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PROGRESS TO DATE

On 21 September 2016, the Premier of Queensland requested the Queensland Family and Child Commission (QFCC) undertake a review of the blue card system, the approval and monitoring processes for foster carers (including kinship carers and provisionally approved carers) and pressure points in child protection service delivery.

In November 2016, the QFCC released a discussion paper seeking the public’s views on the current foster care system and what could be done to strengthen, streamline and increase community participation in, and support for, this system. Submissions closed on 20 January 2017.

The QFCC has reviewed legislation, policy and procedures across the sector and other jurisdictions and undertaken extensive consultation with stakeholders across Queensland to understand their experience of the foster care system.

More than 100 carers completed the online survey and 22 organisations and individuals provided a response to the discussion paper. Between 30 October 2016 and 28 January 2017, the QFCC completed 113 individual and group stakeholder meetings and forums, involving 551 attendees. The consultation included a number of visits to regional and remote communities to discuss local issues with the blue card and foster care systems.

This paper brings together some of the key areas of feedback received from stakeholders and the community to identify potential options for change to the foster care system (a separate public consultation on blue card system options for reform is being undertaken).

The QFCC has identified a series of options for reform which could:

- Strengthen carer assessments and approval process, and safeguards for children in out-of-home care, including:
  - Enhanced information sharing
  - Strengthening personal history checks
  - Development of standardised tools and approaches supporting assessments
- Strengthen carer approval and renewal processes
- Better understand and differentiate the role of kinship carers
- Build carer capability and support, including to care for children with high or complex needs
- Enhance placement matching and stability
- Build upon existing safeguards for, and the response to concerns about, children in care.

The options presented in this paper represent some of the key options from the broad range of feedback provided during consultation processes. Many of these could be implemented either separately or together as part of a broader reform agenda.

This is an options paper only. It does not represent the policy of the Queensland Government.

NEXT STEPS

The QFCC is seeking your views on the identified options for reform outlined in this paper.

You may provide a response to all of the options raised in this options paper, or choose to respond only to those most relevant for you or your organisation.

Your written response can be provided by:
Email: morethansafer@qfcc.qld.gov.au

The information you provide in response to the options paper will only be used by the QFCC for the purposes of undertaking the review of the foster care system. If you would like your response, or any part of it, to be treated as confidential, please indicate this clearly in the response.

Submissions are sought by 14 April 2017.
OUTCOMES OF CONSULTATION

Extensive stakeholder and community consultation has been conducted through forums, meetings, teleconferences, surveys and submissions to the discussion paper. This includes consultation with agencies such as the Department of Communities, Child Safety and Disability Services (Child Safety Services); Office of the Public Guardian (OPG), Foster Care Queensland (FCQ), foster and kinship carers, foster and kinship care agencies and other government and non-government organisations responsible for providing safe environments for children.

The following key themes have emerged from the consultation undertaken:

STRENGTHENING CARER ASSESSMENT AND APPROVAL PROCESSES

- **Enhancing personal history screening checks**: Personal history screening could be strengthened by making discretionary checks mandatory and undertaking additional personal history checks.
- **Improved information sharing**: Eliminating barriers to sharing information between key agencies at relevant stages of the carer screening process to enhance carer suitability assessment and selection.
- **Quality assessment of carers**: Introduction of a standardised assessment tool and accreditation or training programs for assessors to ensure consistency in the assessment process and address concerns about the quality of assessment reports.
- **Mandatory assessment panels**: Stakeholders supported expanding the use of assessment panels to improve the robustness of decision making and ensure consistency in approach to carer assessment and approval processes.

STRENGTHENING SAFEGUARDS FOR CHILDREN IN FOSTER AND KINSHIP CARE

- **Placement matching**: Enhanced information exchange to inform placement matching and a clear process to address any gaps identified between a child’s needs and carer’s abilities.
- **Carer training**: Updated training for carers that is reflective of the current research and evidence, in order to provide carers with skills to manage complex behaviour of children who have experienced trauma. Training needs to be ongoing and the mode and timeframes for delivery of training require tailoring.
- **Care team**: Clarify and strengthen the role of care teams, drawing on the knowledge and experience of key stakeholders involved in the child’s life to ensure there is a coordinated approach to meeting the child’s case plan goals and safety needs.
- **Monitoring of children in foster and kinship care**: Coordinated approach to contact with children in out-of-home care with clear roles and responsibilities defined between the child safety officer, agency staff and community visitors. Stakeholders identified that, to best protect and support children in out-of-home care, meaningful relationships need to be developed with children through regular contact.
TOPIC 1: PRE-SERVICE TRAINING

Current position in Queensland

Foster carers must complete pre-service training in order to be approved as a carer. The purpose of the training is to equip carers with the skills and knowledge to undertake the role and assist them to meet the standards of care. Kinship carers are not required to attend training, but they can choose to participate in training to assist them in meeting their support and learning needs.

What we found

- Kinship carers would welcome the opportunity to undertake training. There does, however, appear to be some debate as to the type of training that would work best for kinship carers.
- We heard that kinship carers may be disadvantaged because of their lack of training and support. Stakeholders indicated that training for kinship carers is essential and while some elements could be similar to general foster care, kinship care training should be specifically tailored to the unique kinship circumstances.

Options for reform: Pre-service training

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<th>Option</th>
<th>Issues to consider</th>
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</table>
| 1. **Mandatory training for kinship carers**| *This option:*  
  - supports stakeholder feedback and research indicating that kinship carers want more knowledge, support and training  
  - will assist in safeguarding children and young people by ensuring carers have the appropriate training and knowledge to meet the Standards of Care, taking account of the unique kinship circumstance  
  - will have resourcing and cost implications.  
  Tailored to recognise the unique nature and challenges of kinship care i.e. managing family dynamics. Training should:  
  - include information around legislative obligations, working with Child Safety Services, Standards of Care and working as a part of a care team  
  - be culturally appropriate/adaptable for Aboriginal and Torres Strait Islander kinship carers, and  
  - involve alternative modes of delivery. |
STRENGTHEN CARER ASSESSMENT, APPROVAL AND RENEWALS

TOPIC 2: SUITABILITY AND ELIGIBILITY CHECKS

Current position in Queensland

In order to be approved as a carer, applicants must undergo eligibility and suitability checks to determine whether they can provide a child with a safe and acceptable standard of care. These include criminal history checks, personal history checks and face-to-face interviews.

Separate entities have responsibility for undertaking suitability checks on carer applicants. These include:

<table>
<thead>
<tr>
<th>Blue Card Services (within DJAG)</th>
<th>Central Screening (within Child Safety Services)</th>
<th>Assessors</th>
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<tr>
<td>Completes criminal history and professional disciplinary checks and provides outcomes (only) on whether applicants are eligible to hold a blue card to Child Safety Services’ decision makers.</td>
<td>Determines applicants’ suitability through child protection history checks and discretionary domestic violence (DV) and traffic history checks and provides outcomes to Child Safety Services’ decision makers.</td>
<td>Responsible for interviewing the applicant/s, reviewing the eligibility and suitability outcomes, preparing an assessment report and making a recommendation on an applicant's suitability to be a carer to the Child Safety Services’ decision makers.</td>
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The relevant Child Safety Service Centre (CSSC) manager (Child Safety Services’ decision maker) reviews the eligibility and suitability decisions and the assessor’s report and recommendation, with an option to request additional information (medical and international criminal and interstate child protection history checks). The CSSC manager makes the final decision on an applicant’s approval.

What we found

- We heard from stakeholders that improvements should be made to strengthen the assessment process, with issues identified in the following areas:
  - CSSC managers are not provided with the full eligibility and suitability information about an applicant, i.e., Blue Card Services is currently not permitted to share the information used in arriving at a blue card decision, for example, where an applicant has criminal history and is issued a blue card. Child Safety Services, Central Screening Unit also provides only an outcome of the checks (e.g. suitable/not suitable to proceed) and a summary of ‘relevant’ information to the Child Safety Services decision maker
  - assessors are not provided the full Child Safety Services suitability information to inform the assessment, including asking the appropriate questions during interviews with applicants
  - over reliance on self-disclosure, such as a carer’s own history of abuse, medical history.
Options for reform: Suitability and eligibility checks

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<th>Option</th>
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<tr>
<td><strong>2.1</strong> Discretionary checks to be made mandatory&lt;br&gt;Current discretionary checks on applicants and adult household members to be made mandatory and legislated, i.e. • child protection • domestic violence • traffic history • referee checks • medical checks • international criminal history checks where applicant has lived overseas for a minimum period. Option could also extend DV checks to the care household, rather than respondents.</td>
<td>This option:&lt;br&gt;• aligns with community and stakeholder expectations of the assessment&lt;br&gt;• strengthens the application process by ensuring there is consistency in the information considered&lt;br&gt;• contributes to a more robust assessment outcome&lt;br&gt;• requires specialist skills to accurately assess the information provided within the dynamics of child protection framework&lt;br&gt;• may have cost and resourcing implications depending on the current rate at which these checks are undertaken&lt;br&gt;• international criminal history (beyond NZ) likely to be a complex area.</td>
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<td><strong>2.2</strong> Inclusion of additional checks&lt;br&gt;Additional checks to be added to the suitability and assessment process on a mandatory or discretionary basis. Could include previous child related employment (employer checks), RSPCA check etc. As a part of the assessment process once deemed suitable: • employment history • verbal referee checks • school attended by applicant’s children • psychological testing.</td>
<td>This option:&lt;br&gt;• better aligns with community and stakeholder expectations of the assessment&lt;br&gt;• strengthens the assessment process by enabling additional relevant information about an applicant to be collected and critically analysed where necessary&lt;br&gt;• contributes to a more robust assessment outcome&lt;br&gt;• requires specialist skills to accurately assess the information provided&lt;br&gt;• potential cost and resourcing implications&lt;br&gt;• may result in higher carer drop-out rates if carers consider the process overly intrusive.</td>
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<td><strong>2.3</strong> Review suitability criteria for personal history checks completed by Child Safety Services&lt;br&gt;Review effectiveness of existing process and criteria to determine if an applicant is suitable to care for a child in out-of-home care. This would include revisiting the evidence/research base supporting the existing criteria and consideration of other approaches, e.g. Part 6 of the Adoption Act 2009 (Assessment of prospective adoptive parents). Would also consider the inclusion of additional risk factors beyond harm to a child, stemming from evidence of alcohol and drug dependence, violence, significant abuse as a child and personal character.</td>
<td>This option&lt;br&gt;• helps keep carer personal history assessment contemporary, evidence based and well understood across government and non-government stakeholders&lt;br&gt;• increases the emphasis on social context of the care environment&lt;br&gt;• increased analysis, builds ability to exclude unsuitable applicants once personal history checks completed&lt;br&gt;• addresses feedback from stakeholders about suitability decisions made centrally by Child Safety Services.</td>
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<td>2.4</td>
<td>Outcomes from all Child Safety Services checks undertaken as a part of the suitability assessment provided to decision maker and assessor</td>
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<td>Feedback from stakeholders indicates there is inconsistent information provided by Child Safety Services to its decision makers and assessors. Under this option all information from suitability checks collated by Child Safety Services would be provided, including child protection, domestic violence, criminal, traffic history, etc., along with an analysis of suitability and recommendation (only). This would include information from eligibility assessments if Topic 3 option/s (below) are adopted.</td>
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|     | **This option:**  
|     | • means the information gathered by Child Safety Services, along with the analysis and recommendation based on personal history, is available for inclusion in a holistic carer assessment  
|     | • allows assessors to address any noted concerns during the assessment interviews and make a more informed recommendation to the decision maker (CSSC Manager)  
|     | • will require critical analysis of additional information by assessor and decision maker. |

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<th>2.5</th>
<th>Review the number of, and need for, current reviewable decision points in the suitability assessment and approval process</th>
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<td></td>
<td>Option would analyse reviewable decision points in light of option 2.4, i.e. where a recommendation only is made on suitability by Child Safety Services, Central Screening Unit.</td>
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</table>
|     | **This option:**  
|     | • means that as the information gathered centrally by Child Safety Services would be provided with a recommendation rather than a decision, a point of review may no longer exist  
|     | • simplifies the Child Safety Services interface with the Queensland Civil and Administrative Tribunal (QCAT)  
|     | • would mean that reviewable decision/s would be connected to a more holistic decision of suitability. |
TOPIC 3: INTERFACE WITH THE BLUE CARD SYSTEM

Current position in Queensland

All foster and kinship carers and their adult household members (over 18) are legally required to hold a blue card or exemption card.

To determine a person’s eligibility to hold a blue card, Blue Card Services conducts a ‘working with children check’ (WWCC). This is a detailed national check of a person’s criminal history, including any charges or convictions, as well as any disciplinary information held by certain professional organisations.

As indicated above, Blue Card Services informs Child Safety Services whether an applicant is eligible to hold a blue card as part of the carer assessment process.

What we found

- Carers were generally supportive of the blue card eligibility screening.
- An area of concern in the current process is that Blue Card Services is not able to provide any information to Child Safety Services regarding how the decision to issue, or not issue, a blue card was made.
- Stakeholders noted that Blue Card Services doesn’t review a person’s criminal history in the context of their suitability to care. Therefore, an applicant may be eligible to hold a blue card, but Child Safety Services could still consider their criminal history as unsuitable to care.
- Some stakeholders identified barriers to accessing the blue card for Aboriginal and Torres Strait Islander carers and adult household members.
- Stakeholders are seeking a different approach for kinship carers (from foster carers).
- Significant impacts were noted for some children in long term stable care arrangements who were transitioning to adulthood, but unable to obtain a blue card and required to leave the placement.

Options for reform: Interface with the blue card system

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<th>Option</th>
<th>Issues to consider</th>
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| 3.1 Enable the sharing of Blue Card Services information with assessors and Child Safety Services decision makers to improve the carer suitability and assessment process | This option:  
- builds the quality of information and expertise available to the Child Safety Services decision makers about carer suitability, by including expert analysis of criminal and disciplinary information  
- reduce duplication caused by CSSC regions or foster care agencies obtaining their own criminal history checks  
- would need to address current restrictions associated with information sharing by Blue Card Services  
- may have resource implications for Child Safety Services  
- is linked to wider options about the blue card decision making framework and options for making the blue card system more efficient. |

Under this option all Blue Card Services information, such as applicant criminal history (or change in criminal history), analysis and reasons for decisions, would be provided to the Child Safety Services decision maker (currently CSSC Managers) to inform the decision about carer suitability.
### 3.2 Working with Children Checks performed as part of an integrated suitability assessment for foster and kinship carers and adult household members

No requirement for members of a care household to obtain a blue card, however an equivalent WWCC would be integrated as part of the Child Safety Services carer suitability assessment. For example, Child Safety Services could be provided with criminal history, recommendation and reasons (only) by Blue Card Services about a person’s eligibility to work with children. Blue card disqualifying offences would still need to apply.

*This option*
- would remove a key limit to the information available to the Child Safety Services decision makers about carer suitability, i.e. criminal history
- carers expressed a preference to be subject to blue card screening during consultation
- may be perceived as weakening the safeguards, impacting public confidence
- would require Child Safety Services to develop plans to manage identified risk if it chose to not follow a Blue Card Services recommendation
- requires consideration of Royal Commission findings and commentary about the conduct of WWCC
- would help address concerns about young people turning 18 being required to leave placements due to not being able to obtain a blue card.

### 3.3 Working with Children Checks performed as a part of an integrated suitability assessment for kinship carers only, including adult household members

As above, but applying only to kinship carers and their adult household members, including 17yo household members transitioning to adulthood. Option could incorporate a social assessment to inform the integrated assessment.

*This option:*
*Same issues as noted above and also:*
- may increase the number of kinship carers in Queensland who have previously not applied or been unable to apply due to concerns about accessing blue cards
- may strengthen the operation of the kinship system by providing for greater consideration of social context and culture as part of the application and assessment process
- links to and helps enable the Aboriginal and Torres Strait Islander family led decision making trials
- aligns with principles of the *Child Protection Act 1999* that proper consideration is given to placing the child with kin as a first option.
TOPIC 4: ASSESSMENT PROCESS

Current position in Queensland

The assessment of a foster or kinship carer applicant may be undertaken by staff from Child Safety Services, a foster and kinship care agency or a contracted fee-for-service professional. No minimum qualifications or accreditation processes are required for assessors.

Child Safety Services has developed procedures, guidelines and templates to direct the assessment process. The assessment process can be broken into three stages: pre-service training, personal history checks and assessment interviews. These stages all contribute to the final assessment report and assist the assessor in making their recommendation on an applicant’s suitability.

What we found

• A Royal Commission analysis of assessment and approval processes across jurisdictions shows that essentially similar assessment processes are being used in other states and territories. The key differences in process were identified as:
  – the use of a validated assessment tool
  – accreditation and/or training of assessors
• We heard from stakeholders that there were inconsistencies in the existing assessment process as well as issues with the quality of assessments
• Stakeholders supported specific training or accreditation for assessors.
• It is possible for kinship carers to be assessed multiple times as each placements acts as a trigger.

Options for reform: Assessment process

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| **4.1 Implement standardised assessment tools**  
Introduction of assessment tools. For example the Step-by-Step range of tools used in Victoria, NSW and South Australia. | This option:  
• is reported by other jurisdictions to improve consistency in the assessment process and includes a standard format for final assessment report  
• can improve the selection of foster carers  
• has potential to identify strengths and areas in which foster carer applicants are likely to need training and support in future  
• includes mandatory training for assessors  
• aligns with stakeholder feedback, but has cost implications. |
| **4.2 Introduce an accreditation process or training program for assessors**  
This option could include:  
• mandatory for assessors to be accredited to use standardised assessment tools  
• standardised training requirements for all assessors  
• accreditation could outline requirements for assessor to remain accredited including:  
  – ongoing professional development  
  – oversight of assessment quality | This option:  
• ensures assessors are adequately skilled, trained and capable of analysing information provided as part of the assessment process  
• drives consistency and quality of assessments  
• can help simplify the procurement of assessment services  
• aligns with stakeholder feedback, but has cost implications. |
### 4.3 Implement a two-step carer approval process

Stage 1: Carer suitability determined based on the collection and assessment of personal history checks such as the WWCC national criminal history, child protection history, domestic violence and traffic history, medical checks, previous child related employment, etc. Once this information is assessed, the applicant could then be deemed suitable for assessment and an assessment plan developed, outlining for the assessor any issues that require particular attention during the assessment interviews.

Stage 2: Assessment for approval, including assessment interviews with applicants and household members, referee checks, employment history checks, etc. The assessment interviews would also address any concerns identified during stage 1 checks.

This option:
- is based upon and requires changes to current information sharing arrangements
- would ensure that the assessors have available to them full provision of information from criminal and personal history checks prior to conducting interviews
- enables relevant information identified in the screening process to be discussed with the applicant at the interview stage
- is more efficient as interviews would not occur until the criminal and personal history checks had been completed
- should lead to a more robust and comprehensive assessment process
- delays could occur pending screening outcomes, however, planned online blue card applications would be a key enabler.

### 4.4 Review scope of kinship carer assessments

Consider scope for efficiency in the assessment of kinship carers who have already undergone a recent assessment (in support of a placement).

This option:
- could help reduce duplication in kinship carer assessment where children from the same family group are placed with the one carer over a period of time.
### TOPIC 5: APPROVAL PROCESS

#### Current position in Queensland

The CSSC manager is currently delegated to approve a carer assessment or renewals. In some regions, assessment panels are convened to review carer applications and make recommendations to CSSC managers about the final approval decision.

#### What we found

- We heard from stakeholders that there was inconsistencies in decision making across regions.
- Stakeholders supported the use of assessment panels to improve transparency and consistency in the approval process.
- In a number of other jurisdictions, the approval decision is made by the non-government foster and kinship care agencies.
- The use of panels to support carer approval decisions is legislated in some other jurisdictions.

#### Options for reform: Approval process

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<th>Option</th>
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<tr>
<td><strong>5.1 Mandatory carer assessment panels</strong>&lt;br&gt; All regions establish a panel for the approval of carer assessments that includes a consistent range of professionals.</td>
<td>This option:&lt;br&gt;• would assist in consistent decision-making between regions and CSSCs&lt;br&gt;• provides an additional safeguard by allowing the assessment to be considered by a multidisciplinary panel&lt;br&gt;• time/cost implications for panel members&lt;br&gt;• would require consideration as to whether CSSC manager or panel are decision maker&lt;br&gt;• process may increase public confidence.</td>
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<tr>
<td><strong>5.2 Review delegation level for carer approval</strong>&lt;br&gt; Review the delegation level for approval of carers, particularly if any significant changes to process result from this Review. For example, if option 3.2 or 3.3 were adopted, meaning Child Safety Services could risk manage an adverse blue card recommendation, this decision may require consideration by a more senior officer than the CSSC manager.</td>
<td>This option:&lt;br&gt;• will seek to align the approval delegation so it best reflects the significance and complexity of decisions to approve carers, particularly where established risk is involved.</td>
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| 5.3 | **Adopt the Royal Commission’s proposed recommendation to develop a carer register**  
    The Royal Commission is considering recommending that each state and territory establish a carer register to facilitate better information sharing and reduce the risk of inappropriate authorisation/approval of carers.  
    The register would be based on nationally consistent features and requirements including the outcomes and status of checks.  
    A centralised carer register collates key information about carers, applicants and adult household members including outcomes of applications, checks, reviews and standards of care. | **This option:**  
    • needs to ensure all relevant databases are related and sharing information, e.g. carer register, blue care system, etc.  
    • should have a mechanism to push information out to agencies if carer register alerted to an issue/change in carer circumstances  
    • allows direct access to relevant information about carer history rather than relying on self-disclosure by applicants  
    • can be used by both government and non-government agencies  
    • supports information sharing both within and across jurisdictions, and within and across non-government and government agencies  
    • has cost and resourcing implications  
    • involves legislative change, privacy and information security issues related to information sharing  
    • requires consideration of who would be responsible for maintaining the register. |
|---|---|
| 5.4 | **Suspension and cancellation of inactive or unsuitable carers**  
    In circumstances where children are no longer being placed with carers due to concerns regarding their ongoing suitability, efforts should be applied to formally suspending or cancelling their certificate.  
    Child Safety Services should undertake a review carers who have not received a placement for greater than 12 months and determine whether evidence exists to support suspension or cancellation. | **This option:**  
    • means a complete and accurate record is maintained about carer suitability  
    • clarifies the status of carers  
    • may have positive funding and resource implications for foster care agencies. |
| 5.5 | **Consider whether an additional carer category is required**  
    The current definition of kinship care is expansive and includes significant others in a child’s life who are not related. This definition requires review, particularly if changes are to be made to approval and training for persons within the current definition of kin. | **This option:**  
    • restores a focus on the uniqueness of kin as a care option  
    • enables tailored consideration of approval and training requirements and needs for the category of significant others. |
STRENGTHEN CARER ASSESSMENT, APPROVAL AND RENEWALS

TOPIC 6: RENEWAL PROCESS

Current position in Queensland

An approved foster or kinship carer is required to renew their approval one year from the date of initial approval and every two years thereafter.

The renewal process involves reviewing and focusing on the period of provision of care since the last certificate was assessed and approved and assess whether the applicant has demonstrated an ability to provide foster or kinship care and to meet suitability requirements.

What we found

- The renewal process varies across jurisdictions. Key points of difference include:
  - frequency of renewals (annual or six monthly basis in most other jurisdictions)
  - who undertakes the renewal (statutory government or non-government agency)
  - renewal approval decision (statutory government or non-government agency).
- We heard from stakeholders that the renewal process added value to the system. However, improvements could be made to the timeliness of completing renewals and the quality of information gathered as part of the renewal process.

Options for reform: Renewal process

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| 6.1 Strengthen the carer renewal process | This option:  
  - provides an opportunity for the child to raise concerns, issues and positive experiences  
  - provides opportunities for CSO to raise any concerns or positives about the placement and carers  
  - provides an opportunity to identify areas for additional support/training for carer and child  
  - involving the Community Visitor Program (CVP) provides an opportunity for input by an external independent source, which is especially important if the children are pre-verbal or otherwise unable to communicate  
  - raises a potential need to change the process name to Carer Reassessment, to better reflect the significance of this process  
  - would provide a better safeguard if for the first renewal/reassessment at 12 months, all discretionary checks were mandatory. |
| 6.2 Strengthen accountability for renewal assessments | This option:  
  - encourages renewals to be completed  
  - provides a level of accountability to foster and kinship carer agencies  
  - will provide additional support to foster carers where needed  
  - will enable an assessment of how the caregiver is coping – particularly for the first renewal  
  - will assist in addressing any deficits in the initial assessment process by providing a timely opportunity to see how the caregiver is progressing post placements occurring. |

Funding agreements for approved foster/kinship carer agencies would include a requirement to renew caregivers as per legislative/policy requirements. Also Child Safety Services would monitor foster and kinship care agencies compliance with caregiver renewals on an ongoing basis.
TOPIC 7: PLACEMENT MATCHING

Current position in Queensland

Proper placement matching enables identification of the type of care best suited to the child, the supports and service that may be required and the particular skills and abilities required of the carer.

Key steps in the placement matching process include:
- giving proper consideration to placing the child, as a first option, with kin
- gathering information to inform placement matching
- determining the appropriate level of support needs
- obtaining the child’s views.

Child Safety Services has a legislative requirement to provide carers with information about children and to also provide information to children about the carer/s prior to placements occurring.

The Royal Commission has noted that an overriding limit on high quality placement matching is carer availability. Therefore, although outside the scope of this Review, carer recruitment is critical to achieving high quality placements for children and young people and an area requiring ongoing support and collaboration between Child Safety Services, FCQ and foster care agencies.

What we found
- The need for improved placement matching is a key issue to emerge from consultations undertaken in developing the National Standards for Out-of-Home Care and submissions to the the Royal Commission.
- The Royal Commission and other research tells us that inability to recruit an adequate number of foster carers, the characteristics of children entering care and an emphasis on children’s need for stability are all significant challenges, not just in Queensland but across Australia. These factors all impact on the ability to appropriately match placements and provide the highest quality care.
- The placement matching section of the Child Safety Practice Manual (CSPM) is not particularly clear around the roles and responsibilities of each agency in placement matching. Feedback from community engagement with stakeholders has indicated further advice or guidance is required to define the responsibility of each agency in this process.
- We heard from stakeholders that carers were not being provided with sufficient information about a child prior to a placement commencing. Carers acknowledged that at times, limited information is available in emergency placement situations.
- Stakeholders identified a gap in the existing process where information obtained during the carer approval and assessment process is not utilised to inform the placement matching process.

Options for reform: Placement matching

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<th>Issues to consider</th>
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<td>7.1 <strong>Review current practices that inform and underpin placement decisions</strong>&lt;br&gt; All information relevant to placement matching gathered as part of the carer assessment process should be utilised to inform placement decisions. Ideally, regional teams would be responsible for placement matching, including assessment of the child’s strengths and needs and potential carers’ skills and abilities. Gaps in preferred carers’ skills should be actioned through a placement support plan. This option could be supported/achieved through the use of a standardised tool.</td>
<td>This option:&lt;br&gt; • addresses the current disconnect between information known to assessors, panels, Child Safety Services and foster and kinship care agency staff and placement decision makers&lt;br&gt; • means better placements for children and young people as well as those already residing in the placement&lt;br&gt; • acknowledges that there is very rarely a perfect match between child/ren and carer(s)&lt;br&gt; • has minimal resource and cost implications but has significant potential returns for children in out-of-home care.</td>
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| 7.2 | **Create a carer profile for foster carers**  
A simple, consistently used document that is made available to children placed with and staff working with the carers. | **This option:**  
• assists Child Safety Services staff to provide information to children about carers (and comply with 83A(1)(b) of the *Child Protection Act 1999*) and also helps Child Safety Services staff know the carers they are working with  
• ensures a minimum level of information is provided to children and may help reduce trauma associated with entry into out-of-home care. |
| 7.3 | **Clearly define the roles and responsibilities of Child Safety Services and the foster and kinship care agency during the placement matching process**  
This should be supported by training and guidance to staff. | **This option:**  
• addresses role confusion some stakeholders have identified following recent Queensland Child Protection Commission of Inquiry (QCPCOI) reforms  
• assists individuals to understand not only their own roles and responsibilities but that of their colleagues  
• will improve inter-agency information sharing and collaboration  
• enhances placement matching decision making. |
**TOPIC 8: CARER TRAINING**

**Current position in Queensland**

The *Child Protection Act 1999* section 7(1)(g) requires Child Safety Services to provide support and training to approved carers to help them care for children, and the procedures giving effect to this requirement are outlined in the CSPM. The responsibility for providing support and training to carers is shared between Child Safety Services and foster and kinship care services.

Foster carers must complete:
- pre-service training
- standard training (three modules, each of three hours duration completed within 12 months of approval)
- advanced training modules (minimum 8 modules completed within a two year period following first renewal).

Note: This training is optional for kinship carers.

Both standard and advanced training are prerequisites for initial renewal and second renewal respectively.

Advanced training is flexible and based on the foster carer’s specific learning needs. Advanced modules may be provided by Child Safety Services or foster and kinship care service and may also be accessed externally from a range of agencies within the community.

Foster and kinship carers who require specialised skills to provide care for a specific child or young person can access funds for external advanced training. The training need must be documented in a Foster Carer Agreement or Placement Agreement.

**What we found**

- The research tells us that carers feel their training is not always adequate to take on the foster carer role given the increasing complexity of children entering out-of-home care.
- We heard from stakeholders that more training, both pre-service and ongoing, is required.
- Training needs to be consistent across agencies and it should be carer driven, not agency driven.
- Carers identified that training needs to be based more on the real life experience of caring for a foster child. Specific training needs were identified in the areas of behavioural management and understanding the impacts of and managing trauma.

**Options for reform: Training**

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| 8.1    | **Revise content of carer training**  
Confirm training is reflective of the current research and evidence in order to provide carers with skills to manage complex behaviour and trauma. This may include:  
• modules on risk factors for child abuse in out-of-home care in training  
• cultural competency in all pre-service training, tailored to specific communities where possible.  
This option:  
• responds to stakeholder feedback regarding increased complexity of children entering care  
• helps carers prepare for dealing with more complex children and young people  
• benefits children and young people as carer training is linked to stable placements  
• cultural competency delivered to all carers, regardless of their own culture, links to the high numbers of Aboriginal and Torres Strait Islander children in out-of-home care. |
| 8.2    | **Consider alternative stages and modes of delivery of pre-service training**  
This may include delivery before and after placement:  
• delivery in more locations  
• delivery in a carers home  
• on-line delivery for certain modules  
This option:  
• may result in better application of the training through using the skills learnt in training straightaway  
• improve carer confidence in receiving training that is more timely to the placement occurring. |
### 8.3 Review existing training model
Approach would consider:
- what additional training modules are required. For example: protective behaviour training to carers (modelled on the protective behaviour training that children receive) or behavioural management training
- developing specific modules for kinship carers
- developing a needs based approach to training
- making training consistent across Queensland.

This option:
- aligns with feedback gathered from community consultations regarding the need for improved training opportunities and the need for kinship carer training
- recognises the difference between foster and kinship care
- has potential to improve the training experience for carers
- relies on a needs based approach which promotes carer engagement
- relies on carers identifying and relaying to the training agency their needs
- puts some responsibility for training on carers
- may be resource intensive.

### 8.4 Improve training resources and delivery
Areas of improvement could include
- offering additional training resources in multiple formats, such as online, in person, out-of-hours or drop in groups.
- training where carers can also bring their foster children
- using experienced foster/kinship foster carers to deliver training.

These options:
- stakeholders expressed the view that more flexible formats will increase uptake and understanding, which benefits children
- most training options will have cost and resourcing implications, but online options would, for example, help reduce costs.

This option should be considered in conjunction with 9.3, 9.4 and 9.5 below.

### 8.5 Child Safety Services continue its early action on implementing the Royal Commission’s child safe organisation approaches and considering alignment with other frameworks
The Royal Commission has indicated an intention to make recommendations about child safe organisation approaches. These approaches are intended to work in concert with screening and assessment processes. The approaches are broader than existing blue card risk management requirements.

This option:
- is consistent with existing risk management requirements under blue card legislation and the Human Services Quality Framework
- acknowledges the potential impacts on the sector of the Royal Commission's child safe organisation approaches
- requires ongoing engagement with the sector to test capacity and readiness.
TOPIC 9: CARER SUPPORT

Current position in Queensland

Child Safety Services has legislative, procedural and policy guidance for carer support and training in the form of the Child Protection Act 1999, the CSPM, Child Safety Services policy statement on supporting carers and the Child Safety Services practice paper on supporting carers.

Foster and kinship care services provide comprehensive support to, and advocacy for, foster and kinship carers through a range of services and resources. Foster and kinship care services work with Child Safety Services to assist and support foster and kinship carers to implement and achieve the agreed goal and outcomes of the child or young person’s case plan. The QCPCOI report, Taking Responsibility: A Road Map for Queensland Child Protection (the report), considered that foster and kinship carers can access better support when managed by non-government agencies. Accordingly, the report recommended the transfer of provision of all foster and kinship carer services to non-government agencies, including responsibility for identifying, assessing and supporting foster and kinship carers.

The support required for any carer, specific to the goals of the placement for a particular child, is negotiated with the carer and documented in the placement agreement for the child.

What we found

- Inter-jurisdictional analysis identified the importance of providing alternative means of support to carers, such as implementing carer buddy schemes and carer support groups. These support mechanisms were also identified during stakeholder feedback.
- Following the recent QCPCOI reforms, there is a need for better guidance for staff of Child Safety Services and foster and kinship carer services around changes to their roles and responsibilities in providing support to carers.
- The CSPM recognises the important role that the CSO plays in providing support to carers, however does not describe how this support should be provided.
- We heard from stakeholders that carer support should be tailored to the needs of the child and the placement and not a generic process.
- Stakeholders identified the need to treat carers with respect, involve carers in decision making, and ensure that carers are a valued member of a child’s care team.

Options for reform: Carer Support

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| 9.1    | Clearly define and communicate the roles and responsibilities for each agency in providing support to carers | This option:  
- will improve support to carers by responding to their expressed need for clarity  
- acknowledges that well supported carers lead to more stable placements and better outcomes for children and young people  
- creates clarity for CSOs role in supporting carers as well as the new role of foster and kinship carer agencies. |
|        | Need for clarity around roles appears to have been triggered following the QCPCOI reforms. This includes roles and responsibilities of the foster and kinship carer agency, CSO and Child Safety Support Officer (CSSO) in providing support to carers. |
| 9.2    | Define the roles, responsibilities and expectations of the child’s Care Team | This option:  
- will improve understanding of each individual person’s role in the care team and how it fits  
- improve relationships between care team members  
- provides an opportunity to re-establish the importance of the role that the carer plays within a child’s care team. |
|        | • clearly outline each individual's roles, responsibilities and expectations  
• consider updating the CSPM and accompany this with advice/training to all staff members involved  
• consider whether a child’s care team should include additional members, for example, community visitors and teachers. |
### 9.3 Increased support and supervision for carers during the first 12 months

Additional supports and increased supervision are provided during this period.

**This option:**
- enables new carers to receive additional support while they adjust/learn the realities of being a foster/kinship carer
- provides new carers access to supervision and support which is sometimes currently not available
- provides additional oversight for children placed with new/inexperienced carers
- may reduce placement breakdown and support stability
- has resourcing/costs associated with providing additional supports.

### 9.4 Introduce carer support groups or a carer network

Establish carer support groups or a carer network in each region or each agency.

**This option:**
- recognises that through sharing stories and experiences with others, people feel strengthened and supported by being connected to a larger group
- allows carers to meet regularly to discuss issues, learn from one other, and receive peer support
- provides support to carers in an informal setting, without the involvement of Child Safety Services or foster and kinship carer agencies
- has minimal cost or resource implications.

### 9.5 Introduce a carer buddy system

A more experienced carer is ‘buddied up’ to a new carer. This could possibly be tailored to link carers who are experiencing similar circumstances, or caring for children with similar needs.

**This option:**
- would meet expressed need/request of carers
- inexpensive and readily available means of building carer support and capability
- would require carers to manage the process independently.
TOPIC 10: CONTACT WITH CHILDREN IN FOSTER OR KINSHIP CARE

Current position in Queensland

Children are visited in accordance with Child Safety Services contact requirements as per each child’s case plan. For reunification cases the CSO must have face-to-face contact at least once during the course of the month in the child’s current living arrangement. Contact visits by CSSOs may supplement the required contacts, provided that the nature of the contact meets the definition for face-to-face contact.

The contact requirement for children in an out-of-home care placement, where the case plan goal is not reunification, is for contact with the child by Child Safety Services once a month. For a child subject to a long term guardianship order to a suitable person, contact with the child and long-term guardian is required every 12 months.

What we found

• The contact requirements for children whose case plan goal is reunification is clearly set out in policy and the frequency appears satisfactory. However, even though the policy is sufficient, feedback from stakeholders and results from QFCC file audits indicate that contact does not always occur in accordance with policy and procedure.

• The contact requirements for children whose case plan goal is not reunification are not as clear. For example, contact must occur but it does not specify what type of contact should occur and whether contact must be with a CSO or if the CSSO can undertake this contact. Similar to above, feedback from stakeholders and file audits indicates that contact does not always occur in accordance with policy and procedure.

• We heard from carers that increased monitoring of out-of-home care placements should occur, including unannounced visits.

Options for reform: Contact with children in foster or kinship care

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| 10.1 Review current contact requirements and establish a coordinated approach | This option:  
  • assesses whether existing contact requirements provide sufficient monitoring for children  
  • must consider the delicate balance of the child’s safety versus their views of living a normal life  
  • ensures a coordinated approach to contact and a clear understanding from all stakeholders as to who is to have contact with the child, where and when. |

  Review would consider best practice approaches to the nature, type and frequency of contact for children, including those on long-term guardianship or custody orders to the Chief Executive.  
  This option could form a function of the care team where it is a requirement for the care team to meet within the first 2 weeks of a placement and determine the most appropriate contact plan to meet the child’s needs. |

| 10.2 Develop a mechanism to report compliance with contact requirements | This option:  
  • builds governance and enables recognition and reporting of the effort applied to CSO contact  
  • helps focus on the child’s safety, wellbeing and need to be heard as the priority  
  • will have cost and resource implications in identifying how data can be captured and establishing reporting mechanisms. |

Child Safety Services capture, monitor and report on compliance with contact requirements. |
| 10.3 | **Child Safety Services and the Office of the Public Guardian (OPG) lead development of a digital strategy with stakeholders to improve safeguards and contact for children in out-of-home care**  
Should assess and document the risks and benefits for children in care and key strategies. Strategies could include technology and applications accessible through a range of devices to improve communication with children, and provision of information to children in out-of-home care. | **This option:**  
• can help protect the rights and interests of children and help them express their views and wishes in a way of their choosing  
• provides an alternative to physical participation in formal meetings  
• should supplement but not replace face-to-face contact requirements  
• has cost and resource implications involved  
• has important implications relating to management of the children’s child protection records  
• aligns with s.56(4) of the *Public Guardian Act 2014*, which already provides for the use of technology as an alternative to face-to-face contact. |
TOPIC 11: OFFICE OF THE PUBLIC GUARDIAN – COMMUNITY VISITOR PROGRAM

Current position in Queensland

The OPG’s Community Visitor Program is an oversight function that seeks to promote and protect the rights and interests of children in out-of-home care, and make sure children are safe and well and their needs are being met in line with the standards of care. The OPG also provides child advocacy, giving vulnerable children an independent voice, ensuring their views are taken into consideration when decisions are made that affect them.

In performing its function, the OPG’s community visitors conduct visits to children placed in ‘visitable homes’ or ‘visitable sites’ (visitable locations) including children in foster and kinship care. Visiting frequency is determined by considering a number of risk or vulnerability factors for each individual child. To determine whether the frequency of visits is appropriate or if visits need to be reduced or increased the community visitors continually assess and review the risks during their visits.

What we found

Overall:
• The Community Visitor Program was generally supported through consultation, but scope for improvement was raised.
• Aside from monitoring the safety of children and young people in care, community visitors provide them a general advocacy service. During 2015-16 community visitors recorded 11,907 issues on behalf of children and young people and resolved 11,166 issues locally.
• When last surveyed about the helpfulness of their community visitor (2011), on a scale from 1 (very unhelpful) to 10 (very helpful), 80.8% of young people rated their community visitors’ helpfulness at 9 or 10 (with a mean score of 9.2).

Frequency of visits:
• In consultation, some stakeholders strongly supported more frequent visits to children as a key safeguard.
• When last surveyed (in 2011), 68.1% of children reported being happy with the frequency of visits. However, 24.4% stated they would like to see their community visitor more often. The proportion of children wanting more contact with their community visitor has fluctuated across prior surveys (21.0% in 2006, 29.9% 2007 and 25.3% in 2009).3
• Since that survey was conducted, the QCPCOI recommended OPG refocus its visits on more vulnerable children and young people in out-of-home care.
• In its initial year of administering the Community Visitor Program, OPG conducted 30.8% fewer visits to children in foster/kinship care than the prior year. OPG advised this figure was achieved through reduced visiting to children it assessed as being in safe and stable placements.4
  – As at 30 June 2016, OPG’s visiting frequency for children and young people in care was:5
    – monthly 1912 (28%)
    – bi-monthly 1592 (24%)
    – quarterly 1984 (29%)
    – six-monthly 1031 (15%)
    – annually 151 (2%)
• During 2015-16, 81% of children were visited by OPG in accordance with their visiting schedule. (A total of 28,829 visits were conducted with 7591 children).

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1 Views of Children and Young People in Foster Care, CCYPCG, 2011.
2 Views of Children and Young People in Foster Care, CCYPCG, 2011.
3 In 2011 the CVP was administered by the former Commission for Children and Young People and Child Guardian, which operated under a different visiting strategy, meaning results may not be fully comparable.
Disclosure of harm:
- Some stakeholders were of the view the Community Visitor Program could be improved as a safeguard through a review of the evidence base underpinning its practice and alignment to its oversight functions.
- Child Safety Services reports on substantiated harm in care show 137 cases in 2013-14 (31 sexual), 144 cases in 2014-15 (12 sexual) and 163 cases in 2015-16 (21 sexual).
- Research initiated by the Royal Commission specifically relating to abuse in out-of-home care found children often waited until after they left their placement to disclose abuse. It is rare for children to tell someone they are being abused, unless they are specifically asked about their experiences.
- The Royal Commission has identified the following barriers to the disclosure of abuse, which are particularly relevant to children in out-of-home care and the work of community visitors:
  - the power differential between the child and the institution
  - lack of knowledge about the law
  - not feeling safe enough to disclose abuse
  - fear of being moved to another placement, and
  - lack of trust in, or awareness of, the complaints process.
- Young people consulted during this Review expressed support for community visitors, but stated the practice could be improved by them being able to talk with community visitors away from their placement/carers and community visitors conducting unannounced visits.

Information sharing and reporting:
- Some stakeholders questioned whether the current practice of community visitors could be improved through better communication and alignment with Child Safety Services and children’s care teams.
- Stakeholders are, in general, interested in receiving clarity and information on the value proposition of the Community Visitor Program and the benefits it is generating for children and young people in care.
- The QCPCOI and Queensland Ombudsman (2016) have highlighted the value in systemic analysis and publication of community visitor data by OPG.
- In response to a Queensland Ombudsman report about management of child safety complaints following the QCPCOI reforms, Child Safety Services and OPG are currently collaborating on an approach to support better information sharing, including the development of a formal protocol.

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## Options for reform: Community Visitor Program

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| **11.1** OPG continue its review of policy and guidance for community visitors about its oversight of out-of-home care service delivery | This option:  
• aligns with directions of the Queensland Ombudsman about the need for OPG and Child Safety Services to better share complaint information  
• supports information sharing about issues of significance to children and young people in a consistent manner  
• recognises the importance of referring both mandatory reports of significant harm and standard of care issues to Child Safety Services  
• is supported by analysis of data on care concern investigations which identifies that emotional harm is the most commonly reported and substantiated care concern, accounting for 63% of care concerns  
• needs to clearly distinguish between what constitutes an issue of harm (either significant or non-significant) and issues that can be resolved by way of local resolution  
• needs to establish clear guidelines, process and thresholds for local resolution  
• increases transparency in the process, as OPG can publically report on how concerns are referred to and managed by Child Safety Services. |
| The review should consider:  
• aligning reporting of harm/non-significant harm with the Child Safety Services reporting of harm and standard of care policies  
• community visitor processes for raising and resolving concerns at the local level. |                                                                                                                                                                                                                  |
| **11.2** OPG continue efforts to record and publish the number of harm concerns raised by community visitors about out-of-home care service delivery | This option:  
• aligns with directions of the QCPCOI and Queensland Ombudsman directions about the need for OPG to share analysis of data from its activities  
• increases stakeholder understanding of the value and contribution of the community visitors  
• increases transparency and accountability through reporting  
• helps identify trends and patterns in service delivery to children in out-of-home care  
• would require enhancements to the OPG data management system to facilitate the recording and reporting. |
| The sector would benefit from the OPG independently providing reports on community visitor activity, including the number of harm and standard of care concerns recorded and referred to Child Safety Services. |                                                                                                                                                                                                                  |
### 11.3 OPG continue its review of community visitor contact frequency for children in OOHC

The review should consider current evidence and research about disclosures by children and design a visiting approach that emphasises a child focus, including the means and circumstances by which disclosures are most likely to be made.

Should consider Topic 10.3 (above) and the implications of s.56(4) of the *Public Guardian Act 2014*, which provides for the use of technology as means of communication.

Would require modelling costs of different visiting frequencies.

**This option:**
- acknowledges visiting frequency was considered by both the 2004 CMC Inquiry that established regular visits to children in foster and kinship care and the 2013 QCPCO1 that proposed a greater risk-based approach
- reflects consultation feedback that a child focussed approach may call for more frequent visits to support the safety and wellbeing needs of children in care
- additional contact need not be face-to-face if there is research/evidence supporting other modes of communication
- would have resourcing and cost implications if more frequent visits were undertaken overall
- must consider the delicate balance of the child’s safety versus their views and experience of living a normal life.

### 11.4 Provide community visitors with the ability to conduct unannounced visits

Currently visits are pre-arranged in advance with carers.

**This option:**
- reflects the views of young people who were consulted as a means to improve safeguards
- was generally supported by carers during consultations – ie, carers were receptive to unannounced visits and understood the benefits in visiting without prior notice
- provides greater flexibility to community visitors in being able to conduct visits, but may also create cost and complexity to implement
- may be considered an unwelcome intrusion by some foster carers and children, meaning implementation would require careful consultation and collaboration.

### 11.5 OPG continue working with Child Safety Services to formalise information sharing arrangements, including following a harm or standards of care concern being raised

OPG should continue to review the current process used by Child Safety Services to notify it when a harm or standards of care concern has been raised.

The work should consider two-way information sharing, i.e. capture the information needs of Child Safety Services.

**This option:**
- aligns with directions of the Queensland Ombudsman about the need for OPG and Child Safety Services to better share complaint information
- ensures that OPG is notified each time a standard of care concern is recorded for a child
- should improve the timeliness with which OPG is notified of a standards of care concern
- improves effectiveness of community visitors if Child Safety Services is advising of all standards of care concerns, e.g. visits could be prioritised on this basis.
| 11.6 | **Provide community visitors with the ability to visit children and young people away from their placement**  
Would enable community visitors to engage with children away from their placement location. Where young people have left their placement, this option also provides a means for them to keep connected with their community visitor, as an advocate within the child protection system. | **This option:**  
- was requested by young people during consultation  
- enables children and young people the opportunity to speak freely about any issues or concerns with their placement  
- increased flexibility may have cost and complexity implications for OPG in facilitating these types of visits. |
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