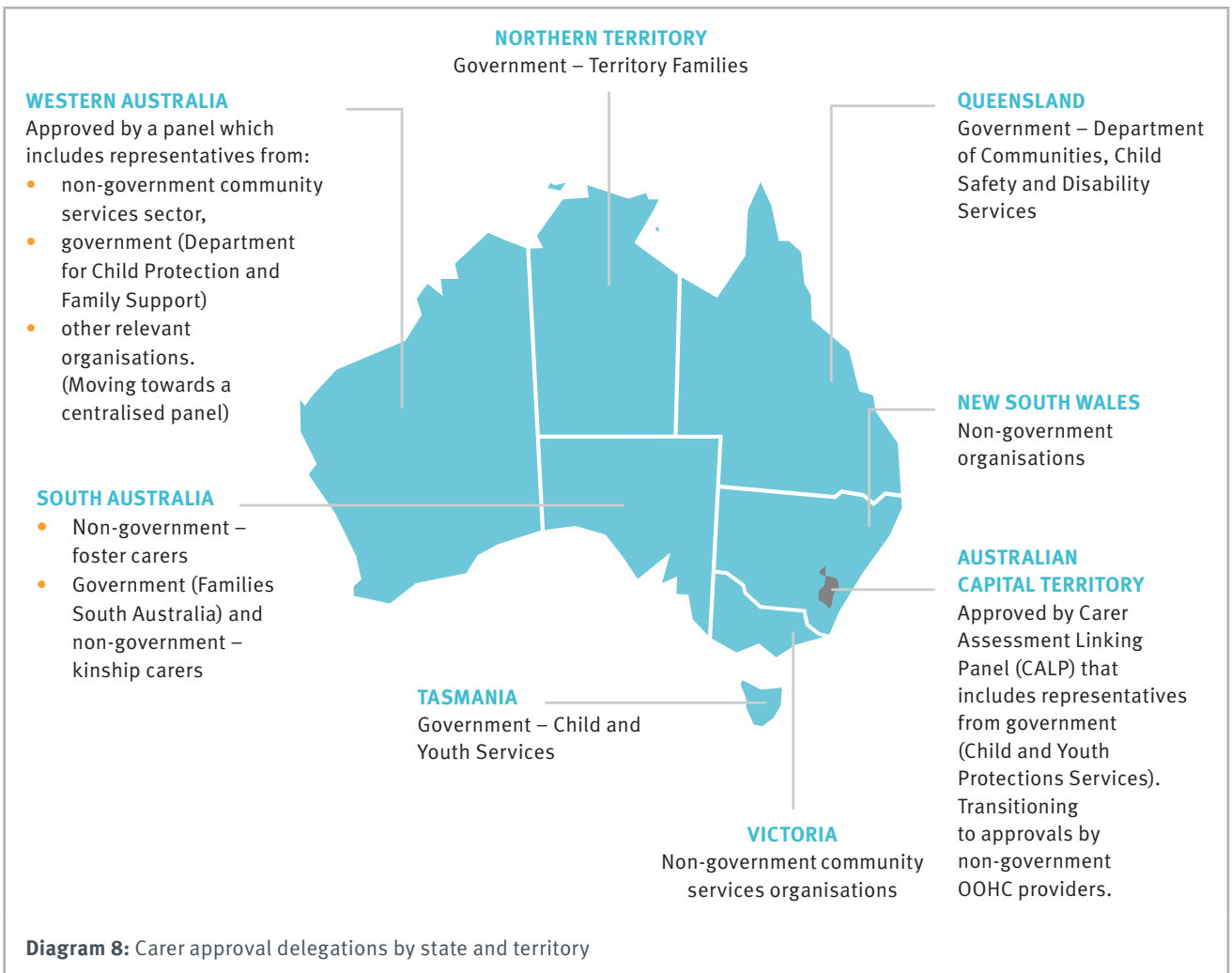
Some stakeholders suggested it may be timely to reconsider the delegated approving officers for carer applications. There was some support for allowing accredited non-government agencies to decide carer applications, similar to the New South Wales approach. However, other stakeholders believe that using this approach could lead to a greater number of carers assessed as suitable when they may not actually be

suitable. They will then need intensive support in order to be ready to care for children.

Conflict of interest was also a concern identified by stakeholders. They believe that both foster and kinship care services and Child Safety Service Centre managers have an interest in approving carer applications, given they are under pressure to provide placements for children. For example, one submitted that:



The use of panels for final approval would add more transparency to the process; these groups should include independent members of the community, and not be composed only of people related to an agency or child protection Department. There is a conflict of interest for the agencies and Departments. Because the demand for placements outweighs the number available, there is the possibility that poor decisions could be made based on approving a carer to satisfy demand, rather than placing greater emphasis on the quality of the applicant.²⁵



As part of rolling out assessment panels for all regions, Child Safety Services should review the current delegations for approval. This is important given the recommendation in this report that decision makers have access to more information, including outcomes of criminal and personal history checks. It is appropriate for Child Safety Services to review whether the approval delegation is set at the correct level of seniority.

Recommendation 20



It is recommended that the Department of Communities, Child Safety and Disability Services reviews relevant policies and procedures, in light of the recommended changes to carer assessment and approval processes, to confirm that the delegation level for approval of carers is appropriate.

Carer renewal process

Context

Foster and kinship carers must apply to review their certificate of approval one year after the date of the initial approval, and every two years after that.

Child Safety Services invites carers to renew their certificates. It must ask carers to renew at least three months before their certificate expires. If a carer's certificate expires before they apply to renew, they must lodge a new application for approval. Child Safety Services then treats it as an initial assessment and approval rather than a renewal.

Foster carers must also complete their standard training modules in the first year as carers (this is a prerequisite for their first renewal). They must then complete their advanced training in the next two years. This training is optional for kinship carers.

The renewal process for foster carers involves reviewing the carer's suitability and their care of children in the time since their last approval or renewal. This includes:

- assessing household safety
- considering personal history checks (since their last assessment renewal)
- having medical checks (optional)
- (the carer) applying for blue card renewal if needed
- conducting interviews with the carer
- encouraging other members of the household to be involved
- considering any other relevant information.

For kinship carers, renewal assessments explore the quality of the relationship the child has with the kinship carer, including the child's perspective on any positive and negative aspects of their placement.

Child Safety Service Centre managers decide the outcome. They may use an assessment panel if needed. Where possible, managers must decide the application within three months.

Stakeholder views

Stakeholders generally support the current carer renewal process.

One stakeholder suggested renewals should have the same depth as initial assessments for full, vigorous analysis of current placements.²⁶

Another said:

“ The first renewal is the most telling point for an assessment. This is the point that you've seen what they're like and have a more accurate picture.²⁷

Another advised that renewals offer a chance to provide support to carers, submitting that:

“ Renewal processes provide an opportunity to explore strengths and challenges with a foster carer. Both a child's case worker and foster care support worker should play a key role in this process and the child's views should be included ... [However] high turnover of front line department staff also works against development of trust between children and individual workers and the system, compromising their capacity to participate meaningfully.²⁸

If the child's views are to be included in the renewal process, the assessor will need to interview them. Stakeholders told us that to do this well, assessors must have an existing relationship with the child.²⁹ The assessor must make sure the interviews are not intrusive or evoke the fear of a placement change for a child, particularly a child in a long-term placement.³⁰

Stakeholders also cautioned that strengthening the renewal processes should not extend the time for approval.³¹

One stakeholder advised that:

“ Renewals go on and on because renewals don't expire once the application has been lodged.³²

Stakeholders also advised that Child Safety Services does not hold foster and kinship carer agencies to account for the timely completion of renewal applications. For example, one said:

“ Best practice is for the renewal assessment to occur prior to initial expiry. However, we have renewals that are well past their expiry date. Just recently did a renewal assessment that was three years over so in reality they should be up to their second renewal.³³

Stronger renewal processes

There is no suggestion that the current renewal process has significant gaps. There are, however, opportunities to strengthen it to provide better safeguards for children in care, in particular, by making sure that children are part of the decision-making process and have their say.

Renewals are a critical point in the assessment of the standard of care carers provide. The extent of information Child Safety Services considers affects the quality of the renewal process.

Recommendation 21

It is recommended that the Department of Communities, Child Safety and Disability Services includes the following as a part of the carer renewal process:

- interviews with children in placement
- discussions with child safety officers and the relevant community visitor/s.

Where relevant, the process should also include:

- interviewing children previously in the placement
- discussions with child safety officers of children previously placed with that carer
- discussions with any previous carer agency
- discussions with schools/early childhood centres involved with children currently placed with the carer
- an assessment of the carer's ability to meet and adhere to the standards of care.

Accountability for renewals

Stakeholders identified delays in completing renewals and a need for increased accountability to help drive their timely completion.

The Child Safety Practice Manual says:

Commence the renewal assessment process at the scheduled review date, which is three months prior to the expiry of the current certificate of approval. This should allow adequate time for the renewal process to be finalised prior to the expiry of the current certificate. Applications for renewal must be lodged, and properly made, prior to the expiry date of the current certificate of approval.

Aa

Properly made

To be 'properly made' an application:

- is completed, signed and dated by the applicant and each adult member of their household
- includes all appropriate identification documents
- is lodged with Child Safety Services.

However, the Child Protection Regulation 2011 appears to have the effect that once carers lodge a renewal application form that has been properly made, their carer approval continues until Child Safety Services decides on the outcome of their renewal application. In other words, there is no time limit for renewal decisions. This needs clarifying.

Foster and kinship care services' agreements require them to assess and recommend carers for renewal. However, Child Safety Services is ultimately responsible for making sure that all carers are both suitable and approved to care for children in line with the requirements of the *Child Protection Act 1999* and the Child Protection Regulation 2011.

Therefore, it needs to make sure that the agencies contracted to complete renewal assessments comply with their agreements and meet their obligations.

Recommendation 22

It is recommended that the Department of Communities, Child Safety and Disability Services strengthens accountability for completing renewal assessments by:

- clarifying in legislation or policy the maximum time for completing renewals once a carer has submitted a renewal application
- including a requirement in funding agreements for approved foster and kinship care agencies to renew carers as required by legislation and policy
- monitoring the compliance of the agencies in undertaking carer renewals within timeframes
- including a performance audit about timeliness of renewals in the annual program of audit referred to in recommendation 6.

Carer suspension and cancellation

Current position

Foster and kinship carers must care for children in a way that is consistent with the standards of care outlined in the *Child Protection Act 1999*. When this does not happen, Child Safety Services may investigate and consider whether to amend, suspend or cancel the carer's certificate of approval.

Additionally, Blue Card Services monitors any changes in blue card holders' criminal history on a daily basis. It advises Child Safety Services of any relevant changes in the criminal history of a carer or adult household member. If Blue Card Services suspends or cancels a carer's blue card or exemption card, Child Safety Services must suspend the carer's certificate of approval until the outcome of any review is known.

Child Safety Services must notify carers in writing of any decision to suspend or cancel their certificates of approval. Carers may apply to the Queensland Civil and Administrative Tribunal for a review of Child Safety Services' decision.

Stakeholder views

Stakeholders reported that Child Safety Services does not always cancel carers' certificates when they are no longer suitable to care for children. Instead, they suggested that Child Safety Services just stops placing children with those carers and lists their carer status as 'inactive'.

The 2004 Crime and Misconduct Commission (CMC) inquiry into abuse in foster care reported that there were 614 carers who Child Safety Services considered 'inactive'.

At the time, this was said to be because carers had made a personal choice to have a break from caring. However, the CMC noted that Child Safety Services may not place children with some carers because of concern about the quality of care children received in their homes.

Stakeholders agree that sometimes carers just need a break and may choose not to take children for a while. In these cases, there is no need for Child Safety Services to review their suitability if there are no other concerns.

Suspending or cancelling certificates

Rather than treating carers as 'inactive', Child Safety Services should either suspend or cancel their certificates if it believes they are no longer suitable to care for children. This gives carers the right to apply for a review of the decision if they believe it is wrong. It also means that concerns about carers are properly investigated in a timely way.



Recommendation 23

the Department of Communities, Child Safety and Disability Services:

- reviews all carers with whom Child Safety Services has not placed children for more than 12 months and decides whether their carer certificates should be suspended or cancelled
- develops criteria for suspending and cancelling carer certificates (in the absence of a blue card cancellation or criminal charges)
- considers whether a panel should review cases for consistency.



Chapter 5

Strengthening safeguards for children

At a glance

Findings



PLACEMENT-MATCHING

- Demand issues impact on placement-matching
- A risk averse approach to information sharing all affects placement-matching
- There is no clear guidance on roles and responsibilities for placement-matching processes

CARER TRAINING

- Delivery of kin-specific training programs is not consistent across agencies
- Current carer training requires review and updating
- There is a lack of flexibility in the delivery of carer training

SUPPORTING CARERS AND CHILDREN

- There is confusion over roles and responsibilities for carer support
- Current training is insufficient in preparing carers for their first placement
- There is confusion over care team roles and responsibilities

CONTACT WITH CHILDREN IN CARE

- There is a lack of coordination of contact between care team members and community visitors
- There is no ability for DCCSDS to report on compliance with minimum requirements
- There is a need to explore alternate methods for children to communicate with support workers

CARER APPROVAL AND RENEWAL

- Changes to community visitor visiting frequency have reduced safeguards for children in care
- Visiting practices could be improved to increase safeguards for children
- The Office of the Public Guardian needs to capture data that enables trends as systemic issues to be identified.

Reforms



DEVELOP

clear guidelines, resources and practices for placement-matching

IMPROVE

information sharing and recording process to improve placement decisions

DEVELOP

clear guidelines around roles and responsibilities for placement-matching

DEVELOP

a training program specifically for kinship carers

REVIEW

all carer training to make sure it's contemporary and evidence based

IMPLEMENT

flexible options for carer training

DEVELOP

clear guidelines for roles and responsibilities for carer's support

IMPLEMENT

measures to increase support and supervision for new carers during the first 12 months

DEVELOP

guidelines around the roles, responsibilities and expectations of care teams

ESTABLISH

a coordinated approach to contact with children in care

DEVELOP

a mechanism to capture, monitor and report on compliance with minimum contact requirements

DEVELOP

a children in care engagement strategy that considers the risks and benefits of the use of technology

UNDERTAKE

a proactive review of the community visitor role and practice

INTRODUCE

a mechanisms to allow flexible visiting options for community visitors

DEVELOP

community visitor program reporting frameworks that meet the needs of stakeholders and help identify systemic issues

Impacts



CHILDREN

Children will feel safe and supported in care



CARERS

There will be improved training and processes to better support carers



COMMUNITY

There will be greater transparency to meet community expectations



SYSTEM

There will be improved systems through greater clarity of roles and responsibilities

Placement-matching

Many people play a part in keeping children in care as safe as possible. They include the carers, the child safety officers, the community visitors, the child advocates, the foster and kinship care services, and the children themselves.

A lot of training, checking, meetings, legislation and policy goes into making sure all of these people work together in a coordinated way.

The best safeguards depend on the child being matched with the most appropriate carer, and also with professionals with whom they feel able to talk openly and honestly.

Current position

The purpose of placement-matching is to identify:

- the type of care best suited to a child
- the supports and services that may be required to support the placement, and
- the particular skills and abilities required of the carer.

In deciding the best placement for a child, Child Safety Services in the Department of Communities, Child Safety and Disability Services—DCCSDS must consider placing the child:

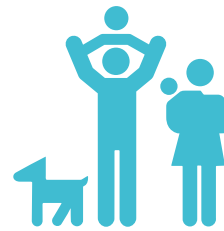
- as a first option with kin
- with siblings wherever possible
- if the child is Aboriginal or Torres Strait Islander, in line with the Aboriginal and Torres Strait Islander child placement principle.³⁴

If Child Safety Services decides that a foster or kinship care placement is the most suitable, it must take appropriate action to match the child with a carer.

Before placing a child with a carer, Child Safety Services must give the carer information about the child that will:

- help the carer make an informed decision about accepting the placement
- help the carer meet the child's needs
- protect the carer and members of their household from potential harm.³⁵

Matching a child with a carer:



CHILD

Needs
Views
Wishes

CARER

Competencies
Strengths
Wishes
Capacity

Diagram 9: Placement-matching considerations

Child Safety Services and foster and kinship care services are responsible for different parts of the placement-matching process. Child Safety Service Centre managers or team leaders are responsible for approving the placement of a child with a foster or kinship carer.³⁶

Stakeholder views

Stakeholders frequently mentioned the impact of ongoing system pressures on Child Safety Services' ability to find the best match of children with carers. In particular, stakeholders noted the increasing number of children entering care and the lack of placement options.

As one stated:

“Considerable pressure is placed on foster and kinship care services to place children which leads, at times, to unsuitable placement-matching and as such negates the work and recommendations undertaken in the assessment. This is not a new practice and one that is being reinforced as services are going over benchmark, placing stress on support staff as well as unsuitable placement-matching at times.”³⁷

Another said, ‘There is a roof over head mentality—they cross their fingers and hope for the best.’³⁸

Feedback from carers is that Child Safety Services often does not give them important information about the child, particularly in emergency cases, before they agree to the placement. One carer said, **‘As a carer you can’t make an informed choice about the placement because you’re not provided with enough information.’**³⁹

Stakeholders also identified a gap in the existing process where information obtained during the carer assessment and approval process is not used in the placement-matching process.

Child Safety Services staff added:

“ For new carer applicants, panel members generally discuss placement-matching. However, if the placement does not occur until six months later, then no one remembers those conversations. No one goes back and reads the panel minutes before a placement decision.⁴⁰

When assessors make recommendations about carers (for example, the type of children, age of children, whether they should just be respite carers and the type of support they will need), it is hard to know whether the workers doing the placements are getting that information.⁴¹

Another concern stakeholders raised is about roles and responsibilities for placement-matching decisions. For example, one stakeholder said:

“ There is currently limited legislative or policy guidance around the powers and decision making capacity of non-government foster care agencies and licensees when matching out of home care placements for children and young people. In practice, this unintentionally creates uncertainty and conflict in the matching process.⁴²

Demand for placements

The demand for placements is a significant and well understood concern. The causes are beyond the scope of this review’s terms of reference.

In the context of safeguards for children in care, a lack of suitable placements means increased effort is required to identify and support placements because of the likelihood of gaps between a child’s needs and the carer’s capacity or capability. It also means that it is very important to monitor the placements.

Recommendation 24

It is recommended that the Department of Communities, Child Safety and Disability Services updates its policies and procedures to require the decision-makers, in situations where there is not a best match between a child and his or her carer/s, to document:

- any identified gaps between the child’s needs and the carer’s capacity
- the additional support the carer will need to help meet the child’s needs (and who will provide it and when)
- the steps it will take to make sure the child’s needs are being met.

Sharing information

Research on placement stability stresses the importance of Child Safety Services having extensive information and knowledge about the skills, strengths and expectations of carers. Information that is gathered about carers, particularly during the carer assessment process, needs to be shared with decision-makers and available to use for both immediate and future placement decisions. This does not always happen.

RC

The Royal Commission is currently considering how to improve information sharing with carers to support greater placement stability as well as safety. In particular, it is considering how this could help carers make decisions about accepting children with sexual abuse histories (including sexually harmful behaviours).

It is also considering how information sharing can be improved to better support carers in meeting their responsibilities for children in care, and in managing risks to other children in their household.

Research also shows the importance of giving carers enough information about children to enable them to decide whether to take them into their homes.⁴³ This also does not occur in all cases. In emergency placement situations, Child Safety Services may not have all relevant information. However, in all other cases, it should have.

Additionally, children have a right to participate in decisions that affect their lives, including placement decisions. Providing information to children about potential carers helps to promote their participation in decisions that affect them.

To address stakeholder concerns about the use of relevant information to make informed placement decisions, it is essential that Child Safety Services:

- records information gathered during the carer assessment and approval process
- makes this information available and readily accessible for both current and future placement decisions.

Recommendation 25

It is recommended that the Department of Communities, Child Safety and Disability Services works with foster and kinship care services to:

- improve records management systems to better capture and use information gathered as part of the carer assessment process to inform placement-matching
- develop a standard profile document about foster and kinship carers and make this available to children and staff working with carers.

Recommendation 26

It is recommended that the Department of Communities, Child Safety and Disability Services puts in place checks and balances confirming Child Safety Services and foster and kinship care services are meeting their obligations to provide carers with information about children that will:

- help carers make an informed decision about accepting a placement
- help the carers meet children's needs
- protect carers and members of their household from potential harm.

Within two years of the date of this report, the Department of Communities, Child Safety and Disability Services should undertake a performance audit of this as part of the annual program of audit referred to in recommendation 6.

Roles and responsibilities

Since the 2013 Queensland Child Protection Commission of Inquiry, Child Safety Services has expanded the role of the non-government sector in providing care services. This includes the important work of recruiting, assessing and supporting most foster and kinship carers. Child Safety Services still supports a small number of carers who are not linked to a foster and kinship care service.

This means the non-government sector shares responsibility with Child Safety Services for supporting foster and kinship carers. However, the system is now more complex than it was. Stakeholders report confusion over roles and responsibilities, including for placement-matching.

The Child Safety Practice Manual is not clear about the roles and responsibilities of child safety officers and the staff of non-government agencies in the placement-matching process. Stakeholders report needing more guidance in areas including:

- who has primary responsibility
- approval delegations
- resolving disagreements about placement decisions
- the circumstances in which Child Safety Services can amend foster carer agreements to accommodate a placement.

Recommendation 27

It is recommended that the Department of Communities, Child Safety and Disability Services strengthens and clarifies definitions, documentation and communication regarding the roles, responsibilities and relationships of departmental staff and foster and kinship care services in the placement-matching process.

Carer training

Current position

Pre-service training

Pre-service training is an important part of the carer assessment process. It gives applicants the information and skills they need to be a carer. It also helps applicants to understand the standards of care they must provide to children.

All foster carer applicants must complete pre-service training and be competent in each module before Child Safety Services approves them as carers. Pre-service training consists of four modules:

1. Context of foster care
2. Understanding the past for a child or young person
3. Early days in a placement
4. Quality care.

Kinship carers are not required to do pre-service training before Child Safety Services approves them. Child Safety Services does, however, encourage them to participate where possible.

Across Australia, pre-service training is compulsory for foster carers. However, it is only mandatory for kinship carers in New South Wales, South Australia and the Northern Territory.

In-service training

Foster carers must complete the standard training package within their first 12 months as a carer. The standard training consists of three modules:

1. Promoting positive behaviours
2. Caring for children and young people who have experienced sexual abuse
3. Carer support, advocacy and self-care.

Completion of the the standard training is a prerequisite for a foster carer's first renewal of approval.

In addition to standard training, foster carers are required to complete a minimum of eight hours of advanced training modules during the two-year period following their initial carer renewal. They must complete this training for further renewal.

Advanced training is flexible and based on the foster carer's specific learning needs. Child Safety Services or foster and kinship care services may provide the advanced modules. Carers may also access them externally from a range of agencies in the community, from other government departments and through attendance at conferences.

Kinship carers are not required to complete standard and advanced training. However, they may choose to do so, to assist them in meeting their support and learning needs.

Specific training for kinship carers

RC

The Royal Commission identified concerns about the assessment and approval process for kinship carers. These include less stringent mandatory training requirements for them compared to foster or residential carers. It is considering recommending kinship-specific approaches to aspects of the assessment process, such as pre-service training.

Stakeholder views

Many stakeholders think Child Safety Services should develop kinship-specific training programs, with most agreeing that it should be compulsory for kinship carers at certain stages of their caring journey.

Some stakeholders advised that compulsory pre-service training may not be suitable for kinship carers, given they often need to take children into their care at short notice. That said, some carer agencies already require kinship carers to attend information sessions and training before assessment.⁴⁴

Stakeholders suggested the kinship carer training program should include some elements of the existing foster carer training package such as:

- expectations of carers, including the standards of care
- carers' entitlements
- carers' rights and responsibilities.

However, stakeholders also suggested that kinship carer training must recognise:

- the experiences and needs of kinship carers providing care to children they know
- the need for different delivery methods
- the need for culturally appropriate training tailored to the specific needs of Aboriginal and Torres Strait Islander kinship carers and their specific culture and language groups.

For example, one said:



... some form of training should be compulsory for kinship carers. However, the unique, and often emergent circumstances that surround the identification of, and transition to, kinship care would inhibit the effectiveness of pre-service training. A training package should be developed that is required to be completed within a kinship carer's first year, or pre-service if practical.⁴⁵

Training for kinship carers is essential. While some elements could be similar to general foster care, Child Safety Services needs to tailor kinship care training specifically to the unique care circumstances, including:

- managing family dynamics
- understanding essential information about Child Safety Services' role and legal obligations
- understanding standards of care
- understanding trauma-informed care, including the impacts of sexual abuse
- working as a part of a care team.

Kinship carer training should be designed to provide kinship carers with the skills and abilities to provide care to their kin, while also preparing them for what to expect as a kinship carer.



Recommendation 28

It is recommended that the Department of Communities, Child Safety and Disability Services develops a training program specifically for kinship carers:

- recognising the unique and varying nature, culture and challenges of kinship care
- with flexible delivery modes (for example, online modules, attendance by video link, or one-on-one delivery methods)
- requiring all kinship carers to begin the training within six months of their first placement.

Updated training for carers

It is important that Child Safety Services regularly reviews and updates the content of carer training to keep pace with contemporary evidence and research, and with increasing complexity of the behaviours of children entering care.

Stakeholders identified a number of areas where they feel training could be strengthened, including a focus on understanding the impact of trauma on children, and on providing trauma-informed care.

During development of the *National Standards for Out-of-Home Care* (under the National Framework for Protecting Australia's Children), carers advised that their preparation and skill levels were not always good enough to take on a foster carer role. Carers expressed the view that improved support and training for carers was critical to improving outcomes for children and that it would help keep carers involved in the longer term.



Aa

National Framework for Protecting Australia's Children 2009–2020

The *National Framework for Protecting Australia's Children 2009–2020* (the National Framework), is an ambitious, long-term approach to ensuring the safety and wellbeing of Australia's children. It aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time through collaboration between federal, state and territory governments and non-government organisations.

Stakeholders who participated in this review supported these views. Many suggested that the current training content needs to be updated to better prepare carers to undertake their role.

For example, one stakeholder stated:

“ I think the training needs an overhaul. More therapeutic and trauma-informed training is needed.”⁴⁶

Another stakeholder said:

“ When people come into the caring role, their level of understanding of trauma and providing therapeutic care is minimal in most cases.”⁴⁷

Another questioned:

“ Whether cultural competency training needs to be mandatory for all carers. Particularly with overrepresentation, there's no specific training.”⁴⁸

Stakeholders also raised concerns about the way training is delivered. They said it should be offered in different ways, to provide flexible learning opportunities for carers.

RC

The Royal Commission sought feedback on a national strategy to prevent child sexual abuse in care. The strategy includes developing an education and training framework for all foster, kinship/relative and residential carers and practitioners based on:

- role clarity, processes and recording practices as set out in care policies and procedures
- understanding the importance of enabling a culture of openness, and creating an environment where a child feels safe to disclose abuse
- developing skills and knowledge about how to talk to children about healthy relationships and sexuality education
- understanding social media policies, with specific reference to pornography and the transmission of sexualised images (sexting)
- awareness about the added risk of bullying, exploitation, depression and risk taking for same sex attracted and gender questioning young people.



Recommendation 29

It is recommended that the Department of Communities, Child Safety and Disability Services revises all aspects of carer training to make sure:

- it is reflective of current research and evidence
- it provides carers with the skills to manage complex behaviour and trauma, including modules on:
 - understanding the impacts of trauma and providing trauma-responsive care
 - risk factors for child abuse in care
 - the principles of child safe organisations
 - cultural competency (in all pre-service training) tailored to specific culture and language groups where possible.

Flexible training delivery

Training should be flexible and meet the needs of those receiving it. It does not always have to be delivered in a formal setting. For example, it could include online modules, attendance by video link, or one-on-one delivery methods.

Timing of delivery is also important. Carers indicated that more timely delivery of training dealing with trauma and behaviour management would help prepare them for placement.

Recommendation 30

It is recommended that the Department of Communities, Child Safety and Disability Services considers assessing the skills and experience of its trainers and also considers using alternative timing for training, improved training resources, and different modes of delivery of training.

This may include:

- delivery before and after placement
- delivery in more locations
- delivery in a carer's home
- on-line delivery for certain modules
- training resources in multiple formats using experienced foster/kinship carers to deliver training.

Supporting carers

Current position

Child Safety Services must give carers support and training to help them care for children in a way that meets the standards of care, and helps each child achieve their case plan goals. The support that each carer needs for this may be different for each child in their care. Child Safety Services negotiates this with carers and includes it in their placement agreement or foster carer agreement.

Case plan

A written plan for meeting the child's protection and care needs.

Child Safety Services provides carers with a range of supports, including:

- financial and practical support
- emotional and psychological support
- social support
- professional development
- problem-solving support
- respite care
- community support.

The Queensland Child Protection Commission of Inquiry found that foster and kinship carers can access better support when they are managed by non-government agencies. It recommended that Child Safety Services transfer to non-government agencies the responsibility for identifying, assessing and supporting foster and kinship carers.

Since then, foster and kinship care service providers have been increasingly responsible for supporting carers. This means they have a significant role in monitoring carers' abilities to meet the standards of care and provide a safe placement for children. Child Safety Services still supports a small number of carers who are not linked to a foster and kinship care service.

Foster and kinship care service providers help carers by providing:

- information and training
- a dedicated foster care worker
- telephone and email support
- support to carers at meetings.

The Child Safety Practice Manual states that:

- for carers affiliated with a foster and kinship service, the service provides them with key support functions
- for carers not affiliated with these services, Child Safety Services supports, supervises and trains them.



Whether or not a carer is linked with a service provider, child safety officers still play a critical role in supporting carers. This is because:

- the support most carers ask for is primarily child-specific (for example, more information about the child, about ongoing relationships between the child’s case worker and the child, and about providing services to meet the child’s needs)
- the child safety officer has responsibility for developing the most knowledge about the child and as a result, is often best placed to identify and respond to the carer’s support needs.

Stakeholder views

Stakeholders want more clarity about the roles of Child Safety Services and foster and kinship care service providers in providing carer support. Comments include:

“ It’s not working—lack of understanding/support from CSOs [child safety officers].

From my understanding, a CSO doesn’t provide any support to carers.

There’s no clear definition of what carers’ support means.⁴⁹

They consider that new carers need more intensive support in the earlier stages of the placement. For example, one stakeholder stated:

“ We had a turbulent first placement. Our first placement as carers was a sibling group who had come to us from a placement breakdown and we were their fourth placement. The only time the CSO came was the day the children were dropped off and the day we called to ask them to pick them up. The CSO then came to convince us to keep the children. We were brand new carers and were given these kids. We didn’t have experience as carers. Don’t know if it would have been the same outcome if the CSO had been there every month like they should have been. We weren’t given the level of support we needed as new carers.⁵⁰

They also said that support for carers should be tailored to the needs of the child and the placement. One stakeholder said:

“ There is no way training prepares anyone for the reality of what’s going to come through the door.⁵¹

Stakeholders also identified the need to treat carers with respect, involve them in decisions, and make sure they are a valued member of a child’s care team.

Roles and responsibilities

The Child Safety Practice Manual recognises the important role that child safety officers play in supporting carers, and guides how they do this. However, it does not identify how Child Safety Services and foster and kinship care services work together in a support capacity.

According to stakeholders, carers, child safety services staff and foster and kinship care services staff all need more guidance about the different roles and responsibilities involved in providing support to carers, and about how they overlap.

Recommendation 31



It is recommended that the Department of Communities, Child Safety and Disability Services defines, documents and communicates the roles and responsibilities for providing support to carers, including the roles and responsibilities of:

- foster and kinship care services
- child safety officers
- child safety support officers.

Better support for carers

Stakeholders advised that the first 12 months is a critical time for new carers, and that additional support may be required to prevent placement breakdowns. Both carers and service providers agree that better support for carers would help make sure they stay in the system.

Research shows the main reasons carers stop fostering children are burnout, lack of support, effects on their families, foster children being difficult, or changes to their own personal circumstances. It also shows that better support for carers leads to more stable placements, which result in better outcomes for children.⁵²

Providing more support to carers in their first 12 months would:

- give them more help while they adjust to the realities of being a foster or kinship carer
- give new carers access to supervision, which is currently not always available
- increase oversight for children placed with new or inexperienced carers
- possibly reduce placement breakdown and lead to more stability.

Providing additional support would also help kinship carers, including Aboriginal and Torres Strait Islander carers, who often take children in times of crisis without the opportunity to prepare (emotionally or materially) for the placement.

Recommendation 32

It is recommended that the Department of Communities, Child Safety and Disability Services works with non-government partners to develop and implement measures to increase support and supervision for new carers during their first 12 months as carers.

The measures must recognise the differences between the support needs of foster carers and kinship carers.

Supporting children

Care teams

Current position

When it comes to supporting children in care, no one practitioner, profession or service has all the answers. Child Safety Services uses a range of different services and professionals to support children.

The Child Safety Practice Manual refers to this arrangement as a 'care team'. It can include:

- the carer, or direct care staff from the foster and kinship care service
- the child safety officer with case responsibility
- the support worker from the foster and kinship care service
- the coordinator or manager of the foster and kinship care service
- agencies or individuals, such as an Evolve Interagency Services worker or therapeutic or specialist support workers
- other professionals and family members (optional).

The Child Safety Practice Manual says the main purpose of the care team is to develop and implement the child's case plan and work together to make sure it meets the child's needs.

The Queensland Child Protection Commission of Inquiry found there is benefit in treating foster and kinship carers as part of a child's care team. However, research findings and stakeholder feedback suggests this does not always happen.

Stakeholder views

Carers told us they want to be partners in providing care but feel they have very little actual decision-making authority.

Most stakeholders said that carers are:

- not treated as if they are a valued member of the care team
- not included in key meetings and discussions.

Stakeholders are confused about the use of care teams, but agree that they need to work together to support children and meet case plan goals. For example, one said:

“People don’t know what they’re responsible for. Perhaps the language needs to change so people know what their role is and what expectations are of being part of the care team. We probably haven’t set those expectations.”⁵³

One stakeholder’s view is that there needs to be:

“...some comprehensive statements, guidelines and training about who the care team is and their responsibilities and expectations.”⁵⁴

Strengthening care teams

To address stakeholder concerns, Child Safety Services needs to provide guidance about the function of care teams and the roles and responsibilities of care team members.

Research by Christine Miller, Royal Children’s Hospital (Melbourne), shows that a functional and effective care team should have:

- clear and unambiguous expectations for communication, decision-making and attendance
- clearly defined roles and responsibilities for all members—to avoid duplication and working at cross-purposes or outside scope of practice
- clearly defined goals, which all members understand and commit to—this includes how the child’s needs will be met, when, by whom, and review dates
- clear dispute-resolution processes
- timely information-sharing processes—so members can work without breaching other confidentiality requirements
- planned and regular meetings.⁵⁵



Recommendation 33

It is recommended that the Department of Communities, Child Safety and Disability Services updates policies and procedures and provides advice and training to all care team members about:

- the roles, responsibilities and expectations of children’s care teams
- whether a child’s care team should, at given points, include additional members (for example, community visitors and teachers).

Contact with children in care

Current position

Child Safety Services contact

Child Safety Services allocates each child in care a child safety officer who is responsible for monitoring the child’s case plan and the standards of care.⁵⁶ Child safety officers do this through regular home visits to the child and the carer.⁵⁷

The Child Safety Practice Manual outlines the minimum contact requirements by a child safety officer with a child in care:

- Where the case plan goal is reunification—at least one face-to-face contact per month in the child’s current living environment. Contact by a child safety support officer may supplement the required contacts, as long as the nature of the contact meets the definition of face-to-face contact.
- Where the case plan goal is not reunification—contact by Child Safety Services once per month.
- For a child on a long-term guardianship order to a suitable person—contact with the child and the long-term guardian is required once every 12 months.⁵⁸

Aa**Child safety support officers**

Supports the provision of child protection services to children and families through:

- assisting child safety officers in their application of relevant legislation, policies and procedures
- working collaboratively with approved carers, the community and government and non-government service providers.

Aa**Long-term guardianship**

An order made under the *Child Protection Act 1999*, granting long-term guardianship of a child to a suitable family member (other than a parent of the child), another suitable person nominated by the chief executive, or to the chief executive.

Child Safety Services encourages the use of professional judgement to decide whether more contact with a child is required.

During face-to-face contact visits, child safety officers are required to talk with the child alone to give them an opportunity to express any concerns. They encourage this by:

- actively listening to and supporting them
- building a trusting relationship
- seeking their views and wishes about matters affecting them
- discussing any personal issues or concerns the child may raise and any risks to the child's safety
- making sure the child is receiving a level of care in line with the standards of care.

Non-government foster and kinship care service contact

Non-government foster and kinship care services provide day-to-day support for carers and share responsibility with Child Safety Services for monitoring the standards of care provided to children in foster, kinship and provisionally approved placements.⁵⁹

In providing support to carers, foster and kinship care service staff conduct regular home visits. While in most circumstances the staff do not need to have contact with a child, stakeholders suggest that sometimes they are the only ones in regular contact with children in care.

One stakeholder told us:



We're now doing more of the case work for children (transport etc), and while we're not the decision maker, we often know more about the child and see them more often than any other party including child safety.⁶⁰

Another said:



We're more frequently getting asked to complete tasks that are supposed to be done by the CSO. Department has become reliant on agencies because we're the ones having regular contact with the child.⁶¹

Community visitor contact

Community visitors from the Office of the Public Guardian visit children in care to protect their rights and interests, including asking about and reporting on their physical and emotional wellbeing.

Community visitors also check whether the child's needs are being met in line with the standards of care.⁶² A community visitor visits children in care at the discretion and direction of the Office of the Public Guardian. The frequency of face-to-face visits depends on the child's assessed level of vulnerability.

OPG

Following the transition of the community visitor program to the Office of the Public Guardian, the program has been refocused. This has included redefining the policy intent of the community visitor role. This aims to achieve the right balance between monitoring and advocacy. The Office of the Public Guardian recognises that the success of the community visitor program's monitoring work is reliant on the strength of its advocacy.



Stakeholder views

Stakeholders told us that contact with children is most valuable when visits occur regularly, with a consistent person.

One stakeholder highlighted that:

“ Consistency is vital because if a child is going to talk about their concerns, they will talk to someone who they are comfortable with and who’ve they’ve built a relationship with.⁶³

Overwhelmingly, stakeholder perceptions are that child safety officers and community visitors are not visiting children in line with contact or visiting requirements. Some observations included:

“ You can’t rely on them (CSOs)—remember seeing one person when I was 5 but didn’t know what a CSO was until I was 12.⁶⁴

Our CSO changes all the time. So they wouldn’t know our kids well enough to know if they felt unsafe or unhappy.

Visits from community visitors should be monthly. They are a great advocate for the child and the child builds a strong and trusting relationship with this person as they usually have had them for a number of years.

During 2016, we had 6 different CVs [community visitors] who have all said they will be with us permanently.⁶⁵

Young people consulted during this review also raised the need for regular contact to help establish meaningful relationships, and agreed that child safety officers or community visitors need to visit children at least once a month.

“ You might not be able to pick something up in the first visit. Visits need to be frequent. One time isn’t enough for someone to open up.

I would like them to come every two weeks.⁶⁶

Another key issue some stakeholders raised was a lack of coordination of contact. One carer said, ‘sometimes it feels like you just have a rolling parade of people through the house’.⁶⁷ It was also noted that often the children have no idea who the people are or what they are there for.

Coordinating contact arrangements

Research clearly shows that the quality of the relationships professionals and carers form with children in care are crucial to good outcomes.⁶⁸

A child’s ability to form trusting relationships—so they are comfortable disclosing abuse—is affected by the:

- cumulative harm they experience prior to entering care
- lack of placement stability
- turnover of staff and inconsistent contact with support workers.

The Royal Commission highlighted a need for ongoing and familiar professionals and staff members who can build rapport with children, and with whom children feel safe in disclosing abuse.

Contact with children in foster and kinship placements could be better coordinated if a child’s care team meets, plans and reviews contact arrangements for children on a regular basis, with the first meeting being no longer than two weeks after the child enters a placement.



Recommendation 34

It is recommended that the Department of Communities, Child Safety and Disability Services reviews current minimum contact requirements with children in care and establishes a coordinated approach with care team members.

This should include:

- considering children’s views on contact
- taking into account current research about approaches to the nature, type and frequency of contact across all child protection orders.

Meeting contact obligations

QCP
COI

The Queensland Child Protection Commission of Inquiry confirmed that regular contact is a critical safeguard for children in care. It recommended that the Office of the Public Guardian reduce the frequency of community visitor contact, on the basis that 'frequent contact [by child safety officers], in line with legislation and practice, is not only possible but expected'.⁶⁹

However, stakeholders have expressed doubts that this is occurring. They reported that time and resource pressures have made it difficult for child safety officers, community visitors and other professionals to maintain regular contact and establish trusting relationships with children in care.

It is clear that the number of visits by community visitors to visitable homes has decreased since the Queensland Child Protection Commission of Inquiry recommended it refocus its visiting criteria.

However, the situation is not so clear for child safety officer contact with children. Child Safety Services is unable to report on its compliance with minimum contact requirements. Given the significance of this contact to children and the reliance placed on it by the Queensland Child Protection Commission of Inquiry, it is important that Child Safety Services' governance arrangements include monitoring and reporting levels of face-to-face contact by child safety officers.

Recommendation 35

It is recommended that the Department of Communities, Child Safety and Disability Services develops a way to capture, monitor and report on child safety officers' compliance with its minimum contact requirements with children in care.

Innovative ways of maintaining contact with children

Child safety officers and community visitors need more innovative ways of connecting with children in care.

Despite having different roles (which occasionally overlap), it is important that the agencies with responsibility for delivering services and overseeing placements consider innovative and child-focused practice approaches for maintaining contact, including using electronic means as an additional mode of contact.

This aligns with s. 56(4) of the *Public Guardian Act 2014*, which provides for the use of technology as a way of contact by community visitors.

The young people consulted during the review also supported exploring alternative approaches to contact with child safety officers and community visitors. However, they said that it should not replace minimum face to face contact requirements.

Recommendation 36

It is recommended that the Department of Communities, Child Safety and Disability Services works with the CREATE Foundation, Foster Care Queensland, Office of the Public Guardian and other stakeholders to develop contemporary methods to improve engagement with children in care.

The strategy should specifically assess and document the risks and benefits of using technology as a means of contact between children in care and child safety services officers and community visitors.

OPG

The *Public Guardian Act 2014* provides for technology to be used to contact a child or somebody else at a visitable location to discharge visitor function, in addition to face-to-face contact.



Table 2 outlines the different functions of a child safety officer and a community visitor.

Child safety officer	Community visitor
Legislated under the <i>Child Protection Act 1999</i>	Legislated under the <i>Public Guardian Act</i>
To undertake the roles of an authorised officer under the <i>Child Protection Act 1999</i> —responsible for delivering statutory child protection services	To develop a trusting and supportive relationship with the child, so far as is possible
To apply the relevant legislation, delegation, policies, procedures and quality standards	To advocate on behalf of the child by listening to, giving voice to, and facilitating the resolution of, the child’s concerns and grievances
To determine the appropriate Child Safety Services response to a child and family at intake	To seek information about, and facilitate access by the child to, support services appropriate to the child’s needs provided by service providers
To complete a timely and comprehensive investigation and assessment, or take other action considered appropriate, when information indicates that a child may be in need of protection	To inquire into and report on the adequacy of information given to the child about the child’s rights
To intervene to ensure the safety and wellbeing of children subject to ongoing intervention	To inquire into and report on the physical and emotional wellbeing of the child
To undertake case planning activities for children in need of protection—assessment, planning, implementation and review	To inspect the home and report on its appropriateness for the accommodation of the child; and to ensure the child’s needs are being met by persons caring for the child at the home when a child or young person is at a visitable home
To work collaboratively with approved carers, the community, government and non-government service providers to meet the care and protection needs of children subject to statutory intervention	To inspect the site and report on its appropriateness for the accommodation of the child or the delivery of services to the child, having regard to relevant state and Commonwealth laws, policies and standards; and to ensure the child’s needs are being met by staff when a child or young person is at a visitable site

Table 2: Comparison of child safety officer and community visitor functions

Community visitor program

Current position

In 2004, community visitors began visiting children in foster care regularly and frequently to confirm their safety and wellbeing. This was an outcome of the 2003 Crime and Misconduct Commission Inquiry into Abuse in Foster Care.

Since the 2013 Queensland Child Protection Commission of Inquiry, the Office of the Public Guardian has managed the community visitor function. Under Queensland Child Protection Commission of Inquiry reforms, community visitors are assigned to children at the Public Guardian’s discretion.

When visiting a child in foster care, community visitors are required to:

- develop trusting and supportive relationships with children
- advocate to resolve their concerns
- help children to access support services and information about their rights.

Community visitors provide the Public Guardian with a report on the physical and emotional wellbeing of each child they visit. Community visitors are also mandatory reporters of harm under the *Child Protection Act 1999*.

Since the Queensland Child Protection Commission of Inquiry, the Office of the Public Guardian has had an additional function to advocate for children, through

child advocates. They are legal officers who work alongside community visitors when a child needs formal (legal) advocacy.

The Queensland Child Protection Commission of Inquiry found that in 2011–12, the budget for the community visitor program was \$17 million, including corporate overheads. It estimated that the child advocate program would require \$9 million of that budget to establish 15 advocacy hubs.

This shows the savings the Queensland Child Protection Commission of Inquiry expected of the Office of the Public Guardian in order for it to set up the child advocacy function. To achieve these savings, the Office of the Public Guardian had to reduce the community visitor program.

QCP
COI

To assist in scaling back visiting, the Queensland Child Protection Commission of Inquiry proposed that the Office of the Public Guardian allocate community visitors to only the most vulnerable children in care. The Queensland Child Protection Commission of Inquiry also expressed a view on how the Office of the Public Guardian could select the ‘most vulnerable’ children for visits. This recommendation was based on an assumption that Child Safety Services was conducting frequent visits.

Stakeholder views

Stakeholders, including young people, generally support the community visitor role, but they suggested ways to make it a better safeguard.

When last surveyed about the helpfulness of their community visitors in 2011, on a scale from one (very unhelpful) to 10 (very helpful), 80.8 per cent of young people rated their community visitors’ helpfulness at 9 or 10 (with a mean score of 9.2).

Young people consulted during this review specifically commented on the frequency of visits.

They said:



CSOs and CVs need to be in regular contact with the child to build the rapport.

CSO or CV needs to be visiting at least once a month.⁷⁰

Visit frequency

When surveyed in 2011, 68.1 per cent of children reported being happy with the frequency of visits by community visitors. However, 24.4 per cent stated they would like to see their community visitors more often.

The proportion of children wanting more contact with their community visitor was consistent across earlier surveys (21.0 per cent in 2006, 29.9 per cent in 2007, and 25.3 per cent in 2009).

Despite this, as previously mentioned, in 2013 the Queensland Child Protection Commission of Inquiry proposed:

QCP
COI

... to reduce the ambit of the community visitor role to reflect the 2004 CMC [Crime and Misconduct Commission] Inquiry recommendations and to allow for more specialised advocacy services related to children’s rights.

Regular visits should be continued to children and young people who are considered most vulnerable. These could include the very young; those with mental health problems and in mental health facilities; those displaying high-risk behaviour; those with complex needs, disabilities or with impaired decision making ability; those entering care from culturally and linguistically diverse backgrounds; those in residential care; those at risk of entering juvenile detention; and other vulnerable groups such as those at risk of absconding or self placing. Visits may be introduced for a time in response to an increased number of matters of concern or notifications received in relation to particular out-of-home care arrangements or where there are numerous children in a placement. Reporting and action requirements should be reviewed to ensure the most serious concerns are prioritised ...

Recommendation 12.8 That the role of Child Guardian—operating from state wide ‘advocacy hubs’ that are readily accessible to children and young people—assumes the responsibilities of the child protection community visitors and re-focuses on young people who are considered most vulnerable.



Frequency of visits by community visitors

The Office of the Public Guardian’s discretion to visit a child in a foster home (and the frequency) is guided by the following:

- age of child
- number of children in the home
- appropriateness of the home
- any concerns about harm in the home
- number of placements the child has had
- if the child has been leaving the home
- cultural or linguistic background
- involvement in youth justice
- disability or other vulnerabilities.

In considering these factors, the Public Guardian has determined that the greatest priority will be given to those children in care facing greater degrees of need, vulnerability and risk.

The Office of the Public Guardian must also arrange visits for those children who request them.



The Queensland Child Protection Commission of Inquiry accepted that Child Safety Services was meeting its obligations for contact between child safety officers and children in care. It stated:

The Commission has been advised by departmental managers that since 2004 the caseloads of child safety officers have reduced to a point where frequent contact, in line with legislation and practice, is not only possible but expected.

The Office of the Public Guardian has also developed a Visiting Frequency Risk Matrix to guide practice decisions around visiting (see Attachment 5).

The *Public Guardian Act 2014* gives significant flexibility to the Public Guardian in deciding whether to visit children in foster care and the frequency and regularity of the visits. Despite this change, the core functions driving the purpose and practice of visiting children

remained unchanged after the Queensland Child Protection Commission of Inquiry.⁷¹

The most important of these functions is set out in s. 56 of the *Public Guardian Act 2014*. It requires community visitors to develop trusting and supportive relationships with children. Frequent visits are obviously critical if community visitors are to ‘develop a trusting and supportive relationship’ with a child.

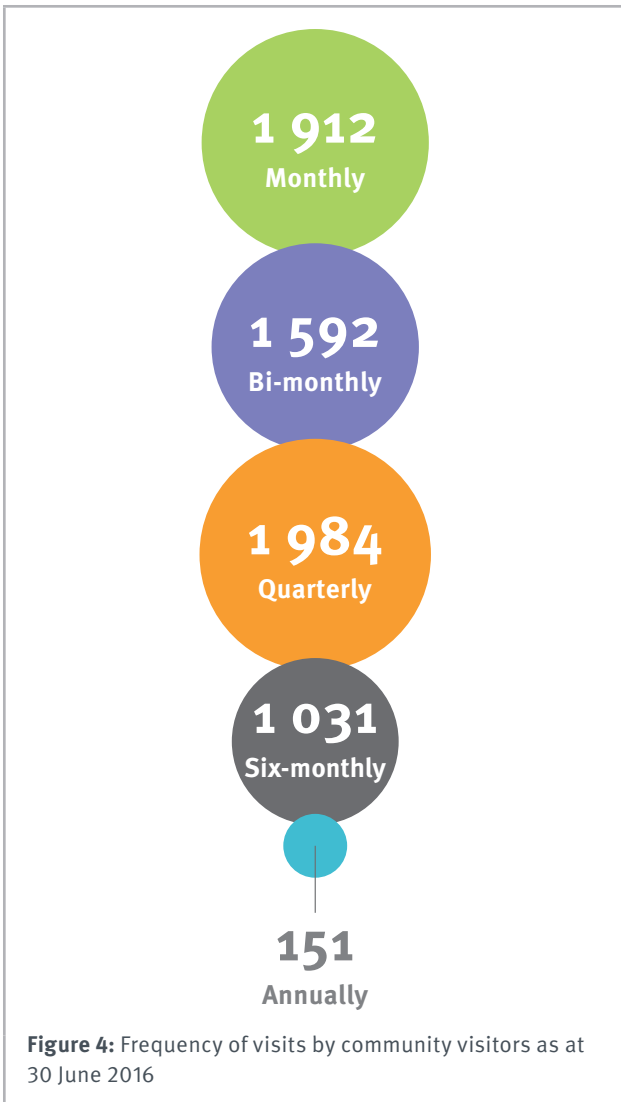
In the Office of the Public Guardian’s first year of administering the program, community visitors undertook 30.8 per cent fewer visits to children in foster and kinship care than they had the year before. The Office of the Public Guardian advised that it achieved this figure by reducing visits to those children it assessed as being in safe and stable placements.⁷²

The Office of the Public Guardian’s visiting frequency for children and young people in care, as at 30 June 2016, is shown in Figure 4.⁷³

Children in care are already our most vulnerable children. They are at risk of falling behind their peers in every aspect of life. Their exposure to abuse, neglect and trauma can have long-term and cumulative effects, including poorer health and education outcomes, increased risk of substance abuse, involvement in the criminal justice system, and homelessness.⁷⁴

The further vulnerabilities of Aboriginal and Torres Strait Islander children, who are overrepresented across a broad range of poor outcome and wellbeing measures, adds another layer of complexity to attempts to determine relative vulnerability.

For these reasons, it is not possible or helpful to determine the relative vulnerability of these children or to allocate them to a class of vulnerability. They are, by definition, all vulnerable.



- specifying the proportion of children in care who fit one or more of the various criteria of ‘most vulnerable’ (Queensland Child Protection Commission of Inquiry p. 415; *Public Guardian Act 2014*, s. 57), and who then need more frequent visits by community visitors
- assessing whether the ‘most vulnerable’ criteria
 - have been appropriately implemented in policy and practice
 - are still valid and, if so, whether they are supported by a sustainable funding model
- assessing whether the implementation of Queensland Child Protection Commission of Inquiry Recommendation 12.8 has achieved the desired objectives relating to advocacy
- assessing any implications this shift in focus has had for the community visitor role as a safeguard for children in care
- determining whether stakeholder perspectives and expectations of the community visitor role and current practice are being met, including the perspectives and expectations of children in care
- determining whether a need exists to fund more community visitor activity as a safeguard for children in care, particularly if the Department of Communities, Child Safety and Disability Services is unable to confirm that Child Safety Services is meeting the minimum contact requirements.

Overall, clear challenges exist in reconciling stakeholder views and expectations with the directions of the Queensland Child Protection Commission of Inquiry. Also sections of the *Public Guardian Act 2014* are inconsistent. It is difficult for community visitors to develop trusting relationships with children if they do not visit them often enough.

As this issue affects a key safeguard for children in care, it requires further review, including:

- revisiting and testing whether the evidence and rationale for Queensland Child Protection Commission of Inquiry Recommendation 12.8 remain valid, including whether data exists to support the assertion that caseloads of child safety officers have reduced to a point where ‘frequent contact, in line with legislation and practice’, is occurring

Recommendation 37

It is recommended that the Office of the Public Guardian, with oversight by the Queensland Family and Child Commission, reviews the current community visitor role and practice to:

- clarify the policy intent
- determine whether, post-Queensland Child Protection Commission of Inquiry, it is providing the intended safeguards for children in care.

This review should inform the work undertaken by the Queensland Family and Child Commission to evaluate the child protection reforms.

Unannounced visits

As part of this review, we asked young people with experience in care a series of questions on safety in care, child safety officers, community visitors, carers, digital technology and the system generally.

They advised that community visitors' practice could be improved if they made unannounced visits and if young people could talk with community visitors away from their placement or carers.

QCP
COI

The 2013 Queensland Child Protection Commission of Inquiry, the 2015 Senate Community Affairs References Committee Out-of-home Care Inquiry, and the Royal Commission into Institutional Responses to Child Sexual Abuse have all expressed a level of support for children in care being visited by individuals independently of their case workers or carers.

The young people told us that unannounced visits were important. They said:



If you know a worker is coming everything would look perfect.

Having a clean house and food in the cupboard doesn't mean there's nothing going on.⁷⁵

Unannounced visits occur in a range of ways across child protection systems internationally. While some unannounced visits occur as a way of providing support and training to foster carers, they are generally accepted as an important safeguard for children in care. For example, in some parts of the United Kingdom, relevant laws require two visits each year to be unannounced.

However, the Office of the Public Guardian would also like consideration of including the right of access into carers homes without consent or warrant. It is acknowledged that this requires further community and stakeholder consultation prior to any legislative amendments occurring.

Consideration during consultation should focus on preventing unnecessary infringement of individuals rights and on assessing risks to the safety of the community visitor.



Recommendation 38

It is recommended that the Office of the Public Guardian works with the Department of Justice and Attorney-General and consults with stakeholders to identify and address any practical barriers to community visitors conducting unannounced visits with right of access without consent or warrant.

The result of this consultation will determine whether legislative amendment is required.

Visiting away from placement

Some stakeholders did not support the idea of community visitors visiting children away from their placement. This was out of concern about the number of professionals a child or young person is being expected to develop relationships with, and about whether this would create confusion over the different roles.

Others said they support community visitors occasionally meeting a child away from their placement in a way that does not compromise the child's confidentiality and allows a visit that might not otherwise occur. However, they said this approach should not be a preferred or regular arrangement. They said it should only happen if community visitors cannot have private conversations with children for other reasons.

Young people also stated the importance of being able to have the opportunity to speak with their community visitor in private, including away from their placement if necessary. One young person stated:



Only time you get own space with CSO and CV is if you ask them to go outside—it has to be an adult telling another adult, then you get privacy.⁷⁶

The CREATE Foundation reiterated the importance of a child’s access to private discussions in its submission to the Royal Commission:

“**Regulation of Out of Home Care providers should also emphasise ongoing, regular contact with an adult independent of the immediate care environment to provide children and young people the opportunity to raise any concerns in a confidential, private manner.**”⁷⁷

Recommendation 39

It is recommended that the Office of the Public Guardian works with the Department of Justice and Attorney-General and consults with stakeholders to consider the practicality of conducting visits with children and young people away from their placement, in circumstances where visits are not otherwise able to be conducted in private.

The result of this consultation will determine whether legislative amendment is required.

Systemic analysis of data

In July 2016, the Queensland Ombudsman conducted an investigation into processes for managing child safety complaints. This was to establish a view post-Queensland Child Protection Commission of Inquiry reforms. The Ombudsman’s report identified:

- a significant decrease in child safety complaint issues
- a lack of coordination between Child Safety Services and the Office of the Public Guardian regarding management and reporting on child safety complaints.

Of particular relevance to the Office of the Public Guardian, the Ombudsman concluded that:

- it was not clear how the Office of the Public Guardian distinguishes between issues that are minor in nature and those more serious and properly

described as a child safety complaint. The Office of the Public Guardian advised at the time that it did not have a policy to determine when an issue raised by a community visitor is serious enough to be classified as a complaint rather than a lower level or minor issue

- many issues identified by community visitors may reach the threshold to be considered a child safety complaint, but are not recognised or assessed as such by either the Office of the Public Guardian or Child Safety Services.

The Office of the Public Guardian and Child Safety Services are taking steps to correct these issues. The next step will be for the Office of the Public Guardian to capture and report on data so that trends and systemic issues are easily identified.

In taking this step, it is important that the Office of the Public Guardian works with other stakeholders. This will help to elevate and promote the role of community visitors in engaging with children and young people in care.

Recommendation 40

It is recommended that the Office of the Public Guardian works with stakeholders to develop a reporting framework with accompanying data to identify systemic issues such as:

- visit frequency—actual and planned
- number and rate of issues and complaints identified
- notifications to the Department of Communities, Child Safety and Disability Services.

The Office of the Public Guardian and the DCCSDS have finalised a memorandum of understanding addressing those issues raised by the Queensland Ombudsman.

Chapter 6

Implementation

The recommendations in this report are intended to build on and strengthen the current foster care system. The report focuses on the assessment, approval and monitoring of the foster care system to make sure that Queensland's most vulnerable children are safe and supported when they are unable to live with their family.

The QFCC has made 42 recommendations. No recommendation is more important than the others, but some are dependent on others.

Implementing review findings

The implementation of the recommendations must be effectively and independently managed and assessed. This will provide important feedback and support for agencies. It will also give the public confidence that real changes will happen.

In implementing the recommendations in this report, agencies will need to consider their existing program of reform and initiatives. There may be benefit in linking some of the recommendations to other work already underway. It may also be possible for agencies to implement these recommendations in other ways (while still achieving the intent), that align better with their existing reforms and initiatives.

Recommendation 41

It is recommended that the the Queensland Family and Child Commission continues to use its existing governance group (which oversees the progress of the recommendations in the Queensland Family and Child Commission review reports, including this report), to monitor and report on whether the intent of each of the recommendations has been achieved.

Agencies, in consultation with the implementation advisory council, (as referred to in recommendation 41), need to prioritise the recommendations and any resourcing implications in determining or scheduling any further action.

Recommendation 42

It is recommended that the agencies responsible for implementing the recommendations in this report:

- develop a detailed implementation plan that provides advice on the planned staging and approach for implementing each recommendation
- provide the plans to the governance group referred to in recommendation 41

Agency implementation plans should be reviewed on release of the final report of the Royal Commission into Institutional Responses to Child Sexual Abuse.

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Appendix 1

Child protection reforms in Queensland

Since 2003, the child protection system in Queensland has experienced a number of reforms following investigations and inquiries. This appendix provides an overview of these reforms to assist in contextualising the development of the foster care system to how it operates today.

2003 Final Report on Phase One of the Audit of Foster Carers subject to child protection notifications

The (then) Minister for Families became aware of the long term abuse of children in a foster home on Brisbane's north. Following this discovery, the Minister announced there would be an independent and external audit of current foster carers who have been subject to child protection notifications relating to children placed in their care. The audit was completed by Gwenn Murray.

The audit found a number of serious issues relating to under-resourcing, outdated information systems, practice, procedures and policy within the Department. Gwenn Murray found these issues seriously impacted on the care and safety of many children in foster care. Only 15% of audited cases required no further action.



Findings

Investigation and assessment of notifications

- There were matters that should have been referred to the police but were not referred
- In 7% of the cases reviewed by the audit, the children were left with foster carers where there was an unacceptable risk
- Recording of information is insufficient – only 15% of audited cases requiring no further action
- There are delays in commencing initial assessments with only 36% of notifications commencing within 24 hours
- 39% of cases involving an Aboriginal or Torres Strait Islander child have not involved an Aboriginal and Torres Strait Islander agency in the initial assessment
- Children are often not believed when they raised concerns
- Indicators of sexual abuse are often not identified
- Assessments of harm were not recorded in 42% of the cases
- An assessment of future risk of harm was not recorded in 57% of cases
- The assessment of child protection concerns was considered inadequate in 57% of the cases
- The audit team did not agree with the outcomes in 42% of the audited cases



Findings

Immediate actions, sexual abuse and excessive punishment	<ul style="list-style-type: none">• 28 cases from nine regions required immediate action (advice as to the immediate safety of children within 24 hours), involving 98 distinct children• Recorded concerns included sexual abuse and/or excessive physical discipline or corporal punishment, some involving the use of implements such as belts or sticks	<ul style="list-style-type: none">• In some cases there was evidence of harm occurring over a number of years with little or no departmental action• Some cases recorded inappropriate behaviour management such as humiliating or frightening children
High number of children in placements	<ul style="list-style-type: none">• There is a lack of placement options for children and young people who cannot safely remain with their biological parents.	
Recruitment, training and support for foster carers	<ul style="list-style-type: none">• The on-going recruitment, training and support for foster carers are serious issues for the Department	<ul style="list-style-type: none">• Policy, procedures and available training are not sufficient to assist and support foster carers with strategies to deal with the difficult and challenging behaviour of some children
Systemic matters	<ul style="list-style-type: none">• There is a lack of intensive family support services to assist and support families to safely keep children with their natural parents	<ul style="list-style-type: none">• There is a lack of collaboration between the Department and community agencies in working together
Aboriginal and torres strait islander children and young people	<ul style="list-style-type: none">• Aboriginal and Torres Strait Islander children are overrepresented in the child protection system and greater risks apparent in isolated communities and where alcohol and domestic violence are prevalent	
Information systems	<ul style="list-style-type: none">• The Department's information systems are outdated and inefficient• There are inaccuracies recorded within notifications and initial assessments	<ul style="list-style-type: none">• Accessing and obtaining relevant and reliable data was problematic throughout the Audit process
Caseloads and staffing issues	<ul style="list-style-type: none">• Caseloads are at an unacceptably high level with little time for planning, training or attending to the emotional resilience of staff working in a very stressful environment	<ul style="list-style-type: none">• Child protection workers are not following policy and procedures and are possibly taking 'short cuts' in their assessment of allegations of harm and future risks to children



Recommendations

The audit recommended that:

Placement options	Attention be given to providing intensive family support services to assist and strengthen families to safely keep children with their natural parents. This included establishing small residential homes, implementing family group conferencing and the development of clear policy frameworks to seek support options within the child's family and community.
Assessment, approval, training and support for foster carers	<p>The department update policies, standards and procedures relating to assessment, approval, training and support for foster carers. Specifically, the audit also suggested:</p> <ul style="list-style-type: none">• review and amend relevant policies with respect to determining foster carers' suitability• develop and implement clear standards and policy frameworks regarding the training and support to be provided to, and attended by, all foster carers.
The number of children and young people placed with foster carers	The department develop and implement a policy that places restrictions on the number of children that can be placed with approved foster carers, including a standard formula to consider any specific requirements of the child/children.
Investigation and assessing child protection notifications relating to foster carers and responses to outcomes	<p>The Department amend training for Family Service Officers (now, Child Safety Officers (2017)) to include information on specific procedures and recording requirements for notifications involving foster carers.</p> <p>The Department should develop a comprehensive training package of quality assurance tools (such as check lists) for Team Leaders and other staff responsible for the approval of Initial Assessments, as a matter of priority, to improve the assessment of notifications and the recording of initial assessments.</p> <p>A centralised specialist unit should be established to provide, advice, training and support to specialist departmental officers who are responsible for the recruitment, assessment and approval of foster carers, and the management of concerns. The role of the new unit would be to improve current practice while ensuring their objectivity and a focus on best practice. It is important that Unit staff are not involved in day to day casework matters.</p> <p>The Department also must update their policy regarding investigating and assessing notifications on foster carers. This includes, updating procedures manuals to require liaison with the specialist unit and determining officer responsibilities, involving notified foster carers in the investigation and assessment process and having a formal monitoring and evaluation process to ensure compliance.</p> <p>The Department improve training for its' officers and foster carers on the dynamics of sexual abuse, risk indicators and how to enhance protective factors.</p> <p>The Department develop policy and procedures specific to responding to substantiated or substantiated risk outcomes of notifications concerning foster carers. Including support for children, reviewing foster carers agreements following substantiated outcomes, training modules and formal monitoring and evaluation.</p> <p>The Department develop appropriate legislation, policy and practice standards for the appropriate management of the behaviour of children and young people in foster care (behaviour management).</p>
Child focussed practice	The Department establish a systematic approach to ensuring children and young people in care can participate in decisions about their lives (in legislation, policy and practice). This child-focussed approach should also be reflected in the philosophy of the Department's child protection framework.



Recommendations

The audit recommended that:

Aboriginal and torres strait islander children	<p>Alternative care services for Aboriginal and Torres Strait Islander children and young people should be developed and funded at a greater level to ensure safety and equity in the provision of alternative care services.</p> <p>The Department must also, in consultation with Recognised Agencies, develop indicators and measures regarding standards of care required of Indigenous foster carers.</p>
Contact with children	<p>The Department should adequately resource and prioritise alternative care to ensure it is able to fulfill all its responsibilities outlined in the <i>Child Protection Act 1999</i>. Policy, procedures and training should also be updated to reflect contact requirements.</p>
Case planning	<p>The Department should incorporate monitoring and compliance mechanisms in its new Integrated Client Management System and provide ongoing training to staff about the Case Management Framework.</p>
Professional decision making	<p>Ongoing training in the area of professional decision making in child protection targeted at Team Leaders and Family Services Officers. This should also be supported by enhanced information systems for record keeping.</p>
Caseloads	<p>A caseload formula to set maximum caseload limits should be developed and policies amended accordingly.</p> <p>The Department explore opportunities to create partnerships with Universities and other Government agencies to improve staff training and professional development opportunities for child protection workers.</p>
Information systems	<p>The Department must develop an updated and integrated client management system that contains all departmental information and is accessible state-wide in real time to all departmental officers. In developing the ICMS, the Department must have regard to the findings and recommendations of the audit and incorporate these within the development of the ICMS. Interim measures for record keeping should be put in place while this system is developed.</p>
Systemic matters	<p>The following systems level issues be addressed:</p> <ul style="list-style-type: none">• priority access to health, dental and behavioural services for children in care• legal officers should be employed in each region to assist with court and tribunal proceedings• children should be consulted and involved in custody and guardianship orders• funding and resources should be provided to the Children Services Tribunal• the Commission for Children and Young People should provide advocacy for and systemic monitoring of children and young people in alternative care – this includes being able to sight and speak with children in their foster care settings• the Commission for Children Young People should take responsibility for some child guardian functions, including oversight functions• funding be increased to the CREATE Foundation to expand their system’s advocacy and monitoring role.



2004 Crime and Misconduct Commission

Protecting Children: An Inquiry into abuse of children in foster care

In June and July 2003, the Courier Mail published a series of articles about possible abuse of children in foster care. Following this, the Crime and Misconduct Commission (CMC) conducted an extensive review to assess the quality of care provided to children at risk of abuse in Queensland, and made recommendations to protect those children.

After concluding that ‘over a long period of time, the Queensland child protection system itself has failed to deliver the support and services that are required for children at risk of abuse’, the CMC found that there was a need for ‘transformational reform’.

Chapter 7 of the final report set out how the foster care system should work for children who had been removed from their homes and were living in care.

Data comparison

In September 2003, there were 1 485 foster carers in Queensland and 2 568 children placed in foster care. A total of 869 carers had children placed with them; 317 children were placed with limited (provisionally) approved carers; and 1 094 children were placed with 615 relative (kinship) carers.



Findings

- Many children aren't assigned case workers
- Children do not have contact with their Child Safety Officer
- Non-existent or poor case planning
- High rates of placement breakdowns
- Generally poor relationships between the Department of Families and foster carers
- Inadequate training and support for foster carers
- Lack of confidence in the Department of Families on the part of stakeholders
- The Department of Families did not cultivate good relationships with the non-government sector (2003, report)
- There are few opportunities to match the child's needs with the appropriate service
- Not all data relating to a carers suitability is entered into the system in a prompt manner
- There are 616 inactive carers – Foster care Queensland attributed this to carers making a personal choice to take a break from caring. However, there are also issues with poor record-keeping. The Queensland Public Service Union also suggested that some carers may not have placements because of concern about the quality of care children received in their homes (linked to Operation Zellow)
- There was a need for a more diversified group of foster carers and recruitment strategies needed to be developed to attract a broad spectrum of carers
- The screening process takes so long, potential carers lose interest before they are contacted by the Department



Findings

Assessment processes should include a comprehensive investigation of individuals using information from multiple sources

Selection of foster carers should include knowledge of key areas and in the care of parenting skills, case vignettes or hypothetical scenarios

The current process of agencies recruiting carers, including assessments and making recommendations to the Department, who then normally accepts the recommendations show a lack of evidence of further inquiry by the department

Foster carers report being inadequately trained and inadequately supported

Foster carer training needs core areas focused on meeting the psychological needs of children

Foster carers are not receiving adequate training for dealing with the challenging behaviour of many children who are entering care

There is a clearly identified need for foster carer training to:

- i. use evidence-based training programs
 - ii. specifically include parent training and
 - iii. include a tiered level of training to match carers' competencies with the needs of different children
-

Effective training courses will improve carers' skills and abilities to deal with children's negative behaviour and so facilitate satisfying long-term outcomes for foster children

The foster carers role in case planning for a child must be better recognised

Departmental carers receive less support in their role as carers and are often given more difficult placements or greater numbers of children

Case planning is not being fully implemented

The current standard of case planning is inadequate and lacked a coherent evidence base

Children's rights in the case planning process are recognised in legislation however, they are not adhered to in practice

Despite policies and procedures to involve parents in their child's case planning, in practice parents have often been excluded from this process

Currently there is limited Australian research on the effects of reunification or permanency planning on children

There is nothing in the current Queensland legislation that emphasises that children's rights take precedence over parents' rights

Clear links between funding and the performance of child protection services are necessary, in order to support the enhanced focus on child protection work

It is undesirable to unnecessarily exclude biological parents from involvement in case planning

The insertion of a specific provision on case planning into the Act may result in higher standards in the development and monitoring of case plans.



Recommendations

The CMC recommended that:

The establishment of the Department of Child Safety (DCS)

The new department develop clear goals and objectives and identify the roles, rights and responsibilities of all stakeholders in the child protection system. The new agency must also develop clear and focussed policies and procedures to implement its goals and ensure adequate services from all agencies which meet the needs of children in care.

Under the proposed new system, non-government agencies would be expected to continue providing out-of-home placement services.

The DCS take over responsibility for the final assessment and certification of all carers, and for assessing the appropriateness of carer approvals.

Placement options

The placement needs of children and young people be determined and a broad range of options be provided, including: foster care, residential services, family group homes, therapeutic foster care, intensive support and supported independent living. The effectiveness of these placements in meeting the best interests of the child should also be regularly evaluated, particularly in regards to residential care.

Carer registry

A central registry be set up containing details of all carers, children currently in their care, and their availability for further placements. The registry should flag when carers are due for approval and whether they have been, or applied to be, a carer in another state. Also, it should be possible for staff to search the registry by region, so that they can easily obtain an up-to-date list of carers and placements in their area.

That an audit of all current carers be conducted to obtain up-to-date data and determine their availability for placements.

Recruitment

- the initial screening mechanisms be more efficient and rely on identifying the characteristics that are associated with continuing in foster care and providing good outcomes for children
 - that efforts be made to recruit a diverse group of carers and that DCS identify areas of high, unmet need and initiate recruitment drives
 - that the DCS be responsible for the final approval of foster carers. Special attention should be focused on processes that give carers specific approval for numbers and types of children
 - that regard be given to relevant research in order to identify the factors that are most likely to result in successful placements and use this knowledge to develop recruitment processes
 - structured exit interviews with carers be conducted. This information should be used along with regular surveys of carer attitudes, satisfactions and concerns and other appropriate research to identify systemic issues
 - a framework to support relative care that includes enhanced screening and monitoring of carers and provision of training opportunities and support be developed.
-



Recommendations

The CMC recommended that:

Training

- all prospective foster carers undergo compulsory training in parenting. All training programs should be evidence-based and undergo ongoing evaluations of their effectiveness
- foster carers be required to undergo ongoing training, identified and organised during yearly reviews of the foster carer by their agency support worker. Carers' re-approval should be contingent on the successful completion of this training
- there be a tiered, multi-level approach to training and support of foster parents. The level of need of the foster carer and the children in their care should be assessed and the most appropriate level of training and support required should be provided. In this way, carers who deal with more difficult children, or those with special needs, would receive additional, more specialised training
- caseworkers be well trained and supervised in evidence-based parenting practices so they can support foster parents with appropriate parenting advice. This training should occur within their pre-service university based courses and through in-service training.

Support

- conditions and support for departmental carers be enhanced to ensure that they are not disadvantaged in comparison with agency carers
- foster carers be provided with information about the child, including medical and dental records during placements meetings. The placement meetings must occur in a timely manner and preferably before the child is placed with the carer. The foster carer's role in the case planning process must be better supported by appropriate protocols
- any perceived impediments in the *Child Protection Act 1999* which restrict the disclosure of information about a child in alternative care be addressed. Action must also be taken to ensure all staff are aware of their responsibilities with information sharing
- consideration be given to implementing mentor programs for foster carers and children in foster care
- DCS establish a procedural framework for responding to allegations made against foster carers.

Multi-agency relationships and mandatory reporting

- all agencies with child protection responsibilities be required to annually report on the delivery of those services
- the Suspected Child Abuse and Neglect (SCAN) teams be formalised in legislation and a review of funding, governance and efficacy occur
- a strategic framework for child protection be developed to support an integrated service system which effectively responds to the identified needs of children.

Remuneration

Foster carers be more appropriately reimbursed for the costs associated with caring for a child and attending training. The Department should investigate whether a tiered system for payments be established to address additional payments on an as needed basis for services which are detailed in a child's case plan.



Recommendations

The CMC recommended that:

Case planning

- standardised, evidence based case planning which focuses on the best interests of the child must be implemented through university courses and in ongoing training programs. In practice, case planning should be supported by robust policies, procedures and guidelines
- all children have a designated case worker who is responsible for representing their best interests and the development of their case plan. Children should be informed within 24hrs of coming into care why this has occurred and what they can expect to happen from that point forward
- biological parents be involved in case planning also. The Department should develop procedures and policies to support this involvement however
- the Department consider the evidence base and evaluate research on the effects of reunification or permanency planning on children
- the legislative framework be updated to include a reference to the best interests of the child taking precedence over those of the family or parent.

Aboriginal and Torres Strait Islander Children

- the government must recognise the need for, and benefit of, independent community based Aboriginal and Torres Strait Islander organisations and that those agencies are appropriately funded and supported to deliver the required services. A protocol must also be developed which requires the Department adhere to the requirement for consulting with an Aboriginal and Torres Strait Islander service before removing or placing a child
 - processes around the Child Placement Principle demand that the placement only be made if it is in the best interests of the child. Additionally, the Department's compliance with the Child Placement Principle must be formally audited and reported on. The guiding legislation should also be amended to reflect the importance of Aboriginal and Torres Strait Islanders participation in decision making
 - Aboriginal and Torres Strait Islander carers have enhanced access to respite care and adequate training and support.
-

2013 Queensland Child Protection Commission of Inquiry (QCPCOI)

Unlike previous reviews, the QCPCOI did not occur following a specific event or incident. The QCPCOI was convened to undertake a broad reaching review of the Queensland child protection system, root and branch, to determine whether it was still failing our children, and if so, why.

Following a 12 month review period, the QCPCOI determined that - despite the hard work and good intentions of many, and the large amounts of money invested since 2000 – the system was not ensuring the safety, wellbeing and best interests of children as well as it should or could.

Three main causes of systemic failure were identified:

- too little money spent on early intervention and support to vulnerable families
- a widespread risk-averse culture that focuses too heavily on coercive instead of supportive strategies and overreacts to hostile media and community scrutiny
- a tendency from all parts of society to shift responsibility onto Child Safety Services.

The QCPCOI referred to the following when making their argument for a greater need to focus on early preventative intervention:

- While overall grants to non-government providers across all service types has increased by 569.1 per cent since 2003–04, actual spending on pre-harm measures such as intensive family support has counted for only 4 per cent of all expenditure, which is substantially less than in both New South Wales and Victoria.
- Of the total departmental budget in 2011–12 of \$2.6 billion, \$773 million was expended on child protection and care services. Despite the clear statutory preference for pre-emptive responses and family support as the preferred way of ensuring child safety, only \$90 million (or 11.6%) was allocated to preventive or supportive interventions compared with \$396.1 million to out-of-home care.
- As a predictable and inevitable consequence, intake numbers grew by 185 per cent from 40 202 in 2002–03 to 114 503 in 2011–12. During the same period, the number of children living in out-of-home care grew 111 per cent from 3 787 to 7 999.
- From 2003–04 to 2011–12, alternative public placement costs grew by 179 per cent and intensive family support services by 86 per cent but still only amounted to 11 per cent of overall child protection expenditure.
- Indigenous children are now five times more likely than non-Indigenous children to be notified, six times more likely to have harm substantiated and nine times more likely to be living in out-of-home care. Not only are more children being investigated but more are being removed and being retained by the state for longer.
- On current trends, the number of children known to Child Safety Services (1 in 4.2 of all Queensland children and 1 in 1.6 Aboriginal and Torres Strait Islander children according to 2012–13 data) and the number of children in care of the state are likely to continue to grow at an unsustainable rate.
- Total expenditure on child protection, if there is no change to 2020, is estimated at just under \$1.18 billion.

The overwhelming message of the QCPCOI report, *Taking Responsibility: A Roadmap for Queensland Child Protection*, was that the broader government, non-government agencies and the community must take responsibility for their role in keeping children safe.

The QCPCOI made 121 recommendations to reform the child protection system in Queensland to:

- divert families from the statutory system
- design a new family support system for children and families
- expanding the role of non-government sector in child protection
- implement a new statutory practice framework
- improve out-of-home care placements
- support children in their transition from care
- support the child protection workforce
- reduce the over-representation of Aboriginal and Torres Strait Islander children in the child protection system
- improve public confidence
- improve processes relating to children and the legal system
- progress legislative review.

The majority of the recommendations will in some way have either a direct or indirect impact on tertiary child protection, including foster care and kinship care specifically. The reform program will run for 10 years with a progress review conducted after five years (2018) and ten years (2023).



Appendix 2

Jurisdictional comparison

In March 2017, Benton, Pigott, Price, Shepherdson and Winkworth released a research report entitled: *A national comparison of carer screening, assessment, selection and training and support in foster, kinship and residential care*.

The report was completed at the request of the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission). The report's objective was to determine what policies and processes each Australian state and territory had in place to make sure carer recruitment, assessment and training occurred in a way that supported the prevention and effective response to abuse in foster and in kinship care across Australia.

Benton et al found their research highlighted variability across jurisdictions in some key contextual factors, including what was or wasn't mandated in legislation. However, overall policies and processes for carer assessment, training and support for carers demonstrated significant effort to keep children safe and support their therapeutic needs to address previous trauma once in care.

The research found that the legislative and structural arrangements for out-of-home care in Australia varied considerably, with the key points of differentiation including:

- the variation in the role of non-government organisations, including in relation to different care types
- geographic and population contexts, particularly in regard to the overrepresentation of Aboriginal and Torres Strait Islander children in care
- the range of care settings available in different jurisdictions
- the differing range of care models used, for example, paid carer models
- sector reform programs and changes

- the rigidity of the application of carer assessment tools
- monitoring, oversight and accountability of out-of-home care service provision.

Overview of approaches

The following pages provide an overview of the approaches of each state and territory to carer assessment, training and support. This information has been taken directly from the Benton et al report or from publicly available information.

It should also be noted that a number of jurisdictions across Australia are, like Queensland, experiencing a period of significant reform in child protection service delivery. In each of these instances, the reform agenda may not be reflected in the information included.

Australian Capital Territory (ACT)

Overview

The responsibility for out-of-home care rests with the Child and Youth Protection Services (CYPS), Community Services Directorate.

In 2015, the *A Step Up for Our Kids* strategy was introduced to establish a shared policy framework for government and non-government services and a new service system for the ACT.

Part of this strategy included transferring case management responsibility for foster and kinship care to the non-government sector in 2016. The Community Services Directorate will continue to retain parental responsibility for children living in care until 2018. *A Step Up for Our Kids* will also strengthen existing accountability measures, including:

- registration of non-government agencies against a 'suitable entry criteria'
- carer approval renewals every three years

- procurement strategies driven by outcomes for children
- strengthened independent regulation
- improved support to children, their biological families and carers.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
Foster care	Carer and adults in the home: <ul style="list-style-type: none"> • Working with Vulnerable Persons (WWVP) check • National criminal history • Child protection record check 	Competency based training program Psychosocial assessments	Out-of-home care providers	Agreed assessment tool	Currently under transitional arrangement, which includes a centralised Carer Assessment and Linking Panel (CALP)—however, legislation enables out-of-home care providers to authorise approved carers
Kinship care	The preliminary carer assessment process includes: <ul style="list-style-type: none"> • assessment of national criminal history of the carer (and other adults in the home) • child protection record check • WWVP check 	Criminal history of either carer applicant or adult household member is considered on a case by case basis Assessment is commenced once checks confirm suitability Home and environment safety check is conducted There is no mandatory training element: however kin carers can voluntarily attend	CYPS, Kinship Care Assessment and Support Team (interim risk assessments)	Winangay Aboriginal Kinship Care Assessment Tool	Assessment is referred to a CALP as a quality assurance mechanism



New South Wales (NSW)

The NSW Department of Family and Community Services (FACS) has statutory responsibility for the delivery of out-of-home care in NSW.

A gradual transition of the provision of out-of-home care services to the non-government sector began in 2012. The schedule includes a full transition of non-Aboriginal children in five years (2017) and 10 years (2022) for Aboriginal and Torres Strait Islander children.

FACS uses the NSW Child Assessment Tool to identify appropriate care options for children entering out-of-home care, where a suitable kinship placement has not been able to be identified.

The Child Guardian function established in NSW has responsibility for the mandatory accreditation scheme for all government and non-government agencies providing out-of-home care, administering the working with children check (WWCC), and developing organisational capability to be child safe.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
<i>Benton et al found there is little policy distinction between the screening, assessment, training and support processes for foster and kinship carers.</i>					
Foster and kinship care	Applicant and adult household member pre-authorisation checks: <ul style="list-style-type: none"> • 100 point identity check • WWCC • National police check • NSW Carers Register check • Community Services Check (performed by FACS) • Health check • At least two referee checks 	Pre-authorisation training Signed code of conduct When a placement is transferred from FACS to the non-government organisations the carer must be re-authorized Individual agencies may have their own processes to screen and assess carers	FACS/NGO	No standard tool, but <i>Step by Step</i> is used by option	NGOs

Northern Territory (NT)

Territory Families has statutory responsibility for out-of-home care, including the case management of all children living in care.

Benton et al found that the management of out-of-home care services in the Northern Territory is made significantly more complex by significant geographic, cultural and socio-economic issues. This is particularly apparent in relation to remote mainland Aboriginal and Torres Strait Islander communities.

At the time of the Benton et al report, an extended family day care model was being delivered by three agencies. The model is a variation on the standard family day care model. Qualified early childhood educators are registered as a childcare organisation and provide extended care for 24 hours, seven days a week.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
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There is little distinction between the process for foster and kinship carers.

Foster and kinship care	Applicant and adult household member: <ul style="list-style-type: none"> • Police checks • WWCC • Departmental record check 	Assessed against the Care and Protection of Children Regulations Interview with applicants and their family Home and physical environment check Pre-placement training—trainer’s observations on skills, comprehension and behaviours	Territory Families Kinship carers may be granted conditional approval following an interim assessment for emergency placements	Territory-developed Carer Assessment Guidelines and Authorised Carer Assessment report	Territory Families—one year for a new carer, two years for renewal
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South Australia (SA)

The Department of Child Protection (DCP) is responsible for overseeing out-of-home care services in South Australia.

The DCP is responsible for the assessment, selection and training of kinship carers where non-government organisations (NGOs) are responsible for foster carers. However, both agencies have responsibility

for delivering residential care services and selecting, training and supporting residential care staff.

The Guardian for Children and Young People is responsible for individual advocacy for the rights of children and for monitoring children’s wellbeing while living in out-of-home care.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
Foster care	Working with children and other vulnerable people check		NGOs and DCP	<i>Step by Step</i> and <i>Standards of Alternative Care in South Australia</i> .	Annual licence required NGOs
	National criminal history			Winangay is also being trialled for Aboriginal carers	
	SA government database check (includes child protection)				
	Public information check—including professional registration checks				
	Information from SA Police, courts and prosecuting authorities on charges for alleged offences				
	Expanded criminal history from other states or territories.				
	Adult household members must complete a child-related employment check				

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
Kinship care	<p>Working with children and other vulnerable people check</p> <p>National criminal history</p> <p>SA government database check (includes child protection)</p> <p>Public information check—including professional registration checks</p> <p>Information from SA Police, courts and prosecuting authorities on charges for alleged offences</p> <p>Expanded criminal history from other states or territories.</p> <p>Adult household members must complete a child-related employment check</p>	<p>Psycho-social assessment based on the <i>Standards of Alternative Care in South Australia</i> and the <i>National Standards for Out of Home Care</i></p>	<p>Placement Services Unit—DCP</p>	<p>Internally developed psycho-social assessment</p>	<p>Provider panel</p>



Tasmania (Tas)

Children and Youth Services Tasmania (CYS) have statutory responsibility for vulnerable children and young people. There are several streams of out-of-home care in Tasmania. They are each provided in different ways:

- Foster care—CYS and three contracted non-government organisations (NGOs)
- Relative of kinship care—CYS
- Sibling group care—Key Assets (NGO)
- Residential care—CatholicCare (NGO)

The Australian Childhood Foundation has been contracted to build the capacity of foster and kinship carers to provide trauma-informed care to children.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
<i>There is little distinction between the process for foster and kinship carers.</i>					
Foster and kinship care	<ul style="list-style-type: none"> • Working With Children and Vulnerable People Check, which includes a national police check • Child protection record check • Family violence history 	<ul style="list-style-type: none"> • Housing checks • Competency based interview and assessment • Referee checks <p>Kinship carers must complete a preliminary assessment and secondary assessment for longer placements</p>	CYS and NGO	<i>Step by Step</i>	CYS

Victoria (Vic)

The Department of Health and Human Services (DHHS) has statutory responsibility for out-of-home care in Victoria.

Community Service Organisations (CSOs) are funded for the provision of foster care, the majority of residential care services, therapeutic residential care and a portion of kinship care placements. DHHS manages the majority of kinship care placements.

A set of compulsory Child Safe Standards were implemented in 2016 which required organisations to have screening, supervision, training and other human resources practices that reduce the risk of child abuse. This is monitored by the Commission for Children and Young People.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
Foster	<ul style="list-style-type: none"> Police record checks on all carers and adult household members International police checks or three reference checks from another country (where applicable) WWCC—carer and adult household member if they are taking on a caring role 	<ul style="list-style-type: none"> Mandatory pre-service training: <i>Shared Stories, Shared Lives and Our Carers for Our Kids</i> Interviews Home and environment check Discussion with children in the household Disqualified carer check Review by the foster care panel 	CSOs	<i>Step by Step tool (mandatory) or Step by Step Aboriginal Assessment Tool</i>	CSOs—foster care panel Annual review of approved carers
Kinship carer	<ul style="list-style-type: none"> Preliminary checks—police check and child protection history check WWCC Police record checks happen every three years 	<ul style="list-style-type: none"> Preliminary assessment prior to placement Comprehensive assessment for placements longer than three weeks Annual review every 12 months 	DHHS	<i>As above</i>	DHHS



Western Australia (WA)

Out-of-home care in WA is managed by the Department of Child Protection and Family Support (DCPFS) and includes foster care and residential care. In WA, foster care includes relative or kinship care.

The majority of placements are provided by DCPFS, and Community Service Sector Organisations (CSSO) provide the remainder. With the exception of a pilot sample, case management remains entirely with the DCPFS.

Care type	Personal history	Known assessment elements	Screened by	Standard tool	Approval
Foster care (includes relative and kinship care)	<ul style="list-style-type: none"> Community Services Check (includes child protection check) Carers register check National criminal history 	<ul style="list-style-type: none"> Mandatory pre-approval training Interviews Home visits 	Independent assessors who provide a recommendation and report to an assessment panel	State-developed assessment tools	Each CSSO will convene a panel to review assessments, approve new foster carers and review existing carers. Reform plans include moving the panel to a centralised foster care panel

Appendix 3

Expert panel

Expert panel meeting dates

2016

04 October 2016 (teleconference)

28 October 2016

30 November 2016

13 December 2016

2017

19 January 2017

14 February 2017

14 March 2017

04 April 2017

26 April 2017

11 May 2017

19 May 2017

09 June 2017

16 June 2017

Panel members

Linda Apelt

Linda Apelt has made significant contributions to improving service delivery across the human services sector as a former long-serving director-general with responsibilities spanning Housing and Community Services. Linda is currently CEO of Montrose Therapy and Respite Services, a specialist allied health organisation.

She is an Adjunct Professor with the Institute of Social Science Research at the University of Queensland. Linda has served as a non-Executive Director on a range of boards. She is currently Chair of Screen Queensland and a non-Executive Director on the boards of the Crèche and Kindergarten Association Ltd and Common Ground Queensland Ltd.

John Brennan, OAM

John Brennan is the current Chief Executive Officer of Surf Life Saving Queensland (SLSQ). He has been employed with SLSQ professionally for 22 years. John was honoured with the Order of Australia Medal in January 2012 for his services to the surf lifesaving movement. He was awarded the Australian Sports Medal in 2000 for his services to Surf Life Saving and a Citation of Merit in 2003 from International Life Saving.

John is the current Chairman/Director on the Q Sport Board, the SLSQ Representative on the Qld Government State Disaster Management Group, and also sits on a number of other committees for Surf Life Saving Australia. Professionally, John holds membership with: Australian Institute of Management—Fellow (FAIM); Corporate Directors Association; the Australian & New Zealand Sports Law Association, and the Institute of Sports Management.



Simon Burgess

Simon Burgess is a barrister with over 25 years of experience in the justice system and has been the Director of Civil Law at the Aboriginal & Torres Strait Islander Legal Service since 2013. Simon started his legal career in 1991 in the Queensland Government where he worked for 13 years before going to the private bar.

Simon returned to the Queensland Government in 2012 to work as Principal Legal Officer for the newly created Office of Director of Forensic Disability, a role that saw him appearing regularly as Counsel in the Mental Health Court. Simon has also previously served as a legal member on both the Guardianship and Administration Tribunal, Mental Health Review Tribunal and the Queensland Civil and Administrative Tribunal.

Paul Doyle, APM

Paul Doyle was a career police officer, having served for some 37 years with the Queensland Police. At the time of his retirement in 2014, he held the rank of Assistant Commissioner of the Ethical Standards Command. His policing experience mainly centered on being an operational detective, which covered some 26 years of his career. This included a number of significant appointments to major and organised crime units, counter terrorist operations, witness and dignitary protection, the Fitzgerald Commission of Inquiry, Criminal Justice Commission and Crime and Misconduct Commission.

Former Assistant Commissioner Doyle has held positions on a number of boards and committees including the Board of Studies of the Australian Institute of Police Management, the Australian and New Zealand Policing Advisory Agency Integrity Forum and the International Advisory Board and Research Advisory Committee of the Australian Research Council, Centre of Excellence in Policing and Security.

Shane Duffy

Shane is a descendant of the Kalkadoon people from Mount Isa in North West Queensland. He has worked in the human services industry for over 20 years both within the public and not for profit sectors. Key areas of work have been juvenile justice, child protection, business development and human rights with a particular focus on Aboriginal and Torres Strait Islander peoples' access to justice.

Shane has been the Chief Executive Officer of the Aboriginal and Torres Strait Islander Legal Service in Queensland for the last 11 years. He is active on a number of boards and advisory groups. He has represented Aboriginal and Torres Strait Islander people internationally at United Nations forums in New York.

Hetty Johnston, AM

Hetty Johnston is founder & chair of Bravehearts Foundation Ltd, Australia's leading child protection advocate. A born lobbyist, Hetty is a woman of passion and determination who has succeeded in highlighting the crime of paedophilia and child sexual assault to media, families, schools and the general community both nationally and internationally.

Hetty works with government and non-government agencies on legislative reform, submissions, lobbying and research to improve child protection and political accountability in Australia.

Jacqui Reed

Jacqui Reed has been Chief Executive Officer of the CREATE Foundation since December 2007. She has over 20 years of experience in child protection, out-of-home care, family services and community work, and has undertaken social research and held several management roles. She has written not only policy, training manuals and research papers, but also a children's book.

Jacqui is an accomplished public speaker presenting at many national and international conferences. Jacqui firmly believes that children and young people, given the right opportunities, have the capacity to transcend their adversity and reach their full potential. She is a member of the Board of Directors and Leadership Committee at CREATE.

Bryan Smith

Following a decision to become a foster carer in 1992, Bryan Smith was encouraged to become more involved in child protection. He has extensive experience having worked with non-government foster and kinship care and residential services since 1995, as well as working for the Department of Families for a short period of time.

Bryan became a committee member of Foster Care Queensland in 1996 and in that time served as both Secretary and President before being appointed to the role of Executive Director in 2004. In 2010, Bryan's family became kinship carers, which has added a richness to Bryan's family as well as living the difference between foster and kinship care. Bryan has been a significant advocate for all foster and kinship carers and the child protection system and continues that role today.

Cheryl Vardon

Cheryl Vardon is the Queensland Family and Child Commission's Chief Executive and Principal Commissioner. She has held the role since October 2015. Cheryl has had a distinguished career as an educator and is recognised for her leadership in the protection of vulnerable children and young people and for Indigenous education. She is an experienced leader of policy implementation and system reform.

As the Principal Commissioner, Cheryl is committed to working with families and children, government agencies and community organisations to make Queensland a safer place to raise a family. As a leader with extensive experience, Cheryl is well positioned to play a key role in the reform of Queensland's child protection and family support system and to champion the needs of all children and families, particularly for Aboriginal and Torres Strait Islander peoples.

Cheryl is a previous Director-General of Education for Western Australia and a former Chief Executive of the Australian Capital Territory Department of Education and Community Services. She was a Vice Principal of the University of Melbourne and an Adjunct Professor at the University of Canberra.

Cheryl has held many board positions and statutory roles on tribunals and commissions.

Tammy Williams

Tammy Williams joined the QFCC as its inaugural Commissioner on 18 April 2016. She is a Murri woman - the Indigenous people of Queensland. She is legally qualified as a barrister and has had an appointment to the Queensland Civil and Administrative Tribunal and other quasi-judicial bodies. Tammy was also a member of the National Human Rights Consultative Committee. She was a member of the expert panel from October 2016 to March 2017.



Appendix 4

Foster care consultation report

Community and stakeholder consultation summary—
October 2016–April 2017

Introduction

This report summarises information provided by stakeholders to the Queensland Family and Child Commission (QFCC) as part of the review of the foster care system.

It includes information from three sources:

- face-to-face community stakeholder forums and targeted engagement sessions
- written submissions
- online surveys of carers.

Face-to-face forums

Between 30 October 2016 and 23 February 2017, the QFCC completed 2 267 consultation activities. This included 124 forums with 640 participants, of which 181 identified as Aboriginal and/or Torres Strait Islander. We also held 108 meetings and exchanged 1 389 individual emails/letters and phone calls across the following regions and states:

- Townsville
- Palm Island
- Bundaberg
- Gladstone
- Rockhampton
- Woorabinda
- Mackay
- Torres Strait
- Brisbane South
- Gold Coast
- Sunshine Coast
- Brisbane North
- Northern Area Peninsula (which includes Bamaga, Seisia, Injinoo, New Mapoon and Umagico)
- Mount Isa
- Doomadgee
- Sydney
- Ipswich
- Kingaroy
- Cherbourg
- Cairns
- Toowoomba
- Victoria
- South Australia
- Northern Territory
- Western Australia
- Australian Capital Territory

Written submissions

Twenty-nine stakeholders made written submissions between November 2016 and April 2017 in response to the discussion paper and subsequent options paper on the review of the foster care system.

Online surveys

One hundred and three carers responded to the carer survey. These included:

- 87 foster carers
- 15 kinship carers
- one foster carer case manager.

Regulation of the system

Despite a number of high profile arrests of carers and members of care households, stakeholders overwhelmingly view the foster care system positively. However, they consider the system is under considerable pressure.

There is broad agreement between stakeholders that the current regulatory framework of the foster care system is generally sufficient, and that foster and kinship care should remain part of the *Child Protection Act 1999*. As Mercy Community Services wrote, **‘the practice of caring for children in foster and kinship care is embedded in the work of child protection’**.⁷⁸

However, stakeholders made a number of suggestions as to how to improve regulation. PeakCare suggested kinship care be regulated in a different way to foster care, as **‘kinship care is about family taking care of family’**.⁷⁹ Where the needs of foster and kinship carers are not differentiated, kinship carers can struggle to meet regulatory expectations:

“ ... concerns that are sometimes raised about kin carers is that poverty or other disadvantage prevents them from providing care that meets the statement of standards or that this regulation of family life is overly intrusive. This in itself further supports the view that kinship care should be conceptualised as family support, with tailored practical, educational, advocacy and therapeutic supports to the child, parents and carer family.⁸⁰

Similarly, the Benevolent Society argued kinship carers should receive targeted support to promote their role in caring for children:

“... kinship carers generally will have different motivations and needs from foster carers. We consider that kinship carers may often provide the best placement option for a child, especially Aboriginal and Torres Strait Islander children. They should be assessed and supported to ensure their capacity to provide the best possible placement for a child.”⁸¹

PeakCare also sought consideration for greater involvement of carers, family members and children in negotiating placement agreements, to make each person involved feel part of a team involved in a child’s care.⁸²

Feedback from stakeholders indicated some confusion regarding the roles and responsibilities of non-government foster care agencies and the Department of Communities, Child Safety and Disability Services (DCCSDS) in placement-matching, as well as in terms of who is best placed to approve a placement.

Strengthening carer assessment, approval and renewal processes

Pre-application process

Social Care Solutions asked whether it should be possible to exclude applicants deemed unsuitable during the pre-application process, without having to progress to a full assessment. They advised that **‘some of the most unsuitable foster care applicants are also some of the most determined. Development of some core exclusion criteria is recommended’**.⁸³

Another common theme during consultation was the need to provide more support and information to kinship carers before they agree to be carers. There is support for mandatory participation in pre-service training for kinship carers (specific to kinship carers) as a minimum, as well as ongoing training opportunities.

For example, the CREATE Foundation advised that kinship carers need the same level of support and information as foster carers, including about:

- expectations of them
- their entitlements
- their rights and responsibilities.⁸⁴

Many written submissions also mentioned support for offering compulsory pre-service training to kinship carers.⁸⁵ The Benevolent Society already requires kinship carers to attend information sessions and training before assessment⁸⁶.

Churches of Christ Care strongly supported mandatory training for kinship carers who currently receive less support than general foster carers, but was of the view that:

“Any training provided should seek to avoid unnecessary delays to placements and should be tailored to meet specific needs of children placed.”⁸⁷

Mercy Community Services agreed training should be compulsory, but expressed concern about requiring this training before assessment:

“... some form of training should be compulsory for kinship carers. However, the unique, and often emergent circumstances that surround the identification of, and transition to, kinship care would inhibit the effectiveness of pre-service training. A training package should be developed that is required to be completed within a kinship carer’s first year, pre-service if practical. This training should be developed for Aboriginal and Torres Strait Islander peoples with considerations made for other cultural groups including non-indigenous Australians and migrant populations.”⁸⁸

One foster carer wrote of the importance of pre-service training and support:

“... we were fortunate that when the boy came into care he started receiving counselling and the counsellor also gave us a 12 week course on how to understand, handle and then rehabilitate a complex care child (we now believe the training we received from the complex care therapist should be part of the initial training for all foster carers).⁸⁹”

Social Care Solutions submitted that:

“The training currently offered (Quality Care preservice training modules 1–4) is a good, solid base for introducing new applicants to fostering; however, it would be great to see a more trauma-focused start to a carer’s journey of learning. It is often something we recommend in our assessments, only to find upon completing a renewal one year, three years or many years later, basic trauma training (understanding the impact of trauma on the brain and its development) has never been offered or completed. This sort of training should be mandatory, and the feedback from the applicant’s participation provided in detail to the assessor to consider when completing their assessment.⁹⁰”

Uniting Care Queensland agreed and advised that:

They recommend additional training for prospective carers (including kinship carers) as a strategy for educating carers, including kinship carers, about the risk of abuse of children. Uniting Care Queensland considers that prospective carers should attend training and demonstrate a level of understanding in:

- the impact of trauma on a child’s development and behaviour (particularly as they grow older and high risk behaviours often become more prevalent)
- strategies for supporting children to understand and regulate their emotions
- grooming behaviours and strategies for addressing sexualised behaviour and managing risk of sexual abuse from strangers, visitors and family members.⁹¹

Peak Care was of the view that existing pre-approval assessment and regulatory mechanisms are adequate and reforms should support, not dissuade or put more barriers in place for family putting up their hand to care for family.

Carer suitability

Personal history checks

Stakeholders we spoke to strongly supported mandating the current discretionary checks. A number of stakeholders’ written submissions agreed referee and medical checks should be mandatory during the assessment process for foster carers.⁹²

Mercy Community Services was one stakeholder that agreed. It also thought there should be supporting legislation and policy to ensure consistency. It advised:

“... there should be at least two references sought, one family member and one non-family. This provides an external perspective about the applicant household, and helps to promote the professional role of caring. In kinship care, the views of the family and child are already sought. However, this should be complemented by a referee check from one non-family member.⁹³”

Over half of the carers who responded to the survey supported compulsory referee checks, and 29 per cent supported assessors nominating referees. Just over 25 per cent of respondents supported the interviewing of members of the carer’s community as an additional check.

In relation to interviewing a carer’s own children:

- 28 per cent supported interviewing adult children
- 32 per cent supported interviewing children living in their home.

While supported by many organisations, compulsory medical checks need to be sensitive to the foster carers involved. One foster carer submitted that:

“I do not have a problem with having a medical check at time of assessment. But I think it is a violation of my rights to privacy when I am made to sign a document during the renewal process that gives the foster carer agency the ability to access my medical records if they feel the need to. I intend to refuse this in the future.⁹⁴”

One stakeholder was of the opinion that making domestic violence, traffic history, medical and referee checks mandatory was a step in the right direction.⁹⁵

The Department of Education and Training suggested that, as well as medical and referee checks, consideration be given to checking if the carer has the financial stability to provide for children in their care over the long term.⁹⁶

Foster Care Queensland supported the introduction of mandatory domestic violence and traffic history checks as both have a direct effect on the assessment process—particularly the assessment of the applicant’s ability to meet the standards of care. However, it suggested that medical checks remain discretionary, as it believes the current process is sufficient. (It allows Child Safety Service Centre managers to further explore medical history if there are indicators that may require further exploration.)⁹⁷

Stakeholders also proposed that domestic violence and traffic history checks be undertaken nationally. Mercy Community Services suggested that domestic violence history always be sought during assessments, but that traffic history **‘should only continue to be sought in circumstances where it is deemed necessary’**.⁹⁸

There is some support for obtaining psychological evaluations of applicants. However, many stakeholders feel such a requirement would be expensive and difficult to mandate, especially in regional and remote communities.

The CREATE Foundation supports compulsory medical checks for all carers, including mental health assessment through recognised psychological testing and interviews.⁹⁹

In addition, there is support for additional checks such as employer referee checks, surveillance, and checks with the school attended by the applicant’s children.

Sharing information to protect children

Stakeholders identified issues with information sharing between agencies at relevant stages of the assessment and screening process. In particular, they mentioned the issue of an assessor not having all the information to inform the assessment or ask appropriate, targeted questions during the interview. They identified a heavy reliance on self-disclosure of applicants, for example, the carer’s own history of being abused.

The Benevolent Society expressed concern about the process of receiving information from history checks, such as a working with children check (for a blue card). Currently, a Child Safety Service Centre (CSSC) receives the outcome of these checks rather than the foster care agency responsible for recruitment and assessment processes. This can cause delays in decision-making. The Benevolent Society requested that foster care agencies receive responsibility for these checks, stating:

“ ... as carer recruitment and assessment processes are predominately the responsibility of foster care agencies, it seems logical and appropriate that they should be enabled to initiate and receive these checks directly ... accredited agencies in NSW are authorised to undertake these checks.¹⁰⁰

Mercy Community Services was of the opinion that licenced foster care agencies should be able to authorise blue card applications.¹⁰¹ Social Care Solutions did not make the same request, but asked for more sharing of information from history checks, so the foster care agency can query results, if necessary, during assessments.¹⁰²

Stakeholders supported sharing criminal history obtained during WWCCs with the Department of Communities, Child Safety and Disability Services (DCCSDS) to inform the carer assessment.

Foster Care Queensland submitted that:

“ All information available including information from Child Safety Service and Blue Card Services has to be provided to the assessor to help to both inform the assessment and explore areas of concern with applicants. This is the only way that assessors can provide a holistic professional assessment and recommendation.¹⁰³

Mercy Community Services argued that information sharing between government and non-government agencies is important and that policy should strengthen it. This includes allowing Blue Card Services to share information (particularly regarding negative notices) with foster and kinship care agencies. It also includes supporting the manager of a Child Safety Service Centre in sharing information with a foster or kinship care agency regarding **‘what could or should be explored by the assessor in an applicant interview’**.¹⁰⁴

Churches of Christ Care submitted that:

“ Establishing safe, stable and nurturing placements for children and young people relies on effective information sharing between government and non-government agencies. Information must be shared on the history of carers and children and young people to ensure good matching that takes into account risks to other children and young people living in the house.¹⁰⁵

The CREATE Foundation identified that the greatest current blockage to information sharing in the out-of-home care system is the overwhelming emphasis on maintaining the privacy of the young people. It said the principles underpinning information sharing need clarifying, and that there needs to be more focus on the safety (rather than privacy) of children and young people.¹⁰⁶

Stakeholders also identified potential gaps where information gathered as part of the carer approval and assessment process (such as recommendations about the type of children and age of children placed with carer), may not be available to DCCSDS workers when they need to make decisions about whether to place a child with that carer.

The Department of Science, Information Technology and Innovation suggested information gathering be supported by stronger records management, which should be:

“ ... adequately resourced and seen as an essential element in managing the foster and kinship care system. Good records management should not be seen as an administrative burden, instead it should be viewed as the capture and ongoing management of valuable information crucial to the protection of Queensland children in foster care and kinship care.¹⁰⁷

Carer assessment

Assessors and assessments

The majority of survey respondents nominated interviews with the assessor as the most useful part of the assessment stage.

Stakeholders regularly suggested that assessors should have some minimum training or certification, and should be accredited. The CREATE Foundation said that assessment interviews are such a critical component of the process that only specially trained personnel (for example, psychologists) should conduct them.¹⁰⁸

Stakeholders identified inconsistency in the quality of assessments. Churches of Christ Care advised that to overcome inconsistent assessment practices, assessors should take part in continuing professional development programs in skills such as observation, questioning, corroborating and analysing evidence.¹⁰⁹

Social Care Solutions also expressed concern about the capability of some assessors, explaining:

“ ... a full, robust and comprehensive assessment process takes clinical skills around interviewing and analysis, and clinical judgement for decision-making. We appreciate the guidelines put forward by the Department; however, raise concerns that this has led to new, inexperienced, under-skilled practitioners completing assessments ... We are suggesting assessors to have completed a minimum qualification in something similar to Psychology or Social Work, and have a minimum [number of] years of experience e.g. two years postgraduation work experience.¹¹⁰

Social Care Solutions also suggested:

- alternate assessment frameworks may be needed to increase the quality and consistency of content, while balancing the role of the skilled, analytical assessor
- the current practice of requiring assessors to tender for fostering assessments may be driving the quality of assessments down as well as driving down prices
- assessments and recommendations should be used effectively by all relevant stakeholders (departmental and non-government agencies) and not just filed away.¹¹¹

Uniting Care Queensland also raised concerns about the quality and consistency of assessments and suggested that a quality assurance mechanism for assessments would help to improve the quality and consistency of assessment outcomes.¹¹²

Foster Care Queensland was of the opinion that some sort of accreditation should exist for assessors.¹¹³

Kinship carer assessment

Stakeholders expressed a broad range of views on the issue of kinship care. Many suggested assessing and training kinship carers in different ways to foster carers.

PeakCare advised that changes to the *Child Protection Act 1999* currently under consideration by the DCCSDS might affect the assessment and support of kinship carers. In particular, they mentioned that changes to the function of recognised entities, proposals for family-led decision-making, changes to kinship carer approvals for sibling groups, and a proposal to introduce a new category of permanent carers could affect the role of kinship carers.¹¹⁴

Mercy Community Services advised that kinship carer assessments:

“ ... should remain less structured but still ensure contact with all household members regarding the caring role ... the assessment process for kinship care is as rigorous as for general foster care, however the decision-making framework needs to be more pragmatic.”¹¹⁵

The Department of Education and Training recommended that **‘the same level of security and safeguards applied to foster carers should also be applied to kinship carers’**.¹¹⁶ It is not clear whether this advice relates to decisions on suitability. Similarly, one foster carer stated:

“ ... there is always going to be potential risk in both groups. I think the department would find that if they treated all ‘carers’ the same in regards to assessment and training etc. then everyone would be on the same page.”¹¹⁷

Mercy Community Services argued the importance of kinship care for Aboriginal and Torres Strait Islander children **‘cannot be overstated’**, and that this needs support in policy and practice. Furthermore:

“ ... the use of specific tools to assess Aboriginal and Torres Strait Islander applicants is necessary and continued trials of this should occur. The use of community controlled agencies is also an effective component of kinship care support that currently exists. However, the lack of specific resources, including training, for kinship carers is remiss, especially for use by generalist foster and kinship carer support services.”¹¹⁸

PeakCare stated it:

“ ... supports community-controlled agencies holding responsibilities for recruiting, assessing, training and supporting families caring for Aboriginal and Torres Strait Islander children.”¹¹⁹

As referred to earlier, PeakCare mentioned reforms already underway and those currently considered in the review of the *Child Protection Act 1999*, including the Winangay kinship carer assessment tool, family-led decision-making, and the review of the recognised entity model. This was in support of the organisation’s view that family preservation or reunification is important, and that kinship care should be approached as family support.

Approval decisions

Stakeholders we spoke to held varying views regarding who should have ultimate responsibility for approving carers. Stakeholders also regularly reported that decision-making between regions is not consistent and there are variations in approach—some subtle and some significant. Carers with children linked to more than one region often reported this.

They also suggested that a multi-disciplinary panel makes the final decision, as is currently the case in some regions (for example, Central Queensland, the South East, and Brisbane).

There was some agreement among stakeholders that foster care assessment panels, currently used to assess some applications in Queensland, should become mandatory. For example, Churches of Christ Care recommended having mandatory statewide or regionally based foster care panels to review assessments and identify where further assessment may need to occur.¹²⁰

The CREATE Foundation submitted that:

“ The use of panels for final approval would add more transparency to the process; these groups should include independent members of the community, and not be composed only of people related to an agency or child protection Department. There is a conflict of interest for the agencies and Departments. Because the demand for placements outweighs the number available, there is the possibility that poor decisions could be made based on approving a carer to satisfy demand, rather than placing greater emphasis on the quality of the applicant.¹²¹

The Department of Education and Training suggested:

“ ... consideration be given to making it mandatory to convene an assessment panel, chaired by a CSSC manager, to approve all applications, with unanimous agreement required for approvals.¹²²

Foster Care Queensland advised that they fully support the introduction of mandatory foster and kinship carer initial assessment panels. However, they would not support mandatory panels for renewals other than complex renewals that have been identified and approved by the delegated officer to come before panel.¹²³

Mercy Community Services and Social Care Solutions both called for consistent guidelines on foster care assessment panels, although neither organisation advocated making them mandatory.¹²⁴

PeakCare also raised in its submission that:

“ ...timeliness in determining applications, which can undermine the value prospective carers place on prompt responses to an expression of interest in fostering, the approval process and its outcome.

Some stakeholders suggested it should be mandatory to have a current or former foster carer (perhaps a person with at least 10 years of experience) on the decision-making panel.

There was broad stakeholder agreement that the child protection system could do more to provide safeguards for disadvantaged groups. For example, Mercy Community Services argued:

“ ... current approval processes do not cater for disadvantaged groups, particularly those who have diverse cultural and religious views of family, communication, roles and responsibilities. Assessors and decision-makers should actively seek guidance from relevant representative bodies when completing assessments and approving applications of culturally diverse groups.¹²⁵

The Department of Education and Training agreed, adding, ‘for example, children with a disability have different care needs and may require specialist skills, resources or tailored physical spaces’.¹²⁶

One foster carer suggested greater accountability would help provide safeguards to disadvantaged groups, stating the ‘system should be held accountable to local community, elders and relevant service providers for all foster placements’.¹²⁷

Carer renewals

Stakeholder feedback generally supported the carer renewal process. However, stakeholders raised concerns about timeliness and the impacts of staff turnover.¹²⁸ The Benevolent Society advised renewals offer a chance to provide support to carers. Its submission states:

“ ... renewal processes provide an opportunity to explore strengths and challenges with a foster carer. Both a child’s case worker and foster care support worker should play a key role in this process and the child’s views should be included ... [However] high turnover of front line department staff also works against development of trust between children and individual workers and the system, compromising their capacity to participate meaningfully.¹²⁹

Social Care Solutions suggested considering renewals in the same depth as initial assessments, in order to ensure full, vigorous assessments of current placements.¹³⁰

Peak Care cautioned that strengthening the renewal processes should not extend the time for approval.¹³¹

Strengthening safeguards

Placement decisions

Stakeholders we spoke to indicated that there is a need to strengthen how placements are made, particularly the process of placement-matching.

We heard from stakeholders that carers were not being provided with sufficient information about a child prior to a placement starting. Carers acknowledged that at times, limited information is available in emergency placement situations.

Foster Care Queensland is of the opinion that most services are very skilled at placement-matching but that standard guidelines are needed that take into account the needs of children and the families/carers available. They said that:

“FCQ would like to see guidelines developed about matching and the Department and services truly working together to ensure sound matching principles occur.”¹³²

There was also confusion from stakeholders about who has primary responsibility for the placement-matching process.

Churches of Christ Care submitted that:

“There is currently limited legislative or policy guidance around the powers and decision-making capacity of non-government foster care agencies and licensees when matching out-of-home care placements for children and young people. In practice, this unintentionally creates uncertainty and conflict in the matching process.”¹³³

Stakeholders supported an increased use of kinship care for Aboriginal and Torres Strait Islander children.

However, the Department of Education and Training advised that the:

“Aboriginal and Torres Strait Islander Child Placement Principle should not be at the expense of the protection of children as the first priority.”¹³⁴

Monitoring the standards of care

Stakeholders indicated that there is a need to strengthen how placements are monitored. Carers were generally open to more monitoring and checks taking place. Both agencies and foster carers also indicated a need for the DCCSDS to undertake unannounced visits to carers.

Uniting Care Queensland suggested that, when a child remains in a placement where any standard of care concern is substantiated, there should be an automatic increase in overseeing by community visitors (CVs). It said that more intensive support should also be made available to ensure that carers are addressing identified areas of concern.¹³⁵

Other stakeholders also raised concerns that delays and inconsistent application of guidelines affected responses to concerns.

Mercy Community Services advised that greater monitoring of professionals was needed to ensure concerns are appropriately addressed, as some have been ‘falling outside timeframes, failing to involve relevant parties in decision-making or other processes, paperwork delays and lack of clarity regarding concerns’. This monitoring could include ‘supervision, external audits, case reads and data analysis’.¹³⁶

Monitoring responsibilities—child safety officers and foster and kinship care services

Stakeholders had varied responses to the role of child safety officers in supporting the safety and wellbeing of children. Mercy Community Services advised that workloads could have an impact on each child safety officer's capacity to provide an effective service:

“ ... the task-focussed nature of the administration involved in child safety work can also overwhelm an officer's ability to connect with the diverse range of children that they case manage. Relationship development requires time and consistency, something that can be missing in a child safety officer's resourcing.¹³⁷”

Churches of Christ Care agreed, mentioning the value of:

“ ... developing more efficient documentation, systems and processes to reduce time spent by child safety officers on administrative tasks, thereby freeing them to work directly with children and families and build more effective working relationships with foster care agencies.¹³⁸”

The CREATE Foundation stated that each child in the system should be assigned a caseworker, saying that there should be no unallocated cases. It added that for caseworkers to have sufficient time to develop meaningful relationships with children and young people, caseloads must be manageable. It also submitted that:

“ Recent research by CREATE (McDowall, 2016), in which care leavers were asked what caseworkers could have done to make the transition experience better for them, indicated that many responses focused on caseworkers 'just doing their jobs'. When meetings were arranged, attend them; if young people leave messages, return their calls. Young people wanted to be treated with respect. The main issue concerns the relationship a caseworker is able (or willing) to form with the children and young people for whom they are responsible. Fundamentally, caseworkers must be aware of what young people are experiencing, and be responsive to what they have to say. Hear what children and young people say, and look at the situation through a child centred lens before responding.¹³⁹”

Social Care Solutions recommended giving greater responsibilities to the non-government sector:

“ ... the move towards most carers being supported by agencies has been a very positive change, one we recommend continues and is enforced for all carers, kinship and general. We feel this support role is best placed with the NGO [non-government organisation], leaving the CSO to be responsible for the overall case planning and case management of the child and their family.¹⁴⁰”

Churches of Christ Care supported this view and recommended transferring monitoring functions to non-government agencies once they have case management responsibility. It said this allocates monitoring responsibility to agencies already best placed to build longer-term relationships with families.¹⁴¹

The Department of Education and Training suggested that more face-to-face visits could help child safety officers improve safeguards for children. As well as this, it believed officers should maintain contact with the child's school to monitor attendance and engagement.¹⁴²

The Department of Education and Training and Mercy Community Services both argued that contact between child safety officers and children could help bring children's voices into renewal processes. This could happen through social media, through face-to-face contact,¹⁴³ and by arranging regular placement meetings outside school hours. Organisations like the CREATE Foundation should also be supported in explaining to children how to advocate for their rights in care.¹⁴⁴

The CREATE Foundation gave the following advice:

“Children and young people report to CREATE that caseworkers, or adults in general, often don't really listen to them, or can dismiss their concerns. There may be a tendency for this response on the part of caseworkers because the paperwork associated with documenting a complaint can be onerous, and act as a barrier to formalizing a concern. A staged response to concerns could be adopted where complaints are evaluated for their severity, and if not critical, are still addressed but in a less formal way, taking into account the child's age and developmental level, and viewing the issue through a problem-solving lens to lead to a solutions-focused outcome where possible.

Often after children and young people speak up, they have no idea of whether, or how their concern is being addressed. This often is a source of frustration for them. When issues or concerns are raised, it is common courtesy to ensure that those making the complaint are kept informed about any actions taken. As part of the process, it can be useful to invite the complainants to consider what action they would like to see taken. This provides an opportunity to ensure unrealistic expectations are not likely to develop leading to further disappointment.¹⁴⁵

Foster Care Queensland supports an enhanced, coordinated approach to contact with children in care, including:

“... a requirement for the care team to meet, coordinate and review contact arrangement for children on a regular basis with an initial meeting being no longer than 1 week after the child enters a placement.¹⁴⁶

Carer support and training

Carers told us that they want to be partners in providing care but feel they have very little actual decision-making authority. They do not feel that they are part of the care team.

Training for carers needs to be improved—both pre-service training to equip them with the skills to deal with complex children who have experienced trauma, and ongoing training. The mode of delivery and timeframes for delivery of training also need reviewing.

Foster Care Queensland is of the opinion that carer training should be continually reviewed to meet the needs of an ever changing environment. Additionally, cultural competency training should be a mandatory module in both pre-service training and for carers already in the system who have not had any formal cultural competency training.

Stakeholders indicated there should be a kinship-specific training program developed. Churches of Christ Care recommends providing enhanced training and support to kinship carers, who currently receive less support than general carers do.

Uniting Care Queensland submitted that:

“UCQ considers that the current levels of financial support, family support and training for kinship carers is inadequate. UCQ recommends that training should be available to kinship carers, but should be delivered in a flexible way as part of a support package aimed at assisting them to manage their relationship with birth parents and meet the needs of the child. Training would best be provided in kinship carer's homes as part of targeted support, and should be to address the issues that have contributed to the child being removed from their parents and any risk factors identified within the kinship group.¹⁴⁷

Stakeholder feedback indicates a need to more clearly define the roles of DCCSDS and the foster and kinship care services in providing carer support. They consider that new carers should be provided with more intensive support in the earlier stages of the placement.

The role of community visitors

Stakeholders broadly agreed child advocates and community visitors (from the Office of the Public Guardian) offer valuable support to children living in care. For example, Uniting Care Queensland said that one of the most effective safeguards for any child in out-of-home care is the capacity for the child to establish and maintain a positive relationship with a trusted adult.¹⁴⁸

There are some reservations. As Mercy Community Services advised, ‘community visitors develop neutral relationships with children and young people in care, solely focussed on monitoring that child’s safety and wellbeing’. It added:

“ ... the neutrality and focus of this role provides an additional monitoring resource ... it requires children in care to connect to another individual outside of their natural networks, which is an ongoing burden of being part of the child protection system.¹⁴⁹

Mercy Community Services considers ‘the use of a child’s natural networks as being a more effective mechanism for improving the safety of children and young people in care’.¹⁵⁰

Micah Projects Inc. suggested that child advocates in non-government agencies could be more effective advocates for children than government agencies.¹⁵¹

Social Care Solutions advised that:

“ ... to be truly effective, CVs must visit with a child with a level of frequency that enables a relationship to be built and maintained. From an external perspective, this appears to have been watered down by the roll back in the number of visits a year a child receives from their CV ... the more professionals involved in visiting the placement environment helps to safeguard children.¹⁵²

The CREATE Foundation commented on the change to the community visitor program following the Queensland Child Protection Commission of Inquiry in 2013. It said that the previous role of the community visitors represented an independent mechanism for the voices of children and young people to be heard. It also advised:

“ Young people in care who responded to a recent CREATE consultation went further than merely wishing that the full CV program be reinstated. They expressed the view that CVs should be empowered to visit placements unannounced to obtain a more realistic, uncensored picture of the young person’s living conditions ... Whatever system is decided on, adequate numbers of CVs need to be appointed to ensure that each child or young person in care receives a visit from a CV at least bimonthly.¹⁵³

Carers also noted a reduction in the frequency and duration of visits since community visitors moved to the Office of the Public Guardian. There is strong support for the frequency of the visits to children to increase to what it was before the Queensland Child Protection Commission of Inquiry. There is also strong support for community visitors to visit every child in care, not just those identified at higher risk.

The Department of Education and Training agreed, suggesting determining:

“ ... a minimum number of visits that should be made to a child at their placement and increasing this number where it is deemed that it is in the best interests of the child.¹⁵⁴

Churches of Christ Care recommended:

- increasing community visitors’ frequency of home visits, further increasing their autonomy and ensuring their feedback and reports are shared with foster care agencies
- using community visitor feedback and reports to provide the department with ongoing external monitoring and feedback once case management moves to non-government agencies.¹⁵⁵

The Office of the Public Guardian is aware of these concerns:

“ The number of visits to children that are unable to be executed, due to lack of cooperation by foster carers, reduces a community visitor’s ability to fulfil their role in developing a trusting and supportive relationship with children in out-of-home care, confirm their placement needs are met and help them address any concerns or needs they identify ...

Critical consideration should be given to broadening the powers of the community visitor program, to specifically include unannounced visits to foster care placements and the power of entry in certain circumstances. Any powers would need to balance the safety of children, whilst giving consideration to the rights of foster families to private time.¹⁵⁶



Appendix 5

Glossary

Aboriginal and Torres Strait Islander child placement principle	This is the general principle that an Aboriginal and Torres Strait Islander child should be cared for within an Aboriginal or Torres Strait Islander community. Section 83 of the <i>Child Protection Act 1999</i> sets out the hierarchy for placement options for Aboriginal and Torres Strait Islander children.
Adult household members	Section 135(2) of the <i>Child Protection Act 1999</i> defines an adult member as: adult member, of an (carer) applicant's household, means a person who is an adult member of the household both at the time when the application is made and when it is decided.
Approved carer	The person/s in whose care a child has been placed by the chief executive of the Department of Communities, Child Safety and Disability Services. It includes approved foster carers, approved kinship carers and provisionally approved carers.
Blue card	The holding of a current 'positive prescribed notice' or blue card is a pre-condition of initial and ongoing approval as a foster or kinship carer for all approved carers and other adult household members. A blue card is issued following the conduct of a 'working with children check'.
Blue card system	This refers to the requirements for organisations to develop and implement risk management strategies and comply with working with child check requirements.
Care team	This is a coordinated approach to the provision of services. It enables key stakeholders to have shared objectives and work together to ensure that a child's needs are identified, planned for and met.
Case plan	A case plan for a child is a written plan for meeting the child's protection and care needs. It is developed in a participative process between the Department of Communities, Child Safety and Disability Services, the child, their family and other people significant to the child and family. It records the goal and outcomes of ongoing intervention and identifies the agreed tasks that will occur to meet the goal and outcomes.
Case responsibility	This refers to the actions required by the allocated child safety officer for undertaking statutory intervention with a child and their family. Case responsibility can relate to the completion of an investigation and assessment or the ongoing intervention case management process of assessment, planning, implementing and reviewing, until case closure.
Central Screening Unit	This is a unit within the Department of Communities, Child Safety and Disability Services. It is responsible for the personal history screening of carer applicants.
Certificate of approval	The authority provided to an approved carer, once the chief executive has made the decision to grant a foster or kinship carer application, or provisionally approval of a carer.
Certificate amendments	The department will consider whether there is a need for the amendment, suspension or cancellation of the certificate of approval of a carer: <ul style="list-style-type: none">• in circumstances where a carer is not meeting the legislated standards of care or a condition of the certificate of approval,• or alternatively, where an amendment of the certificate of approval is requested by the carer.

Charges	<p>In Queensland, there are two types of criminal offences:</p> <ul style="list-style-type: none"> • simple offences (or summary offences). These include disorderly behaviour, traffic offences and minor criminal offences • crimes and misdemeanours (or indictable offences). These include murder, rape, robbery, assault, and break and enter.
Child advocate	<p>Child advocates are lawyers at the Office of the Public Guardian who protect the rights of children and young people in the child protection system and ensure their voice is heard, particularly when decisions are made that affect them and their care arrangements.</p>
Child concern report	<p>A child concern report is a record of child protection concerns received by the Department of Communities, Child Safety and Disability Services, that is not serious enough to be a notification (i.e. it is assessed that the information does not indicate a child has been harmed or is at significant risk of future harm).</p>
Child safe organisations	<p>A child safe organisation values children and understands safety does not just happen. Child safe organisations take action to protect children from harm and create safe environments by:</p> <ul style="list-style-type: none"> • creating conditions that reduce the likelihood of harm occurring • creating an organisational culture that values safe and positive environments for children • responding appropriately to disclosures, allegations or suspicions of harm.
Child Safety Services	<p>This is part of the Department of Communities, Child Safety and Disability Services.</p>
Child safety officer	<p>A child safety officer is an authorised officer under the <i>Child Protection Act 1999</i> who is responsible for delivering statutory child protection services. These include investigating and assessing allegations of suspected child abuse and neglect, and intervening to ensure the safety and wellbeing of children subject to ongoing intervention, in accordance with legislation, policies and procedures.</p>
Child Safety Practice Manual	<p>The Child Safety Practice Manual provides procedures to guide and inform the delivery of child protection services by Child Safety Services.</p>
Community visitors	<p>In Queensland, community visitors are employed by the Office of the Public Guardian, (an independent statutory body) to protect the rights and interests of children staying at visitable locations. Community visitors provide help and support to children living in out-of-home care and make sure their concerns, views and wishes are listened to and taken seriously.</p>
Conviction not recorded	<p>This means a person has been convicted of an offence but a court has decided not to record a conviction on the person's criminal history.</p>
Cumulative harm	<p>Cumulative harm refers to the effects of patterns of circumstances and events which occur in a child's life and which diminishes a child's sense of safety, stability and wellbeing.</p>
Disciplinary information	<p>This is information about a person's conduct that has resulted in disciplinary action from a regulatory body.</p>
Disqualifying offence	<p>A disqualifying offence includes:</p> <ul style="list-style-type: none"> • a range of offences of a sexual nature • child pornography offences • murder of a child. <p>See s. 168 of the <i>Working with Children (Risk Management and Screening) Act 2000</i>.</p>



Early intervention and prevention	<p>There are three levels of prevention and early intervention:</p> <ul style="list-style-type: none">• primary prevention services—universal services relevant to the whole of the community• secondary prevention services—programs targeted to those children, young people and families with identified risks• intensive and specialist prevention services—available for children, young people and their families who are at high risk of entering the statutory system (once a child or young person enters the child protection system, they come under the care of the department).
Evolve Interagency Services	<p>Evolve Interagency Services is a collaborative partnership between the Department of Communities, Child Safety and Disability Services; Queensland Health; and the Department of Education and Training. Evolve provide therapeutic and behaviour support services for those children and young people on child protection orders and in out-of-home care who have severe and complex psychological and behavioural problems.</p>
Exemption card	<p>Registered teachers and police officers must apply for an exemption card when providing regulated child-related services that fall outside of their professional duties. They do not need to have a WWCC when providing services as part of their professional duties.</p>
Foster and kinship care service	<p>This is a non-government licenced care service that may receive initial enquiries, conduct assessments of carer applicants and provide training, supervision and support to foster and/or kinship carers.</p>
Foster carer	<p>This is any individual, or two or more individuals approved by the Department of Communities, Child Safety and Disability Services to care for a child subject to departmental intervention in a family-based placement. A person living with another person on a genuine domestic basis may only be granted approval jointly with their partner.</p>
Foster carer agreement	<p>This is an agreement negotiated between each foster carer and the Department of Communities, Child Safety and Disability Services and/or the foster and kinship care service, that sets out the terms, conditions and responsibilities of the relationship between the foster carer and the Child Safety Service Centre or foster and kinship care service.</p>
Foster carer assessment panel	<p>This is a panel convened to assist with deciding the outcome of carer applications. Panel participants may be external to the Department of Communities, Child Safety and Disability Services.</p>
Harm	<p>This is defined as any detrimental effect of a significant nature on a child’s physical, psychological or emotional wellbeing. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation. Harm can be caused by a single act, omission or circumstance; or a series or combination of acts, omissions or circumstances.</p> <p>For a detrimental effect to be of a significant nature it must have more than a minor impact upon a child. It must be substantial, serious and demonstrable—that is, measurable and observable on the child’s body, or, in the child’s functioning or behaviour. A detrimental effect of a significant nature may also be indicated by the likelihood of the detrimental effect being long term (more than transitory), or adversely affecting the child’s health or wellbeing to an extent which would be considered by the general public to be unacceptable.</p>
Harm report	<p>A harm report is recorded where the information gathered indicates that a child in care has experienced harm or it is suspected that they have experienced harm, and the harm or suspected harm may have involved the actions or inactions of a carer or a household member, including failure to protect a child.</p>

Harm report substantiations	This is the outcome of a harm report investigation and assessment where it is assessed that the child or young person has experienced harm and/or there is unacceptable risk of future harm.
Investigation and assessment	Investigation and assessment is the Department of Communities, Child Safety and Disability Services' response to all notifications, and is the process of assessing a child's need for protection, where there are allegations of harm or risk of harm to a child.
Investigative information	This is information that the Police Commissioner may provide in relation to police investigations into allegations of serious child-related sexual offences, even if no charges were laid (see section 305 of the the <i>Working with Children (Risk Management and Screening) Act 2000</i>).
Kinship carer	<p>A kinship carer is a person related to a child or a member of a child's community and considered family or a person of significance who is approved by the Department of Communities, Child Safety and Disability Services to provide a family based placement for the child. Kinship carers may be further categorised as:</p> <ul style="list-style-type: none"> • grandparents • aunts/uncles • another relative or a close friend • for Aboriginal and Torres Strait Islander children, kinship care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with the child's community or language group.
Long-term guardianship order	This is an order made under the <i>Child Protection Act 1999</i> , granting long-term guardianship of a child to a suitable family member (other than the parent of the child), or another suitable person nominated by or to the chief executive of Department of Communities, Child Safety and Disability Services.
Mandatory reporters	<p>A mandatory reporter is someone who must report suspicions that a child has suffered, is suffering or is at unacceptable risk of suffering harm. Mandatory reporters include doctors, registered nurses, teachers and police officers in some circumstances, and a person engaged to perform a child advocate function.</p> <p>This is defined under section 13E of the <i>Child Protection Act 1999</i>.</p>
National framework	The National Framework for Protecting Australia's Children 2009–2020 (the National framework), is an ambitious, long-term approach to ensuring the safety and wellbeing of Australia's children. It aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time through collaboration between federal, state and territory governments and non-government organisations.
Negative notice	<p>This is a notice declaring a blue card application has been refused.</p> <p>See section 220(b) of the <i>Working with Children (Risk Management and Screening) Act 2000</i>.</p>
Non-government organisation	A non-government organisation (NGO) is a not-for-profit community-managed organisation that receives government funding specifically for the purpose of providing community support services.
Notification	This is information received about a child who may be harmed or at risk of harm which requires an investigation and assessment response. A notification is also recorded for an unborn child when there is reasonable suspicion that they will be at risk of harm after they are born.
Notifier	A notifier is a person who informs the Department of Communities, Child Safety and Disability Services about alleged harm or risk of harm to a child, or that an unborn child may be at risk of harm after he or she is born. A notifier may be a child, family member, carer, member of the community, another professional or a person mandated by law to report child protection concerns.




Office of the Public Guardian	The Office of the Public Guardian was created to provide advocacy for children and young people in care, including foster care, kinship care, residential care and youth detention.
Personal history check	Personal history checks outlined in the Child Safety Practice Manual include: <ul style="list-style-type: none">• criminal history checks conducted as part of the Department of Justice and Attorney-General's blue card screening process• checks undertaken by Child Safety Services, which include:<ul style="list-style-type: none">– child protection history checks within Queensland, interstate and New Zealand– domestic violence and traffic history, in specified circumstances– criminal history checks (police and disciplinary information about an applicant's current or previous profession, for example, teaching or nursing), only where provisional approval is required– child protection history checks for any children residing in the applicant's household.
Placement	This is when a child is 'placed' in an out-of-home care living arrangement due to intervention by the Department of Communities, Child Safety and Disability Services.
Placement agreement	This is a written agreement between the Department of Communities, Child Safety and Disability Services and the carers for a child which: <ul style="list-style-type: none">• provides the relevant information known by the department about the child, and sufficient information to allow the carers to provide adequate care for the child and ensure the safety of a child, the carers and other members of the carer household• records the agreed support and services to be provided to the carers.
Placement Services Unit	The Placement Services Unit is a work unit within Child Safety Services that assist in locating care placements for children and young people who can no longer reside with their parents.
Positive notice	This means a notice declaring an application is approved and a blue card can be issued. See section 220 (a) of the <i>Working with Children (Risk Management and Screening) Act 2000</i> .
Properly made	To be 'properly made' an application: <ul style="list-style-type: none">• is completed, signed and dated by an applicant and each adult member of their household• includes all appropriate identification documents• is lodged at a Child Safety Service Centre or the Placement Services Unit.
Provisionally approved carer	This is a person who has been approved by the Department of Communities, Child Safety and Disability Services to care for a particular child for a defined period of time. A provisionally approved carer must have made an application to be either an approved foster carer or kinship carer.
Queensland Child Protection Commission of Inquiry (QCPCOI)	On 1 July 2012, the Queensland Government established the Queensland Child Protection Commission of Inquiry (QCPCOI), led by the Honourable Tim Carmody QC. The QCPCOI was tasked with reviewing the entire child protection system and charting a new roadmap for child protection for the next decade.
Respite care	This is a service intended to provide time-limited support to enhance a carer's ability to continue in their role as a primary carer and to sustain the caring relationship.
Spent conviction	This is a conviction that has lapsed and generally does not appear on a person's criminal history.

Standards of care	<p>Under the <i>Child Protection Act 1999</i>, the Chief Executive of the Department of Communities, Child Safety and Disability Services must take reasonable steps to ensure that all children living in care are cared for in a way which meets the standards of care. The standards of care are defined in legislation as the following:</p> <ul style="list-style-type: none"> (a) the child’s dignity and rights will be respected at all times; (b) the child’s needs for physical care will be met, including adequate food, clothing and shelter; (c) the child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child’s positive self-regard; (d) the child’s needs relating to his or her culture and ethnic grouping will be met; (e) the child’s material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met; (f) the child will receive education, training or employment opportunities relevant to the child’s age and ability; (g) the child will receive positive guidance when necessary to help him or her to change inappropriate behaviour; (h) the child will receive dental, medical and therapeutic services necessary to meet his or her needs; (i) the child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age; (j) the child will be encouraged to maintain family and other significant personal relationships; (k) if the child has a disability—the child will receive care and help appropriate to the child’s special needs.
Standards of care review	<p>A standard of care review is recorded when information received in relation to a child placed with a carer (or care service) indicates that the care provided to the child may not have met the standards of care (<i>Child Protection Act 1999</i> section 122), the specific standards requiring review can be identified, and there is no information that the child has experienced harm.</p>
Statement of standards	<p>Section 122 of the <i>Child Protection Act 1999</i>, prescribes the responsibility of the chief executive of Department of Communities, Child Safety and Disability Services to ensure that a child placed in the care of an approved foster carer is cared for in a way that meets the statement of standards. The term ‘standards of care’ also refers to the legislated statement of standards.</p>
Substantiated harm	<p>Substantiated harm mean an allegation of harm against a child or young person has been investigated and assessed, and it has been determined that the child or young person has suffered, is suffering, or is at an unacceptable risk of suffering future, significant harm.</p>
Visitable homes	<p>This is a foster home, the home of a kinship carer, or a residential care facility where a child or young person in out-of-home care resides.</p>
Visitable sites	<p>Visitable sites include residential facilities, detention centres, corrective services facilities, and authorised mental health services.</p>
Vulnerable children	<p>These are children whose individual, parental or family circumstances are threatening their wellbeing.</p>
Working with children check (WWCC)	<p>This is a detailed check of a person’s national criminal history (including any charges, convictions or investigative information), disciplinary information held on a person by certain professional organisations, and other information where relevant.</p>



Attachment 1

Authorising documents for the review



For reply please quote: SocPol/RM – TF/16/12499 – DOC/16/135826
Your reference: D16/135826

Department of the
Premier and Cabinet

21 SEP 2016

Ms Cheryl Vardon
Principal Commissioner
Queensland Family and Child Commission
PO Box 15217
BRISBANE CITY EAST QLD 4002

RECEIVED

23 SEP 2016

Queensland Family
and Child Commission

Dear Ms Vardon

I write regarding concerns raised about the ability of current Blue Card and related information sharing regimes to protect our children.

These concerns, including those relating to exemptions available in the current regimes and the nature of the checks undertaken, have the potential to undermine both the rigour of the regimes and the public confidence in how we protect children in our community. The direct result is that our children may be at risk.

I therefore request that you undertake a whole of system review of the *Working with Children (Risk Management and Screening) Act 2000* and its operation.

In undertaking the review, I would also ask that you give consideration to:

- the work you are undertaking in regards to Recommendation 28 of the *When a Child is Missing* report relating to the review of legislation, policies and practices relating to information sharing between government agencies responsible for undertaking decision making about child safety
- recommendations of the August 2015 report, *Working with Children Checks (WWCC)*, by the Royal Commission into Institutional Responses to Child Sexual Abuse, including those recommendations relating to a nationally consistent approach
- the July 2016 paper from the Royal Commission, *Creating Child Safe Institutions*, and any further relevant reports to be released by the Commission in coming months, related to the quality and safeguards for children in out of home care

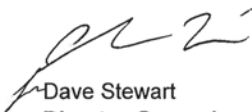
- any comments contained in the Queensland Child Protection Commission of Inquiry report (*Taking Responsibility: A Roadmap for Queensland Child Protection*) published in June 2013
- any specific issues experienced by Aboriginal and Torres Strait Islander families and children
- relevant developments in other jurisdictions.

Furthermore, I ask that you pay particular attention to the use and reliance on working with children checks and other information in the assessment and approval process for foster carers in Queensland.

Finally, I ask that the review identify and address issues raised by other stakeholders, including whether the regime should apply to adults working in areas such as the fast food and retail industries.

I ask that you deliver your review within six months of receipt of this letter.

Yours sincerely



Dave Stewart
Director-General



Attachment 2

Authorising documents for the review



Minister for Communities, Women and Youth
Minister for Child Safety
Minister for the Prevention of Domestic and Family Violence

28 SEP 2016

Ms Cheryl Vardon
Principal Commissioner
Queensland Child and Family Commission
PO Box 15217
BRISBANE CITY EAST QLD 4002

Level 13
111 George St Brisbane 4000
GPO Box 806 Brisbane
Queensland 4001 Australia
Telephone +61 7 3719 7500
Facsimile +61 7 3220 6235
Email communities@ministerial.qld.gov.au

Dear Ms Vardon *Cheryl*

I am writing to request the Queensland Child and Family Commission's review of information sharing between agencies and the comprehensive inquiry into the operation of the foster care system and Blue Cards in Queensland consider a recent matter in Far North Queensland involving a Taskforce Argos investigation.

As part of Taskforce Argos the Queensland Police have charged a foster carer with a number of alleged offences against a foster child in his care and possession of child exploitation material.

This matter may be a useful case study when considering how intelligence and information sharing occurs between the Queensland Police Service and the Department of Child Safety and may identify opportunities to improve the safety of children.

If you require further information or assistance in relation to this matter, please contact my Chief of Staff, [REDACTED]

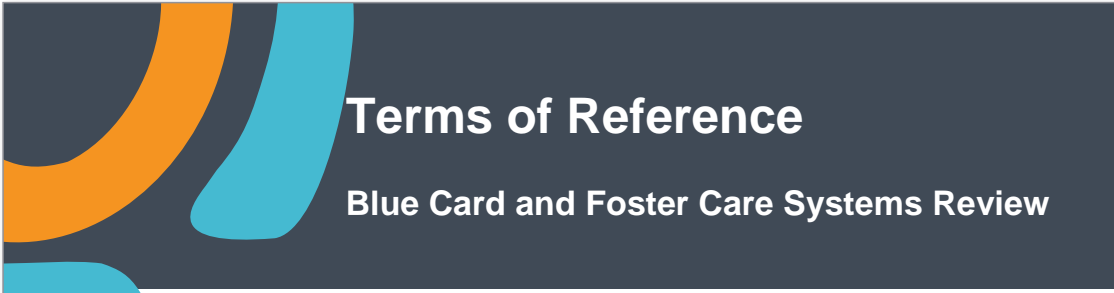
Thank you for your continued support in protecting Queensland's most vulnerable children.

Yours sincerely

Shannon Fentiman MP
Minister for Communities, Women and Youth
Minister for Child Safety
Minister for the Prevention of Domestic and Family Violence

Attachment 3

Terms of reference



Terms of Reference

Blue Card and Foster Care Systems Review

18 October 2016

Review Background

On 21 September 2016 the Director-General of the Department of the Premier and Cabinet requested, on behalf of the Premier, the Queensland Family and Child Commission (QFCC) to:

‘undertake a whole of system review of the Working with Children (Risk Management and Screening) Act 2000 and its operation’.

The request for this review was linked to the tragic death of Tiahleigh Palmer, a child in foster care, and as such a special focus will be placed on the Foster Care System.

The Blue Card and Foster Care Systems were previously the subject of extensive discussion and analysis during the Queensland Child Protection Commission of Inquiry. Key findings about the intersection of the two systems suggested a streamlined approach be adopted “based on a balanced view of risk and downstream effects on community participation”.

More recently, the Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse has released research and proposed directions for the management of working with children checks and creating child safe organisations. The Royal Commission findings are expected to drive national consistency in the conduct of working with children checks and better enable information sharing between state jurisdictions.

The findings of these tragic and influential events will be used in reviewing Queensland’s Blue Card and Foster Care Systems to position them as national leaders in child safety. Queensland’s children deserve nothing less.


The current systems

As a regulatory scheme, the Queensland Blue Card System has a unique reach in the Queensland community.

In 2015-16, the Blue Card System processed 268,773 Blue and Exemption Card applications, renewals and authorisations and identified 2,597 cases where individuals represented a high risk and were consequently prevented from working with children.

As at 30 June 2016, the Blue Card System also monitored the continued eligibility of over 680,000 individuals on a daily basis, which equates to approximately one in every five Queensland adults.

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Commission
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In 2015-16, the Blue Card System engaged with over 2,400 regulated businesses and organisations to provide information to help increase compliance with system requirements. It also conducted 386 compliance checks of organisations and 48,512 checks of individuals.

Foster carer approvals comprise slightly under 1% of all current Blue Card holders. Foster carers make a special contribution to the lives of Queensland children; they take on both the joys and burdens of caring for children in circumstances where their biological parents are not willing or able to do so, and through their tireless efforts they help restore safety, wellbeing and dignity to the lives of our most vulnerable children.

For these reasons, it is critical that the safeguards for children in foster care are of the highest quality.

Through assessing and monitoring changes in criminal history information and undertaking proactive educative and compliance activities, the Blue Card System makes a significant contribution to the safety of Queensland children. However, the Blue Card System's contribution to the safety of Queensland children generally, and children in foster care in particular, has to be considered in the context of broader strategies and decision making in relation to the protection of children in our community.

Reviewing Queensland's Blue Card System will require revisiting key policy settings, exploring opportunities to innovate and the inclusion of broader stakeholder perspectives in the way the system operates. Reviewing the Foster Care System will require a complementary examination of the additional safeguards required for our most vulnerable children.

Terms of reference

The review is to be conducted under Part 3 of the *Family and Child Commission Act 2014*.

The QFCC will work with all stakeholders to explore the Blue Card and Foster Care Systems' strengths and weaknesses, identify opportunities for improvement and provide robust advice and recommendations back to government, by 31 March 2017.

The terms of reference under which the QFCC will conduct the review are as follows.

1. Explore ways to build and sustain public confidence in the Blue Card and Foster Care Systems.
2. Review the Blue Card System legislation, including its scope, to identify any gaps, barriers, inconsistencies or inefficiencies in meeting the safety needs of children in Queensland.
3. Review key Blue Card System operations to identify opportunities to streamline, innovate and enhance access for members of the community, including Aboriginal people and Torres Strait Islanders.
4. Audit and review foster carer approval and monitoring processes, to assess their effectiveness as safeguards for vulnerable children and to identify any gaps or inconsistencies in meeting the safety needs of children in Queensland.
5. Review Child Safety Services within the Department of Communities, Child Safety and Disability Services to determine whether it is operating effectively, including engaging with frontline staff through targeted consultation to determine any capacity issues or pressure points in meeting the safety needs of children in the Child Protection System.

2



Review process


In undertaking the review, the QFCC will:

1. Establish steering and advisory mechanisms representative of the scope of the Blue Card and Foster Care Systems
2. Work collaboratively with stakeholders, including through conducting state-wide and targeted consultation and providing an open opportunity for written submissions
3. Consider the QFCC's own prior reviews, relevant publications and evidence of the Royal Commission into Institutional Responses to Child Sexual Abuse, the Queensland Child Protection Commission of Inquiry and the Queensland Ombudsman
4. Explore any specific issues with the Blue Card System experienced by Aboriginal and Torres Strait Islander families and children
5. Assess and consider relevant developments in other jurisdictions, including the impact on the Queensland Blue Card system of a nationally consistent approach or model
6. Provide an estimate of any costs, savings, efficiencies or impacts to government or stakeholders expected to result from any proposed recommendations, and
7. Deliver findings and recommendations to the Premier by 31 March 2017.

Although the QFCC may consider a series of individual circumstances to form a view on systemic issues related to the Blue Card and Foster Care Systems, it is not a function of the review to investigate the circumstances of a particular child, family, Blue Card applicant or foster carer, or to advocate on their behalf.



Cheryl Vardon
Principal Commissioner
Queensland **Family and Child** Commission



Attachment 1 - Proposed approach to the terms of reference.

1. Explore ways to build and sustain public confidence in the Blue Card and Foster Care Systems.


QFCC proposes to approach TOR 1 by considering:
 - a. the extent and regularity of public reporting about the outcomes the systems deliver for children and the community and its achievements against benchmarks
 - b. how stakeholders can be more involved in oversight of the systems and provide ongoing input about its functioning
 - c. the education and support needs of those members of the community who interact with the systems, including individuals who may be disadvantaged due to remoteness, disability, cultural or other considerations
 - d. the benefits of promoting, in respect of the Blue Card system, a system which emphasises employment (and volunteer) screening which is tailored for industry suitability, rather than relying on Blue Cards as a 'one size fits all'.
 - e. the benefits of systems data holdings across government for researchers, policy makers and stakeholders, particularly in building the understanding of child safe service organisations

2. Review the Blue Card System legislation, including its scope, to identify any gaps, barriers, inconsistencies or inefficiencies in meeting the safety needs of children in Queensland.

QFCC proposes to approach TOR 2 by considering:
 - a. whether screening should be extended to adults working in areas such as the fast food and retail industries
 - b. whether the system should differentiate between the relative risks of service environments
 - c. the availability of criminal history information from other jurisdictions, including international
 - d. the availability and use of other information, including criminal intelligence and child protection and domestic and family violence histories
 - e. the alignment of the system with developments in other jurisdictions, including findings of the Royal Commission into Institutional Responses to Child Sexual Abuse and linkages with 'reportable conduct' schemes
 - f. the appropriateness of current system exemptions
 - g. the impact of any proposed changes on the system and its workability and effectiveness, including impact on all future Blue Card holders.

3. Review key Blue Card System operations to identify opportunities to streamline, innovate and enhance access for members of the community, including Aboriginal people and Torres Strait Islanders.

QFCC proposes to approach TOR 3 by considering:
 - a. ways to streamline and automate processes
 - b. the current validity period and fee structure
 - c. the accessibility and utility of the application, renewal and appeal processes, with a focus on the experiences of members of the community who interact with the system, including those who may be disadvantaged due to remoteness, disability, cultural or other considerations
 - d. whether an appropriate balance exists in screening activities as compared with broader child safe organisation and educative approaches
 - e. the impact of any proposed changes on the workability of the system and on future Blue Card holders.

- 
4. Audit and review foster carer approval and monitoring processes, including links with the Blue Card System and Community Visitors, to assess their effectiveness as safeguards for vulnerable children.

QFCC proposes to approach TOR 4 by considering:

- a. the views of children in care
- b. available data about the safety of children in foster care to identify trends over time and comparisons to other jurisdictions
- c. assessment, approval and monitoring requirements and processes for foster and kinship carers, including links to the Blue Card System
- d. the need for tailored assessments of carers based on the risk assessments
- e. a representative audit sample of foster carer approvals
- f. practice approaches to visiting and engagement with children in out-of-home care by caseworkers
- g. practice approaches to visiting and engagement with children in out-of-home care by the Office of Public Guardian
- h. approaches to safeguards in other jurisdictions and linkages to the findings of the Queensland Ombudsman's report on the *Management of child safety complaints*

5. Engage with frontline staff through targeted consultation to determine any capacity issues or pressure points in meeting the safety needs of children in the Child Protection System.

QFCC proposes to approach TOR 5 by considering:

- a. available data, analytics and modelling about the Child Protection System workforce, including changes over time and any region specific issues
- b. available evidence about the impacts of the child protection reforms, including whether workforce related assumptions and findings of the Queensland Child Protection Commission of Inquiry remain relevant
- c. case studies that help highlight capacity issues or pressure points
- d. the views of frontline staff and their representative bodies
- e. the experiences of other jurisdictions



Attachment 4

Statement of standards



Standards of care

Statement of standards (*Child Protection Act 1999, section 122*)

Foster and kinship carers are required to provide a level of care which is consistent with the standards of care as outlined in the **statement of standards** in *Child Protection Act 1999 (the Act)*, section 122.

The statement of standards provides a way to measure quality of care and forms a basis for assessing whether a care environment is acceptable. The standards are interpreted with consideration to the needs of each individual child.

The Act outlines the following standards:

1. The Chief Executive (Director-General) must take reasonable steps to ensure a child placed in care under section 82 is cared for in a way that meets the following standards (the statement of standards):
 - (a) the child's dignity and rights will be respected at all times
 - (b) the child's needs for physical care will be met, including adequate food, clothing and shelter
 - (c) the child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard
 - (d) the child's needs relating to his or her culture and ethnic grouping will be met
 - (e) the child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met
 - (f) the child will receive education, training or employment opportunities relevant to the child's age and ability
 - (g) the child will receive positive guidance when necessary to help him or her to change inappropriate behaviour
 - (h) the child will receive dental, medical and therapeutic services necessary to meet his or her needs
 - (i) the child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age
 - (j) the child will be encouraged to maintain family and other significant personal relationships
 - (k) if the child has a disability - the child will receive care and help appropriate to the child's special need.
2. For subsection (1)(g), techniques for managing the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.
3. For subsection (1)(j), if the chief executive has custody or guardianship of the child, the child's carer must act in accordance with the chief executive's reasonable directions.
4. The application of the standards to the child's care must take into account what is reasonable having regard to:
 - a. the length of time the child is in the care of the carer or care service
 - b. the child's age and development.

Attachment 5

Visiting Frequency Matrix



The child's age		4–13 years 14–18 years	0-3 years
Number of children at home	1-2 children	3–4 children	5+ children
Appropriateness of accommodation at home	Placement is in line with the Department's Placement-matching Principles	Some issues identified within the Department's Placement-matching Principles	Placement is in contrast to the Department's Placement-matching Principles
Child Safety has recently determined there is a need for protection	No notification or other issue	Yes, issues identified	Yes, harm notification identified
Number of previous placements	Child is on first-second placement	Child has had three –four placements in care in the last 12 months	Child has had greater than four placements in care in the last 12 months
Has the child been absent or missing	No, and is settled in placement	No, however unsettled/ discontent with placement Child has been absent from placement	Yes, absent Yes, child has been missing from placement
Child's cultural background	Child is placed in home confident in and supportive of cultural needs	Child is placed in home supportive of cultural needs	Child is placed in home neither confident nor supportive of cultural needs
Child has been subject to Youth Justice intervention	No	Yes, previously in the last 12 months	Yes, currently
Child has physical disability or cognitive, intellectual, neurological or psychiatric impairment	No	Yes, low level of impairment / disability	Yes, complex impairment / disability needs
Length of placement	Child has been with family for 12 months or greater	Child has been with family between 6-12 months	Child is in first 3 months of placement with family
Number of previous issues	No outstanding harm or other serious issues		Outstanding harm or other serious issues ¹
Execution of visiting schedule	Majority of visits executed in recent past.	Minimal non-executed visits	Frequent non-executed visits
Evidence of case planning	Evidence that placement issues relating to case planning, family contact, education & health needs have been addressed	Moderate evidence that placement issues relating to case planning, family contact, education & health needs have been addressed	No evidence that placement issues relating to case planning, family contact, education & health needs have been addressed
Nature of order	Long term guardianship	Interim orders	

Issues raised in the Public Guardian Act [s57(2)]



How risk affects visiting frequency

Monthly	Bi-monthly	Quarterly	Bi-annually	Annually	No visits
New to care placements or children and young people placed with new carer	Factors are mostly high risk, with some medium risk	Factors are a mostly medium to low risk	Factors are mostly low to medium risk	All factors are low risk	All factors are low risk; and
Multiple high risk factors	No high risk factor within the previous 12 months involving a harm or serious issue	There is three or fewer high risk factor identified	No high risk factors are present		Child has requested no visits; and
High risk factor within the previous 12 months involving harm or serious issue		No high risk factor within the previous 12 months involving a harm or serious issue			Public Guardian has approved

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88. Mercy Community Services, Submission.
89. Foster Carer C, Submission.
90. Social Care Solutions, Submission.
91. Uniting Care Queensland, Submission.
92. Mercy Community Services, Submission; Social Care Solutions, Submission; Department of Education and Training, Submission; Churches of Christ Care, Submission.
93. Mercy Community Services, Submission.
94. Foster Carer A, Submission.
95. Foster Carer C, Submission.
96. Department of Education and Training, Submission.
97. Foster Care Queensland, Submission.
98. Mercy Community Services, Submission.
99. CREATE Foundation, Submission.
100. Benevolent Society, Submission.
101. Mercy Community Services, Submission.
102. Social Care Solutions, Submission.
103. Foster Care Queensland, Submission.
104. Mercy Community Services, Submission.
105. Churches of Christ Care, Submission.
106. CREATE Foundation, Submission.



107. Department of Science, Information Technology and Innovation.
108. CREATE Foundation, Submission.
109. Churches of Christ Care, Submission.
110. Social Care Solutions, Submission.
111. *ibid.*
112. Uniting Care Queensland, Submission.
113. Foster Care Queensland, Submission.
114. PeakCare, Submission.
115. Mercy Community Services, Submission.
116. Department of Education and Training, Submission.
117. Foster Carer A, Submission.
118. Mercy Community Services, Submission.
119. PeakCare, Submission.
120. Churches of Christ Care, Submission.
121. CREATE Foundation, Submission.
122. Department of Education and Training, Submission.
123. Foster Care Queensland, Submission.
124. Mercy Community Services, Submission; Social Care Solutions, Submission.
125. Mercy Community Services, Submission.
126. Department of Education and Training, Submission.
127. Foster Carer B, Submission.
128. Foster Carer A, Submission; Benevolent Society, Submission; Churches of Christ Care, Submission.
129. Benevolent Society, Submission.
130. Social Care Solutions, Submission.
131. Peak Care, Submission
132. Foster Care Queensland, Submission.
133. Churches of Christ Care, Submission.
134. Department of Education and Training, Submission.
135. Uniting Care Queensland, Submission.
136. Mercy Community Services, Submission.
137. *ibid.*
138. Churches of Christ Care, Submission.
139. CREATE Foundation, Submission.
140. Social Care Solutions, Submission.
141. Churches of Christ Care, Submission.
142. Department of Education and Training, Submission.
143. *ibid.*
144. PeakCare, Submission.
145. CREATE Foundation, Submission.
146. Foster Care Queensland, Submission.
147. Uniting Care Queensland, Submission.
148. *ibid.*
149. Mercy Community Services, Submission.

^{150.} *ibid.*

^{151.} Micah Projects Inc., Submission.

^{152.} Social Care Solutions, Submission.

^{153.} CREATE Foundation, Submission.

^{154.} Department of Education and Training, Submission.

^{155.} Churches of Christ Care, Submission.

^{156.} Office of the Public Guardian, Submission.



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