

# Too little, too late

## THE PROGRESS MADE AGAINST THE QUEENSLAND RESIDENTIAL CARE ROADMAP

Artist: Young boy in out-of-home care  
Title: What home feels like



DECEMBER 2024



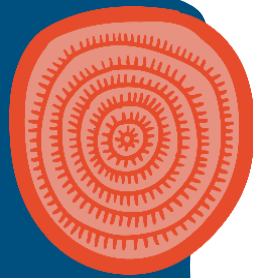
Queensland  
Family & Child  
Commission



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

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

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



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

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



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty understanding this report, you can contact Translating and Interpreting Service National on 13 14 50 to arrange for an interpreter to effectively explain it to you. Local call charges apply if calling within Australia; higher rates apply from mobile phones and payphones.

### Contact for enquiries

Queensland Family and Child Commission  
Level 8, 63 George Street  
PO Box 15217, Brisbane City East QLD 4002  
**Website:** [www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au)

### Attribution and licence

© The State of Queensland (Queensland Family and Child Commission) 2022.

This report is licensed by the State of Queensland (Queensland Family and Child Commission) under a Creative Commons Attribution (CC BY) 4.0 International licence. You are free to copy, communicate and adapt this report, as long as you attribute the work to the State of Queensland (Queensland Family and Child Commission). To view a copy of this licence visit <https://creativecommons.org/licenses/by/4.0/legalcode>.

Copyright inquiries should be directed to the Queensland Family and Child Commission by email to: [info@qfcc.qld.gov.au](mailto:info@qfcc.qld.gov.au) or in writing to PO Box 15217, Brisbane City East QLD 4002.

## Contents

Contents .....	2
Introduction.....	3
Background.....	5
Current state.....	8
Key observations .....	12
Residential Care Expert Advisory Council workshops .....	15
Status Review of the Roadmap’s Key Actions .....	22
1. Listening to children and young people .....	23
2. Establishing the right care models .....	28
3. Keeping families together and connected.....	33
4. Culturally led responses for Aboriginal and Torres Strait Islander children and families .....	36
5. Improving support for kin and foster carers.....	38
6. Our workforce.....	41
Conclusion .....	44
Attachment 1: My key observations during the Review .....	46

## Introduction

In July 2023, the then Child Safety Minister announced the Department would undertake a review of the residential care system and I was asked to “provide strategic and independent oversight and advice to the review”. I have been deeply committed to fulfilling the responsibilities of this role, and I keep in my mind the 2,093 Queenslanders in residential care, including the 1,223 under the age of 14, and the 46 under five.

The initial actions taken to perform this role included attending numerous engagement sessions across Queensland, with Child Safety workers, sector workers and young people, to identify the key issues impacting the quality of residential care in their experience. I produced three monthly reports and established an expert advisory panel of young people who had been in residential care in the 24 months prior. Together with these young people we produced the report *‘I was raised by a checklist’* and then the review culminated in a Ministerial roundtable in October 2023.

In February 2024, following this six-month department-led review, the Queensland Government released its Residential Care Roadmap (the Roadmap) outlining the actions it would take. The Roadmap outlined the learnings and committed to doing things differently. It delineated 31 actions that the government would take to improve residential care.

In April 2024, I published the formal advice I had provided to the then Minister on the Roadmap. It was titled *‘A System that Cares’*, a line taken from a poem written by a residential care leaver. For each of the Roadmap’s elements, I attempted to

emphasise the importance and urgency of doing something new and better than what we are currently doing. I stated that “the release of the Roadmap in Queensland starts the difficult process of implementation and delivering on the commitments made”.

To conclude my formal advice, I posed the question **“Can a system reform itself?”**. Nearly 18 months on from the review’s commencement, the answer in this case, is no.

Over the following pages in this, my first formal monitoring report of the status of actions, it is clear that the Department is not leading bold, urgent and impactful change to the residential care system. Instead, I have found an ongoing propensity to continue tinkering with the current ineffective system. Actions taken have invariably been those that benefit the Department, rather than those that benefit the children. Pilot programs and re-designed building blocks – including service standards, a care continuum with new models and a performance framework - have not commenced. More importantly, I continue to meet young Queenslanders who live in homes that are not loving, caring or safe. Ultimately I conclude that the Department has not taken steps to implement the bold actions required to reimagine and rebuild *“a system that cares”*.

With a change of Government there is a clear opportunity to revisit the implementation timing, priorities and scope for many of the worthy actions in the Roadmap – however ultimately we must ensure that those with the power to change the system, take action.

To repeat a stanza from the young person’s poem published in my formal advice to the then Minister:

**“ Quick question are we on the same page, Nah we're not coz if we were then I woulda seen some change. ”**

- Malakai Cummins, April 2024

You can watch Malakai Cummins perform his poem here: [www.qfcc.qld.gov.au/malakai](http://www.qfcc.qld.gov.au/malakai)

## Young Persons Introduction – 16 Years

When I first went into Resi, I truly believed it would be a place where I could feel safe—both emotionally and physically. It was sold to me as a fresh start, a chance to finally just be a teenager. A place where I could grow, feel supported, and prepare for the transition to supported independent living, and eventually, adulthood.

But my reality in Resi was far from that promise. I was placed in a mixed-gender home with a younger co-tenant, and from the start, I felt like I couldn't breathe. There was never a moment where I could let my guard down, drop the mask, and just be myself. The workers constantly criticised me, dictating what I could and couldn't do. Even the way I dressed was policed—like the time I was told my bike shorts and baggy t-shirt were "inappropriate" because of my co-tenant. They implied that if anything happened, it would be my fault. Those words—*"you're asking for it"*—still cut deep and affect me when I look at what I am wearing every day.

On top of that, I was constantly expected to go along with whatever the younger co-tenant wanted. Our shared activities were entirely based on their preferences, as if their needs were the only ones that mattered. It didn't matter if I wasn't interested, if I wanted to do something age-appropriate, or even if I just wanted some time to myself. I was told this was "the only way" we'd get to do activities, but it felt more like I had to give up my own identity and maturity to cater to someone else's.

It felt like everything was my responsibility, simply because of my gender and age. There were rules and expectations forced on me that made no sense, yet no one bothered to explain them. It wasn't about helping me succeed; it felt like they were setting me up to fail. I was never seen as an individual. To them, I wasn't a person with my own story—I was just another "problem kid," shaped to fit their narrow mold of what they thought every young person in Resi was like.

Anything I did that didn't align with their idea of the "perfect kid" out of some fictional narrative resulted in punishment. I wasn't allowed to just be a teenager like my friends outside Resi. They could hang out with their mates, have fun, and make mistakes, but I couldn't. I felt like a prisoner, confined to the thousands of rules imposed on me.

If I dared to push back, it was like being put on trial in front of everyone. The workers made sure the whole house knew when I "broke the rules," and even the staff who weren't there would have something to say about it. It wasn't just discipline—it was public shaming.

Even when it came to building a relationship with my own family, they didn't support me. I was about to meet a family

member for the very first time in my life, something I had been so excited for. The workers spent the whole day hyping me up for this huge moment, but at the last minute, they told me it couldn't happen. This family member was stuck in traffic, and they decided it was against the "house rules" for them to come late—even though they knew those rules the entire time. Instead of helping me connect with my family, they made it feel impossible. They didn't just deny me that moment—they made me feel like I was doing something wrong for even wanting it.

When I ran away from Resi, it didn't even feel like they cared about me or my safety. They didn't try to understand why I left or make me feel like I was wanted back. Instead, they just threatened me with the police, as if I was a problem to be dealt with rather than a young person in need of support. It never felt like they genuinely wanted me to return—they were just going through the motions, doing their job without any real concern for me.

I was lucky that when I ran away, I had someone to call—the family member who became my lifeline. If it weren't for them, I would have ended up in a much worse situation. My original plan was to stay with an older man I'd met online, a decision that would have placed me in real danger, but it was better than living in Resi. But instead, this family member took me in, gave me a safe place to stay, and eventually became my kinship carer.

Living with them was the first time I felt free to truly be myself. For the first time, I wasn't constantly criticised or made to feel like I had to fit into someone else's narrow mold. I wasn't walking on eggshells, trying to meet impossible expectations or fearing punishment for simply existing. Even when I made mistakes or stumbled, they didn't abandon me. They didn't shame me or make me feel unworthy. They cared—deeply and genuinely. For the first time, I knew what it was like to be loved for who I was, not for who someone else thought I should be.

They treated me like a person—a whole person—with my own voice, my own dreams, and my own imperfections. They let me grow and learn, not by forcing me to fit a script, but by letting me figure out who I was. I could laugh, cry, mess up, and start over again without fear of judgment. I could simply be. That's something Resi never gave me.

Resi taught me to survive, but living with my carer taught me what it feels like to live. For the first time in my life, I wasn't just another "case" or a problem to be solved.

I was seen. I was understood. And most importantly, I was accepted—fully, completely, and unconditionally.

## Background

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

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

In July 2023, Mr Craig Crawford MP, the then Minister for Child Safety, Seniors and Disability Services (the Department) called for a Review into

Residential Care (the Review). The Terms of Reference of the Department’s review were to:

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

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



Between July and November 2023, more than 800 stakeholders were consulted through 41 engagement activities, including 15 regional forums, and a Ministerial Roundtable which sought input from child safety experts, frontline workers, advocates, Aboriginal and Torres Strait Islander Community Controlled Organisations (ATSICCOs) and young people with lived experience.



The Department partnered with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and PeakCare to deliver the review.

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

The QFCC published three monthly reports and a youth engagement report that documented what we saw and heard when we brought together young people with a residential care experience. These are all available on the QFCC website.

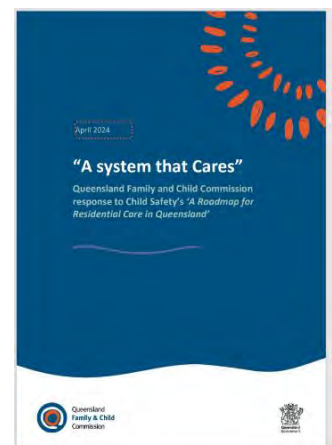


We recorded 14 key messages from this consultation process (attachment 1) and tested these with young people who produced the *I was raised by a checklist* report. These source documents, and stakeholder submissions, informed the Department's policy officers who produced the Roadmap.

The *Queensland Roadmap – A contemporary care system for Queensland: Review of Residential Care* was formally released in February 2024. This Roadmap sought to: “outline a future direction for non-family-based care, including identified issues and future opportunities; and propose an implementation plan for government consideration”. The Roadmap has 31 actions across six elements proposed to be completed within the next three years.

The media statement that accompanied the release of the Roadmap stated that “the proposed reforms aimed to halve the rate of children and young people in residential care, with an intention to increase foster and kinship care in preference”.

The ‘At a glance Roadmap’ is shown on the next page – and this first monitoring report aligns feedback against each of the government actions.



# Residential Care Roadmap – at a glance

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

1

## Listening to children and young people:

The voices of children experiencing care tell us what is most important to them.

2

## Establishing the right care models:

Individual children and young people's safety, wellbeing and unique needs are met with the right mix of supports and services in residential care.

4

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

Aboriginal and Torres Strait Islander ways of knowing, being and doing are embedded in our ways of working.

6

## Our workforce:

Our people and system partner to grow a workforce that is sustainable, diverse, capable, and effective.

3

## Keeping families together and connected:

Keep families together and sustain lasting connections to kin, community and country for all children and young people.

5

## Improving support for kin and foster carers:

Family-based carers are equipped with the necessary resources, training, and assistance to create a caring, safe, secure, and stable home environment for children and young people.

## Our approach over the next five years

### Year 1: Trialling new approaches

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

2024

### Years 2–4: Continuing investment in our carers and specialist services

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

2025–2027

### Year 5+: Building capability and impact

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

2028+

## Current state

A significant driver for the Review was the unexpected though long-term growth in the number of children in residential care. At that time the number of children living in out-of-home care had risen over five years, with the greatest increases being in residential care at 85 per cent.

In my letter to the then Minister dated 24 July 2023, agreeing to the Terms of Reference, and accepting the role of advisor I wrote:

*“I anticipate the process of the review should identify and respond to critical matters for individual children currently in residential care and the frontline residential care workforce. By this I mean that in leading the review, I anticipate the Department will be involved in an action-learning process, and they should be encouraged to take action when it is apparent that a better outcome will be achieved.*

*It is my hope that by the time you have the review outcome report presented to you, more Queensland children who require placement will be in a stable placement which meets their individual needs. This will be reflected in a reduction of the overall number of children placed in residential care, in particularly children under 12 and First Nations children”.*

In February 2024, the government media release announcing the publication of the Roadmap stated that:

*“The proposed reforms aim to halve the rate of children and young people in residential care and see more cared for by kinship or foster carers.*

*The number of children and young people in residential care increased significantly from 2019 to 2023, with COVID-19 placing additional pressure on families, resulting in a greater number of children and young people coming into care.*

*In the first nine months of 2023, demand for residential care has moderated.”*

In my April 2024 response I stated that:

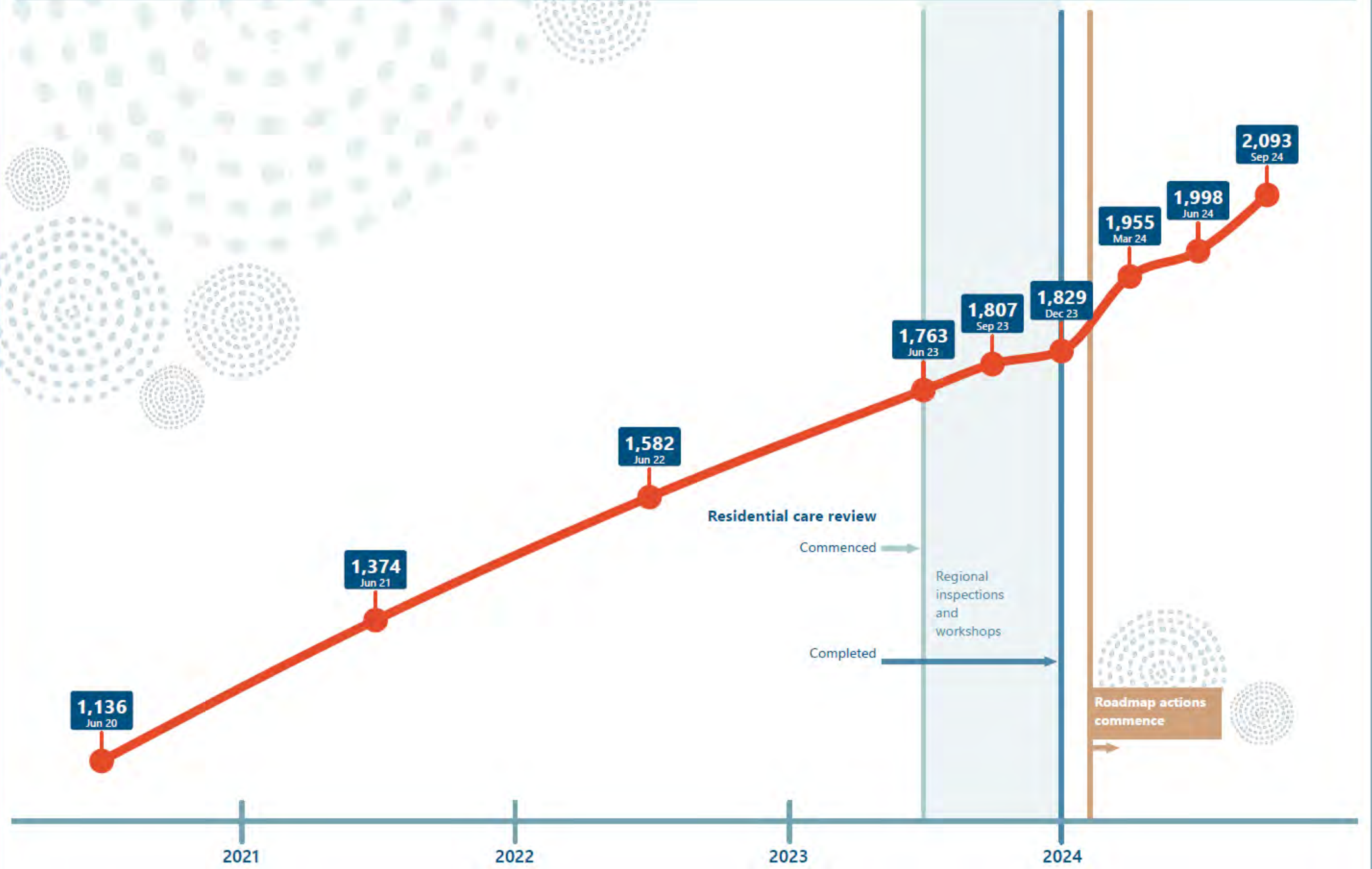
*“Forward projections show the continued growth in the unnecessary use of residential care unless major reforms are made”.*

Turning the tide on the performance metrics was always going to take time – however the status at 31 September 2024, 15 months on from the review’s commencement shows an embarrassing continuation of the use, and overuse, of residential care – for all children, for children under 14 and for children under 5.

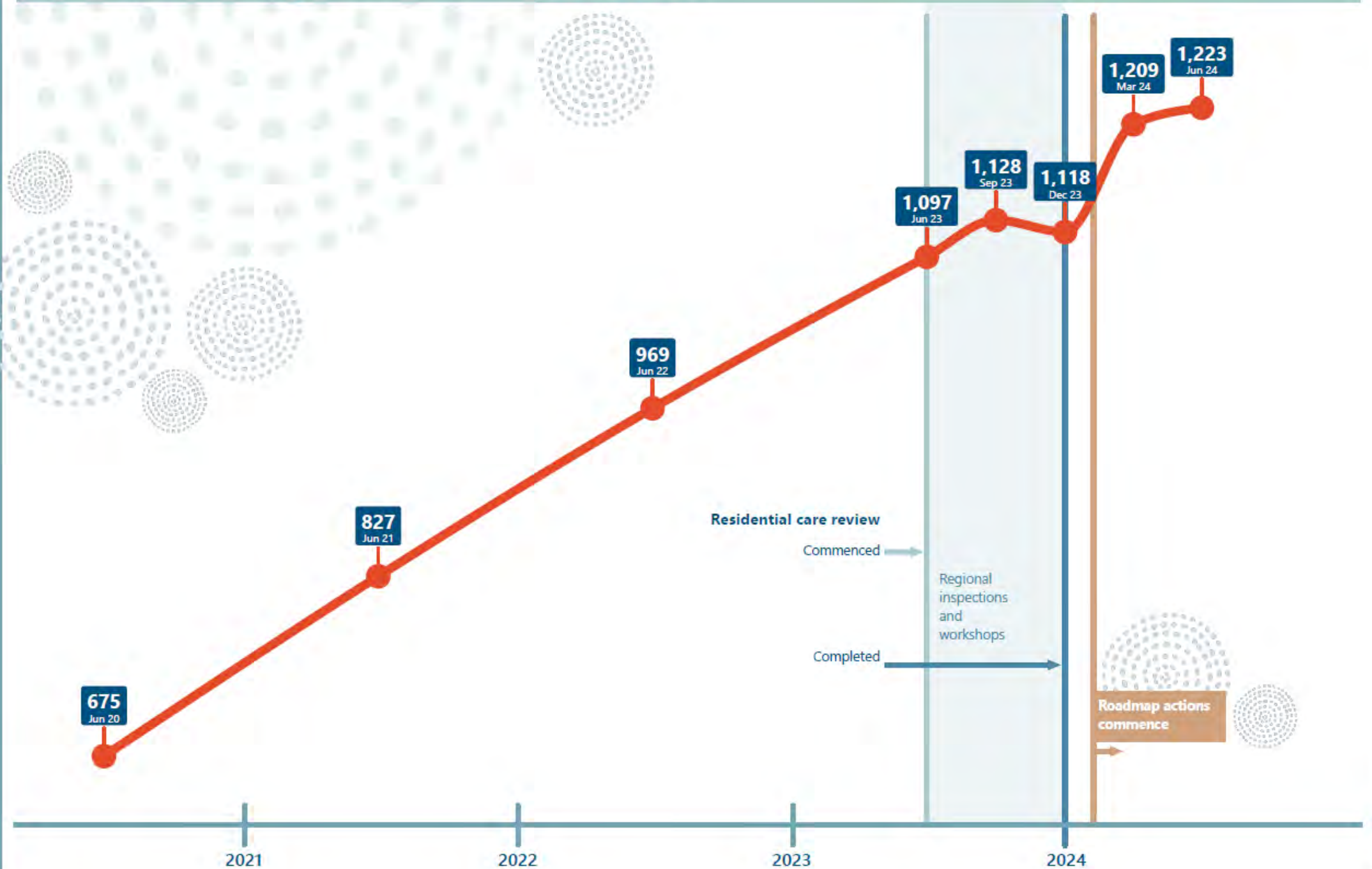
Over the entire period since the review was announced the Department has placed more children in residential care, contracted more residential care houses and expanded the number of providers of residential care (including unlicensed providers).

The statistics on the next page do show some temporary reduction in the use of residential care. This was the period when the Child and Family Commission, PeakCare and QATSICPP were visiting each regional office and asking senior leaders to explain their use of residential care. This may either be a seasonal trend each year or suggests that external accountability was effective at shifting behaviour.

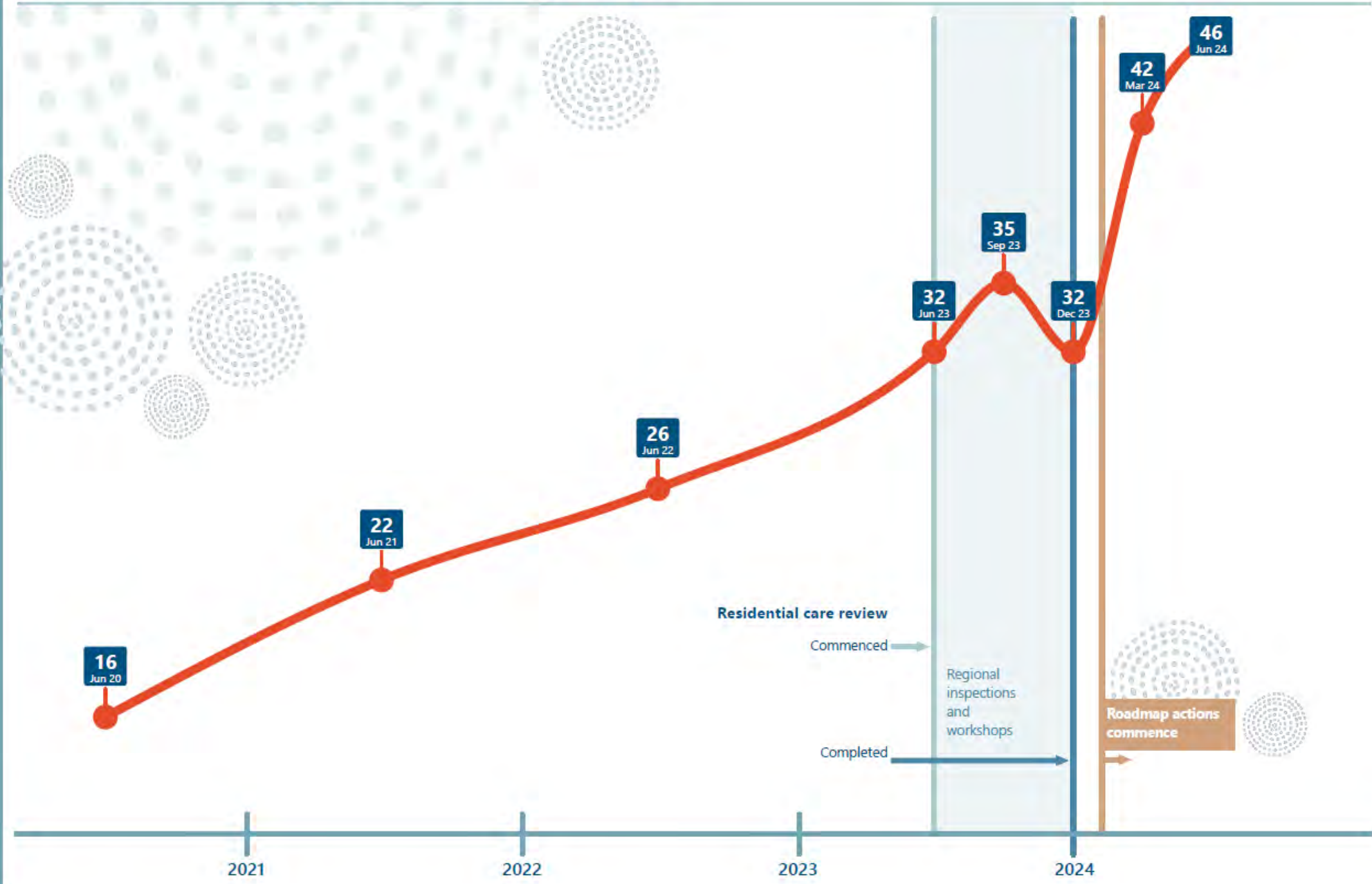
# Number of children living in residential care



# Number of children living in residential care aged 0-14 years



# Number of children living in residential care aged 0-4 years



## Key observations

Within this report I analyse the actions taken against each action in the Roadmap. From this I have formed four key observations:

### 1) Action has not been sufficiently bold or broad ranging

The residential care review started with bold intentions. It would reform the system to prevent children under 12 being placed in residential care; it would halve the number of placements (as a proportion of placements), and it would increase the quality of care provided to the then 1,763 young people who lived in care.

After detailed examination, across all regions, the Roadmap actions were drafted to contain foundational reform elements to be delivered in 2024. This included:

- trialling new models of care (eg sibling house; respite care; short-stay assessment centre; house parent; transition to independent living)
- a review of the service delivery standards
- development of a performance outcomes framework
- design of a new reunification service
- redesign of the safehouse model
- increasing financial supports to kin and carers
- developing a residential care workforce strategy
- supporting young people to have more choice about their environment.

In their design each of these deliverables would provide a pathway for a higher quality, lower volume residential care system. One year on, none of the above first year actions have been completed, and the lack of new models of care against new service standards with a new performance framework means that the old system continues to operate – and its use has grown.

In my travels I have met staff in the child safety department that do not know how the Roadmap should change their practice. Providers of residential care services have asked where the reform is up to. Young people say they can see no difference.

### 2) Action has been too slow and has not adequately recognised the impact of delay on children in residential care homes

The Roadmap contained 31 Actions over 5 years. The first year was called “Trialling new approaches” and contained 19 actions. Year two to four was called “Continuing investment in our carers and specialised services” and contained 12 actions. The wording for year one in the Roadmap was:

**“2024 – The first year of implementation will focus on co-designing and piloting new models, partnering with Aboriginal and Torres Strait Islander stakeholders and building on what works. We will continue to listen to children, carers and sector partners”.**

To oversee the implementation the Department formed a Residential Care Advisory Group comprising its executive, PeakCare, QATSICPP, Queensland Foster and Kinship Care (QFKC), CREATE Foundation and the QFCC. The first meeting was held on 12 July 2024 (5 months after the Roadmap was released) and two further meetings occurred on 20 September 2024 and 8 November 2024.

In November 2024 the Department's status report showed that only two of the 19 first-year actions had been 'implemented'. The rest remain in scoping, consultation, and design. When I raised my concerns with the Department that this did not match the priority and timeline laid out in the Roadmap I was advised that year one actions were only required to commence in year one, and it was not expected that they would be implemented or align with the Roadmap's timeline. Knowing the seriousness of the pressures on the system, and the poor life outcomes for many children and young people as a result, I am concerned the Department chose to interpret the timelines with the longest lead-time possible.

When we consider the two actions marked as implemented, the first being the establishment of a Ministerial Council for young people, and the second, piloting a new early intervention assessment – neither have a profound impact on the 2000 children living in residential care. The first is a ministerial meeting that has only met once in 12 months, and the second, a reform to the intake and assessment work undertaken by the Department.

The implementation approach for the Roadmap had two distinct options: one focused on immediate action by creating new services and models and refining them through iteration and evaluation, while the other approach involved further consultation, research, and small pilots to build an evidence base before taking action. The first approach prioritised the immediate well-being of children in a suboptimal system, while the second primarily served the interests of bureaucrats and treasury by minimising professional risk and effort. It appears that at some point after the Roadmap's launch, the second, more cautious approach supplanted the first, shifting the focus away from urgent systemic change.

Given the lack of actionable change there is now a window of opportunity for the new Minister, new government and new Director-General to reset the baseline of the reform of the residential care system. In doing this I encourage everyone in a leadership role to approach the issue as though their own children, grandchildren, nieces and nephews were going to enter the system next week.

### 3) A culture of fear and defensiveness has impacted transparency and skewed priorities

Bringing transparency to the performance of the residential care system is in everyone's best interests – but it requires us to be courageous enough to share the current system deficits. In our October 2023 Monthly Report on the Review (published on our website) the QFCC wrote:

*“During the process of the regional forums, the Commission noted significant sensitivity about data held regarding residential care. We also noted a clear gap between the data held by providers and the Department, and the opportunity for all parties to be more transparent about the current outcomes being achieved across the system.”*

Throughout the completion of the Review, and the implementation of the Roadmap, this culture of defensiveness and lack of transparency has impacted the speed and success of implementation. The governance board established to monitor and support implementation has been denied knowledge on the current numbers of children in care, and number of care providers – meaning that at the July and September meetings the members used the March public data.

When the Roadmap was published it did not specifically reference the strategic priority of getting children under 12 out of the residential care system, despite this being a strong cause of the review, and a significant theme throughout its delivery. At that time I was of the belief that many of the actions in the Roadmap – including nuanced service models, pilots, and professionalised foster care would lead to immediate solutions for this cohort.

During the course of implementation I sought access to the My Life in Care survey results for children in residential care, the minutes or records of the SHIFT Ministerial meeting between the young people and Minister, and the number of children in residential care on 30 June and 31 September 2024. The first two requests were denied – and were the only 35 requests I made in 2024 that have been denied.

Finally, while the Roadmap was in the final stages of design, I partnered with PeakCare to fund the demographic group to consider the reducing population of Queensland homes that were becoming foster carers. This research, titled *The Future of Foster Care* had a direct bearing on the success of the Roadmap, and would help inform many actions. The Department was invited to be involved in the project, and attended meetings, but ultimately decided to not participate, and choose not provide data on the current foster care population for the review.

There are many profound reasons why the Department needs to bring transparency to the residential care, and indeed, the out-of-home care system. The defensiveness and fear that is pervading their interactions with the sector and their regulators is hampering best practice – and more fundamentally the defensiveness is protecting a system that is not optimal. There are many good philosophies that demonstrate that behaviour change starts with admission – Nhat Hanh says “true change comes not by trying to suppress what is wrong but by acknowledging it and working through it”. Covey says “when we accept our flaws, we can work to overcome them”. Duhigg says “to make progress you have to admit where you are failing, and only then can you chart a path forward”. For the Department to mark every item of the 31 Action items in the Roadmap (including 19 first year actions) as being “implemented” or “on track” while there are no new models or service standards, no new performance framework, and while the number of young people in residential care has grown by 19 per cent is a failing in transparency and system accountability.

#### **4) Young people are still excluded from the reforms and continue to live in substandard homes**

Over part three of this report I analyse the actions taken against each action in the Roadmap. What is consistently clear is that the system is still the same as it was when the review began more than a year ago – only the number of young people in the system has grown by 19 per cent – and the number of babies in residential care (under 4) has grown 44 per cent!

I cannot find a young person who is speaking more positively about changes they have experienced in the system – nor one that says they are more aware or involved in the reforms.

Recently at the November 2024 Transition to Adulthood Month event in Ipswich I was approached by one of the young girls who bravely stood up and spoke about her time in residential care at the 2023 Ministerial Residential care Review Roundtable.

“Whatever happened with that?” she asked.

Over this report I attempt to answer her question.

## Residential Care Expert Advisory Council workshops

The QFCC partnered with Life Without Barriers (LWB) and Create to deliver on our commitment under Roadmap Action 1.2, to *“formalise the Queensland Family and Child Commission Expert Panel on Residential Care – comprising 12 young people with lived experience in the system as a governing body – to inform the Ministerial Youth Advisory Board, monitor the implementation of this roadmap, and hold regional forums that give young people in residential care opportunities to voice their experiences”*.

The QFCC and LWB hosted three workshops in Brisbane, Toowoomba and Mackay with young people who are currently living in or recently transitioned from residential care. The intention of these workshops was to provide a safe space for young people to share their ideas about the improvements needed for the residential care system. The QFCC supports this group as part of its core function, with key sector partners supporting the attendance and participation of young people.

We spoke with over 70 young people who lived in Queensland-based residential care at the time or within the past year. These young people were supported by their dedicated youth workers and services to attend the day. These engagements brought immense value to formulating my advice about the Review. It is deeply concerning that the Department does not facilitate regularly engagements and connect opportunities with these young people on its own accord. Across the three workshops, young people shared openly about their residential care experiences. The stories we heard were raw and honest but necessary to ensure genuine reform of the system.

While their feedback will be released in a standalone report, the key content is repeated below.

### Positive experiences of residential care

Some positive experiences were shared across the groups, with young people attending the Brisbane workshops sharing more positive experiences in residential care than those in attendance in Toowoomba and Mackay. These experiences were linked to having their basic needs met including food provisions, a place to sleep, and clothing. Access and transport to school and community was also appreciated, as were celebrations for birthdays and Christmas, however, two comments from the Brisbane workshops speak loudly to the overall experience for young people living in residential care in Queensland:

- *“Self-placing is a better alternative.”*
- *“The negative overrides the positive.”*

### Key messages from 70 young people in residential care

Ultimately not one young person that I spoke to could say that they had seen a difference in the quality, or safety of their residential care over the last 12 months. Bringing their own experiences, they reported still suffering placement changes, a lack of information and connection, and a disempowerment and devaluing of themselves.

**A critical task for the new government is to ensure that young people in residential care feel that the system is changing.**

## What needs to change

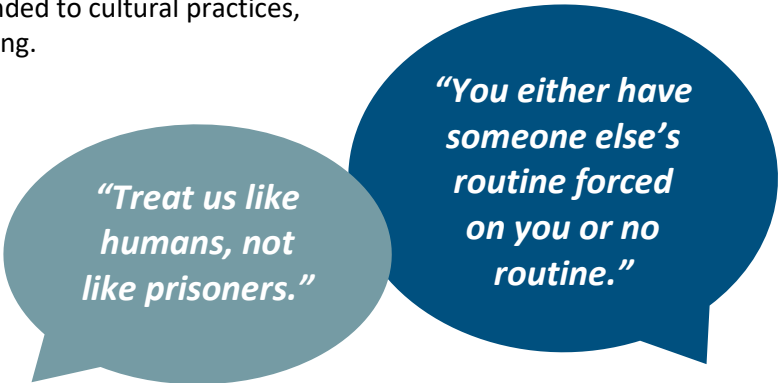
While each individual story was unique, key themes were identified across the three workshops. Firstly, *“Choice and voice”* emerged as a critical theme, demonstrating that young people want to have a say in what happens in their life. Unfortunately, overwhelmingly participants told us this does not occur, and that rules and regulations are prioritised over their needs and wants.

Another prominent theme was *“Connection”*, reflecting the importance of relationships and community in shaping experiences in residential care. This encompassed both the positive connections such as ongoing relationships with staff, family and community (school), and negative aspects such as disconnection from culture and family, loss of community, and multiple placement locations.

Thirdly, *“Safety”* was flagged as an issue that impacted multiple areas of the residential care experience. For example, safety is often the reasoning used to impose restrictions on young people within the residential homes (e.g. Locked cupboards, no razors to shave legs, no access to personal medication etc). However, young people highlighted that safety consideration was not extended to cultural practices, mental health, transportation or placement matching.

### Choice and Voice

Action 4 in the Roadmap is to *“Support young people having more choice about their environment, routine and experiences”*. The stories we heard in each of the workshops highlighted the lack of input young people had in their own lives and the capacity for this to change immediately.



Young people said they have no say in:			
Where they live	What they eat	Who they see	Where they go to school
Who they live with	What belongings they keep	What clothing they have	Changes in staff (youth worker/CSO/Community Visitor)
Who enters their room	What medications they take	What money they spend	When placement changes/ends
When family contact can occur	Feeling like they have a home	Rostering	Their independence

Across the three workshops we heard that young people felt that policy and procedural driven management remains a higher priority than their views and wishes. Young people shared that their input is often not sought or disregarded; they are often the last to know what is happening and unsure why; and decision-making is not centred around what they want or need. We heard that the *“best interests of the young person”* are often determined without input from the young person. Children in residential care feel that the world sees them as a risk to manage, rather than a child to care for.

**Young people have ideas and solutions for action. They would like to see:**

Explanations of why things are approved/not approved and by who, as young people are often not given a reason why	Better communication between youth workers/ management/ Child Safety Officers and young people	Better placement matching. They would like to have a say in who they live they	Accountability for staff/providers: <ul style="list-style-type: none"> <li>• decision making</li> <li>• surprise audits</li> <li>• media coverage</li> </ul>
Participation in scheduled house meetings (with records). Want this to be actionable. This would promote better living environment ensuring all basic needs met	Transparency on where funding is being spent. Young people want to advocate for themselves when they are not receiving the level of care as per their allocated funding	Transparency in <u>all</u> decision making	Access to complaint mechanisms
Youth workers to be able to approve items that currently go through Child Safety causing big delays	Handovers between youth workers occur in front of young people to improve transparency	Placements that feel like a home	Access to their belongings
Increased clothing allowances to ensure basic needs met	Removal of “blanket rules”. One size does not fit all	Follow up with requests	Access to records

## Connection

Action 5 in the Roadmap is to “*design and pilot peer navigator initiative to increase peer support and connection for children and young people in residential care*”. In our response, the QFCC called for the implementation plan for this action to be brought forward to 2024 (from 2026), highlighting the significance of connection for young people in residential care. We also called for genuine co-design and the inclusion of lived-experience mentors and peer support. This is time critical as we heard that young people lose most relationships in residential care and that there is a lack of understanding from staff regarding their experiences. This is exacerbated by multiple placement changes, high staff turnover, and the prohibition of family members knowing the location of residential placements.

Building a community of support that can follow a child once they exit care is critical. Many young people age out of the child protection system and exit residential care with no familiar people or supports outside of 9-5 professional services. They are often prohibited from remaining in contact with youth workers from their residential care placement, leaving them to navigate adulthood alone. Progressing this action item earlier is necessary to ensure that young people are not alone post 18.

Across the three workshops we heard that young people felt a sense of helplessness and loss when it comes to connection. Young people told us that continuous early intervention and support is not provided to families, resulting in removal of a young person from their family, culture and community. We heard troubling stories of young people having little to no contact with family members due to events outside of their control such as co-tenants’ behaviours (impacting staff availability), and young people or parents/carers not having access to transport. Many young people felt a sense of judgement upon their families and that adequate supports are not provided to families to promote contact and steps towards reunification. Comments from young people at the

Mackay workshop demonstrate why we need to prioritise connections and provide appropriate and timely supports to family and kin:

*“It’s been 9 years since I’ve seen my little siblings.”*  
*“I only get three hours per week with my baby.”*

What young people told us about connection and relationships in residential care			
Family not able to visit young person at their “home” (resi)	Sibling separation	Not advised of changed contact arrangements	Department determines who young people can see
Long distance contact not allowed or very limited	Transport not always available for family contact	No alone time with family members. Surveillance impairs relationships	Other young people going to co-tenants’ family contact because they can’t be left alone at the residential home
Miss out on milestone events (birthdays/holidays/Christmas/cultural events)	Infrequent and time-limited family contact	No confidentiality between young person and workers about family contact	No effort to support reunification
High staff turnover makes it hard to build relationships with workers	Staff not allowed to maintain contact when placement ends	Not feeling truly cared about because everyone in your life is paid to be there	No normal relationships. Not allowed to have friends over. Not allowed to stay with family.
Never 1 on 1 time with workers	Favouritism of certain young people	Staff treat young people like prisoners	Unfair expectations. Staff compare young people to their own kids
Items of cultural significance removed due to lack of cultural awareness- e.g fishing spear	Lack of culturally diverse staff and no effort to connect young people to culture	Loss of cultural connection. Staff not understanding family values and customs	No cultural support for young person or family members at contact
Family members not supported for positive contact outcomes. They have no support for food/fuel/resources	Child Safety too slow to approve contact requests	Staff make assumptions about family members	Never feel prioritised
Change of schools	Moved out of area. Family may not have access to transport for contact putting more pressure of staff and YP	Resi staff would listen, but child safety wouldn’t listen to young people or resi staff.	Forced to see family when young people don’t want to
Not allowed to have pets	Requests for more contact go unanswered	No support for young people with pregnancy	No access to records

**Young people have ideas and solutions. They would like to see:**

Family being allowed to visit the residential care home	Better transitioning into SILS and independent living. This requires relationship building on multiple fronts	Longer placements so young people can find stability and build connections	CSO to be more available to young people and explain decision making
More overall support for parents. Employment and parenting support programs. Outcomes won't improve if families are supported	CSO to deliver bad news rather putting back on youth workers	Handovers after shift should take place in front of young people rather than behind closed doors	Staff and Child Safety maintain communication with parents. Especially on health matters; young person success. "Our awards are often not celebrated with family".
More early and ongoing DFV support should be provided to young people in Care and family members	A constant independent advocate should be provided for parents through the process	A constant independent advocate should be provided for young people through Care	Supported dinner with parents/families/kin/carer
Acknowledge when mistakes have been made.	Improved youth worker/staff ratios. 1 worker to young person to build trust and connection.	Keep placements closer to family/community	Be open and transparent with young people.
Improved recruitment and training of youth workers to ensure they understand trauma and complex needs	Better training for staff and education for young people regarding health, mental health; impacts of alcohol and other drug misuse; cultural responsiveness & protocols.	Flexible accommodation spaces to support sibling placements and family contact within the residential care placement	Family mapping (and genograms where appropriate) for all young people in Care
Improved turnaround times for contact requests	Family contact not impacted by co-tenant or other young people	Consultation on decisions that impact them	Support accessing the community and events

## Safety

Safety was another area that was raised across multiple domains. Young people shared that their placements do not feel safe. We heard that violence and high-risk behaviours were often witnessed due to the placement arrangements forced upon them. This often caused further trauma and significantly impacting their physical and mental health. Concerns over staff training to manage trauma-based behaviours was questioned as there were multiple accounts of the Queensland Police Service and Queensland Ambulance Service being used as “behaviour management” tools to de-escalate situations.

What young people told us about their Safety:			
Safety plans not being followed	Won't pick young people up from a location even when unsafe if it is "far away"	Female young people living with male youth workers and not feeling safe	Young people should be able to keep their own belongings safe in their own rooms.
Youth worker not responsive with other young people acting up	We should feel safe to express feelings to all staff members – having alternative communication needs	We should have a right to privacy	Workers don't know what cultural safety is
Workers don't step in when violence erupts. Some stay in the office. Other workers pre-occupied on their phones	Cameras everywhere but don't feel safe	Car restrictions imposed due to safety risk and/or behaviour management	No sexual education or information around pregnancy
Resi "Felt like an asylum" Resi was "traumatic" "In resi it felt like I had fog covering my mind. It felt like the fog cleared when I self-placed".	QPS and QAS used as behaviour management	Youth worker/young person ratio not adequate	No mental health support. Mental health not considered when developing risk averse policies and procedures

Most accounts involved risk management and safety being exploited as justification for restrictive practices. We heard countless stories of regular household items that were deemed to be safety risks and locked away for use only with staff permission. Such items requiring staff permission were razors (to shave legs), utensils, personal medications, personal items, food items, glass items (photo frames) and deodorant. We question, even under the guise of safety, what level of dignity are we showing young people in care when they are required to ask a staff member, possibly someone they barely know, if they can shave their legs or put deodorant on? Another key message was that young people did not feel safe sharing information with staff, out of fear of repercussions for themselves or family members.

**Young people have ideas and solutions. They would like to see:**

Better matching of tenants	Quiet spaces to go if co-tenants are loud	Workers should be more trauma-informed and trained in understanding substance use and addiction and mental health. They should be able to de-escalate co-tenants before violence and aggression	More flexible housing arrangements. Should be able to offer more single tenancies. Sibling groups should not be placed other young people as this leads to conflict.
More youth workers and Child Safety Officers with lived experience.	More mental health training for staff. Then they may be able to understand implications of their actions and better support YP	Better safety training for young people	Safety planning with young people to promote trust and choice. This will set YP up with skills/strategies for when they move to independent living.
Safe places to store valuable belongings and to know where they are kept.	“Treat us like humans; not prisoners”	1 to 1 time with youth worker and CSO	Improve access to appropriate mental health supports. Do not rely on free mental health services
Cultural safety training for staff. Not removing items of cultural significance	Listen to us. Speed up response times	Respond to our concerns	Be flexible with rules. Blanket rules for everyone don’t work and only cause more issues

Young people shared many stories of not feeling safe in residential care placements and that their environments made them feel like they were in prison or an asylum. Unsuitable placement matching, of both co-tenants and workers, was a major factor in young people not feeling safe. Similar to what we heard in our 2023 review, young people shared that residential policies and procedures take precedence over their wellbeing and restrict them from living a ‘normal’ life. Young people in residential settings continue to be constantly risk-assessed and incident-reported, leading to further restrictions and disproportionate consequences.

What is abundantly clear from hearing from the young people in Brisbane, Toowoomba and Mackay is that there is actionable work that can begin now. The negative experiences and challenges that young people shared were met with ideas for change. We should act now so that children and young people living in residential care in Queensland feel respected and cared for, not like prisoners in an asylum.

# Status Review of the Roadmap's Key Actions

## 1. Listening to children and young people

**“Too often we forget or fail to acknowledge that young people in care are indisputably the experts of the Child Safety system. After speaking to over 200 workers and conducting 16 site visits, it was the daylong workshop with young people with residential care experience that provided the richest and most pragmatic solutions to the contemporary problems being discussed in the review” – QFCC Response to the Residential Care Roadmap, April 2024**

In our advice to the Minister, the QFCCs position was that “young people must be empowered within the system. This will fundamentally improve the placements, the stability and the relationships within care”. We advised that “on this basis we consider that actions 4 and 5 provide the most significant opportunity to reform existing issues in the system and will significantly contribute to empowering young people”. Sadly, the approach taken has not empowered young people in the system, and instead transactional and one-off engagement opportunities with small numbers of young people have been pursued. Arrangements to engage young people in care still look far more like a department engaging with adult customers, rather than a parent engaging with their child.

### **Action 1.1 - by 2025: Establish a Ministerial Youth Advisory Board to provide insights into children and young people’s experiences of care.**

I believed that a regular meeting between the Minister for Child Safety and children currently in residential care would continue to strengthen the system – empowering young people and providing accountability. I wrote that “by actively involving young people in these discussions, the initiative not only facilitates a more comprehensive understanding of their needs but also empowers them as stakeholders in the decision-making process, contributing to a more inclusive and responsive care system. The outcome is anticipated to be a catalyst for positive shifts in policy recommendations, ensuring that the care provided aligns more closely with the genuine needs and experiences of the young people involved.” I also warned that “implementing a formal Ministerial Council is likely to be problematic given the formality of this process. The QFCC and the CREATE Foundation can support the Minister with this engagement, and the Department and sector should support young people in their care to attend and participate.”

The formal QFCC advice in response to the Roadmap was that “on at least a six-monthly basis the Minister for Child Safety should meet with a group of young people living in residential care with intent of hearing about the quality of care they are receiving”. In the 11 months since the Roadmap was launched the SHIFT Ministerial Council has met once. The meeting occurred on 15 July 2024 and included less than 20 young people meeting with the Minister. When I attempted to access a summary report or minutes from the meeting to align with the work of the QFCC expert panel, I was denied a copy. I acknowledge the wonderful people that make up the Ministerial group. I have had the opportunity to talk to some of them about the policy work they have contributed to, including: qualifications for youth workers, advice to the public guardian on community visits, and the complaints system. These young people deserve thanks, and the opportunity to meet the Minister more often.

#### **Action 1.1 Finding:**

**Holding one Ministerial meeting with less than 20 children in residential care in 2024 falls well below our original expectations, and the importance of empowering young people’s views and wishes in the leadership of the system and the reform.**

**Action 1.2 - by 2025: Formalise the QFCC Expert Panel on Residential Care – comprising 12 young people with lived experience in the system as a governing body – to inform the Ministerial Youth Advisory Board, monitor the implementation of this roadmap, and hold regional forums that give young people in residential care opportunities to voice their experiences.**

As part of the original review, the QFCC hosted three consultation sessions with young people who have a lived experience of out-of-home care.<sup>1</sup> The participants included a diverse group who had lived in residential care across Queensland, including in Toowoomba, Mooloolaba, Rockhampton, Cairns and Brisbane. As the review was completed, this group met on three more occasions to discuss the Roadmap and this response.

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

The QFCC partnered with LWB to host three workshops in Brisbane, Toowoomba and Mackay with young people who are currently living in or recently transitioned from residential care. More than 70 young people attended the three workshops. A fourth workshop for 2024 run by Create was held in the first week in December 2024. , Over the last year the Commission has met with and heard from over 100 young people living in residential care – primarily through 4 organised days. These young people have combined to provide 20 hours of advice on how to improve their lives. This was not a hard exercise, and none of the perceived risks eventuated.

The QFCC has entered formal arrangements to continue the process for the next two years – providing more young people in residential care the ability to express their lived experience. The overall cost and time of organising these events has been minimal and each Regional Director in the Department could easily replicate the process for their location on a quarterly basis.

**Action 1.3 - by 2025: Co-design a child friendly complaints process to empower children and young people to give feedback and raise their concerns.**

During the residential care review we noted that “many of the young people were disempowered and disconnected. Young people spoke about the fear of speaking up about their workers and providers, and held cynicism that their worries would be acted on”.

When I saw action 1.3 in the Roadmap, I provided strong written advice to the Minister that:

***“Based on the above and our observations, it is our view that this action is an important reform, but that it will not be achieved via a process to update or introduce an administrative complaints process. Instead, this action should deliver change that creates a culture of empowerment – where residential care providers and staff proactively seek and act on the feedback of young people in residential care as a matter of practice”.***

***“While a new complaints mechanism may form part of this work, the goal is to change the control dynamics that exist within residential care households and across the funding and contracting relationships to ensure young people’s views and feedback is the critical determinant of system***

<sup>1</sup> “I was raised by a checklist”, QFCC [I was raised by a checklist - QFCC Review of Residential Care](#)

***performance – and that it is not only sought but is also acted on. This requires sector leadership, with residential care providers demonstrating how youth participation and youth-empowerment feature in their operations”.***

Instead of action 1.3, I recommended that “the Department and sector implement the new complaints process by incorporating system-wide changes that empower young people in alignment with their rights under existing legislation – this practice and system improvement will reach further than re-establishing new formal complaints mechanics”.

In September 2024 I received the Department’s project plan for this action showing that it was narrowly focussed on updating processes and complaints procedures. This included “identify gaps/opportunities for improvement, e.g. from the Coaldrake Report, from feedback from children and young people, and subject matter experts including operational staff and parties responsible for reporting mechanisms” by July 2024 and “implement process improvements, if required” by June 2025. This narrow approach to “the complaints process” has not given true regard to the other half of the action, to: “empower children and young people to give feedback and raise concerns”.

**Action 1.3  
finding:**

**A narrow focus on improving the current administrative complaints process by June 2025 will not adequately empower young people in residential care, and without cultural change in the frontline workforce of the Department and the sector young people will continue to be steered into arbitrary complaints processes that do not fit the purpose.**

**Action 1.4 - by 2025: Support young people having more choice about their environment, routine and experiences.**

During the review the QFCC heard that young people felt they were restricted from living a ‘normal’ life due to strict policies and procedures in residential care homes. The stories and statements we collected were harrowing. Young people said they felt their lives were risk-assessed and defined by incident-reports and corporate rules. The profound statement from a young person that they felt like “they were raised by a checklist” underscored the bureaucratisation of care. We heard of young children having their bikes, scooters and skateboards confiscated because of work health safety laws. We heard of young people who had never had a birthday cake. For too many children, there was no room for living a ‘normal’ life in a proceduralised house, and there were limited observable indicators that this was “their home”. They described the need for personal effects and personalisation in a residential care home to support them to establish their own space and to feel connected to where they are staying. In PeakCare’s submission to the review, they stated that risk management, finance and workforce laws within the residential care system are viewed as working against providers making a ‘home-based environment’. PeakCare further emphasised that “we need a service system that, for every child or young person, is a home like environment, one where they have a sense of belonging and trust. We need to co-design with them what a “home” would look like.”

Action 1.4 was a critical element of the planned reform – to be carried into the service standards and performance framework. In its formal response the QFCC outlined how this action had many additional benefits, including:

“1) Like most other parents, the state should be investing in the asset base of children in care. These personal assets – beds, rugs, desks, toiletries, linen, electronic equipment, posters/art, luggage, sporting

gear – are all elements that will aid the transition to independent living and provide a more stable platform for the day the young person is exited from care;

2) **The presence of personal belongings strengthens the young person’s connection to place and is a visual reminder of their ownership in a share of the house;**

3) Personal belongings will need to be moved by the Department and providers should a placement break down. This encourages the system to invest in maintaining placements, and to be slower and more deliberate in their planning of placement changes”.

In response to this action I formally advised the then Minister that:

“1) Each residential care provider should immediately commence work on supporting young people having more choice about their environment, routine and experiences. They will share this work at the best practice forum listed as government action 31”.

2) The Department will produce its implementation plan for this item in 2024. The plan should demonstrate how it will incorporate child-owned funding for room design, clothing and excursions within the new service standards listed as government action 8 and how the sector and government will report on progress against this item in the performance framework listed as government action 11.

3) Minimum standards for a ‘homelike environment’ must be included in each service standard and the trial of new residential care models listed at government action 7.”

In the first year of the implementation of the Roadmap, the only step taken on this action has been to discuss it at the one and only Ministerial Council meeting with young people. The project plan for this action shows that actions will not commence until 2025 despite this being an item for the first year in the Roadmap.

**Action 1.4 finding:**

**The actions taken to support young people having more choice about their environment, routine and experiences has been profoundly inadequate in comparison to the rate and strength with which young people and frontline workers raised this issue. Young people need to be valued and to feel as though they belong.**

**To address this matter the sector should be encouraged to demonstrate leadership in this action area.**

**Action 1.5 – by 2026: Design and pilot peer navigator initiative to increase peer support and connection for children and young people in residential care.**

During the Review providers and staff expressed concern that “kids in residential care need more attention and connection but our model gives them less”. The Australian Child Maltreatment Study provided ample evidence of the heightened risk young people with a trauma background are exposed to and stakeholders agreed that the residential care system needs to address these issues to create environments that encourage positive relationships and ensure children and young people feel loved, safe and cared for.

Action 1.5 came directly from the young people in residential care who called for this model as part of the day that led to the *I was raised by a checklist* report. The idea included several suggestions:

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

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

In my advice to the then Minister I noted that action was not planned to start in the first year and recommended:

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

In September 2024, the Department confirmed that work had not commenced on this item.

**Action 1.5  
Finding:**

**The priority setting for this action should be revisited, with actions commencing immediately. The QFCC Residential Care Expert Advisory Council events brings 20-30 young people in residential care (within a geographic region) together for a day. The sense of belonging, bonding, value and appreciation at these events is clearly evident and there is no reason the Department cannot make these happen regularly and routinely. This would be the start of regular engagement and peer support events, and would directly benefit young people now.**

**Action 1.6 - by 2027: Design and trial new baseline health, wellbeing and educational assessments for all children and young people entering residential care.**

This action item recognises that young people in residential care are likely to have a range of unmet needs across life domains. It was not intended to start until year three. In my response to the then Minister I noted that:

**“Perhaps the main issue with the Department’s Roadmap is that it does not specifically articulate what other government portfolios are doing to prioritise and respond to children in the care of the state. The education, health, police, housing, justice and communities portfolios all play a primary and significant role in the lives of young people – and having frontline workers, executives and ministers in those areas recognise that children in state care should be treated like “their children” would go a long way in changing the life outcomes for children in care.”**

I recommended that:

**“The implementation plan for this action should be produced in 2024. All government departments must contribute to assessing and responding to the needs of children in care with a threshold test of the state being the parent” and that “government should consider a whole-of-government plan that explicitly outlines how it will meet the needs of children in state care that includes responsibility and accountability for each director-general and department in Queensland.”**

As at November 2024, the Department reported that an issues paper identifying existing baseline health and wellbeing assessments and barriers is drafted and will assist in developing actions to address gaps in ensuring quality baseline assessments for children and young people entering residential care.

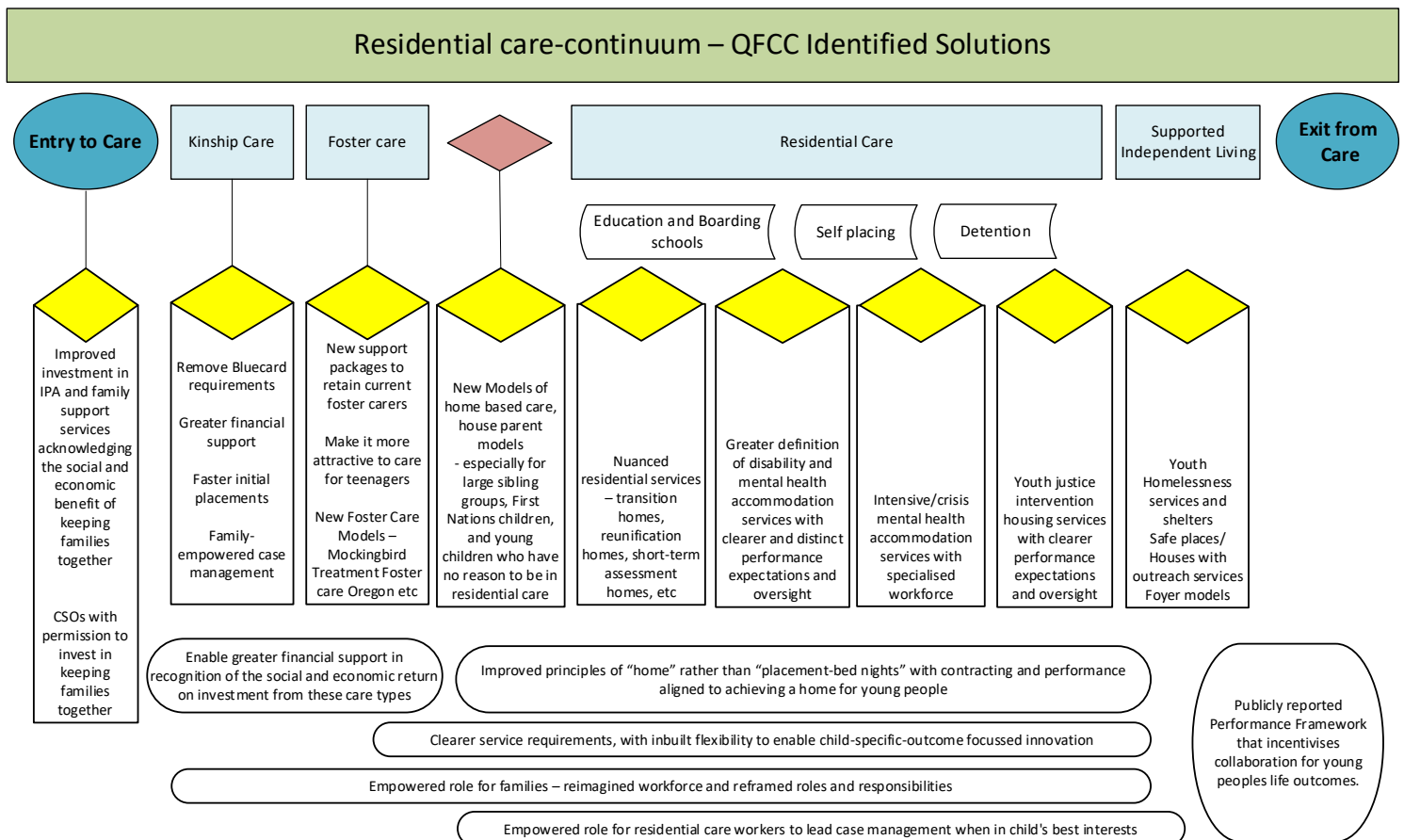
## 2. Establishing the right care models

In the first QFCC report during the Review, it was identified that the role and function of residential care had been lost. We stated that:

***“there is opportunity to make a profound difference across the system by bringing more nuance to the type of services we are seeking and committing to this specialisation”.***

This position was overwhelmingly reaffirmed at each site and house we visited. We heard that the demand pressures on the system have diluted the design intent of residential care. The QFCC documented its main observations about the design of the care system on the below continuum (see below). I said: “These observations showed the profound opportunity that exists to fill the gap between foster/kinships care and residential care with new models of care that compete with residential care in its current design”.

Residential care is a billion-dollar industry in Queensland. The QFCC sought and reviewed the current standard contracts that are used. This made it clear that there are profound opportunities to reshape the current investment with much more design intent and purpose.



**Action 2.1: By 2025 -Trial new models of residential care and build an evidence base of what works to meet the needs of Queensland children and their families (e.g. sibling house, respite care, short-stay assessment centre, house parent, transition to independent living).**

In my response to the then Minister I said:

**“This action 7 is the fundamental key to changing the current system. It is clear that what is currently occurring is neither sustainable nor optimal for the young people or Queensland. This action should be seized with priority and with multiple pilots in multiple sites commencing in 2024 across a range of cohorts and providers”.**

I encouraged the Department to consider numerous models, including 14 that I specifically listed:

- “Short stay - respite care; Short stay - assessment centre;
- Community based safe houses;
- Specialised home-based care;
- House parent models for large sibling groups; House parent models for young people with high independence; House parent models for young people with disabilities;
- Youth Foyer models/Independent living arrangements;
- Intensive house models for young people with youth justice involvement (i.e. on bail or exiting detention); Intensive therapeutic support houses; Intensive adolescent mental health accommodation; Intensive disability supported accommodation;
- Reunification homes;
- Transition to independence homes; and Transitional (Adult) Foyer models.”

My recommendation was that:

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

I was clear that: **“A slow and small pilot program will not meet Queensland’s current needs.”**

In November 2024, the Department confirmed that “stakeholder engagement activities continue to inform the development of a framework to evaluate and test the efficacy of models of care and support” and “meetings continue ...to scope and develop an options paper to design residential care responses for children and young people with disability”. There is no public reporting on the emerging continuum. This narrowing of the action, and lack of pace or transparency in developing new models for piloting has undermined the Roadmap’s implementation.

**Action 2.1 Finding:**

**The Department has not implemented sufficient new trial models of residential care in year one, nor has it made public or reported on those trials that it has commenced. Nearly eighteen months after the review was commenced more young people continue to live in generic and unacceptable models of care that have routinely been found to be lacking.**

**Action 2.2: By 2025 - Review our service delivery expectations to develop a contemporary approach to quality that is fit for purpose.**

During the Review, PeakCare’s submission stated that the contemporary model of residential care is not reflected in any minimum service standards or service design specifications. Sector experts further expressed concern about the quality of licensed and unlicensed models and there was a strong narrative regarding the different monitoring and expectations between the two. In my advice to the then Minister I stated that: “As with any performance system, the residential care industry needs:

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

My advice focussed on ensuring that reforming actions were taken quickly, and that the Department did not maintain the status quo while it worked through the new service standards. Instead I recommended that:

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

In November 2024 the Department advised that “draft guidelines relating to roles and responsibilities of residential care are being drafted and will consider findings from Catalyst for Care insights” and “timing for consultation across workforce and sector in partnership with PeakCare is to be confirmed”.

I was also advised that the Department has commenced an associated project called “ensure roles and responsibilities are clear regarding day-to-day care of children and young people” – however I am worried that this will only embed the current model, rather than reform it.

This action was intended to be bold and beneficial – for example, it would require a public servant contract manager to visit a provider of a residential care house that is being used for a large sibling group, or infants, or children with youth justice exposure, and document the service standards and performance expectations for that house. This would have empowered the providers, the children and the Department to develop nuance within the system - building an understanding of what is currently being purchased, and enabling the ‘trail of new models’ outlined in action 2.1.

The failing to understand, after months of consistent feedback, that the generic contracts and related service standards were causing harm, frustration and inefficiency is discouraging.

<b>Action 2.2 finding:</b>	<p><b>The Department should ensure that no new residential care contracts are entered into without detailing new and bespoke service expectations, and that these expectations align with new trail models defined against a reformed residential care continuum as outlined in action 2.1.</b></p> <p>A circuit breaker from continuing the current operational dependency on the status quo must be introduced.</p>
----------------------------	---

### **Action 2.3: By 2025 - Design a specialist services project to support a trial of intensive therapeutic care and support for young people with disability, mental health and behavioural support needs.**

The Roadmap proposed a tier of residential care called “intensive therapeutic care”. In my response I advised the then Minister that “the QFCC agrees that more needs to be done to address the specific needs of children with disability, mental health and behavioural support requirements” and that it aligned with the recommendations of the Child Death Review Board. I went on to advise “however we must ensure that the health, disability and mental health sectors remain involved and responsible for their areas of responsibility. The Department should avoid establishing and running service models that duplicate the specialist interventions that best fall within other portfolio areas of responsibility”. My expectation was that “ensuring multi-agency design, funding and accountability for children in state care will be important when implementing this action”.

In November 2024 the Department advised that “the review of the Counselling and Intervention Support service type is underway with project methodology established and stakeholder engagement commenced” and “meetings continue ...to scope the design of a specialist service for young people with disability, mental health and behaviour support needs”. This action is an example of the Department pursuing project integrity for an evaluation of the current residential care system, rather than progressing a new trial model that the review recommended and that Queensland children needed then, and need now.

### **Action 2.4: By 2026 - Stand up multiagency panels to coordinate service provision and supports for children in residential care with intensive support needs.**

The Department's plan to stand up multiagency panels was supported however I noted that “Queensland already has a number of multi-agency panels, and it is likely there will be duplication for some young people.” I advised that “in implementing this action, it will be important that the multi-agency response is based on the young person's needs, rather than whether or not they moved into residential care services. Young people who leave residential care and self-place must also be included in this shared responsibility – as should young people who have their residential care placements closed because they are in hospitals, watch houses or detention centres.”

The QFCC would like to see a public commitment from the heads of all government departments to prioritising the long-term outcome for children raised by the state.

This action has not commenced.

### **Action 2.5: By 2026 - Develop a performance and outcomes framework to maximise investment in residential care.**

I saw the action to develop a performance and outcomes framework as one of the key foundations of the reform. In my formal response I wrote:

**“This key reform offers significant opportunity for transformational improvement in the residential care system.... The QFCC is willing to allocate resources and time to assist with the development of a holistic and integrated measurement tool – drawing on operational, longitudinal, quantitative and qualitative information.**

**It is our strong opinion that historical methods of government service and program evaluation are not fit-for-purpose when considering the goal of residential care is to provide leadership in the raising of children. Ultimately many of the impacts of residential care service delivery eventuate in adulthood.”**

As well as being a foundation for the reform, I also considered the creation of a residential care performance framework as a quick win – able to be delivered within a matter of weeks with the high levels of sector input that

had been generated through the roundtable and the review. I advised “the QFCC has held an internal workshop to elicit some of the key measures that might better define success in residential care across the system. The measures on the following pages were developed in two hours”. The result of this two-hour workshop, was provided in my formal response to the Minister in April 2024, and I am aware that other jurisdictions in Australia are drawing on it for their own out-of-home care outcomes frameworks and strategies.

The QFCC recommended performance framework included measures that apply at multiple levels across the residential care system including:

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

The performance framework also included all life domains for young people in care – and explicitly meet the Rights of Children in Care set out in the Act - thus recognising the state’s obligations to young people in care.

My strong recommendation to the then Minister was that:

**“A co-design process to create a transparent performance framework that is holistic and focussed on the life outcomes for young people in residential care should be finalised this financial year”.**

In November 2024 the Department advised that it has instead completed “investment mapping to the existing OOHC framework” and that “planning is underway regarding next steps”.

This was affirmation that the implementation of the Roadmap was prioritising the current system over the intended reform.

**Action 2.5  
Finding:**

**The Department should produce an initial residential care outcomes framework by 28 February 2025 (with the view that it can evolve as the reform matures).**

**The Queensland Family and Child Commission would be willing to lead this work if the Minister and Department considered this to be of assistance.**

### 3. Keeping families together and connected

The Review found that more effort is needed to keep families connected across the continuum of care. The review heard from parents and families that they rely on the system to provide support when they are unable to meet the needs of their children. Providing supporting interventions that enable parents and families to keep their children safe is the most effective, efficient and financially sustainable way of improving outcomes for Queensland's children.

#### Action 3.1: By 2025 - Partner with the Aboriginal and Torres Strait Islander organisations to design a new reunification service.

My advice to the then Minister on this action was that:

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

In November 2024 the Department reported that this action was on-track, and that a "jurisdictional review of reunification service models is close to finalisation in consultation with the QATSICPP. The review will inform the project's direction."

On this basis this action has not been delivered in year one, and Queensland is still without a new reunification service that can take pressure off the residential care system.

#### Action 3.2: By 2025 - Pilot a new early intervention assessment and safety response supporting families to stay safe and together where child protection risk is identified.

In my advice to the Minister I said "increasing investment and effort in early intervention to keep children and families safe should be the goal of all social service departments in Queensland. It is not viable to take ever increasing amounts of public money to deal with the ever-increasing impact of failing to intervene early". I recommended that:

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

In their November 2024 report the Department considered this action implemented, based on the fact that:

- "Workforce readiness activities continuing with Family and Child Connect , Intensive Family Support , Assessment and Service Connect (ASC) and Family Wellbeing Service providers to support implementation of the Enhanced Intake and Assessment Approach (EIAA)".
- New EIAA and Child Safety Intake and Assessment responses have been incorporated into the finalised ASC model and guidelines and have been socialised with the Department's regions and providers.
- Monitoring continues as part of business-as-usual processes.
- Updates to the Families Investment Specification and the Advice, Referrals and Case Management (ARC) system are being finalised.
- Refinements to policy and procedures continue in readiness to commence alongside the Department Unify Release 2."

As mentioned above, this is one of only two actions from year one that are implemented, and this one does not impact on any young person currently in residential care.

**Action 3.3: By 2026 - Redesign the youth support program to deliver outreach services that strengthen connections to family and community-based supports.**

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

My formal recommendation to the then Minister was:

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

The Department has advised that “the review methodology to redesign the youth support program is being developed.”

**Action 3.4: By 2026 - Work with residential care providers to improve family contact opportunities and incorporate family connection into quality standards and performance reporting.**

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

My recommendation to the then Minister was that:

**“Strengthened connections to family and community should be measured as a key and fundamental part of the performance framework to be established in Government action 11. and**

**Connection activities, a young person’s views on their connections, and a parent and family’s views on their connections should form part of the service standard expectations, and contract conditions of new models of care (Government Actions 7 and 8).”**

In November 2024 the Department reported that it was “consulting with stakeholders including QFCC, QATSICPP, Family Inclusion Network and CREATE on ways to improve family contact”. It has commenced planning a Family Time Project which “will include contemporary practice standards and policy, procedure, and practice guidance will be developed to support family time decision making in line with children and young people’s best interests. The project will explore the use of technology to support timely review of family time arrangements and consider repurposing a safe contact tool and family contact centres and/or coaching models of supervision”.

**Action 3.4 finding:**

**The Department should continue to produce the Family Time Project as a matter of priority, but the process should be broadened to the residential care sector (who are both closest to the child and more able to organise logistics of family contact).**

**Action 3.5: By 2026 - Review and recommission tertiary and targeted family support services to enhance in-home and placement supports.**

Targeted family support services are necessary to prevent entry to care, and to ensure the safety and sustainability of reunification work. In my advice I stated that “the commissioning of tertiary and targeted family support services must be undertaken as part of, or in connection with the design of new models of residential care” and “the review and recommissioning of these services should occur in the context of the overall system of programs and services that have touchpoints with children entering and in residential care”.

In November 2024 the Department confirmed that they are reviewing intensive and targeted family support “and will look across the existing family support system to ensure gaps and opportunities for program and service design are considered”. They also advised that budgetary implications are being considered.

**Action 3.6: By 2028 - Develop and pilot a community-based mental health response including supports and treatment for young people at risk of entering or who have recently entered care.**

The Australian Child Maltreatment Study has clearly demonstrated the mental health impacts of childhood trauma. By definition, every child in residential care has suffered childhood trauma, and therefore preventative and intensive mental health support should occur for all children. In my formal response I wrote:

“Too often the QFCC sees cases where the system waits for a child to reach a crisis point before mental health needs assessments and supports occur.”

I advised the then Minister that:

**“The quality and extent of mental health support to young people in residential care must improve, and the Department of Health must lead and contribute to the prioritisation of this action item.**

**In defining the models and service expectations, the Department must be clearer about when each residential care model: must include ‘in-house’ mental health support; does not require ‘in-house’ mental health support and will instead use ‘in community’ support; and must have a primary and specialist focus on mental health support.”**

The Department has confirmed that it is consulting with Queensland Mental Health regarding this item, including options to trial Multisystemic Therapy.

**Action 3.6 finding:**

**This action should be brought forward into an urgent project that draws on this Roadmap Action, as well as the Child Death Review Board report concerning young people with High Risk Behaviour, and the new government’s commitment to a secure accommodation service.**

**Progressing a specific and detailed plan for the maintenance and improvement of the mental health of young people who enter and exist Queensland’s residential care system must be a priority.**

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

Aboriginal and Torres Strait Islander children and young people are disproportionately represented in the care system. Throughout the roadshow process the QFCC heard of too many First Nations children being in care because of system barriers – specifically the difficulty of Child Safety approving relatives as kinship carers. Staff and sector partners were adamant more could be done to immediately shift hundreds of children out of residential care if a ‘whatever it takes’ policy was adopted.

### **Action 4.1: By 2025 - Review every Aboriginal and Torres Strait Islander child in residential care to ensure their current placement meets their best interest and supports the development of effective transition plans.**

An agreement to review the case and circumstances of every Aboriginal and Torres Strait Islander child in residential care was a key commitment sought, and secured, by QATSICPP at the Ministerial Roundtable. In my advice to the Minister, I advised that “the review of every Aboriginal and Torres Strait Islander child in residential care must be done transparently with the involvement of QATSICPP, the First Children and Families Board and Commissioner Natalie Lewis. Operational level outcomes (i.e. the actions taken for children) as well as systemic learnings must be shared with the QFCC and the sector.” I based this advice on the fear that while action would be taken for the current cohort in residential care, new entrants would replace those that could be alternatively placed. Looking at the resulting placement data 12 months on, this appears to have occurred, with more Aboriginal and Torres Strait Islander children in residential care now than when the Roadmap commenced.

In November the Department confirmed that the ‘what would it take?’ transitional pathway project is fully operational and Circles of Care Panel meetings in regions continue to be embedded. I understand this action will be recorded as implemented and transition to core business.

### **Action 4.2: By 2025 - Increase Aboriginal and Torres Strait Islander self-determination through the expansion of Delegated Authority models.**

Delegated Authority is an important mechanism to deliver improved self-determination, however my advice to the then Minister was that “it is not the only way to empower Aboriginal and Torres Strait Islander communities. Our practice across the system – within all government departments, across the sector and within federal and local government, must align to the Aboriginal and Torres Strait Islander Child Placement Principle – and there are major opportunities in residential care to improve the extent, scope and value of participation and partnerships”. I further recommended that “the implementation plan for the expansion of Delegated Authority should be published.”

In 2024 the Department has delivered a significant expansion of delegated authority – both geographically and in terms of the number of organisations and the powers delegated. In November 2024 the Department confirmed that it was “supporting 12 organisations delivering 17 funded services across Queensland.”

### **Action 4.3: By 2025 - Redesign the Safe House model in discrete communities to reflect a community-led response to child and family safety.**

During the review First Nations staff and Child Safety workers spoke highly of the Safe House model in locations where they were an option, and I noted “a critical strength of safe houses is the ability of the community to shape their use depending on circumstances”. I advised the then Minister that:

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

This action was identified as a first-year deliverable, however by November 2024 the Department was reporting that “consultation was occurring...to identify a Safe House for redesign”. This again exemplifies my concerns of a Roadmap action that was intended to be transformative, resulting in a tinkering of the current status quo.

#### **Action 4.4: By 2025 - Develop a First Nations First Choice policy to increase investment in ATSICCOs and Indigenous businesses.**

In response to this Roadmap action, I advised the then Minister that “the development of a First Nations First Choice policy should be undertaken transparently with the involvement of QATSICPP, the First Nations Board and Commissioner Lewis”. In November 2024 the Department advised that: “The First Nations First Choice Policy has been approved by the Child Safety Director-General with stakeholder engagement to support implementation. The policy will also contribute to action 2 of the Safe and Supported Aboriginal and Torres Strait Islander First Action Plan. Queensland committed to invest in ATSICCOs to shift towards adequate and coordinated funding of early, targeted and culturally safe supports for Aboriginal and Torres Strait Islander children, young people and families. Safe and Supported is delivered and overseen in partnership with the Aboriginal and Torres Strait Islander Leadership Group which includes QFCC’s Commissioner Natalie Lewis and QATSICPP Chief Executive Officer, Garth Morgan”.

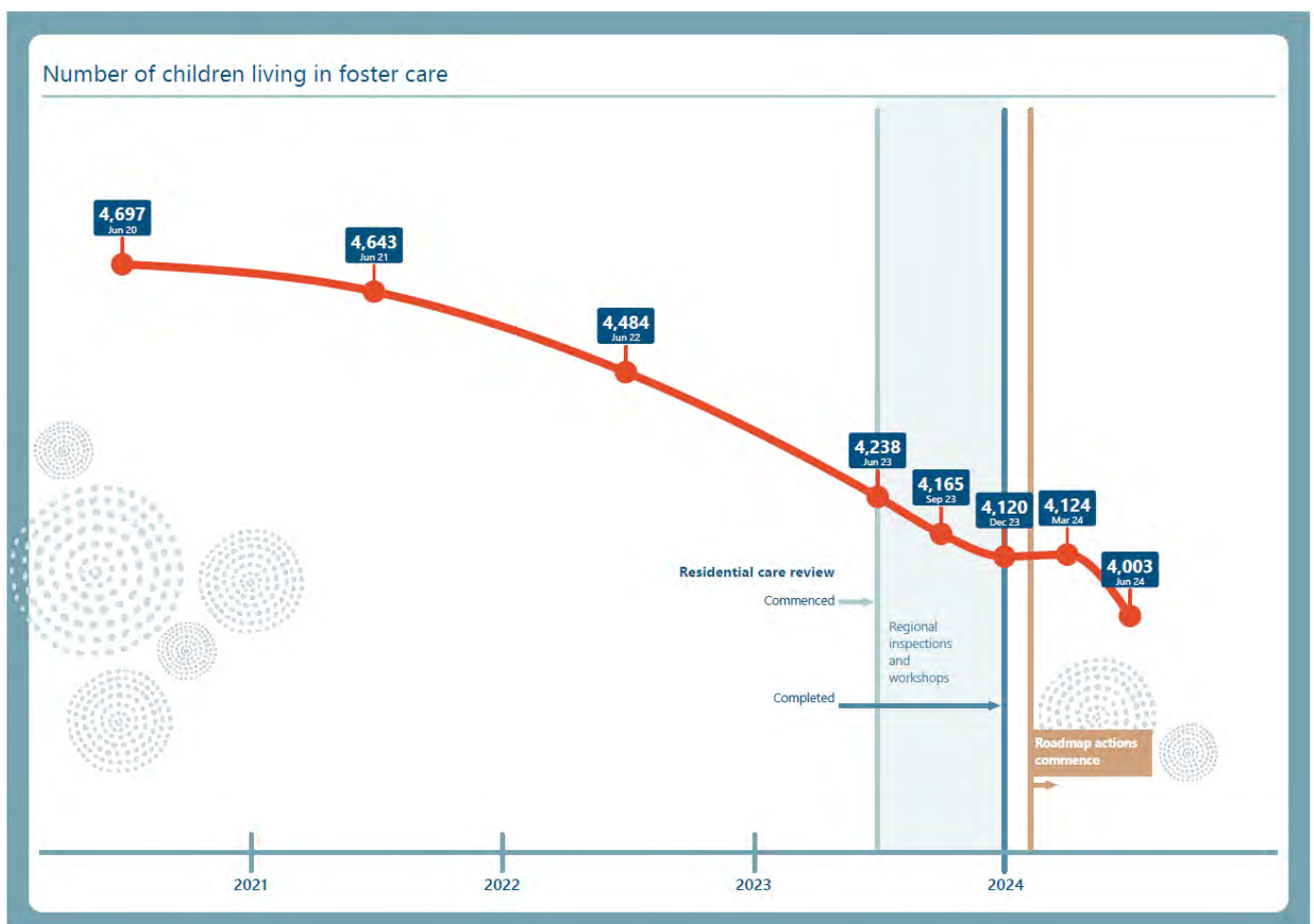
#### **Action 22: By 2026 - Establish an innovation fund to support ATSICCOs to design and deliver culturally appropriate models of care.**

The QFCC supported this action but also noted that ‘Family Caring for Family’ is an existing model that needs further implementation. I recommended to the then Minister that “the implementation plan to establish an innovation fund will need to be clear about the distinction between funding ‘design of models’ and ‘delivery of the models’ as both will have unique procurement requirements”. The Department has confirmed that the commissioning of this fund will commence in 2025.

## 5. Improving support for kin and foster carers

The Review heard about the importance of making every effort to find family to care for children and young people and invest in supports to enable kinship carers to keep children and young people with them. The young people who reviewed the Roadmap with us emphasised that young people wanted continued efforts made for foster care and family finding while they were in residential care. Young people shared concerns that residential care too quickly became “a final destination” and that “once we go there, we are tainted and no one will take us”.

It is a sad reality that while the number of children in residential care has increased over the last 15 months, the number of children in foster care has decreased by 649. At both ends of the out-of-home care continuum the outcomes needed to be delivered have not been realised.



### Action 5.1: By 2025 - Pilot a Ready Response to increase family-based care as the first placement in emergent situations.

The QFCC understands this ready-response pilot will identify the extent to which providers are able to mobilise their foster carer cohort to take on new placements. I recommended that the then Minister “the details of the pilot and its timing should be communicated to the sector and the QFCC in 2024.” In November 2024 the Department advised that “Five of six DCSSDS Regions are participating in the pilot” and “At 1 October 2024, 119 children and young people were placed in family based care. 62 per cent were new into care and 89 per cent of

care arrangements were primary placements”. This is one of the few actions where the Department has chosen to provide performance data as part of its November status reporting.

**Action 5.2: By 2025 - Pilot new and innovative models of foster and kinship care (e.g. recruitment services, respite care, shared care, specialist family-based care, professional care).**

During the review I advised that:

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

I urged the Minister and Department to progress this action boldly. I said:

“Designing, piloting and implementing new forms of ‘home based care’ should not be seen or intended as a challenge to traditional foster care types – instead they must be directly targeted as a better option than residential care. **On this basis there is a significant funding source for these models and the incentive to commence them is urgent.** This design intent is critical – Queensland must maintain and grow its current foster care system while designing and innovating new models that will compete with the residential care system.

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

Ultimately, I recommended to the then Minister that: “New and innovative models of foster and kinship care, including professional care must be scoped, designed and delivered as an alternative to residential care, not as an alternative to traditional foster care – which still has a legitimate and valued contribution to make to the care continuum.”

Specialised foster care or professional foster care would provide an immediate solution for the children in residential care under the age of 12. Instead of paying \$400,000 to a company to provide a shift-work care model to these children, government could offer an annual wage of less than that amount to any one or two of the workers to become the child’s permanent carer. This would have profound life outcomes for the child – for whom attachment and stability are the foundations of learning and identity.

In its November 2024 update the Department outlined that it had would establish “14 additional kinship care services” including a “foster care recruitment service” in Brisbane and Moreton Bay. This response again highlights how a slow, narrow response that preferences the current system has been chosen over the bold and transformative action required by the Roadmap.

Last week I met 16 young people living in residential care, all under the age of 14 – including five under 5 and one three-year-old. One year on from the review being called to address this problem, these children are still in the same situation.

**Action 5.2  
Finding:**

**Hundreds of Queensland children are today in residential care because there has not been action take to repurpose residential care investment to establish and expand specialised and professional foster care. The new government’s commitment to a trial of 100 professional carers should proceed with priority within the next 12 months, and subject to any major impediments it should expand exponentially in place of the residential care system over the next three years.**

### **Action 5.3: By 2025 - Increase financial supports to kin and carers by streamlining care allowances and piloting flexible brokerage support packages.**

During the review we learnt that the average annual cost for a child or young person in residential care is approximately 13.77 times higher than for a child in family-based care.<sup>2</sup> Based on this I advised that “There is sufficient funding available to reward carers that either: prevent a child entering residential care; and/or enable a child to leave residential care.”

Over four pages of my formal response to the Minister I outlined the economic cost of foster carers, and the return on investment compared to a residential care placement. I called for innovation, incentives and retention bonuses. I recommended to the then Minister that:

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

The economics of the care system demand a review. I find it illogical that we could choose to provide a foster carer a \$200,000 bonus for each child they keep out of residential care for a year and the taxpayer would still be a bigger economic winner – at more than \$200,000 ahead.

In November 2024 the Department confirmed that four new brokerage services will further support carers and that \$190 million over four years will increase care allowance to over 60 per cent of carers. I do not see within any of the details how this investment is being used to challenge the status quo system, and to encourage movements of children from residential care to foster and kinship care.

#### **Action 5.3 Finding:**

**As above, the new government’s commitment to a trial of 100 professional carers should proceed with priority within the next 12 months, and subject to any major impediments it should expand exponentially in place of the residential care system.**

**Additionally, the Department should innovate a carer incentive and placement retention payment scheme.**

### **Action 5.4: By 2026 - Expand access to counselling, intervention, and support services to carers.**

The young people I engaged to review the Roadmap advocated strongly for carers, and wished more effort was made to keep these foster care and kinship care arrangements together before they ‘were moved’. The young people also highlighted the importance of ‘family’ mediation or a debriefing team, as they didn’t want to be removed from stable homes if the carers were unsupported. The young people particularly recognised that providing carers additional support was valuable – but that counselling and conflict resolution for the household would have a profound opportunity to reduce placement breakdown. Based on this I recommended to the then Minister that “creating counselling and mediation processes for a foster care family in a way that recognises the household unit should be included in the additional counselling, intervention and support services that are designed for carers”. In November 2024 the Department confirmed that action on this item had not commenced.

<sup>2</sup> The annual cost for a child or young person in residential care includes the cost of staff, and the annual cost for a child or young person in family-based care includes funding provided to foster and kinship care services that support carer households.

### **Action 5.5: By 2027 - Pilot a new behaviour management hotline for carers to access the specialist support they need at the times they need it.**

QFCC and the young people that reviewed the Roadmap did not think that ‘behaviour management hotline’ was the correct name for this service but understood and agreed that a communication service that is available outside of business hours will assist carer households to raise issues and seek advice about something that may be causing conflict or concern in the household. I advised the then Minister that “the service specifications for the hotline must include a child-centred, whole-of-household approach to the family and parenting advice it provides. The government should explore existing parenting and family advice lines to minimise cost and duplication and a similar hotline service for residential care households should be considered.”

In November 2024 the Department confirmed that action on this item had not commenced.

## **6. Our workforce**

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

### **Action 6.1: By 2025 - Develop a residential care workforce strategy, led by PeakCare, to meet the current and future needs of the sector.**

During the review I wrote:

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

Based on this I advised the then Minister that:

**“the development of a residential care workforce strategy provides a key opportunity to pave the way to a future direction for the system and sector – but it must be guided by the other actions in the Roadmap – including the development of new care models, service expectations and changed power dynamics regarding the voice of children and young people.”**

Importantly, I made the recommendation that: “The Residential Care Workforce Strategy must pave the way to a future where there is a smaller workforce with improved capability. As such it must position the residential care sector within the broader human services industry. Consultation and collaboration will be fundamental to ensuring the strategy is successful.”

As at November 2024 PeakCare has undertaken extensive consultation across the state, conducting a roadshow and regional engagement forums matching the extent of the residential care review. Through this process 250 sector representatives have attended 11 forums, 70 design and discussion meetings have occurred, 150 residential care providers have been engaged and 350 workforce survey responses have been received. This demonstrates the level of engagement and activity that can be achieved by a small team prioritising the Roadmap’s actions. PeakCare has also established a Program Board, that includes representation from QATSICPP and a young Queenslanders with lived experience of residential care. The Board has met three times.

**Action 6.1 finding:**

I commend PeakCare for getting on with the task allocated under this item, for continuing broad consultation and including the voices of young people – however due to the Department’s delays in other items it is likely that we will now have a workforce strategy before we have: 1) established new models of care; 2) revised service standards and 3) created a performance framework.

**The danger now lies in building a workforce strategy for the current, rather than the reformed system.**

Empowering the sector peak to progress more of the work on the reform Roadmap may be a better option to securing a reform agenda with the correct speed.

### **Action 6.2: By 2025 - Expand Queensland’s Hope and Healing Framework and related training to equip the workforce with a broader range of essential knowledge and skills.**

In our response the QFCC supported this action and I advised that “ensuring a high standard of foundational training across the sector is a fundamental need.” In November 2024 I was advised that “a draft strategy and implementation plan has been developed to guide the review and revise existing Hope and Healing training. Potential master class topics have been identified by Child Safety and PeakCare with priority focus on Preventing Child Sexual Exploitation”.

### **Action 6.3 By 2025 - Develop new training to provide foster and kinship carers with foundational skills and ongoing learning opportunities to better equip them for their caring role.**

In my response to the review I said that the “retention of carers provides the greatest opportunity to decrease our need for residential care. Each year roughly as many carers leave the system as are recruited”. I advised the then Minister that “the design of new training and support packages should emphasise delivery methods that are multi-channel, available on-request and responsive to needs”.

In November 2024 the Department confirmed that “Jurisdictional analysis of carer training approaches has been completed and will inform priority areas for training”.

This response is disappointing. I would expect that a contemporary child safety department would be across other jurisdictional training approaches for carers as a matter of usual business, and that the messages in the Review, and in the QFCC survey of carers made it clear what the priority areas are.

### **Action 6.4: By 2026 - Establish a new sector-led forum to showcase and recognise best practice across the sector.**

During the review I stated that there “is a distinct need for greater performance and consistency across the residential care sector”. I noted that:

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

Based on this I recommended that:

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

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

As at November 2024, planning for a 2025 event is underway and PeakCare is also working with the Centre of Excellence in Victoria to draw learnings from their ‘Resi Rocks’ events.

## Conclusion

The Roadmap's conclusion stated that "the Principal Commissioner, QFCC, will provide expert advice on and oversight of the implementation of the roadmap" and provide an independent report to the Minister. It also stated that:

*"A monitoring framework will be developed to assess how well the existing and new actions are contributing to a non-family-based care (residential services) system that is meeting the needs of children and young people. The framework will be informed by the experience and outcomes for children and young people living in residential care".*

After 6 months of review and planning, and 10 months of implementation, it is not clear what benefit children living in residential care have received from the Review and the Roadmap.

In November 2024 a new Minister for Child Safety was appointed as part of a new government. The Minister has public commitments to:

1. "Delivering the 'Safer Children, Safer Communities' Plan to protect our State's most vulnerable children and ensure the child safety system is working effectively to keep children safe and prevent them falling into crime".
2. "move towards a dual-carer model across the residential care sector".
3. "increase Child Safety Officer numbers by 20 per cent by 2030".
4. "ensure programs are measurable, and data collected and evaluated to ensure funding is well-spent and outcomes are reached".
5. "Pilot a new professional foster care program for children with disabilities and complex needs currently in residential care".
6. "Increase the allowance for extracurricular activities and education support for children in out of home care".
7. "establish an effective independent complaints system in Child Safety which can appropriately deal with complex case complaints".
8. "conduct extensive consultation in the design and development of Queensland's first Secure Care facility".
9. "increase the State's preventative measures and reduce the occurrence of family and sexual violence in our communities".
10. "reduce the number of young people in care interacting with the criminal justice system".

Based on the above status assessment, the change of government, and the election commitments listed above, I recommend that:

**"the new Minister for Child Safety revisit the Residential Care Roadmap and publish a new, integrated strategy for improving the life outcomes for Queensland children in Out of Home Care System. This new strategy should be produced by incorporating the relevant election commitments, Child Death Review Board recommendations, and the actions from the Residential Care Roadmap including my advice contained in this report.**

In making this recommendation I further suggest:

- 1) the introduction of improved public transparency on the performance of the system that is raising vulnerable Queensland children, noting that the internal culture of the Department must become more courageous;
- 2) on at least a six-monthly basis the Minister for Child Safety should meet with a group of young people living in residential care with intent of hearing about the quality of care they are receiving, and the Minister should routinely visit residential care homes;

- 3) the use of generic residential care contracts and service standards must cease immediately – with any new houses required by the Department to be created only as part of a strategic pilot program exploring new models of care with bespoke service standards fit for the children in the house;
- 4) the creation of a specific and detailed plan for the maintenance and improvement of the mental health of young people who enter and exit Queensland’s residential care system;
- 5) production of an initial residential care outcomes framework by 28 February 2025 (with the view that it can evolve as the reform matures); and
- 6) the rapid implementation of the new government’s commitment to a trial of 100 professional carers within the next 12 months, and subject to any major impediments it’s exponential expansion in place of the residential care system over the next three years.

I propose to continue my oversight of the Residential Care system, drawing on the Roadmap and the advice I have given about it, as well as the Governments election commitments.

Subject to governments response to this report I anticipate producing my next monitoring report in six months.

## Attachment 1:

### QFCC's Key observations during the Review

The key messages I recorded and communicated regularly during the Review were that:


1. **There are opportunities for new effort and investment to support kinship carers that will take immediate pressure off the residential care system – however both the existence of, and perception of, rules is preventing this effort.** Overwhelmingly, we have heard that children should be with kin and any reform must prioritise kinship mapping, reducing the overregulation of kinship care by removing the need for Blue Cards and increasing flexibility in funding models to allow financial investment in kinship care homes to meet the needs of their children: “We regulate kinship carers as workers. They are family raising family, not workers raising family. Kinship and foster carers are two discrete groups.” “First Nations children need to be with kin. We could be investing the money we spend on supporting children in residential placements towards supporting kin to raise family.” “Our system is designed on funding buckets, and our biggest bucket is at the wrong end, getting the wrong outcomes.”
2. **There is a clear gap between the available foster and kinship carer models and the residential care model, with children being escalated into residential care models unnecessarily and the opportunity to contract alternative home-based services have been missed.** Workers spoke of their desire to fund home-based care for large sibling groups – to use house parent models for young children, and to reframe many of their residential care placements to be new services where a stable worker could enable reunification work to occur. There was broad recognition that the majority of children currently in residential care did not need this type of service: “The majority of children in resi now do not have complex needs.”
3. **The concept that residential care has lost its nuance – there is opportunity to make a profound difference across the system by bringing more nuance to the type of services we are seeking and committing to this specialisation.** We heard that the demand pressures on the system have diluted the design intent of residential care. Providers and staff are concerned that the system is intended to escalate to meet the behaviours and needs of young people but that “kids in residential care need more attention and connection but our model gives them less”. Another provider said: “the system architecture is driving the services delivered not the child’s actual needs.” “There has been an absolute dilution of design intent.”
4. **Much of the current residential care system is operating as disability support accommodation for children.** Individuals reported growing numbers of children being relinquished by their parents who no longer had the resilience to raise their child, and workers spoke of frustration at not being able to obtain “any more support than the poor parents who made this choice”. Staff and sector spoke about the attitude of National Disability Insurance Scheme (NDIS) assessors and workers who are perceived to see residential care as a ‘protective disability support’ meaning it is even harder to obtain services for children with disabilities.
5. **There is a discrete place for residential care in the out-of-home care system.** Stakeholders support the need for continuing residential care models but the urgency to find children a placement is compromising the model. Providers report feeling pressure to shift from their carefully planned individualised models of care to help release the pressure points in the system stemming from a lack of foster and kinship placements: “We are being pressured to place children because there is a spare bed even though we have said it is not safe or suitable due to the circumstances of the other children in the home.”
6. **Funding processes and approvals are actively working against child-focused and family-based outcomes – both in the design and commissioning of innovation, and in the contract management of funded services.** The construct of competitive tendering is working against collaboration and the provision of “parental care” and the funding model is blocking best practice. Stakeholders reported the current funding models and

processes are more focused on counting dollars than investing in the needs of children and their families. Funding needs to allow for nuance, innovation and individualised responses and have proportionate governance and oversight: “Funding for bed nights does not encourage outcomes.” “The methods of operating are destabilising for young people.” “The residential model of operation isn’t natural for children, for parenting or for running a home.” “The construct of competitive tendering works against collaboration and the funding models block best practice and child-focussed services tailored to the actual child. I have to defend the cost of driving kids to school – rather than it just being expected and accepted.”

7. **Risk management, finance and workforce laws within the residential care system work against providers making a ‘home-based environment’ where friends and family support young people.** Staff explained how fire safety laws meant sibling groups needed to be separated, and how young people could not have friends visit, or family drop in. Workers spoke of creating ‘day plans’ that kept young people busy and out of the house and how artificial this was compared to their own childhood and child-raising. Workers spoke of the degrees of difference between what they needed to do as workers versus what the young people – particularly young boys – needed and how procedures and compliance checks and standard of care concerns often worked against building good relationships and connections with adolescents.
8. **There are real benefits to be gained from greater professionalisation and support for our residential care sector – the benefits of stable care teams for children cannot be overstated.** To achieve relational stability between children and their carers, the sector must be able to attract, support and retain staff. This includes a consistent approach to their role design and remuneration, as well as increasing their empowerment within the service system. Providers said staff are fearful of allegations, investigations and, at times, their safety. This additional load on staff needs to be recognised. Providers need to be properly resourced to provide training, wellbeing support and have capacity to create stable care teams that allow for carefully planned rotations: “Workers are youth workers and now they are finding themselves changing nappies and working with young children without the skills in child development.” “Care teams have a trauma load. Their wellbeing needs to be addressed so they have the emotional space to provide great care.” “You can’t have dysregulated adults working with dysregulated kids.”
9. **There is a strong desire, and anecdotal evidence, that government departments and services including Education, Police, Housing, Youth Justice, Health and Mental Health, do not act in a way that recognises the state is the parent to these young people.** Providers and frontline workers spoke of the misunderstanding across government and the community that residential care cannot be a mental health, disability, youth justice and education service provider. The model of residential care was suggested as confusing the roles of the primary caregiver, the case manager, and the worker; more than one worker spoke of being not much more than a babysitter: “Are we meant to be doing an intervention, a placement or providing a home?” “Residential care is a quasi-mental health system without the support or treatments, and it exists because of a failing of the mental health system. We need to be able to fund for nurses and health professionals to be on care teams.”
10. **Location-based shortages for specific services to support children in out-of-home care and residential care is impacting access and engagement in tailored, specialised treatment.** Lengthy waitlists and a shortage of specialist allied health professionals delays access to assessment and treatment for children in out-of-home care, meaning children can go months or years without comprehensive assessment. Consequently, services do not have a clear understanding of how to best meet children’s needs with a safe and appropriate approach. We heard that children are then travelling to larger city hubs to participate in specialised assessments or to access specific treatment which takes them further from their family and community. Staff in Mt Isa spoke about how young people and families are taken to the East Coast for specialist services, which has the compounding effect of reducing the ‘service need data’ for their region: “Children are presenting with

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

11. **There are people in communities who would be willing to care for a child, however, more needs to be done to identify these family members and support them to care for their family rather than children being placed in residential care.** Consistent with messaging from earlier forums, participants voiced that kinship options should be thoroughly explored before placing a child in a residential setting. We also heard that the overregulation of kinship care and scrutiny by Child Safety was discouraging community members from considering kinship due to fear of judgement. It was suggested that removing the need for stringent Blue Cards would support more community members to be considered as kinships carers and would support children to maintain connection with extended family and community: "When you understand kinship networks, you can't tell me you can't find one kin member to take that child in" "Why are we not listening to Aboriginal families and community about suitability for kin placement?" "Kin are scared of getting in trouble with Child Safety and so are not coming forward to be carers due to fear of scrutiny by the Department."
12. **There is a need for culturally informed assessments of safety, risk and safeguarding.** We heard that the current model has an 'idealistic' view of the perfect person to care for a child, which is not realistic and not community relevant. It was reported that the risk appetite of the Department is too low when considering kinship arrangements compared to a high threshold when in out-of-home care: "Child Safety is viewing situations as 'risks' in kinship instead of taking a safeguarding approach" "Child Safety is too blinded to the risks occurring every day [in residential care]."
13. **There remains a tension between the decision-making authority of the Department, and service providers needing to make choices to meet the daily needs of children in residential care.** Participants spoke to the barriers experienced on both sides of the decision-making process: where service providers are required to seek approval from the Department for seemingly simple activities or requests, and that Child Safety workers are needing to then seek endorsement from hierarchical management structures. This results in delays in processing requests and impacts on the child's ability to engage in normal childhood activity. It was suggested that redirecting more decision-making responsibility from the Department to the service provider engaged in the daily care of the child would have greater impact and improve timeliness for decisions for children: "Child Safety makes decisions for the child even though it is the sector who spends time with and works daily with the child" "The compliance system of check-boxing does not provide a good life for the child" "Child Safety needs to be all-in or step out – we can't do both". The process of investigation and assessment by Child Safety needs to consider the child's needs in the context of the home safety. Children are removed from their family of origin due to unacceptable risk of harm, or an inability to provide safety to the child in that environment. These decisions are made following an assessment of risk and safety conducted by the Department, but we heard from staff that this assessment does not always capture the needs of the child, including their mental health status, their developmental or disability needs, cultural connections or educational goals, behavioural presentations, or their general childhood activity needs. We heard that the impact of high caseloads for Child Safety means officers "can't get the opportunity for meaningful engagement with children for assessments" and that because Child Safety's primary focus at the start of the case is on safety, risk and harm, "the rest of the child's needs fall away until someone more diligent picks up on [the needs]". "If we got the first bit right [investigation and assessment] then we have a better understanding of what is the best option for the child."
14. **More can be done to help children stay close to the locations and communities they know.** We heard that working closely with communities to establish community-led plans for community development, parenting and health supports is a crucial precursor to establishing locally successful arrangements to support child safety in out-of-home care. We heard about examples of services that are working closely to support children



in safe houses that are supported by the community, however we also heard the lack of these options is resulting in children being moved to distant locations, including moving from Mt Isa (or surrounds) to Townsville. The importance of having access to locations that support ongoing family connections was highlighted as an important step in supporting children and families retain contact while being safe. The community at Mt Isa called for a contact centre that can be used to allow ongoing connections with children.

15. **The need to have access to a stable and capable workforce.** Across all locations we heard attracting a workforce was a challenge – however these locations talked about the impact of the large instability of their workforce and how this detracts from building strong networks and connections. This gave rise to a need and opportunity to think differently about role design, and how the broader system can build awareness and capability in key aspects of family functioning and wellbeing. Staff highlighted the importance of being able to support services by boosting knowledge and capability and suggested the importance of building awareness about Foetal Alcohol Spectrum Disorder as well as other early childhood and family functioning.